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Patrick Lynch

Manager’s Message

Patrick Lynch, RN
Manager, Response Personnel Unit

Profile! Profile! Profile!

The old saying in real estate is, “Location! Location! Location!” In a sense, it also applies to your Disaster Healthcare Volunteers, (DHV), profile if you are a clinician. At the end of May, our registration system for DHV will allow you to select a “Hospital Work Unit.” This field will be a

searchable field in the program’s database so that DHV/MRC System Administrators can filter volunteers based upon their hospital work unit, as well as their Emergency Credential Level, (ECL).

In this way, a request for an ICU RN or Pediatric Respiratory Care Practitioner, for example, can be queried directly in the DHV Program’s database. This is a NEW feature that California EMS Authority, (EMSA), asked our software vendor, Intermedix, to add to our database.

EMSA would like to thank our DHV Program partners at the Los Angeles County EMS Agency and the MRC Units in Los Angeles County who worked with hospitals in an exercise in 2013 and saw the need for this searchable field. In their exercise deploying clinician volunteers to local hospitals, the hospitals found that

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sometimes they required more than an ECL 1 RN, (“a hospital ready Registered Nurse”). They required staff who work specific units. This information was not previously collected in the DHV Program’s database. Going forward it will be. (Please see page 6 following.)

So, to return to the mantra of “Profile! Profile! Profile!” I would ask that all DHV health professionals who work in a hospital setting, please go to your profile after May 28th, and select the hospital work unit from the drop down selection box. If you have any questions, please contact our office via dhv@emsa.ca.gov.

MRC Corner

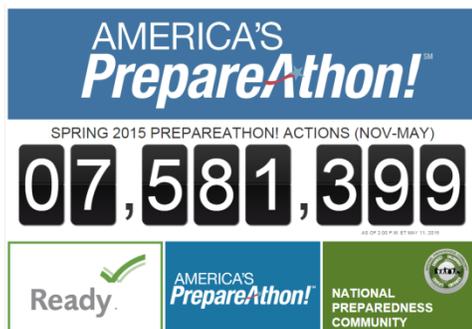


Sheila Martin

Sheila Martin
California Medical Reserve Corps Coordinator

During the last week of April, the Office of Civilian Volunteer’s Medical Reserve Corps (DCVMRC) held a nationwide drill (America’s PrepareAthon) asking MRC Coordinators to answer whether or not they had checked their carbon monoxide and smoke alarms. This request was sent to California’s 42 MRC Coordinators by the Region IX DCVMRC Coordinator, Jill Littlefield. Numerous MRC participated around the country and here in Region IX. The drill was a success with a 71% response rate from the MRC Coordinators in Region IX. There were 809 volunteers across Region IX who responded to this communication test. Of the volunteers who responded, 61% have checked their home detectors in the last 6 months.

While this was a successful federal DCVMRC drill to encourage MRCs to respond to the national office, I want to let you know that this drill is **not** typical and does not exemplify the procedures that would be followed if or when there is a disaster or public health emergency wherein the Federal Government requests MRC volunteers from California. The U.S. Department of Health and Human Services requests volunteer healthcare professionals. EMSA would follow the public health and medical system within the Standardized Emergency Management System, (SEMS), in partnership with Cal OES. Your local Medical Health Operational Area Coordinator, (MHOAC), would be notified in accordance with SEMS. These procedures are detailed in the Disaster Healthcare Volunteers Principles of Operations.



AMERICA'S
PrepareAthon![™]

SPRING 2015 PREPAREATHON! ACTIONS (NOV-MAY)

07,581,399

Ready ✓ AMERICA'S PrepareAthon! NATIONAL PREPAREDNESS COMMUNITY

<http://www.community.fema.gov/connect.ti/cfghome/grouphome>

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The Third Uniform California Earthquake Rupture Forecast (UCERF3)

A new earthquake forecast for California's complex fault system

What is UCERF3?

The Uniform California Earthquake Rupture Forecast, Version 3 (UCERF3) is a comprehensive model of earthquake occurrence for California. It represents the best available science for authoritative estimates of the magnitude, location, and likelihood of potentially damaging earthquakes in California.

