

**STANISLAUS COUNTY
MEDICAL RESERVE CORPS**



STANDING STRONG

**Stanislaus County Medical Reserve Corps
Advisory Board Cumulative Report
February 2008 – December 31, 2011**

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OVERVIEW

The Stanislaus County Medical Reserve Corps (SCMRC) unit was officially recognized by the Office of the Surgeon General Medical Reserve Corps Program in February 2008. In 2008, activities focused on policy and procedure development. A comprehensive policy and procedure manual was created that included an overview of the SCMRC, unit administration, alert/notification, training/exercises, clothing/equipment, and liability protection. The completed manual became the foundation to build the SCMRC unit incrementally. In 2009-10, efforts centered on recruitment and in 2011 on training. With the completion of the comprehensive training plan, two self-study training manuals for ICS 100/700 and a student guide for the Disaster Healthcare Volunteers (DHV) website were added to the manual.

Since its inception, the SCMRC has recruited and trained over 200 medical and non-medical professionals who could be utilized to augment personnel during an emergency response. These volunteers have donated almost 2,400 hours (equivalent to \$120,000 in staff time @ \$50/hr) by participating in training and exercises as well as responding to the H1N1 pandemic. One major accomplishment has been the development of a training plan that emphasizes integration into the local response by profession, yet allows volunteers the flexibility to participate to a level of their choice.

A benefit of having the SCMRC based within the Public Health Emergency Preparedness Program is the well established partnerships with the medical-health responder agencies. These organizations have contributed time and resources toward the training of volunteers equating to approximately \$4,000 (78.5 hours x \$50/hr).

Local professionals have also contributed their time and expertise through their service on the SCMRC Advisory Board. These experts instituted policy and were instrumental in establishing the vision and mission of the unit:

MISSION: To enhance the infrastructure of Stanislaus County's emergency medical response.

VISION: To have an established team of trained, organized, and dedicated medical professional volunteers; a resource to augment those services already in place that protect the health and welfare of our community.

