



MRC In Touch

Volunteers Building Strong, Healthy, and Prepared Communities

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Featured Article

Radiation Readiness in West Virginia



While the general public may consider a radiation incident to be inconceivable, the preparedness field is well aware of the eminent threat radiation poses.

According to the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR), “radiological or nuclear incidents occurring within the U.S. homeland or elsewhere could take a number of forms including: contamination of food or water with radioactive material; placement of radiation sources in public locations; detonation of radiological dispersal devices that scatter radioactive material over a populated area; an attack on a nuclear power plant or a high-level nuclear waste storage facility; or an improvised nuclear device (ASPR, [Radiation Emergencies](#)).”

In West Virginia, radiation incidents are a very real consideration. Northern West Virginia in particular houses the I-79 corridor, a major traffic route regularly used to transport radiological waste from natural gas development zones and borders the Beaver Valley Nuclear Power Plant in SW Pennsylvania. Determined to establish trained radiation response teams and support local hospitals and emergency responders, Marion County MRC #2343, in coordination with Harrison County MRC #1397, and Monongalia County MRC #445, received a 2017 Challenge Award. In addition to building public health capacity, the MRC units also prioritized responder safety and partner collaboration to improve communications and collaboration. *The units were further encouraged to take action by the CDC’s guidance, “[A Guide to Operating Public Shelters in a Radiation Emergency](#)” and the [West Virginia Radiation Response Plan](#).* The plan specifically established cross jurisdictional coalitions within each community and between the three counties to conduct community monitoring and sheltering operations in a radiological accident or event.

To develop radiation response teams, the units engaged [Modular Emergency Response Radiological Transportation Training \(MERRTT\)](#) through four different trainings advertised to numerous counties in northern West Virginia and Pennsylvania. The radiation response teams received equipment from the West Virginia Center for Threat Preparedness, the state agency that passes CDC Public Health Emergency Preparedness (PHEP) grants to local health departments. The collaborative nature of the project across multiple agencies and funding opportunities allowed the units to build partnerships and improve communications with their regional response partners with whom they later tested their response team training in an exercise with the National Guard called [Dawson Storm](#). The full list of participating agencies can be viewed [here](#).

The exercise included 220 total participants including 38 total agencies and regional partners, 19 MRC volunteers, and four core teams: community monitoring team; community monitoring tent entry team; environmental monitoring team; and the public health operations team. The six counties of Doddridge, Harrison, Marion, Monongalia,

Preston, and Taylor make up the regional group called the Preparedness Action Coalition Team (PACT)* with active partnership from the Allegheny County, PA MRC Unit #144. After-action report findings identified that the regional response was proficient in establishing an operational community reception site, conducting environmental monitoring for a community reception center, and collaborating and dealing with problems. It also recognized the need for responding agencies to improve forming and operating a community reception center, overall communications, and utilization of the incident command system.

From this project, the MRC units learned that building a radiation response team requires collaboration across the entire public health system. While the need for radiation response plans and trained responders is high, recruiting volunteers can be difficult due to general fear of radiation among the non-first responder community. The units recommend that the entire public health system (local health departments, first responders, local government, and partner agencies) need to spend more time training for community monitoring programs. Putting in this effort and building collaborative partnerships can pay big dividends in real disasters.

The region continues to prepare and train for radiation emergencies through a Community Collaboration Committee for CBRNE including partners from health departments, police/fire/ems, regional HAZMAT teams, West Virginia University, County Departments of Homeland Security and Emergency Management, and hospitals.

*Since forming PACT, the six county MRCs of Doddridge, Harrison, Marion, Monongalia, Preston, and Taylor have decided to merge and are in the midst of forming the Mountaineer MRC.

[NACCHO Radiation Preparedness Resources](#)

NACCHO has developed a number of CBRN resources available online through the [NACCHO Medical Countermeasures Webpage](#) and [NACCHO Toolbox](#) to specifically support local health departments and emergency managers in planning, responding, and recovering from radiation emergencies. Below are some key resources:

- [Critical Radiation Resources Fact Sheet](#)
- [Radiological Sheltering Tabletop Exercise Toolkit](#)
- [Radiation Toolkit](#)

For more information on radiation emergency response, visit the following resources:

- ASPR: [Radiation Emergencies](#)
- ASPR TRACIE: [Radiological and Nuclear Topic Collection](#)
- CDC: [Radiation Emergencies](#)
- EPA: [Radiation Emergency Response](#)
- Radiation Emergency Medical Management (REMM): [Develop a Radiation Response Plan](#)

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MRC/NACCHO Connection

MRC Launches Deployment Readiness Project

NACCHO is pleased to announce the launch of the MRC Deployment-Ready Project aimed at developing a suite of medical and public health response mission sets and deployment readiness standards for MRC volunteers. The goal of this project is to better align MRC response capabilities with the new priorities of the Assistant Secretary of Preparedness and Response (ASPR) and provide emergency response stakeholders with a tangible set of MRC capabilities for emergency response planning. In addition, MRC unit leaders will have the opportunity to use these resources to build unit capabilities to support multi-jurisdiction responses.

The project is a collaboration between NACCHO, seven MRC units serving as pilot sites, and NACCHO's MRC Advisory Group, which is comprised of 15 MRC unit leaders from across the network. The pilot sites included in the project are: Brazoria MRC, Texas; Calcasieu MRC, Louisiana; Contra Costa MRC, California; Manasota MRC, Florida; Midlands Public Health, South Carolina; Oklahoma Region 7, Tulsa; and Snohomish County MRC, Washington.

The NACCHO MRC Advisory Group is supporting the project through monthly meetings focused on identifying resources and recommendations for mission sets, developing baseline standards for volunteer deployments, and reviewing trainings to support MRC core competencies.

