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SPRING, 2014



Manager’s Message

Patrick Lynch, RN
Manager, Response Personnel Unit

Drought. We certainly know that we are experiencing a drought in California. That not only means water conservation measures, it also means a fire season that is already well in progress. The Governor proclaimed the week of May 4-10 as Wildfire Awareness Week. Cal Fire reports that wildfires are already more than double what they were this time last year. The summer looms dry and hot ahead of us. We should all take appropriate precautions around our homes and make sure our disaster preparedness plans are up to date along with our disaster supplies. As med/health volunteers you may also want to make sure that your preparations are ready for any potential deployment. We may well see evacuation and medical shelters necessary as fires force people from their homes.



Patrick Lynch

Last week, Sheila Martin, the State MRC Coordinator and I attended a field exercise in Camarillo, Ventura County. As we arrived at the venue on Wednesday afternoon, the temperature was in the 90’s, and strong, hot winds were forcing the exercise set up crews to re-stake tentage. A fire in Rancho Cucamonga had me

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wondering if Sheila and I would end up being re-assigned to the Southern Regional Emergency Operations Center (REOC). Fortunately, the fire was contained as winds died down, and the fire was not as damaging as it might have been.

We hope that you fare well during this long, hot summer; but please be prepared.

Institute of Medicine Workshop

On April 26, 2014, EMSA RPU staff participated in the first of three national workshops conducted by the Institute of Medicine on four disaster topics. The workshop took place at U.C. Irvine. EMSA staff who administer the Disaster Healthcare Volunteers Program participated in the Management of Volunteers in Disaster breakout session. This session was also attended by several California Medical Reserve Corps unit coordinators and Captain Rob Tosatto, Director of the Division of Civilian Volunteers Medical Reserve Corps. Captain Tosatto, along with Dr. John Hick, Medical Director, Office of Emergency Preparedness, Minnesota Department of Health, facilitated the Management of Volunteers in Disaster breakout session. The session arrived at two key findings: 1) Create a Standardized Capabilities Framework for Medical and Health Volunteer Response Agencies. EMSA shared that California MRCs had previously undertaken the task of having each MRC unit identify their mission capabilities. A copy of this matrix was later shared with Captain Tosatto; 2) Define Structure for Management of Spontaneous Unaffiliated Volunteers, (SUVs), to Assist with ESF-8 Activities. EMSA staff provided Captain Tosatto with a hardcopy of the DHV Deployment Operations Manual as it addresses registration of healthcare SUVs into the DHV Program.



IOM Group Photo: Standing L-R: Steve Chambers, Dr. John Hick, Jee Kim, Sukhi Lee, Veronica Ornelas, Akiko Saito, Dr. James James, Mark Chew, Jody Nguyen, Shelia Martin, Dan Wall and Mike Steinkraus. Seated L-R: Patrick Lynch, Rear Admiral Nadine Simons, Captain Rob Tosatto holding the California DHV Deployment Operations Manual (DOM).

Ventura County Operation Medical Base 2014 Exercise

On May 1-3, 2014, EMSA DMS staff participated in the Ventura County full scale medical/health exercise, Operation Medical Base 2014. This training and exercise event was conducted by the Ventura County EMS Agency and included multiple Medical Reserve Corps Units as well as medical units from the California National Guard, and staff from the eight hospitals in Ventura County. Approximately 1,000 personnel from 20 different agencies participated in the event. The exercise was preceded by a full day of training for medical/health personnel. The exercise scenario was a Multiple Casualty Incident requiring the distribution of victims to the county's eight acute care hospitals, (represented in the exercise by hospital staff in their surge tents). Hospital staff were augmented by MRC volunteers. Patients requiring immediate transport out of the area were transferred to National Guard medical units and prepared for transport and boarding on a C-130 National Guard aircraft. The exercise was also attended by Major General David Baldwin of the California National Guard. The last day of the event hosted the federal Region IX Medical Reserve Corps Coordinators meeting, with EMSA's representation by their State Medical Reserve Corps Coordinator, Sheila Martin. Also in attendance were the federal Region IX MRC Coordinator, Jill Littlefield, Lieutenant Commander Skip Paynes, U. S. Public Health Service; and Rear Admiral Nadine Simons, Assistant Surgeon General, U.S. Public Health Service.



