



Winter 2008

## Conference Focuses on Communication Access

On May 21, 2007, the Cape Cod Medical Reserve Corps held a Communication Access Conference to provide training on working with people who have hearing loss. About 60 members of the Council on Aging and Cape Cod Hospital communication personnel participated. The guest speaker, Jonathan O'Dell from the MA Commission for the



Deaf and Hard of Hearing (MCDHH), provided valuable information on the hearing loss population and strategies for emergency situations.

The conference was organized by Cape Cod's MRC coordinator, Cheryl Bushnell, who sought focus on a population that can be vulnerable in an emergency. "Communication access is one of most critical elements needed to decrease the effects of a disaster," said Ms. Bushnell. "I wanted to convey the importance of good communication skills to emergency preparedness planners, individuals with hearing loss and others who work with elders and the Deaf community." She had the opportunity to assist elders and people with disabilities after Hurricane Katrina and was struck by the difficulties they faced:

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## ★ 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.

## UMass Amherst Drills for Outbreak

Meningitis is a fatal infection affecting thousands of people every year. On April 12, 2007, UMass Amherst MRC led a drill to simulate a large-scale bacterial meningitis outbreak. Amherst volunteers joined other MRC units in administering mock immunizations against meningitis at the campus Mullins Center. Hundreds of participants attended the event. They included 98 local boards of health, 13 Medical Reserve Corps (MRC) units, 16 area hospitals, 98 emergency management directors and the Massachusetts Department of Public Health (MDPH).

"We worked collaboratively with several local public health agencies and the community in this large-scale effort," said UMass Amherst MRC coordinator Ann Becker. "The mobilization of the campus was also helpful as we



used several nursing, EMT and ROTC students." The meningitis drill at Amherst is part of several larger community drills administered throughout the state. "Our goal was to improve the emergency communication networks by providing the best preparedness training to students and volunteers, by following HSEP guidelines and using techniques like Just-in-Time," Ms. Becker continued.

Volunteers lined up to register at 7:00 am and the clinical simulations began at 9:00 and continued until noon. A "Hotwash Session" was conducted at the end of the drill.

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[www.mamedicalreservecorps.org](http://www.mamedicalreservecorps.org)

## MRC Volunteers Participate in ISCU Drills

Volunteerism is the cornerstone of any community. It's also how Massachusetts plans to staff its emergency pandemic centers. On October 20, Region 4b conducted an Influenza Specialty Care Units (ISCU) functional drill at the South Shore Hospital in Weymouth, Massachusetts. More than 150 participants took part in the full-scale exercise, including MRC volunteers, local paramedics, EMTs and other hospital personnel. The purpose of the drill was to show participants how to create and effectively operate an ISCU.

MRC volunteers were on site to organize the event and to conduct "just-in-time" training. Job Action sheets were provided to the participants to supplement the exercise. Several participants served as mock victims and were triaged, assessed and treated to simulate a real life emergency.

"The event helped volunteers understand the roles and responsibilities of all the people and agencies involved in an influenza pandemic. The objective was to get all the major players responsible for staffing the ISCU into the same room and talking," said Alison Minkoff, Region 4b Coordinator.

Media outlets including Weymouth's local newspaper and radio station were on site to report the efforts of volunteers and the lessons learned from the event. Most volunteers enjoyed getting a behind the scenes look at ISCU planning. Ms. Minkoff emphasized the importance of volunteer recruitment, "One of the major fears is the prospect of not having enough volunteers to sufficiently

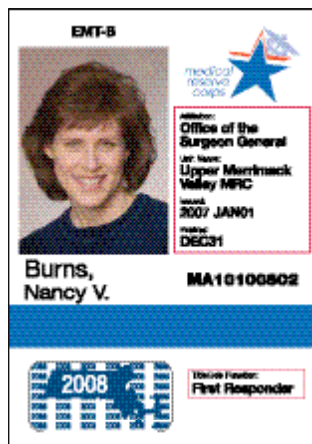
staff the ISCU. People will be fearful, want to stay home with their families or will be sick themselves. This fear is something the volunteers expressed during the event and something I have heard hospital personnel express. Unfortunately, this is still one of the big unknowns. We hope we have enough people when a crisis arises, but we don't know what type of response a pandemic will bring. This is why recruiting and precredentialing volunteers are so important."

