

# Using Exercises to Prepare a Volunteer Medical Reserve Corps

---

Rebecca Orfaly Cadigan, ScM  
Center for Public Health Preparedness  
Harvard School of Public Health

*This activity is supported under a cooperative agreement from the Centers for Disease Control and Prevention (CDC), grant number U90/CCU124242-03. The contents of this presentation do not necessarily reflect the views of the CDC.*

# Overview

---

- How can exercises be used to prepare Medical Reserve Corps (MRC) volunteers?
  - Emergency Dispensing Site Exercise
  - Alternate Care Site Exercise
- What did we learn from these experiences?



# Exercises for an MRC

---

- To prepare MRC volunteers to respond...
  - by illustrating the **roles & responsibilities** they may fill in an emergency.
  - by providing an opportunity to **practice working with other responders.**
  - by increasing their **comfort** and **likelihood to respond** during an actual event.



# Exercises for an MRC

---

- To clarify & improve the ways that MRC volunteers are incorporated into community response...
  - by evaluating the **functional requirements** of each role.
  - by identifying **training needs** and/or **resource requirements**.





# Emergency Dispensing Site Exercise

---

- **Goal:** To practice operating an emergency dispensing site (EDS) employing MRC volunteers.
- **Objectives:**
  - To promote understanding of the **clinical & clerical aspects** of operating an EDS.
  - To describe and clarify **roles & responsibilities**.
  - To utilize **Incident Command System (ICS)**.
  - To deliver **mass prophylaxis** to clients.

















Copyright 2007, Rebecca Orfaly Cadigan, [rcadigan@hsph.harvard.edu](mailto:rcadigan@hsph.harvard.edu)

# Alternate Care Site Exercise

---

- **Goal:** To practice operating an alternate care site (ACS) employing MRC volunteers.
- **Objectives:**
  - To clarify how local health departments, hospitals, and MRC volunteers will **work together** to operate an ACS.
  - To promote understanding of the **clinical and administrative aspects** of operating an ACS.
  - To demonstrate and clarify potential **roles and responsibilities** within the ACS.

