



Medical Reserve Corps: The Collaboration With PHNs

- **Recap of MRC Program – Nancy Burns**
 - **National and Local MRCs**
 - **Volunteers In Action**
- **The Role of MA Responds – Arlene Sullivan**
- **Framingham MRC Perspectives – Roberta Ho**





National MRC Program

- Catalyst was **9/11/2001**; program launched in **July 2002**
- Celebrated 20th Year! **800** MRC units; “**38**” in MA
- **300,000** MRC members, **3+ Million Hours** served in COVID!
- Unit sizes range from under 50 to over 2,500 (**675** in UMV)
- **49** states (not SD) and **7** U.S. protectorates: American Samoa, Guam, Federated States of Micronesia, Marshall Islands, Palau, Puerto Rico, and Northern Mariana Islands
- Transitioned Oct. 2014 from U.S. Surgeon General to “**ASPR**”
- “Recovery Act” boosted funding for 2022 from \$6M to \$100M!

Overview of the Medical Reserve Corps

Current Partner Programs:



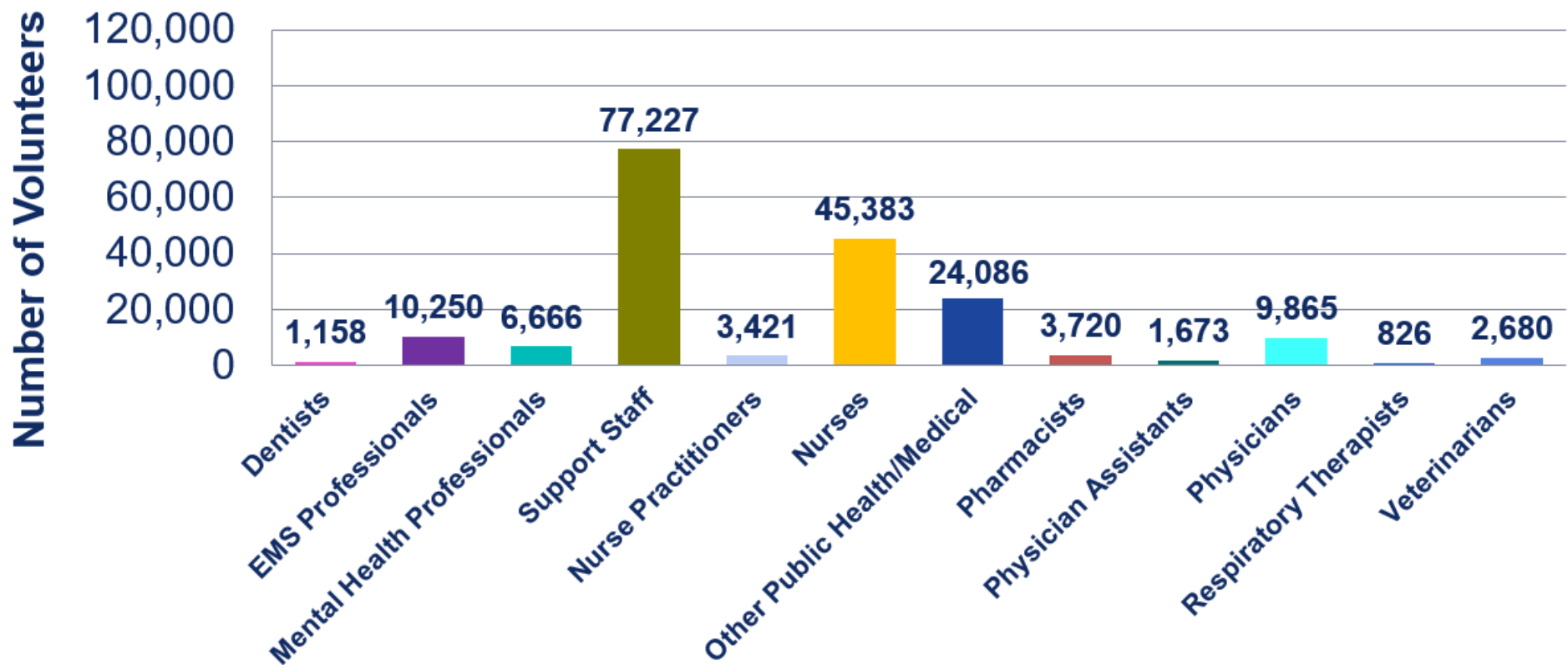
Community Emergency Response Team

MEMA / FEMA (MA and Federal E. Mgt. Agencies)

Local, Regional, and National Entities

- **Public Health and Emergency Mgt!!!**
- Councils on Aging / Senior Centers
- Municipal Agencies, Rotary, Faith-based, NGO
- Private Companies

Types of MRC Volunteers





MRC and National Offices

- **DHHS: Dept. of Health and Human Services**
 - Cabinet-level office – reports directly to the **U.S. President**
 - Principal agency for protecting the health of all Americans
 - Led by HHS Secretary Xavier Becerra
- **ASPR: Administration for Strategic Preparedness & Response**
 - Led by Dawn O’Connell
 - *Leads the nation’s medical and public health preparedness for, response to, and recovery from **disasters and public health emergencies**. Collaborates with partners to improve readiness and response capabilities.*
<https://aspr.hhs.gov/AboutASPR/ProgramOffices/Pages/ProgramOffice.aspx>
- **“A few layers down:”**
 - **Medical Reserve Corps Program Office** (Dustun Ashton, Director)
 - <https://aspr.hhs.gov/MRC/Pages/index.aspx>
 - SURGE CAPACITY IN DISASTERS!