The exercise was a result of many local hospitals expressing an interest in involving MRCs in their ISCUs and ISCU planning. The drill was one of several held that week. Sub-Region 3 MRC, a subsidiary of Region 4b, conducted the first drill and participants were asked to respond to emergency scenarios via the Health and Homeland Alert Network (HHAN). Sub-Region 3 worked collaboratively with Harvard University to organize the event at Caritas Norwood Hospital. The second drill took place at South Shore Hospital, where Region 4b worked with several organizations including Fallon Ambulance, Police, Fire, MEMA, DPH, Emergency Management and Computer Emergency Response Team (CERT).

Region 4b MRC is currently partnering with other hospitals in the area to conduct similar ISCU drills and help local hospitals develop effective ISCU plans. Region 4b is also organizing a "Train the Trainer" course aimed at educating other communities and volunteers on how to facilitate their emergency dispensing site trainings. Region 4b's mission is to get volunteers involved, trained and prepared for all challenges that lie ahead, and ISCU drills are a step in the right direction.

## New MRC Badge Template

After months of work, Nancy Burns, Chair of the MA MRC Badging Committee, presented the draft MRC badge



template at the March 2007 "Best Practices" conference in Marlboro. She explained that the purpose of a common badge template is to provide easier recognition of MRC volunteers throughout the Commonwealth. The badge will differentiate the Medical Reserve Corp from other agencies within Citizen Corps.

Committee members examined badge formats from other states, communities and

fields. They worked on design options and clarity and they considered numbering systems and other elements. The

proposed badge will make MRC volunteers instantly recognizable as local responders in the field. The template includes important information, including the volunteer's name, photo, job title, unit affiliation, and the date of issue. On the back of each badge is a return address in the event that the badge is ever lost and found. Professionally licensed volunteers are encouraged to renew their badges annually using a sticker system. Non-licensed volunteers are encouraged to renew every two years. The badge itself contains the DAY/MONTH of expiration, while the sticker shows the expiration year. Expiration stickers will be provided by the state coordinator.

The badge template and recommendations were formally voted upon during the April 2007 MA MRC quarterly meeting. The template was unanimously accepted by those present. The badge template is not an official MA Department of Public Health (DPH) or Federal MRC badge policy. MRC units have the option to adopt the template, making their volunteers easily recognizable.

## MRC Volunteers Serve as Mock Victims during Full-scale Emergency Drill at Logan Airport

On Saturday October 27, more than 100 Region 4b Medical Reserve Corps (MRC)\* volunteers took part in a full-scale emergency drill alongside hundreds of other emergency personnel at Boston's Logan Airport. The drill—"Operation Ready 2007"—was the largest airport mass casualty drill ever conducted at Logan Airport. It involved 500 volunteers and up to 1,000 emergency personnel.

The drill simulated a runway collision of two passenger airplanes. Emergency personnel conducted the exercise to test emergency response, airport communication procedures and the transportation of hundreds of casualties to local hospitals. Many of the volunteers participated as mock victims. Alison Minkoff, Region 4b Coordinator, said, "I thought the drill would be a wonderful opportunity for volunteers to see how the larger city of Boston is exercising its emergency plans. Getting to play a victim and getting onto the tarmac and helping hospitals test their plans is not an opportunity that comes along every day. It was one I couldn't pass up."

Volunteers reported to Logan Airport at 6 am. They were checked through security like actual airline passengers. Mock victims were given colored t-shirts indicating their level of injury. Red indicated most severe, yellow moderately severe and green meant a less severe injury. Victims also received a card indicating the type of injury they had sustained and which plane they had boarded.



The cards provided EMT personnel with the information needed to best treat and transport each victim to local hospitals. Victims wore bar coded bracelets, which were scanned by EMT's. The bracelets tested the efficiency of the triage system used by participating hospitals.

After a brief orientation regarding the day's events, volunteers were bussed onto the tarmac and boarded each plane. Several crashed vehicles surrounding the planes were set on fire to simulate an explosion. Fire trucks arrived to extinguish the fires, while ambulances triaged victims and helped them off the planes. EMT's arranged the victims in groups according to the severity of their injuries and transported them to local hospitals for treatment. The exercise also included several other agencies including Boston police; Massachusetts Port Authority; Massachusetts Emergency Management Agency; Massachusetts Maritime Academy; and several local hospitals and universities.

