



codeReady is a statewide initiative designed to help Minnesota residents get organized with personal and family preparedness in the event of a major emergency. By providing information and tools on this website, the state of Minnesota is challenging all of us to plan today for our safety and well-being in the future. Good emergency planning involves getting informed, getting you and your family prepared, then helping at local and community levels to get others prepared.

You've likely heard me reference this and I will continue to do so since I'm guessing not everybody has Personal and Family Preparedness Plans! This site is helpful, does a lot of the work for you, but does not save your information. Please remember to either print or save your results since they will be gone once you leave the site! Remember having something is better than having nothing!

NE Region H1N1 Flu Center Meeting and Discussion

You might recall the Flu Center Meeting you all were invited to on August 10th. There were 10 volunteers representing our unit from Aitkin, Carlton, Cook, Itasca, and St. Louis Counties at this successful regional meeting.

The morning consisted of speakers who presented the newest and most accurate information as it pertains to the H1N1 situation development and planning.

In the afternoon, each county broke out into working groups to either begin or continue plans for how a Flu Center will operate in their area. As I emphasized earlier, Flu Centers will look different in each area and most counties in our region are planning on Call Centers. The focus of Call Centers are to keep the public from inundating the hospitals who will have an influx of sick patients along with the normal patient load seen on any given day. The hopes are that a Flu Center/Call

Center would keep many people from actually going anywhere and being "triaged" on the phone as to what, if any, action needs to be taken.

Guidance for H1N1 planning and response changes almost daily and remains a very fluid situation. Medical Reserve Corps (MRC) volunteers will continue to be considered throughout the planning and response process.

As a volunteer, we ask that you continue to remain open minded about what you may be asked to do as part of this response. Again, consider your fall/winter commitments and how they may affect your ability to respond as a volunteer. Most of all, be sure you and your household are ready (see left margin!).



Red River Valley Flood Response

"I hope I am not needed in the future, but I will always make myself available and have nothing but good things to say, and extreme pride belonging to MN Responds," –John Decker, Koochiching County.

The Red River Valley flooding last spring caused the evacuation of a large Long Term Care facility in Moorhead, MN. The residents were taken to several different facilities, creating unique staffing needs. Becker County (Detroit Lakes), where many of the residents temporarily resided, looked to MN Responds to help fulfill those staffing needs.

Of the four volunteers available for immediate deployment, the Northeast MN Responds Medical Reserve Corps (MRC) sent two Registered Nurses to assist with staffing needs. John Decker of Koochiching County and Mark Pederson of St. Louis County were among many that demonstrated a willingness to put aside their daily lives to assist others in need. Both volunteers

committed to a four day deployment to assist with the care of the displaced residents. Both volunteers had very positive feedback regarding their experience and felt very appreciated for showing up to assist.

From the coordinators perspective, it was a great learning opportunity that allowed further review of our deployment documents.

MOU Between the ARC and the OCVMRC

On April 2, 2009, The American Red Cross (ARC) and the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) signed a Memorandum of Understanding (MOU) to coordinate planning, preparation, and response efforts. The relationship between both organizations paves the way for communities to create complementary plans, trainings, and efforts between local Red Cross chapters and MRC units.

The ARC mission and vision is parallel to the OCVMRC. As a result, the leadership of both entities have had several meetings and reached an understanding of how both organizations can work together effectively and how the partnership may evolve in the future.

The growing partnership between the ARC and the OCVMRC was initiated by successful joint responses to disasters by the ARC and MRC units in the past. The partnership has helped to make communities healthier, safer, and better prepared.

Basically, there are three ways for ARC and MRC volunteers to work together:

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

Locally, discussions are under way as to how this will look for our region. We do encourage volunteers to be involved with both groups as that will lend its way to more training opportunities and a more coordinated response, depending on what the needs are. The MRC will also look at hosting a Congregate Care training so that our volunteers better understand how the ARC activates and operates a congregate care site.

Public Health Service Field Training

You may recall I sent out a Federal Deployment Training opportunity a while back. I'm pleased and excited to announce that two volunteers from our NE Unit (John Decker, RN, Koochiching County and Cheryl Olson, RN, St. Louis County) have been selected to attend the Public Health Service Field Training to be conducted at Fort AP Hill, an active Army training facility in Bowling Green, Virginia. Of the 190 applicants nationwide, John and Cheryl were among the 105 chosen!

