



MARYLAND HEALTH CARE PROFESSIONAL VOLUNTEER CORPS

Department of Health and Mental Hygiene

March 2005

Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lt. Governor

S. Anthony McCann
Secretary

Michelle Gourdine, MD,
Deputy Secretary for
Public Health Services

Mission Statement

Maryland Health Care Professional Volunteers Corps consists of health care professionals working together to provide emergency care for the citizens of Maryland by responding to catastrophic events throughout the state of Maryland.



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FROM THE DESK OF LISA KIRK, DR.P.H.

Director, Office of Emergency Preparedness and Response

Several new leaders with a wealth of knowledge, experience and drive have joined the Department of Health and Mental Hygiene (DHMH) in recent months. In October we welcomed Secretary Anthony McCann, Principal Deputy Secretary Van Mitchell, and Deputy Secretary for Medicaid John Folkemer. February, Deputy Secretary for Public Health Services Dr. Michelle Gourdine joined the Department. And in November, we welcomed Joan Lawrence to the Office of Emergency Preparedness and Response (OEP&R) as director of the Health Care Professional Volunteer Program.

In the coming months, we will have an opportunity to hear from all of them regarding their role and vision as it relates to your work as a Health Care Professional Volunteer. Ms. Lawrence

will be working closely with all seven health care professional boards (Pharmacy, Physicians, Nursing, Dental, Social Work, Professional Counselors and Psychology) to improve our processes, make it easier for you to volunteer, and respond to emergencies throughout your community, our state, and the region.

Once again, we thank you for your service and initiative in the DHMH Health Care Professional Volunteer program. As we continue through this year and next, please complete your training through your Professional Boards, and participate in state-sponsored drills with local health departments. It is critical that you have the best possible understanding of your role in an emergency. Also, keep your 24-contact information current with your board so they may reach you quickly. ■

MARYLAND NURSING VOLUNTEER CORPS

Board of Nursing Tests Call Out Procedures for Volunteers

In January, the Board of Nursing held a drill to test the standard call-out procedures for volunteers that is used in the event of a disaster or emergency. Because there is a concern that e-mail notification will not result in a timely response, the Board chose to conduct the drill in two phases. In Phase 1, an e-mail alert was sent to all nurses for whom the board had addresses. Volunteers were instructed to call in to the 800 number at a specific time. Approximately 92 of 600 nurses notified by e-mail called in as a result of the request. In Phase 2, board staff called those volunteers who had not responded to the e-mail request and reached 125 in one-and-a-half hours.

The staff was very pleased with the drill and it provided a number of

lessons learned. As a result of the exercise, the board will soon be sending all volunteers an update form to assure that all contact information is current. It is vitally important that the board can reach volunteers when there is an emergency. The board thanks all of the nurses who helped make the drill successful. Stay tuned for information on future drills.

Because not all volunteers will be available to respond during an event, recruitment of nursing volunteers will continue. New training dates have been selected and will be published in the March issue of the MBON Communicator. Please refer any interested nurses to Anika Alford at 410 585-1923 or aalford@dhmh.state.md.us. ■

MARYLAND MENTAL HEALTH VOLUNTEER CORPS

(Boards: Social Work, Professional Counselors, Psychology, Psychiatry, Psychiatric Nursing)

Many of our volunteers have called to inquire about Tsunami relief efforts in Southeast Asia. Although the State of Maryland has not received any requests for volunteers, mental health response efforts are underway in the affected regions. Green Cross, a non-profit organization with a worldwide membership, is deploying mental health workers to Sri Lanka. International response teams of traumatologists are working with local officials to develop and provide training to personnel responsible for managing short-term and

long-term housing facilities for refugees at sites throughout Sri Lanka. Personnel will be educated about expected short-term and long-term responses of survivors, compassion fatigue, as well as about culturally appropriate intervention approaches to address the needs of survivors and workers alike. For more information on donation or volunteer opportunities through Green Cross, visit www.greencross.org.

Most disaster mental health workers would agree that the primary focus of assistance to survivors at this stage of a disaster such as the tsunami is to

minimize disorder and plan for the future. Those impacted require civic order to support families, communities, churches and indigenous healers that have always served them in times of uncertainty. For survivors, expected emotional reactions include grief, anxiety, frustration or some cognitive difficulty due to adverse levels of stress. Simple, solution-focused mental health intervention may decrease some of these responses.