MRC volunteers work side by side with hospital staff



MRC Los Angeles Unit was well represented



MRC, National Guard, and hospital staff prepare for patients



MRC volunteers await assignments in staging tent

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Sheila Martin

MRC Corner

Sheila Martin
California Medical Reserve Corps Coordinator

As the Statewide MRC Coordinator, I attended the Institute of Medicine's April 26th Workshop which was held at UC Irvine with Patrick Lynch, State ESAR-VHP Coordinator. Of particular interest to EMS Authority staff, was the Volunteer Management Session which was hosted by Captain Rob Tosatto, Director of the Division of Civilian Volunteers Medical Reserve Corps (DCVMRC) and by Dr. John Hick, of the Minnesota Department of Health. Many of the Southern California MRC Coordinators were in attendance at this workshop. Two additional workshops will be held around the country in the coming months by the

Institute of Medicine. The focus of the Volunteer Management session was to identify the processes needed to assess the skills of volunteer healthcare teams, i.e., MRC teams, etc. and to plan for the use of Spontaneous Unaffiliated Volunteers (SUVs). California has addressed these issues in the past and will be asking individual MRC Units to complete the Mission Capabilities matrix in the coming year. There is a plan for the registration of SUV healthcare professionals into the DHV System which will be able to verify their licenses within 24 to 48 hours. Upon the establishment of an unencumbered license, these individuals will be deployable should they be needed for a response.

March, 2014 marked the re-convening of the MRC Advisory Committee webinar/meeting for the MRC Coordinators. Those who attended the webinar received an overview of the original committee representatives, the charter and the critical topics of the last meeting in 2011. The participants suggested new critical topics for the committee to address in the coming year. Many of the suggested topics were similar to those of 2011. We also found that some of the critical topics of that time have been addressed. The next meeting will be held via webinar on June 18th at 10:00 a.m. EMSA would like to see as many MRC Coordinators as possible participate on this committee.

May 1-3, 2014, Patrick Lynch and I attended Ventura County's full-scale exercise "Operation Medical Base 2014". This exercise included 8 local hospitals, the Army and Air National Guard, numerous local fire agencies, an animal services agency, the American Red Cross, a ReddiNet* representative and numerous disaster vendors. All MRC Units in California were invited to send participants to this exercise. There were 8 California MRCs represented at this exercise. Dan Wall and his staff, Steve Johnston and Eric Hansen, along with many other EMS Agency staff did an excellent job on executing the goals of the exercise. It took place at the Camarillo Airport over two and a half days. Day 1 was a training day with free Continuing Education Units available to participants. The full-scale exercise was conducted on Day 2. The final half day was a Region IX MRC workshop with Rear Admiral Nadine Simons who gave us an overview of the DCVMRC's accomplishments and strategic plan for the coming year.

Once again, Ventura County was a wonderful host for their full-scale exercise. These exercises are vital to preparing our DHV and MRC members to respond to mass casualty incidents and gaining the experience of working with our local partners in the field. I hope to see more MRC members from other units attending Ventura County's next full-scale exercise. The experience is rewarding if not a little exhausting. I appreciate the effort that all of the MRC Unit members go to so that their communities can be resilient to public health emergencies and disasters.

Kudos to all of you!

*(ReddiNet is a software vendor with a Multiple Casualty Incident module)

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EMSA WMD Course

Response to Weapons of Mass Destruction Incidents (with Med-Plus) Course

This course is available now or upon request at your location with a minimum 12 student requirement.

The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) Course referred to hereafter as the WMD w/ MED+ is designed for Emergency Medical Response Personnel. Areas of instruction include the recognition, identification, notification and self-protection knowledge required to safely become aware of and activate the emergency response system in the event of a weapons of mass destruction incident.



