



# Medical Reserve Corps: A Focus on Exercises

## Letter From MCOHM Health Officer *Carlos Perez, Jr.*

The recent appearance of H1N1 influenza highlighted the importance of a strong public health infrastructure capable of responding at a moments notice. It is this understanding that resulted in the creation of the Morris County Medical Reserve Corps (MRC). As a community-based citizen volunteer organization, our MRC provides an opportunity for health professionals and others who wish to volunteer their skills and expertise, a means to serve their communities.

As MCOHM continues working toward strengthening Morris County's public health emergency response

capabilities, it will be one of my principal objectives to examine ways to strengthen our MRC. Not only will we be looking to increase our volunteer base, but we will be examining ways to involve and better equip current MRC members. We will be exploring ways of providing you with enhanced emergency response training and practical opportunities. We will also be exploring the creation of specialized MRC teams to assist with various response activities.

As we soon enter another year, I invite you to

provide us with your suggestions, ideas, or comments on how we can better assist you. We continue to have an urgent need for health and other professional volunteers to staff Point of Dispensing Sites. I also invite you to spread the word about the Morris County MRC and its vitally important role in protecting our communities.

If I or our OHM staff can be of assistance to you at any time, please let us know. I thank you for your continued dedication and I look forward to working with you protecting the health and wellness of our residents.

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**November 3**  
MRC Orientation: BT Agents and Intro to PODS

**November 29**  
POD Management

All trainings 6:30—8:30pm  
634 West Hanover Ave

**Photo IDs**  
**Nov 3: 4—6:30pm**

## What's Worse Than a Disaster? Not Being Prepared.

How many of you have made a family or personal emergency kit for your home? Have you thought about what to pack in your MRC Go Bag?

Many of us know that preparedness is important yet taking the actual steps to being prepared may not have happened yet.

The "Family and Personal Preparedness" training reviewed the details to

ensuring that that you have enough food, water, clean air and warmth to sustain yourself and your family for the first 72 hours of an emergency.

Jessica Sollitto, an MRC volunteer and public health intern, took the challenge of getting her family prepared. She shared the questions and decisions each person needs to make about how to stock their emergency kit with

what is needed. She also included what MRC should consider for their MRC Go Bag. Meredith Petrillo, the Animal Control Officer from Denville and a member of the County Animal Rescue Team (CART) shared the plans that have been made for pets in an emergency, especially if sheltering is involved.

If you haven't had a chance to take the training, there are online programs at [mrc.train.org](http://mrc.train.org)

### CORE Trainings

**ICS 100/NIMS 700**

**MRC Orientation**

**Psychological First Aid**

**Family Disaster Preparedness**

**POD Management**

# FROM THE COORDINATOR—*Cindie Bella, R.N. B.S.N.*

**No duty is more urgent than that of returning thanks.** ~James Allen.

This quote says it all. I would like to thank you for all you do for the Morris County MRC. I see our unit finally becoming a team, something that we at the county have been striving hard to achieve. That being said we are in the process of reactivating our COBRA (County Outbreak Bioterrorism Rapid Action) team. In doing so we need the help of the Morris County MRC. This response team

consists of the following areas: Outbreak Investigation, Surge Capacity, POD Management, Data Entry, Call Center, and Health Education. Specific training will be given for each team. If our COBRA team was activated, we would also need to activate the MRC volunteers who are specifically trained in these various areas. If you are interested in signing up for one of these response teams or would like more information, please email me your name, phone number and what team you wish to join at [cbella@co.morris.nj.us](mailto:cbella@co.morris.nj.us). I am excited to see our

MRC unit grow stronger and more prepared to respond and assist our community during times of need. I look forward to hearing from you.



**November 3**  
MRC Orientation: BT Agents and Intro to PODS

**November 29**  
POD Management

**January, 2011**  
Team trainings begin  
Sign up for a team

Registration:  
<https://njlmn.rutgers.edu>

All trainings 6:30—  
8:30pm  
634 West Hanover Ave

## Randolph Township Bioterrorism Drill

On June 3, 2010, Randolph Township Health Department tested its ability to handle a major public health emergency requiring distribution of an antibiotic as per state law requiring local health agencies to prepare for pandemic and/or bioterrorism events. Randolph Township, in conjunction with Rockaway Borough and the Morris County Office of Health Management, was the first in the State to exercise a Door to Door delivery plan.

This was a full scale exercise. It began by exercising the reverse 911 system to notify the targeted residences that a drill would be taking place. Medications were received as per protocols from the Morris County Office of

Health Management and then distributed to Rockaway Borough for their portion of the exercise. The cooperation and support of Shongum Fire personnel was critical as a call went out to them the evening the medication bottles were received. Eleven fire personnel responded, received just-in-time training and bagged 400 units each containing four bottles of medication and all necessary printed information in a mere twenty minutes. The following morning, with the full support of the Randolph Township management, DPW and municipal staff, personnel arrived at the Shongum firehouse for just-in-time training. We exercised two different modalities in an effort to assess which would be most ef-

fective and efficient. One group placed the bags on mail box flags with a second group placing the bags at the doors. Instructions were left to complete an on-line survey to assess whether or not the meds were received and the effectiveness of the information.

