



MARYLAND HEALTH CARE PROFESSIONAL VOLUNTEER CORPS

Department of Health and Mental Hygiene

June 2006

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.



DHMH, Office Emergency Preparedness and Response

201 West Preston Street
Baltimore, Maryland 21201

E-mail:
mpvc@dnhm.state.md.us
Editor: Joan M. Lawrence

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH), NEW DIRECTOR, OFFICE OF PREPAREDNESS AND RESPONSE



Matthew Minson
*Director, Office of
Preparedness and
Response*

The Department of Health and Mental Hygiene (DHMH) welcomes Dr. Matthew Minson who took the reins as the director of the Department's Office of Preparedness and Response in mid-February. As director of the office he will decide how to direct and coordinate emergency support functions, Health and Medical preparedness and response for the State of Maryland. He will also coordinate the medical component of the state's response to future disasters.

Dr. Minson trained to become an emergency medical technician and later studied medicine at the University of Texas Medical Branch in Galveston. He worked his way up to a position as the emergency room director at a Houston hospital. His transition from emergency room doctor to disaster doctor began when a paramedic told him about Texas Task Force 1, an urban search and rescue team based in College Station, Texas.

Since joining the task force in 1998, Dr. Minson has responded to several high profile incidents. In 2001, he was deployed with the team after Tropical Storm Allison flooded Houston. Five weeks later, the team was called to New York after the September 11 terrorist attacks. As the team's lead doctor, Minson cared for the other team members with search dogs combing through the rubble for survivors. Dr. Minson helped scour

the piney woods of east Texas for debris after the Space Shuttle Columbia disaster in 2003. While responding to Hurricane

Katrina last summer, Dr. Minson was the lone doctor for hundreds of New Orleans residents trapped on an overpass.

As director of the Office of Preparedness and Response for DHMH, Dr. Minson will oversee State initiatives addressing Pandemic Influenza, Health and Medical Infrastructure preparedness, Hospital Surge, Mass Casualty Management, Strategic National Stockpile and Syndromic Surveillance among others. He will provide an interface with other State emergency agencies for the coordination of Health and Medical integration. Over the next year, you will have an opportunity to hear from Dr. Minson regarding his role and vision as it relates to your work as a Health Care Professional Volunteer. Once again, we thank you for your service and initiative in the DHMH Health Care Professional Volunteer program. Ms. Joan Lawrence is working to improve our processes to make it easier for you to volunteer for and respond to emergencies throughout your community, our state, and the region. Therefore, it is important for you to please stay connected to your Professional Board. ■

MARYLAND BOARD OF NURSING VOLUNTEERS CORPS

Have you visited the Maryland Board of Nursing (MBON) Web site lately? MBON has published its 2006 training schedule for Disaster Nurse Volunteers. This is the initial orientation necessary to become a volunteer in the event of an emergency. The schedule runs through September and offers a wide range of locations to choose from. Registration is easy, simple go to [HYPERLINK](http://www.mbon.org)

"<http://www.mbon.org>" www.mbn.org and register under Disaster Nurse Volunteers.

It is more important than ever to be prepared for a disaster or an emergency. Scientists are calling for above-average activity for this year's Hurricane Season and MBON may be asked to place its volunteers on alert. An alert will be activated when there is a likelihood that volunteers will

be needed. What does this mean to you? To start preparing for a deployment: make family and work arrangements and pack appropriate items such as medication, several changes of clothing, protective and comfortable footwear, etc. An important piece of advice is, once an alert is activated...be patient. Katrina taught us to be prepared to leave in 24-48 hours, but keep in perspective that you may be called a week or

two later to relieve those who initially responded to the emergency. In any case, if you are asked to respond, MBON will provide you with all of the information you will need to be prepared.

For information on recruitment, training, updating your contact information or to suggest an article of interest please e-mail Lisa Varholy at lvarholy@dhmh.state.md.us ■

BOARD OF PHARMACY VOLUNTEER CORPS...

