2012 Has Been a Busy and Productive Year

Patrick Lynch, RN
Manager, Response Personnel Unit

As we end 2012, it is only right to look at the accomplishments for the Disaster Healthcare Volunteers (DHV) Program and our partners throughout the state. Over the last 10 months of the year, Disaster Healthcare Volunteers has registered 2,120 responders and the system now totals 19,072 as of November 21st. This increase is due to the commitment and efforts of all of the local DHV partners at both the county offices and the MRC units. You are to be commended on this sustained effort and success.
Disaster Healthcare Volunteers, California’s program for the Emergency System for the Advance Registration of Volunteer Health Professionals, (ESAR-VHP) was created to assist local and state agencies in the use and deployment of volunteer healthcare professionals. This past year has seen a significant step-up in the planning and exercise for deployment of DHV’s. There were several exercises that “put boots on the ground.” These included EMSA’s Hands Across the Bay Training and Exercise Event held in Oakland, which involved county DHV volunteers and several MRC Units from throughout the San Francisco Bay Area. The Los Angeles County DHV Program conducted an exercise for deploying county DHV volunteers and MRC volunteers into hospitals in the county. Ventura County conducted its annual austere care exercise which provides volunteers with a unique field treatment exercise experience, including a mobile field hospital exercise. Many other county exercises and drills were also held.

Disaster Healthcare Volunteers was also used for numerous real world events from fire shelter operations to immunization clinics. We at EMSA are happy to see the DHV Program used in these instances and for the notification and coordination of training events for DHV’s. This use keeps volunteers involved and System Administrators up-to-date on the system. We track the various events by type for reporting purposes. We thought you might be interested in this information and have listed below a summary of the events for calendar year 2012.

**Calendar Year 2012 Events**

So far, through eleven months in 2012, local units have initiated 18 Immunization Clinics, 18 First Aid Stations, 15 Health Fairs, 11 “Hands Only” CPR events, 6 medical monitoring events (blood pressure/kidney screenings), 4 shelter events, 3 requests for healthcare personnel (one hospital surge event), 2 “Vial of Life” events, 1 evacuation for fire, and 1 mental health counseling response. There were also 19 full scale and functional exercises, along with 125 drills.

With your continued participation, the DHV System is growing significantly and is being developed as an important tool for recruiting, managing, documenting, organizing, engaging and recognizing healthcare volunteers in California. We thank you for your hard work this past year and we look forward to our continuing progress in the New Year.

Wishing you peace and happiness throughout the year!
Hurricane Sandy Response

As we are all aware, the Northeastern United States is still recovering from the effects of Hurricane Sandy. We salute our fellow disaster responders and we hope they can help those affected to make a quick recovery from the terrible effects of the storm. A number of DHV volunteers inquired about deployment opportunities to assist in the response and recovery. The EMS Authority staff inquired of the ESAR-VHP Program of the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the Department of Health and Human Services (HHS), and the Division of the Civilian Volunteer Medical Reserve Corps concerning mission requests for assistance. Both agencies indicated that there were no requests at that time. (Nor have any been received to date.) EMSA’s DHV Program staff released a statement to that effect for DHV System Administrators to share with all DHV registrants. We will attempt to provide such information for you in future instances of major events. We at EMSA appreciate your volunteerism and your desire to help.

MRC Corner

Sheila Martin, California Medical Reserve Corps Coordinator

The State’s 42 MRCs have been active this past Fall in responding to the needs of their communities. You have all worked diligently to this end and should be commended for your commitment to your local communities in assisting your local public health departments and other agencies. Over the last few months, California’s MRCs have held numerous vaccination clinics with unique venues, e.g. Sacramento Regional MRC’s “Vote and Vaccinate.” Our MRCs have held other events, such as community trainings for “Hands Only” CPR, drive-thru flu vaccination clinics, emergency preparedness fairs, and shelter drills. Some of our MRCs even got into the spirit of Halloween such as the Isla Halloween “First-aid Boo.” In addition, Los Angeles County MRC has participated in a Point of Distribution (POD) drill with Cal Poly Pomona and Kern County MRC has assisted with kidney screenings for the National Kidney Foundation.

These efforts demonstrate the willingness of MRC volunteers to participate in trainings for our citizens, and to educate them in order that they will be prepared for any emergency or a disaster. The EMS Authority would like to thank all of our state’s MRC members’ dedication to their communities to promote resilience and sustainability. Your work is appreciated and will be proven indispensable should California encounter a disaster in the future. Kudos to all of you.

