

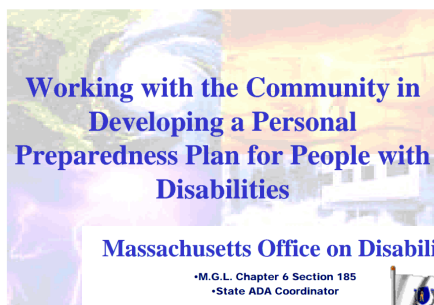


THE NEWSLETTER

WACHUSETT MEDICAL RESERVE CORPS

MEMA CONFERENCE ON EMERGENCY MANAGEMENT, WORCESTER, MAY 28-29

The theme this year for the conference is Building a Resilient Community. The program offered breakout sessions from planning to disabilities to school emergency planning and more...



Massachusetts Office on Disability

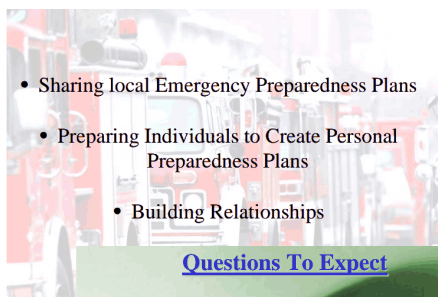
•M.G.L. Chapter 6 Section 185
•State ADA Coordinator



Primary Mission:

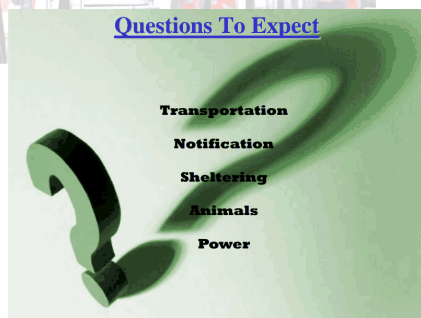
Ensure full and equal participation of all people with disabilities in all aspects of life by working to advance legal rights, maximum opportunities, supportive services, accommodations and accessibility in a manner that fosters dignity and self determination.

Focus of Meeting



- Sharing local Emergency Preparedness Plans
- Preparing Individuals to Create Personal Preparedness Plans
- Building Relationships

Questions To Expect



It noted in the talk that people with access and functional needs have quite a few misconceptions such as the community emergency response will come to them and provide assistance. But where are they, who are they and what are their needs? Additionally it was found that emergency response are nervous about caring for their needs not wanting to do harm. So it became very apparent very quickly when the discussion about a preparedness plans for people with special needs was put on the table that there needed to be education for both the responder and the person that may require some assistance in an emergency.

It was emphasized that emergency planning needs to be proactive. You can't anticipate every need but thinking beyond the expected will provide groundwork for planning and for education to the different communities that have special needs. Some planning ahead may include ventilator dependent residents requiring power, transportation issues for wheelchair residents, need for interpreter services, residents needing PCA (personal care assistants), and sheltering concerns.

Communities should encourage residents to register with dispatch for police or fire so emergency response will know who to check on and to provide education and resource lists for residents to help them self prepare for emergencies.

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VOLUME 7 ISSUE 2
SUMMER 2014

* 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.

WORKING WITH VULNERABLE POPULATIONS

Americans with Disabilities Act Compliance on Behalf of Access and Functional Needs Populations



Social Determinants of Vulnerability

Economic Disadvantage	Language & Literacy	Medical Issues & Disabilities	Isolation	Age
<ul style="list-style-type: none"> At or Below Poverty Level Homeless Working Poor 	<ul style="list-style-type: none"> Limited Ability to Read, Speak, Write, Understand English Cannot Read or Have Low Literacy 	<ul style="list-style-type: none"> Physical, Mental, Cognitive, or Sensory Medically-Dependent 	<ul style="list-style-type: none"> Separated from Mainstream Culture, Religious Beliefs, or Geographic Location 	<ul style="list-style-type: none"> Infants and Children Older Adults

Definition of Access and Functional Needs

Populations whose members may have additional needs before, during, and after an incident in functional areas:

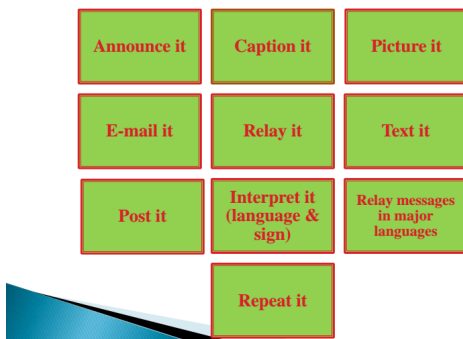
- Communication
- Medical Needs
- Maintaining Independence
- Supervision
- Transportation
- (C-MIST)

A functional need refers to a restriction or limited ability to perform activities normally routine.