The Mental Hygiene Administration is developing continuing education opportunities for members of the

Mental Health Volunteer Corps and plans are underway to include mental health volunteers in upcoming regional and state emergency exercises and drills.

Volunteers will be notified of these opportunities via e-mail and through the licensing boards' Web sites. Training for new volunteers continues to be available. Refer to the licensing boards' Web sites for information on these training dates as well. ■

MARYLAND PHYSICIANS VOLUNTEER CORPS

DHMH Offers On-line Physician Training for Volunteers

The Department of Health and Mental Hygiene (DHMH), the Maryland Board of Physicians, and several private sector partners have modified the Maryland Board of Physicians Volunteer Corps training program to allow participants to view presentations on-line. Previous volunteer training consisted of a four-five hour series of live lectures.

Each of the five on-line presentations is approximately 45 minutes long and can be viewed at separate times. The program is designed for physicians, physician assistants, radiology technicians and respiratory care professionals enrolled to be part of the state's Emergency Preparedness team.

More information about the program is available at the Board's Emergency

Preparedness Web site at http://www.mbp.state.md.us/pages/emergency_prep.html. This site offers instructions and requirements to become a volunteer, information about the Corps, and useful links regarding bioterrorism.

Joint sponsors of the training program include MedChi, the Maryland State Medical Society, the MidAtlantic Public Health Training Center, and

the Johns Hopkins Center for Public Health Preparedness.

Additionally, the Board thanks all volunteers who agreed to be on stand-by during the Iraqi Elections last month, and to those who have offered to assist with Tsunami relief efforts. Your dedication and generosity is greatly appreciated by the Board, Department of Health and Mental Hygiene and community. ■

BE AWARE! BE PREPARED!

Natural Disasters, Accidents, Epidemics, Terrorism

Today many of us are worried about the possibility of terrorism, but many kinds of emergencies could affect our health and safety. That's why it's important to be AWARE and to PREPARE.

As Maryland Health Care Volunteers, your services may one day be needed. Do you to have an emergency plan for your family? Talk

with your family about why you need to prepare for disasters. Then, make a plan. The following suggestions can help:

Make sure everyone in your family knows where you keep your emergency supplies and first aid kit, and prepare for at least three days;

Know important phone numbers and list them by each phone in your home;

Know the best exit route from each room in your home;

Know where family members will meet in case they can't get home;

Know your community's public alert system;

Know your child's school emergency plan; and

Prepare a first aid kit and emergency supplies to meet your

family's needs for three days.

For more information, check the Department of Homeland Security Web site at www.ready.gov, the CDC Web site at: www.cdc.gov, or the American Red Cross Web site at: <http://www.redcross.org> ■

FREQUENTLY ASKED QUESTIONS

(Questions & Answers about Smallpox)

Since the terrorist attacks of September 11, 2001 the Department of Health and Mental Hygiene (DHMH) has received questions about bioterrorism from many Maryland citizens. As part of its continuing program to respond to bioterrorism and other health threats, DHMH has prepared this summary of current recommendations about certain issues that concern the public.

Q: What are the symptoms of smallpox?

The symptoms of smallpox begin with high fever, head and both high fever, head and body aches, and sometimes vomiting. A rash follows that spreads and progresses to raised bumps and pus-filled blisters that crust, scab, and fall off after about three weeks, leaving a pitted scar. *ct* with smallpox, how long does it take to show symptoms? After exposure, it takes between seven and 17 days for symptoms of smallpox to appear (average incubation time is 12 to 14 days). During this time, the infected person feels fine and is not contagious.

Q: How is smallpox spread?

Smallpox normally spreads from contact with infected persons. Generally, direct and fairly prolonged face-to-face contact is required to spread smallpox from one person to another. Smallpox also can be spread through direct contact with infected bodily fluids or contaminated *ads* from contact with infected persons. Generally, direct and fairly prolonged face-to-face contact is required to spread smallpox from one person to another. Smallpox also can be spread through direct contact with infected bodily fluids or contaminated objects such as bedding or clothing. Indirect spread is less

common. Rarely, smallpox has been spread by virus carried in the air in enclosed settings such as buildings, buses, and trains. Smallpox is not known to be transmitted by insects or animals. *e* would be even greater. If an aerosol release of smallpox occurs, 90 percent of virus matter will be inactivated or dissipated in about 24 hours.