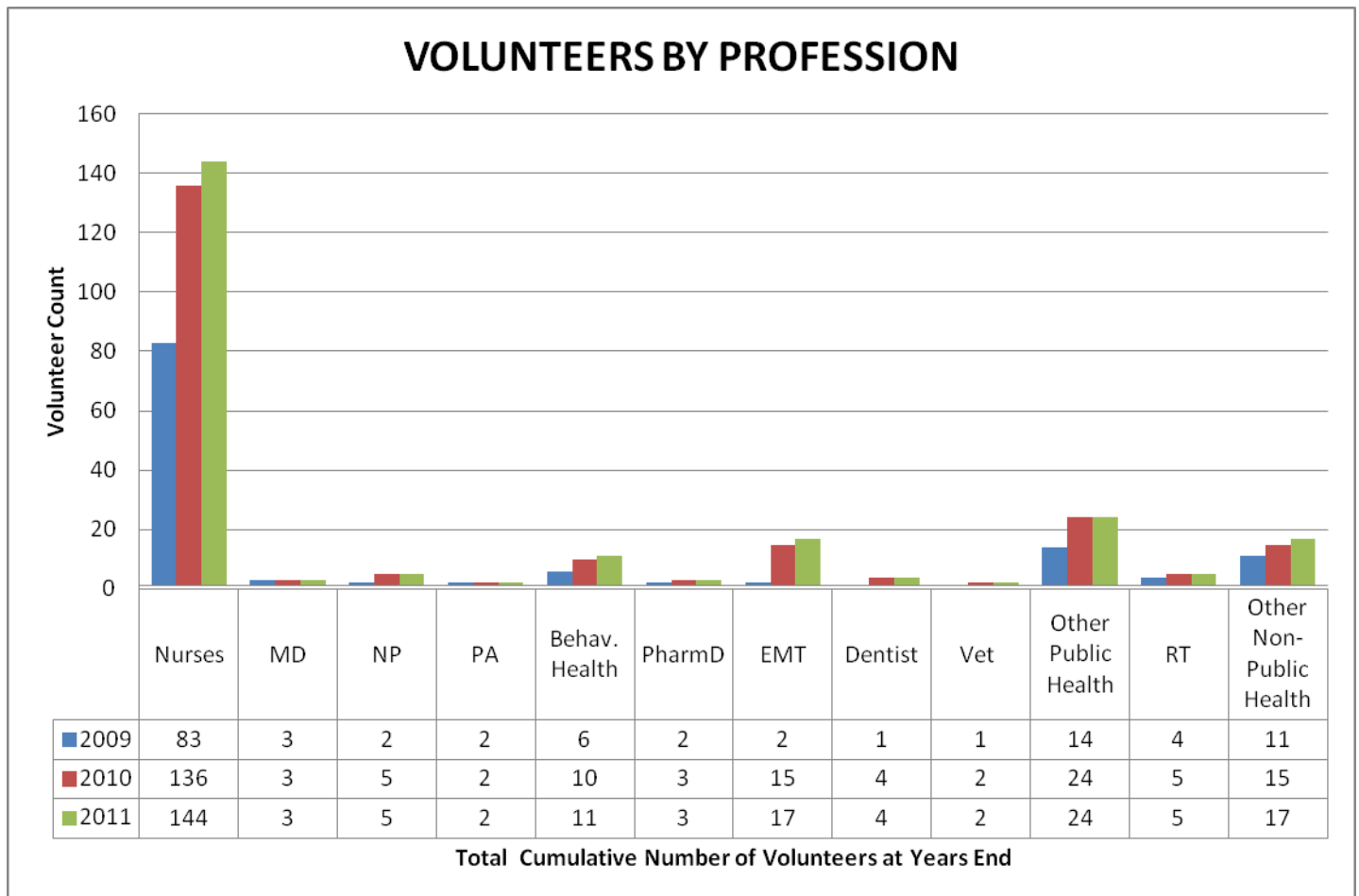
The Advisory Board has established a three year strategic direction, beginning in 2012, that will expand and enhance the capabilities of the unit to staff a 50-bed medical shelter for 72 hours with 12 hour shifts, develop a training track for physicians, increase volunteer proficiency through a competency-based training and exercise plan, and retain 80% of membership and increase recruitment efforts.

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RECRUITMENT

Recruitment efforts occurred in 2009-10 detailed as follows: In August 2009, a letter was sent to over 7,000 licensed nurses in Stanislaus County. By December 31, 2009, 83 nurses had joined the SCMRC. From January 2010 through December 31, 2011, 61 nurses joined as a result of presentations and the initial mass mailing in 2009. Similar results were experienced in 2010 when recruitment letters were sent to over 700 Emergency Medical Technicians (EMTs) and Paramedics. Fifteen (15) EMTs joined in 2010 with two additional the following year. Both direct mail recruitment efforts resulted in a 2% conversion rate. In addition to direct mail, presentations were given to groups in the community including two local colleges, retirement groups, faith-based community groups, League of Women Voters, Public Health Nurses and the Honor Society of Nursing. It should be noted that the number of new volunteers drops in 2011 because the focus shifted to training.

The following graph breaks down the total number of members (237) recruited by profession at the end of years 2009 (131), 2010 (93) and 2011 (13):



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TRAINING

In 2011 a training plan was developed that focused on professional specialty (tracks) and tiers (levels) of potential deployment. Training tracks include Behavioral Health, Emergency Medical Services, Clinical, Supportive, and Management. The purpose of this plan was to capitalize on existing professional expertise and enhance the volunteer’s ability to respond to field emergency incidents. This plan also gives members the flexibility to participate at a level commensurate with their availability and commitment. The courses were developed as a means to integrate training with local response mechanisms.