Pre- Planning Considerations and Best Practices

- Community demographic assessment
- Identifying community stakeholders
- Gap analysis and needs assessment
- Shelter location assessment
- Staff training; include people with Access and Functional Needs and stakeholders in the training process
- Considerations for shelter closing, transitioning residents back to the community, demobilization and staff debriefing

Redundancy in Communications



Promoting Personal Emergency Preparedness to Persons with Disabilities

Presenter: Myra Berloff, Director of Massachusetts Office on Disability

Good workshop with discussions regarding the change of terminology from people with disabilities to people with “access and functional needs”. The most important questions to ask are “Who is this population and how can we access them within our town or community”?

Larger avenues such as the COA (Council of Aging) or going to independent living centers seems reasonable to connect with people with disabilities but the focus may not include younger residents.

Ways to connect may include putting an invitation flyer in the local newspaper/ town paper. The program would inform folks with access and functional needs where shelters were and how important it was to set up a plan in advance. Concerns for this population is that they expect rescuers to come and get them yet often the rescuers have no means to do so or unable to meet their needs .

MEMA has no transport plans for the vent-assisted population so it would be up to the local Medical response community but often in an emergency event the ambulance services are providing emergency coverage to the town and are unable to transport for this situation. Early preparedness for ventilator and wheelchair dependent towns-people is vital.

Use of the “reverse 911” system has proven to be another great alternative to trying to teach each person individually. A message to connect the person with a phone line they can call or just giving the location of the shelter (if that is the case) may reach the majority of the people with Access and Functional Needs. If the reverse 911 method to reach this population is used it would be wise to have a phone that opens to two or more lines and has personnel awaiting these calls. Remember this phone tree would be disability specific.

SHELTERING ANIMALS...

The Animal Sheltering Coordination Plan

Purpose

Plan provides guidance in coordinating and maximizing resources to support animal care, shelter, and reunification and implementing shelter operations in coordination with MEMA and local municipalities.

Improves the sustainability of animal shelter operations.

Scope

The Plan does not supersede existing local or regional shelter plans.

Applicable to agencies and departments in the Commonwealth, Federal agencies, and support organizations with a role in supporting activities related to animal sheltering.



Assumptions

Animal sheltering is the primary responsibility of owners.

Municipalities must make reasonable modifications to human shelter policies for service animals.

ACOs will coordinate with their local emergency management directors to identify facilities.



Local Municipality Responsibilities

Local emergency management directors and ACOs work together to:

- Identify planning assumptions, capabilities, and needs of the municipality
- Develop plans and procedures
- Coordinate, collaborate, train, and exercise with animal shelter partners
- Identify appropriate facilities and establish agreements with facility owners
- Assess numbers of individuals who may require animal shelter services
- Activate services when needed
- Coordinate transport of animals

Massachusetts Animal Fund



Law took effect on October 31, 2012.

Administered by the Massachusetts Department of Agricultural Resources (MDAR) with assistance from an advisory committee.

Objectives: End animal homelessness and train ACOs.

The Role of the Massachusetts Animal Fund

Provide training to ACOs by 2015.

Curriculum to include emergency preparedness training.



Reflections from running an animal shelter..

Have your volunteers practice putting a shelter together which includes drawing a floor plan, putting crates together and talking about the needs of each species. Encourage volunteers to get practice with different temperaments of animals through local community service at animal shelters or through providing foster care.

Owners need to come in and care for their own pet or pets. That love and contact is most important for the mental health of the pet. Staff needs to monitor that each pet is cared for by their owner.

Volunteers need training to handle and understand the needs of different species, to understand the stress of animals in unfamiliar situations, and to understand regulations that apply for vaccinations and other healthcare issues. Spontaneous unsolicited volunteers may be well meaning but because of special needs of the animals, they are not helpful.

Simple things are most important: Don't have cages facing each other; Don't mix cats with birds; Cats and dogs tolerate cool while exotic birds and reptiles do not; Strays need to be separated from known pets because vaccination status is unknown and don't want to unknowingly spread an illness; and don't forget to provide bathroom facilities for animals according to their species.

