

Okaloosa-Walton Medical Reserve

Volunteers Strengthening Our Community's
Emergency Preparedness and Response

Okaloosa-Walton MRC Newsletter



Third Quarter, Page 1

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Epidemic Intelligence Service Fellow to Speak to OWMRC March 20, 2014



Meet Erika Flagg! She is a Florida Epidemic Intelligence Service (EIS) Fellow, a program modeled from a similar CDC program. It is a two-year post-graduate fellowship focused on disease outbreak investigations. FDOH—Okaloosa was chosen to house Erika in a competitive selection process against other Florida Health Departments. Erika's role at FDOH—Okaloosa is to delve into disease outbreaks in our region. She is currently conducting an in-depth study of *vibrio vulnificus*, a bacteria that lives in saltwater and has

potentially fatal effects. Join us at this information session where Erika will talk about the Florida EIS Program and her research thus far. Erika also has a background in bioterrorism and mass casualty training through her experience in the military. She previously taught teams of sailors to treat mass casualty wounds and conducted several disease outbreak training scenarios onboard an aircraft carrier. This presentation is sure to enthrall you whether you are interested in disaster preparedness or disease outbreak and investigation!

Upcoming Events

Guest Speaker: EIS Fellow

March 20, 6pm

FDOH—Okaloosa Auditorium,
FWB

Pet Preparedness in the Park

May 17, 9am-11am

FWB Dog Park at Liza Jackson
Park

Board of Advisors Meeting

April 11, 8am—9am

FDOH—Okaloosa, FWB

FDOH Hurricane Exercise

June 13, TBD

Location TBD

Hurricane Sandy Response

May 15, 6pm

EOC, Niceville

Semi-Annual Meeting

July 17, 6pm

FDOH—Okaloosa Auditorium, FWB

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Pet Preparedness in the Park

May 17, 9am-11am

Join us as we go to the dogs on May 17th, from 9am-11am, at the FWB Dog Park in Liza Jackson Park.

This event will also be a great chance to get out and play with your pets. You can also make some new OWMRC pet friends. During a disaster, it's best to have "pet watching buddy teams". This way, if you cannot get home to your pet, you have a trusted friend or neighbor who will look in on Fido and ensure she or he gets out safely.

We are looking for two to three volunteers to help setup, staff, and breakdown tables. If you would like to help, email [Ashley](#).



We're ready!
Are you?

There will be several information sessions. Topics include: Pet First Aid, Pet Disaster Preparedness, Stopping the Spread of Zoonotic Communicable Disease, and Dog Park Etiquette. Each sessions will be 15 minutes long and will surely teach even the oldest dogs a few new tricks!



Pets in Disaster Facts

- ◆ "Roughly 600,000 pets were killed or were left without a home as a result of Hurricane Katrina." [Hurricane Katrina Relief.com](#)
- ◆ Tuna provides protein for dogs and cats. You can eat it too. This makes tuna a great choice for your disaster preparedness stockpile. [Discovery Channel News](#)
- ◆ "Quantum geophysicist Motoji Ikeya has found that certain animals react to changes in electrical currents. He now regularly monitors a catfish, the most sensitive of the creatures he has tested, to aid him in warning others of coming disaster." [Public Broadcasting Service \(PBS\)](#)
- ◆ "Only 2 percent of cats and 15 percent of dogs without tags or microchips will be reunited with their owners." [American Humane Society](#)



Pet Disaster Tips

Microchip your pet

Keep a collar and leash in an easy to grab location

Plan a pet-friendly evacuation route

Find a pet loving buddy

Prepare a go-bag for each pet

Prepare a one-week supply of food

Pack a picture of you and your pet for identification purposes



Volunteer Spotlight

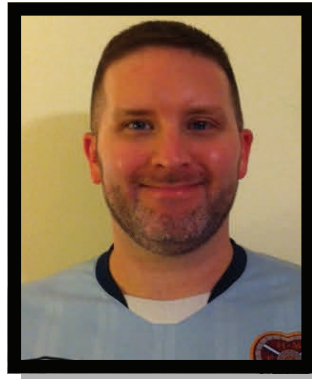


A big welcome to new volunteer, Mark Bagby!