California Veterinary Medical Reserve Corps

The California Veterinary Medical Reserve Corps serves the entire state of California to assist emergency responders with animal handling, management and veterinary care during declared disasters. The CAVMRC mission is to continually recruit veterinary professionals to volunteer in the corps, to actively train members in various animal disaster subjects, and to diligently provide emergency veterinary services to all species of animals during declared disasters. California is home to over 20 million dogs and cats, 1.8 million dairy cattle, 1.2 million sheep and goats, 600,000 horses, and nearly 300 million chickens- all of which could require help from the corps during any one of
California’s variety of disasters. The CAVMRC trains members to manage multiple species of animals together in a shelter setting during various types of disasters, to practice veterinary medicine in the disaster/field setting, and to understand incident command, Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS).

2012 has been a big year for the CAVMRC as it doubled in size to nearly 500 veterinarians, registered veterinary technicians, veterinary students, and veterinary office staff. The CAVMRC hosted several training courses in 2012 which focused on a variety of subjects pertaining to animals in disasters. Members gained valuable and specific knowledge about the role of the veterinary responder during disasters, all while earning free continuing education credit. In addition, the CAVMRC promoted animal disaster preparedness by attending disaster preparedness and awareness events and distributing information to the public.

To expand its service to the community, the CAVMRC has embarked on an ambitious project with the California Emergency Management Agency (Cal EMA) and the California Department of Food and Agriculture (CDFA) to develop and implement the California Animal Response Emergency System (CARES.) CARES materialized as a result of State Emergency Function 11 which directs the state to provide protection to animals during disasters. The CARES steering committee is comprised of nearly twenty governmental and non-governmental organizations which possess expertise and resources in the area of animal disaster response. The CAVMRC is proud to be leading this working group and hopes to strengthen CARES through planning and organizational efforts in 2013.

Recently, the CAVMRC assisted member veterinarians with sheltering efforts in Butte County in response to the fires that displaced hundreds of animals over the summer. The CAVMRC helped to coordinate supplies for the overflowing shelters in that region and assisted with press interviews. Members were ready to deploy but in the end did not need to deploy as the shelters in that region received the help that they needed (partly because of the CAVMRCs assistance.) The CAVMRC also participated in a number of disaster awareness days in both Northern and Southern California. Members attended events in Sacramento, Marin, San Francisco, Palos Verdes and Torrance to name a few. The CAVMRC has developed brochures on personal preparedness for pets as well as emergency contact sheets and guides to caring for animals during disasters. This literature was distributed to over 1,000 community members during the events. 2013 is shaping up to be a busy year as well: the corps will have spring trainings on ICS and sheltering taking place in Sacramento and Pomona in Spring, and will also have a one day course on animal decontamination and personal protective equipment/safety measures in Long Beach this coming June. The CAVMRC region coordinators also plan to continue an aggressive membership recruitment campaign by speaking at local veterinary medical association meetings around the state.
Video Interview with Medical Reserve Corps Leaders Available on YouTube

Marin Medical Reserve Corps Foundation leaders were recently interviewed by Carole Bennet, Moderator for a monthly video program created by Soroptimist International of Novato. The entire 26 minute interview is available on YouTube at [http://youtu.be/6gsg7mXAK5o](http://youtu.be/6gsg7mXAK5o).

Christine Erlach, RN is President of the MMRC Foundation Board and Katherine Shotwell, MBA,RN is a member of the Foundation Board. They provided a very interesting and thorough look at the Medical Reserve Corps program. Marin MRC has more than 400 active volunteers and they are led by Chief Brian Waterbury, the Marin MRC Program Manager.

### Quarterly DHV Drills:

Participation in these drills is important to better prepare for response to an actual emergency situation. The next Quarterly Drill is scheduled for December 6th. In 2013, Drills are scheduled for March 6, June 5th, October 9th-10th and December 4th.

**Our next DHV/MRC User Group Call will be 10:00 am to 12:00 noon on December 12th.**

(These calls are designed for current DHV / MRC System Administrators only.)

### Large Scheduled Drills and Exercises Past and Future

**Autumn Charge III, September 9th and 10th, 2012**

On September 9 and 10, 2012, the California EMS Authority (Response Personnel Unit staff) along with 25 county and MRC units participated in the Autumn Charge III Exercise. This is a multi-state exercise for Intermedix clients using their ESAR-VHP software. Currently 35 client states use their ESAR-VHP platform. California uses the software in the Disaster Healthcare Volunteers Program.

