2014 Domestic Ebola Response—Medical Reserve Corps (MRC) Activities Report
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Report Highlights

As of April 30, 2015, 169 MRC units have reported 180 Ebola-related activities in service to their communities, including providing Ebola-related health education, maintaining situational awareness, providing contact and suspect-case screening support, staffing call centers, and providing general epidemiology/surveillance support.

Notably, the Dallas County MRC (Dallas, TX) and MRC units surrounding the first domestic case of this outbreak, in support of the Dallas County Health and Human Services, provided more than 56 volunteers to support a call center, serving a total of 579 hours over a 19-day period. Two (2) volunteers dedicated 12 hours to assist in the localizing of handout materials provided by the Centers for Disease Control and Prevention, and volunteer activity also extended to neighborhood canvassing for which 37 MRC and five Red Cross volunteers were trained in three separate sessions. Eight (8) volunteers were deployed for canvassing, serving 50 hours in the field on four different days. The Dallas County MRC unit also provided training for volunteer support of emergency response requiring the use of Personal Protective Equipment (PPE) and a Psychological First Aid course that was offered to community providers, mental health or social work professionals, counselors, chaplains, and non-medical volunteers.

Additionally, the MRC of Hennepin County (Hopkins, MN) coordinated with partners from the Cultural Services Unit (CSU) to hold its first regional training for all MRC CSU volunteers from the three jurisdictions it serves. The training focused on peer education, using Ebola as an example of a current public health emergency for which peer education can be used to disseminate information to the general public. The training included an orientation to peer education as a public health concept, a panel discussion of experts to talk about Ebola, and a small group exercise for participants to practice using peer education skills when asked questions about Ebola. The MRC CSU deployed five (5) volunteers and the MRC Coordinator to distribute Ebola health education materials and organize a community information session on Ebola for a total contribution of 15 hours. The unit leader also shared a copy of their CSU Volunteer Position Checklist with the MRC listserv as a resource for other leaders to use and replicate.
Summary

The 2014 U.S. Domestic Ebola Response officially started on September 30, 2014, when the CDC confirmed the first laboratory-confirmed case of Ebola to be diagnosed in the United States in a man who had traveled to Dallas, Texas from Liberia. However, the start of the 2014 West Africa Outbreak of Ebola on March 25, 2014, started the domestic preparedness efforts and public health awareness and education campaigns across the country.

Division of the Civilian Volunteer Medical Reserve Corps (MRC) staff, both in the national office and in the regions, were engaged throughout the response by tracking and facilitating information flow in and out of the affected areas. MRC headquarters staff remained in close contact with MRC Regional Coordinators, who tracked MRC unit activities by directly communicating with regional partners, State partners, and local unit leadership. Local MRC units were also encouraged to enter their activity reports into their unit profiles. To gather data for this report, MRC compiled all MRC unit profile activities for the time period between March 25, 2014, and April 30, 2015. Staff members then read through the reported activities and captured the reports that mentioned Ebola-related activities. Added to this compilation were relevant emails and reports that were forwarded by State and local coordinators prior to the cutoff date. MRC staff consolidated the submitted information into this report. It is important to note that at the time of this writing many units are still engaged in screening support of suspected cases; those reported activities are not captured herein.

As of April 30, 2015, 169 MRC units have reported preparedness and response activities related to the 2014 Domestic Ebola Response. Units indicated that they provided the community with Ebola-related health education, maintained situational awareness, provided contact and suspected case screening support, staffed call centers, and provided general epidemiology/surveillance support. Volunteers in these units provided approximately 13,897 hours in community service, and units across the country reported that they had more volunteers who were ready and willing to assist if needed. Additionally, many units that did not report Ebola-related preparedness and response activities may have performed call-downs and notifications as part of their preparedness planning.

It is the intent of this report to give an overview of the MRC network’s actions during the peak activity of this event. Due to the local nature of the MRC, a true accounting of all the events and activities may not be possible at the Federal level.

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1 Information for this summary narrative was extracted from data provided publicly on the Centers for Disease Control and Prevention Web site (http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/united-states-imported-case.html).
DCVMRC Staff Activities

The Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) worked with the MRC Regional Coordinators to gather information related to the Ebola response and share it, as needed, with other agencies. Throughout the response DCVMRC forwarded and/or linked to information released by the Assistant Secretary for Preparedness and Response (ASPR) and other Federal entities, using social media and listserv platforms to ensure local and affected-area MRC network visibility.