Why WMD w/ MED+ Training?

Senate Bill 1350 passed in 2002, directed California EMS providers to undergo “Terrorism Awareness” training that exceeds that of the federal Office of Domestic Preparedness WMD Response Training Guidelines. This enhanced medical curriculum focuses on the specific signs and symptoms of various Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) agents. This course refers to this “enhanced medical” content as “Med-Plus”. The WMD w/ MED+ course goal is to provide a safe, organized and effective response for EMS personnel and the people of California in the event of a WMD event.

All Course Materials are provided.

Subjects Covered Include:

- 1) Recognition of the threats and characteristics of CBRNE agents and devices.
- 2) Recognize illness and/or injuries in CBRNE events
- 3) Evaluation of a CBRNE site
- 4) Protective measures
- 5) Crime scene procedures
- 6) Extrication, transportation, and decontamination of patients

Who should attend?

All Emergency personnel both private and public involved in the response to and care of victims of a CBRNE/WMD event.

For presently scheduled classes, please contact Markell Pierce at (916) 384-1443 or email Markell.Pierce@emsa.ca.gov

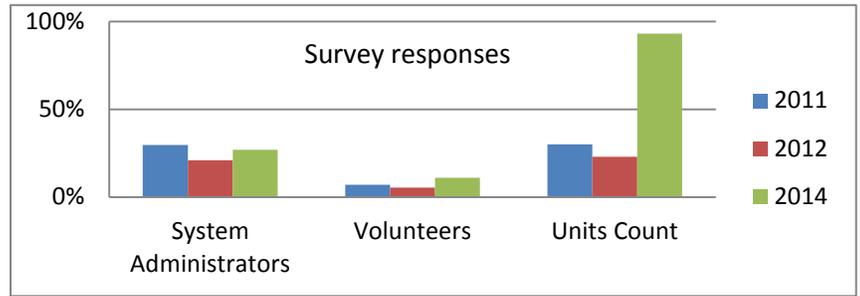
For course request information, please contact: Bill Campbell at (916) 255-4728 or email Bill.Campbell@emsa.ca.gov

This course is eligible for the use of Homeland Security Grant Program SHSP, UASI, LETPP. Homeland Security Grant funds may cover the cost of Travel, Lodging, Backfill, OT, and Per Diem. For funding/authorization please utilize your organization’s Homeland Security grant request process.

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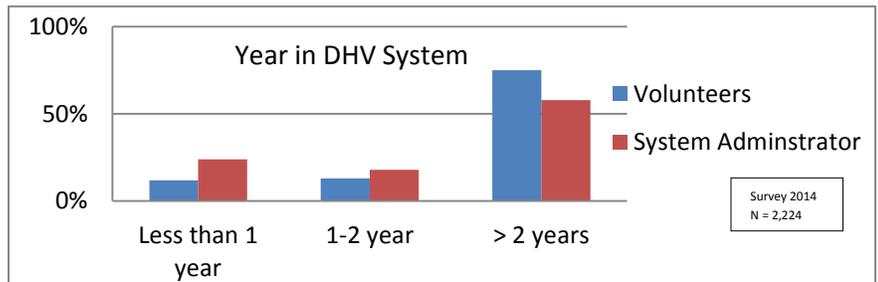
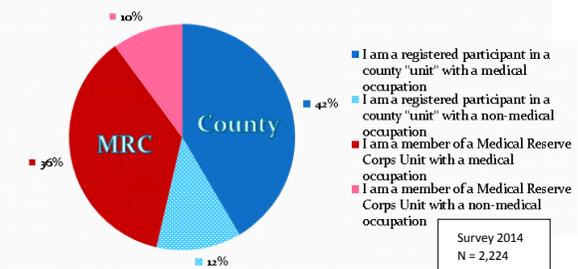
DHV/MRC Surveys Results

EMSA is finishing up the year three DHV Training and Exercise Survey. This is the third in a series of three statewide surveys of DHV volunteers. The first survey was sent out on Feb 23, 2011, the second on Nov 17, 2012 and the third one on Jan 6, 2014.

