



# Praeparo

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## THE ANSWER, MY FRIEND, IS BLOWING IN THE WIND

North Carolina is still trying to dry out from Hurricane Florence, which dropped an estimated 10 trillion gallons of rain and caused flooding not seen since Hurricane Hazel in 1954.

CapRAC teams were activated by North Carolina Office of Emergency Medical Services and were responsible for the logistics and onsite management of a state medical support shelter (Special Medical Needs Shelter) located in an unused building on the campus of Cherry Hospital in Goldsboro.

Teams of SMAT-800 and Capital MRC volunteers worked in the CapRAC warehouse to prepare the various response trailers for deployment; then on the morning of September 11, Capital MRC members deployed to Goldsboro where they were met by team members from the other preparedness coalitions to initially set up sixty medical cots and prepare for the first patients to arrive later that afternoon.

Duke Healthcare Preparedness Coalition was designated to be responsible for staffing the shelter; five SMAT-800 volunteers were approved to deploy with the Duke team for a five-day deployment to provide care to displaced nursing home and home health patients from coastal communities.

At the height of the storm, the population at the shelter swelled to eighty patients along with their family members or primary caregivers.

To meet the medical needs at the shelter, members of various federal disaster medical assistance teams were deployed to work in the shelter. When a request for volunteers to assist in providing palliative of the residents in the shelter, additional Capital MRC volunteers were deployed to meet this request.

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## BECOMING A PART OF THE ACTION

The Capital Regional Advisory Committee (CapRAC) works with health care providers across a five-county region (Franklin, Harnett, Johnston, Lee, and Wake) to improve the quality of and access to health care.

CapRAC also assists the five- county region in preparing for, responding to, and recovering from any type of emergency or disaster.

CapRAC membership allows for cross-jurisdictional cooperation to ensure that our region's health care system is the most prepared, offers the highest quality care, and is the most accessible.

There is no cost to join. CapRAC meets on a quarterly basis. Anyone who is dedicated to ensuring that medical care is provided and accessible is welcome to join.

Contact  
[JanisBrown@wakemed.org](mailto:JanisBrown@wakemed.org)  
to get more information.

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While Steve Harrison was filling the role of incident commander at the shelter:

- CapRAC Coordinator Dale Hill was in constant motion ensuring that the shelter was provided with the equipment and supplies needed to operate as the population in the shelter grew.
- Janis Brown, CapRAC Team Leader, served as the coalition's primary contact for ESF#8 and worked endlessly to keep coalition partners up to date on the activities of the state and the response teams during the storm. She also made sure that our coalition partners had everything they needed to be able to provide services to their respective communities. Additionally, Janis worked with our partner EMS agencies to coordinate ambulance strike teams to deploy to impacted communities.
- Nicholas Thorpe, the Capital MRC Coordinator, partnered with the state Community Emergency Response Team coordinator and the Governor's Office on Volunteerism to identify medical professionals who were interested in volunteering, provided just-in-time training and worked with state and county partners to identify staffing needs that medical volunteers could fill. Nicholas provided training for thirty new volunteers and was able to deploy an

additional sixteen Capital MRC volunteers to three state medical support shelters, two mobile disaster hospitals, and to one general population shelter.

By September 21, all the patients in the shelter in Goldsboro had been discharged to either another shelter, to their homes, or to a temporary facility.

By September 24, demobilization at the shelter was complete, and all of the trailers and equipment was returned to the CapRAC warehouse. For the entire week, four Capital MRC volunteers worked with Steve, James Creech, Janis, and Nicholas to begin the daunting task of checking, cleaning, restocking, and reloading all of the trailers, including the disaster mobile hospital trailer, in preparing for the next disaster.

By no means has the state recovered fully from Hurricane Florence, but as for CapRAC, our equipment, supplies, and volunteers are ready.



