



# Washoe County



## Annual MRC training, April 21

Issue 5

April 16, 2010

The Washoe County Medical Reserve Corps (MRC) is pleased to announce this year's annual meeting and training event.

Ana-Marie Jones, Executive Director of CARD (Collaborating Agencies Responding to Disasters) will be our featured keynote speaker at this year's event.

With more than 20 years experience in the field of disaster preparedness and response, Ms. Jones is committed to ending the use of fear as a way to "motivate" preparedness actions.

She is a passionate advocate for ending America's disaster /victim cycle and for building disaster-resilient communities, where



Ana-Marie Jones

even the most vulnerable members will survive, thrive and prosper. Ms. Jones works with numerous preparedness stakeholders to address

preparedness, response, recovery, evacuation, funding, and the full sustainable inclusion of

people with special needs.

She has been a panel member, guest lecturer and keynote presenter for many di-

verse entities including: Harvard School of Public Health, RAND Corporation, Yale University School of Public Health, Department of Homeland Security, Public Health of Seattle & King

County Advanced Practice Center, Office of Minority Health and the Centers for Disease Control.

In November 2003 and in January 2005, at the request of the Japanese Central Government and Japanese Re-

search Institutes, Ms. Jones toured Tokyo and Kobe sharing a refreshing alternative approach to disaster preparedness: Use no fear—Prepare to prosper!

Please join us for this unique training event:

**Date:** April 21, 2010

**Time:** 11 AM—noon

**Place:** Washoe County Commission Chamber, Bldg. A, 1001 E. 9th St., Reno. RSVP: 328-6111

## Director's corner

Congratulations go to **Debra Barone**, former Program Manager for the MRC, and the volunteers of **Washoe County MRC** for their efforts in facilitating the Washoe County Health District's H1N1 Flu Vaccination Clinics this past fall.

Debra and the MRC were recognized at the Northern Nevada Immunization Coalition's (NNIC) Silver Syringe Luncheon on

February 26th, for their efforts to provide mass vaccination clinics to the community through Point Of Distribution (POD) Clinics. MRC volunteers supporting this effort included: Doreen Begley, Charles Hill, Lisa King, Janet Pirozzi, Samantha Carr, Carsten Bjerke, Alma Marin, David Ross, Debra Scafiro, Gretchen Baskharoon, Sid Gesh, Lindsey

Bohach, Grace Blaylock, Mindy Hsu, Kori Berolo, Amanda Brunton, Margarita Fisher, Melissa Smith, Laurie Baldwin, Lilibeth Catalan, Laretta Nawowski, Lisa McNeill, Deborah Gilbert, Gloria Laxamana, Enrique Estrella, Gina Bagne, Beverly Keller, Darlene Luster, Jamie Schnell-Blitstein, Kelly Wilcher, and Betsy Hambleton.

A big "thank you" to everyone who participated!



Debra Barone accepts the Silver Syringe award on behalf of the MRC, from Heidi Hurst, Regional Director, NNIC.

# Help for Haiti

## MRC volunteer, Dee Grimm, responds to Haitian earthquake relief effort

In the aftermath of the earthquake that rocked the Haitian capital of Port-Au-Prince on January 12th, killing as many as 250,000 people, a massive international relief effort was launched sending aid in the form of food, supplies and volunteers.

### Arriving in Haiti



The local pediatrics clinic was destroyed by the earthquake.

Washoe County Medical Reserve Corps (MRC) volunteer Dee Grimm, RN, was one of those who traveled to Haiti to assist at a local Haitian hospital as a member of an Incident Management Team with BCFS (Baptist Child & Family Services), a health and human services organization out of San Antonio, Texas.

Arriving in Carrefour, Haiti, at about 5:00 p.m. to begin her week-long stint at the hospital, it quickly became apparent that the seismic devastation wasn't the only challenge she would face in the coming days. Humidity, the constant smell of burning waste, and the extremely austere living conditions were all part of the challenges she and other responders faced.

Her trip from the U.S. to Haiti was a long one. After being up since 3:00 a.m. to travel to Haiti, finding an empty cot for a brief nap would have been great. But when Dee checked in at the hospital it quickly became apparent that patient care was her first

priority, and it was equally as apparent it was to be a long night. The Haitian hospital, which normally holds 50 patients, now had about 300 patients at any given time.<sup>1</sup> Patient cots crowded hallways, lobby areas, and just about anywhere else a cot could possibly fit.

