

## COMMUNITY OUTREACH IN CREATIVE WAYS

On September 28, 2013 The Quabbin Girl Scout Council together with the Community Emergency Response Team (CERT) of Athol-Orange, Athol Hospital and Wachusett Medical Reserve Corps offered a program to newly registered and returning Girl Scouts of the area on emergency preparedness. The event was a kick off activity for the new school year and 55 girls from Daisy (Kindergarten-grade 1) to Senior scouts and their families participated in several activities related to emergency preparedness. As different activities were completed, the girls received a gift to add to their Go Kit bag.

Activities included learning about different hazards to prepare for, items to take to a shelter if needed, planning a safe meeting place, learning about storing food and water for emergencies, learning how to communicate basic commands in sign language, learning a couple of first aid skills, gathering shelter in place items to keep in a designated spot at home and don't forget to put aside some games or books. Items collected included solar blanket, poncho,

pocket game, an It's a Disaster book, mini first aid kit, toothbrush and toothpaste, crank flashlight and handi-wipes.

Feedback was that it was a lot of fun and great way to introduce emergency preparedness in way that will definitely be remembered!!



### VOLUME 6, ISSUE 4

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### WINTER 2014

- \* A special wish to all the members and friends of the Wachusett MRC that 2014 will bring many joys to you and your family.
- \* Write it on your heart that every day is the best day in the year.  
Ralph Waldo Emerson

**PROGRAMS COMING UP FOR MRC MEMBERS**

**Current Events**

987 Units Across the Nation

The national MRC office has started a new monthly teleconference called 'Well Check'. It is the first Tuesday of each month at 2 pm and serves to keep communication lines open between MRC units and the national office. If you are interested in listening in,

please drop an email and I will forward any notices. Sharing some of the charts that were forwarded to leaders after the November conference.

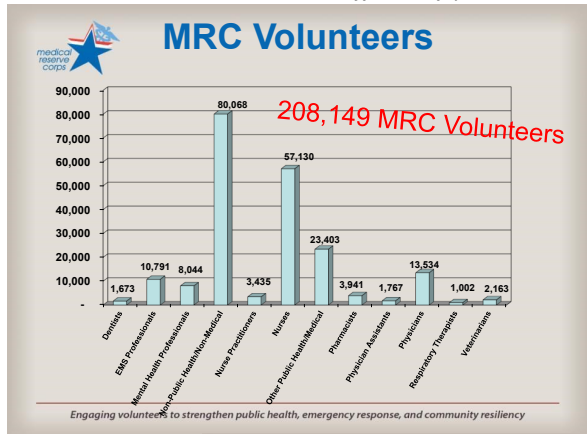
Through these features, MRC-TRAIN can help units be ready to respond when activated.

Additional information on MRC-TRAIN is available on the MRC website (<https://medicalreservecorps.gov/searchFldr/TRAINResources>) and MRC-TRAIN ([www.mrc.train.org](http://www.mrc.train.org)).

The MRC-TRAIN Support Desk ([mrcsupport@train.org](mailto:mrcsupport@train.org)) is available to provide assistance and field questions, including how to create a training plan. Remember, MRC-TRAIN is FREE (including many CEUs), available 24/7, and on track!

2014 NACCHO Preparedness Summit  
April 1-4, 2014 Atlanta, Georgia  
The Preparedness Summit is the first and longest running national conference on public health preparedness. The National Association of County and City Health Officials (NACCHO) has taken a leadership role in convening a wide array of partners to participate in the Summit. Partners have included the Association of State and Territorial Health Officials (ASTHO), the Association of Schools of Public Health (ASPH), the Council of State and Territorial Epidemiologists (CSTE), the Association of Public Health Laboratories (APHL), Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and the Medical Reserve Corps (MRC). Visit <http://www.phprep.org/> for more information about the summit. MA Responds will be featured in 2 posters at the Summit.

2014 National Homeland Security Conf,  
May 19-22, 2014 Philadelphia, PA  
The National Homeland Security Association sponsors the National Homeland Security Conference, which is the annual meeting of local homeland security and emergency management professionals from the nation's largest metropolitan areas. This conference focuses on all emergency response disciplines at all levels of government. Conference details will be available soon at <http://nationaluasi.com/dru/>.