Q: Is there any treatment for smallpox?

Smallpox can be prevented through use of the smallpox vaccine. There is no proven treatment for smallpox, but research to evaluate new antiviral agents is ongoing. Early results *se* of the smallpox vaccine. There is no proven treatment for smallpox, but research to evaluate new antiviral agents is ongoing. Early results from laboratory studies suggest that the drug *cidofovir* may fight against the smallpox virus; currently, studies with animals are being done to better understand the drug's ability to treat smallpox disease (the use of *cidofovir* to treat smallpox or smallpox reactions should be evaluated and monitored by experts at NIH and CDC). Patients with smallpox can benefit from supportive therapy (e.g., intravenous fluids, medicine to control fever or pain) and antibiotics for any secondary bacterial infections that may occur. ■

MARYLAND PHARMACY VOLUNTEER CORPS

A tabletop drill to test the Board's ability to activate and deploy volunteers

The Maryland Pharmacy Board's most recent training for team leaders and local health department (LHD) liaisons was in October. Questions were raised specifically related to communications, drill and exercises.

The board is developing plans for tabletop drills and exercises for implementation this year; with the first in the spring. Not all of the exercises will be statewide and only some will require actual participation. A tabletop drill is one that tests the board's ability to obtain commitments from members of the Pharmacists Volunteer Corps to participate in a scenario devised to test various response systems. Volunteers are not required to physically take part in tabletop drills, but are asked about their ability to participate if the emergency scenario were real.

The Board is recruiting a replacement for former Public Information Officer Joan Lawrence. During the interim, please direct all inquiries, update your contact information or submit new information and suggestions to LaVerne Naesea

at 410-764-4755 or e-mail: lnaesea@dhmh.state.md.us. Information on other board activities, such as the development of an electronic version of the Phase I training modules by the Maryland Poison Control Center in cooperation with DHMH, will be communicated.

A very big Thank You to those volunteers from Frederick, Montgomery and Prince George's counties who offered to be on standby for potential emergencies during the Iraqi elections held in New Carrollton. Nearly all of the 2,000 registered expatriates from Iraq voted.

The board appreciates the on-going support from the volunteers and looks forward to working more closely in the future. Thanks for your commitment and patience as we strive together to ensure that Maryland pharmacists are prepared to respond to emergencies. ■

Maryland Governor's Office of Homeland Security

The Governor's Office of Homeland Security was established on 23 June 2003, when Governor Robert L. Ehrlich, Jr. signed Executive Order 01.01.2003.18. The Office serves as the direct liaison to the U.S. Department of Homeland Security, as well as coordinating State departments, agencies, counties, and municipalities in matters of homeland security and emergency preparedness.

Visit the website: www.governor.maryland.gov/homelandsecurity.html, learn more about its Vision, Mission, Key Initiatives, Strategic Priorities, Staff and more.

Contribute Your Ideas

This newsletter is created to keep you informed and to cover topics that are of interest to you. If there is a particular topic that would be helpful to you, let us know. Send information to:

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The Department, in compliance with the Americans and Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

Maryland State Alert System

Maryland State Alert System is a five-tier system developed to alert local authorities and citizens of increases in the threat of terrorist attack. Paralleling the Homeland Security Advisory System, it complements the national alert level, and based on local assessments may be higher (but never lower) than the national level. During periods of heightened threat, citizens should be alert for further guidance on the nature of the threat and recommended individual protective measures.

Threat Levels:

Low Condition (Green). This condition is declared when there is a low risk of terrorist attacks.

Guarded Condition (Blue). This condition is declared when there is a general risk of terrorist attacks.

Elevated Condition (Yellow). An Elevated Condition is declared when there is a significant risk of terrorist attacks.

High Condition (Orange). A High Condition is declared when there is a high risk of terrorist attacks.

Severe Condition (Red). A Severe Condition reflects a severe risk of terrorist attacks. Under most circumstances, the protective measures for a Severe Condition are not intended to be sustained for substantial periods of time. ■

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