The MRC unit pilot sites participating in the project have a demonstrated record of volunteer support of recent emergency and non-emergency response activities, and the capacity to take on the project deliverables in a condensed time frame between January 1, 2019 through June 1, 2019. Below is the timeline for the project:

- Phase 1 – January and February 2019: NACCHO conducts technical assistance workshops at each of the MRC pilot sites with emergency response stakeholders to explore and collaborate on previous and potential MRC response missions at the local, state, and regional level.
- Phase 2 – March 2019: NACCHO hosts an in-person workshop with MRC pilot sites and MRC Advisory Group to share information gathered from technical assistance workshops and identify initial mission set recommendations and volunteer deployment readiness standards.
- Phase 3 – April and May 2019: MRC pilot site refines resources to develop a common set of mission sets and volunteer deployment readiness standards.
- Phase 4 – June through August 2019: NACCHO compiles resource recommendations, presents findings to the ASPR and the MRC network, and makes resources available online through NACCHO website.

NACCHO appreciates the opportunity to continue developing resources that support the critical mission of the MRC to prepare and protect the public health and safety of local communities. This project is funded by the Department of Health and Human Services, grant # 6H1TEP150032-02-12., "Demonstrate Capability and Build Capacity in the Medical Reserve Corps Network".

Please see the [NACCHO 2019 MRC Deployment-Ready Pilot Site Project Fact Sheet](#) for additional information on the project. For questions on this project or to share your unit's deployment and response resources, please contact us at mrc@naccho.org.

MRC Resource of the Month: NEMO MRC's COOP Planning Template

The Northeast Missouri (NEMO) MRC Unit #125 developed a [Continuity of Operations \(COOP\) Planning Template](#) as part of their 2017 Challenge Awards. The template was developed to serve as a road map in building an MRC unit's plan to prepare for, and respond to any event that disrupts operations. The template also includes worksheets, fillable documents located at the end of the template to assist units in the creation of an MRC COOP plan.

The purpose of the COOP plan is to establish policy and guidance to ensure that essential functions for an agency are continued in the event that manmade, natural, or technological emergencies disrupt or threaten to disrupt normal operations. The COOP plan enables the agency to operate with a significantly reduced workforce and diminished availability of resources, and to operate from an alternate work site should the primary facility become uninhabitable.

For a word version of the document, contact Kamyra Raja at kraja@naccho.org.

Managing Volunteers: A Sample of Training Available on MRC TRAIN

MRC TRAIN offers more than 3,800 training opportunities on a variety of subject areas, from numerous providers, and some with continuing education. MRC leaders can take just one training or a series that builds skills and competence. Moreover, MRC TRAIN can be [searched by the Core Competencies for Disaster Medicine and Public Health](#) to find training that builds these specific competencies.

We reviewed the available trainings on MRC TRAIN to provide a sample of those available on the topic of volunteer management:

1. [MRC Volunteer Core Competencies: An Introduction and Overview](#) (NACCHO)
2. [May 2018 MRC Well Check Webinar: Protecting Your Volunteers](#) (MRC)
3. [MRC Factors for Success: Alerting, Activating, and Demobilizing Volunteers](#) (NACCHO)
4. [Competencies for Managers of Volunteers](#) (Maine Commission for Public Service & VolunteerMaine Partnership)
5. [Volunteer Risk Management](#) (Nonprofit Risk Management Center)

But there are many more that focus on various aspects of volunteer management, in general as well as specific public health and emergency response.

Remember, MRC TRAIN is here to work for you! Contact the MRC TRAIN Support Desk at mrcsupport@train.org for additional support.

Announcements

ASPR TRACIE: Engagement of Health Clinics in Medical Surge Activities

Because of their extensive geographic coverage, strong community ties, and potential to reach medically

underserved areas, health clinics play a key stakeholder role in emergency and disaster preparedness and response. ASPR TRACIE conducted an exploratory study to learn more about the scope and level of implementation of emergency management activities among health clinics. [Medical Surge and the Role of Health Clinics \(Questions and Answers for Clinics and Stakeholders\)](#) presents key questions that health clinics and their response partners may have and identifies action steps and available resources in response. Access [the summary](#) and [full report](#) for more information.

ASPR TRACIE: CBRN Resources

An incident involving the accidental or intentional release of chemicals can lead to death or serious illness and injuries, hospital surge, and the need to protect responders, medical care providers, and community members. Bioterrorism and other high consequence biological events can result in mass casualties, epidemic illness, healthcare worker illness, environmental contamination, legal issues, and cause unease within the medical community and the community at large. A large-scale radiological release or nuclear detonation incident could result in a significant surge of patients, including those who may not have actually been exposed, but seek medical attention anyway. These ASPR TRACIE-developed [CBRN resources](#) can help our stakeholders prepare for, respond to, and help communities recover from chemical/biological/radiological/nuclear incidents.

Apply to Host a CDC Public Health Associate!

Starting February 4, 2019, the Centers for Disease Control and Prevention (CDC) will accept applications for the Public Health Associate Program (PHAP), a two-year, competitive, paid training program for early-career public health professionals. Associates are employed and paid by CDC and work at host sites, which could include state, tribal, local, and territorial public health departments; nongovernmental organizations; public health institutes and associations; academic institutions; and CDC quarantine stations. Associates will work at host sites from October 2019 to October 2021. If your local health department is experiencing a workforce gap, NACCHO encourages you to apply. Learn more about becoming a host site at <http://essentialelements.naccho.org/archives/12886>.



The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

1201 Eye Street, NW, 4th Floor Washington, DC 20005

P 202-783-5550 F 202-783-1583

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Please contact Alyson Jordan, NACCHO's MRC Communications Specialist, with any questions or suggestions for the newsletter at 202-783-5528 or at ajordan@naccho.org.