Table A demonstrates the professional tracks and associated required training as a determinant of deployment and utilization (Level):

Table A

	Behavioral Health	Emergency Medical Services	Clinical	Supportive	Management
Level 0	Application	Application	Application	Application	
Level 1	ICS 100/700 DHV Alert & Notification Personal Preparedness Psych First Aid – A	ICS 100/700 DHV Alert & Notification Personal Preparedness	ICS 100/700 DHV Alert & Notification Personal Preparedness	ICS 100/700 DHV Alert & Notification Personal Preparedness	
Level 2	HIPAA Grief & Loss OES 101 Mass Care & Shelter – General Mission Mobilization/ Demobilization Intro to Strategic National Stockpile (SNS)/Mass Prophylaxis	HIPAA Chemical, Biological, Radiological, Nuclear & Explosive (CBRNE) Mass Casualty Incident OES 101 Intro to SNS/Mass Prophylaxis Mission Mobilization/ Demobilization START Triage	HIPAA Psych First Aid – B ACS – Clinical OES 101 POD – Clinical Intro to Strategic National Stockpile (SNS)/Mass Prophylaxis Mission Mobilization/ Demobilization Mass Care & Shelter (General) Mass Care & Shelter (Medical)	HIPAA Psych First Aid – B ACS – Supportive OES 101 POD – Supportive Intro to Strategic National Stockpile (SNS)/Mass Prophylaxis Mission Mobilization/ Demobilization Mass Care & Shelter – (General) RSS Warehouse	
Level 3					*ICS 200 *ICS 300/400 *IS 800b

* Courses are in addition to completing two separate training tracks

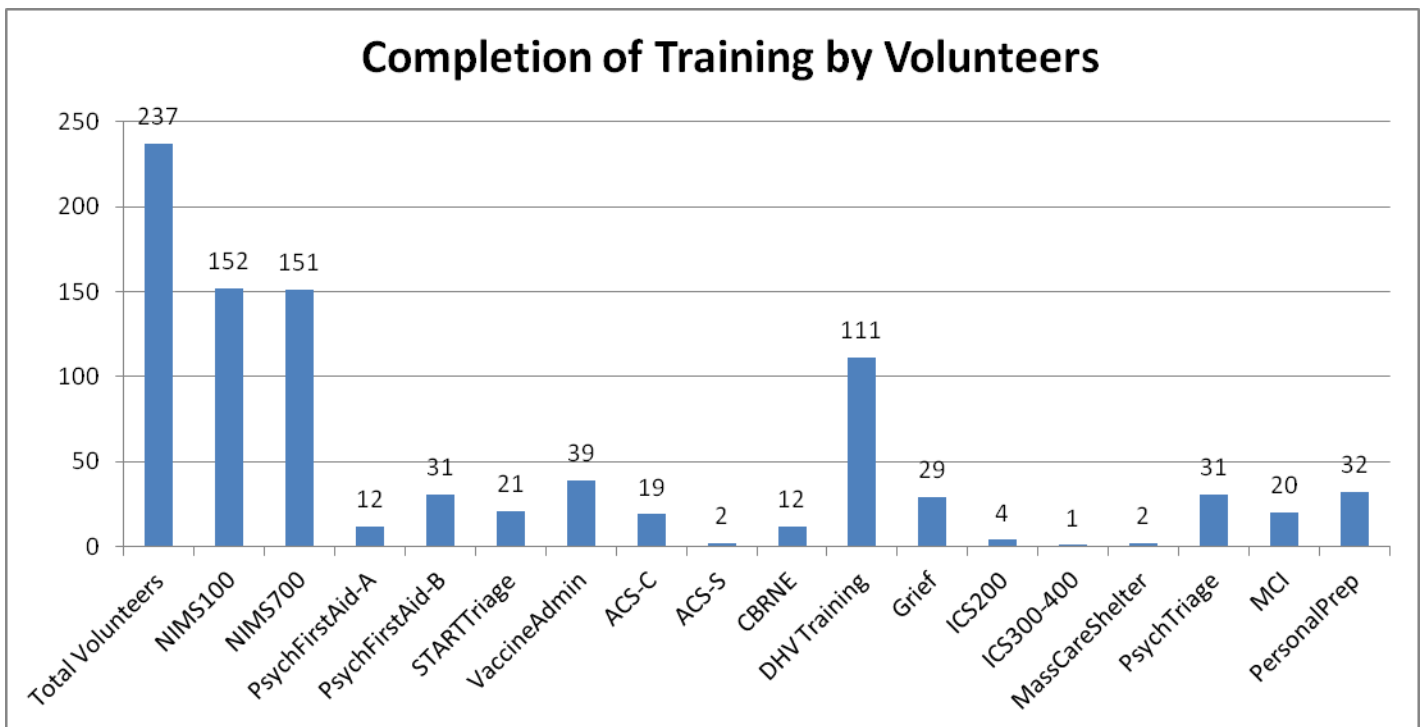
- Level 0 =Not deployable
- Level 1 =Deployable when background check has been passed, ICS 100/700 has been completed and sworn in as a Disaster Service Worker. Note: Member may be limited to deployment based on training completed.
- Level 2 =Member fully deployable
- Level 3 =Member fully deployable and qualified for a management role