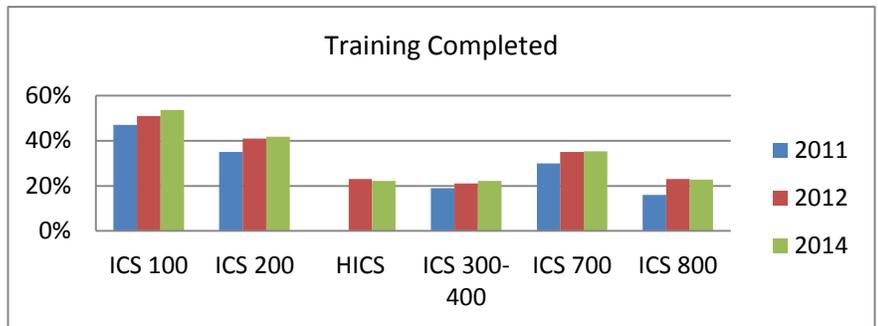


The surveys were intended to address training needs and as a reference benchmark of progress. EMSA will share the aggregate results with DHV/MRC System Administrators to help them plan and develop training programs. DHV/MRC System Administrators and volunteers were asked to complete separate surveys. The surveys were anonymous and confidential.

Q1. Which of the statements below best describe you?



In the 2014 survey:



- We had 59 (27%) local System Administrators representing 49 Counties and 34 MRC Units that participated.
- There were 2,224 (11%) individual DHV volunteers who replied to our survey.
- Among the volunteers, 54% were from a County Unit and 46% were from Medical Reserve Corp (MRC) Units.
- About 78% of respondents indicated they have a medical occupation
- About 12% of respondents have been registered in DHV less than one year; 13% one to two years; and 75% greater than two years.
- 56% of respondents said they communicate with their System Administrator by email; 12% via the DHV system; and 9% by phone.
- For ICS training, about 54% of respondents replied that they have completed ICS 100; 42% have completed ICS 200; and 22% have HICS training. In comparison with the last two years' surveys, all trends are moving up.

For the training topics, respondents rated Mass Casualty Incidents, Triage, or Volunteer Preparedness for Deployment as their top 3 priorities.

2014 Top 3 high priority for training:

- 1 Mass Casualty Incidents
- 2 Triage
- 3 Volunteer Preparedness for Deployment

2012 Top 3 high priority for training:

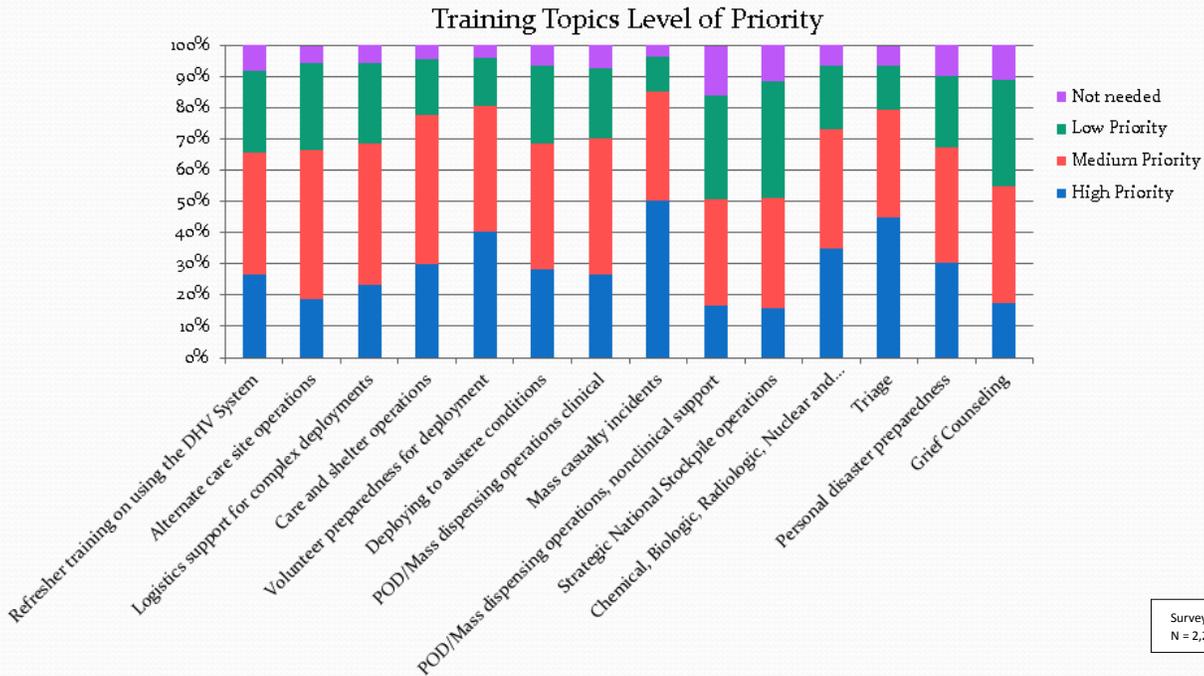
- 1 Mass Casualty Incidents
- 2 Volunteer Preparedness for Deployment
- 3 Triage

