

MRCSA NEWS



Medical Reserve Corps of Southern Arizona

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All-Hazards First Aid!

Our partners at ICSAVE provide all-hazards First Aid training for MRCSA on May 19 from 9:00-11:30 am. (City of Tucson Ward 3 Office, 1510 E. Grant Road.)

ICSAVE will also offer CPR for medical professionals **RENEWAL immediately following the First Aid training.** *There will be a \$20.00 charge for this training, which includes all training materials and card, payable by check or cash. Please register in advance for this CPR training.*

And Coming Up . . .

Looking forward - 2018 workshops and more!

- July 21 **Working With Partners in a Shelter Situation.**
- September 15 **National Preparedness Month - Mobilizing Community Resources.**
- September - Annual Red Cross Shelter Rodeo
- October 12-14 **Tucson Meet Yourself**
- November 2 & 3 **Pandemic Preparedness Workshop and Exercise in collaboration with Pima County Health Department and Arizona Department of Health Services.**

“Don’t hesitate to ask dumb questions, they’re easier to handle than dumb mistakes!”

Anonymous

National Mass Care Exercise

MRCSA will be collaborating with our partners in the Southern Arizona COAD during the 2018 National Mass Care Exercise on May 22. A key component will be the MARC, a new concept in resource management. We will test our ESAR-VHP system which may request actual volunteer response.

COAD (Community Organizations Active in Disasters) is composed of civic groups, businesses, faith based associations, individuals and government agencies that address unmet needs prior to, during and following a disaster.

Meet Our New Board Members



Harry McDermott MD, MPH

Harry McDermott is the former Executive Director of the University of Arizona (UA) Campus Health Service and currently serves as a Physician and the Public Health Officer for the Campus Health Service. He received his medical degree from Georgetown University School of Medicine and his MPH from the University of Arizona. Dr. McDermott also has an appointment as a Professor, Division of Health Promotion Sciences, Mel and Enid Zuckerman College of Public Health. He has been a member of the UA Campus Emergency Response Team (UA CERT) since it was formed in 2003 and has been the Chair of the UA Pandemic Response Planning Group since its inception in 2006. He is also a member of the UA Medical Countermeasures Planning Group.

Bruce Whitney is presently the program director for Integrated Community Solutions to Active Violent Events (ICSAVE), an Arizona-based non-profit organization dedicated to traumatic event prevention and preparedness training.

“We actively strive to develop integrated preparedness and response practices and strategies to prevent or mitigate the physical, psychological, spiritual and financial impact of incidents ranging in severity from common workplace and recreational injuries to violent mass casualty incidents.”



Bruce Whitney

Pandemic Is More Than Flu!

Looking ahead, MRCSA will cooperate with the Pima County Health Department and the Arizona Department of Health Services for a two day Pandemic Preparedness workshop and hands-on drill.

- Friday, November 2 will be a full day workshop at the Tucson Police Department's Miracle Mile Service Center to be followed up on Saturday, November 3 with a half day Strategic National Stockpile (SNS) and Medical Counter Measures (MCM) drill.
- We encourage you to participate in both days. Friday's workshop is training for Saturday's hands-on drill.



NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

The sixth annual National Health Security Preparedness Index was released by the Robert Wood Johnson Foundation on April 17.

The Index is the most comprehensive look at each state's preparedness to date. It is also the first national index that looks at the nation's health security by collectively measuring the preparedness of the states.

The U.S. scored a 7.1 on a 10-point scale for preparedness—nearly a 3 percent improvement over the last year, and a nearly 11 percent improvement since the Index began five years ago. The Deep South, Southwest and the Mountain West Regions still lag behind in overall health security and emergency preparedness.

The overall preparedness level in Arizona stands at 6.5 for 2017. The national average is 7.1.

The state's highest health security level in 2017 occurred in the domain of Incident & Information Management with a value of 9.2.

The state's lowest health security level in 2017 occurred in Healthcare Delivery with a value of 3.6. Arizona's health security levels in 2017 were significantly below the national average in 4 domains: Health Security Surveillance, Community Planning & Engagement, Healthcare Delivery, and Countermeasure Management.

To learn more about the index, go to:
<https://nhspi.org>

CISM Training

MRCSA's partner program, the *Southern Arizona Inter-agency Peer Support Teams*, will be conducting a training in **Critical Incident Stress Management for Schools, August 22-24.**

The three day training begins with "Stop the Bleed", a nation-wide campaign to educate individuals to become trained, equipped and empowered in a bleeding emergency. A "Stop the Bleed" kit for each participant is included in this training.

The purpose of CISM is to mitigate the impact of an event, accelerate the recovery process, and assesses the need for additional or alternative services. Critical incidents are important, often stressful, events which have the potential to overwhelm one's usual coping mechanisms. A Critical Incident is not defined by the incident itself; it is defined by individuals and/or an organization's reaction to what occurred.