Why *Local* MRCs?

Some units *specialize* or develop sub-groups:

Veterinary



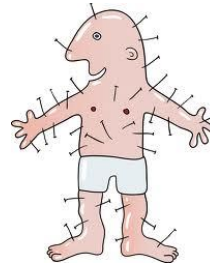
Radiologic



Behavioral Health



Acupuncture



Public Health *only*



All-Hazards



Public Health
Prevent. Promote. Protect.

Local needs → **MRC cultivates its mission & goals**
(*Ex: Greater Lowell and Emerson Hospital CHNA*)

All-Hazards Response

Public Health Emergencies

- Influenza (Coronavirus!) Pandemic
- SARS/Hepatitis/Diseases (infection, isolation/quarantine)
- Bioterrorism Response
 - **SNS:** Strategic National Stockpile
 - **MCM:** Medical Counter Measures (ex: Cipro for anthrax)
 - **EDS:** Emergency Dispensing Site (**POD:** Point of Distribution)



All-Hazards Response

Mass Casualty Incidents

Large-scale crises → caring for those at risk

- Natural or man-made disaster
 - Flooding, heat emergencies
 - Snow and ice storms
 - Fires, toxic plumes, explosions
- Chemical spill
- Terrorist attack
- Building collapse



Hallmark: Displaced residents at **emergency shelters**

All-Hazards Response

Non-Emergency Contributions

- Health fairs, BP clinics, first aid at events
- Educational programs and PH/EP initiatives
- Outreach → Community awareness and support



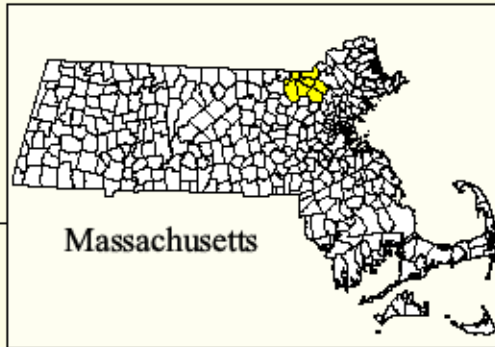


Local Unit Profile: UMV MRC

- Lead agency and grant manager:
Westford Health Department
- 3-year demonstration grant in 9/2003
- One of first 10 MRCs in MA
- Covers seven towns: *293,487 residents
 - Billerica (42,119) Chelmsford (36,392)
 - Dracut (32,617) Lowell (113,994)
 - Tewksbury (31,342) Tyngsboro (12,380)
 - Westford (24,643)

*Data from 2020 Census

Upper Merrimack Valley



Map Design: Town of Westford's GIS Department, May 2004

WHY REGIONAL:

- Consistent recruitment, credentialing, training, policies, uniforms, badges, deployment protocols, recognition
- “One-stop shopping” for deployment requests
- Reinforces great working relationships
- Encourages collaboration across projects



UMV MRC Focus

The UMV MRC is *nationally recognized!* Work groups, awards,...

Helps during *1st 72 hours* – but NOT first responders!

Involvement is *100% voluntary.*

Offers *surge capacity* in support of PH / E. Mgt.

MRC does not *run the show* (except upon request)

We provide support through volunteer staffing

Members have lead-time to schedule shifts

MRCs: Incorporated into regional response plans

Invaluable resource (“go-to” group) in this capacity!

Develop skills & training *between* disasters.

UMV MRC In Action



Provide AHA
CPR and First
Aid training.
Photos show
class w/ 28
K-2 teachers.



UMV MRC In Action

Practice shelter skills



UMV MRC In Action



Support vax clinics and cholesterol screenings



UMV MRC In Action

Staff Health & Em. Preparedness Fairs



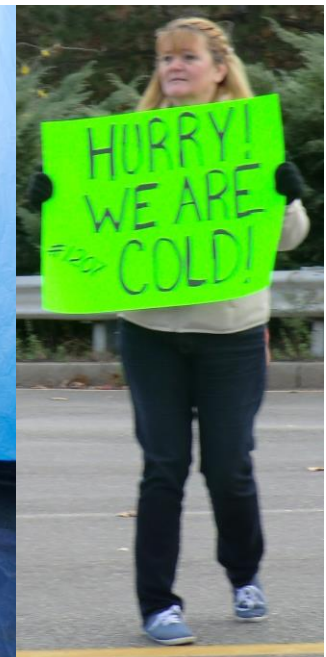
UMV MRC In Action

**Drill for EDS – Produced
Video for NACCHO Toolkit!**



UMV MRC In Action

Staff Sporting Events



UMV MRC In Action

Constant Training! (T. Day 5/6/23)



UMV MRC In Action: COVID-19!