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By the end of 2011, 24 members had achieved level 1 status that included 13 Nurses, 2 Physicians, 1 Dentist, 3 Marriage & Family Therapists, 2 Pharmacy Technicians, 1 Other Public Health, 1 Respiratory Therapist and 1 Other Non-Public Health. Special recognition was given to all 24 members at the November 2011 General Membership Meeting. In addition to level advancement, two outstanding SCMRC members were recognized; Advisory Board Chair, Marilyn Smith, was recognized for her passion and dedication to developing the SCMRC program. Judith Welch was also recognized for her many hours volunteering with clerical support.

At the end of 2011, SCMRC members completed over 2,100 hours of training, provided over 230 response hours to H1N1 (5 mass vaccination clinics/4 schools) and over 50 hours of clerical support for orientations and training courses.

The following graph depicts the training completed by volunteers through December 31, 2011:



Eleven courses are under development and are expected to be offered in 2012. These courses include:

- Health Insurance Portability & Accountability Act (HIPAA)
- Office of Emergency Services (OES) 101
- Alternate Care Site (ACS) Clinical
- Alternate Care Site (ACS) Supportive
- Point of Dispensing (POD) Clinical
- Point of Dispensing (POD) Supportive

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- Introduction to Strategic National Stockpile (SNS) / Mass Prophylaxis
- Mission Mobilization / Demobilization
- Mass Care & Shelter (General)
- Mass Care & Shelter (Medical)
- Receipt, Storage and Staging (RSS) Warehouse

EXERCISES

An Alternate Care Site Exercise was conducted in September 2011. The purpose of this exercise was to provide volunteers an opportunity to familiarize themselves with the equipment and supplies contained on one of the County's Alternate Care Site Response Trailers. Volunteers were responsible for the off loading and reloading of the trailer. Planning for this exercise began in April and six members assumed leadership roles that included Safety, Operations and Logistics Chiefs, and Resource Unit. Twenty-one members participated in the four-hour exercise. Lessons learned from the After Action Conference included the need to label tops of boxes and additional practice with the trailer loading and reloading.



PARTNERSHIPS

Recognizing the need to integrate the SCMRC into the local response, our partners demonstrated the utmost commitment to the development of the unit. Their support provided 78.5 hours of training for the delivery of

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16 courses equating to approximately \$4,000 in staff time and resources. Without support from the following agencies, the SCMRC would not have accomplished the training goals:

American Medical Response (AMR)

AMR's support in 2011 provided a total of 12 hours of training to 32 SCMRC members.

- *Chemical, Biological, Radiological, Nuclear and Explosives (1 @ 4hrs)*
- *Mass Casualty Incidents (2 @ 3hrs)*
- *START Triage (Simple Triage and Rapid Treatment) (2 @ 1hr)*

American Red Cross (ARC)

ARC's support in 2011 provided a total of 7.5 training hours to 62 SCMRC members.

- *Psychological First Aid – B (3 @ 1.5 hrs)*
- *Psychological Triage (3 @ 1 hr)*

Hospice of Stanislaus County

Hospice's support in 2011 provided a total of five training hours to 29 SCMRC members and Continuing Education Units at no cost.

