

The CA-6 Chronicles

The latest news and information from the
San Francisco Bay Area Disaster Medical Assistance Team, DMAT CA-6
— Visit us at www.dmatca6.org —

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September, 2006

Caregivers to the Nation...Building a bridge between hope and despair



Founded in 1997

Mark Your Calendars

- **11 Oct** – Operations Section meeting, 1830 hrs, potluck. For details, contact Terry Holbrook at operations@dmata6.org.
- **21 Oct** – Workday, Menlo Park Operations Center and warehouse, 1000 – 1500 hrs.
- **28 Oct** – Clinician's Group meeting, 0800 breakfast, 0900 meeting. For details, contact Barbara Morita at moritaiko@comcast.net.
- **01 - 30 Nov** – NDMS On-call month.
- **02 Dec** – Holiday Party! Hosted this year at Brian Blaisch's (our Deputy Commander and Medical Director) house in Oakland. Stay tuned for more details.
- **20 Jan '07** – Team meeting, 1000 – 1500 hrs, Menlo Park Operations Center. Prospective Member Orientation 0900 – 1000 hrs.
- **24-26 Feb '07** – Winter FTX. Tentative plans for Truckee, CA. Participants can attend 2 of the 3 days, including the 25th. Details to follow as the event gets closer.
- **28 Apr '07** – Team meeting, 1000 – 1500 hrs, Menlo Park Operations Center. Prospective Member Orientation 0900 – 1000 hrs.
- **Jun '07** – Tentative month for Rough & Ready '07. Details to follow when available.
- **04 Aug '07** – Team meeting, 1000 – 1500 hrs, Menlo Park Operations Center. Prospective Member Orientation 0900 – 1000 hrs.

- **08 Dec '07** – Holiday Party! This is our 10-year anniversary, so we're planning something big – save the date!

Commander's Corner

By David Lipin, Commander

Welcome to the September edition of our newsletter.

As you can see, we've published our initial calendar for next year, for all of you who have to plan far, far ahead! The dates are currently in "wet cement", but it's drying fast. Another month and the cement will probably be pretty firm.

Hurricane Update

As you're probably aware, the hurricane forecast for this season has been downgraded yet again. We've still got several more weeks of peak season ahead of us though.

For those of you who followed the Hurricane Ernesto deployment updates posted on the website, you noticed that NDMS deployed both August and September on-call teams. This isn't necessarily an indicator of the pattern-to-be from now on, but since we're on-call in November it would be prudent to follow the weather forecasts in October as well.

Deployment Scheduling

On a related note, Hurricane Ernesto serves as a reminder that not all deployments are 2 weeks in duration. You're only paid for the time that you're deployed, so if you have to cancel "day job" shifts when you deploy then it may be to your benefit to work out some sort of tentative arrangement (e.g., can you cover my shift if I'm not back in time).

Also, don't forget the new policy (experiment) – physicians have the option of deploying for only 1 week, with the team rotating in another physician midway through the deployment. Actually, due to travel time and coverage requirements, it'd probably be more like an 8 or 9 day deployment (e.g., physician #1 would deploy with the team on day 1 and return on the afternoon/evening of day 8; physician #2 would travel outbound on day 7, join the team on day 8, and return with the team on day 14). Of course, it's still an option (and it'd be much easier on our admin folks) to deploy for 2 weeks!

Wildfire Update

This year's wildfire season has also been mild so far (I know, I know; shouldn't have said anything). But it seems to be gaining some steam; as of this writing, there are six significant fires burning in the state. We've typically done most of our fire responses in October.

Golden Guardian

The statewide Golden Guardian '06 exercise will be conducted November 15th. The Bay Area will play a significant role in this year's exercise. We are looking for team members willing to serve as evaluators, advisors or in other roles at local hospitals and other locations throughout the Bay Area. If you are willing to participate in this capacity, please contact our team administration office at administration@dmata6.org.

More specifics coming next month.