Exhausted hospital staff who had worked long shifts needed a rest. So Dee's first night was spent in the Labor and Delivery department assisting with the delivery of eight babies and caring for the new mothers, including a 32-week old premature baby who was in respiratory distress. Added to the mix, a 4.8 earthquake rumbled through the town sometime during the middle of that first night – panicked patients and staff quickly exited the structure, practically emptying the entire hospital.

To make matters even more challenging, what patient records and orders were received, were written in French, not English. Dee worked through that first night in Haiti, helping to care for newborns, new moms and very ill infants. It would be 26 hours before she would find her cot and take that "nap."

### Third world disaster response

"Responding to a disaster in a third world country provides lessons that one rarely, if ever, would experience here in the States," Dee said. "Yes, you will absolutely be doing things you never anticipated. For instance, we had no pharmacist, so nurses needed to pull and mix their own meds. Not a big deal, you say – except that all of the medications packaging and instructions were in French."

The standard of care for this disaster was very different from ours in the U.S. For instance,

needles were constantly reused and rarely, if ever, were gloves worn by the local nurses. Because of the damaged utility infrastructure, staff had limited ability to wash their hands, so most of the time all they had to rely on was hand sanitizer.

The humidity in the rooms was so bad it was impossible to wear latex gloves for very long. The heat and humidity caused extreme sweating inside the latex gloves, making it extremely difficult to start IV's (especially on the newborns). At times there were only one or two nurses for 19 pediatric patients, all of whom were below the age of two.

So much of the care given was from the floor of tents. Post-Op was located outside of the hospital in tents, as there was no room in the hospital. This was just as well with most of the patients as they were terrified of being inside of any building. Intravenous solutions were hung from branches of trees so the patients could receive antibiotics.

A youngster receives IV antibiotics from the IV bag (right) that is clipped to the tree branch above him.



Like so many others, he was orphaned during the earthquake.

<sup>1</sup> <http://sanantonio.bizjournals.com/sanantonio/stories/2010/02/22/daily31.html>

## Dee Grimm *(continued)*

Beds, mattresses and sheets were in short supply and patients lay on cots or on beds without padding.

### Allocation of resources

Because resources were so scarce (oxygen, medical supplies and equipment), and there was a limited ability to care for the highest acuity patient, from the very beginning the doctors made an ethical decision that no patient would receive life sustaining procedures (CPR, intubation, etc.,) if that patient could not be moved to a higher level of care. There was simply not enough staff, resources or facilities to maintain those types of critical care patients. This decision was a difficult one and not always followed, which complicated an already challenging situation for the staff and for appropriate allocation of resources.

### Resource management



Managing inventory becomes secondary to patient care.

Managing and inventorying the supply shipments arriving daily was difficult. It's not that the volunteers and staff weren't getting supplies; supplies were arriving every day, but there was not enough available staff to sort through it. So boxes of supplies, pharmaceuticals, and equipment, many of which had labels printed in French, were stacked in hall ways and rooms.

### Stress management

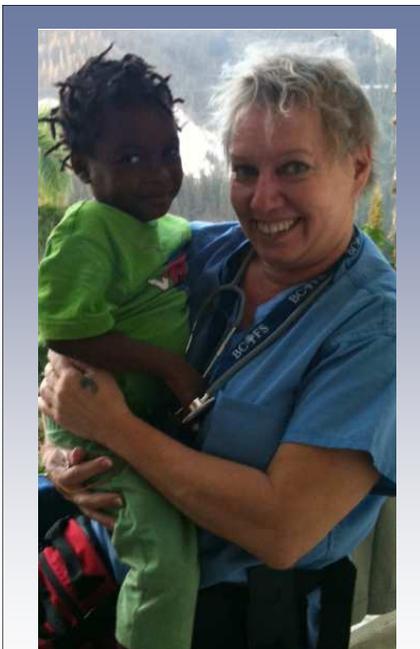
Volunteers and staff were under extreme stress – with austere

living conditions, long, exhaustive work hours, and working with patients' conditions not seen by many before.

"It was difficult to drive through town and see so much damage, especially when we knew there were still so many people buried in the countless crushed buildings," said Dee. "At times it was so difficult because we simply were not able to do more to help these people who needed so much; especially the orphaned children with amputated arms or legs. Who would care for these children? Their parents had perished in the earthquake—it was very sad."