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### **UMass Drill**, *continued from page 1*

Hotwash Sessions are "after-action" discussions and evaluations used to assess an agency's performance following an exercise, training session, or event. The Hotwash Session helps the drill leaders and team members identify strengths and weaknesses of the response to a given event. This evaluation leads to another phase known as "lessons learned," which is intended to guide future response direction in order to avoid repeating errors made in the past. The Hotwash Session included all the parties who participated in the mock drill.

Meningitis is an infection of the fluid around the brain and spinal cord. The infectious disease can be transmitted through direct contact with nose and throat secretions. Sharing a glass, cup or eating utensil and coughing or sneezing into the face of another person are ways the disease can be transmitted.

The event received a great deal media coverage as several TV, radio, and newspaper outlets were present to videotape volunteers administering vaccinations and interviewing some them about their experience. Many students felt that the simulation provided them with a real-



life experience—something which can be difficult to imagine in a classroom setting.

The drill was sponsored by the four Western Massachusetts Public Health Emergency Preparedness Coalitions, in collaboration with the MDPH's Western office, and it was funded by grants from the Western Homeland Security Advisory Council and the MDPH. The UMass Amherst MRC felt that the event was a great success and is looking forward to other outreach programs in the state, as well as coordinating a symposium for next year.

**Conference**, continued from page 1

“After I read the SNAKE Report about the Hurricane Katrina Response released by the National Organization on Disability, I was horrified by the information regarding people who were deaf or hard of hearing in the shelters in the Gulf Coast. I didn’t want that to happen in Massachusetts.”

During the conference, Mr. O’Dell described the differences between Deaf cultures, late deafened and hard of hearing individuals and other factors related to hearing loss. Mr. O’Dell said, “There are several different populations of individuals with hearing loss, each of which requires a different communication approach. Culturally Deaf people, for example, require American Sign Language interpreters and hard of hearing people often do not hear the doorbell, much less radio broadcasts or information relayed over public address systems.”

Mr. O’Dell demonstrated several technological solutions that emergency preparedness planners can use to ameliorate hearing loss, such as a Sidekick communication device,

CART and ASL. He also talked about emergency alerting devices including specialized fire detectors, carbon monoxide detectors and weather radio alert warnings. Mr. O’Dell discussed scenarios involving people with hearing loss who are placed in dangerous situations due to a lack of understanding by people interacting with them—examples include instances of traffic violation, shelter in place orders with no communication and evacuation orders to those who can’t hear the knocking on the door.

The conference targeted emergency planners and others involved in emergency preparedness. Some of the volunteers who attended the conference have hearing loss, so there was a CART reporter present.

Looking ahead to potential topics, Ms. Bushnell said, “I would like to see communication access training for working with people who are blind, people who don’t speak English as a first language and people with cognitive disabilities.”

**Logan Airport Drills**, continued from page 3

Ms. Minkoff emphasized the lessons learned, “The exercise was a success given its magnitude. We learned how difficult it could be to transport victims on and off the



airport. It’s important to have an escort on the airport grounds or else you can get easily lost.” Ms. Minkoff also pointed out that an issue regarding CORI checks was discovered during this exercise. Due to the level of security clearance necessary to get on the airport grounds, the state police were using a higher level of background checks. Thus, individuals who passed Region 4b CORI checks and were cleared to be MRC volunteers were not necessarily cleared to participate in the exercise.

Most volunteers enjoyed getting a behind the scenes look at how Logan Airport would function during a large-scale emergency. Others enjoyed the thrill of being part of a large emergency planning effort covering a city like Boston.

Several local media outlets covered the event, along with student journalists from local colleges, including Emerson College and Boston University.

*\*Region 4b encompasses 27 communities in the metro-Boston area, with a population of approximately 981,000 residents. Communities in the region are: Arlington, Belmont, Braintree, Brookline, Cambridge, Canton, Chelsea, Cohasset, Everett, Dedham, Hanover, Hingham, Hull, Milton, Needham, Newton, Norwell, Norwood, Quincy, Revere, Scituate, Somerville, Watertown, Wellesley, Westwood, Weymouth and Winthrop.*



**For More Information**

or to view a video about Massachusetts MRC units, please visit the website at:  
[www.mamedicalreservecorps.org](http://www.mamedicalreservecorps.org)

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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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