

MEDICAL RESERVE CORPS

VOLUME 1, ISSUE 2

SUMMER/FALL 2006

LETTER FROM THE MEDICAL DIRECTOR, *DR. FELIX SCHLETTER*

Dear MRC Member,

One of the topics I'd like to address is "Personal Preparedness."

This is first of 8 core competencies that we, as MRC members need to understand and then implement. As volunteers and responders to public health emergencies it is important that we know and take the steps necessary to protect health, safety, and overall well-being of ourselves, our families, the public health team and the community.

Personal preparedness information can be found on many websites, such as www.Ready.gov. I have gone to this site and find it an excellent resource. It is

part of the U.S. Department of Homeland Security's Ready America Project. It is easily navigated and is highly reliable.

At the center of personal preparedness is the Emergency, or Go Kit. This may be a box that contains the supplies that you and your family would need in any kind of emergency.

Supplies such as flashlights, batteries, battery-operated or crank radio, pet supplies, and copies of documentation, such as passport, birth certificate and other important papers would be included in this kit.

In addition, we ask that each person have a 3-day supply of non-perishable foods, and 1 gallon of water per person per day, as well as medications, first aid supplies and personal

hygiene items. The recommendations for pandemic preparedness include up to 2 weeks of food and water.

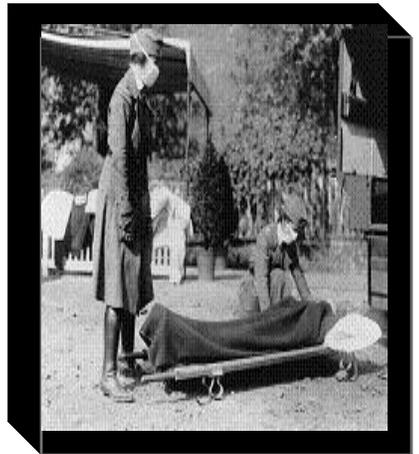
Bleach is a great disinfectant when mixed with water for all kinds of clean ups.

In a pandemic, there may be many people staying at home, whether because they are sick or have been exposed, so having things to do, such as special toys for children, games, cards are also recommended.

In the event we are called upon to come to the aid of our community we will only be effective if adequate provisions have been made for our loved ones.

Please remember to register as an MRC volunteer on the NJ MRC website:

www.njmrcnj.gov



MRC TRAINING AND EDUCATION DAY

On May 6, 2006, the Morris County Office of Health Management sponsored the first training and education day for the Medical Reserve Corps. 85 MRC volunteers attended this training.

The morning presentations included an overview of the National Response Plan and the Incident Command System (ICS). ICS is how a response to an emergency is structured. Scott DiGiralomo, Deputy Director of Emergency Management, gave an overview by showing

pictures of actual responses. Some of the photos were taken at the staging area for the 9-11 response. For many of the MRC who have never been part of emergency response this was a great introduction.

For all first responders, it is important to take the ICS 100 course and the overview of the National Response Plan, NIMS, IS-700. Both of these courses are online at the FEMA website: www.fema.org, in the

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Center for Public Health Preparedness

Preparedness & Community Response to Pandemics

ONLINE Training from University of Albany School of Public Health

www.ualbanycph.org/learning/registration

MRC TRAINING AND EDUCATION DAY CONTINUED

training section.

Laurie Becker, the Human Services Mental Health Administrator, and Rick Look, Deputy Director of Emergency Management, did an overview of the mental health response in an emergency.

There are mental health personnel trained in disasters and the psychology of managing the consequences of disasters who are able to respond depending on what is needed. For example, after 9-11 mental health opened family assistance centers and staffed a hotline.

Howard Steinberg, the County Health Officer, discussed Weapons of Mass Destruction. These are the chemical, biological, radiological, nuclear or explosive events that the county may have to respond to.

The biological agents CDC classifies as high priority or as Category A are:

smallpox, anthrax, plague, tularemia, and the viral hemorrhagic fevers. Smallpox, pneumonic plague and viral hemorrhagic fevers may be spread person-to-person. A response to these would involve antibiotic distribution or vaccination procedures.