Additionally, a DCVMRC staff member represented the MRC network on the U.S. Department of Health and Human Services Secretary’s Operation Center Emergency Management Group’s Ebola Taskforce and other staff members stood by to assist, as needed. DCVMRC worked with ASPR communications in an attempt to develop a template press release for the locals to use. The intent was to provide creditable national information and increase the public trust factor by having the units insert their local actions related to Ebola preparedness and general community activities. DCVMRC had initial discussions with CAPT Dan Beck, Director, U.S. Public Health Service (USPHS) Readiness and Deployment Operations Group, concerning the potential engagement of local MRC units in support of the Family Support Network. The brief discussion covered the potential use of disseminating public information in areas where officers would be returning home from Liberia as well as potentially supporting direct monitoring as requested/required by the States. Ultimately, the USPHS Readiness and Deployment Operations Group determined that they would use other USPHS Commissioned Corps officers to setup their own Family Support Network. It was felt this would build comradery and ensure better officer-to-family-to-Corps connection.

On behalf of ASPR, the MRC network, and the division, DCVMRC staff responded to Ebola-related requests for information from various U.S. Government agencies and officials. DCVMRC shared the newly released CDC Guidance for Donning and Doffing Personal Protective Equipment (PPE) During Management of Patients with Ebola Virus Disease in U.S. Hospitals course on MRC-TRAIN (course #1054088). The course allowed the learner to select the type of respirator device and gown they would be using in order to receive training customized for their choices that included short video clips for each step.

Region I

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The Regional Coordinator (RC) participated in conference calls with ASPR and Massachusetts State Health Officers, webinars with CDC and the Federal Interagency Committee on Emergency Medical Services (EMS), and a congressional hearing on multi-agency coordination by RADM Nicole Lurie. Additionally, the RC provided information to 94 New England units on
Ebola resources through the forwarding of emails, resources, newsletters, and links. The RC also reviewed unit activity reports from the DCVMRC Web site for additional activities.

**Connecticut**

**Capitol Region MRC** (Hartford, CT). The MRC unit planned a training called Public Health 101 and ESF-8 Response to Ebola that included the medical monitoring process and a review of the forms provided by the local department of public health. The unit leader also met with an ESF-8 Chair to plan for a potential regional activation.

**Naugatuck Valley MRC** (Seymour, CT). The MRC unit leader attended a half-day workshop on the use of PPE hosted by the Pomperaug Health District MRC, which had a particular focus on Ebola as well as other infectious diseases. This was a training specifically designed for the responder community, MRC volunteers, local health department staff, and other public health response.

**Northeast CT MRC** (Brooklyn, CT). The MRC unit hosted local school nurses for an informational session on Enterovirus D68 (EV-D68) and Ebola. Questions and concerns from this session were later discussed at a Community Conversation & Informational event.

**Pomperaug Health District MRC** (Southbury, CT). The MRC unit hosted a professionally-facilitated training for 25 volunteers who could assist with Ebola preparedness/response efforts. An overview was given of PPE equipment, along with proper donning/doffing techniques. The training was attended by local health directors, nurses, MRC volunteers, EMS providers, fire chiefs/marshals, ambulance association representatives, and school officials.

**Stratford-Trumbull-Monroe MRC** (Stratford, CT). Volunteers attended a quarterly meeting in October that included Ebola updates with national, State, regional, and local perspectives, such as the role of the local health department and MRC.

**Uncas Health District MRC** (Norwich, CT). Four unit coordinators from Region 4 discussed new strategies for engaging the public in helping their local health district prepare for potential Ebola quarantine cases.

**Massachusetts**

**Brockton Area MRC** (Brockton, MA). The MRC unit indicated maintaining situational awareness by attending State, regional, or national calls/events regarding the response.

**Brookline Department of Health** (Brookline, MA). The Public Health Commissioner and Public Health Nurse, who is an MRC member, participated on all State and Federal Ebola calls in order to provide updates to emergency management and local officials and discuss Ebola planning. The unit also prepared information in case they received public inquiries and planned a forum on Ebola as part of their public health annual meeting.
Burlington Volunteer Reserve Corps MRC (Burlington, MA). The Director of Public Health (DPH)/MRC Unit Leader attended the annual statewide MRC meeting. Topics discussed were DPH updates on Ebola and Health and Medical Coordinating Coalitions, communications protocol, MA Responds, HAM Working Group, and volunteer recruitment and retention.