The exercise was designed, developed, and conducted by the software vendor, Intermedix, at no cost to the client states. It was conducted in two separate two-day sessions. A total of 9 states participated in the first session with CA, and a total of 22 states participated in both sessions.

The exercise provides DHV System Administrators the opportunity to practice skills using the system to notify, request, and roster volunteers for a simulated mission. It also provides EMS Authority staff the opportunity to practice interstate communications regarding ESAR-VHP deployment of volunteers.
California Hospital Association Conference - Disaster Planning for Hospitals
EMSA staff attended the annual California Hospital Association’s Disaster Planning for Hospitals Conference October 15-17, 2012. The conference provided the opportunity for hospital and health system emergency preparedness coordinators and others to hear from nationally known speakers and about current emergency preparedness topics. This year’s conference included presentations on the hospital response to the Aurora, Colorado Theater shooting, the hospital response to the Reno Airshow crash, as well as an update on Joplin, Missouri one year after their devastating tornado. EMSA staffed an information and recruitment booth for Disaster Healthcare Volunteers at the conference.

Statewide Medical Health Exercise, November, 2012
November 15th saw the annual Statewide Medical Health Exercise sponsored by the California Department of Public Health (CDPH) and the California Emergency Medical Services Authority (EMSA). Both CDPH and EMSA provided staff to their Joint Emergency Operations Center for the exercise, where Operational Area Medical and Health Situation Reports were received along with simulated medical resource requests. As part of the exercise a bed poll was also performed for the Hospital Available Beds for Emergencies and Disasters (HAvBED).

August, 2013 – MMA/DHV Exercise: The entire Disaster Medical Services Division at EMSA will be participating in an ambitious joint exercise of our Mobile Medical Assets and the DHV/MRC Program.

The Great Shake Out, 2012

October 18th was designated for Californians to participate in earthquake drills. This time of year was selected as a reminder of the Loma Prieta Earthquake that struck the Bay Area on October 17, 1989. It is hoped that this reminder can serve to energize all Californians to be prepared when we experience the next big earthquake. On October 18th, in observance of the Great ShakeOut, millions of people practiced the simple but important guidance that when you experience an earthquake you should “Drop, Cover, and Hold On.”

Last year more than 12.5 million people were registered in ShakeOut drills worldwide. Participating is a great way for you, your family or organization to be prepared to survive and recover quickly from big earthquakes.

The Great California ShakeOut is an annual opportunity to practice how to be safer during big earthquakes: “Drop, Cover and Hold On.” The ShakeOut has also been organized to encourage you, your community, your school, or your organization to review and update emergency preparedness plans and supplies, and to secure your space in order to prevent damage and injuries.

Other earthquake guidance was provided by the event organizers:

- Stay indoors till the shaking stops and you are sure it is safe to exit. In most buildings in California you are safer if you stay where you are until the shaking stops.

- If you are outdoors when the shaking starts, you should find a clear spot away from buildings, trees, streetlights, and power lines, then Drop, Cover and Hold On. Stay there until the shaking stops.
• If you are driving, pull over to a clear location, stop and stay there with your seatbelt fastened until the shaking stops. Once the shaking stops, proceed with caution and avoid bridges or ramps that might have been damaged.

• Ground shaking during an earthquake is seldom the cause of injury. Most earthquake-related injuries and deaths are caused by collapsing walls and roofs, flying glass and falling objects. It is extremely important for a person to move as little as possible to reach the place of safety he or she has identified because most injuries occur when people try to move more than a short distance during the shaking.

Now that the 2012 ShakeOut is over, we want to make sure you are aware of a few steps to complete your participation. Visit www.shakeout.org/california/ share to upload photos, share a description of your drill, and provide links to any ShakeOut videos you may have uploaded to Youtube. Log In to your ShakeOut account to download a 2012 ShakeOut Certificate of Participation, which you can complete for yourself, your organization or provide to others in your organization or household.

ShakeOut Resources such drill manuals, fact sheets, videos, and other materials will continue to be available for developing your preparedness plans and to use in other drills. The Earthquake Country Alliance is working to create additional materials for specific groups. If you would like to lead or assist in their development, please email info@shakeout.org.