For anthrax and tularemia, we might be distributing antibiotics to those exposed to prevent the onset of illness.

Megan Cornish, the County Public Health Nurse, then talked about the role of the MRC in a public health emergency.

During the TOPOFF3 exercise last April, some volunteers experienced what it would be like to open a Point Of Dispensing (POD) Site. For this type of response we would need hundreds of volunteers to help staff the PODS. Each municipality is planning to be able to open a POD if necessary.

To respond to an event that requires vaccination, the POD may be regionalized. Only physicians, nurses, pharmacists, dentists and EMS can vaccinate and so, as we are more limited by numbers who meet the requirements, we would open fewer sites.

Other roles for the MRC include staffing the Receipt and Storage Site. This is where we would receive the National Stockpile and then distribute the medications county wide.

After lunch, 3 workshops were offered for the volunteers to choose from.

Nancy Keller-Goodstein, from NJDHSS EMS presented a START Triage, a NJ Disaster Tag training. This is the triage system used in NJ during times of mass casualty. It is used when there are more than 4 non-ambulatory or 8 ambulatory people affected.

Namitha Narayan, the County Epidemiologist, presented a training on outbreak investi-

gation. In the event that a communicable disease is identified there may be a need to identify contacts and interview them.

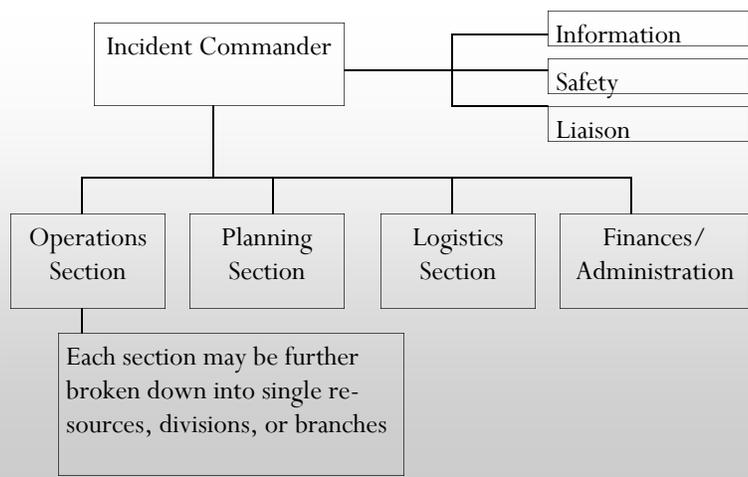
The 3rd workshop was a smallpox vaccinator training. We now have close to 200 medical professionals trained to give the smallpox vaccination if the need were to ever arise.

We are very fortunate in Morris County to have such a large Medical Reserve Corps. In the event of a public health emergency the need will be great to have volunteers that can support the response effort of the municipalities, county and the state.

In the future, we are arranging to hold these workshops in different regions within the county so more volunteers can take advantage of these trainings.

Some municipalities have offered MRC orientation and are looking to sponsor more trainings in 2006 and 2007.

INCIDENT COMMAND SYSTEM: ICS 100 OVERVIEW



The Incident Command System is used to manage an emergency incident or a non-emergency event. It can be used equally well for both small and large situations. The system can grow or shrink to meet differing needs. The goal is to keep the organization as simple and as streamlined as possible, and not to overextend the span of control.

The Incident Commander is the person in charge at the incident and must be fully qualified to manage the incident. As the incident grows in size or becomes more complex, a more highly qualified Incident Commander may be assigned.

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THE MULTISTATE MUMPS EPIDEMIC

A recent multi state Mumps epidemic striking Iowa and spilling into neighboring states is a reminder that once-common childhood diseases may be forgotten but not gone. This is the nation's first Mumps epidemic in 20 years. Iowa was the worst hit of 12 states, mostly in the Midwest, that have reported a total of more than 3,200 mumps cases. The first cases were reported in December 2005 at a university in the eastern part of Iowa and two people who were on nine separate flights traveling in late March and early April may have spread the disease in the Midwest.

