

Radiological Community Reception Center (CRC)

Following a mass casualty radiation emergency, public health professionals will play a crucial role in assessing and monitoring people potentially exposed to radiation or contaminated with radioactive material. This process, called population monitoring, will be conducted in community reception centers (CRCs).

The Centers for Disease Control and Prevention have created a Virtual Community Reception Center as a web-based training tool that provides an overview of the CRC process for planners, managers, and potential CRC staff.

The web based training learning objectives include users will be able to:

- Describe the process flow in a CRC
- Identify the key stations in a CRC
- Recognize essential services for each station in the CRC

The training uses a simulated 3-D environment, embedded video segments, an interactive process flow diagram, and customizable supporting resources to deliver a unique training for all users.

It is highly recommended that MRC volunteers take advantage of this training to familiarize themselves with the CRC process. It can be accessed through this link:

<http://www.orau.gov/rsb/vcrc>

Radiation is the most feared emergency as both responders and the public have little experience or training. In the past we have offered Radiation Awareness training for MRC and will most likely offer this and other trainings as we develop our plans.



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Morris County Office of Health Management



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VOLUME 11 ISSUE 1

SPRING SUMMER 2014

Medical Reserve Corps:

Letter From MCOHM Health Officer Carlos Perez, Jr.

Having a strong volunteer base to draw upon in times of emergencies continues to be a priority for Morris County Office of Health Management (MCOHM). We have seen the need for volunteers during times of hurricanes and storms.

Emergency preparedness is an on going process. We plan, we train, we exercise and we revise plans as necessary. Most recently MCOHM in conjunction with adjacent counties, public health, and emergency management partners have begun

planning for radiological disasters and emergencies through out the county, we know that having a Radiological Reception Center would likely be required to assist exposed persons; consequently, the need for trained volunteers will be integral part of ongoing planning.

We are fortunate in Morris County to have an MRC with over 500 members. Many of you have attended our trainings and have responded to our need for volunteers during emergencies. As we watch natu-

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Health Matters—Default Health

Five things kill more people in the U.S than anything else: heart disease, cancer, lung disease, stroke and unintentional injuries. Together these five conditions cause nearly 900,000 deaths each year. We know the greatest impact comes when we make the default choice the healthy choice. We can make it easier for people to be physically active, avoid tobacco and have access to affordable, healthy food. Morris County initiatives are making a difference: The Morris County Park Com-

mission is working with low income families and the agencies that serve them to have a cooperative garden, enabling these families to learn how to grow food and to harvest the food the garden produces. The partners include the Interfaith Food Pantry, Homeless Solutions, Family Promise and St. Clare's Behavioral Health. The Randolph Y and the Greater Morristown Y are working with two child care centers to increase healthy eating and active living. These initiatives are making difference in Morris County.

Training Dates*

**Preparedness Cook Off
September 12, 2014**

**Surge Vaccinator: TBD
October, 2014**

**General Meeting
November 12, 2014**

**Holiday Get Together
December 9, 2014**

Planning is a major component to an effective response. Morris County Office of Health Management has recently completed the Community Containment Toolbox (also known as non-pharmaceutical intervention) that would be used during a major disease outbreak to prevent the spread of disease when vaccination is not possible. People may either be isolated or quarantined. Isolation means the physical separation and confinement of an individual or groups of individuals who are infected or believed to be infected, based on the signs, symptoms or laboratory analysis, with a contagious or possibly contagious disease from non-isolated individuals for the purpose of preventing or limiting the spread of disease to non-isolated individuals. Quarantine means the physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals.

If we would ever need to activate this plan, and we truly hope we don't, the Medical Reserve Corps (MRC) would be a vital component of the response. We would activate those of you who received Communicable Disease Reporting Surveillance System (CDRSS) training to help the local public health nurses conduct disease investigation. Others may be asked to call those individuals who are quarantined to monitor temperatures, and conduct daily surveillance. Still others would be asked to help coordinate food distribution.

We spend a lot of time discussing Point of Distribution sites (PODs) and more recently sheltering, but as you can see there are countless ways we may be called into action during an emergency. The Community Containment Toolbox and Radiological Community Reception Center Plan (also discussed in this newsletter) are just two of latest plans that have been developed. It is vital that we prepare and train for what we least expect, so if we are called into action, we can respond quickly and efficiently to those who need us most.