Activity Focus	FY10	FY11	FY12	FY13	FY14
Administrative/Unit Development	1,054	1,866	3,535	4,507	187
Preparedness	1,496	1,695	2,124	2,265	124
Public Health	2,819	1,845	2,200	2,379	221
Response	1,834	997	1,173	1,426	35
Training	2,241	2,951	3,775	4,183	174
<b>Total</b>	<b>9,444</b>	<b>9,354</b>	<b>12,807</b>	<b>14,760</b>	<b>741</b>

December topic was MRC TRAIN:

MRC-TRAIN ([www.mrc.train.org](http://www.mrc.train.org)), the learning management system provided by the DCVMRC to all MRC unit leaders and volunteers, can aid in the development of a prepared and competent unit.

Both the MRC Core Competencies and the Core Competencies for Public Health Professionals are integrated into MRC-TRAIN.

MRC units can take advantage of competency-based trainings and also post their own trainings, including unit orientations and classroom workshops. These trainings can be combined by using the Training Plan feature in MRC-TRAIN which can be directly assigned to volunteers.

## A VOLUNTEER'S EXPERIENCE...

## Current Events

VOLUNTEERING, MRC-STYLE  
by Patsy 'PJ' Taucer

## The Boy Scouts' motto is: "Be prepared."

The call came in, looking for volunteers to help over a long weekend at Cape Cod. The assignment was to serve 7,000 boy scouts and their troop leaders.

I was ready -- long weekend at the Cape? No problem! I sent the reply with my available hours / schedule. For many days I looked forward to receiving the email saying they did indeed need me and that I should come on down. The anticipation was killing me while I prepared and made sure I had all required gear, as this event was to be a camping experience, with tents for accommodations. Hmm, I had not been camping in years.

After the fifth day with no reply, I thought they probably had enough volunteers and I would be sitting this event out. If the call has not come in by now it never will, I thought.

Since I had prepared to commit to a long weekend, I had cleared my schedule of all possible engagements. I suddenly found myself with 3 free days, and wondered what to do with them. Laundry is always waiting; maybe I could catch a movie, or finish one of the many unfinished projects in my home; and then I realized -- cooking! I could use a good home cooked meal. Chicken soup is always a favorite. Although I was a little disappointed that I did not get called, I embraced a new enthusiasm about a home cooked meal as I headed to the grocery store to purchase all what I needed for my culinary experience. By now the anticipation of getting called to volunteer at the Cape was gone. Chicken soup, here I come!

On the sixth day, I was leisurely looking at my emails while having lunch at work, and then the call came in -- my offer to volunteer had been

accepted! Oh no, I had fresh chicken in the fridge for my soup! And gone again were laundry, home projects, or even a simple movie over the weekend.

I headed home, stuck the chicken in the freezer, pushed the laundry to one side, and purged thoughts of any home projects. It was nearing time to go!

After a good night's sleep I headed to the Cape. I met with the incident commander, who was welcoming me and showing me what would be my quarters for the rest of the weekend, namely the "women's tent." For work I was assigned to the triage tent where I met another volunteer who was already working and who had the tent already organized. She was my mentor and showed me the tasks that we were responsible for, as she and I partnered for the rest of the assignment.



PJ with some other MRC volunteers. PJ is third from the right, dark blue jacket.



## The moral of the story is in the execution and aftermath.

When we are called to volunteer, and we agree to respond, we must be prepared for whatever is thrown our way. Plans change and we have no control over the future. We have to remain pliable, as in my case when the chicken had to go to the freezer. On assignment we may be sent to an area with which we are familiar, or depending on the need we may be sent to an unfamiliar

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## A VOLUNTEER'S EXPERIENCE...

place or to do an unusual task. We must be accepting, responsive, adaptive, willing to learn and somehow ultimately able to deliver the goods.

