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SPRING, 2013



Manager's Message

Patrick Lynch, RN
Manager, Response Personnel Unit



The recent Boston Marathon bombings brought back memories of 9/11 for some, the 7/7 London bombings, or the 11-M Madrid bombings for others. Tragic, cowardly acts all.

As I watched the evening news after the Boston bombing, I was very impressed by the number of civilians I saw running toward the site of the explosion to help the injured. I think that says a lot about us as a people. I'm sure they did not think about a secondary explosive device. They thought of assisting others. Therein, are the noble acts.

As we later learned, Medical Reserve Corps volunteers were involved in support of the marathon race; and, they were involved in the emergency treatment of the injured. It was truly beneficial that they were there to assist the victims. I hope that you join me in offering your sympathy to the victims and your gratitude for the emergency responders and volunteers who provided aid to the wounded.

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We at EMSA also wish to thank you for volunteering through the Disaster Healthcare Volunteers Program, and we thank you in advance for the noble acts you will perform in aiding others in disaster when the time comes.

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The Boston Marathon Terrorist Bombing

A special message from Captain Robert J. Tosatto

Director, Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC)
at the Office of the Surgeon General

While we are still in the midst of collecting information and detailed reports of Medical Reserve Corps (MRC) volunteer efforts and experiences from yesterday's Boston Marathon, we do have some important notes and resources to share. First and foremost: ten MRC units supplied approximately 200 volunteers (both medical and non-medical) to the Boston Athletic Association (BAA) to provide medical and other support for the race. We have received confirmation from the BAA/Medical Sweep Team Leader that all volunteers are



Robert J. Tosatto

accounted for and safe. There have been no reports of any MRC volunteer injuries.

Also noteworthy:

- In the horrific pictures from the event, you'll notice many of the medical responders in white jackets with blue stripes on the sleeves...if you look closely at some of them, you will see that they are wearing red MRC ballcaps.
- The Brookline MRC and CERT staffed a shelter site for runners immediately following the event. One MRC volunteer was actually a marathon participant and went directly from the race to the shelter to assist.



One of the many photos posted on the internet – MRC Members, volunteers and first responders joined in a heroic response to this horrific incident.

- The Region 4a MRC (and we suspect other units as well) are working with the BAA and the Massachusetts Support Network to make sure that MRC volunteers have access to Behavioral Health Services.
- Immediately following the event, many MRC units in Massachusetts were placed on alert. At this point, there have been no requests for further MRC assistance, and all MRC volunteers have been released from stand-by.

The Division of the Civilian Volunteer Medical Reserve Corps will continue to monitor the situation. As we gather greater details on the MRC's involvement before and after the blasts, we will share those stories with you through our normal communication mechanisms (newsletters, social media, etc.).

As we reflect on, and recover from, this event, I must stress the importance of the MRC remaining active – and even increasing activity – in these types of large-scale public events. MRC volunteers not only have the opportunity to hone their skills, work as a team, and provide a public service as part of first aid and medical sweep teams, but they become prepared, trained and in-place assets ready if needed for any possible response. By participating at a race, air show or other large gathering, your MRC volunteers are remaining engaged, helping their community, and filling an integral role to assist those in need, if a crisis does occur.

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When MRC volunteers are called into action, mental health support should also be made available. This is happening now in Boston – for the victims, their families, by-standers and the responders. While it is sometimes our first inclination to duck and cover – or to avoid these types of events – I am sure that those at the Boston Marathon are proud to have helped, even though they may now also need support in handling the severity and overwhelming nature of what took place. I know many MRC units have included Psychological First Aid as part of their training plans, and I encourage those that haven't to do so. In addition, CDR Jeff Coady, our excellent partner from SAMHSA, has provided an incredible repository of behavioral health resources specific to response. The following link includes those they have compiled on stress and resilience: http://www.samhsa.gov/dtac/dbhis/dbhis_stress_about_resilience.asp. We hope you will take the time to review them and identify tools that may help you and/or your volunteers to handle a potentially difficult response or crisis. We hope to make more on this subject available to you very soon.

You may also be searching for resources on blast injuries, how to respond, and how to prepare. I encourage you to visit this CDC site: <http://www.bt.cdc.gov/masscasualties/blastinjuryfacts.asp>. Here you will find a great wealth of information and a starting point for any training, education, or planning you intend to do on the subject.