Mark contacted us after doing an internet search for volunteer opportunities in the local area. He searched for a venue that would allow him to serve his community by making a difference and improving the overall health, well-being, and education of our citizens.

certificates, ARJO Equipment Safety Educator, and Medical Surgical Preceptor align with the OWMRC mission to the community prepare for, respond to and mitigate emergencies, disasters and urgent public health needs.

Mark quotes Dr. Thomas F. Frist, Sr. in his message to the community encouraging all professions to join the OWMRC: **“Bettering the human condition is the greatest good any individual can achieve.”**



OWMRC Team Leaders noticed Mark’s special skills, compassion, and exuberance immediately.

Mark, a Twin Cities Hospital RN, decided a Public Health volunteer position would perfectly fit his mission. Mark graduated from the University of West Florida with a B.S. in Psychology, Northwest Florida State College with an A.S. in Nursing (RN) and an A.A. in Social Science.

Mark currently works at Twin Cities Hospital on the Medical Surge Telemetry floor. Mark spends his free time (aside from working and volunteering) with his wife, Mary and their four wonderful daughters! Mark has high aspirations and goals to complete the Bachelor of Science in Nursing degree program and obtain national certification in Medical-Surgical Nursing and Orthopedic Nursing to pursue career as Family Nurse Practitioner.

Mark’s skills as a RN, Basic Life Support and Advance Life Support

2013 Volunteer Totals

Number of Volunteers: 198

Number of Service Hours: 216.5

\$ Value of Volunteer Service: \$8455.85

Thank you for all of your hard work and dedication.

Time to beat these numbers in 2014!

Call for Volunteers!



FDOH—Okaloosa Full-Scale Hurricane Exercise

If you would like to participate in the upcoming FDOH—Okaloosa Full-Scale Hurricane exercise on June 13th, please email [Ashley](#).

Volunteers will be asked to play Special Needs Shelter clients or concerned citizen callers.



Semi-Annual Meeting:



Board of Advisors 2014-2017

Catherine
Spears, R.N.

Peggy McDeavitt,
B.S. Chem

Dr. Frank
Goldstein, PhD

Darrin Gooding,
NREMT

Kasia Knaus,
M. Che. E.

Permanent
Members:

Elaine Bieber

Ashley Rendon

Katie Holbrook

Laura Brazell

It was a cold, sleeting night on January 24th, 2014 but many OWMRC volunteers braved the streets to attend the Semi-Annual Meeting! The many 2013 volunteer accomplishments were hailed, new members were welcomed, and 2014 plans were unveiled. OWMRC Team Leaders provided pizza and attendees brought cake, salad, and drinks. The volunteer favorite, however, had to have been the coffee!

The most important part of the night was when Team Leaders got to award several volunteers for their hard work! Catherine Spears received her 2012-2013 Volunteer of the Year certificate. You read about her contributions to the OWMRC in the First Quarter Newsletter. Also, Darrin Gooding received his Go-Bag for completing all online required FEMA

trainings and attending two OWMRC events. Volunteers that had completed their background screening received their lanyard and flashlight, and those that had completed their online trainings received an OWMRC padfolio.

The new 2014-2017 Board of Advisor nominees were voted on and accepted. Danielle May shared the 2014 CPR Calendar and meeting attendees received a free Florida Department of Health Preparedness Guide full of tips for preparing for disasters. Assistant Team Leader Katie Holbrook provided a photo collage of the previous year's activities, and Team Leader Ashley Rendon presented the new Peer Group Networking concept. **Save the date for the next Semi-Annual Meeting on July 17th, 2014 at 6pm.**

Give a big welcome to our 2014-2017 Board of Advisors!



Not pictured: Laura Brazell



OWMRC attends Bud and Dorie Day Patriot Trail Groundbreaking

Let's Go! 5-2-1-0

The 5-2-1-0 Campaign helps prevent childhood obesity by providing easy to follow guidelines that promote health and wellbeing.