All animals need to be tracked especially those that go to foster homes until reunited with owners. Animals need down time and routine like humans so bedtime lights out is set, naptimes are offered, morning walks and feeding times are set.

Medical care and ICU needs to be available. Dangerous dog or angry cat spaces need to be set aside in their own space.

Don't judge people based on the condition of the animal, you don't know the story. Each danger presents its own set of training needs. A story: A dog was in the dangerous dog area, growling and unapproachable but when his owner appeared, suddenly there was this happy go-lucky dog now friendly to one and all. Relief was joy!!

COMMUNITY PREPAREDNESS..



Emergency Planning For Schools
2014 Massachusetts Statewide
Emergency Management Conference
May 28 & 29, 2014



Steps in the Planning Process

Step 1: Form a Collaborative Planning Team

Lessons learned from experience indicate that operational planning is best performed by a team. Case studies reinforce this concept by pointing out that the common thread found in successful operations is that participating organizations have understood and accepted their roles. Close collaboration between schools and community partners ensures the coordination of efforts and the integration of emergency management plans.

Step 2: Understand the Situation

In Step 2, the planning team identifies possible threats and hazards, and assesses the risk and vulnerabilities posed by those threats and hazards. Effective school planning depends on a consistent analysis and comparison of the threats and hazards a particular school faces. This is typically performed through a threat and hazard identification and risk assessment process that collects information about threats and hazards, and assigns values to risk for the purposes of deciding which threats or hazards the plan should prioritize and subsequently address.

Step 3: Determine Goals and Objectives

In Step 3, the planning team decides which of the threats and hazards identified in Step 2 will be addressed in the school EOP. The planning team may decide to address only those threats and hazards that rank "high" in risk priority, or they may decide to also address some of the threats and hazards that rank "medium." This is a critical decision point in the planning process that is left up to the planning team. It is recommended that the team address more than just the "high" risk priority threats and hazards. Once the planning team has decided which threats and hazards will be addressed in the school EOP, it develops *goals* and *objectives* for each.

Step 4: Plan Development (Identifying Courses of Action)

In Step 4, the planning team develops courses of action for accomplishing each of the objectives identified in Step 3 (for threats, hazards, and functions). Courses of action address the what, who, when, where, why, and how for each threat, hazard, and function. The planning team should examine each course of action to determine whether it is feasible and whether the stakeholders necessary to implement it find it acceptable.

Step 5: Plan Preparation, Review, and Approval

In Step 5, the planning team develops a draft of the school EOP using the courses of action developed in Step 4. In addition, the team reviews the plan, obtains official approval, and shares the plan with community partners such as first responders, local emergency management officials, staff, and stakeholders.

Step 6: Plan Implementation and Maintenance

Train Stakeholders on the Plan and Their Roles
Everyone involved in the plan needs to know her or his roles and responsibilities before, during, and after an emergency.



Working with your Senior Citizens Prior to the Emergency

Chief Tim Morrissey
Sherborn Fire Rescue Dept.

Issues

- Population is getting older
- (Not unusual for residents in their 90's)
- Many choose to stay in their homes longer
- Some live with younger family
- As our population ages, there is an increase in medical / special needs
- Nursing homes are more for rehab than long term care

Issues

- More frequent use of town resources, especially EMS
- Lift Assists more common for EMS
- Many are not prepared for an extended period of time without power or medications
- Takes them out of their "routine"
- Town resources become their solution

Home Safety Checklist

- Great way to meet residents
- Puts a face on Emergency Management
- Face-to-Face discussion
- Relaxing
- Helps in preparation by seeing their home
- Easier to make suggestions
- Provides a written record that you can give the resident
- More likely to be successful

- File of Life cards
- Written record available in the home for each resident
- Up to date medical information
- Saves time!
- Can add family information besides just medical info
- Can be completed during home visit
- Easy to maintain

Benefit

- Communication is always the issue in an after-action report
- "If we had only known!"
- Be proactive and get the information
- Establish a working relationship with your COA
- Go to their events with seniors: Lunches, health fairs, monthly programs
- Explain what you do for them



Liability Protections for Massachusetts Volunteers

Priscilla Fox, Esq.
Deputy General Counsel
Massachusetts Department of Public Health

May 28, 2014



Introduction: Basic Principles

- There can be no liability unless you have committed a negligent act (or omission).
- Anyone can file a lawsuit. If you are sued, the questions will be:
 - Were you negligent?
 - If so, do you have a defense?