Please join me in thanking the MRC volunteers present at the Boston Marathon for their heroism, volunteerism, and continued dedication. You made us all proud, and we continue to keep you, and all those affected by this senseless attack, in our thoughts and prayers. This event has shown – once again – that the years of time and effort (and funding) for planning, preparing, training, partnering and collaborating were of tremendous benefit, and I know that MRC units will continue to play their phenomenal role in making sure communities are healthier, safer and more resilient.

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Sheila Martin

MRC Corner

MRC 2013 Seasonal Leadership and Training Summit

By Sheila Martin, California Medical Reserve Corps Coordinator



In February I attended the seasonal Leadership and Training Summit similar to the session that many of California's MRC Coordinators will be attending in June 2013. I want to say, that as usual, the Division of Civilian Volunteers Medical Reserve Corps (DCVMRC) has done it right yet again. The Summit was excellent. The venue was the National Conference Center outside of Washington, DC in Leesburg, Virginia. From the moment my shuttle arrived at the Conference Center, it was very apparent that it was located in a unique setting that is conducive to networking and cooperation. Upon check in I was directed to find my room in a specific building with a specific color on the walls. The color coding is the key to figuring out where you are at all times within the Conference Center. It is a uniquely built area and requires one to interact with others to find your way around until you understand the building layout. Interacting with others at a conference is not a novel idea. In fact, it can lead to many new cooperative relationships. The cafeteria's food selections were better than I could have ever imagined. Although the rooms were small they did provide all the amenities including WiFi.

Captain Rob Tosatto, his staff, and the National Association of County & City Health Officials (NACCHO) staff did an excellent job of focusing the attendees' attention on the pertinent information that DCVMRC presented at the conference. There were sessions on Risk Reduction, New Leader Orientation, Fundamentals of Grant Writing, Leadership, Engaging Your Team Between Deployments, Sustainability Planning, Activity Reporting, Capacity Building Awards (CBA) budgeting, etc. I found the offerings to be very worthwhile. The most important session was the Factors for Success. The DCVMRC created a

comprehensive set of programmatic elements, “stepping stones,” which form a path for MRC unit leaders to follow for the development of their MRC units. This is exceedingly valuable information and is available on the DVCMRC website for your use. Wow, what an aid for both new MRC leaders and seasoned leaders as well! It will help all the MRC Units ask themselves critical questions to stay on target with their unit’s development.

I thoroughly enjoyed the Training Summit. The only drawback for me was that there was only one MRC Coordinator from California at the February Session. I hope all of you have a great learning experience in June!

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Marin County MRC Launches “Time-in-Motion Study”

By Chief Brian Waterbury, Marin MRC Coordinator

On numerous occasions I would be asked “How long will it take to get Marin Medical Reserve Corps (MMRC) members to the local hospitals?” I was comfortable estimating we could deploy, using DHV, about a dozen Marin Medical Reserve Corps members within the first half hour. Response times are important and crucial to any response planning process and we decided to test our assumptions through a series of “Time in Motion” exercises.



Chief Brian Waterbury

Using the DHV System, MMRC Volunteers were deployed (one hospital per day) to Marin General, Novato Community and Kaiser Hospitals. Volunteers were told in what week to expect a deployment but not the day or time. We wanted to see if there would be any time differences between weekday and/or weekend deployment numbers.



We used the delayed activation feature on DHV and set the activation time for 0930 for both the weekday and weekend exercises. The exercise lasted for two hours and concluded at 1130 each day. Volunteers were asked to go about their daily routines to get an accurate accounting of a legitimate time standard.

MMRC Volunteers were directed to respond in a timely manner while obeying all traffic laws. Results of the exercise were revealing. Approximately 40 MMRC members arrived at each hospital (not all hospitals at the same time but one hospital per deployment) within a two hour window. An average of 27 showed up within the first 40 minutes. All skill sets were represented within 40 minutes including physicians, nurses, mental health professionals, pharmacists, EMT’s and logistical support.

There were no appreciable differences between the weekday and weekend responses.

We now have a time standard from which to work with. When asked how many MMRC Volunteers could be expected to respond to a particular hospital, we can reply with almost certainty 25 – 30 will respond within the first 40 minutes and approximately 40 within the first two hours.

We will continue to establish time standards for various staging areas throughout the County. Without the DHV System, I am sure the process of deployment would have taken much longer.