Training Going Online

The Maryland Board of Pharmacy's Emergency Preparedness Committee is in the process of launching an on-line training program that will provide Phase I training to those registered pharmacist volunteers who were unable to attend the training in person. Continuing Education (CE) credits will be awarded upon successful completion of the on-line course.

The course is entitled "Bugs and Drugs" and is designed to help pharmacists get a basic

understanding of what would be required in an emergency situation. It was developed by the Department of Health and Mental Hygiene (DHMH) and the Board of Pharmacy, in conjunction with the University of Maryland, School of Pharmacy.

Currently, there are more than 1,000 registered Maryland pharmacist volunteers. In the event of a statewide emergency, the board needs the ability to provide all affected areas with enough trained

pharmacists and pharmacy technician volunteers to work in manageable shifts, providing assistance to as many citizens as possible.

The board is offering pharmacists three hours of CE credits upon successful completion. The Emergency Preparedness Committee hopes that eventually all Maryland pharmacists will take advantage of this on-line course after they register with the board as a pharmacist volunteer. With the use of the on-line training system,

pharmacist volunteers will be in a better position to help all of the citizens of Maryland whenever and wherever an emergency arises.

For more information on the on-line training program, visit www.mdbop.org.

For information on recruitment, training, updating your contact information or to suggest an article of interest, please e-mail Summar Goodman at sjgoodman@dhmh.state.md.us ■

BOARD OF PHYSICIANS VOLUNTEER CORPS

On October 8, the biggest earthquake to strike the Kashmir region of Asia in 100 years struck leaving India, Pakistan and Afghanistan devastated. According to the United Nations, 69,400 individuals were seriously wounded and more than 73,000 were confirmed dead following the 7.6-magnitude quake.

Many countries, international and non-governmental organizations offered relief aid to the region. Habib A. Bhutta, M.D., a surgeon and member of the Maryland Board of Physicians, was motivated to

lend his support. Although DHMH did not deploy volunteers, Dr. Bhutta worked with MASH (Mobile Army Surgical Hospital) to provide assistance during his December deployment.

"Coping with the after-effects of a disaster as a relief worker is a hard pill to swallow," Dr. Bhutta said, "but knowing that you are able to make a difference and help those in need is the greatest gift."

Dr. Bhutta described his volunteer experience as rewarding because he was able to provide medical treatment for people affected by the disaster

who may not have received assistance otherwise. He especially enjoyed working with the U.S. Military, who were stationed at the forefront of the triage locations and made sure that all protocols were obeyed. Dr. Bhutta described the working conditions as well-organized, well-supplied with hospital equipment, and well-protected.

Dr. Bhutta suggested that health care professionals who may be interested in volunteering should take advantage of the DHMH Volunteer Corps program and the Board of Physician's on-line emergency preparedness training



Major Jeffrey A. Dean, M.D. and Dr. Habib A. Bhutta, M.D., standing in front of the flags of the United States and of Pakistan.

program to better prepare for the future disasters.

For information on recruitment, training, updating your contact information or to suggest an article of interest please contact Brianne Shumpert at e-mail bshumpert@dhmh.state.md.us. ■

BEHAVIORAL HEALTH VOLUNTEER CORPS...

Excerpts from the National Center on Post Traumatic Stress Disorder (PTSD) -

<http://www.ncptsd.va.gov/pfa/PFA.html> will be featured in future issue of the newsletter

WHEN TERRIBLE THINGS HAPPEN... WHAT YOU MAY EXPERIENCE

Intrusive reactions

- Distressing thoughts or images of the event while awake or dreaming
- Upsetting emotional or physical reactions triggered by memories of the experience
- Feeling like the experience is happening all over again ("flashback")

Avoidance and withdrawal reactions

- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities

Physical arousal reactions

- Constantly being "on the lookout" for danger, startling easily, or being jumpy
- Irritability or outbursts of anger
- Difficulty falling or staying asleep, problems concentrating or paying attention

Trauma and loss reminders

- Places, people, sights, sounds, smells, and feelings that remind you of the disaster