## FROM THE FRONT LINES

By: Dr. David Dubow (SMAT-800 and Capital MRC Volunteer)

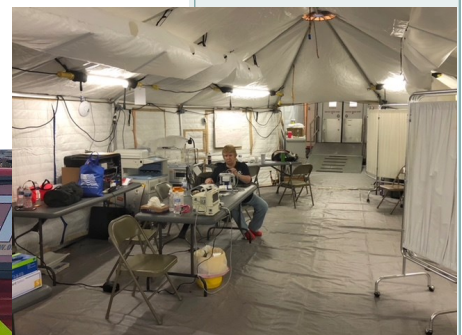
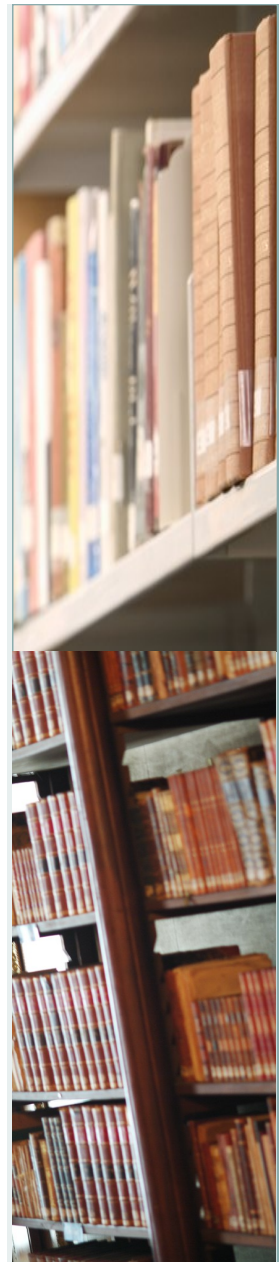
The after effects of Hurricane Florence are still being felt in eastern NC. On Sunday, Sept. 23<sup>rd</sup>, I traveled down to the medical disaster hospital in Kinston to help with medical care as part of the SMAT-800 team sponsored by CapRAC. This was the tail-end of the disaster medical relief and the hospital is scheduled to close on Wednesday at noon.

The disaster medical hospital provides episodic care for patients with emergent and urgent healthcare needs. Think of it like an ER. That's in contrast to the medical relief shelters (like the one in Goldsboro), which provide medical care to evacuees from nursing homes or patients who rely on home healthcare.

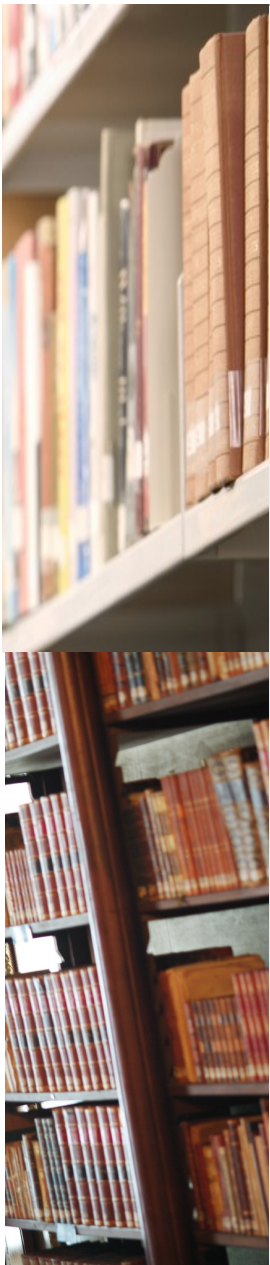
The capabilities of the medical disaster hospital are pretty impressive. The one I helped in was staffed by several providers (EM doctors and midlevels), as well as multiple nurses, most of whom were ED or critical care RNs from various hospitals in the region (Sentara in VA, ECU, Rex, Wake, etc.). We had a portable x-ray machine with an x-ray tech, paramedics who were very anxious to help out, even a pharmacist. The staffing was excellent. Lab consisted of several iStat machines, so we could get basic chemistries, and Hct, pregnancy and urine dips. Nurses would run those machines. There was an ancient ultrasound, and one provider brought his own portable u/s. We had casting material, sutures trays, I&D supplies, plenty of IV stuff, and both pediatric and adult code carts (yes, Broslow sorted). Medications were abundant, including all code drugs, Propofol, Etomidate, pressors, a good selection of pain meds, and plenty of oral antibiotics for first dose delivery. We did not have lots of IV antibiotics, but that makes sense because patients sick enough to need those were evac'ed promptly.