COA Staff Screening



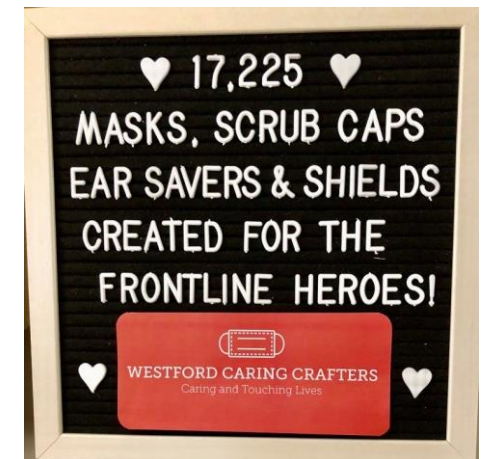
Drive-through test sites



Outdoor Town Meetings



Food Insecurity Responses



PPE Deliveries

UMV MRC In Action *Today!*



Mental Health Curriculum



Cooling Centers



Member Appreciation



AHA-I Certifications



Community Outreach



LASA Medical Screening



Flu Clinic Billerica



Active Shooter Presentation



72-hour kits and E.P.



COVID test kit distro



Marion Ryan – T. Day Keynote



72-hour kits and E.P.



Pediatric COVID vax clinic



Stop the Bleed



Epi Trainer Lesson



CPR



Equine Therapy

3/10/2023

UMV PH Coalition and MRC

How Call-Outs Work: Clinics

1. UMV MRC contacts PH: Planning clinics? Gather 5W's, compile overall schedule.



2. UMV MRC sends blast email to members: clinic details and positions (inoculators, registration, logistics, observation...)



3. UMV MRC gathers replies and compiles rosters for clinics; ensures assignments are ok, with back-ups prn.

4. UMV MRC sends final reminder ~3 days before each clinic to managers and volunteers; members report as assigned and carry out their roles.



5. Vols. sign out and demobilize. **UMV MRC** follows up with members and clinic managers: How did it go? Adjust prn.



6. Continue throughout clinic season: COVID, flu, pneumonia, shingles, measles.

Notes: CAN support ad-hoc, short notice events, but lead-time helps. Small clinics (~2 vols): Can make calls; clinic mgrs. request "favorites" or ask for skills. (Ex: Use COLOR? Good with pedi?) Ok to contact a few chosen volunteers directly, but please let me know! (Response data.)



How Call-Outs Work: Shelters

1. UMV towns are urged to estimate their needs in an evolving emergency early: *cooling center* (summer), *warming station* (winter), *overnight shelter* (year-round disasters).

2. For short-notice and rapidly developing situations, collaborate w/ affiliates often to assess changing needs. Members on standby *only* if call-out is likely.

3. Em. Mgt. responsible for opening shelters that **UMV MRC** supports (set-up and staffing), but they can delegate. Police presence required?

4. Cooling / warming centers: low-key, daytime, often hosted at libraries or senior centers. Come in to charge devices and socialize; cool off / warm up.

5. *Overnight multi-day shelters* are a Big Deal! Dec. 2010 ice storm: 10 days across Billerica (COA), Dracut (ARC), Lowell (COA and LHS), Tewksbury (COA), Tyngsboro (HS), and Westford (Blanchard and COA).

Notes: How prepared ARE you? Cots and blankets; Incident Command and response protocols; food safety and MOUs; cross-agency communication and call-down lists; vulnerable populations and co-located animal shelters; drills and training? Medical special needs lists, well-check calls, evacuation plans?



How Call-Outs Work: Outreach

1. Public Health, Emergency Management, Councils on Aging, Animal Control Staff, Water Dept, Response Partners, MDPH, HMCC ask for assistance.

2. **UMV MRC** compares the feasibility of the request against the unit's mission and abilities: "Is this what we *do*???"

3. TRAINING: We love to collaborate! Provide AHA classes, STB, UHA; team-teach sheltering,...

4. FESTIVALS: Happy to support promotion of public health and preparedness, family fitness, community resilience,...

5. DRILLS AND RESPONSES! That's our top priority: being ready to serve throughout the year, working across regional partnerships.

Notes: How prepared IS your community? What initiatives could increase your level of preparedness? Are you cultivating helpful attitudes by involving youths? Do you have effective policies and programs in mind for public service? What are YOUR needs, and how would you LIKE to work with the MRC?





Keep in Touch!

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www.UMVMRC.org ← Upper Merrimack Valley web site

www.MaMedicalReserveCorps.org ← MA web site

<https://aspr.hhs.gov/MRC> ← National MRC web site

Supporting **your** community in a disaster!