Introduction

- Liability laws in Massachusetts are a patchwork.
- Whether you have liability protection, and what type of protection, depends on several factors:
 - Your profession (physician, nurse, etc.)
 - Whom you were working (volunteering) for at the time you committed a negligent act
 - What you were doing at the time you committed a negligent act (Acting within your scope of practice? Under supervision?)
 - Extent of your negligence (Simple or gross negligence?)

MGL 268A

- Special municipal employees as defined, "No Compensation"
- Classification by job or function

Indemnity: MGL 258

- Public Employees (*special municipal employees*)
- Public Employer (*Town/City*)
- Public Entity covers Legal cost
- Indemnity up to \$1,000,000

AG opinion 7/14/83

Francis X Bellotti AG

Determination of Status

- Appointed by **Selectmen**
- Under control of **Town**
- Acting within **Scope of DUTIES**
- Not Self Deployed

I. Federal Volunteer Protection Act of 1997

- Congress perceived a need for greater liability protection for volunteers
- 42 U.S. Code § 14501 *et seq.*
 - Preempts (overrides) state laws that are inconsistent with the Act
 - Does not preempt state laws providing additional protection from liability

II. M.G.L. c. 112, § 12C: Immunity of Physician or Nurse

"No physician or **nurse** administering immunization or other protective programs **under public health programs** shall be liable in a civil suit for damages as a result of any act or omission on his part in carrying out his duties."

(Government Programs)

- **Immunity = no liability.** Existence of this law is a defense; case will be dismissed.

Citizen Corps Track: Liability and Insurance for Volunteer Operations

Presenter: Priscilla Fox JD – Deputy General Counsel, Dept. of Public Health

This was a very interesting and well attended seminar providing insight on what liability coverage is available to MRC and other volunteers in an emergency disaster or non-emergent DPH deployment declaration.

Coverage for liability is only for simple neglect. The Federal Volunteer Protection Act of 1997 covers volunteers who are deployed during emergency situations if the following is performed:

1. Immunity is provided as long as the individual acts within their scope of practice. That is to the level of your training and not beyond. Ex. A nurses aid would not be allowed to practice as an EMT or a Nurse in the field.

2. There is no coverage if there is injury by auto or crime.

III. Protection as a Public Employee

- Govt. employees are protected by the Mass. Tort Claims Act, M.G.L. c. 258
 - The employer is liable, not the employee
- Local volunteers are public employees ONLY when so designated by a governmental entity
 - Example: Brookline MRC. Selectboard has appointed the volunteers as **special municipal employees**.

- Additional important requirements: At the time of the act or omission:
 - Volunteers must be under the **direction and control** of the gov't. entity
 - Volunteers must be acting **within the scope of their official duties**
- This means that there must be effective supervision and clear work assignments

IV. Good Samaritan Laws (ONLY apply to emergency situations)

- M.G.L. c. 112, § 12B
 - Protects **doctors, nurses, and physician assistants** who give emergency care or treatment other than in the ordinary course of practice, from liability in a suit for damages.
 - Care must be given in good faith, as a volunteer and without fee
 - Protection may not extend beyond an immediate, urgent need (e.g. car accident)



INCIDENT. RESPOND. RECOVER.:

DISASTER BEHAVIORAL HEALTH CONCEPTS AND RESOURCES

May 2014
Lisa Crowner and Katie Kemen
Massachusetts Department of Public Health



OFFICE OF
PREPAREDNESS
AND EMERGENCY
MANAGEMENT

ADVERSE REACTIONS TO A DISASTER

- **Physical:** Difficulty breathing, chest pain, elevated blood pressure
- **Emotional:** Fear, anxiety, anger, loneliness, sadness
- **Cognitive:** Difficulty concentrating or remembering things, limited attention span
- **Behavioral:** Isolating self from others, startling easily, sleeping problems,
- **Spiritual:** Crisis of faith, questioning basic religious beliefs, displaced anger

POST-TRAUMA REACTIONS VARY

Feeling overwhelmed, hopeless	GI issues
Experiencing anxiety, fear	Heart Palpitations
Anger, resentment	Appetite change
Insomnia, fatigue	Increased use of alcohol or other drugs
General confusion	Feeling guilty
Reduced attention span	Overly critical, blaming
Frantic or agitated	Shaking, trembling
Crying spells	Headaches
Hyperventilating	Withdrawal and isolation
Substance abuse	Questioning faith