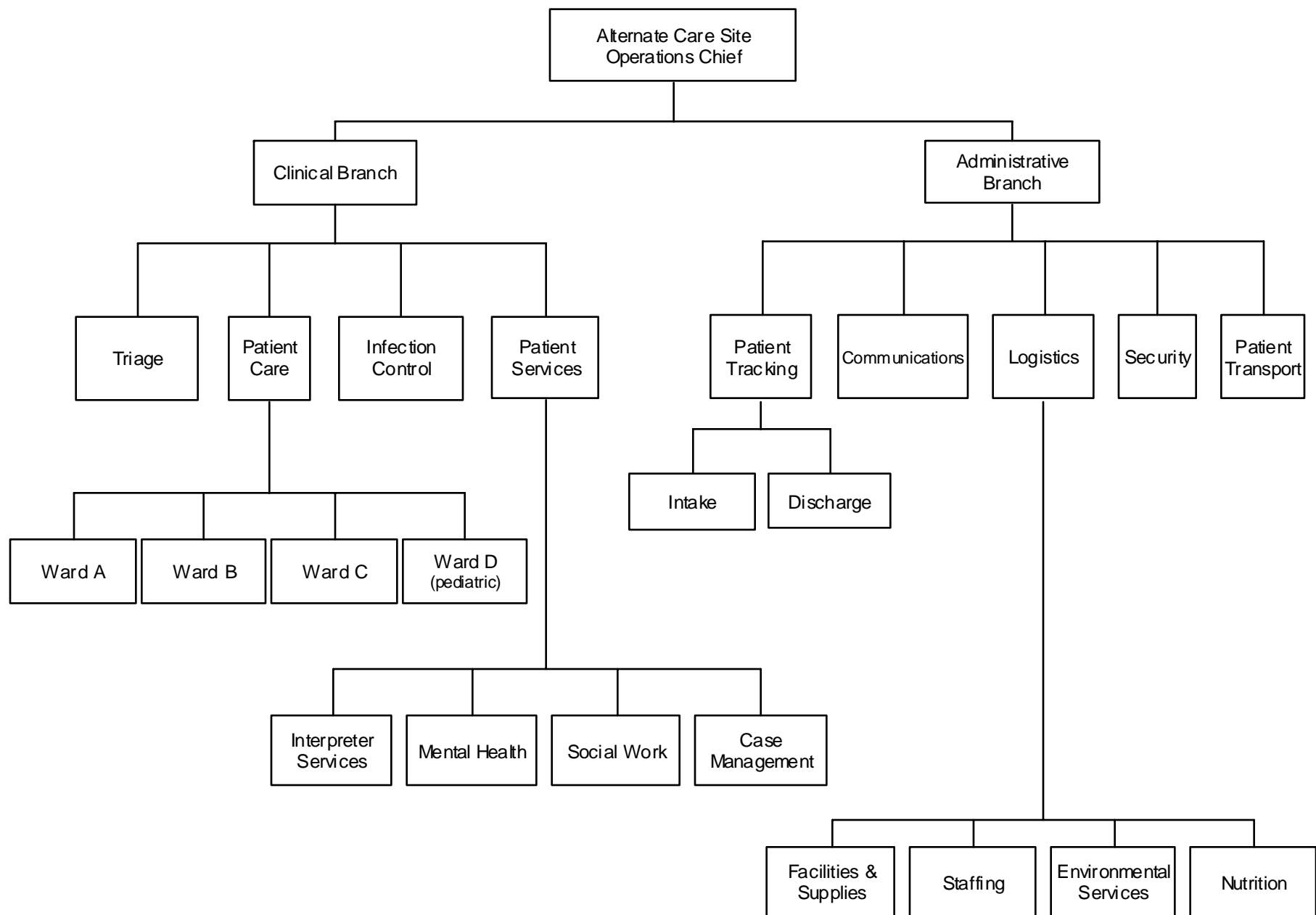


# Alternate Care Site Exercise

---

- 85 beds
- Began the exercise as if the ACS was operational, with 60 patients admitted







Copyright 2007, Rebecca Orfaly Cadigan, [rcadigan@hsph.harvard.edu](mailto:rcadigan@hsph.harvard.edu)





# PUBLIC HEALTH FACT SHEET

Pandemic Influenza: Protecting Yourself

### What is influenza?

Influenza (the "flu") is an illness with fever, headache, sore throat, cough and muscle aches, caused by the influenza virus. "Seasonal" flu occurs every year, usually through the late fall and winter. Approximately every 30-40 years, a new strain of the flu virus appears which is very different from the ordinary seasonal flu virus. Because most people do not have immunity to this new strain of flu virus, it can spread to many people, across the world, over a short period of time.

### How do people catch the flu?

The flu is spread person-to-person. People with the flu can spread their infection before they have symptoms as well as during the time they have the flu. The flu is spread through air droplets that are produced when people cough, sneeze, or speak. If these infectious droplets get into the nose, mouth or eyes they may cause the flu. If these droplets get on hands or contaminated surfaces, they may be brought to the nose, mouth or eyes and cause the flu.

### How can I avoid getting the flu?

It is important to avoid exposure to infectious droplets by keeping a distance of at least 3 feet from ill people and washing hands (or using alcohol rub or gel) before touching your nose, mouth or eyes. People with the flu should cover their nose and mouth when coughing or sneezing, dispose of tissues without contaminating hands or other surfaces, and wash their hands regularly or use an alcohol rub or gel. Clean things that are touched often like door handles, phones, etc. Avoid holding, begging, kissing, or shaking hands with anyone who has a cold or the flu.

### Should I care for myself or a family member who has the flu?

Patients with the flu will be able to remain at home during the course of their illness and can be cared for by other family members or others who live in the household. For flu care at home, the following measures are recommended:

#### Rest is best

Drink lots of fluids (water, juice, sports drinks)

Take non-organic pain relievers to reduce fever and pain (Never give aspirin to children or teens with fever - can get a serious disease called Reye syndrome.)

Stay home and avoid public activities for at least 5 days (7 days for children), so that you don't pass the flu to other people

Resist visitors to the home

Cover mouth and nose with a tissue when coughing or sneezing

### Should I seek medical attention?

Seek medical attention if you or a family member experience any of the following symptoms:

Breathing is fast, difficult or painful

The skin is dusky or bluish in color

### Alternate Care Site Discharge Instructions

Your Preliminary Diagnosis is: **INFLUENZA**  
Please review the instructions you have been given for: "Pandemic Influenza: Protecting Yourself"  
Additional Instructions:

### Alternate Care Site Consent of Treatment Form

#### AUTHORIZATION FOR TREATMENT:

I do hereby voluntarily consent to the rendering of medical care, including such diagnostic, procedural, medical and/or surgical procedures to be performed by my attending physician, his or her designee or assistants as is necessary in his or her judgment or by personnel in the Alternate Care Site.

I understand that medical diagnosis and treatment may involve substantial risk. I understand that absent emergency or extraordinary circumstances, major therapeutic and diagnostic procedures will not be performed on me unless or until I have had the opportunity to discuss such procedures and the risks associated therewith to my complete satisfaction with the physician or other health care professional. I understand that the practice of medicine is not an exact science and I acknowledge that no guarantee has been made to me promising any specific result or outcome from any diagnostic or therapeutic treatment performed on me while the Alternate Care Site.

I understand that the medical personnel staffing the Alternate Care Site may not be employees of the Affiliate Hospital. Further, I realize that medical, nursing and other health care personnel in training may participate in my care and treatment as part of their education and training unless I request otherwise.

I understand that I have the right to refuse or withhold my consent to any proposed diagnostic or therapeutic procedure.