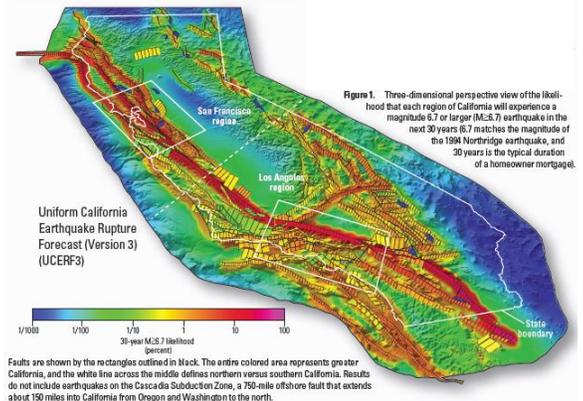
Major Finding

“The study confirms many previous findings, sheds new light on how the future earthquakes will likely be distributed across the state and estimates how big those earthquakes might be.

Compared to the previous assessment issued in 2008, [UCERF2](#), the estimated rate of earthquakes around magnitude 6.7, the size of the destructive 1994 Northridge earthquake, has gone down by about 30 percent. The expected frequency of such events statewide has dropped from an average of one per 4.8 years to about one per 6.3 years.

However, in the new study, the estimate for the likelihood that California will experience a magnitude 8 or larger earthquake in the next 30 years has increased from about 4.7% for UCERF2 to about 7.0% for UCERF3.”¹

A 30-year likelihood chart of different areas is listed on the right. You can download the whole report or get more information at Working Group on California Earthquake Probabilities (WGCEP) <http://www.wgcep.org/UCERF3>.



Greater California region				
Magnitude (greater than or equal to)	Average repeat time (years)		30-year likelihood of one or more events	Readiness
5	0.12	(0.7)	100% (1.0)	1.0
6	1.2	(0.9)	100% (1.0)	1.0
6.7	6.3	(1.3)	>99% (1.0)	1.0
7	13	(1.3)	93% (1.0)	1.0
7.5	52	(1.0)	48% (1.0)	1.1
8	494	(0.8)	7% (1.5)	1.2

Southern California region				
Magnitude (greater than or equal to)	Average repeat time (years)	30-year likelihood of one or more events	Readiness	
5	0.24 (0.7)	100% (1.0)	1.0	
6	2.3 (0.9)	100% (1.0)	1.0	
6.7	12 (1.5)	93% (1.0)	1.0	
7	25 (1.4)	75% (0.9)	1.1	
7.5	87 (1.2)	38% (0.9)	1.2	
8	522 (0.4)	7% (2.5)	1.3	

Northern California region				
Magnitude (greater than or equal to)	Average repeat time (years)	30-year likelihood of one or more events	Readiness	
5	0.24 (0.7)	100% (1.0)	1.0	
6	2.4 (0.9)	100% (1.0)	1.0	
6.7	12 (1.2)	95% (1.0)	1.0	
7	25 (1.2)	76% (1.0)	1.1	
7.5	92 (0.9)	28% (1.1)	1.0	
8	645 (0.8)	5% (1.4)	1.1	

San Francisco region				
Magnitude (greater than or equal to)	Average repeat time (years)	30-year likelihood of one or more events	Readiness	
5	1.3 (0.7)	100% (1.0)	1.0	
6	8.9 (1.0)	98% (1.0)	1.0	
6.7	29 (1.1)	72% (1.1)	1.1	
7	48 (0.9)	51% (1.3)	1.1	
7.5	124 (0.7)	20% (1.6)	0.9	
8	825 (0.7)	4% (1.9)	1.0	

4.7% (UCERF2)

Los Angeles region				
Magnitude (greater than or equal to)	Average repeat time (years)	30-year likelihood of one or more events	Readiness	
5	1.4 (0.6)	100% (1.0)	1.0	
6	10 (1.1)	96% (1.0)	1.0	
6.7	40 (2.1)	60% (0.8)	1.1	
7	61 (2.0)	46% (0.7)	1.2	
7.5	109 (1.3)	31% (0.9)	1.3	
8	532 (0.4)	7% (2.5)	1.3	

[1] USGS news release: http://www.usgs.gov/newsroom/article.asp?ID=4146#.VUqIPdi_xTR

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Wildfire is coming. Are you ready?