Cape Cod MRC (Barnstable, MA). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response. The unit’s leadership met with representatives from several local health departments to discuss plans for the health care community in the event of receiving an individual with a potential Ebola diagnosis. The unit’s Nantucket MRC also held a public information session on Ebola entitled “Is Nantucket Ready?”

City of Springfield, MA Health and Human Services MRC (Springfield, MA). Two (2) MRC volunteers attended the MRC statewide meeting for unit leaders and State leadership that included updates on Ebola.

NEMRC (Haverhill, MA). Fifteen (15) volunteers received blood-borne pathogen training.

Plymouth Area MRC (Plymouth, MA). The MRC Coordinator met with the board of health agents and two Emergency Dispensing Site agents for the three towns the unit represents in order to discuss plans for an event that would include an in-service on enterovirus, Ebola, and tularemia.

Stoughton-Holbrook-Avon-Randolph MRC (Holbrook, MA). The MRC unit hosted the presentation “Ebola: Problems, Protections, and Plans” in conjunction with the Holbrook Emergency Management Agency (EMA) that was attended by 27 MRC participants, including members of other units as well. The speakers provided training to the MRC and the community on the history of Ebola, response, and steps to be prepared.

Maine

Cumberland County Maine MRC (Windham, ME). Four (4) members of the MRC participated in an Ebola informational meeting and tabletop exercise conducted by the Southern Maine Regional Resource Center.

New Hampshire

Greater Nashua MRC (Nashua, NH). The MRC unit shared information with their unit leaders related to the new CDC guidance on PPE.

Northern NH Unit MRC (Littleton, NH). The MRC unit hosted an Ebola webinar with the Deputy State Epidemiologist in October that provided an update for clinicians and responders on Ebola Preparedness and Response.
**Strafford County MRC** (Dover, NH). The MRC Director developed and delivered two 1-hour in-services (with continuing education units) on Ebola basic facts, donning and doffing PPE, and infection control concepts to more than 25 community health center employees. This training gave health care clinicians and support staff valuable evidence and tools that they can use to increase personal safety, increase consumer/patient safety, and decrease consumer anxiety around Ebola.

**Vermont**

**Chittenden County MRC** (Burlington, VT). The MRC unit helped the Vermont Department of Health package up PPE, so it could be sent to EMS agencies throughout the State and be used in cases of suspected Ebola. The MRC Coordinator also participated in a State MRC conference call during which MRC participation in Ebola preparedness was discussed.

**Northwest Vermont MRC** (St. Albans, VT). The MRC unit helped the Vermont Department of Health package up PPE, so it could be sent to EMS agencies throughout the State and be used in cases of suspected Ebola. The unit also presented on Ebola and its effect on the populations of affected countries during its holiday event.

**Region II**

**Region II Activities Reported**

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**New Jersey**

**Atlantic County MRC** (Northfield, NJ). MRC volunteers received training on both EV-D68 and Ebola at the unit’s quarterly meeting that was a pilot for an MS PowerPoint presentation developed by the New Jersey Department of Health; volunteers also participated in an evaluation of the program. Two MRC staff and a volunteer also attended a webinar on Ebola developed by the State that was designed to acquaint community leaders with the Ebola MS PowerPoint presentation.

**Burlington County MRC** (Westhampton, NJ). The county department of health held an infectious disease update for MRC, the Community Emergency Response Team (CERT), the County Animal Response Team (CART), and disaster response crisis counselors to discuss EV-D68 and Ebola and how these individuals might be included in any response activities.

**Greater Montclair Public Health Reserve Corps** (Montclair, NJ). The MRC unit conducted a call-down drill to test its notification system, providing information on Ebola Virus Disease (EVD) and detailing possible MRC support missions to volunteers.
Hudson Regional Health Commission (Secaucus, NJ). MRC volunteers participated in a presentation on Chikungunya, MERS Co-V, EV-D68, and Ebola. Volunteers learned about the four diseases, including signs and symptoms, means of transmission, and the current situation to prevent those diseases.

