

The newsletter

Volume 2 Issue 1

Spring 2009

Preparing Mass Fatality Plans For Pandemic Influenza

The state of Kentucky presented an interesting program at the 2009 Integrated Medical, Public Health, Preparedness and Response Training in Dallas, Texas, on an aspect of pandemic planning that isn't often mentioned. The care and burial of those that die from influenza during an epidemic or pandemic. The state of Kentucky has a very detailed plan which reflects state planning and local control. They found in their planning that the public perception is that states and local governments are better prepared with some plan than they really are.

Some facts presented: Approximately 30% will contract influenza and of that 30% approximately 3.5% will die from complications. In real numbers this is 10.5 persons/1000 persons will die of influenza.

Another is that if your community or geographic region handles about 25 deaths per week then you need to plan for approximately 240 deaths per week during each wave of the pandemic. Planners expect two waves of increased illness during the pandemic.

A better name for this increase in deaths is 'Natural Death Surge Plan' as the deaths are going to be from natural causes. With this in mind, planners need to understand that the coroner will probably not be involved as his/her responsibilities are to determine cause of death for those deaths that are not natural.

An acre of land can accommodate 900-1000 bodies. Each community needs to designate some land for this. The larger communities may use park land and later set a marker as a memorial. The state of Kentucky plans to suspend normal procedures of burial that are outlined in state and local regulations and practices/traditions of closure and funerals. Instead they will practice an 'everyone is treated the same' policy which includes no embalming, no cremations, and no wakes or funerals. Burial will be in designated land within 24 hours of death. The biggest reason for this policy is that these practices and traditions require time, which is a luxury not afforded during a pandemic. Additionally there will be a quarantine in effect not permitting funerals and memorial services.

Special points of interest:

Page 4: Small ideas, Big Results

Two MRC units with community based programs score big points.

Page 5: FDA approves new test for Avian Flu

Page 7: The Edward M. Kennedy Serve America Act

Survey: Please complete and return. Additional ideas and comments welcome.

From front page:

Kentucky plans to designate specific funeral home(s) in each geographic area (15 regions based on geography and social data, not on counties) as collection points to bring the staff from all of the area funeral homes together in one or two places per region to utilize the skills of funeral directors and technicians in a more organized and efficient way.

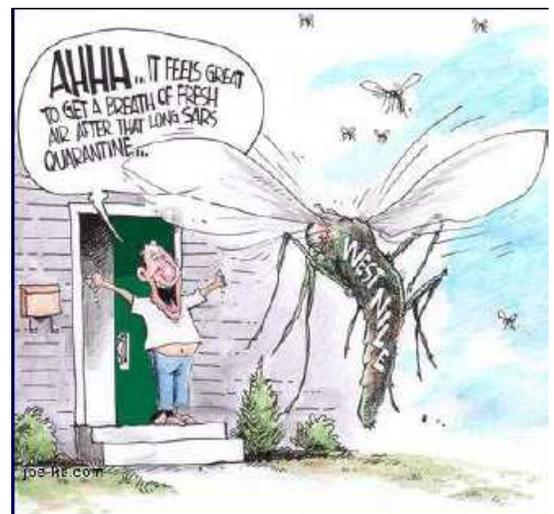
Near each of these 'collection points' will be a Family Assistance Center to help families in what ever way may be needed. The state is planning on using not only those who have chosen social or mental health work as a career choice, VNA and hospice care providers but also volunteers from MRC groups and CERT groups. Just in Time training would be in grief support, referral agencies contacts, prevention of disease spread and in handling of the bodies. The MRC volunteers and hospice nurses would also be used to make home visits for grief support as well.

Kentucky anticipates that EMS will not be picking up those that died at home but instead will be using other vehicles for this purpose. The EMS will be reserved for the ill or critically ill. The state is not going to rent or purchase refrigerator trucks or use ice rinks as the point is to care for the ill and bury the dead quickly. A side note: The planners had a discussion with some folks from Canada, and even with an 'ice rink on every corner', Canadian officials are not going to utilize these buildings for storing bodies until burial. This is because they wish to bury the dead quickly and also many of the buildings freeze only the ice and the room itself would not become cold enough to meet near refrigeration standards.