2011 Top 3 high priority for training:

- 1 Trauma Care
- 2 Orientation to DHV
- 3 Mass Casualty Incidents

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- 10. The following is a list of potential training topics. Please rate your level of priority for receiving training or access to materials for each topic.

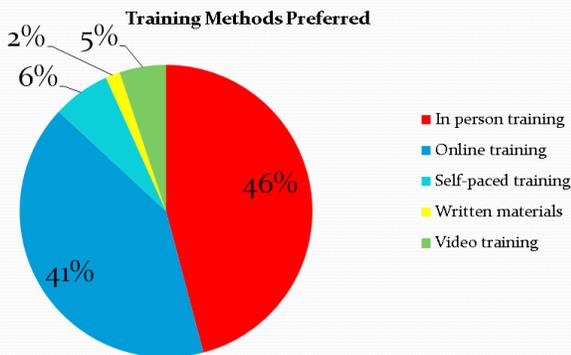


In volunteer activities, 22.4% of respondents replied that they have experience in vaccination efforts; 13.7% have Mass Dispensing experience; and 12.7% have Care and Shelter Operations experience.

- 2014 Top 3 volunteer activities:**
- 1 Vaccination efforts
 - 2 Mass Dispensing/POD operations
 - 3 Care and Shelter Operations

We asked volunteers about their preferred training method. For all three years, In-person training ranked number one as the preferred training method. On-line training and Self-paced training were ranked 2nd and 3rd by our DHV respondents.

- 11. Please indicate your preferred training method.



Thank you for all of your assistance with the surveys and providing us valuable comments towards the DHV Program.

For additional information, send an email request to dhv@emsa.ca.gov.

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System Administrator

Coming Events

Mark your Calendar

Quarterly DHV Drills

- July 2
- October 1&2




January February March April May June July August September October November December

Quarterly DHV System Administrator Drills:

The next quarterly drill will be July 2, 2014.

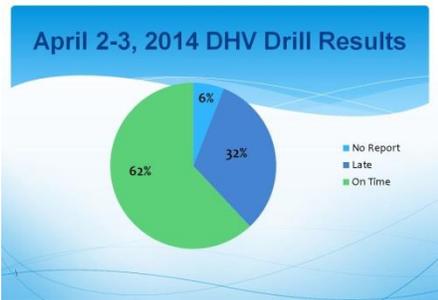
It is important for DHV/MRC System Administrators to participate in these drills. Your participation at the local level can improve your preparation for response to an actual emergency situation. MRC and local DHV System Administrators will gain valuable experience using the DHV System during these drills.