Hunterdon County MRC (Flemington, NJ). The MRC unit participated in phone bank drills for volunteers and Health Division staff in order to prepare them for an Ebola information line and use of the phone bank system. During the drills, some participants answered the phone (equipped with answers to frequently-asked questions) while others made calls as if they were concerned residents. The unit also hosted a presentation on emerging and re-emerging infectious diseases at their unit meeting. As part of the regional summit, the unit also shared information about their Ebola activities.

Manalapan MRC/CERT (Manalapan, NJ). The unit maintained situational awareness by providing informational updates to members on the Ebola outbreak and control activities.

Mercer County MRC (Trenton, NJ). The MRC unit offered a phone bank training to volunteers. Volunteers were first given a presentation on Ebola, and then an outbreak was used as the scenario for the call center training.

Monmouth County Health Department MRC (Freehold, NJ). The MRC attended the State MRC Coordinators meeting where units shared their Ebola preparedness activities. As part of National Preparedness Month, the unit showed the film Contagion and held a discussion on the Ebola virus and the CDC’s involvement as portrayed in the film.

Paterson MRC (Paterson, NJ). The MRC unit provided basic information and updates on what was being done at both the national and local level to control the spread of Ebola. The presentation was held at the local health department.

Sussex County MRC (Newton, NJ). MRC volunteers received information on EVD. The MRC Coordinator, along with Sussex County agencies and area non-governmental organizations, were also engaged in a Community Containment (Isolation and Quarantine) tabletop exercise to test a potential Ebola response.

Warren County MRC (Oxford, NJ). MRC volunteers, county public health nurses, and the county’s HazMat team attended a 2-hour training on Ebola basics and basic PPE that included N95 respirators and proper donning/doffing of gloves.

New York

Albany County MRC (Albany, New York). The MRC unit maintained situational awareness by attending State, regional, or national calls/events regarding the response.

Broome County Health Department MRC (Binghamton, NY). The MRC unit shared two locally developed exercises on the MRC listserv for other unit leaders to use. Both exercises utilized Homeland Security Exercise and Evaluation Program (HSEEP) templates. One exercise was a tabletop that was held with local hospitals and other
county departments. The second exercise was a communications and notification drill they conducted utilizing the New York State Department of Health Integrated Health Alerting and Notification System tool.

**Central New York MRC** (Syracuse, NY). Two (2) MRC volunteers assisted the Onondaga County Health Department by testing intake procedures at two health department clinics. These surprise mock patients allowed the health department to see if the clinics were following procedure and handling a “positive” patient appropriately. One volunteer also tested the Tompkins County Health Department’s intake procedures to manage a “positive” Ebola patient at a health department clinic.

**Clinton County MRC** (Plattsburgh, NY). The MRC Coordinator assisted in educating emergency medical technicians (EMTs) on Ebola, including reviewing the proper donning and removing of PPE. The MRC unit held an informational update with information on Ebola and EV-D68 for MRC members and provided flu shots to those in need. One (1) MRC volunteer also participated in the health department’s Ebola drill, playing the role of a nurse returning from Liberia with Ebola symptoms in order to drill public health staff on procedures in place for communicating and isolating a potential case of Ebola.

**Dutchess County NY MRC** (Poughkeepsie, NY). The local department of health conducted a presentation on EV-D68 and Ebola to MRC members titled “Emergent Infectious Disease Threats: MRC Role in Response.” Four (4) MRC members assisted during two Ebola response drills at local hospitals by posing as possible Ebola patients.

**Greene NY MRC** (Catskill, NY). The MRC unit participated in the Greene County Public Health Department’s tabletop exercise to determine current resource and system/process gaps within the county’s ability to prevent and respond to Ebola. This exercise included partners from three State agencies, seven county departments, three local EMS agencies, and a neighboring health department.

**Nassau County Department of Health MRC** (Mineola, NY). MRC volunteers were invited to participate in an Ebola Crisis Training for responders.

**Niagara County MRC** (Lockport, NY). The MRC unit showed the CDC Video “Ebola: What Airline Crew and Staff Need to Know” and presented on Strategic National Stockpile (SNS) distribution plans. The MRC unit held a presentation at their MRC meeting with the latest Ebola information as well as roles of public health and partner agencies, protocols for isolation and quarantine, and legal implications. Additionally, Dr. Dyster presented summary information from an Ebola conference call.