The 2013 Great California ShakeOut will be held on October 17th at 10:17 a.m. Mark your calendars! You will be notified when you can confirm your participation for 2013.

EMSA Distributes Surveys to DHV/MRC Administrators and Participants
This is the second year we have solicited feedback from our DHV/MRC System Administrators and the participants in the DHV System about training needs. The results of these surveys help to inform our planning and decision-making as we all work together to build capacity to respond effectively to future disasters. Two surveys have been distributed; one went out to all System Administrators and the other was directed to all other DHV Program participants. If you have not yet added your input, we urge you to go to the survey by clicking on the link below. It will take no more than 10 minutes to complete and you will be able to easily add your input.

DHV Participant Survey: https://www.surveymonkey.com/s/7SLTNHZ

Disaster Training Opportunities
California is fortunate that more than 19,000 professional healthcare workers have registered on the DHV System. These volunteers can be notified and given opportunities to serve in critical healthcare positions if and when a future disaster strikes in our state. Since you are one of those who have made the commitment to register as a potential volunteer you may want to take a next step and complete entry-level disaster training. There are brief on-line FEMA training opportunities you can complete on your own schedule.
If you are a Medical Reserve Corps (MRC) member your MRC Unit may already have included these introductory training opportunities as a requirement for active membership and we salute you for the training and preparation you are doing. These training opportunities are invaluable to orient and guide you in your participation in a disaster operation.

If you are registered on the DHV System but are not an MRC member you may not be aware of these free training classes. This training is not a requirement for participation but we know that the training is easy and gives you valuable understanding of how disaster operations are managed and how you would fit into the structure during an assignment. In this edition of the DHV Journal, we are describing information about the course that introduces you to the disaster management system that is used for local, state and national disaster operations. California was a leader in the development of the Incident Command System (ICS) which has spread nationally as a model of emergency management.

We urge all of our DHV members to complete this training if you have not already done so. We also want to emphasize that when you complete the training and you receive your completion certificate, you should forward a copy to your county DHV System Administrator and also update your DHV Profile by posting your training completion information.

To list any disaster-related training completions, log into the DHV site, click on the “Profile Section,” click on the “Training” Tab, click on “Add Training Course” and enter the information. When you complete your entry, please be sure to click the “Save Changes” Button at the bottom of the screen.

The link to the FEMA IS-100 course is: http://training.fema.gov/EMIWeb/IS/is100HCb.asp

IS-100.HCb - Introduction to the Incident Command System (ICS 100) for Healthcare/Hospitals

Course Length: Approximately 3 hours
Course Description:
ICS 100.HC, Introduction to the Incident Command System for Healthcare/Hospitals, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS). This course uses the same objectives and content as other ICS courses with healthcare/hospital examples and exercises.

Note: IS-100.HCb is an updated version of the IS-100.HC course. If you have successfully completed IS-100.HC, you may want to review the new version of the course. For credentialing purposes, the courses are equivalent.

Course Objectives
At the completion of this course, you should be familiar with:

- ICS applications for healthcare/hospitals
- ICS organizational principles and elements
- ICS position and responsibilities
- ICS facilities and functions
- ICS planning.

In addition, you will learn the steps you should take to be accountable for your actions during an incident.
Primary Audience
ICS-100, Introduction to ICS (ICS-100.HC) should be completed by the hospital personnel that would have a direct role in emergency preparedness, incident management, and/or emergency response during an incident. Personnel designated to fulfill ICS roles (i.e. hospital emergency manager, hospital administration, department heads) should complete ICS-100, though additional participants may include the following hospital and healthcare systems staffs:

- Physicians
- Nursing
- Ancillary
- Materials/resource management
- Security/safety
- Laboratory
- Radiology
- Inter-facility transport

DHV is California’s ESAR-VHP Program

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health and medical emergencies.

Disaster Healthcare Volunteers (DHV), California's ESAR-VHP program administered at the state level, verifies health professionals' licensure and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers’ licenses, credentials and accreditations are verified in advance, saving valuable time in emergency situations.

Why Do We Need ESAR-VHP?
In the wake of disasters and public health and medical emergencies, many of our nation's health professionals are eager and willing to volunteer their services. And in these times of crisis; hospitals, clinics, and temporary shelters are dependent upon the services of health professional volunteers. However, on such short notice, taking advantage of volunteers' time and capabilities presents a major challenge to hospital, public health, and emergency response officials. For example, immediately after the attacks on September 11, 2001, tens of thousands of people traveled to ground zero in New York City to volunteer and provide medical assistance. In most cases, authorities were unable to distinguish those who were qualified from those who were not - no matter how well intentioned.