- can bring on distressing mental images, thoughts, and emotional/physical reactions
 - Common examples include: sudden loud noises, the smell of fire, sirens of ambulances, locations where you experienced the disaster, seeing people with disabilities, funerals, anniversaries of the disaster, and television/radio news about the disaster

WHAT HELPS

- Talk to another person for support
- Spend time with others
- Engage in positive distracting activities (sports, hobbies, reading)
- Use relaxation methods (breathing exercises, meditation, calming self-talk)
- Get adequate rest and eating healthy meals
- Participate in a support group
- Try to maintain a normal schedule
- Exercise in moderation
- Schedule pleasant activities
- Keep a journal
- Take breaks
- Seek counseling

- Avoid talking, thinking, and having feelings about the traumatic event

- Avoid reminders of the event (places and people connected to what happened)

WHAT DOESN'T HELP

- Use of alcohol or drugs to cope
- Too much work
- Extreme avoidance of thinking or talking about the event
- Withdrawal from family or friends
- Anger or violence
- Not taking care of yourself
- Dietary extremes (overeating or failing to eat)
- Risky actions
- Excessive use of TV or computer games
- Withdrawal from pleasant activities
- Place blame on others

For information on recruitment, training, updating your contact information or to suggest an article of interest please e-mail mentalhealthvolunteer@dnhm.state.md.us or 410-767-0959. ■

PANDEMIC FLU PLANNING CHECKLIST FOR INDIVIDUALS AND FAMILIES

Pandemic Flu Planning Checklist for Individuals and Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- Store a supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior. • Teach your children to

cover coughs and sneezes with tissues, and be sure to model that behavior. • Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables: Ready-to-eat canned meats, fruits, vegetables, and soups • Protein or fruit bars • Dry cereal or granola • Peanut butter or nuts • Dried fruit • Crackers • Canned juices • Bottled water • Canned or jarred baby food and formula • Pet food

Examples of medical, health, and emergency supplies: Prescribed medical supplies such as glucose and blood-pressure monitoring equipment • Soap and water, or alcohol-based hand wash • Medicines for fever, such as acetaminophen or ibuprofen • Thermometer • Anti-diarrheal medication • Vitamins • Fluids with electrolytes • Cleansing agent/soap • Flashlight • Batteries • Portable radio • Manual can opener • Garbage bags • Tissues, toilet paper, disposable diapers

For More Information

Family Emergency Health Information Sheet
Emergency Contacts Form

Visit: www.pandemicflu.gov. • The Centers for Disease Control and Prevention (CDC) hotline, 1-800-CDC-INFO (1-800-232-4636), is available in English and Spanish, 24 hours a day, 7 days a week. TTY: 1-888-232-6348. Questions can be e-mailed to inquiry@cdc.govcdc.gov. • Links to state departments of public health can be found at www.pandemicflu.gov U.S. Department of Health and Human Services ■

Maryland Governor's Office of Homeland Security

The Governor's Office of Homeland Security was established on June 23, 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 web site: www.governor.maryland.gov/homelandsecurity.html, to 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, please let us know. Send information to:

Joan Lawrence, DHMH, Office of Emergency Preparedness and Response,
201 W. Preston Street, Baltimore, MD 21201 or e-mail to:
jlawrence@dhhm.state.md.us

Editorial Committee

Paul Ballard, Office of Attorney General
Shawn Cain, Office of the Secretary
Jenny Howes, Mental Health Administration
John Healy, DHMH, Office of Public Relations
Lisa Varholy, Board of Physicians

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin, and applies to the provisions of employment and granting of advantage, privileges, and accommodations.

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). This condition is declared when there is a significant risk of terrorist attacks.

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

Severe Condition (Red). This 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. ■

MARYLAND HEALTH CARE PROFESSIONAL VOLUNTEER CORPS

Department of Health and Mental Hygiene,
Office of Emergency Preparedness and Response
201 W. Preston Street
Baltimore, MD 21201

Presorted Standard
U.S. Postage
PAID
Baltimore, MD
Permit No. 7756