Accommodations at times are not available. At other times they are available, but may not be in the comfort of a favorite hotel. In my case, due to condensation, my tent mates and I experienced a little "indoor rain." Pillows, blankets and sleeping bags became a bit wet, but we did our best to not let the circumstances dampen our spirit. We were there and did the job.

I was impressed by the commitment of the volunteers, but not surprised by it. Men and women alike, nurses, fire fighters, EMTs, to name a few, all waking up with smiles in the early morning, ready to assume the tasks of the day. All stood ready to respond, with little or no advanced notice, some working into the late night hours or even past the middle of the night. All stayed unfailingly committed, resolute yet with a friendly disposition and openness that spoke volumes of an eagerness to help others.



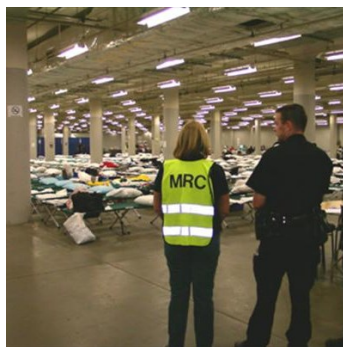
The personal satisfaction that comes through volunteerism should not be underestimated. Volunteers meet, form ties, make friendships, work together to help others willingly and without pay. Some stay for long hours while others spend what limited time they can manage. We each are given a particular task, and we each deliver under the watchful eye of the incident commander who pulls it all together with a firm yet gentle hand. There is great satisfaction in seeing the whole picture develop, knowing that one's own part, though small in the great scheme, is nonetheless important – indeed vital.

We get the job done and return to our homes knowing that we helped to make a little difference in our communities. I am proud to be an MRC volunteer and privileged to work with a committed set of volunteers.

Now, where is that chicken.....



## Special Reports



# NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

The capabilities and resources reflected in the National Health Security Preparedness Index™ (NHSPITM) are those each of us rely upon for protection in the event of epidemics, hurricanes, terrorism, foodborne disease outbreaks, radiological events, earthquakes, and other emergencies. The 2013 NHSPITM results reveal much about the current **preparedness** status of states and the nation, enabling better planning for strengthening our nation's efforts and tracking of progress over time. The following are overarching findings and observations from the 2013 NHSPITM results.

- The 2013 NHSPITM results show that substantial health security preparedness capability does exist across the nation and that great progress has been made. It is critical to sustain and build upon these strengths. Few things are as important as protecting the health and safety of people in times of emergency.
- While areas of relative strength differ from state to state, Overall Index Results vary only moderately across states, reflecting the fact that all states have taken these responsibilities seriously.
- Many of the capabilities and resources reflected in the Index did not exist 10 years ago. While these are the first NHSPITM results, the community creating the Index importantly notes that many of the strengths it reveals are new in the last decade. Over this time, a dedicated cadre of professionals in the field has emerged; capabilities and resources have been systematically built, tested in real-world events, and repeatedly shown to be useful.
- While the 2013 NHSPITM reflects great progress, it also emphasizes and focuses us on important work yet to be done – both in areas of strength and in areas needing greater development. There remains variability across health security preparedness areas at the national level. All states have health security preparedness areas where they are more and less robust. In some areas, there exists significant variability across states.
- The 2013 Index results suggest areas in greatest need for further development include *Community Planning and Engagement* and *Surge Management*.
- **Community Planning and Engagement** involves working across the whole of a community-- the full network of neighborhoods, schools, community-based organizations, governmental agencies and individual citizens -- towards better preparedness and improved health security.
- **Surge Management** involves the ability to rapidly expand health and medical care to meet the needs of large numbers of seriously ill, injured, at-risk, or displaced persons.
- Areas of relative strength include *Health Surveillance*, *Incident and information Management*, and *Countermeasure Management*.
- **Health Surveillance** involves detecting and investigating health threats.
- **Incident and Information Management** involves mobilizing resources, coordinating response, and sharing of information in emergency events.
- **Countermeasures Management** involves managing and utilizing materials that can prevent or treat health problems resulting from a variety of high risk exposures or diseases.