Masters in Disaster Medicine

Cris Benner recently came across a new graduate program offered by Philadelphia University. It's an online Masters program in Disaster

Medicine and Management. He (and the team) have no affiliation with them and cannot vouch for the program, but if it sounds interesting to you, check it out at <http://philau.edu/disastermed/>.

Wound Closure Workshop

Ed Sawicki says that Ethicon Products is sponsoring a Wound Closure Workshop at the San Francisco Paramedic Association. He's been able to hold three extra spots for DMAT members, free of charge. There will be both a morning and afternoon section. The morning section is for the beginner and will cover wound management and wound closure (suturing). The afternoon section is geared more to PAs, NPs, and MDs. This section covers only suturing. If you're interested, e-mail me asap.

- Where: San Francisco Paramedic Association, 657 Mission St #307, SF, www.sfparamedics.org
- When: October 5, 2006:
 - 0900 – 1200 – Basic Wound Management and Closure (Suturing)
 - 1330 – 1530 – Wound Closure Workshop only (suturing)



A Message from Ground Zero

Submitted by Barbara Morita, PA, Clinician's Group Leader

[From the editor: Barbara ran into this sorting through some papers recently. It was something found in the medical tent that she saved from our deployment to Ground Zero, and thought that it would be a fitting retrospective on this 5th anniversary of the 9/11 attacks.]

A Letter to the Rescue Workers

So many of you deny that you are heroes saying you are just doing your jobs.

Well, okay, maybe it's not heroic to have chosen your profession. Maybe it's not heroic to love that job. Maybe it's not heroic to feel the rush of adrenaline when the call for help comes in.

BUT, it is heroic that you keep your promise and come when called. You don't stop to consider what dangers may be waiting for you. You don't stop to analyze how hard the job will be. You just come ready to do what ever needs to be done.

Even now when your hearts are breaking and your spirits are empty, you still allow us to lean on you and to ask you to rescue us from that pit of hell.

No one could ever be prepared, no matter how hard they trained, to do the job we are counting on you to do, a job none of us could possibly face ourselves. No compassionate human being should ever have to see the things you are seeing. And yet you are still there trying to bring back to us loved ones, co-workers, fellow Americans, fellow human beings.

For this, YES you are truly HEROES and will always be in our hearts! THANK YOU!



Welcome New Member!

By David Lipin, Commander

Many of you have asking for and eagerly awaiting an update on Kelley, and we've finally got the

details for everyone. (They've been a bit busy!)

Kelley and Jimmy had their third baby girl – Summer Elizabeth Ashcroft – arriving at 8:10 pm on Aug. 18th at 7 lb 3 oz and 19½” long after just 4 hours of labor. Aug. 18th is her great grandfather's birthday, which made the date even more special and probably led to more than the usual amount of tears...

Grandma says Summer is an absolute beauty and such a mellow baby! Everyone is doing fine, Summer is very mellow, and Summer's sisters Catherine and Mackenzie are a big help to mom too. So far she seems to have reddish hair - Jimmy is a strawberry blonde - but no telling if it's going to last.



Administrivia

By Bonnie Atencio, Administration Section Chief

Contact Information Update

In an ongoing attempt to ensure that everyone's information is complete before we deploy, I'm including this link to the [Change of Address form](#) on our website. If ANYTHING has changed for you, address, name, phone, banking, etc., please fill out the form and return it to me. You can fax it to (650) 412-1815 or e-mail it to me at administration@dmata6.org. This is imperative if you plan to deploy. As our next on-call month is in November, we need the information sooner rather than later. And, if you remember Tropical Storm Ernesto, there is always the possibility we could deploy sooner than November, so...

Scrapbook Work

Calling all you scrapbookers out there! We have a photo album that is in serious need of a makeover. We'd like something put together that shows off our team for recruiting events, and one we can have available at the Operations Center to showcase all our incredible accomplishments. We can't let Task Force 3 have all the glory there.

National Finance Center

If you are an NDMS member and haven't accessed your banking information at the National Finance Center, please do so now. It will soon be a requirement. Getting a jump on it now will save a lot of time and frustration now. The website address is www.nfc.usda.gov. You want to go to the green oval about mid-page that has the letters EPP (Employee Personal Page) on it. You'll register as a federal employee and then wait about two weeks for your password. Then you can go into the page and view your pay periods, deposits, W-2 statements, etc.

