



QUARTERLY NEWSLETTER

SUMMER 2011



VOLUNTEERS PLAY KEY ROLE IN RESPONSE TO WESTERN MA TORNADOES

On June 1st Western and Central Massachusetts were affected by severe thunderstorms producing a total of three tornadoes. These tornadoes damaged or destroyed numerous homes and commercial buildings, brought down thousands of trees, and caused a total of 4 fatalities and over 300 injuries. In the immediate aftermath of the storm multiple response agencies on the local, state, and federal levels were activated. First Responders, municipal and state officials, utility and road repair teams, and trained volunteers serving with the Medical Reserve Corps (MRC) and Department of Mental Health were deployed across the state. Several shelters were opened in communities to house displaced individuals and families who had lost their homes. The shelters were staffed through collaborations between MRC volunteers from across the state and the American Red Cross. Disaster Behavioral Health Volunteers and Network Partners provided mental health support and crisis counseling in a number of affected communities.

MRC and Department of Mental Health volunteers really demonstrated their ability to be local heroes by dedicating thousands of volunteer hours to providing medical and mental health care and feeding and comforting people who lost their homes and belongings. MRC volunteers served around the clock at shelters for an entire month until the last of the shelters was closed on July 1st. Mental health support is ongoing.

Michael Nelson, Hampshire MRC Coordinator who managed the Western MA MRC volunteer coordination for the initial stages of the response stated, "The response of the MRC volunteers has been amazing both by volunteers in our region and those who traveled at their own expense from across the state to assist." He said, "We have trained and prepared for major events, but when it happens it is still shocking and we all have seen first-hand how trained volunteers are critical assets for the health and safety of our region. We hope more people will consider joining now that it has been brought too close to home that we are all vulnerable and need to better prepare for emergencies or disasters."

MA RESPONDS NEWS

Additional Units Join MA Responds

MA Responds continues to move forward as more Medical Reserve Corps (MRC) units integrate into the system. We encourage you to visit the website and explore the program in more detail. We want to thank everyone for their hard work in making this a great resource for units and volunteers in the Commonwealth. Another 8 units joined MA Responds in early June, bringing the total to 25 units.

If you are a unit interested in joining MA Responds, please visit the [MRC state website](#) to download a copy of the Memorandum of Understanding (MOU). Once the MOU has been signed and returned to DPH, your unit can join a group of units integrating into the system. A copy of the MA Responds Policy and Procedures

manual is also available on the [MRC state website](#). For more information about MA Responds, please contact [Lindsay Tallon](#).

To facilitate communication and information sharing between MA Responds participating units and DPH, the project team has established a Yahoo Group. This is a discussion list where unit administrators can ask questions or share techniques for using the system more effectively. For more information, contact [Regan Checchio](#).

Like Us on Facebook!

MA Responds is now on Facebook! Information about how to register for MA Responds and why it is important to do so can be found on our page. It is also a great place to see pictures of MA Responds' activities, and to find local MRC groups to join! "Like" the Facebook page and receive the newest updates on MA Responds' activities and its volunteers. The page can be found at <http://www.facebook.com/pages/MA-Responds/152888001451512> or by searching 'MA Responds' on Facebook.

MRC UNIT LEADERS ATTEND NATIONAL INTEGRATED TRAINING SUMMIT

The 2011 Integrated Medical, Public Health, Preparedness and Response Training Summit was held in Grapevine, Texas from May 2 through May 5. Attending Medical Reserve Corps (MRC) unit coordinators enjoyed a program filled with dynamic speakers and numerous networking opportunities with emergency response planners from around the country. "The conference was well attended and this year's program was diverse and comprehensive," said Region 1 coordinator Jennifer Frenette. "The added focus of wellness and prevention in healthcare was a terrific component of the learning activities."

Two Massachusetts MRC units were recognized for their outstanding work at the conference this year. The Upper Merrimack Valley MRC received the "MRC Picture of the Year Award." This award honors MRC units who successfully capture their volunteers in action at trainings and events over the past year, while also promoting the MRC brand. The Region 4A MRC received the "Mentor Award." It honors an MRC unit that has successfully collaborated with other members of the MRC network over the past year, sharing practices, participating in activities, and carrying out initiatives that have strengthened individual and collective groups of MRC units. Congratulations to Sandy Collins and Nancy Burns (UMV MRC) and Liisa Jackson (Region 4A MRC) for their tremendous work

VOLUNTEER SPOTLIGHT: ALBERT NADJARIAN

When asked to provide a volunteer to be recognized in the state newsletter, Laura Harwood, Boston MRC Coordinator, did not hesitate. Albert Nadjarian "is a great asset to our team not only because he is an EMT, but [because] he has a warm and charismatic personality so people really enjoy working with him."

Mr. Nadjarian, or Al, as he refers to himself, is a proud Bostonian, committed to public health and safety. The opportunity to volunteer with the MRC is, for him, a perfect marriage between his love for his city and his dedication to its citizens' welfare. One of Al's first tasks had him assisting at a flu clinic this past November. The clinics staffed largely by MRC volunteers, provided thousands across the state with access to H1N1 flu vaccinations. Al, one of many such volunteers, acted as a Queue Manager. He made sure that crowds were well organized and that all attendees received the flu vaccination.

Al currently works at Beth Israel Deaconess Medical Center and with Fallon Ambulance. As a health professional he is delighted with the free courses that the Boston MRC provides. With access to classes in psychological first aid, leadership, and emergency preparedness, Al appreciates the "invaluable... source of continuing education credits" he receives through MRC training courses. Al eagerly completed all of the MRC enrichment training courses offered, and has made it his personal goal to volunteer at all MRC events.