On Wednesday April 2, EMSA conducted a statewide drill for all DHV System Administrators. This was the second quarterly drill of 2014. Administrators were directed to search the DHV System for specific

responders in their Organization. They were instructed to send a message to the responders and provide a report of the “sent message” statistics to EMSA. The drill was held over a 24-hour period. There were 23 Medical Reserve Corps and 35 County Organizations that participated in this drill. There were 58 Organizations that participated and 94% completed the task and sent a report back to EMSA.

April 2-3, 2014 DHV Drill Results

- 58 Counties/MRC's Participated
- Drill ran for 24 hours
- Directed to compose a message to responders with specific occupations giving them 20 hours to respond, and providing a report back to EMSA
 - Registered Nurses
 - Pharmacists
 - HAM Radio Operators
- Received 62% of Reports within Drill time



April 2-3, 2014 DHV Drill Results

24% of reports had incorrect Response Options



Remember to ALWAYS select Email when sending messages to responders.

Thank You for Participating

County Organizations: 35
MRC's: 23
Total Organizations: 58

Third Quarterly DHV Drill: July 2

Alameda County Unit, Amador County Unit, Calaveras County Unit, Contra Costa Unit, Contra Costa MRC, Colusa County Unit, El Dorado County Unit, Fremont MRC, Fresno County Unit, Humboldt County Unit, Imperial County MRC, Imperial County Unit, Inyo County Unit, Kings County Unit, Kern County MRC, Lake County MRC, Long Beach MRC, Los Angeles MRC, Los Angeles County Surge Unit, Mariposa County Unit, Mendocino County Unit, Merced County MRC, Mono County Unit, Monterey County Unit, Nevada County Unit, Orange County MRC, Placer County Unit, Plumas County Unit, San Bernardino MRC, San Bernardino, Sacramento County Unit, Ca Vet MRC, San Benito County Unit, San Diego MRC, San Francisco County Unit, San Luis Obispo County, San Luis Obispo County MRC, San Mateo County Unit, Santa Clara County MVDRC, Saratoga MRC, Santa Cruz MRC, Shasta County Unit, Siskiyou County Unit, Sonoma County MRC, San Joaquin County Unit, Stanislaus County MRC, Solano Hour MRC, Sutter County Unit, Glenn County Unit, Tehama County Unit, Trinity County Unit, Tulare MRC, Visalia

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DHV/MRC System Administrator User Group Call:

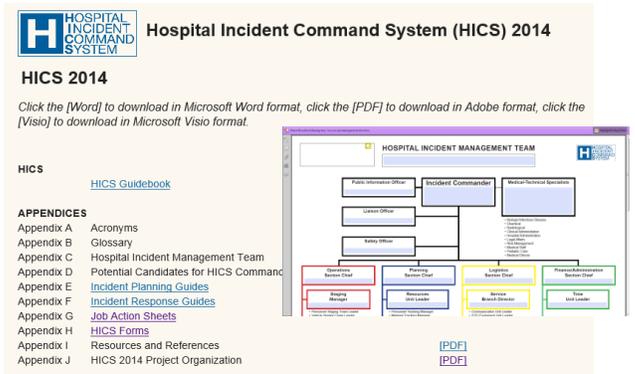
The next call will be July 16, 2014 10:00 am to 12:00 noon. (These calls are designed for current DHV / MRC System Administrators only.)

System Administrators, please add these dates to your schedule. If you have any questions, please feel free to contact dhv@emsa.ca.gov.

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Hospital Incident Command System (HICS) 2014

It is our pleasure to announce that Hospital Incident Command System (HICS) 2014 materials have been approved by EMSA, and the public release is expected before the end of May 2014.



HOSPITAL INCIDENT COMMAND SYSTEM (HICS) 2014

HICS 2014

Click the [Word] to download in Microsoft Word format, click the [PDF] to download in Adobe format, click the [Visio] to download in Microsoft Visio format.

