

NH MRC Meeting  
January 8, 2010  
Meeting Minutes

Attendance: Curtis Metzger (HSEM), Alyson Cobb (CHI, recorder), Gene Heighton (Nashua), Katie Kemen (Strafford County), Kim Coffey-Philbrick (Portsmouth), Theresa Kennett and Carlene Ferrier (Carroll County), Brita Nettleton (Manchester), Jim Richardson (Franklin/Bristol), Eileen Fernandes and Jim Hicks (Monadnock), Shawna Carpenter and Jessica McAuliff (Sullivan County), Denise Krohl (DHHS), Ian Dyar (Granite Chapter Red Cross)

Phone attendance: James Sides (Exeter, URS)

9 of 16 MRC Units represented- thanks to all those who participated!

**Meeting Minutes:**

**Unit Updates and H1N1 Response**

- **Greater Nashua MRC**
  - Received NACCHO grant
  - Upgrading trailer
  - COAD starting in Nashua- great community response, MRC planning on being very involved
  - Have 40-50 volunteers- have been active in every flu clinic so far filling all sorts of roles
  - Talking to Riviera College students and Nashua high school HOSA
- **Strafford County MRC**
  - Strong CERT program
  - MRC only for medical professionals, others in CERT- so CERT has been more active than MRC at clinics
  - About 10 MRC volunteers now, but have more interested
  - Trying to recruit other volunteers at clinics
  - Expedited registration: ESAR-VHP, IS 100, and Orientation
  - Most volunteers have been doing medical screening since have the capability to pay vaccinators
  - Had some volunteers vaccinate early on and they were okay with not getting paid (when other vaccinators were) because enjoyed the clinics
  - Met with UNH Nursing program about students being in MRC
    - Curtis suggested a for-credit project for a student to develop the student portion of the program
  - Also have a group of high school students that have been coming to every clinic and local HS is allowing them to offer CERT training as a 1 credit elective
- **Greater Portsmouth MRC**
  - Kim is taking over for Julie; has just started so has not yet done anything with MRC
- **Carroll County MRC**
  - Just trying to staff clinics for now and working on recruitment plan- recruit clinic volunteers for MRC after clinics are done
  - Small database passed on to Carlene but very incomplete- starting from there
  - Some issues with online application but hoping to have secure application set up that goes straight to database
- **Greater Manchester MRC**
  - MRC has been meeting bi-monthly since October

- 150 people have completed registration form, 20 have completed trainings
- Few have volunteered in non-medical roles at clinics
- **Franklin/Bristol MRC**
  - Volunteers have been staffing clinics- typically screening, registration, and observation roles
  - Sharing MRC volunteers with Plymouth
  - Lot of CERT volunteers have been helping at clinics too
  - Got NACCHO grant
- **Greater Monadnock MRC**
  - 68 people have filled out application or in process of
  - 25 have been active at clinics, mostly in non-medical roles
  - Have held Orientation and POD Training
  - 7 clinics down, 8 to go
  - Got NACCHO grant
- **Greater Sullivan County MRC**
  - Working on recruitment
  - Did not get NACCHO grant
  - Teams 1 and 2 are almost complete
  - Have a list of people who are interested to work from
  - MRC has been helping out at clinics
  - Has joined "Give a Day. Get a Disney Day." Program
    - If volunteer 1 day (or are a member of the MRC), get a free 1 day pass to a Disney park
    - Want all of region 1 to get involved
    - Using as a recruiting tool
    - See press release attached to e-mail for more information
- **Greater Exeter MRC**
  - James Sides from URS has just been contracted to help Exeter build their MRC
- **Curtis- ESAR-VHP**
  - Sent out activation to ESAR-VHP
  - 48 of 400 responded saying they would like to help
  - Several regions have had these people helping out at clinics

### **HAN and the Communicator Update- Denise Krohl**

- See presentation and flyer attached to this e-mail for more information
- MRC units can be added so that Coordinators can alert their volunteers by contacting Curtis (who will send out the alert)
  - Redundant and frees up Coordinator from having to call their whole roster
  - Can be sent by phone, e-mail, fax, etc. (multiple contacts for each allowed)
  - Denise needs at least 1<sup>st</sup> and last name, e-mail, and state to sign someone up- they can then go in and add their other information
  - Need to make sure only volunteers who want to be on Communicator list are on it
  - Education piece needs to be included on others answering phone and hearing alerts, how to edit information, etc.
  - Curtis will be following up with Coordinators and what information he needs