In the state of Kentucky, the Department of Public Health will purchase the body bags and the vaults. Presently they are looking at a 'portable vault' and in addition to vinyl body bags (similar to what the military uses) they are looking at buying a product called Bio-Seal (New York uses this and the military has too). The body will also have a Verichip placed (similar to the ID chips that are placed in pets). In addition to name bracelet, and Verichip, they came up with an additional idea for identification purposes and for sealing documents in the vault with the body. They have taken PVC pipe about 9 inches long, capping one end and then a zip lock bag with the person's death certificate (possibly birth certificate or marriage certificate as well if available) is placed inside. The other end is then capped. With a No. 2 lead pencil (pencil is water proof) the person's name and ID number from the Verichip is written on pipe. The pipe is placed in the vault or casket with the person. After the pandemic is over and relatives wish to move the body to a family plot, these papers will help to confirm identity.

In summary, the state of Kentucky laid out a template that local regions then used to develop their 'Natural Death Surge Plan'. This included identifying funeral homes, support agencies for grief counseling, land for burial, identification procedures etc. The only planning not done is the financing portion. It is assumed that if a Pandemic Disaster is declared, then federal monies and state monies will be available for reimbursement of expenses.

Editor's note: I had a chance to speak briefly with John Grieb of Massachusetts DPH and he told me that Massachusetts has started developing state plans. The draft should be available in early summer and the final at the end of the year. He said the next step after that would be to bring the planning to the local level.



Announcements



Debbie Pressey and Judie O'Donnell did a pilot program in Rutland for Whack the Flu. It was a lot of fun and the questions that little children have are amazing! The skit turned out to be very easy to learn and does not need to be followed strictly word for word, making it very user friendly. The principal, the school nurse and the teachers were very supportive as well as it supports their efforts to minimize the spread of illness in their classrooms. We will push hard this summer to develop teams to go into as many schools as possible this fall, especially now that we know how easy and fun it was to do. The program takes less than 2 hours to meet with 3 grades.

We are in the process of putting together a flip card booklet called Tips for First Responders. These are cheat-sheet cards for working with special populations during an emergency event. This is a great little tool for nurses, EMS personnel, police and fire personnel and citizen volunteers. Topics include:

- Seniors
- People With Service Animals
- People With Mobility Impairments
- People With Autism
- People Who Are Deaf Or Hard Of Hearing
- People Who Are Blind Or Visually Impaired
- People With Cognitive Disabilities

People With Multiple Chemical Sensitivities
 People Who Are Mentally Ill
 Childbearing Women and Newborns

Those who have completed the application, database and CORI forms will receive these cards with their backpacks. The backpacks have start up supplies for a go-kit/first aid that you can leave in your car or have ready at home.

By the way.....Have you sent back your information? If not, please do. When we had the ice storm and all communications went down, other MRC groups came in to help. We need to keep an updated listing for town events such as flu clinics or health fairs and also for emergencies as we may be returning the help one day.

Please take some time to look at the website. The new American Red Cross and Medical Reserve Corp agreement will be posted as well as more photos, power point presentations and articles from the Integrated Public Health Conference held April 4-8 in Dallas, Texas.



New articles and links to CEU offerings have been highlighted. The CEU offerings will satisfy training requirements the national office would like us to have as a background for emergency response. When you complete the offering, don't forget to send a copy of your certificate for credit to us at Wachusett MRC, PO Bpx 555., Hubbardston, MA 01452

****Survey****

Please complete the survey enclosed. It will help us to focus our educational and trainings to better serve the needs of the MRC unit and for your credits needed for license renewals.

Would like to have the surveys returned by May 15th . Comments and suggestions are welcome.

Small ideas, Big results...

A member of a Senior Boy Scout troop was looking a project for his Eagle Scout badge and after some thought, decided to do a project on Emergency Preparedness. With the assistance of the local MRC unit with information and other support, he set up a night where community residents could come through and put together a start up go kit. It was a very successful evening for both the Boy Scout troop, the MRC unit and of course the Eagle Scout. The MRC unit joined the Boy Scout troop one more time to congratulate and celebrate with the new Eagle Scout.



Mobile, Alabama

The Impact Club/Jr. MRC Unit was established August 6, 2008 with 34 members previously belonging to the Impact Club, a youth service program that engages middle and high school students in volunteer opportunities that provide vital assistance to the community while building skills in leadership and civic responsibility.

The Impact Club/Jr. MRC Unit is composed of the following interest groups: PetTeens; Teen-Speak; SocialJusteens; PlantTeens; TechnoTeens; PoverTeens and

DisasTeens. The groups take a "project vote" based on the most compelling presentation ideas. Members may work on any of the projects presented.