While there were several chaplains around the hospital, there seemed to be no formalized process for staff to debrief and just plain talk. "Staff worked though exhaustive hours, earthquake aftershocks. Local villagers would leave dead bodies on the steps of the hospital, and there was no formal stress debriefing process," Dee said.

### The highlight of the response



As a volunteer for the Haitian relief effort, Dee Grimm helped vaccinate children at a local orphanage.

The most rewarding experience Dee related was the opportunity that she and other volunteers had to travel to a mountain orphanage and vaccinate 125 children. "Their faces will stay with me forever," said Dee.

### Coming home

After finishing out her week in Haiti, Dee flew straight to Washington D.C., where she had the opportunity to conduct a presentation on Haiti, among other topics, at the National Emergency Management Summit. "It was quite the culture and weather shock going from 90 degree Carrefour, Haiti, to 32 degree Washington."

Returning to Reno Dee commented that "...I took the longest hot shower of my life and finally ate something that didn't come out of a cardboard box. Heaven! I left most of my sleeping gear in Haiti, as it will never be useable again."

### About Dee Grimm, RN

*Dee Grimm, RN is the CEO of Emergency Management Professionals in Virginia City, NV, and she is the National Emergency Preparedness Coordinator, Western Region, for BCFS Emergency Services Division out of San Antonio, TX. She holds a doctorate of law degree and is a registered emergency department nurse, former EMT and paramedic, HazMat technician, emergency manager consultant and trainer, incident command trainer, bioterrorism instructor, mass casualty and mass fatality trainer, and a FEMA instructor in healthcare emergency management.*

*In addition, Dee teaches HazMat decontamination courses, develops and coordinates local and large scale disaster exercises, is the project manager for Nevada Statewide Evacuation Mass Care and Sheltering Initiative, and is an instructor in ACLS, CPR and First Aid.*

## Training



## Training Opportunities Coming Up!

### First Aid, AED and CPR classes—FREE to MRC volunteers

Washoe County offers free emergency training classes, including First Aid, Automatic External Defibrillator (AED) and Cardiopulmonary Resuscitation (CPR) classes to our MRC volunteers.

Upcoming class dates, times and locations are as follows:

**May 25, 2010, 1:00 PM to 3:30 PM**, Central Conference Room at the Washoe County Complex, 1001 E. 9th St., Bldg C, Reno, NV

**June 22, 2010, 8:30 AM to 11:00 AM**, Central Conference Room at the Washoe County Complex, 1001 E. 9th St., Bldg C, Reno, NV

To register, please contact Betsy Hambleton at 328-6111 or [bhambleton@washoecounty.us](mailto:bhambleton@washoecounty.us)



## Washoe County Emergency Management wants you to "Be Prepared!"

The Washoe County Emergency Management Office web site provides numerous links to publications on emergency planning and preparedness.

You will find information on how to assemble your own Disaster Supply Kit, Emergency Car Kit, Pet Plans and Escape Plans at:  
<http://www.washoecounty.us/em/assemblekit.html>

To receive emergency notifications using social media, such as Twitter and Facebook, simply log on to  
<http://www.washoecounty.us/em/alerts.html>

Additionally, you can sign up for Regional Alerts on their web site at <http://emergencyemail.org>.

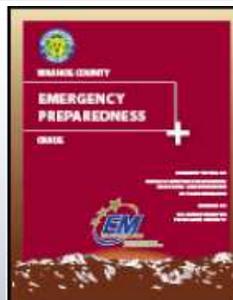
Want to create a customized emergency for you and your family? The EOC's "Create an Emergency Plan" has a list of tips that can help. You can find this information at  
<http://www.washoecounty.us/em/emergencyplan.html>

A Washoe County Evacuation Map can be found at:

[http://www.washoecounty.us/repositary/files/34/Washoe\\_map.pdf](http://www.washoecounty.us/repositary/files/34/Washoe_map.pdf)

The legend for the evacuation map is available at:

<http://www.washoecounty.us/repositary/files/34/Washoe%20evac.pdf>



The Washoe County Preparedness Guide can be found at:

<http://www.washoecounty.us/repositary/files/34/Washoe%20Singles.pdf>

An in-depth guide to citizen preparedness, FEMA's "Are You Ready?" is available at:  
[www.fema.gov/areyouready](http://www.fema.gov/areyouready)