### **MRC and the Red Cross- Ian Dyar**

- Ian recently moved from Florida, worked with Red Cross in FL for 4 years

- Red Cross coordinated with MRC closely there
- Main issue is sheltering- particularly where to put ILI people if a shelter needs to open in the near future
- Since ARC does not handle medical or special needs sheltering (nothing beyond basic first aid), some MRC units have filled this gap around the country (also people with pets since ARC shelters do not allow pets)
- Also, MRC volunteers could become associated with the ARC and travel to a major emergency in order to get experience
  - ARC has more established systems for deploying
  - Could get experience in sheltering and field work
  - Could be a good opportunity to present to nursing students
- Rick Cricenti has started as the new Director of Emergency Services Unit at DHHS (in charge of ESF 6 and 8)
  - Remaining issue from ice storm is the gap for medical and special needs
  - Rick will be working on sheltering plans
- ARC and MRC shelters would preferably be co-located and regional- state and RC cannot support shelters in every town
  - Some towns are going to open their own but medical needs would have to go to a regional shelter (unless town wants to handle on their own)
- Another issue is that shelter sites, especially those for medical needs, need generators
- Still working to come up with shelter locations but possibly 1 in each AHHR region? Need to come up with list of locations and personnel to find gaps
- In ice storm, 800,000 people were affected but only 1300 went to shelters
  - Of the 1300, most needed extra help that could be provided in medical needs shelter
- Important to get MRC units ARC Sheltering training since may have their own shelters

### **Criminal Record Check Survey Results**

- Do you currently or do you intend to do criminal record checks through the State Police on all volunteers?
  - Yes: 10
  - No: 5
- Are you in favor of NH requiring all MRC units to do criminal record checks on all volunteers?
  - Yes: 11
    - Comments:
      - It is important when staff could potentially be left with vulnerable people (i.e. ACCs) but not as important for staff in PODs
      - It is our duty to keep our volunteer and those they serve as safe as possible x 2
      - Accountability
      - Integrity
      - So units can share volunteers
  - No: 4
    - Comments:
      - For the most part, people that want to volunteer to help others, even if they do have a criminal background, are basically good people
      - Cost/unfunded mandate x 5
      - People won't be left alone with anyone

- If there was a statewide decision to implement such a rule, what do you think should be done regarding current volunteers?
  - Perform criminal record checks on all current volunteers: 13
  - Skip them since they were members before the rule was established: 1
  - Other: 1 (Perform record check on 1 year anniversary or when renew membership)
- If this rule is implemented, do you think there should also be state guidelines regarding what to do when a record check comes back with a conviction?
  - Yes: 13
  - No: 2
- Comments:
  - If this policy is implemented, the State should bear the cost, not the volunteer
  - Usually when an application says a criminal record check will be done, those who have something to hide do not complete the application
  - We don't have enough volunteers as it is and we might wipe out our opportunity to utilize a lot of good people that have made a mistake at some time in their life
  - Units may not be able to survive with added cost x 2
  - A timeline will be needed for the checks, as they are costly to teams
  - Larger teams will be at a disadvantage
  - Guidance should be issued but each region should be able to decide
  - Guidelines should give advice on process, but not define what is yes and what is no- except felonies

### **Criminal Record Check Survey Discussion**

- What is the legal liability of saying will do a criminal record check on an application but not doing it?- units have received varying legal advice on this issue
- By criminal record check, we're referring to the one through the State Police
- Cannot actually mandate that all units in the state do record checks, but can decide as a consensus that units should
- Lots of other organizations require them for volunteering
- If cost wasn't an issue, most units said they would do them however this wouldn't really help with spontaneous volunteers.
- Curtis will try to work with the State Police to bill HSEM for the MRC record checks and for HSEM to pay for them
- Carlene and Theresa are still hesitant because its more work for volunteer intake and not worth the time and effort; also not possible in an emergency
- If people don't join/do record checks, other units might be hesitant to share volunteers

### **Training**

- Alyson is working to schedule IS 100 and 200, Psychological First Aid, and Red Cross Sheltering for all the units- if receive inquiries from her regarding locations or dates, please reply as soon as you can so we can have a full training schedule for the spring
- Also, CHI is available to offer the POD Just-In-Time Train-the-Trainer to any unit that wants it (not just for MRC volunteers)- intended for anyone who may have to give a POD JIT Training in the next few weeks or anytime in the future
- Information regarding both the DBART and Red Cross's versions of Psychological First Aid is attached to the e-mail (Ian wanted to correct what he said at the meeting- the Red Cross's version runs about 4 hours, not 1 ½ hours)
  - MRC units can choose which 1 they want to offer- please let Alyson know if you have a strong preference as she plans the spring training calendar