There are significant problems associated with registering and verifying the credentials of health professional volunteers immediately following major disasters or emergencies. Specifically, hospitals and other facilities may be unable to verify basic licensing or credentialing information, including training, skills, competencies, and employment. Further, the loss of telecommunications may prevent contact with sources that provide credential or privilege information. The goal of the ESAR-VHP program is to eliminate a number of the problems that arise when mobilizing health professional volunteers in an emergency response.

Disaster Healthcare Volunteers (DHV)
In accordance with federal mandate, California has developed the Disaster Healthcare Volunteers (DHV) Program to facilitate and manage the registration, license verification, credentialing, and deployment of volunteer healthcare professionals (VHPs) in California. DHV uses a software system for the management of volunteers, including the registration, notification, communication, and credentialing needs associated
Demobilization and Post Deployment Volunteer Management

All volunteers must follow demobilization procedures at the conclusion of any assignment

Some day you may be asked to serve in a disaster operation. It may be in your community or even across the state. All volunteer activities will, at some point, come to a conclusion. Your assignment may end individually or it could end for all volunteers at the same time. In all cases it is important to remember that there are well-defined steps that must be taken by all volunteers to properly conclude your assignment. Following the demobilization procedures will ensure that assigned duties are addressed, volunteer’s concerns are taken into consideration, logistical concerns are attended to, and the volunteer’s experience is appreciated and documented.

Depending on the nature of the incident and on the nature of the demobilization (e.g., individual vs. an entire group), the steps required for demobilization may occur in different order or time frame. However, in all cases the following should be addressed:

**Release from Duty**
1. Before a disaster healthcare volunteer can be demobilized, he/she must be “released from duty” by the appropriate disaster operation authority.
2. Therefore, the local incident commander or supervisor must affirm that the disaster healthcare volunteer is “dismissed” from the assigned duties.
3. Any confusion between disaster healthcare volunteer and local incident commander should be resolved by disaster authorities in the county in which the volunteer is assigned.

**Out-processing and Exit Interview**
An exit interview should be conducted to educate the volunteer about the typical physical and mental health reactions to disasters. Volunteers should be informed of the follow up resources available if the typical mental health reactions last longer than the volunteer is comfortable with and/or it interferes with their functioning.

**Volunteer Brief of Replacement**
Volunteers should brief any replacement staff about pertinent information needed to perform the job and ensure smooth transition of operations.

**Transportation Back to Point of Departure/Embarkation**
Depending on arrangements made at the time of the deployment, the receiving MHOAC program is responsible for arranging disaster healthcare volunteer transportation back to their point of departure.

**Debriefing**
1. It is important to understand what the volunteer experience was like and what lessons can be learned for future deployments. This is true for both the receiving Operational Area (OA) as well as the sending OA.
2. Therefore, both OAs may ask volunteers to participate in debriefing and may use their own volunteer feedback form if they have one.

**Follow up**

It is always important that disaster healthcare volunteers’ contact information is up-to-date to ensure ability for follow-up in greater detail if it should be necessary.

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**More About the Response Personnel Unit**

**Elizabeth “Polly” Lopez**

Polly retired from the California Employment Development Department (EDD) in 2005 where she served as a Special Procedures Advisor after almost 30 years with the State of California.

During the 2008 tax season, Polly worked for the H&R Block Company preparing tax returns. In 2009, Polly returned to state employment as a Retired Annuitant working at EMSA as Executive Assistant to the Director and Chief Deputy Director. Polly now continues at EMSA with her current assignment of verifying professional credentialing of our DHV volunteers in the Response Personnel Unit of the Disaster Medical Services Division.

In her spare time, Polly enjoys babysitting her two great-grandchildren, Joshua (4) and Alexis (2½). She is also very involved in various activities including cooking, baking, sewing and crocheting (her favorite). She is a member of the Kaw (Kansa) Tribe from Oklahoma and she travels back to Oklahoma annually for the Tribe’s Pow Wow in August. The State of Kansas took its name from Polly’s tribe. Her father was one of the last five Pure Blood Kaw Indians at the time of his passing in 1992. There are now no remaining Pure Blood/Full Blood members of the Kaw Nation.