California experienced a large number of wildfires in 2014. With the extreme drought condition, since January to April, 2015, Cal Fire has responded to 640 fires, more than twice the number in similar periods in pre-drought years. We all expect the fire season will start early this year.

Wildfire in California 2014 ²

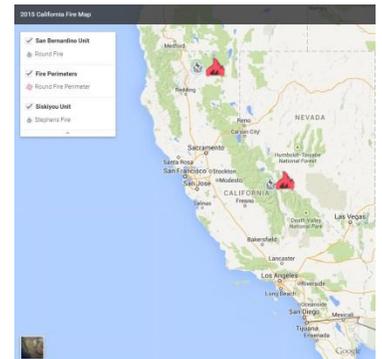
Name	Date	Burned(Acres)
Colby Fire	1/25/2014	1,962
Etiwanda Fire	4/30/2014	2,341
San Diego County wildfires	May 2014	29,388
Sand Fire	7/25/2014	4,240
Happy Camp Complex Fire ³	8/14/2014	134,056
Meadow Fire	8/16/2014	4,772
King Fire	9/13/2014	97,717
Boles Fire	9/15/2014	516



Governor proclaimed May 3 - 9, 2015 as "Wildfire Awareness Week"

Each year California highlights the importance of wildfire prevention and preparedness by declaring the first full week of May as "**Wildfire Awareness Week**". This year during the week of May 3-9, CAL FIRE and fire departments across the state will remind residents of the dangers posed by wildfires and the simple steps that should be followed to prepare for and prevent them. With this year's record low rain and continued drought impacts, the importance of preparing for wildfires has only been heightened.

Approximately 95 percent of all wildfires are sparked by the activity of people, which means that almost all wildfires are preventable. One of the leading causes of wildfires is outdoor powered equipment. Use powered equipment before 10 a.m. and never on hot and windy days. When clearing dead or dying grasses don't use a lawn mower, or weed trimmer with a metal blade. Make sure your vehicle is properly maintained with nothing dragging on the ground like trailer chains. All residents and vacationers need to be extra cautious outdoors because one less spark means one less wildfire.



Learn more ways to prepare for wildfire by visiting www.ReadyForWildfire.org.

Source: Wildfire Awareness Week

http://www.fire.ca.gov/communications/communications_newsreleases_WAW.php

[2] Calfire incident Information
http://cdfdata.fire.ca.gov/incidents/incidents_statsevents

[3] Incident Web
<http://inciweb.nwcg.gov/incident/4078/>

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DHV Events

Quarterly DHV System Administrator Drills:

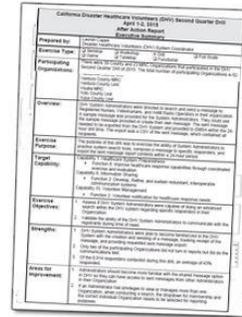
Each quarter EMSA conducts a drill for all DHV System Administrators. On Wednesday April 1, the second quarterly drill of 2015 was conducted. System Administrators were directed to search the DHV System for specific responders in their organization. They were instructed to send a message to their responders 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 39 County organizations that participated in this drill, for a total of 62 organizations that participated.

Out of the 8,914 responders that were contacted during this drill, an average of 43% responded. That is great! If you are a responder, it is important to respond to drill messages. These drills are in place for practice so that when a real event occurs, Local System Administrators know they can contact you. Please update your DHV profile if any contact information changes. If you get contacted for a drill, please participate!

The next DHV Quarterly Drill will be in July 1. The next User Group Meeting will be July 8th (For DHV/MRC System Administrators Only).

CA DHV Quarterly Drill (Q2) Results

Total Participating	Report on time	Drill completed	Responded rate
62	70%	97%	43%



• 4/1/15

Q2



• 7/1/15

Q3



• 10/7/15

Q4



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Hospital Incident Command System Translated in Japanese

EMSA is the copyright holder of the Hospital Incident Command System (HICS) materials that are used nationally and internationally to bring Incident Command System (ICS) concepts and principles into hospitals.