**NYC MRC** (Queens, NY). Twenty-eight (28) MRC physicians were placed on standby to support a clinician hotline. The MRC unit participated in targeted outreach activities, including:

- 40 members handing out Ebola information and answering questions at the Africa Day Parade
• Presenting at the “African Communities Together” event that brought together individuals from various African communities to discuss Ebola
• Conducting outreach/education at New York Area airports to taxi/limousine drivers, which contributed to reaching more than 5,000 drivers in 3 days
• Staffing the District African Leadership Council event to provide Ebola information to participants
• An MRC Advisory Team member physician participating on a panel at the “Africa Ebola Crisis Summit” in Staten Island
• Presenting on Ebola to faith-based organizations in the Bronx
• An MRC member speaking on an Ebola panel to religious leaders
• Presenting at a town hall in Harlem
• Two (2) MRC members giving an Ebola 101 presentation to a local church congregation

Approximately 440 MRC members received clinical Ebola 101 training. The unit also conducted large-scale train-the-trainer classes for members, in order to increase information uptake and the dissemination of evidence-based information on EVD. An MRC member gave Ebola 101 training to NYC CERT and another to the 46th Precinct Community Council meeting. An MRC volunteer worked on Hospital Preparedness Program (HPP) deliverables, contacting hospitals regarding HPP paperwork and conducting outreach regarding Ebola to these health systems. Nineteen (19) MRC members were trained to work on the city’s active monitoring call center. Three (3) MRC pediatricians were assigned to school health/DOH to assist with writing and reviewing documents for parents on EVD. The unit also recruited nurses and nurse practitioners to help answer calls on the school health communicable diseases hotline.

**Putnam County MRC** (Brewster, NY). The MRC unit distributed current information on the Ebola outbreak to their volunteer membership and conducted a program on emerging infectious diseases that included Ebola for MRC volunteers.

**Rensselaer County DOH MRC** (Troy, NY). The MRC unit conducted a series of Ebola 101 information sessions that involved twenty (20) MRC and CERT members. The unit also indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

**ServSTEUBEN MRC** (Bath, NY). The MRC unit held an Ebola drill where an MRC volunteer was presented to their agency as possibly having contracted Ebola in order to see whether staff were prepared in the event of an actual occurrence.

**Suffolk County MRC** (Yaphank, NY). The MRC unit distributed information on the Ebola outbreak to its members.

**Yates County Public Health MRC** (Penn Yan, NY). MRC staff worked with Yates County Public Health staff on Ebola training, including the creation and execution of a drill. The unit distributed an emergency planning newsletter titled “Ebola-Related Activities in Yates County” to 103 MRC volunteers and to the county’s public health staff.
Puerto Rico

**MRC of Puerto Rico** (San Juan, PR). MRC volunteers from all of Puerto Rico’s regions participated in the Ebola Plenary at the San Juan Convention Center. During the morning, volunteers received Ebola virus information about epidemiology, symptoms, and treatment. In the afternoon, they participated in different drills in topics such as risk communication and Ebola, decontamination, and occupational health. All MRC volunteers received the Puerto Rico Ebola Control and Management Guide for Hospitals and links to CDC resources. In addition, staff recruited more than a dozen nurses and other professionals from health care institutions during the event.

Region III

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Delaware

**Sussex County MRC, Kent County MRC, and New Castle County MRC units** (Newark, DE). The MRC units sent out Ebola awareness information to all their volunteers.

Maryland

**MD Responds MRC** (Baltimore, MD). The MRC unit sent out an Ebola alert to all their volunteers and also shared information on their social media accounts.

Pennsylvania

**Philadelphia MRC** (Philadelphia, PA). 150 MRC volunteers attended a full-day training that included an emergency pill dispensing exercise, an update on Ebola preparedness in Philadelphia, and training on special events deployments.

Virginia

**Virginia Department of Health MRC** (statewide). The State added the roles of Ebola Response Team group, Community Outreach Worker, Health Educator, Call Center Operator, and Assistant Epi Investigator in the Virginia Volunteer Health System (Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)). The State also shared and sent Epi Response flyers to all 158 participants of Isolation & Quarantine training conducted at 13 sites. The State provided an online Epi course list to MRC unit coordinators for distribution, and the State shared Ebola-related resources and information with all volunteers of the 31 units in Virginia.
Alexandria MRC (Alexandria, VA). The MRC unit scheduled an Epi Interviewing Techniques course and utilized MRC volunteers to support Ebola or daily epidemiology functions.