5

Eat 5 servings of fruits and vegetables per day

2

Limit recreational screen time (TV, portable devices, etc.) to 2 hours or less

1

Exercise for at least 1 hour daily

0

Sugar-sweetened beverages like soda and energy drinks

Bud and Dorie Day are true American Heroes. Colonel Bud Day was a US Air Force pilot who served during World War II, the Korean War, and the Vietnam War. He was also a Prisoner of War for five years and seven months. His wife, Dorie, was instrumental in



POW/MIA affairs and, according to a fellow pilot, the "glue" that kept the Day family together during trying times. Long-time residents of Fort Walton Beach, Bud and Dorie have been pillars in the Fort Walton Beach community.

On February 24th, the Fort Walton Beach Chamber of Commerce along with the Fort Walton Beach Women's Club, held a groundbreaking ceremony on the Bud and Dorie Day Patriot Trail. This nature trail will run



parallel to Staff Dr. between Oregon Street and Ferry Park. Once complete, the trail will have markers and pavers filled with information about Bud and Dorie Day. There will also be a memorial tile wall and service plaques for all military branches.

The solemn yet long-anticipated event began with a presentation of the colors by a local Air Force Junior Reserve Officer Training Corps. In attendance were many political figures: the Fort Walton Beach Mayor, representatives from all branches of military service, Bud and Dorie's two sons, and a fellow pilot and close



friend. Attendees walked to the site of the trail's proposed Viking Garden where several contributors broke ground with golden shovels.

The OWMRC Leaders were honored to be part of such an illustrious event in the city's history. The trail will be the perfect way to honor military heroes and promote fitness for all community members.

You are sure to see our staff enjoying the Bud and Dorie Day Patriot Trail as FDOH—Okaloosa begins promoting the 5-2-1-0 campaign that encourages 5 fruits and vegetables, 2 or less hours of recreational screen time, 1 hour of exercise, and 0 sugar sweetened beverages daily,

The trail has been preliminarily marked and designed, but it's fruition is dependent on fundraising efforts alone.

For more information visit:

www.fwbchamber.org



FDOH—Okaloosa and the Community

FDOH Celebrates 125 Years of Florida Public Health!

The State Board of Health was created by state legislature on February 20, 1889.

Liza Jackson was chosen by FDOH—Okaloosa as the Okaloosa Public Health Hero.

The State Board of Health was created in response to the yellow fever epidemic in Jacksonville and other port cities in 1889. Yellow Fever in Florida was eradicated in 1905.

For more information, visit: www.FLHealth125.gov

FDOH—Okaloosa Hosts Childhood Obesity Workshop

February 6th, FDOH—Okaloosa hosted childhood development and educational program leaders at a free workshop that promoted working together to fight childhood obesity. Topics discussed included: Florida’s Healthiest Weight Initiative, breastfeeding friendly childcare, healthy celebrations and snacks, physical activity, and techniques for reducing screen time. The keynote speaker was Dr. Roderick King, MD, MPH, Executive Director of the Florida Public Health Institute.



The 10 Essential Public Health Services describe the activities all communities should undertake. The strength of the public health system rests on its ability to effectively deliver services to community members.

The 10 Essential Public Health Services

1. Monitor health status and understand health issues facing the community.
2. Protect people from health problems and health hazards.
3. Give people information they need to make healthy choices.
4. Engage the community to identify and solve health problems.
5. Develop public health policies and plans.
6. Enforce public health laws and regulations.
7. Help people receive health services.
8. Maintain a competent public health workforce.
9. Evaluate and improve programs and interventions
10. Contribute to and apply evidence based research of public health.

Know Where We Stand

Did you know that Okaloosa County ranks 16th in the state in health outcome factors compared to all of the other Florida Counties? The County Health Rankings looks at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, and more.