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## Special Reports

- Exploring the 2013 Index results can deepen understanding of what influences our national health security and what is needed to advance it. It reflects collective efforts to prevent, protect, mitigate, respond to, and recover from emergencies. Policymakers, practitioners, researchers, communicators, and others interested in advancing the health security of states and the nation are invited to explore and utilize this new tool.
- Continued work sustaining and building upon strengths as well as working on areas for further development is critical for advancing the health security preparedness of both states and the nation along the spectrum laid out by the NHSPI™.

<http://www.nhspl.org/content/2013-index-results>

2013 National Index Results (Based on a scale of 1-10)

Overall Results 7.2 5.9 - 8.1

2013 National Domain and Sub-domain Results

Health Surveillance 7.3 5.8 - 8.8

Health Security Surveillance and Epidemiologic Investigation 7.7 4.6 - 9.4

Environmental and Biological Monitoring 6.7 4.1 - 9.8

Laboratory Testing 7.6 5.4 - 9.3

Community Planning and Engagement 6.1 4.1 - 8.3

Cross-Sector / Community Collaboration 5.9 2.0 - 10.0

At-Risk Populations 6.3 2.1 - 9.5

Management of Volunteers During Emergencies 3.7 1.1 - 9.9

Social Capital and Cohesion 8.5 7.3 - 9.6

Incident and Information Management 7.8 5.1 - 9.3

Incident Management and Multi-agency Coordination 8.0 6.3 - 9.5

Emergency Public Information and Warning 7.5 3.8 - 9.7

Surge Management 5.8 4.3 - 7.6

Emergency Medical Services 6.6 3.4 - 9.1

Acute and Primary Care 5.9 3.7 - 8.1

Mental and Behavioral Health Care 4.9 2.3 - 8.9

Countermeasure Management 9.0 7.7 - 9.7

Medical Materiel Management, Distribution, and Dispensing 9.3 7.6 - 9.9

Countermeasure Utilization and Effectiveness 8.7 7.7 - 9.7



## Emergency Preparedness



## COMMUNITY PREPAREDNESS

Posted: Friday, Nov 15th, 2013

BY: LAUREN KRIZANSKY

Courier staff writer Valley Courier  
Alamosa, CO

VALLEY — A new San Luis Valley Medical Reserve Corps. (SLV MRC) program is making its way into Valley school districts to help families prepare and respond to emergency and disaster situations.

On Tuesday, SLV MRC unit coordinator Sue Davis received blessings from Valley superintendents during their regular monthly advisory meeting to introduce the “I’m not scared when I’m prepared” project into their schools.

The project, which is based on a similar concept pioneered at the Weber-Morgan Health Department in Utah, is focused on the connection between how adult caregivers react and respond in emergency situations and a child’s ability to respond and recover from the trauma. According to studies behind the project, children feel safer with calm adults that are in control of the situation, and when they are taught what they can do in an emergency or a disaster.

Students throughout the Valley will receive a cinch sack filled with emergency supplies once a number of activities are completed with family. Activities include a family scavenger hunt and completing a family supply list, preparedness word search and a matching activity.

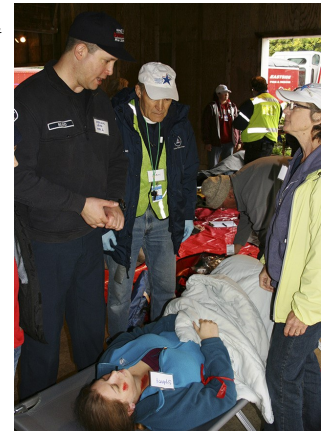
According to SLV MRC research, emergency and disaster preparedness activities empower children and are not intended to frighten them. “Stranger Danger” is one example of a successful program designed to educate children about danger just like “I’m not scared when I’m prepared” project aims to educate children about traumatic situations.

**Winter Prep/ Lower Valley's Citizen Emergency team readies for 'big one'**  
posted Oct 30, 2013 Valley Record

The rain and wind didn't stop disaster preparations in Tolt-MacDonald Park in Carnation, WA.