Notification of Personnel Action

Notification of Personnel Action forms have arrived for NDMS members. This particular batch just indicates your cost of living increases for this year. They're available at the Operations Center if you'd like to pick up your copy.

Updated Timesheet

We've simplified the process of submitting timesheets for billable hours. Click on the NDMS Timesheets link from the bottom-right corner of the website's Member Area. Basically, all you have to do is fill out the form, print it, sign it, and fax it to us by 5 p.m. the Friday prior to the end of the Pay Period. We no longer require e-mail notification, but the fax is due by 5 p.m. on that Friday instead of the following week.

Speaking of timesheets, there's a new timesheet that goes along with the new process. Our forms and

Excel guru Kevin Montegrando "tuned up" the old NDMS timesheet, and NDMS adopted his revisions! So please download the new form (available from the same timesheet link mentioned above), and please fill out every column – including the Fund Code – so we know how to enter your time.

As always, check with your Section Chief before submitting a timesheet. Your time must appear on that month's section status report so it gets approved *before you do the work!*



Operations Update

By Terry Holbrook, Operations Section Chief

Here it is fall again, and we should be in the midst of the Wildland and the hurricane seasons, but here we sit. Is all of this work in anticipation of this? Well, sad as it seems, yes. With this work (from this and the other Sections,) we make it possible to deploy with the best-trained people, into any situation they bring to us, doing the job to the highest standards. So, while we are missing the thrill of deployment these days, when we do go, it is great that we can do so with confidence that we are the best of the best because of the dedication and work of all of our colleagues.

So here are the updates from the leads in the Ops Section....straight from the horses' mouths, so to speak, so this time I'm sure I'm not misspeaking!!

Employee Health Unit

Leanne Andrews, Respiratory Program

The collection of surveys is about 80% of members who are potentially deployable. I am working on the last 10-15 people.

Most of the surveys have been reviewed by our Medical Director and submitted to Federal Occupational Health for review.

Fit-testing was started at the September team meeting; Brandon is heading this part up, as he has the hoods/equipment to do many people at a time.

As far as the Policy and Procedure for respiratory fitness, I made copies of what we had and I have been working with Alan Roth on this. He sent me a revised policy that he came up with from his work. Now we're at the fine-tuning stage.

Bobbie Johnson, Immunization Program

Just thought of a few things to put in newsletter:

IPPD – must read result by qualified personnel within 48-72 hours and have result put on PHS 731 form. DMAT personnel should submit an updated photocopy of their yellow cards (PHS-731 form) as appropriate. It is ESSENTIAL to keep your immunizations up-to-date and e-mail a photocopy of your updated PHS-731 to immunizations@dmata6.org or fax a copy to (650) 412-1815.

As far as immunizations go...

I have a new member helping out with this program – Carol Masterson, RN. I talked with her before she went on her month-long trip to New Guinea. She'll be getting oriented to Immunizations after that. That's about it at this time.

LeNai Dohr, Medical Screening

Hello all! I am back on task after a brief leave for dad care. I have Cheryl Tomlinson working with me, and will be sharing some work with a new member, Becky Werner, who has volunteered to help me (heaven help her!).

The annual clearance form and physical/medical requirements (for team members to participate on the team) to take to their PCP has been

submitted and will be reviewed for acceptance and/or changes. There is a rough draft of job descriptions with the team, such as nurse, logs, PIO, etc., and the corresponding functions and physical standards which go with them. Next on the list are physical and medical standards for deployment. These are being done quite masterfully by Cheryl Tomlinson. Cheryl is doing not only the standards for any member, any mission, but also for very specific missions, such as floods, earthquakes, pandemics, etc. Moving on, we are doing some clarifications and speeding up of the medical screening for deployment.

We are coordinating with other groups, admin, plans, logs, etc., as our tasks interact with theirs. For example, the admin folks (bless them) spent hours creating separate personnel medical records for team members. This will assist all of us during mobilization.

