

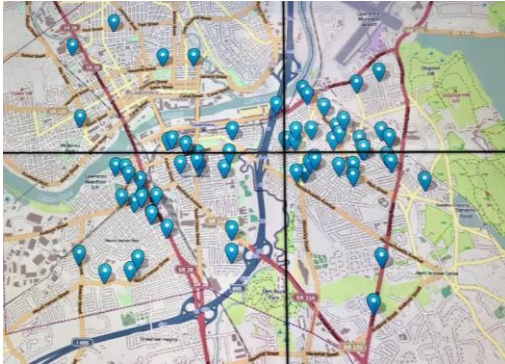


# Medical Reserve Corps Response to Merrimack Valley Gas Explosions

---

LIISA JACKSON MRC DIRECTOR/COORDINATOR

# MRC Initial Activities



- MRC leaders put volunteers on **standby** for shelter operations starting at 7PM on Thurs, Sept. 13
- Three affected **communities**: Andover, North Andover, and Lawrence
- Direct and frequent **communications** between GRV, UMV, and Mystic Valley unit leaders!
- **Shift** dates and lengths, type and number of volunteers determined
- MRC units worked together to assess and **meet the needs** of the people affected by the gas explosions and evacuation
- Collaborated w/ response partners using ICS



# MRC Responses

## I. Shelters

- Medical screening, monitoring and triage, transition to ambulances
- Registration, logistics, set-up and tear-down
- General care of residents and staff support

## II. Recovery Resource Centers

- Registration and foot traffic
- Calming frustrated residents

## III. Claims Centers

- Behavioral Health!!!
- Administrative support



# Andover COA Shelter

## I. Initial Conditions

- Paid municipal staff managed the initial set-up
- Multi-agency volunteers collaborated w/ key functions
- Residents *new* to this environment

## II. Non-medical Support

- Greet and register clients
- Provide GIS mapping updates

## III. Medical Support

- Triage and refer for ambulance
- Patient monitoring and reassurance
- GOOD multi-agency cooperation!





# COA Shelter: Medical Needs



# Andover Red Cross Shelter



## I. Dormitory Section

- Cots and basic overnight supplies
- Earplugs helpful!

## II. General Activities Area

- Registration and communications
- Snacks and DONATIONS!!!

## III. Other

- Kitchen and restrooms
- Basic medical / first aid
- Signage: rules and information
- Overall care for general public





# Andover Shelter Exteriors



I. Free Pizza!

II. Charging Stations

III. EMS

IV. Fresh Air, Socialize;  
Chance to Walk Around  
(Sense of *normalcy!*)



# Claims Centers

## I. North Andover

- Long lines to get items / services
- Behavioral health a big need!
- Responders proactive (brought inspirational quotes, snacks,...)



## II. Andover

- Not as crowded, multi-lingual
- Behavioral health for responders!

**Provide help w/ discretion!**





# Long-Term Support: Showers!



# Multi-week response

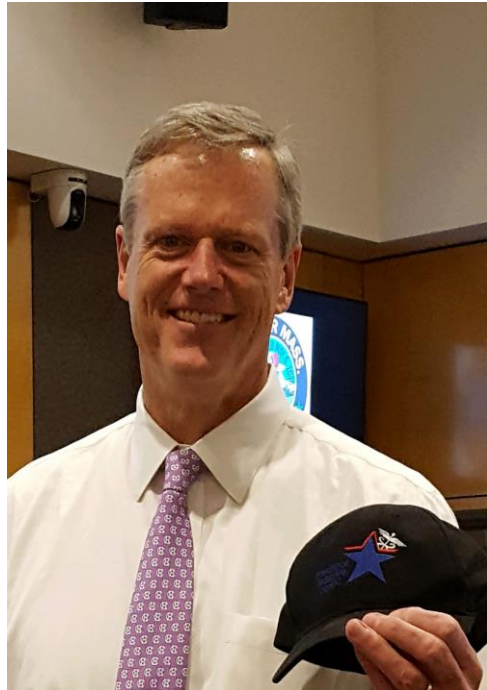
## How would YOU handle:

- Interactions with multiple MRCs?
- Service across 3 communities?
- Diverse volunteers and shifts?
- Situation unfolding each day?
- Multiple agencies?
- Data logging and reporting?

Remember **SELF-CARE!!!**







# MRC Statistics



## # Shifts Covered Across 3 Communities:

**49** at Emergency Shelters / Warming Centers

**46** at Resource Recovery Centers

**14** for Behavioral Health – Numerous Sites

Over the deployment, **356** volunteers were on standby



# Lessons Learned



- Greatest success by ***letting the 3 unit leaders lead!***
- Each had over 10 years of experience with multiple MRC deployments
- Decisions were made by those who knew their members and communities





# Lessons Learned



- No forms required, no external approval cycles needed
- Responded in good faith, despite 'fiscal agent' situation
- Must ensure in advance that members are deployable (CORI, SORI, credentials verified)





# Lessons Learned



Helpful to recruit, cross-train, and cultivate a variety of skill levels:

- Behavioral health, 'de-escalation' capabilities
- Medical and pharmaceutical backgrounds
- Administrative, logistics, shelter support skills





# Question and Answer

---