Al also volunteered for the Boston Marathon. With a degree in human physiology from Boston University, an EMT license, and a strong medical background, the runners were lucky to have Al on the patient tracking team in the medical tent. The medical teamsters handle emergencies ranging from extreme weather induced health hazards to typical running injuries.

Al's passion for volunteerism and healthfulness led him to answer phones on the Samaritans of Boston Suicide Prevention helpline. He also teaches CPR/first aid, and intends to begin medical school in the near future. Al describes his experience working with the staff and his co-volunteers at the MRC as "inspiring." When asked what first brought him to join the MRC Al replied: "Boston is my city. I have lived in this area for as long as I can remember...naturally I was drawn to the Boston Medical Reserve Corps and its commitment to aiding the city during public health emergencies." Boston is truly fortunate to have Al on the lookout and in the Medical Reserve Corps.

EDUCATIONAL OPPORTUNITIES & UPCOMING EVENTS

Foundations for Local Public Health Practice: Tools Needed to Get the Job Done

Save the Date: Fall 2011

"Local health agencies are asked to be experts in an array of health related and/or code enforcement issues on a daily basis. The Foundation course provides a great mix of resource materials with real world experiences taught by other public health professionals. This is a great course for individuals who are new to the field and for those who have worked in the public health field for years." - *Lee A. McConnell, Environmental Project Assistant, Barnstable County Dept. of Health & Environment*
For more information and the latest updates, visit the Institute website: <http://www.masslocalinstitute.org> or contact Institute Program Manager, Jennifer Tsoi at jtsoi@bu.edu.

The 16th Annual MIAP Conference

October 13, 2011

The Best Western Royal Plaza Hotel

Marlborough, MA

9:00 AM – 3:30 PM

Conference topics will include: National and Local Immunization Updates ▪ Disease Surveillance ▪ Vaccine Myths ▪ Immunization Case Studies ▪ Massachusetts Immunization Information System

Keynote Speakers:

Susan Lett, MD, MPH, Medical Director, Immunization Program
Massachusetts Department of Public Health

John Snyder, MD, Medical Director, High Street Health Center Pediatrics
Continuity Clinic Director, Baystate Children's Hospital

Assistant Professor of Pediatrics, Tufts University School of Medicine

Registration forms will be available starting August 1, 2011 on the Massachusetts Department of Public Health website , <http://www.mass.gov/dph/imm>.

Click "Advisories, Alerts and Events" and look under Events

PREPAREDNESS NEWS & RESOURCES

CDC Key Points on Influenza Vaccination Recommendations for 2011-2012

There may be confusion regarding whether people who were vaccinated against influenza last season need a vaccine this season since the vaccine composition for 2011-2012 remains the same as last season. The Centers for Disease Control and Prevention (CDC) recommends an annual flu vaccine as the first and best way to protect against influenza. This recommendation is the same even during years when the vaccine composition (the viruses the vaccine protects against) remains unchanged from the previous season. This fall, everyone 6 months and older should get vaccinated against the flu as soon as 2011-2012 influenza vaccines become available, *even if they got vaccinated last season*. Visit www.cdc.gov/flu for more information.

Influenza Pandemic: Lessons from the H1N1 Pandemic Should Be Incorporated into Future Planning.

The 2009 H1N1 influenza pandemic was the first human pandemic in over four decades, and the Centers for Disease Control and Prevention (CDC) estimate that there were as many as 89 million U.S. cases. Over \$6 billion was available for the response, led by the Departments of Health and Human Services (HHS) and Homeland Security (DHS), with coordination provided by the Homeland Security Council (HSC) through its National Security Staff (NSS). In particular, HHS's CDC worked with states and localities to communicate with the public and to distribute H1N1 vaccine and supplies.

The United States Government Accountability Office (GAO) was asked: (1) how HHS used the funding, (2) the key issues raised by the federal response, and (3) the actions taken to identify and incorporate lessons learned. GAO reviewed documents and interviewed officials from five states about their interaction with the federal government. GAO also reviewed documents and interviewed officials from HHS, DHS, the Department of Labor's Occupational Safety and Health Administration (OSHA), NSS, and others. The report is available online PDF [67p.] at: <http://www.gao.gov/new.items/d11632.pdf>.

Resources to Care for Community-Dwelling Patients

Two new resources from the Agency for Healthcare Research and Quality can help emergency planners and responders ensure that community-dwelling patients receive appropriate care during a mass casualty event (MCE).

The *"Home Health Patient Assessment Tool: Preparing for Emergency Triage,"* reviews existing patient categorization tools and presents a new model patient risk assessment tool. The new tool will allow home care agencies, hospitals, and emergency planners to anticipate the needs of community-dwelling patients and assess who might be most at risk of hospitalization if their traditional home support services are disrupted during an emergency. Access the report tool at: <http://www.ahrq.gov/prep/homehealth/>.

The compendium of resources available in *"Data Sources for the At-Risk Community-Dwelling Patient Population,"* provides a summary of each data resource, including its strengths and limitations for estimating the numbers of community-dwelling patients at risk during an MCE, as well as any areas of overlap with other data resources. Read the report at: <http://www.ahrq.gov/prep/atrisk/>.

Communicating Without English in an Emergency: A Planning Guide from the Minnesota Department of Health and ECHO Minnesota

This planning guide outlines steps to create a Limited English Proficiency emergency communications plan including details, examples, and tips. Although it was written specifically for emergency preparedness planners in Minnesota, it would be useful for others developing similar guides for their communities. The guide is part of a planning package that also includes a webinar and planning template.

<http://www.echominnesota.org/webinar-communicating-without-english>

REGION or UNIT NEWS & ANNOUNCEMENTS

Section for optional additional news from units or from OCV MRC if appropriate

**Contact Us
MA RESPONDS**

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