This field training, organized by the Office of the Surgeon General's Office of Force Readiness and Deployment (OFRD) was designed to enhance team cohesion, build resiliency, improve operations readiness, and foster cross-cultural experience. For each of the five training sessions, there were a variety of Public Health Service (PHS) teams consisting of roughly 400 officers and 25-30 MRC volunteers. Each team had specialized training before participating in a 16 hour disaster exercise. John and Cheryl gave me great feedback regarding their experiences and I've chosen bits and pieces to share:

Cheryl Olson:

Some examples of the educational opportunities were: cultural competence, influenza lectures by CDC staff, medical triage, electronic medical records, food and water safety, fit testing of masks, trauma care, adult cardiac life support, and command staff training.

To function effectively, and in an organized manner it is very important for all members to understand all aspects of the Incident Command System.

Know what your role is, and follow the chain of command structure. Situational Awareness and Safety is the first priority, no matter what you do or where you are. Be flexible, events change quickly at times.

One can certainly see the importance of partnering with other groups and institutions when it comes to Emergency Preparedness. The training experience provided a valuable opportunity to train for emergencies encountered in the past as well as in the future. Simultaneous disasters are a real possibility, so be safe and prepared.

John Decker:

The training was a tremendous opportunity! The experience enhanced my abilities and capabilities in a blended agency response to a large scale disaster. The week long training had a very clear focus of integrating MRC into the USPHS playing field...and they welcomed us greatly with open arms. It was a very successful opportunity to experience firsthand how MRC professionals will integrate into an actual deployment. The training was very specific and focused that MRC integration is and was working side by side doing the same tasks demanded of all of us as one "machine".

It was made very clear and evident the importance of following the ICS to the letter, and being educated to that process. It's the only way to keep the

"machine's" parts all working in the same direction. Everybody's role was equally important....if one part fails....the whole system falls apart.

ICS procedures are so critical. Also, cannot express the importance for one to learn to be ACCOUNTABLE as well as FLEXIBLE in all their actions.

Every moment of every day encompassed some sort of formal training, or subjected to conditions that were training in that of itself. I left a better MRC member for a federal deployment, as well as for my own state of Minnesota, and my local community of International Falls. I've learned to be a critical member within the ICS process, and truly understand the mechanics of it through first hand experiencing it in way I never have.

The experience itself created an even deeper commitment towards my MN MRC, and the willingness to serve my country in need during a federal deployment. I was/am very proud and honored to have been, and to be able in the future, represent Minnesota as well as MN Responds Northeast Region. It's a very humbling experience to be able to serve on such a large scale.

"To function effectively, and in an organized manner it is very important for all members to understand all aspects of the Incident Command System. Know what your role is, and follow the chain of command structure."

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Results of Call for Availability

Hopefully you all received the message from MNResponds on September 17th. If you didn't, some of your contact information is likely inaccurate...please login at www.mnresponds.org to update your account status! Contact me directly if you need any assistance.

Of our 332 members, here were the responses:

I will possibly be available anytime: 80 or 24%

I will possibly be available weekdays: 17 or 5%

I will possibly be available nights and/or weekends: 54 or 16%

I will likely not be available: 27 or 8%

No response: 154 or 46%

The numbers of people who speculate they may possibly be available to help with a response are very encouraging! I have sent each Local Public Health Department a more detailed spreadsheet indicating how many of each profession may be available to assist. THANK YOU for those of you who took the time to listen to the voice prompts and select an option. For you other 46%....expect to be hearing from me soon!!! Also, if you have any input on how that call could have been made better, let me know as suggestions are always welcome!

There are no new trainings schedule at this time due to the evolving situation with H1N1. I will keep you updated as soon as new trainings are scheduled!

Advisory Committee Re-evaluates Volunteer Requirements

The NE Unit Advisory Committee meets every other month to provide guidance and direction for our unit. Recently we re-evaluated what we will require of volunteers both now and moving into the future. The background for these decisions is based upon what we believe is best for our unit and how we will best serve our region moving forward.

1. All volunteers are required to have Orientation within one year of signing up as a volunteer. Those not completing Orientation will have their volunteer record placed on "inactive" status.
2. We strongly encourage the completion of IS 100.a and IS 700.a. Although these classes are not yet mandated, per se, please understand that some funding IS connected to working towards NIMS compliance. I will continue to send out opportunities to complete these courses as they are given in the local communities; I will not be scheduling any just for volunteers. You can also complete them online at <http://training.fema.gov/IS/NIMS.asp>