- *Grief & Loss (2 @ 2.5hrs)*
- *BRN Continuing Education*
- *BBS Continuing Education*

Health Services Agency – Public Health (HSA/PH)

HSA/PH's support has provided continuing education credit to both SCMRC members and non-members at no cost.

- *BRN Continuing Education*

Stanislaus County Behavioral Health & Recovery Services (BHRS)

BHRS's support was instrumental in providing Psychological First Aid training to mental health professionals in Stanislaus County. BHRS's participation on the Advisory Board enabled the SCMRC to send one of their staff to Florida in 2009 to attend a Psychological First Aid train-the-trainer course. This partnership facilitated BHRS to provide the course to SCMRC volunteers and their staff. This course was made possible by a grant sponsored by the Office of the Surgeon General – Medical Reserve Corps

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Program administered through the National Association of County and City Health Officials (NACCHO). By December 2011 the partnership resulted in 14 hours of training given to 12 SCMRC members.

- *Psychological First Aid – Advanced (2 @ 7 hrs)*

Modesto Regional Fire Authority (MRFA)—Formerly Stanislaus County Office of Emergency Services

MRFA's support has been instrumental in the development of the SCMRC program, its integration into the local emergency response system and training members in ICS. One hundred fifty-one members have received ICS 100/700 training, 4 completed ICS 200 and one completed the 40 hour ICS 300/400 course.

- *Incident Command System (100/700/200/300/400/800b)*

Memorial Medical Conference and Training Center

Memorial Hospital's Training & Conference Center has been, and continues to be, a major support to the SCMRC. The facility provides an excellent, no cost learning environment for our members.

- *Training facilities*

ADVISORY BOARD

The Advisory Board has established a three year strategic direction, beginning in 2012, that will expand and enhance the capabilities of the unit to staff a 50-bed medical shelter for 72 hours with 12 hour shifts, develop a training track for physicians, increase volunteer proficiency through a competency-based training and exercise plan, and retain 80% of membership and increase recruitment efforts.

The Advisory Board continues to provide professional guidance in the ongoing development of the SCMRC. Board members include:

- **Chair, Marilyn Smith** – Response and Transport Coordinator, Mountain Valley Emergency Medical Services Agency
- **Vice-Chair, Scott Penner** – Facilities Director, Golden Valley Health Centers
- **Medical Director, David Canton, DO, MPH, JD** – Vice President of Medical Affairs, Emanuel Medical Center
- **Jean Anderson, MFT** – Chief, Managed Care, Stanislaus County Behavioral Health and Recovery Services (Resigned November 2011)
- **Raymond Govett, DC** – Private Practice, DeBoard & Govett Chiropractic
- **Sharon Perry, RN** – Trauma Program Manager, Memorial Medical Center

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- **Deborah Thrasher** – Stanislaus Operational Area Program Manager, Modesto Regional Fire Authority, Emergency Management Division
- **John Walker, MD** – Public Health Officer, Stanislaus County Health Services Agency
- **Cindy Woolston** – General Manager, American Medical Response

NEXT STEPS IN 2012

It is anticipated the SCMRC will grow to the next level of capability during 2012. Consultants have been contracted to develop training that includes Alternate Care Site (ACS) Clinical, Alternate Care Site (ACS) Supportive, Point of Dispensing (POD) Clinical, Point of Dispensing (POD) Supportive, Introduction to Strategic National Stockpile (SNS) / Mass Prophylaxis, Mission Mobilization / Demobilization, Mass Care & Shelter (General), Mass Care & Shelter (Medical), and Receipt, Storage and Staging (RSS) Warehouse. Curriculum development should be completed by June 2012. The SCMRC web page will be utilized for on-line training that includes HIPAA and OES 101. The training plan reflects two exercises, one of which is the full-scale medical/health in November. Quarterly alert and notification drills with mission requests will be conducted. Recruitment efforts will be initiated and semi-annual general meetings scheduled. Ultimately, the goal is to improve communication, acknowledge, and engage our volunteers so that the **SCMRC** is **STANDING STRONG**.