During the morning of Sept. 28, the radio call came in—“Injuries at the park”—setting in motion the Carnation-Duvall Citizen Corps response exercise. The exercise integrated Community Emergency Response Teams, Carnation-Duvall Medical Reserve Corps, and Snoqualmie Valley Amateur Radio Club, with King County Duvall Fire District 45, Eastside Fire & Rescue, Snoqualmie Valley Hospital and Valley General Hospital. Evaluators from the King County Office of Emergency Management said, “Good job.” Yes, there were some procedures with rough edges, but they will be smoother next time. Exercises help identify needed improvements.

Carnation-Duvall  
Community  
Emergency  
Response



Team—CERT, volunteers exercised their skills in light search and rescue, triage, disaster medical response and disaster psychology in as close to the real thing as could be simulated.

Carnation-Duvall Medical Reserve Corps—CDMRC volunteers accepted patients, performed a second triage, and provided treatment in a simulated Field Treatment Center. There are five Citizen Corps Field Treatment Centers in the community.

Snoqualmie Valley Amateur Radio Club—SnoVARC volunteers coordinated radio communications between CERT and CDMRC at the disaster site with the Emergency Operations Center in Duvall FD45 headquarters

Public Health  
Focus***Bubonic Plague***

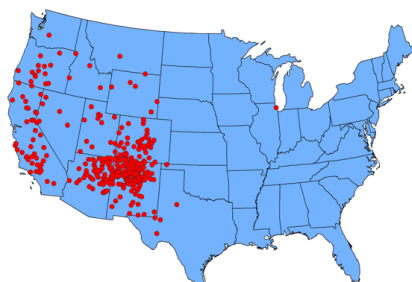
By Matt Cantor, Newser Staff  
Posted Dec 11, 2013

*Newser*-Experts have detected the bubonic plague in a Madagascar village where at least 20 people were confirmed to have died last week. Though the disease is rare today, the Red Cross warned of a Madagascar outbreak in October, and 60 people in the country died from the disease last year, the BBC notes—more than anywhere else on Earth. Doubly concerning: this outbreak is one of the planet's worst in recent memory, and took place outside the island's customary plague season: July to October.

The village in question is also at a lower elevation than those typically affected in Madagascar, raising the possibility that the disease's reach is growing; Madagascar typically sees up to 400 cases a year, as much as a third of the global total. With experts warning that the disease could spread, officials are investigating the village, near the town of Mandritsara in the country's northwest.

Don't get comfortable, for the United States, it isn't entirely free of the plague. Lucinda Marker and her husband John Tull fell ill on a trip to Manhattan last March—and realized it might not be the flu—they were smart to go see a doctor. It turned out that plague-infected fleas had bitten them back home in New Mexico. Stricken with the bubonic infection that killed a third of Europe in the Middle Ages, Tull slipped into a coma for nearly 90 days. And he developed gangrene, forcing Marker to make the grueling decision to have both his legs amputated—but it saved his life. Tull says he survived for three reasons: He's "a tough son of a bitch," "God just didn't want me," and his eldest son's wife was pregnant with his first grandchild. "And by God, I was going to stay alive to see that little grandbaby."

Reported cases of human plague—United States, 1970-2012



1 dot placed in county of exposure for each plague case

From the CDC:

The bacteria that cause plague, *Yersinia pestis*, maintain their existence in a cycle involving rodents and their fleas. In urban areas or places with dense rat infestations, the plague bacteria can cycle between rats and their fleas. The last urban outbreak of rat-associated plague in the United States occurred in Los Angeles in 1924-1925.

Since that time, plague has occurred in rural and semi-rural areas of the western United States, primarily in semi-arid upland forests and grasslands where many types of rodent species can be involved. Many types of animals, such as rock squirrels, wood rats, ground squirrels, prairie dogs, chipmunks, mice, voles, and rabbits can be affected by plague. Wild carnivores can become infected by eating other infected animals.

Scientists think that plague bacteria circulate at low rates within populations of certain rodents without causing excessive rodent die-off. These infected animals and their fleas serve as long-term reservoirs for the bacteria.