I saw typical ED patients with coughs, cellulitis, ankle sprains, etc. Prior to my arrival, there were patients with questionable sepsis, fall from height, fractures, etc. The sicker patients were stabilized with IV (airway, if that were needed) and promptly evac'ed by ambulance or air mobile. During my final day, the weather was iffy, and we were informed that the Coast Guard or Army could fly out patients in adverse weather, if needed. During my evening shift, we treated and streeted a patient with flank pain (? renal colic vs pyelo vs musculoskeletal) pt had no fever, no abd tenderness, clean urine dip. H/o kidney stones, no trauma, no other major PMH (like HTN) was youngish. Got better with small amount of IV fluids, zofran, toradol and morphine; had access to next day health care.

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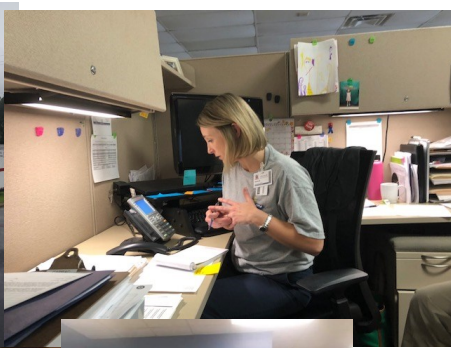
Sending patients to local/regional ERs was a snap. Providers said the word and paramedics from an ambulance strike team standing by at the hospital would swoop in, bundle up the patient and take him/her away to wherever we said. No phone call nor part I/II of EMTALA paperwork. Sending by helicopter was equally simple and fast.

Documentation was the old fashioned way, pen to paper with short and sweet H&Ps. No complicated discharge paperwork, no referral forms. It was see the patient, write a brief H&P, maybe write a prescription, shake a hand and send them off. Every single patient was extremely grateful for the care they got.

Security was excellent with officers from various agencies (SBI, DOI, etc.) sitting at the tent, and they often helped out moving patients from cars or back to whatever their go-home transportation was. We slept on cots in a high school (the hospital facilities were set up in the parking lot) and had hot/cold running water and AC. I'm told there were shower facilities, but I was only there for about 24 hours. The food was unbelievable. While CapRAC brought MREs, the Salvation Army (a unit out of Florida) was there with home-cooked and fresh breakfast, lunch and dinner. The local churches also brought heaps of dinner food and enough desserts to feed an army.

The camaraderie was also excellent. Although I'd never seen any of the staff before, we clicked immediately and worked together seamlessly. Everyone was a hoot, with card games and many funny stories were told. An impromptu dance party even broke out late one night, I'm told, after they'd cleared out the patients.

Although my deployment was brief, it was one of the most rewarding medical experiences I've had. If you've ever had any inclination to do disaster relief care, I encourage you to contact Janis Brown at CapRAC ([janisbrown@wakemed.org](mailto:janisbrown@wakemed.org)).



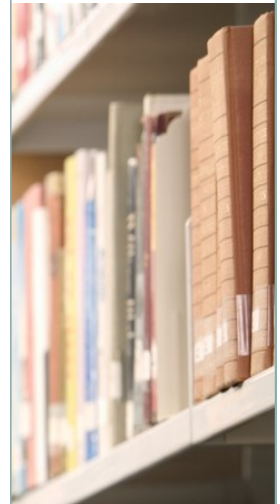
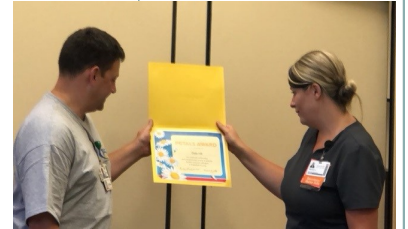
## AND THE AWARDS GO TO...

Before Hurricane Florence was on the minds of anyone in the state, WakeMed Environmental and Health Safety and CapRAC staff were taking in various awards for service to the healthcare system.

Dr. Barb Bisset was informed that she was being awarded a Pyramid Society Award in the category of Culture of Safety. The WakeMed Pyramid Society Awards have been given to less than 1% of the working staff of the healthcare system. She will be recognized for her service to the healthcare system during the annual WakeMed Foundation Gala in December.

Dale Hill was informed that he was receiving a Petals Award for supporting Child Life Services in locating and coordinating storage space for items that were donated to through the WakeMed Foundation this past summer. A Petals Award is for non-clinical staff members of the WakeMed Community who have acted beyond any reasonable expectation in service to patients, visitors, or to other departments within WakeMed.

If you or your agency has been identified as going over and beyond the call of duty we would be very glad to share this information in the newsletter with our coalition partners. Contact [NiThorpe@WakeMed.org](mailto:NiThorpe@WakeMed.org) for more information.