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Kern County Medical Reserve Corps Rabies Education Project

Barbara Swanson, Kern County MRC Coordinator
March 19, 2013

Over the weekend of March 16, an unusually high number of rabid bats were identified in a rural lake development 30 miles west of Bakersfield. It was obvious to Kern County's Environmental Health division that homeowners needed to be apprised quickly and educated on ways to protect their pets and their families.

Public Health turned to the Kern Medical Reserve Corps (KMRC) for assistance. The DHV call went to members at 4:30 pm on Monday afternoon and at 8:00 am the next morning KMRC volunteers met with the Director of Public Health and administrators from Environmental Health who provided "just in time" training.

Armed with talking points and hand-outs, KMRC members walked the streets on Tuesday morning leaving materials when homeowners weren't home and engaging those who were home in meaningful discussions. Those who were home were eager to talk about the problem and learn mitigation strategies. The response was very positive – both from homeowners who were impressed that volunteers performed this function for a governmental agency and from KMRC members who were recognized for performing a very needed service. And, we had fun working together!



Bob Black, KMRC Volunteer

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Cal Fire boosts fire season staffing after 'extremely' dry winter

Posted by Robert O'Connor

The California Department of Forestry and Fire Protection is beefing up its staffing in anticipation of a fire season officials worry could be affected by an "extremely" dry winter, the agency announced.

CalFire has hired and trained seasonal firefighters that will help staff seasonal stations and some helicopters "around the clock," according to a department statement.

The agency announced recently it had begun "transitioning into fire season" in San Diego, Riverside and San Bernardino counties.

The agency said a snow survey conducted in late March indicated low snow levels, as the Northern Sierra Nevada received only 5 1/2 inches of rain between January and March--a potential record low. Cal Fire officials are "concerned about the impact to this year's fire season."

Officials asked Southern California homeowners to take recommended precautions, including: clearing 100 feet of defensible space around their homes; removing needles and leaves from roofs and rain gutters; trimming branches 6 feet off the ground, and using powered lawn and landscaping equipment in cooler morning hours.

Source: <http://www.latimes.com/local/lanow/la-me-ln-calfire-staffing-20130416.0.6135117.story>
CFN - California Fire News 2013



CalFire hand crews from the Department of Corrections and Rehabilitation cut brush in the mountains north of Fillmore on April 9 to get full containment of a brush fire that damaged two homes and threatened more. (Al Seib / Los Angeles Times)

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Coming Events
Mark your Calendar

- Quarterly DHV Drills
- June 5
- September 4
- December 4



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

Quarterly DHV System Administrator Drills:

Participation in these DHV System drills is important. Your participation can improve your preparation for response to an actual emergency situation. DHV and MRC System Administrators gain valuable experience using the DHV system during these drills. The next Quarterly Drill will be June 5, 2013. Please mark your calendar now and we will alert you again as we get closer to the day of the drill.

Our next DHV/MRC System Administrator User Group Call: will be June 27, 2013 10:00 am to 12:00 noon. (These calls are designed for current DHV / MRC System Administrators only.) The discussions in these User Calls have been substantive and helpful for the participants. Do you have a topic you would like to have addressed at a future User Group Call? Just email your suggestion to dhv@emsa.ca.gov.

Training Workshop

California Hospital Association Disaster Planning Conference: September 24-26, 2013 in Sacramento. Target audience includes hospital emergency preparedness coordinators, administrators, staff, and interested healthcare personnel.

Upcoming Full Scale Exercises

April 26, 2013: Los Angeles DHV Full Scale Exercise: The exercise will involve sending DHV and MRC volunteers to six hospitals and two clinics. The exercise will deploy volunteers from the Los Angeles County DHV Surge Unit as well as the county's three Medical Reserve Corps units, MRC Los Angeles, Long Beach MRC, and Beach Cities MRC. EMSA Response Personnel Unit staff will participate in the Los Angeles County DHV full scale exercise as evaluators.

May 3-4-5, 2013: Ventura County Full Scale Exercise: This annual exercise conducted by the Ventura County EMS Agency and Medical Reserve Corps Unit offers volunteers extensive training and hands-on exercise opportunities in field treatment site care under austere conditions. EMSA staff will also participate in the Ventura County multi-county austere care field exercise.