Speaking of mobilization, there will be a casual class in the near future on training personnel for medical screening. The class might be on a work day, and be only an hour or two. The training would be for the following positions: medical screening coordinator, medical screening officer, and trainers for medical screeners. These positions cover personnel from non-medical to MD/PA/NP, so anyone who is interested may contact me and/or watch for an announcement. Finally, we have all our P&Ps to do. This should only take a few days.....All help/suggestions and donations of chocolate are welcome

Clinician's Group / QA Unit

Barbara Morita, Clinician's Group

The Clinician's Group continues to have very productive meetings. Thank you to all who pitch in!! We support the work of the larger operations committee. As a subgroup, our focus is on M&M and case reviews, chart audits,

protocols and other quality of care issues. We also support team skills training, medical screening as the team goes out on deployment and recruitment of clinicians. Bring a co-worker to the next meeting! The team urgently needs more clinicians.

If you are not receiving email reminders, contact Barbara Morita at moritaiko@comcast.net and I will put you on the list. The Clinician's Group is open to everyone who participates in patient care. Yes, that includes EMTs and all the other non-doc/nurse categories we don't always list. Upcoming Clinicians meetings are: Saturday, Oct 28th at Laura Miller's and Saturday, January 20th at John Brown's (8:00 breakfast, 9:00 meeting).

Aileen Hayes, Protocols:

I've completed the 9 nursing protocols to be used by the non-profit in the event an MD is not available. They just need to be picked at.

We also did some helpful chart audits during our recent Clinician's Group meeting.

LeNai Dohr, Skills Check-offs

Our group, along with the clinicians, finished the skills check off guide, and has implemented our in-service and skills review at the last team meeting. This will be an ongoing process as everyone gets checked off and new skills are introduced.

And back to the Section Chief...

As you can see, there is a lot of work going on, and we again invite each and every one of you to join us in making these strides toward completion of the tasks.....at least for this year.



What Would MacGyver Do?

By Ron Lopez, RN

AUTHOR'S COMMENT: This column is about patient care made easier through the innovative use of non-traditional methods and materials. The other name for this is Medical MacGyverism. You will find many MacGyverisms throughout the administrative, logistical, and clinical functions that keep CA-6 going. So with that in mind, if any of you have ideas, gadgets, methods, or comments that would positively contribute to this column, feel free to send 'em my way. You can reach me at ron@disasterhit.com. Now on to our tip for the month:

For you clinicians, I don't have to ask the question. But for you clinician helpers out there, have you ever found yourself in the position of having to move a big, round patient - who isn't actively helping you - from point A to point B? I'm talking about getting someone who weighs 100 kg+ moved from a gurney to a bed, or off a litter to a bed, and vice versa? In hospitals, there are a number of fancy devices they use to get this job done. But inside a DMAT tent we know it's not like that and we have to make due with the limited resources on hand. So here's what you can do...

For clarity, imagine you are transferring a patient from the DMAT treatment litter to a gurney. Take a fresh, unused (duh) plastic bag of suitable size and snip off the closed end close the end seam. The red biohazard bags work just as well as any similar type of plastic bag, so if you need to, go ahead and

use it. So now, you should have what amounts to a “tube” of plastic sheeting. Place the bag so that the long axis sits parallel to the patient and lined up so that it is halfway underneath the torso. You have to turn the patient a little bit to accomplish this. And here’s the critical part - you have to turn the patient using a cloth bed sheet or draw sheet so that the plastic bag is BELOW the sheet, not touching the

patient’s skin. This thing won’t work if you try to use the cheap paper bedsheets common to ambulance work. You can tell when the bag is properly placed when the half that is not under the patient is draped over the gap between the litter and the gurney.

Now, just use the sheet as a means of drawing the patient towards the gurney. You will find that the cloth - with the patient on top of it -

slides over the tube of plastic sheeting (plastic bag) like Teflon. This method is very good for adding mechanical advantage when small-statured personnel are moving a big patient.

Until next time, and don’t go on field training or deployment without your duct tape.

Ron