**Eric Fu**

We welcome Eric Fu as the newest member of the Response Personnel Unit. He is the Unit’s Staff Information Systems Analyst. He collaborates with vendors and works with EMSA staff to provide support to the technology system during non-emergency periods and during emergency operations. Serving as a technical expert, Eric ensures benchmark standards are met, makes recommendations to management for system improvement and assists with maintaining data and system security.

Eric holds Bachelor of Sciences degree in Applied Computing and is a Microsoft Certified Systems Engineer (MCSE). Before joining EMSA, Eric worked as a system administrator in the Department of Developmental Services (DDS). In a state-operated facility, Eric led a team supporting Information Technology (IT) needs for one thousand staff and for clients with developmental disabilities. Eric managed network infrastructure, maintained computer information systems and supported a wide range of specialized health care software. Eric received two
Sustained Superior Achievement Awards in 2009 and 2010 for web services and encryption deployment within the facilities.

Prior to his civil service activities, Eric worked at San Francisco State University and Hewlett-Packard in systems support, engineering support and research.

Eric loves the outdoors. During his off hours, Eric enjoys spending time in the wilderness, hiking and camping under the stars with his wife, Terri, and a Pekinese dog named Beijing.

We Bid a Fond Farewell to Lisa Holcomb

As we welcome Eric Fu to our staff, we must bid farewell to Lisa Holcomb. Lisa started with EMSA in April of 2009. She was a well-known member of our staff, having served as the main technical support and training person for the Disaster Healthcare Volunteer System Administrators. We are sad to see her go, but we are also happy that she has taken a promotional position with the CA Department of Corrections and Rehabilitation. We wish Lisa the best in her new job!

DHV “User Tips”

If you need help when you are logged into the DHV System, just click on the “Help Center” link in the upper right corner of the page.

Or you can click on the link in the bar at the bottom of the page, “Contact Us” to send a message to your unit’s System Administrator. If these links don’t resolve your question or issue, please email our staff at dhv@emsa.ca.gov. We will be happy to assist you.

DHV Profile Summary

While your profile summary shows the “percent complete” of your DHV profile, please note that this is not an indication of whether or not you are “deployable.” As long as your license is active and unencumbered, you are eligible to be deployed under ESAR-VHP guidelines. For more information regarding ESAR-VHP see the “DHV is California’s ESAR-VHP Program” article above. Please make sure that your Deployment Preferences under the My Profile tab are up to date. Remember to click “Edit Information” when you are making changes. You will want to click on the “Save Changes” button at the bottom of the page when you have completed your entries.
Save DHV to your Favorites

Microsoft Internet Explorer ...
1. Go to www.healthcarevolunteers.ca.gov
2. On the tool bar, click on Favorites > Add to Favorites
   ~or~
   Click on the ★ icon in the address bar > Add to Favorites.

Mozilla Firefox ...
1. Go to www.healthcarevolunteers.ca.gov
2. On the tool bar, click on Bookmarks > Bookmark this page
   ~or~
   Click on the ★ icon in the address bar

Other Tips:
- Setup your Secret Question and Answer under the Settings tab for the ability to reset your password automatically.
- Add DHV to your phone contacts: Phone calls will be from 866-240-7855
- Avoid having your emails going to Junk folder, select Junk E-mail ➔ Junk E-mail Options ➔ Safe Senders and add “@notify2.mir3.com” to your safe senders list.
Have You Updated Your DHV Registration Information Lately?

We depend upon each of you to enter your correct information and it is important that when your information changes you take a moment to update your DHV System information. Have you moved? Do you have a new occupation or a new employer? Have your email or phone numbers changed?

Please take just a moment to update your file. Just log into Disaster Healthcare Volunteers and click on the "Profile" tab. From there you can navigate through your information. Click on "Edit Information" to make your changes and then be sure to click on "Save Changes" when you have completed your edits. Have you forgotten your password? Just click on "forgot password" on the DHV welcome page and we will issue you a new temporary password.

The DHV Journal is Published and Distributed Via Email

News and information for participants in the Disaster Healthcare Volunteer System Administered by EMSA and operated by System Administrators in local communities and Medical Reserve Corps Coordinators throughout California. This Journal is published and distributed periodically to the partners of the DHV System.

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The next issue of the DHV Journal is planned for April, 2013. If you would like to submit suggested articles for that edition, please email to dhv@emsa.ca.gov no later than February 25, 2013.