A complete description of activities is posted on our website: www.wachusettmrc.org



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has.

-Margaret Mead

American Red Cross Agreement with Medical Reserve Corps Announced

On Thursday, April 2, 2009, CAPT Rob Tosatto, Director of the Office of the Civilian Medical Reserve Corps (OCVMRC) and Joe Becker, Senior Vice President of Disaster Services for the American Red Cross (ARC), signed a Joint Memorandum to ARC chapter and MRC unit leaders, which will solidify the organizations' relationship. After successful experiences working together in response to hurricanes and other events, the value of this partnership has been well illustrated. This partnership will further connect the MRC and ARC at both the national and local levels. The missions of the MRC and the ARC are complementary and working together will only better prepare and protect our communities to recover from disaster. The leadership of the Red Cross and Medical Reserve Corps have held several planning meetings, and we have reached a common understanding of how mutually beneficial support activities may evolve in the future. Basically, there are three ways for ARC and MRC volunteers to work together:

MRC Volunteers working as ARC Volunteers

MRC Volunteers working alongside ARC Volunteers (i.e. in shelters, emergency aid stations, etc.)

ARC Volunteers working as MRC Volunteers

In order for the relationships to function smoothly and effectively in emergencies, it is important that local Red Cross chapters, public health departments and MRC units begin to develop functional relationships now. Some local Red Cross chapters and MRC units have already established this process and are increasingly collaborating in many communities across the country.

We strongly encourage local Red Cross chapters and MRC unit leaders to join together now to improve the health and safety of their local communities. To this end, we urge you to enter into local partnerships and document your collaboration. PDF versions of the joint memo signed on April 2nd, 2009 and the template for a local ARC/MRC MOU are attached. A Word version of the MOU template will be available on the MRC Web site soon.

We all look forward to seeing our partnership grow stronger at the local and national level, thus strengthening our responses to disaster...and our resiliency.

Best, *Grace M. Middleton* Public Information Officer

Office of the Civilian Volunteer Medical Reserve Corps

[The national and suggested local agreements will be posted on our website www.wachusettmrc.org]

FDA Okays Rapid Test for H5N1 Avian Flu

By Kristina Fiore, Staff Writer, MedPage Today

Published: April 08, 2009

WASHINGTON, April 8 -- The FDA has approved a rapid test that can detect influenza A/H5N1 infection in humans in about 40 minutes, the agency said. The new test quickly identifies a key protein, NS1, in throat or nose swabs. Currently available tests take about three to four hours.

In clinical trials, the test correctly detected the presence of the virus subtype in 24 cultured specimens from infected patients, according to the FDA. It also correctly identified the absence of infection in more than 700 samples. The test is expected to speed diagnosis and treatment of patients infected with the virus, which mainly infects birds, according to Daniel G. Schultz, M.D., director of the FDA's Center for Devices and Radiological Health.

Since 2003, there have been 417 confirmed cases of human infection with the virus in 15 countries, with 257 deaths. Almost all cases were reported in Asia and northern Africa, according to the World Health Organization. Most people who contracted the virus had been in contact with infected poultry. The most recent cases were found in Egypt and Vietnam.

The H5N1 strain has not been detected in the Americas, the FDA said.

The test, AVantage A/H5N1, is manufactured by Arbor Vita Corp. of Sunnyvale, Calif.

Strategic Planning and New Directions

April 6, 2009

Dear MRC Leaders,

Today at the 2009 Integrated Medical, Public Health, Preparedness and Response Training Summit, I announced that the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) has completed its Strategic Plan for 2009-2010. I encourage all of you to review this document, as it will guide our efforts as we continue to improve the program and strengthen our collective impact on the health and safety of the nation.

This plan sets forth a clear vision and mission, and highlights our goals and strategic objectives for the coming years. Performance measures for each of the strategic objectives have been developed, and a Balanced Scorecard approach is being used to implement this plan.

We paid close attention to ensure that our Strategic Plan aligns with the priorities of the Office of the Surgeon General, the Office of Public Health and Science, and the Office of the Assistant Secretary for Preparedness and Response, as well as with the broader goals of the Department of Health and Human Services.

Please note that this plan is for OCVMRC - not the "MRC network." As we initiated the planning process, it was often difficult for us to discern which entity we were talking about. Ultimately, we decided that our focus should be on OCVMRC and the areas that we can directly affect. As we implement this strategic plan towards these specific issues, we foresee that it will ultimately lead to improvement in the overall MRC network and accomplishment of the MRC mission.