HICS

[HICS Guidebook](#)

APPENDICES

Appendix A	Acronyms
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Appendix D	Potential Candidates for HICS Command
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Disaster Training Opportunities

California is fortunate that more than 20,000 volunteer healthcare professionals have registered on the DHV System. These volunteers can be notified and given opportunities to serve in critical healthcare positions if and when a 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 additional disaster related courses. There are on-line FEMA training opportunities you can complete on your own schedule.

This training is not a requirement for participation but we know that the training is easy to follow and gives you valuable understanding of the role of social media in emergency management.

IS- 42: Social Media in Emergency Management

Course Length: 3 hours Prerequisites: None

Course Overview:

Social media is a new technology that not only allows for another channel of broadcasting messages to the public, but also allows for two way communication between emergency managers and major stakeholder groups. Increasingly the public is turning to social media technologies to obtain up to date information during emergencies and to share data about the disaster in the form of geo data, text, pictures, video, or a combination of these media. Social media also can allow for greater situational awareness for emergency responders. While social media allows for many opportunities to engage in an effective conversation with stakeholders, it also holds many challenges for emergency managers.

EMI offers independent study courses on a variety of emergency management topics and can be a good source for educational materials.

The purpose of this course is to provide the participants with best practices including tools, techniques and a basic roadmap to build capabilities in the use of social media technologies in their own emergency management organizations (State, local, Tribal) in order to further their emergency response missions.

To learn more about this training class and many other training opportunities, visit FEMA's Emergency Management Institute's website: <http://www.training.fema.gov/EMI/>

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DHV “User Tips”

Secret Question and Answer Options

The secret question and answer is a mechanism to identify and verify users who are trying to recover a lost password.

Sample questions are:

- What is the name of your first school?
- What is your father’s middle name?
- What is your mother’s maiden name?
- What is your pet’s name?
- What street did you grow up on?

The secret question and answer will never display in a user’s profile. If a user forgets their question or answer, they can change it by following the steps below.

To change the secret question and answer:

1. Login and click on My Profile Tab.
2. Click Settings.
3. Select from the drop-down menu.
4. Enter an answer to the question.
5. Click the Change button



Use the form below to change your password. Please note that the current password and new password must be different.

* Type Current Password:

* Type New Password:

* Confirm New Password:

* Password must be 8 characters or longer
* Password must contain a number
* Password must contain uppercase letter
* Password must not be based on a dictionary word
* Password must contain at least 5 different characters
* Confirmation password must match

Change

Use the form below to change your secret question and answer. This question and answer will be used to verify a user's identity.

* Secret Question:

* Secret Answer:

Change

Display Preferences

Use the form below to set how many results will be displayed in tables.

* When displaying result sets, how many results per page would you like to view?

Change

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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' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, 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, 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 with volunteer management. The DHV Program is the single source system operated and administered by local, regional and state, public health and emergency medical services agencies.

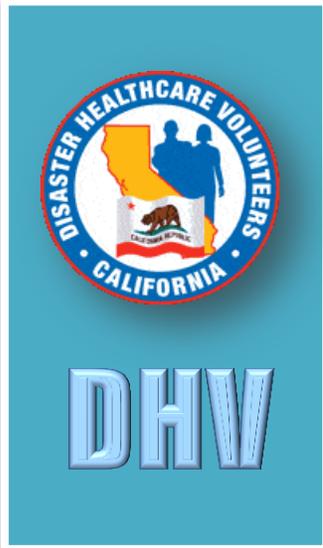
DHV is administered by all system stakeholders and managed by the California Emergency Medical Services Authority in partnership with the California Department of Public Health. DHV volunteers include healthcare professionals, (medical, public health, mental health, EMS, and other personnel) who are willing to be called upon in the event of an emergency or disaster. DHV volunteers are pre-registered and pre-credentialed. Deployment of volunteers will follow Standardized Emergency Management System (SEMS) procedures.

To register on the DHV system or get more information, visit our website, www.healthcarevolunteers.ca.gov

America's Health Volunteers



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Have You Updated Your DHV Registration Information Lately?

We depend upon each of you to update your DHV profile with your correct information. 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 www.healthcarevolunteers.ca.gov 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.

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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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