



TMRC Spotlight

“Be Prepared, Be Informed, Be Involved”



TMRC Spotlight
May 2010

Director's News

The first thing that this newsletter needs to contain is a thank you to all of the volunteers who provided so much support during the recent HINI response effort. A final HINI Regional Report has been released, and can be found at www.tristatemrc.org/Documents/TMRCHINIREport03012010.doc.

During our HINI response efforts, we realized how difficult it was to try and organize a volunteer call out using a call in system. For this reason several local units switched early on to an internet based survey to organize volunteers. A new emergency communications system was recently purchased by one of our regional partners, and an exercise was held on April 29th to determine if we had the capacity to handle incoming calls during an emergency. There were some serious technical issues identified with the system, and a lot of volunteers were not able to connect to an operator. We are not happy that some vol-

unteers couldn't respond, but were happy that we were able to identify these issues with the callout system during an exercise, and not during a real emergency,

The TMRC continues to work towards preparing for a large scale volunteer response, and will use our HINI response and this recent callout exercise to develop better plans and be better prepared for a response.

There are a lot of other projects moving forward, including a new volunteer handbook, a new brochure, and some funding from a federal grant. Stay tuned for more information and updates.

Sincerely,

NK MRC Unit Receives Award

The HINI flu vaccination campaign in the fall 2009 and winter 2010 was unlike any challenge ever faced by the Northern Kentucky Health Department. Thousands of residents received the vaccine, many through community vaccination clinics. The Health Department's vaccination efforts would not have been successful without the support of the **Northern Kentucky Medical Reserve Corps volunteers**. For their assistance, NKMRC volunteers received the 2010 Award of Excellence in Public Health. The awards presentation took place on Tuesday, April 13, 2010 with Pat Dressman, Chair of the Northern Kentucky District Board of Health and Craig Humbaugh, M.D., Director of the Division of Epidemiology and Health Planning for the Kentucky Department for Public Health presenting the award.

Seventy-four members of the **Medical Reserve Corps** responded to the swine flu vaccination effort. "The Medical Reserve Corps members were a vital component of our community response," said Jennifer Hunter, Director of Clinical Services, in

her nomination. "They jumped in to the roles assigned to them with true dedication, smiling faces and an overall positive attitude. They adjusted to

whatever came their way, changed roles when needed and were complimented by many internal staff and public. They melded into our team with ease and held our goals as theirs." The Award of Excellence in Public Health is presented each spring to honor those people or organizations in Northern Kentucky who have shown progress toward achieving and maintaining a healthier community.



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Thanks to Jean Caudill, Debbie Conradi, Ami Mclandsborough, and Carter Pittman for their contributions to the newsletter.

HINI Regional Response at a Glance

Local TMRC Unit	MRC Volunteers on Roster	Used in HINI Response	% Used
Cincinnati/Hamilton County	1004	488	48.6%
Clermont	247	20	8%
Northern Kentucky	167	74	44%
Switzerland	25	6	24%
Totals	1464	588	43.8%

Emergency Preparedness at Home- Are You Ready?

The Medical Reserve Corps lists eight Core Competencies for all volunteers.

Competency #2 encourages MRC members to have a personal and family preparedness plan in place prior to an emergency situation.

Every MRC member should have a kit that will get you and your family through the first 72 hours of an emergency. This lessens the strain on first responders while helping to provide you with assurance that your family will be taken care of if you get called out.

At a minimum, the kit should include (per person):

- Water, one gallon of water per day for at least three days, for drinking and sanitation
- Non-perishable Food, at least a three-day supply
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries
- Flashlight and extra batteries
- First aid kit
- Whistle (to signal for help)
- Dust mask, plastic sheeting, duct tape (to help filter contaminated air)
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Manual can opener for food (if kit contains canned food)
- Local maps

- Cell phone with chargers, inverter or solar charger

Your family should create an emergency communication plan.

- Identify an **out-of town contact**. It may be easier to make a long-distance phone call than to call across town, and this contact may be in a better position to communicate among separated family members.
- Be sure every member of your family **knows the contact's phone number** and has a cell phone, **coins**, or a **prepaid phone card** to call the emergency contact. Program that person(s) as "ICE" (In Case of Emergency) in your phone. If you are in an accident, emergency personnel will often check your ICE listings in order to get in touch with someone you know. Tell your family and friends that you've listed them as emergency contacts.
- Teach family members how to use text messaging (also known as SMS or Short Message Service). Text messages can often get around network disruptions when a phone call might not be able to get through. Subscribe to **alert services**. Many communities now have systems that will send instant text alerts or e-mails to let you know about bad weather, road closings, local emergencies, etc. Visit www.Ready.gov to learn more about how you and your family can be prepared.