To see the full report, visit: www.countyhealthrankings.org



Functional Needs & General Population Shelter



By Darrin Gooding, NREMT

Shelter Must Haves

Cell phone & charger

Shower shoes, towel, & toiletries

Reading light and/or flash light (red light lens preferred)

Hard copies of contact information of family and friends

Protein bars, dried fruit, and snacks that don't require cooking

Personal linens for a cot

As I started looking into functional needs support services, I had never really considered what the disabled population does in an emergency, or how the response measures, such as shelters, would accommodate them. When a disaster strikes, planning to shelter people who are healthy can be a challenge. When the population has needs that require medical or other assistance, the task gets more daunting. Individuals with functional needs may require support or services that can include:

- Reasonable modification to policies, practices, and procedures
- Durable medical equipment (DME)
- Consumable medical supplies (CMS)
- Personal assistance services (PAS)
- Other goods and services as needed
- Climate control
- Medication storage and refrigeration
- Assistance with activities of daily living

Guidance from the federal government says to provide assistance to those with functional needs preferably in the same environment as those without special needs. Under The Stafford Act, Post Katrina Emergency Management Reform Act (PKEMRA), and the Americans with Disabilities Act (ADA) people with functional needs have the same right to services and shelter as the general population.

One of the challenges in a disaster is that medical equipment and

medication may get left behind. One of the largest debates surrounding this topic is whether or not the local government should be responsible for providing replacement equipment and medications. The guidance from FEMA is that states should have a plan and a way to locate and or purchase as many supplies as they can to meet the needs of their population. This can be difficult if the need is unknown or unclear. Shelters accommodating those with functional needs also require more personnel to operate, especially qualified medical personnel to assist those with functional needs.

The key to operating a functional needs shelter is proper planning, not only by those operating the shelter, but also by those served by the shelter. Educating the population with functional needs as to their very important and critical role in preparing for a disaster situation is the cornerstone to making this a successful and safe experience. We can do our part before a disaster occurs by getting the word out and educating people on how to best prepare for disaster.

The below link provides further information about the individual role of persons with disabilities in disaster preparedness: <http://www.ready.gov/sites/default/files/documents/files/PrinterFriendlyDisabilities1.pdf>

For a more in-depth look at functional needs shelter planning take a look at the published FEMA guidelines: http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf



OWMRC Gets New Online Banner Ads

What is NAACHO?

The National Association of County and City Health Officials is an:

- * **Organization representing 2,800 local public health departments that**
- * **Protects and promotes health**
- * **Coordinates programs and services**
- * **Provides leadership, subject matter expertise and grant assistance for local public health departments**

VISION:

Health, equity and security for all people in their communities

For more information, visit: www.naccho.org



Thanks to advertising funding awarded to the OWMRC through the National Association of County and City Health Officials (NAACHO), the OWMRC was able to have new online banner ads created to help recruit volunteers. You can see upcoming ads on many Cox media partner websites and in the Fort Walton and Destin Chamber of Commerce publications over the next couple of months. Be on the look out!

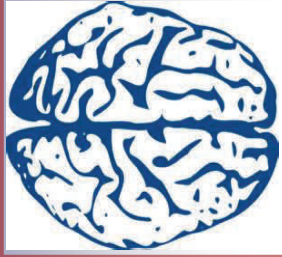


Peer Group Happenings

Peer Group Leaders have been hard at work contacting their respective volunteers in order to introduce themselves and begin the sharing of information. Hospital Support Peer Group Leader. This volunteer should work in a medical setting performing an administrative or support role such as CNA, Health Services Technician, Medical Assistant, etc. If you are interested or have questions concerning this volunteer position, please contact [Ashley](#) for more information.

Peer Groups were created as a way for volunteers in similar career fields to interact and become more engaged with their peers. Peer Groups will communicate their training desires, help suggest potential guest speakers, and identify targeted ways of recruiting those within their own career fields. If you have not yet been contacted by your Peer Group Leader or you are not sure which Peer Group you belong with, please contact [Ashley](#).

OWMRC Team Leaders are still seeking a volunteer to serve as the [Ashley](#).



Mental Health Corner

By Frank Goldstein, PhD.

Normal Reactions to Disaster

No one who responds to a mass casualty event is untouched by it

Profound sadness, grief, and anger are normal reactions to an abnormal event

You may not want to leave the scene until the work is finished

You will likely try to override stress and fatigue with dedication and commitment

You may deny the need for rest and recovery time

Lately, first responders and our military brothers and sisters have experienced a rise in suicides. Most reviews of the rise in suicides attribute the increase to stress difficulties.