A total of 341 units were delivered – 186 to mail box flags and 155 to actual doors. The mail box rate was 2.5 bags/minute while the door rate was .75 bags/minute. A total of 108 responses were received through our on line survey and were almost unanimously positive. They showed us that 4 bottles were received regardless of route of delivery. With all of this information, Randolph will be able to cover the entire town

of 6888 independent households in under 5 hours with minimal staff. The additional 2323 mass housing units are to be covered under a fixed facility protocol as per the master plan. We have every confidence that our entire town could and would be prophylaxed in under six hours using this plan.

State evaluators were present during the drill and stayed for the hot wash after. We are proud to say it is being looked at as a model for the State.



# From the Epi: Health Care Associated Infections

The term *healthcare-associated infection* (HAI) refers to infections associated with healthcare delivery in any setting (e.g., hospitals, long-term care facilities, ambulatory settings, home care).

Patients may be colonized with, or exposed to, potential pathogens outside of the healthcare setting before receiving healthcare, or may develop infections caused by those pathogens when exposed to the conditions associated with delivery of healthcare.

Many risk factors promote HAIs in healthcare settings, including decreased immunity among patients, as well as diagnostic and therapeutic procedures, invasive techniques, and medical devices that increase the risk of infections. For example, patients are at increased risk of infection from invasive devices such as intravenous needles or cannulae that are inserted

through a person's skin, bypassing the body's first line of defense. Other invasive devices include artificial airways and tubes to assist breathing, and urinary devices – all providing a pathway for bacteria and other organisms to enter the blood stream, lungs and bladder, and increasing the risk of infection and other medical complications. The risk of infection related to invasive devices increases the longer the device is left in place.

Patients in the healthcare setting are also at increased risk of HAIs from exposure to organisms from other patients, generally from lack of staff compliance with basic infection prevention measures, like hand washing or use of alcohol-based hand cleaners.

Healthcare-associated infections (HAIs) are a common cause of morbidity and mortality in the United States and are among the most common

adverse events in healthcare (Public Health Reports / March–April 2007 / Volume 122).

According to the CDC, in American hospitals alone, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year. Of these infections:

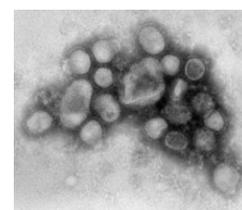
- 32 percent of all healthcare-associated infections are urinary tract infections
- 22 percent are surgical site infections
- 15 percent are pneumonia (lung infections)
- 14 percent are bloodstream infections

In addition to the substantial human suffering exacted by HAIs the financial burden attributable to these infections is staggering. It is estimated that HAIs incur an estimated \$28 to \$33 billion in excess healthcare costs each year.

In response to the increasing concerns about the public

health impact of healthcare-associated infections (HAIs), the US Department of Health and Human Services (HHS) has developed an Action Plan to Prevent Healthcare-Associated Infections (HHS Action Plan). The HHS Action Plan includes recommendations for surveillance, research, communication and metrics for measuring progress towards national goals. The HHS and CDC have also developed definitions, tracking methods, and prevention guidelines to assist with the elimination of HAIs.

NJDHSS has submitted a HAI action plan to CDC and is also applying for a grant to help establish an office to oversee ambulatory and non-hospital health care facilities.



## Health Matters: The Flu Ends With U



New recommendations from the CDC for seasonal flu now indicates that everyone 6 months of age and older should get a flu vaccine. This year's vaccine will protect against three different flu viruses: an H3N2 virus, an influenza B virus and the H1N1 virus that caused so much illness last year and is still circulating.

“When you get vaccinated against the flu, you can protect not only your-

self, but your family, friends, and others around you, too. Also keep in mind, your flu vaccine helps protect children younger than 6 months of age who are too young to get vaccinated themselves. Your vaccine also reduces the chance of you spreading the flu to those who are at high risk from serious flu complications. As more people are vaccinated against the flu, less flu will spread through your community.” From Anne Schuchat's blog, Di-

rector, National Center for Immunization and Respiratory Diseases, CDC. Flu resources: [cdc.gov/flu](http://cdc.gov/flu); <http://cdc.gov/about/grand-rounds/archives/2010/09-September.htm>



## H5N1 Avian Influenza 2010 Update

**37 cases  
18 deaths**

**Vietnam  
Egypt  
China  
Indonesia**

**World wide since  
2003:  
505 human cases.**

## States Take On Pertussis as Disease Cases Resurge

Reports of pertussis, whooping cough, have reached startling numbers in communities around the nation in recent months, leading to a renewed attention to the common infectious disease.

Several states are currently reporting pertussis outbreaks, from California to Michigan to South Carolina. California's caseload has caught the most attention, with over 4,000 confirmed, probable and suspected cases, a seven-fold increase from the previous year. The epidemic is responsible for 9 deaths.

Waning immunity may be part of the problem. To confront the disease, CDC and health departments nationwide are urging residents to get immunized, especially adults who come in contact with infants and young children. Infants are routinely vaccinated beginning at age 2 months, receiving five doses of diphtheria, tetanus and pertussis vaccine, or DTaP, by age 6.

Another similar vaccine, known as Tdap, is recommended for people ages 11 through 64. Unlike some vaccines, the pertussis vaccine's protection eventually wears off, as does any immunity gained from contracting the disease.

In Michigan, the majority of cases are among residents 10 years of age and older. Pertussis is also on the rise in South Carolina with 168 cases reported as of June.

Studies show the most effective way to influence a person to get vaccinated is for their doctor to recommend it. For more information: [www.cdc.gov/vaccines/vpd-vac/pertussis](http://www.cdc.gov/vaccines/vpd-vac/pertussis).



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*Clean Hands Save Lives.*

