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Sudbury Medical Reserve Corps  
Meeting Minutes

**Meeting title:** Executive Committee **Touchstone Health Partnership**  
 Medical Management Committee **Meeting date:** December 29, 2008  
**Meeting Chair:** Stephan Deutsch, MD [Jonathan Harding, MD](#) **Recorder:** J HardingJudy  
 Goldberg

**Attendees:** Pascal Cleve, John Stevens, Marilyn Ellsworth, Gail Close, Dale Farmer, Lorraine Reihle, Ippolit Matjucha  
**Copy:** Liisa Jackson, Victoria Parsons, Bob Leupold

Agenda Topic	Issue	Discussion	Conclusion	Action	Who?	Due date
I. Review of Minutes	Prior Minutes reviewed	Since some members had not received the minutes, we reviewed them in detail	Accepted	Send signed copy to Bob	Jon	
		What happened to minutes?	Victoria now posts but did she ever get them?	Check with Victoria	Jon	
II. Old Business	Volunteer Survey	John tested on XComm but no further progress yet	Can send out at any time	Send out	John	TBD
	SNS	Lorraine wrote up summary for next newsletter		Incorporate into newsletter	Pascal	
II. Annual report	Town Report	Jon read off his review of the minutes from the last year and the list of items to include in 2008 accomplishments for the town report. A few items were added by committee members.	We've accomplished a lot this year.	Submit written report	Jon	12/20
III. Shelter Call Up	Central MA storms	Due to continued loss of electricity for a week in some towns and cities in Central MA, Liisa put out a call for volunteers. Two of our members have been mobilized so far to two different shelters. What can we learn from this experience?		Request debrief from Liisa later (after she receives these minutes).		
	John	Call up: by CERT in case we needed shelter here.	Somewhat chaotic. Region			

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	Lorraine	<p>We didn't. Liisa called John, who then forwarded to Pascal. John said he's available and Liisa forwarded his name to her Central M A counterpart. John got called to Worcester HS.</p> <p>Put together a go bag. Upon arrival, no incident commander, shelter manager, sign in for volunteers. 2 red cross volunteers were signing in "clients". Got tour, debrief, and became shelter manager.</p> <p>55 clients. Cell phone went off immediately. Mostly elderly with chronic illnesses, oxygen, wheelchairs. No medical support, had to ask for nurse support. Ran out of food and water. John spent his own money for these. Registration did not capture medical conditions making it hard to track clients.</p> <p>Lack of pillows led to blanket shortage. Cots not tagged led to conflict over cots Volunteers came and went in variable shifts requiring multiple orientations and debriefings. Due to frailty unable to have food line so needed servers to bring food to tables. Boredom was an issue. Cards but not much else to entertain.</p> <p>Security support (police) and logistical support (school custodians) was invaluable.</p> <p>Call up via John. Lorraine relieved prior nurse who had been at shelter 2 shifts. Red cross was there but no CERT. Our official badges helped instill confidence.</p> <p>Fire commander was incident commander. Lorraine</p>	<p>4A will need to figure out how this process will go in future.</p> <p>Use of e mail for notification of need – some of us don't check home e mail that often</p> <p>Go bag content</p> <p>Need for organizational skills and medical skills at shelters since in real emergency mostly the needy go to shelter.</p> <p>Need better logistical planning: food, water, cots, blankets, pillows</p> <p>Need better volunteer tracking, qualification checking. Buddy up unqualified volunteers with qualified ones.</p> <p>A team used to working together would be better solution.</p>			

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		<p>was shelter clinical manager. 65 clients. MD and psychologist were there for some periods.</p> <p>No signage. Red Cross had some equipment and supplies which was secured in the medical area.</p> <p>Medical problems: falls, hypothermia, medications, mental health problems. Monitoring people of concern.</p> <p>Lorraine was given a walkie talkie but was unfamiliar with its use.</p>	Familiarize ourselves with walkie talkies at future meeting	Bring walkie talkies to meeting for practice	Bob	
IV. Newsletter	<p>Content</p> <p>Timing</p>	<p>Brief write up of flu clinic Gail</p> <p>Brief write up of participation at shelter Lorraine</p> <p>Article on EDS Ip</p> <p>CERT drill participation Marilyn? John?</p> <p>Upcoming events</p> <p>Training calendar - Gail</p> <p>SNS Lorraine</p>	<p>Combining with CERT may be efficient, although CERT's is so long now they may not want to make it longer</p> <p>Publication in January</p>	Ask Carol Flynn if she'd like to combine	<p>Pascal</p> <p>Pascal</p>	
V. Flu Clinic		<p>Jon, Marilyn, Gail, and a volunteer participated. Lorraine didn't get notice of change of date until after the 9<sup>th</sup>.</p> <p>We saw about 88 patients.</p> <p>Patient flow had to be planned or caused bottlenecks</p> <p>Linda Sullivan was very helpful.</p> <p>Mr. Keller announced the clinic during town meeting.</p>	Translators were critical New auto-retracting needles were very convenient	Write up summary	Gail	

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VI. EDS 1.5		<p>Cancellation due to low enrollment.  Causes:  Not enough notice  We don't have enough volunteers</p> <p>Name means something to us but may put people off. We should call it, "EDS drill for MRC volunteers"</p>	<p>8 weeks notice  invite other towns' MRCs  don't invite general public  if they don't want to be in  CERT or MRC.  Late march or early April  Coordinate with CERT</p>	<p>Ask Bob to make contact</p> <p>Choose date</p>	Ipp	
VII.	Publicity	<p>Shelter operations experience may make the entire MRC concept more tangible and attract volunteers.</p> <p>Article in newspaper would be more interesting and easier if it were an interview</p>	<p>Get interview for Lorraine and John.</p>	<p>Contact Carole Lamond from Town Crier</p>	Marilyn	
VII. Next meeting`		<p>January 13, Tuesday, 7:30, DPW</p>				

Respectfully Submitted, December 29, 2008

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Jonathan Harding, MD