August, 21-22, 2013 – Golden Guardian 2013: This will be a full scale exercise in partnership with the CA National Guard. The exercise will deploy the state's tiered Disaster Medical Response System along with MRC/DHV Volunteers. The entire Disaster Medical Services Division at EMSA will be participating. The tiered system includes Ambulance Strike Teams, healthsystem-sponsored California specialized CAL-MAT teams, Mission Support Team, EMSA's Command, Control, Communications vehicle and other mobile assets. The Disaster Healthcare Volunteers and Medical Reserve Corps will also be participating from multiple units throughout the state.





Four-State Volunteer Healthcare Professionals Deployment Table Top Exercise

California, Arizona, Nevada, Oregon

On March 28th, California Emergency Medical Services Authority (EMSA) staff led a four state tabletop exercise (TTX) for the interstate deployment of Volunteer Healthcare Professionals (VHP) during a disaster. This Homeland Security Exercise and Evaluation Program (HSEEP)–compliant tabletop exercise included participation of the ESAR-VHP program coordinators from California, Arizona, Nevada, and Oregon. ESAR-VHP is the federally funded Emergency System for Advance Registration of Volunteer Health Professionals program. In California, the ESAR-VHP program is “Disaster Healthcare Volunteers” (DHV). The TTX gave participants the

opportunity to consider a broad range of issues from Emergency Management Assistance Compact agreements, communications procedures, to the logistics of identifying, transporting, assigning and tracking Volunteer Healthcare Professionals in an emergency environment.

The exercise used the www.GotoMeeting.com webinar system to enable participants to share visual and verbal participation via the internet. The Response Personnel Unit at EMSA hosted the tabletop exercise at EMSA Headquarters in Rancho Cordova, CA. Two representatives from Oregon’s ESAR-VHP Program, “SERV-OR” traveled to Rancho Cordova to participate in person. Representatives from Nevada and Arizona participated from their respective sites.



Participants in the Four State Table Top Exercise
 Left to right – Brian Bolton, Elizabeth Lopez, Patrick Lynch, Lee Sapaden, Eric Gebbie, Akiko Berkman, Sheila Martin, Eric Fu.
 Not pictured are Wendy Luck & Tabatha Hart (NV) and Antonio Hernandez (AZ).

The scenario involved two separate disaster incidents, one in the Northern portion of the state, and one in the Southern portion that created a need to request mutual assistance for healthcare professionals from California’s neighboring states. Participants from the four participating states were led in a facilitated discussion as to how the ESAR-VHP programs in each state would expect to deal with the needs for a medical surge requiring VHPs.

This wide-ranging four hour discussion resulted in the identification of a number of actions the participants agreed will improve the abilities of the states to accomplish such a volunteer deployment should it become necessary. The thousands of Volunteer Healthcare Professionals who have registered on the four states’ systems will be a vital resource when states are confronting major disasters that result in fatalities and injuries requiring a surge in healthcare resources. This exercise was coordinated by EMSA in partnership with the California Department of Public Health (CDPH).

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Disaster Training Opportunities

California is fortunate that nearly 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 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 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 to follow 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 **National Incident Management System (NIMS)**.

NIMS provides a consistent nationwide template to enable all government, private-sector, and non-governmental organizations including MRCs to work together during domestic incidents.

To Add Training to your DHV Profile

To list any disaster-related training that you have completed to your Profile, log into the DHV site, click on the "Profile Section," click on the "Training" Tab, click on "Add Training Course" and select from the drop down box. When you complete your entry, please be sure to click the "Save Changes" Button at the bottom of the screen.

IS-700.A: National Incident Management System (NIMS) An Introduction

Course Length: 3 hours

Prerequisites: None

Available CEUs: 0.3

Audience: Individuals with emergency management responsibilities including prevention, preparedness, response, recovery and mitigation.

<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-700.a>

Course Overview:

This course introduces and overviews the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and non-governmental organizations to work together during domestic incidents.

Course Objectives:

At the end of this course, students will be able to:

1. Describe the intent of NIMS.
2. Describe the key concepts and principles underlying NIMS.
3. Describe the purpose of the NIMS Components including: Preparedness, Communications and Information Management, Resource Management, and Command and Management.
4. Describe the purpose of the National Integration Center.

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

Note: This course provides a basic introduction to NIMS. It is not designed to replace Incident Command System and position-specific training.

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

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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





Have You Updated Your DHV Registration Information Lately?

We depend upon each of you to provide 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 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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