... develop...  
... until finished  Take until better  
... until finished  Take until better  
... until finished  Take until better

Date  
Date  
Date

© 2007 HSPH-CNHP

to the Affiliate Hospital. If the physician, nurse or medical insurance to be for non-covered services, as well as a copy of this authorization to be used

in safeguarding a patient's valuables that for loss or damage to my valuables that

my rights to make health care treatment

Release a copy of my medical record or this visit/admission to my primary care physician.

Illness, licensed health care facilities or current care, arrange transfers or the Alternate Care Site or in case of medical

I understand the information provided in this I agree to this consent of treatment and

Date  
Date

Only

#### Alternate Care Site Registration & Tracking Form

1. PATIENT INFORMATION		2. FOR OFFICIAL USE ONLY	
Name:		Medical Record Number:	
Address:		Registration Date:	Registration Time:
Phone:		Month / Day / Year	Hour / Minutes
DOB:		AM / PM	
3. COMPLETE FOR PATIENTS ADMITTED TO ACS ONLY		Admission Date:	Admission Time:
Date of Birth:		Month / Day / Year	
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status:	
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some Other Race		
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Primary Language Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Portuguese <input type="checkbox"/> Chinese <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> French-Creole/Haitian-Creole <input type="checkbox"/> French <input type="checkbox"/> Other (specify):		
Religion:			
Employer:			
Primary Care MD:			
Person to Notify:			
Relationship to Patient:			
Phone:			

#### Alternate Care Site Triage Form

Patient Name:	Medical Record Number:	Date of Birth:
Triage History:		
Past Medical History:		
Allergies:		
Vital Signs:		
Temp:	°F	
Pulse:	beats/minute	
Resp:	breaths/minute	
BP:	/	
PO <sub>2</sub> :	%	
Disposition at Triage:		
<input type="checkbox"/> Admitted to Hospital		
<input type="checkbox"/> Admitted to Alternate Care Site		
<input type="checkbox"/> Not Admitted		
Triage Date & Time:		
Triage Staff Name:		
Triage Staff Signature:		

#### Alternate Care Site Patient Medical Record

Patient Name:	Medical Record Number:	Date of Birth:
History of Presenting Illness:		
Past Medical History:		
Medications:		
Allergies:		
Family History:		
Physio Exam:		
Assessment & Plan:		
Date & Time Seen by Physician:		
Physician Name:		
Physician Signature:		

#### Alternate Care Site Nursing Flow Sheet

Patient Name:	Medical Record Number:	Date of Birth:	
ACS Ward Primary Nurse Initials:			
7 am - 11 am	11 am - 3 pm	3 pm - 7 pm	
7 pm - 11 pm	11 pm - 3 am	3 am - 7 am	
Focused Assessment:			
Past Medical History:			
Medications:			
Allergies:			
INTAKE			
TIME	SITE	SOLUTION & AMOUNT	TOT. ABSORBED
OUTPUT			
TIME	FOLEY	OTHER	
Initials	Signature		
BEST USED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

#### Alternate Care Site Nursing Flow Sheet

Patient Name:	Medical Record Number:	Date of Birth:						
PAIN: 0 - 10 Scale for Adults, 0 - 3 Scale for Pediatric								
TIME	INITIAL	BP	HR	RR	PO <sub>2</sub>	TEMP	PAIN	PATIENT RESPONSE/EVALUATION
Signature								



















# Exercise Evaluation

---

- Volunteer Questionnaire
  - EDS Exercise: all 41 (100%) volunteers completed survey
  - ACS Exercise: 70 of the 84 (83%) volunteers completed survey
- Unit Leader Questionnaire
- Client/Patient Survey
- External Evaluators



# EDS & ACS Exercise Outcomes

	<b>EDS</b>	<b>ACS</b>
Clarified Clinical Operations	85%	78%
Clarified Clerical Operations	80%	55%
Comfortable in My Role	88%	71%
Improved Understanding of Roles & Responsibilities	93%	77%
Increased Likelihood to Respond	95%	80%



# Conclusions

---

- Practice makes perfect
- Know your volunteers
- The need for flexibility
- The value of collaboration



# Conclusions

---

- With some advanced planning, volunteers can successfully fill a range of EDS and ACS roles with little specialized training.
- Exercises can orient volunteers to emergency roles and responsibilities and increase their likelihood to respond.



# Acknowledgements

---

- Bryan Eustis, MPH
- Elena Savoia, MD MPH
- Howard Koh, MD MPH
- Paul Biddinger, MD
- Local Health Departments from the towns of Canton, Dedham, Milton, Needham, Norwood, Wellesley & Westwood, Massachusetts





# For More Information...

---

email:

[rcadigan@hsph.harvard.edu](mailto:rcadigan@hsph.harvard.edu)

visit:

<http://www.hsph.harvard.edu/hcphp>