A workgroup at the University of Tokyo has undertaken a project to translate the Fifth Edition of the HICS materials into Japanese. EMSA was very pleased to host Jun Tomio, MD, MSc, PhD of the University of Tokyo during his visit to Sacramento on March 5th and 6th. Dr. Tomio is an Assistant Professor, Department of Public Health, and Graduate School of Medicine. He is leading the group working on the translation of HICS from English to Japanese. EMSA's HICS staff and Dr. Tomio also visited Kaiser Permanente South Sacramento Medical Center where the great Kaiser team conducted an exercise demonstrating the implementation of HICS in response to Ebola.



PPE Training at Kaiser Permanente South Sacramento Medical Center



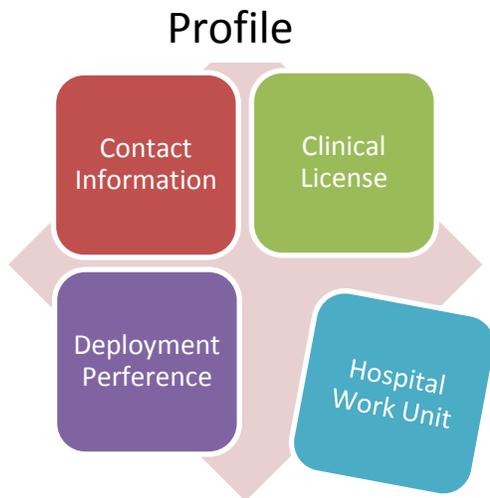
Dr. Tomio with staff at Kaiser Permanente South Sacramento Medical Center



From Left, Division Chief Lisa Schoenthal, Dr. Tomio and Response Personnel Unit Manager Patrick Lynch

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Disaster Healthcare Volunteers (DHV) new feature



Hospital Work Unit

EMSA is working closely with our vendor to develop a new hospital work unit searchable field in the DHV system. This feature will allow clinical volunteers to enter their current hospital work unit into their profile from a drop down list. The dropdown list menu will include most units in the hospital setting.

The information entered will be very useful for the local System Administrators. If a natural disaster strikes, the System Administrator will be able to search desired personnel by their working experience along with their

occupation. This new feature will increase the capability of the System Administrators to match healthcare volunteers with the specific request.

More information: [Los Angeles Full Scale DHV Exercise](#)

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Disaster Apps

U.S. Department of Health & Human Services features some applications in their Disaster Information Management Research Center (DIMRC) page for the disaster responder.

Most standalone Apps deliver content and do not require Internet access. Most of the listed apps are developed by the National Library of Medicine or by a reliable source. They are free to download and use.

To download an App, please use your phone to scan the QR code on the right or open the following link in your mobile phone browser.

<http://disasterinfo.nlm.nih.gov/dimrc/disasterapps.html>



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Disaster Online Training Opportunity

[Independent Study Course IS-346: An Orientation to Hazardous Materials for Medical Personnel](#)

Course Length: 10 hours

Prerequisites: None

Course Overview

Hospital emergency department personnel face many risks and difficult tasks when dealing with patients involved in hazardous materials incidents. Therefore, it is essential that all personnel who come in contact with patients have a general awareness of the issues and concerns when dealing with hazardous materials incidents.

This course is designed to prepare hospital personnel to analyze hazardous materials situations, take the necessary steps to assure medical provider safety, and identify appropriate resources for decontamination and medical care. However, additional training is required in order to diagnose and treat patients who have been involved in hazardous materials incidents. This course alone does not fulfill all of OSHA's requirements for hazardous materials training at the awareness level.

At the completion of this course, participants should be able to:

1. Describe the purpose of the course and why it is essential to have the knowledge and skills necessary to recognize and assess situations that can impact the facility and hospital staff in preparing for and responding to hazardous material emergencies.

2. Describe the ways in which a medical center or hospital can be involved in a hazardous material event or response effort.

3. Recognize the importance of compliance with federal, state, local and tribal regulations and standards.

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

Primary Audience

This class is designed for hospital emergency department personnel including physicians, nurses, aides, support staff and other emergency medical personnel.