The Strategic National Stockpile—What it Means To You

CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack [9/11 New York], flu outbreak, earthquake or hurricanes [Hurricane Katrina]) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

What should you know about the medicines in the SNS?

- The medicine in the SNS is FREE for everyone.
- The SNS has stockpiled enough medicine to protect people in several large cities at the same time.

Federal, state and local community planners are working together to ensure that the SNS medicines will be delivered to the affected area to protect you and your family if there is a terrorist attack.

How will you get your medicine if the SNS is delivered to your area?

Local communities are prepared to receive SNS medicine and medical supplies from the state to provide to everyone in the community who needs them.

Find out about how to get medicine to protect you and your family by watching TV, listening to the radio, reading the newspaper, checking the community Web site on the Internet or learning from trusted community leaders.

A National Repository of Life-Saving Pharmaceuticals and Medical Materiel

The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories.

The SNS is organized for flexible response. The first



line of support lies within the immediate response 12-hour Push Packages. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory (VMI) supplies will be shipped to arrive within 24 to 36 hours. If the agent is well defined, VMI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could act as the first option for immediate response from the SNS Program.

Determining and Maintaining SNS Assets

To determine and review the composition of the SNS Program assets, Health and Human Services (HHS) and Center for Disease Control and Prevention (CDC) consider many factors, such as current biological and/or chemical threats, the availability of medical materiel, and the ease of dissemination of pharmaceuticals. One of the most significant factors in determining SNS composition, however, is the medical vulnerability of the U.S. civilian population.

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Be Prepared. Be Informed. Be Involved.

Visit us at

www.tristatemrc.org

There have been reports from other MRC Units in the country about misleading marketing conducted by a website developer. If you receive any emails from an MRC unit asking you to register on a new website, please forward the message and the information to your local MRC coordinator. These emails are not from a local MRC unit.

Thank you.

The Strategic National Stockpile - What it means to you (Continued)

The SNS Program ensures that the medical materiel stock is rotated and kept within potency shelf-life limits. This involves quarterly quality assurance/quality control checks (QA/QC's) on all 12-hour Push Packages, annual 100% inventory of all 12-hour Push Package items, and inspections of environmental conditions, security, and overall package maintenance.

When and How is the SNS Deployed?

The decision to deploy SNS assets may be based on evidence showing the overt release of an agent or more subtle indicators, such as unusual morbidity and/or mortality identified through the nation's disease outbreak surveillance and epidemiology network, will alert health officials to the possibility (and confirmation) of an emergency. To receive SNS assets, the state's governor's office will directly request the deployment of the SNS assets from CDC or HHS.

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Volunteer Spotlight—Debbie Conradi

Tell us about yourself.

My name is Debbie Conradi and am a registered nurse for the Bone Marrow Transplant Center at the Jewish Hospital. My work involves hematology oncology research and regulatory compliance with the FDA and working with the most amazing people and patients. My career spans many different areas: construction/HVAC/Plumbing management, banking industry, automotive industry/car hauling and the medical field.

In 1977 I was in the Beverly Hills Supper Club Fire in Alexandria, Kentucky, and this disaster changed my life. I joined the Red Cross and have been a member for more than 30 years. When I was introduced to the TMRC I felt that it's directive matched my internal mission to help others be aware and safe during any emergency.

How long have you been involved in the TMRC?

I have been a member since August 14, 2008 (thanks to my mentor, Jerry Lautz!) and am just delighted to be part of such an exciting and dedicated group of volunteers. I always look forward to seminars, training sessions (live and web based) and especially the hands on disaster exercises.

What advice would you give other TMRC volunteers?

Stay prepared by practicing your skills! Attend in-services for the TMRC, even if you have already attended one (remember the adage, "practice makes perfect?" that's not just a vapid, trite saying- that should be our motto) Visit the website frequently and take as many training opportunities as possible-it will help maintain your "readiness" in an emergency. Helping your family and your community get and stay pre-

pared will help maintain your skill sets.

Has being in the TMRC changed your perception of public health and your role in your community?

I have always been active in my community but the TMRC affords me a more rewarding opportunity to help provide education, assistance and guidance to the public at many levels. The TMRC has given me a more substantial awareness and role in the arena of public health.