It may help to define what types of stress are being discussed and how they differ. Most first responders experience what is called Secondary Trauma (ST). Basically, it is the stress resulting from helping or wanting to help a traumatized or suffering person. Another form of stress for first responders is called Vicarious Trauma (VT) which is defined as bearing witness to another's trauma. It is very similar to ST and should be considered interchangeable.

Perhaps the most common stress disorder is Post Traumatic Stress Disorder (PTSD). PTSD can result when someone directly experiences a traumatic event; witnesses a traumatic event, trauma to a close friend or family member; experiences first hand repeated or extreme exposure to aversive events; has disturbances to normal social interactions or is a witness to any significant or horrific event.

Unresolved stress can play a part in a suicide event. Some facts about suicide in America are that about 30,000 deaths per year are attributed to suicide. That accounts for 80 per day. Suicide is our eleventh leading cause of death. Each suicide affects at least 6 people and 800,000 suicide attempts take place each year. Firearms are used in 52% of suicide cases.

So, what is known of those who attempt and succeed at suicide? First, 72% of suicides are white males. Second, 90% of suicides are white males and females. These figures are important to first responders because:

- ◆ Firefighters are 96% male and 85% white
- ◆ Paramedics are 69% male and 93% white
- ◆ Police Officers are 85% male and 85% white

Thus, just being a first responder may increase your risk and a suicide among our group would be a tragedy impacting our members both emotionally and mentally. Suicide rates for first responders are equal to that of our military and both of those rates have been higher than the general population for the past several years. However, the factors that put a responder at risk are exactly those cited in recent military studies. It is not the number of times deployed or the long hours or the emotional toll of the job per se.

While those actions do impact an individual's stress level, it is the combination of job stress combined with personal trauma, relationship trauma (such as divorce, cheating spouse or girlfriend/boyfriend, parenting issues and financial problems) that are most closely related to suicide among first responders.

The ugly truth of suicide for first responders and emergency medical personnel is that most suicides can be prevented despite our being in high risk stress groups. Understanding the causes of our stress and the relationship of job stress to parenting, relationship and financial stress can be part of stress resiliency efforts.

So the good news is that with successful resiliency and stress coping skills both first responder and military stress can be reduced, managed and accompanying negative behaviors such as suicide can be drastically reduced.



Safe Water Matters

By Peggy McDevitt, B.S. Chem



Did you know?
The information is out there for you!

Another salient point of the SDWA is that utilities are also required to publish and distribute a **Consumer Confidence Report (CCR)**.

The CCR is published and distributed to all consumers by July 1 of each year.

It provides customers information on the sources of their water.

It reports any contaminants or violations in the past year.

To find your CCR or request a copy visit: <http://water.epa.gov/drink/local>

For general information on your water or biological contaminants contact the **EPA's Safe Drinking Water Hotline at 1-800-426-4791**

Let's talk about tap water! Congress passed the SAFE DRINKING WATER ACT (SDWA) Act in 1974. This law is administered by the EPA and partner state agencies. The purpose of this law was to ensure the integrity of our drinking water by setting enforceable health standards for contaminants in drinking water. The "Primary Drinking Water Standards" were established and the frequency and results of this testing are administered by EPA and the Florida Department of Environmental Protection (FDEP) in this state.

Boil water notices happen! The SDWA also requires that water utilities notify the public of any water system violation on contaminants found in the water. Water suppliers must promptly inform the public if their water has become contaminated by something that could cause immediate illness. Water companies have 24 hours to inform the public of violations which could cause serious effects on health. Water companies often go door to door to issue the notice. Others may issue public releases or use media to disseminate the message. If you receive a Precautionary Boil Water Notice, be sure to take it serious and follow guidelines for emergency purification.

WATER COMPANY
(###) ###-####

DATE: _____

ISSUANCE OF PRECAUTIONARY BOIL WATER NOTICE

It will be necessary to turn off the water in your area to complete required utility work. The water will be turned off at _____ (Time) _____ (Date) _____, 200__.

Service should be restored within approximately _____ hours.