5 PHASES OF DISASTER REACTIONS

1. **Warning or Threat:** people may feel vulnerable, unsafe
2. **Rescue:** also known as the “heroic” phase, people are in the “fight-or-flight” mode
3. **Honeymoon:** people feeling thankful, empowered
4. **Disillusionment:** People begin to realize the true impact of the event
5. **Reconstruction/recovery:** People coming to terms with their circumstances and the recovery task they are facing

RESPONDERS AND RESILIENCY

○ Possible First Responder Reactions

- Unrelenting fatigue
- Pace change
- Cynicism
- Dissatisfaction with routine work

***Online Training & Info**
“Dealing with Stress in Disasters: Building Psychological Resilience”

www.masslocalinstitute.org

○ Self-Care

- Be aware of signs of stress
- Get in a routine
- Maintain a healthy diet and exercise regimen
- Maintain social connections
- Take time off
- Practice relaxation techniques

PSYCHOLOGICAL FIRST AID DEFINED

- PFA consists of practices intended to provide comfort, care and support to those suffering from disaster-related stress
- Offered in the immediate aftermath of disaster
- It is designed to reduce the initial distress caused by traumatic events
- It can hopefully help mitigate any acute or long-term psychological harm
- Culturally informed and delivered in a flexible manner
- PFA can be done by anyone

STRENGTHS OF PFA

- Rapid assessment of survivors’ immediate concerns and needs
- Based on evidence-informed strategies
- Can be provided in a variety of disaster settings
- Emphasizes developmentally and culturally appropriate interventions
- Provides physical and emotional comfort
- Assists in connecting survivors to their families, friends, neighbors, etc.

PFA CORE ACTIONS

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services

- Survivors react in a variety of ways
- Stress is a normal reaction to abnormal situations
- Do not force people to share their experience
- Give practical suggestions that promote self-efficacy
- Don’t make assumptions about what survivors are experiencing
- Additional mental health support and services can be accessed, if needed
- Anniversary dates can “trigger” stress



OTHER INFORMATION

Meetings and Trainings

Coming this fall we are planning to provide a training in October on the topic of CBRNE- Chemical, Biological, Radiation, Nuclear and Explosive weapons.

CBRN incidents are responded to under the assumption that they are deliberate, malicious acts with the intention to kill, sicken, and/or disrupt society. This training will provide some introductory information on how to respond to and care for victims. Watch for further information!



We had 5 members of our unit go the MEMA conference featured in this newsletter. We encourage members to attend conferences for both their own knowledge and for the benefit of our unit. The only requirement is that notes (and pictures too if possible) be shared through the newsletter or Facebook or the website.

Our trainings this year have been very successful!! Our last one was a CPR class with 12 that came for renewal which is a perfect size for a CPR class.

Thank you all for taking the time to come and a reminder to take a look at the Univ. Minnesota offerings. They are free, link on the website.

We are very blessed to have Cathie Martin as our lead trainer and want to say thank you for her dedication. Want to also say thank you to those who have signed on to be Outreach Coordinators PJ Tauter for the Fitchburg-Leominster area, Danielle St Pierre for the Athol area and Diane Castelli for the Gardner area. We are looking for Community Contacts and we have a few..Bill Lawton of Princeton, Cathie Martin and Barry Lein for the Sterling-Clinton area, Mary Ann Forgues and Rita Pope for Perersham-Phillipston. Your community missing? Then we need your help. Remember the ice storm of 2008? Communication lines went down..a community contact with a list is a valuable resource when you can't call!!!

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 DATES!

We will be passing out information on emergency preparedness and samples of sunscreen with brochures on summer health and safety topics at many different summer community events.



If your community is having a summer event, let us know. And of course we need volunteers to help cover the table display. Give us a call or email your idea or if you are available to help in your community or a nearby community and thank you everyone!

July 19, 2014
New Salem
Old Home Day

August 1-2, 2014
Gardner Sidewalk Sale

August 10, 2014
Westminster
Neighbor Helping Neighbor

August 24 or 31?, 2014
Petersham
Old Home Day

September 6, 2014
Hubbardston
Field Day

September 6, 2014
Sterling

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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



MRC Values...

ICARE:

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our residents & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement