

MRC Unit Responds to Danvers Explosion, cont. from page 1

The supplies included fuel, marking paint, maps, photos and seven mobile lighting towers. A veterinarian from the MRC was deployed at the request of the Urban Search and Rescue (US&R) Task Force to provide veterinary support to the search dogs as well as assist with locating missing pets.

Massachusetts Task Force has evolved since the Beverly Civil Defense first accepted a 200 bed portable hospital from the federal government and started a volunteer ambulance service in the 1960's. In the 1970's, the City of Beverly Emergency Management Agency, formerly Civil Defense, formed a coalition of North Shore emergency management agencies to plan and respond to major emergencies in Eastern Massachusetts. In 1990, Beverly Emergency Management Agency and members of the North Shore coalition received a grant from FEMA to form a regional Task Force. Today the Massachusetts Task Force consists of four divisions: Beverly CERT team (Citizens Corps), Beverly RACES (Radio Amateur Civil Emergency Services), Mass Task Force MRC (Medical Reserve Corps), and Mass Urban Search and Rescue (US&R) Task Force.

Approximately 24 MRC volunteers assisted during the Danvers explosion, many working collaboratively alongside several EMS providers. Massachusetts Task Force MRC volunteers train at least once a month in preparation for emergency medical responses. Minimum training includes all First Responder medical requirements (First Aid, CPR) and ICS-level training that is appropriate for the volunteer's position on the team. ICS-100 is a minimum standard for all members.

MRC Director Mark Foster was responsible for ensuring that the Town of Danvers understands the capabilities of Massachusetts Task Force and encouraging its proper use. The Deputy

"You'll receive more than you give and in the process you'll learn ways to assist in handling emergency situations in your community." - Trudy Cohen, member of the Brookline MRC



The Massachusetts Task Force

Fire Chief of Danvers called on Mr. Foster and the Massachusetts Task Force to help in areas needing more attention, including the transportation of supplies. Paid and non-paid personnel were also onsite to provide medical assistance. When asked about his experience in the Danvers, Mr. Foster responded, "I would hope future responses would be similar. There were no conflicts or jurisdictional boundaries and all the agencies worked well together."

For more information

or to view a video about Massachusetts MRC units, please visit the website at: www.mamedicalreservecorps.org

For more details, please contact the MA statewide coordinator:

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For more information about starting a MRC unit in your community, please contact the Region I (New England) USDHHS MRC Coordinator:

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Interested in joining the Massachusetts Medical Reserve Corps?
www.mamedicalreservecorps.org

Massachusetts Medical Reserve Corps



Medical Reserve Corps Flu Clinics

The mission of the Medical Reserve Corps (MRC) is to mobilize teams of local volunteer medical and public health professionals who can contribute their skills and expertise during times of emergency or need in their community. Many community members - interpreters, chaplains, office workers and legal advisors - also play a vital role by filling key support positions. One of these vital roles is for MRC volunteers to provide health services to their communities, such as staffing flu clinics.

Flu Clinic Volunteers in Merrimack Valley



Influenza or "flu" affects millions of Americans each year. Getting an influenza vaccination or "flu shot" every year can help prevent the infection or reduce the severity of the illness. Flu shots save lives, especially among the elderly who account for most of the flu-related deaths in the United States. The benefits of flu shots far outweigh the risks, and flu shots are one of the most cost-effective medical interventions available. Flu shots not only protect an individual from getting the flu, they also protect others and reduce the burden on the health care system.

Many MRC units are committed to educating the public about the benefits of flu shots and ensuring that the vaccine is widely accessible to all local residents. During the months of November and December, thousands of Massachusetts residents lined up to (cont. on page 2)

What is MRC?

The Medical Reserve Corps (MRC) system was founded by the federal government shortly after 9/11. The national system brings together people who have health care skills with citizen volunteers. MRC units are trained and prepared to respond as a team to emergencies in their communities. The members may provide education, outreach and various health services throughout the year.

Spring 2007

MRC Unit Responds to Danvers Explosion

According to many witnesses, it felt like an airplane had crashed. On November 22, 2006, around 2:45 a.m., a major chemical explosion occurred in the Danversport area at a chemical processing facility housing Arnel Company and CAI Inc. The blast shook several North Shore towns—knocking homes off foundations and damaging buildings up to half a mile away. Glass windows shattered at least three miles away in neighboring Peabody and even in downtown Salem. The explosion was heard and felt up to 45 miles away, the concussion was so intense. At least 10 people were taken to local hospitals and miraculously, no one was killed. Approximately 90 homes were damaged or destroyed in the blast, and residents whose homes were damaged were taken to Danvers High School, where the Red Cross established a relief shelter. Massachusetts Task Force, an MRC unit based in Beverly, was onsite to provide medical, health, and transportation services, along with several other public health and emergency response agencies.



During the incident, the Task Force carried out several functions. MRC volunteers made over a dozen trips between Beverly and Danvers delivering supplies from the Regional Homeland Security Cache located in Beverly. (cont. on page 4)

www.mamedicalreservecorps.org

★ Best Practices Conference

The Massachusetts Department of Public Health sponsored a one-day statewide “Medical Reserve Corps Best Practices Conference” on March 20, 2007 at the Best Western Royal Plaza in Marlborough, MA from 9AM to 4PM. MRC unit directors, coordinators, volunteers and members of the Massachusetts public health coalitions attended this free event, the first to unite MRC’s across the state. The conference provided a unique opportunity for MRC leaders across the Commonwealth to share techniques for volunteer recruitment, call-down procedures and ways to developing stronger partnerships with other community groups.

The keynote speaker was Lieutenant Commander Joseph Leonard of the U.S. Coast Guard Marine Safety Unit Galveston. Chief Leonard dramatically illustrated how the communities of Harris County and the City of Houston teamed up with other organizations to aid 44,000 New Orleans evacuees during Hurricane Katrina. Commander Leonard emphasized the importance of volunteers in this kind of effort, as well as NIMS and Unified Command structure for any incident. Commander Leonard used vivid anecdotes from his experience to outline his points. He pointed out the importance of knowing and understanding local infrastructure, including the capabilities and limitations of responding agencies and organizations. He said it is critical to know fellow response partners before an incident occurs, and he urged the MRCs to build good relationships before there is a callout. He urged attendees to practice response plans regularly and update them with lessons learned after each drill.

The conference allowed MRC subcommittees that have been meeting throughout the year to share recommended standards on issues including badging, data management, training and credentialing with the larger group. Nancy Burns, Upper Merrimack Valley MRC Coordinator, summarized recommendations from the Badging Committee, Region 4B MRC coordinator, and Alison Minkoff, spoke about some of the efforts the Data Management Committee has taken in an effort to improve Unit databases. These recommendations are designed to help with volunteer intake, database maintenance, deployment and overall recordkeeping. Region 4B MRC coordinator, Liisa Jackson, addressed issues concerning volunteer training, including distributing a training resources directory. The public health coalition representatives learned more about the many skills that MRC units can offer in times of community need. Attendees participated in two breakout sessions focusing on a variety of topics, including community investment, distance learning and volunteer liability.

The conference also recognized the work of volunteer, Sarah Robart of Region 4A MRC, for her tremendous commitment and

leadership in Stow, MA. Ms. Robart was awarded the Massachusetts Medical Reserve Corps Volunteer of the Year Award for her achievements in a variety of areas, including planning, promotion and implementation for her MRC unit. Her accomplishments include establishing an Executive Committee of seven members to assist in developing the Region 4A MRC and leading a base of 76 volunteers.

At the conference, MRC unit leaders participated in breakout sessions, including this one about Community Involvement



Attendees felt that the conference was very productive, comprehensive, and a great way to network with fellow colleagues of different MRC units. One attendee said, “The keynote speaker was informative and the group was very enthusiastic and motivated about how much we have accomplished and not so much discouraged about what still needs to be done.” The event turned out to be a success, and many participants left thinking about topics for future conferences.

MRC Flu Clinics, cont. from page 1

receive vaccinations from their local MRC units. Clinics were conducted at numerous public locations, including school campuses, churches, and health and senior centers.

The Upper Merrimack Valley MRC supported ten flu clinics and inoculated 7,860 residents. Public health professionals and community members were responsible for staffing the event and providing various services. Some served as inoculators, forms processors, clinic managers, and evaluators, while others handled traffic control. MRC members in Upper Merrimack Valley provided nearly all of the inoculations at some of the clinics within the region, but only a portion of them when supporting other clinics. Several members volunteered at more than one clinic; 68 individual members filled 113 shifts across the ten clinics. Some clinics operated under a loose Incident Command Structure (ICS), without using formal titles; others specifically apply formal ICS principals during the inoculation procedures.

Upper Merrimack Valley MRC Coordinator, Nancy Burns, described the value of the work: “Flu clinics help us recruit more members, while building support for our mission across
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MRC Flu clinic - cont. from page 2

the region, which is to improve the wellness of our patients by providing them with flu vaccinations.” Ms. Burns also indicated that MRC volunteers routinely commented how much they enjoy volunteering at flu clinics. She added, “We were able to see that members were clever and willing enough to take direction from supervisors, switching roles as needed, which included filling syringes, inoculating, helping elderly residents fill out forms and providing extra care in assisting them at the clinic. The members made us proud.” Today the Upper Merrimack Valley Medical Reserve Corps continues to offer interesting opportunities to keep its members engaged throughout the year with drills, classes, health fairs, public education events, and deployments.

The North East Massachusetts Regional Medical Reserve Corps supported eight flu immunization clinics in Essex County, including the towns of Haverhill, Methuen and Lawrence. Approximately 3,500 local residents were inoculated during the weeks of November 13 and November 20.

Eighteen MRC volunteers were available to staff each event, working in four communities and ten surrounding health clinics. Some of the volunteers included registered nurses, LPNs, and pharmacists. The City of Lawrence also had a Spanish-speaking translator on site to help facilitate and inform non-English speaking patients.



The Brookline Department of Health conducted one EDS/flu clinic in Public Health Sub-Region 2 (part of Region 4b), which included the communities of Arlington, Belmont, Brookline, Newton and Watertown. This joint EDS/flu clinic was held on December 9, inoculated 688 patients with the help of 35 MRC volunteers, and was in addition to the communities own flu clinics. The objective of an EDS (Emergency Dispensing Site) flu clinic was to quickly set up the site, provide initial treatment for a majority of school age children within a certain amount of time, and then provide treatment for the remaining group of people. A debriefing was conducted with all the volunteers and evaluators walked around to assess the effectiveness of the drill. The event also attracted some media coverage—a small press conference was held during the drill. Local newspapers, cable stations and websites in five communities had coverage. Brookline MRC Coordinator Dawn Sibor said, “On the day of the event, the Newton cable station covered the clinic and schools sent out several notices to encourage children and staff to get vaccine.”

Upper Merrimack Valley, North East Medical Reserve Corps, and the Brookline Department of Health all provide great examples of how MRC can meet the needs of citizens in their communities and provide a safe and efficient service.

The Medical Reserve Corps continues to make significant contributions to the health security of the public. The MRC stands out as a venue for volunteers from all professions and disciplines to assist in the preparation for public health services, such as flu immunizations, and can serve as a vehicle to better integrate response activities across geographical boundaries and all sectors of the health and public health communities.

Why Regionalize?

MRC units operating in Western Massachusetts have derived much benefit from sharing resources, expertise, and networking among member organizations. By adopting a regional approach, MRC units in Western Massachusetts will soon serve 101 communities throughout their coverage area. Units work collaboratively by sharing staff and consultants and by standardizing operating procedures. There are approximately ten MRC units in Western Massachusetts, including the towns of Agawam, Amherst, Holyoke, Nanotuck, Longmeadow, and Wilbraham, and several counties, such as Franklin County and Greater Westfield and Western Hampden County.

UMass collaboration

The units also plan to use UMass and other MRC volunteers to work throughout the region in local communities on projects pertaining to family preparedness and infection control measures.

Sharing consultants

Sharing consultants allowed the units to develop a web-based data management and public outreach tool that is now used by all MRC units.

Volunteer Management

Many of the units felt that the approach takes the burden of volunteer management away from the Boards of Health while supporting their preparedness goals. “The system we are creating is very flexible. Volunteers can work in their own community but will also be able to respond to a regional emergency,” Mary Kersell of the Easthampton Board of Health pointed out. “Working with the four emergency preparedness coalitions helps us to further streamline our response capabilities.”

Challenges

Each MRC functions differently and correspondingly pursues a different agenda. One of the most challenging aspects facing each MRC is balancing the uniqueness of each unit with the reality that emergencies require a regional mindset.

The group members recently pooled a portion of their financial resources to purchase new equipment and hire a coordinator for the region. The coordinator is responsible for developing capacity and regional approaches to planning and response. The group is also developing standard recruiting, badging or credentialing, and training materials to be used by all MRC units. It is able to get much accomplished through constant communication, by means of telephone, e-mail, and scheduled meetings. These meetings are sometimes attended by 20 or more participants representing all four Public Health Coalitions in the area. Face-to-face meetings allow members to coordinate public health and MRC planning initiatives.