Have you ever watched a science fiction movie and left thinking to yourself, "Wow how could something like that ever happen?" As first responders we spend a lot of time preparing for events that happen more often such as hurricanes and snow storms, but a radiation emergency is not something that we tend to think much about. When you mention radiation, many of us picture the mushroom clouds we've seen after nuclear bomb detonations. This is the most unlikely nuclear event we will ever face. The nuclear energy industry takes extreme measures to safeguard the public from nuclear releases, but potential accidents and criminal events make unplanned releases a concern for all of us. Just last year a truck carrying medical cobalt was hijacked in Mexico, initiating a multi-country alert. At present we are working on a Radiation Community Reception Center (RCRC) plan. An RCRC is designed to be set up in a radiation free zone to assist those individuals who most likely were not in close proximity to the radiation source, but yet still may be impacted. There are many components to the RCRC. They include radiation dose assessment, decontamination, medical assistance, and even pet monitoring and decontamination. As these are only some of the areas a RCRC contains, opening one is a massive undertaking. It is estimated approximately 100-125 workers would be needed to staff each shift of a RCRC. The Medical Reserve Corps is a large component in the staffing model. Once the plan is complete, training will be developed to better prepare us for working in a RCRC. It would not take a large radiation emergency to require the processing of thousands of people. In 1987, an abandoned radiotherapy machine was dismantled by junk yard workers to process the metal. A small amount of Cesium-137, a blue powder like radioactive substance, was accidentally released. Not realizing that the powder was dangerous, no effort was made to contain it. A few days later when a number of people in close proximity to the junkyard began to show signs of illness, local authorities discovered the radioactive material. While most of the victims recovered, 4 eventually died. Panic ensued in the community over the next few weeks and a soccer stadium had to be opened to screen those individuals who potentially were exposed, and the scores more who panicked when they heard of the accident. Over 100,000 people were screened in the following weeks. It is these people who would be processed through our RCRC should a similar accident happen here. As our planning continues, look for updates. For those of you, who are interested in the incident in Brazil, please visit: <http://www.youtube.com/watch?v=dv-87QKy37M>.

Stronger Together: A National Network of Volunteers

- **67% of MRC units are housed in local health departments**
- **63% of unit leaders are women**
- **69% of volunteers are women**
- **73% are employed**
- **16% are retired**
- **44% are 44—65 years of age**
- **31% are registered nurses**
- **28% are non medical non public health**

These facts, profiles of MRC units and volunteers, were recently released in the National Association for City and County Health Officials 2013 network profile of the Medical Reserve Corps. The report was released in April 2014 and can be viewed online at www.naccho.org.

The top 3 public health activities that MRC volunteers have been involved with are:

- Seasonal flu vaccination
- Community Outreach events

Health education The top 3 preparedness activities MRC have been engaged in are:

- Communications and texting drills
- Personal preparedness campaigns
- Training and exercises

"Since it's inception in 2002, the MRC has served to improve the health, safety, and resilience of the nation.," wrote Robert J. Tosatto Director of the Civilian Volunteer MRC, in the profile. "Volunteering and national service are

key and cost-effective means of resolving our nation's most difficult challenges." A statement echoed in Morris County.

Morris County MRC have supported the efforts of public health most recently with the hurricanes.

This is just a reminder that as a MRC volunteer you are part of a large network of volunteers supporting public health.



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In the News—MERS-CoV

The MERS-CoV virus first appeared in Saudi Arabia in 2012, and since then has infected hundreds of people in that part of the world. The virus is related to SARS and causes lung and kidney problems. Since 2012, public health has been monitoring MERS-CoV. It doesn't spread as easily from person to person as the flu, but it is prudent to have a system in place to detect cases quickly and contain the disease before it can infect others. This is what public health teams did in Indiana recently, when the first U.S. case of MERS-CoV was diagnosed. Vigilance

and good infection control practices in hospitals should limit the spread. This case in Indiana, and now a second case in Florida are travelers who came to the U.S. from Saudi Arabia. At this time, none of the contacts of these cases has evidence of being infected with MERS-CoV, reinforcing that it doesn't spread easily from person to person. CDC and other public health partners continue to investigate and respond to the changing situation to prevent the spread of MERS Co-V in the U.S.

These two cases of MERS imported to the U.S. represent a very low risk to the general public in this country. They are a reminder that Morris County must continue to plan for these emerging infectious diseases and have a trained group of public health professionals as well as volunteers to respond to emergencies if they arise. The Community Containment Toolbox would be activated if there was need in Morris County to limit the spread of this virus. Source: CDC

MRC Training Competencies

ICS 100

IS 700

MRC Orientation

Points of Distribution (POD)

Family and Emergency Preparedness

Psychological First Aid