Trainers are certified instructors by the International Critical Incident Stress Foundation. The fee of \$225.00 covers both CISM training and "Stop the Bleed".

For more information or registration, contact MRCSA at 520-445-7035 or mrcsa@outlook.com

Hawaii False Missile Alert and Next Steps*

On January 13, 2018 at 8:07 am, the Hawaii Emergency Management Agency mistakenly issued an alert through FEMA's Integrated Public Alert and Warning System (IPAWS) to residents of Hawaii notifying them of an inbound ballistic missile threat. Hawaii Emergency Management canceled the cell phone alert broadcast at 8:13 am and 38 minutes after the erroneous message, they issued a second message to inform the public that there was no missile threat.

"There is no missile threat or danger to the State of Hawaii. Repeat. False Alarm"

The alert brought to light gaps in existing alert plans, protocols, and procedures, including those for responding to erroneous public alerts. FEMA continues to assist state and local agencies with specific training requirements and is taking steps to review and improve public alert and warning guidance, planning, training, practice and exercises.

FEMA knows that the success of these notification systems depends on public confidence in the reliability of the system to issue timely, accurate and actionable information.

To learn more about the wireless emergency alerts and how to recognize a message, heed the warning and take prescribed protective action, go to:

<https://www.fema.gov/ipaws>
and
<https://www.ready.gov/alerts>

(*From FEMA testimony in a Senate hearing "Hawaii False Missile Alert: What Happened and What We Should Do Next?")

Texas Hospital Association's Hurricane Harvey Analysis

With Hurricane Harvey, communities had under 50 hours to prepare. This short window of time meant that many communities were insufficiently prepared to handle the storm when it hit. Hospitals reported:

1. **An insufficient number of shelters were open and ready to take evacuees.** General population shelters were expected to accommodate those with medical conditions, particularly those with quadriplegia, those requiring dialysis and individuals who were ventilator dependent or otherwise medically fragile.
2. **Inappropriate reliance on hospitals as shelters and evacuation sites.** Local residents sought shelter in hospitals and hospitals were used as evacuation site for people rescued from homes and vehicles.
3. **Normal 72 hour provisions were insufficient.** The influx of people seeking shelter in addition to the existing inpatient population created significant resource challenges.
4. **Inadequate availability of hospital security.**
5. **Hospital break-ins seeking pharmaceuticals.**
6. **Eruption of domestic violence among those seeking shelter in hospitals.**
7. **Delay in receiving needed supplies.** Some hospitals knew that their shipments were at UPS terminals, but high water made access and delivery impossible.
8. **Volunteer Management**
9. **Out-of-state provider credentialing.** Many out-of-state health care professionals were unable to have their credentials verified. Hospitals requested clarity on liability protection for volunteer providers.
10. **Shelters were not equipped to provide dialysis.** Compounding the problem was the closure of many dialysis centers before the storm hit. Dialysis centers are not required to have "ride out" provisions.
11. **Communication up to the state and federal levels proved difficult.** Officials could not determine which hospitals were open and which were evacuating.
12. **Curfew implications for hospital personnel.** Hospitals reported that staff were denied access by law enforcement, despite having proper credentials.
13. **Behavioral health and emotional support.** Hospitals reported having to engage chaplains and social workers to help employees manage stress.
14. **Patient transfer management and evacuation coordination. Minimizing the negative impacts on patients and family members was difficult.**

The Power of Partnerships

Surgeon General Jerome Adams recently spoke with Rich Besser, CEO of the Robert Wood Johnson Foundation. Their topic; how the Power of Partnerships can help transform communities. Dr. Adams repeatedly stressed the role of partnerships in building healthier, resilient communities and addressing challenges such as the nation's opioid epidemic.

The Power of Partnerships is key to building a Culture of Health.

"Local conversations and finding common ground is key to building a Culture of Health. We need to consider the roles of business, education, faith and law enforcement in building healthier communities. I also challenge everyone to consider who else is not at the table that should be and reach out to them."

Bill Gates: a coming disease could kill 30 million people within 6 months . . .

And we should prepare for it as we do for war.

- The next deadly disease that will cause a global pandemic is coming, and we're not ready.
- An illness like the 1918 influenza pandemic could kill 30 million people.
- That next disease might not even be the flu, but something we've never seen.
- There's one area where the world is not making much progress and that's pandemic preparedness.
- The disease that next takes us by surprise is likely to be one we see the first time at the start of the outbreak, like what happened with SARS and MERS.

Bill Gates at a presentation hosted by the Massachusetts Medical Society and the New England Journal of Medicine.

April 27, 2018

"Every year, 34,000 people are killed with guns - their lives lost in what may be the single most outrageous and preventable epidemic in history."

*Mark Kelly
Giffords PAC
April, 2018*