A water main break occurred in your service area. Service will be restored as soon as possible.

As a precaution, we advise that all water used for drinking or cooking be boiled until the precautionary boil water notice is rescinded. A rolling boil of one minute is sufficient. As an alternative, bottled water may be used.

This Precautionary Boil Water Notice will remain in effect for a minimum of 48 hours and until required water quality testing shows that the water is safe to drink. Notification will be provided as soon as the Precautionary Boil Water Notice is rescinded.

We apologize for any inconvenience this may have caused.

If you have any questions, please contact us at (###) ###-####



What if tap water becomes unsafe or unavailable to drink? During a storm or other untoward condition a "precautionary boil water notice" could go out to the consumers. The consumer is required to boil all water used for drinking, cooking or hand-washing at a rolling boil for one minute. If you can't boil water, you can disinfect with household bleach. If the

water is cloudy, filter it through a clean cloth first and then add 8 drops of regular (5-6%) unscented household bleach to a gallon. Stir it well and let it set for 30 minutes before drinking. If bleach strength is unknown, add 10 drops to a gallon. Commercially prepared chlorine tabs can be purchased from drug and sporting goods stores. Also, common house hold iodine can be used by adding 5 drops of 2% US-approved Pharmacopeia tincture of iodine to each quart of clear water and let set for at least 30 minutes before drinking it.



Bottled Water. If tap water is shut off because of storm effects to the lift-stations or water distribution systems, bottled water is a safe alternative. Bottled water is regulated by the Federal Drug Administration (FDA) Code of Federal Regulations, Title 21(21CFR part 129). The FDA recommends storing in a cool dark environment away from direct sunlight and any chemicals). Note the expiration dates on bottled water. The minimum recommended storage amount for emergency use is one gallon per day per person or pet for at least three days. Be sure to stock up!

Where did the water go? Often during major storms affecting our area, the tap water is unavailable. If local water lift stations lose power, they cannot remove used water from the area (often causes backups in homes) and the water is turned off. Although in this situation the water quality is possibly unharmed, the water is still vigorously tested for any bacteriological samples. If the storm causes a water line break, the water quality inside the line is compromised. Immediately the water is turned off, the line is repaired, and the water is tested. It's not until the water tests negative for any bacteriological samples that it can be turned back on for consumer use.

Water is on the way! In any situation the water system is interrupted, feel relief that your local water company is working hard and fast to ensure quality and restore your water quickly!



Board of Advisors

It's Not Too Late for Influenza! By: Kasia Knaus, M. Chem. E.



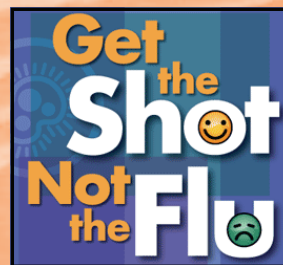
We have all heard about the dangers of influenza and the vital importance of vaccinations, but what many fail to realize is that even though the weather is getting warmer, flu season is still in full force. Many of us ignored the warnings or procrastinated. At this point, those who haven't gotten vaccinated, for whatever reason, may consider it too late or even unnecessary.

The fact is, the "CDC recommends that people get vaccinated against flu as long as flu viruses are circulating. Influenza seasons are unpredictable and can begin as early as October and substantial activity can occur as late as May". This is why the importance needs to continue being addressed as much in late season as it is in the beginning. According to the FDA "it isn't too late to get a flu vaccine, as virus activity typically peaks in January and February".

If you fall within the danger area of influenza (i.e. the elderly and the young), then it becomes even more important to obtain late season influenza shots. Vaccinations in the fight against influenza are critical in combatting the virus and have an importance that goes beyond just the individual. In fact, the most important reason is that it helps reduce the risk of a potential outbreak that could have serious ramifications for all us all. Even though you may have waited to obtain this year's flu immunization, they are still available and you are urged to seek one out.

<http://www.cdc.gov/flu/about/season/flu-season-2013-2014.htm#expected>

<http://www.washingtontimes.com/news/2014/feb/17/fda-says-its-not-too-late-get-flu-shot/>



THE GUIDING LIGHT

