



## Town of Fairfield

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**TO:** Board of Health, Board of Selectmen, Board of Finance, RTM

**FROM:** Sands Cleary, Director of Health

**SUBJECT:** Request from the Director of Health for a transfer of funds from an increase in grant revenue in the amount of up to \$10,000 to cover the cost of a capacity building project to improve and enhance medical and public health functions that support emergency shelter operations, and further resolve that the First Selectman is authorized to make, execute, and approve on behalf of the Town of Fairfield, any and all contracts or amendments thereof with the Office of the Surgeon General (OSG), Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC), in collaboration with the National Association of County and City Health Officials (NACCHO), to conduct activities described in the 2012-2013 MRC Capacity Building Award (CBA) contract. These costs are 100% reimbursable.

**DATE:** September 11, 2012

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- I. Background:** The Medical Reserve Corps (MRC) is a national network of local groups of volunteers committed to improving the health, safety and resiliency of their communities. MRC volunteers include medical and public health professionals, as well as nonmedical volunteers interested in strengthening the public health infrastructure and improving the preparedness and response capabilities of their local jurisdictions. In 2005, the Fairfield Health Department established the Fairfield-Easton MRC with the mission to provide volunteer medical and public health support to the communities of Fairfield and Easton during public health or other emergencies or when requested, to assist other communities. The Fairfield-Easton MRC may be called upon to assist the Fairfield and Easton Health Departments in times of public health emergencies with the mass dispensing of vaccines or antibiotics or with the mass care/shelter needs of residents. Recently during Hurricane Irene, Fairfield-Easton MRC members served in both medical and nonmedical roles at the Town of Fairfield emergency shelter at Fairfield Ludlowe High School and also participated in the Town's recovery operations by assisting with commodity distribution to residents immediately following the storm. The Fairfield-Easton MRC currently has about 490 members including 305 medical members and 185 non-medical members and

is comprised of volunteer residents mostly from the towns of Fairfield and Easton. It is lead, coordinated and supported by the staff of the Fairfield Health Department.

At the national level, the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) is housed in the Office of the Surgeon General (OSG). The DCVMRC functions as a clearinghouse for information and guidance to help communities establish, implement and sustain MRC units nationwide through the assistance of MRC Regional Coordinators. For FY2012-13, the OSG, DCVMRC, in conjunction with the National Association of County and City Health Officials, is conducting a competitive award process for MRC units. The purpose of the competitive awards is to fund projects that (1) enhance the capacity of MRC units; (2) demonstrate innovation in addressing unit or community needs; and (3) demonstrate return on investment, direct impact, and/or value-added benefits(s) at the local level. The number of awards and award amounts will be determined by the number of applicants and available funding and are expected to range in amount from \$5,000 to \$10,000. Award applications must be made by September 28<sup>th</sup>, 2012 and notification of awards will occur in the latter part of December 2012.

## **II. Purpose and Justification:**

The severe storms of 2011, i.e., Hurricane/Tropical Storm Irene and winter storm Alfred, emphasized the need for review and updating of existing plans for emergency shelter operations and highlighted the emerging role of local public health departments in provision of health services and medical support for shelter populations, especially persons with special health needs. During Hurricane/Tropical Storm Irene, the Fairfield Health Department deployed members of the Fairfield-Easton MRC to work at the Town's shelter to provide first aid care, medical support services for persons with disabilities and functional health needs, and feeding services. MRC members worked along side Fairfield Community Emergency Response Team (CERT) volunteers who conducted the non-medical aspects of the shelter. Although the more than 48 hours of shelter operations during Irene were generally successful and revealed many areas of strength, the Health Department has identified a number of areas requiring improvement as well as processes in need of further development. Some of the identified issues include the scope of medical care that may be provided at a shelter, policies pertaining to medication management, behavioral health support, and a shelter medical documentation system. While the Health Department has taken initial steps to address these important concerns, the capacity building award funding would provide a valuable opportunity to implement a dedicated project to focus on these matters in an innovative and comprehensive manner.