Arlington County MRC (Arlington, VA). The MRC unit participated in a Category A Agents training that included updates on MERS, Ebola, and EV-D68. The unit also participated in Ebola team training to prepare volunteers to be utilized to support Ebola or daily epidemiology functions.

Central Shenandoah MRC (Staunton, VA). The MRC unit sent Epidemiology Response Team Training Alert messages through their ESAR-VHP system.

Fairfax MRC (Fairfax, VA). MRC volunteers attended a Virginia Department of Health videoconference training titled “Emerging Infectious Diseases – Ebola and MERS.” The MRC also supported the Fairfax County Health Department’s Ebola response and monitoring of incoming travelers from Liberia, Sierra Leone, and Guinea by serving in the Monitoring Group and as On-Call Home Visits Assistants. Over the course of 8 weeks, 31 MRC volunteers provided more than $9,500 in service, primarily on the weekends and holidays, providing much-needed relief to health department staff.

Greater Prince William MRC (Manassas, VA). Twelve (12) MRC volunteers responded that they would be available to provide support for contact monitoring via phone/email. The unit also sent an Ebola monitoring alert message via Short Message Service (SMS) and email and received 11 responses from volunteers.

Loudoun MRC (Leesburg, VA). The MRC unit sent out Ebola awareness alert messages to their volunteers and utilized volunteers to support Ebola or daily epidemiology functions.

New River Valley MRC (Christiansburg, VA). The MRC unit conducted epidemiology field team training.

Richmond City MRC (Richmond, VA). MRC volunteers attended a Virginia Department of Health videoconference training titled “Emerging Infectious Diseases – Ebola and MERS.”

Southwest Virginia MRC (Bristol, VA). The MRC unit sent out Ebola awareness alert messages to their volunteers.

West Piedmont Health District MRC (Martinsville, VA). Three (3) MRC volunteers attended a training session at the local health department titled “Emerging Infectious Diseases – Ebola and MERS.”
West Virginia

Mid-Ohio Valley MRC (Parkersburg, WV). The MRC unit’s Amy Murphy, BSN, RN presented the most current information and provided resources to first responders who may be called upon to manage potential Ebola patients in pre-hospital settings. She discussed current guidelines and case definitions used to identify potential Ebola patients, planning issues, policies/procedures, PPE, transportation issues, decontamination, and communications.

Mineral County MRC (Keyser, WV). The MRC unit met with the Local Emergency Planning Committee (LEPC) and discussed their agencies’ planned response to the Ebola situation.

Region IV

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The RC sent out links to resources regarding CDC Ebola training and resources on MRC-TRAIN to the leader of the MRC of Sarasota County (Sarasota, FL) as requested by an MRC volunteer. The RC also shared resources from many different entities on mental health, treatment, and educational information and some examples of current MRC involvement with the Georgia MRC State Coordinator and Director of the Satilla MRC (Waycross, GA). The RC listened to the House Oversight and Government Reform Committee Hearing live stream titled “The Ebola Crisis: Coordination of a Multi-Agency Response” and participated with other regional partners in the Region IV ESF-8 Regional Advisory Council meeting/conference call discussion related to Ebola.

Alabama

Autauga/Prattville MRC (Prattville, AL). The MRC unit held a mid-year MRC conference call with the Alabama Department of Public Health to discuss Ebola.

Calhoun-Cleburne MRC (Jacksonville, AL). The MRC Coordinator attended a Jacksonville State University meeting with several administrators, faculty, and staff to discuss and plan how to handle information related to Ebola, travel concerns regarding the holidays, and the difference between flu and Ebola symptoms.

Florida

Bay Area MRC (Panama City, FL). The MRC unit provided a N95 Mask Fit Train-the-Trainer course. The unit also sponsored Ebola virus training and a Q&A for health care providers, facilities, and MRC volunteers in order to help community health providers understand the virus and proper actions that should be taken for a suspected case.
**Broward County MRC** (Fort Lauderdale, FL). The MRC unit held a 6-hour training on “Patient Treatment in Adverse Conditions” for 30 volunteers composed of lectures, human patient mannequins, and hands-on skill stations, incorporating problem-based scenarios and addressing MRC Core Competencies.