We look forward to sharing our progress with you over the coming year. We will keep you up-to-date through our reports, the MRC website, and future listserv messages. To see the full Medical Reserve Corps Strategic Plan for 2009-2010, please visit: <http://www.medicalreservecorps.gov/About/StrategicPlan0910>. A PDF version is also available on the Web site for downloading. Please let us know what you think. This is a living document, and we expect to make course corrections as we go.

I encourage all MRC units to begin, or continue, developing their strategic plans. Currently, about 64% of MRC units report that they have implemented a strategic planning process. I'd like to see that number rise over the next year. Remember that your strategic plan is your roadmap, and without that map you won't know where you are going or when you've arrived.

Warmest regards, Rob

CAPT Rob Tosatto

Director, Office of the Civilian Volunteer Medical Reserve Corps

Building the Foundation for a Healthy America

Monday, April 6, 2009

Today marks the beginning of National Public Health Week 2009! As you may already know, this year's theme is Building the Foundation for a Healthy America. Starting this week (April 6-12), join others around the nation in working to raise awareness of public health's critical role in ensuring a healthy America.

Let's face it - as a nation we're not nearly as healthy as we should be. Compared to other developed nations, we're lagging far behind. But it doesn't have to be this way. With your help, we can make America the healthiest nation in just one generation.

This year, NPHW kicks off with the launch of an exciting, new video campaign. [The Healthiest Nation in One Generation](http://www.generationpublichealth.org/) (<http://www.generationpublichealth.org/>) tells the story of the many ways that public health touches our lives. Check it out, and share it with your network of friends, family and colleagues. Help us reach our goal of 100,000 views by the end of this week to celebrate National Public Health Week! We can make this the healthiest nation in one generation. We all have to do our part. What will you do?

From Capitol Hill....

Dear MRC Leaders,

On Tuesday, March 31, Congress passed the Edward M. Kennedy Serve America Act. A short summary of the Act is available on the AmeriCorps website (http://www.americore.gov/pdf/09_0331_recovery_summary.pdf).

The full text of the bill is available through <http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.1388>

While this Act does not specifically mention MRC (we tried!), MRC is there in spirit in the "Healthy Futures Corps" (Section 1302. Eligible National Service Programs). It appears that this Act will provide grant funding "to support or carry out the following national service corps or programs, as full- or part-time corps or programs, to address unmet needs: ...

(2) HEALTHY FUTURES CORPS.—

(A) IN GENERAL.—The recipient may carry out national service programs through a Healthy Futures Corps that identifies and meets unmet health needs within communities through activities such as those described in subparagraph (B) and improves performance on the indicators described in subparagraph (C).

(B) ACTIVITIES.—A Healthy Futures Corps described in this paragraph may carry out activities such as—

- (i) assisting economically disadvantaged individuals in navigating the health services system;
- (ii) assisting individuals in obtaining access to health services, including oral health services, for themselves or their children;
- (iii) educating economically disadvantaged individuals and individuals who are members of medically underserved populations about, and engaging individuals described in this clause in, initiatives regarding navigating the health services system and regarding disease prevention and health promotion, with a particular focus on common health conditions, chronic diseases, and conditions, for which disease prevention and health promotion measures exist and for which socioeconomic, geographic, and racial and ethnic health disparities exist;
- (iv) improving the literacy of patients regarding health, including oral health;
- (v) providing translation services at clinics and in emergency rooms to improve health services;
- (vi) providing services designed to meet the health needs of rural communities, including the recruitment of youth to work in health professions in such communities;
- (vii) assisting in health promotion interventions that improve health status, and helping people adopt and maintain healthy lifestyles and habits to improve health status;
- (viii) addressing childhood obesity through in-school and after-school physical activities, and providing nutrition education to students, in elementary schools and secondary schools; or
- (ix) providing activities, addressing unmet health needs, that the Corporation may designate."

Many MRC across the nation already conduct these types of activities.

The President is expected to sign this bill upon his return from Europe. Once it is signed, we will begin to reach out to our colleagues at the Corporation for National and Community Service about their plans for implementing this Act. Expect to see more information from us over the coming months about this. In the meantime, I encourage all of you to pay close attention to this bill and the opportunities that it may provide for your MRC unit.

Warmest regards, Rob

Robert J. Tosatto, RPh, MPH, MBA

CAPT, USPHS

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2009 Integrated Medical, Public Health, Preparedness and Response Training



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