## **III. Detailed Description of Proposal:**

The focus of this project proposal is two-fold. The first goal is to create a guidance document, i.e., MRC Shelter Operations Toolkit, for Fairfield-Easton

MRC members to provide them with practical information, procedures, protocols, and documentation forms necessary to carry out volunteer roles in support of medical and public health aspects of emergency shelter operations. The MRC shelter responsibilities and activities to be addressed in this Toolkit include medical screening, first aid, functional needs support, infection control, behavioral health assistance, and feeding. The Toolkit development will significantly expand and build upon the preliminary draft of a shelter medical protocol written by the Fairfield Health Department in July 2012. The project's second goal is to form and train a core group of MRC volunteers to serve as team leaders at a shelter. The MRC team leaders will be trained in the content and implementation of the MRC Shelter Operations Toolkit and will be assigned leadership roles in specific aspects of running a shelter, e.g., team leader of the shelter medical screening group or the shelter first aid group. Development of the Toolkit and MRC team leaders is a direct and expedient approach to addressing areas of the Town's shelter operations that have been identified for improvement. The Toolkit will define shelter medical policies and provide a documentation system for their implementation. Essential supportive medical supplies for sheltering may be identified and acquired in the Toolkit development process. The core team of MRC shelter volunteers will be prepared to carry out the Toolkit medical policies and use the documentation system in a consistent manner while also providing leadership for other volunteers who assist at the shelter.

The implementation plan for the project entails establishing a workgroup of MRC volunteers who will work under the guidance and direction of a Project Coordinator to develop the MRC Shelter Operations Toolkit. Upon completion of the Toolkit, a core group of MRC volunteers will be selected to comprise the leadership team for shelter medical and health functions. This leadership team will complete in-depth training based upon the new Toolkit with regard to their area(s) of responsibility at a shelter. They will be prepared to carry out leadership roles during shelter operations and will be qualified to train other volunteers in the Toolkit protocols.

Proposed Budget

Project Coordinator (Independent Contractor)	Part-time work to lead and coordinate project activities, implement training of volunteers, and manage the project budget	\$8,000
Non Salary Costs	Training materials, printing, supportive medical supplies	\$2,000
Total		\$10,000

**IV. Reliabilities of Estimated Costs:** The Health Department's experience with the Fairfield-Easton MRC unit over the past seven years in both training exercises and real-world events has afforded sound knowledge of the unit's capabilities and

commitment. This information and history enable a reliable estimate of the costs to be incurred in the implementation of this project.

- V. **Conducive to Increased Efficiency or Productivity:** This project will afford an immediate and significant value-added benefit to the Town's capabilities for implementation of health services and medical support for emergency shelter residents. The specific values to be added by accomplishment of the project goals are: (1) Local standards will be set for provision of first aid, health monitoring, medication administration, infection control, personal care assistance, behavioral health support, and feeding services in the Town's emergency shelters; (2) Shelter operations will be considerably facilitated by the availability of MRC volunteers specially trained as team leaders in the public health and medical aspects of shelter services. This level of specialized preparation and training for volunteer team leaders will enable the health and medical needs of the shelter population to be readily identified and addressed with appropriate interventions and support measures.
  
- VI. **Additional Long-Range Costs:** None are known at this time.
  
- VII. **Additional Use or Demand on Existing Facilities:** None anticipated.
  
- VIII. **Alternatives to this Request:** Current resources are insufficient for completion of the project's goals within a desirable timeframe.
  
- IX. **Safety and Loss Control:** None.
  
- X. **Environmental Consideration:** None.
  
- XI. **Insurance:** None.
  
- XII. **Financing:** 100% reimbursable by a 2012-2013 MRC Capacity Building Award from the Office of the Surgeon General, Division of the Civilian Volunteer Medical Reserve Corps in collaboration with the National Association of County and City Health Officials.
  
- XIII. **Other Considerations:** None.
  
- XIV. **Other Approvals:**
  - Board of Health
  - Board of Selectmen
  - Board of Finance
  - RTM