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/>

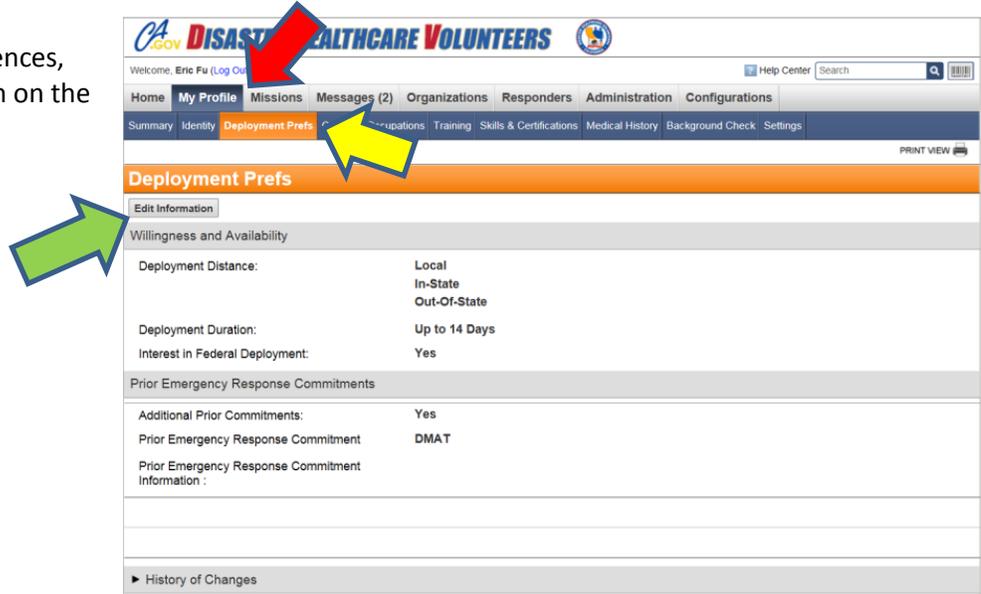
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DHV “User Tips”

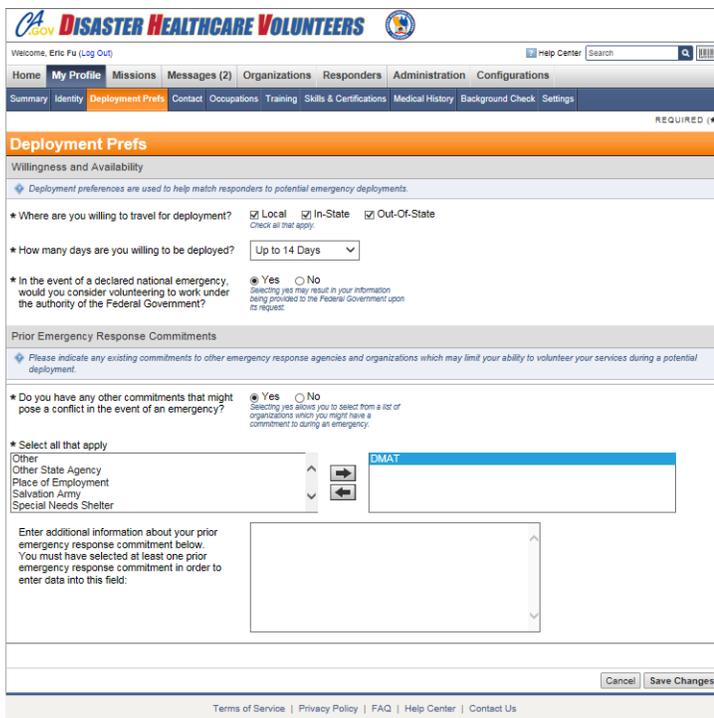
DHV Deployment Preferences

DHV allows volunteers to set their deployment preferences. To access the Deployment Preferences page, go to **My Profile: Deployment Prefs**. The following page opens:

To edit your deployment preferences, click the **Edit Information** button on the top left of the page.



In Deployment Preferences, you can indicate your willingness and availability for deployments, prior emergency response commitments, and any activity preferences.



In this example, you selected “Yes” for the other commitments. Then you could select the “DMAT” in the swap box.

Click **Save Changes** when you are finished.

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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.

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The DHV Journal is Published and Distributed Via Email

News and information for participants in the Disaster Healthcare Volunteers Program 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 Program.



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