Occasionally, other species become infected, causing an outbreak among animals, called an epizootic. Humans are usually more at risk during, or shortly after, a plague epizootic. Scientific studies have suggested that epizootics in the southwestern United States are more likely during cooler summers that follow wet winters. Epizootics are most likely in areas with multiple types of rodents living in high densities and in diverse habitats.

The plague bacteria can be transmitted to humans through flea bites, when handling tissue or body fluids of a plague-infected animal causing septicemic plague, and through droplet exposures causing pneumonic plague. Typically this requires direct and close contact with the person with pneumonic plague. Transmission of these droplets is the only way that plague can spread between people. This type of spread has not been documented in the United States since 1924, but still occurs with some frequency in developing countries.



## ANNOUNCEMENTS

## MRC News

**Wachusett MRC update:**

Reminder: To “accept” you into the MA Responds I need to send a copy of the CORI permit, so they can complete the entry on their end. We have been working to update records, making progress, but updated applications and **the CORI form is are key components.** Forms are on the website [www.wachusettmrc.org](http://www.wachusettmrc.org)

*WINTER WEATHER TIPS*

*Share this with relatives, friends, neighbors, and other community groups. We have flyers and other items to support your efforts. Please call and leave a message at 978-928-3834. I will get back to you., judie*



*As we near the start of winter, and with winter weather already affecting millions across the U.S, here are some important reminders to stay safe:*

*Gas stations and ATMs may not work while the power is out. Fill your car's tank and get cash out so you have what you need.*

*Use flashlights for emergency lighting. NEVER use candles due to increased risk of fire.*

*If using a generator during a power outage, always run it outside and away from windows to avoid carbon monoxide. For more information visit [www.ready.gov/winter-weather](http://www.ready.gov/winter-weather).*

*SNOW DAYS*

*Are your kids home on a snow day? Learn how to build a kit by playing the Ready Kids online game!*

*Also learn with your kids about what to do before, during, and after a winter storm by visiting: [www.ready.gov/kids/know-the-facts/winter-storms-extreme-cold](http://www.ready.gov/kids/know-the-facts/winter-storms-extreme-cold).*

*FIRE SAFETY TO SHARE*

*If you are on Twitter, here's a tweet to send. Also make sure to follow us @Readygov for more holiday safety messaging!  
Holiday fire #safetytip: Keep candles at least 12 inches from anything that can burn [www.usfa.fema.gov/winter/](http://www.usfa.fema.gov/winter/)*

Still trying to find point people for communities and/or geographical areas. Each community is unique so responsibilities may range from touching base with folks in your community through summer activities, school activities etc. to developing a “Community Health and Emergency Response” group that is willing to help out with small community outreach projects to actively working with the Board of Health to help put in place plans for sheltering or programs related to public health in the community.

If you think you can help your town or city build a “Community Health and Emergency Response Volunteer Group” or need further information give us a call at 978-928-3834.

*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.**

**In planning: March 18 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*



### NURSING TIPS AND TIME SAVERS NOT NECESSARILY JUST FOR NURSES

Many of us work in the medical field as nurses, physicians or other healthcare professionals. Here are some ideas that may help in your job, during a health event, or during flu vaccine clinics.

\*Injections and pediatric patients: the two mix like oil and water. So to make the procedure a little easier and less fearful, ask the child to hold the bandaid (with cartoon character of course) to give the child some control and divert attention away from the needle. Then say " This will sting a little. If you think it hurts, I want you to say 'It hurts, take it out please'. But you have to say it just like that, and then I will take it out". By the time the child has said this, you have already given the injection and probably placed the syringe in the needle box ready for the bandaid.

- If your patient dislikes the taste of the medication, tell your patient to suck on some ice for a few moments before administration. The ice will numb the taste buds just enough so the medication will go down much easier.
- Take potassium replacements? Dissolve in lemon-lime soda or mix in a cocktail of equal parts of orange juice, gingerale and cranberry juice. (You get a serving of fruit this way too.)
- Pills difficult to swallow? Dipped in little maple syrup helps the medicine go down.
- One nursing home has laminated photos the same size as a medication card with name and DOB on the back to be used as another form of proper identification before giving medications. Photo card accompanies the medication.