## GOODBYE SERVNC, HELLO TERMS

In July, the state ended the contract with ServNC for medical volunteer registration and management.

After a few weeks of spreadsheets and emails, the state launched an updated version of the TERMS system. TERMS had been used as the primary training registration tool for all of emergency management and emergency medical services, but with the new update, TERMS, in addition to being the primary training registration tool, is also the state's responder registration and management tool.

All specialized first responder teams, medical teams, and recognized volunteer groups have been added (work in progress) to give team leaders the ability to verify credentials, have access to training records, initiate alert notifications, and communicate more efficiently with members.

CapRAC has worked to get the word out about the move from ServNC to TERMS, and the time for utilizing direct email as the primary communication tool has come and gone. All volunteers who wish to continue to actively participate with SMAT-800 or the Capital MRC are now responsible for creating a responder profile in TERMS and need to request to join the respective teams. (Volunteers now can request and associate with as many teams as they want.)

TERMS notification capabilities were used in requesting available SMAT-800 and Capital MRC volunteers in response to Hurricane Florence, and moving forward, it will be the primary way information is shared.

The TERMS website can be found at: <https://terms.ncem.org>.



# FUTURE TRAINING/VOLUNTEER OPPORTUNITIES

## NC State Fair

*Volunteers working under the direction of Red Cross*

Thursday, October 11 through Sunday, October 21; 12 hour shifts; Raleigh, Contact [Kathy.ellen2@redcross.org](mailto:Kathy.ellen2@redcross.org) for more information

## Capital MRC Medical and Skills Lab

*Intended for Non-Medical volunteers, all are welcome*

Thursday, November 8; 6:00 PM - 9:00 PM (Food Provided); Garner; Registration through TERMS: <https://terms.ncem.org/TRS/courseDesc.do?sourcePage=courseSearch&cofId=113070>

## Critical Incident Stress Management: Assisting Individuals in Crisis and Group Crisis Intervention

Tuesday, November 13 through Thursday, November 15; 8:30 AM - 4:30 PM; Raleigh; Registration through TERMS:

<https://terms.ncem.org/TRS/courseDesc.do?sourcePage=courseSearch&cofId=113040>

## State Medical Assistance Team 800 Initial Training

*Required for SMAT Volunteers*

Thursday, November 29 through Friday, November 30; 8:30 AM - 5:00 PM; Garner; Registration through TERMS:

<https://terms.ncem.org/TRS/courseDesc.do?sourcePage=courseSearch&cofId=113062>

## Capital MRC Orientation

*Required for all CapRAC Volunteers*

Monday, December 3; 6:00 PM - 9:00 PM (Food Provided); Garner; Registration through TERMS: <https://terms.ncem.org/TRS/courseDesc.do?sourcePage=courseSearch&cofId=113069>

## G-386 Mass Fatalities Incident Response

Tuesday, December 4 through Wednesday, December 5; 8:00 AM - 5:00 PM; Garner; Registration through TERMS:

<https://terms.ncem.org/TRS/courseDesc.do?sourcePage=courseSearch&cofId=112656>

## OUR ORGANIZATION

The CapRAC Healthcare Preparedness Coalition is federally funded through the Assistant Secretary of Preparedness and Response at the Federal Department of Health and Human Services. The Mission of the Coalition is to be a partner to healthcare and emergency response organizations in working to mitigate, prepare, respond, and recover from emergencies and disasters affecting the residents in North Carolina.

Through collaborative efforts in emergency planning and exercising, to help enhance the resiliency of coalition partners, the coalition also maintains a robust assortment of resources and equipment to be utilized during special events, public health emergencies, and disasters.

The coalition also manages the Type II State Medical Assistance Teams and a regional Medical Reserve Corps program (Capital Medical Reserve Corps) both of which is comprised of multidisciplinary medical and non-medical volunteers that are trained to provide support for short and long term special events or disasters.

To learn more about the CapRAC Healthcare Preparedness Coalitions, how we work with our surrounding coalition partners, how to join the coalition or our emergency volunteer teams visit <http://nctrianglecoalition.org>, contact Janis Brown at [JanisBrown@WakeMed.org](mailto:JanisBrown@WakeMed.org), by phone at 919-350-6265, or follow us on Facebook at "Capital Regional Advisory Committee."