Mumps is caused by a virus that infects the salivary glands, causing fever, headache, muscle aches and swelling in the glands near the jaw. It is highly contagious, spread by coughing and sneezing. Symptoms may be mild, but in some cases the illness can be more serious.

The incubation period is two to three weeks and it is possible to spread the disease in a susceptible population as the infectious phase of the disease is 3 days before to 4 days after the onset of symptoms.

People are considered susceptible if they have not received

2 doses of MMR vaccine or have had no documentation of prior infection.

Most of the cases in the current outbreak have occurred among people 18 to 25 years of age. The reason for this may have been that many in this age group may not have had a second dose of measles-mumps-rubella vaccine, which did not become routine in Iowa until 1991. According to William Bellini, chief of the Centers for Disease Control and Prevention's Measles, Mumps, Rubella and Herpes virus branch, it still does not explain why this is happening in Iowa or why it's happening now. Although tests have shown the

genotype to be the same as the one that was associated with the United Kingdom outbreak, at this time there is insufficient proof of a direct link to the United Kingdom.

Infants in the United States have been routinely vaccinated against the mumps virus since a vaccine was developed in the 1960s. The vaccine is 95% effective. Generally a two-dose shot of the measles-mumps-rubella vaccine is recommended for all children, a regimen considered effective at preventing the virus in about 90 percent of patients.

INCIDENT COMMAND SYSTEM OVERVIEW CONTINUED FROM PAGE 2

The Incident Command may assign a Command Staff and a General Staff. The Command Staff provides Information, Safety and Liaison services for the entire organization.

The General Staff are assigned major functional authority for Operations, Planning, Logistics and Finance/ Administration.

The Operations Organization usually develops from the bottom up. This is due to the need to expand supervision as more and more resources are applied. In ICS the span of control, meaning how many organizational elements may be directly managed by one person, may vary from three to seven, and a ratio of one to five reporting elements is recom-

mended. As the incident develops, the system expands to keep the span of control.

Command sets objectives and priorities and has overall responsibility at the incident or event.

Operations conducts tactical operations to carry out the plan and develops the tactical objectives, organization, and directs all resources.

Planning develops the action plan to accomplish the objectives, collects and evaluates information, and maintains resource status.

Logistics provides support to meet incident needs, provides resources and all other services needed to support the incident.

When you arrive at an event or incident, check-in is required. It may be at the Incident Command Post, or the Planning Section Chief, or at divisions or group supervisors. When you are called to report you will be told where to check in.

This overview includes a general background to understand the principles and primary organizational elements of the Incident Command System. The online course found at the FEMA Training website contains slightly more information.

Once you complete the online course you will receive a certificate from FEMA stating you have completed ICS-100.



FIRST RESPONDER PROPHYLAXIS EXERCISE: PLAGUE DOCTOR

This May the Morris County Office of Health Management conducted the first ever first responder mass prophylaxis exercise. The exercise was designed to simulate how quickly the first responders of Morris County, including the MRC, would be able to receive prophylaxis treatment and supplies in the event of a public health emergency.

The scenario we used in the exercise was very similar to what would occur in reality. The Governor declares a Public Health Emergency for the State of NJ and requests the Strategic National Stockpile (SNS) from the CDC. The SNS contains antibiotics and medical supplies and is stored through-

out the country. The materials are in constant rotation and every stockpile site is located so that it can be delivered to any area of the country within 12 hours. The CDC delivers the supplies to the state, who in return, deliver it to



us at the county level.

Once received at the county level, the shipment has to be sorted and separated. Completing such a process is a prime example of where we would look to implement MRC volunteers. The exercise proved to be highly effective, with MRC volunteers proving to be highly efficient and competent. We distributed 13,500 unit doses of antibiotics to the first responders in over 23 municipalities in less than 2 hours. It was a huge success that could not have been completed without the help of our MRC volunteers!

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