**Florida Keys MRC** (Marathon, FL). Thirty (30) MRC volunteers attended their bi-annual training, which focused on Ebola, radiological advanced skills training, upcoming regional radiological drill preparation, corrective action plan implementation for communication, and Basic Life Support recertification.

**Miami-Dade County MRC** (Miami, FL). The MRC unit attended a meeting held through the Healthcare Preparedness Coalition for all parties with a role in the Ebola response to discuss the different stages of care and precautionary measures for an Ebola case. Participants heard from the administrator of the Florida Department of Health (FDOH) in Miami-Dade County and leading health experts from hospitals, fire and rescue, the police, the medical examiner’s office, lab services, and the division of environmental health. MRC volunteers also participated in an Epidemiology Response Team Training sponsored by the local department of health that included discussion of a student having contracted Ebola and training on how to use PPE. In addition, volunteers participated as victims in the University of Miami’s Ebola exercise involving a mock hospital, which allowed volunteers the opportunity to see how a suspected Ebola patient would be treated.

**MRC - Santa Rosa** (Milton, FL). The MRC Coordinator attended the Florida Region 1 EVD seminar and tabletop exercise at the Okaloosa County Emergency Operations Center (EOC) to learn about what area hospitals are doing to prepare for Ebola and to determine gaps and needs that the MRC could fill during Ebola response efforts. Five (5) volunteers, the MRC Coordinator, and the MRC Director met for a preparedness meeting to discuss EVD, MRC responsibilities during a pandemic response, and plans for future unit activities and trainings. The MRC Coordinator attended the monthly statewide MRC Network Program conference call and discussed how MRC volunteers will be used to assist the epidemiological response for EVD and other public health emergencies. The meeting provided insight on new practices and procedures to help improve the unit’s strategic abilities and planning.

**Okaloosa - Walton MRC** (Fort Walton Beach, FL). The MRC unit held a joint training event with the local FDOH that was attended by seven (7) personnel (2 FDOH team leaders, 3 MRC members, 2 MRC visitors). This 3-hour training focused on the following: four major threats bigger than Ebola, PPE and how to protect yourself, Alternate Care Site and Point of Dispensing plans, and the role of the MRC in the preparedness and response capability of the county health department.

**Palm Beach County MRC** (West Palm Beach, FL). Six (6) MRC members played the role of Ebola victim at several hospitals throughout the county during the 2014 Palm Beach County Health Emergency Response Coalition Ebola Doff to Don Full-Scale Exercise. The exercise was designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to a possibly
infected Ebola person at a hospital facility, which created a host of clinical, administrative, and infection control challenges. A certified nursing assistant MRC volunteer assisted the county’s FDOH with monitoring the temperature of a CDC-identified asymptomatic traveler from a country affected by EVD.

**Volusia County MRC** (Daytona Beach, FL). The unit participated in a regional tabletop exercise based on a response to Ebola. MRC volunteers also served as observers and players in the countywide EVD tabletop exercise. The exercise had the following six objectives:

- Discuss how health care/public health agencies will coordinate and implement emergency response activities to manage patients diagnosed with EVD in accordance with Emergency Operations Plans
- Discuss how health care/public health agencies will coordinate an emergency public information system to include a joint information center with necessary agencies to mitigate public concern
- Discuss how health care/public health agencies will coordinate fatality management plans to include appropriate equipment needed for deceased person(s) and consideration for family assistance of deceased person(s)
- Discuss how health care/public health agencies will coordinate with local and State agencies to share and disseminate EVD incident-related information in accordance with Emergency Operations Plans
- Discuss how health care agencies will continue to provide care during an EVD incident that exceeds the limits of the normal medical infrastructure in accordance with Emergency Operations Plans
- Discuss how health care agencies will protect employees while providing treatment and care to patients diagnosed with EVD in accordance with Emergency Operations Plans.

**Georgia**

**Chatham County MRC** (Savannah, GA). MRC unit staff and two (2) volunteers participated in a webinar on Ebola Preparedness for Emergency Medical Services conducted by ASPR, CDC, and other Federal agency staff.

**Clayton County MRC** (Forest Park, GA). The MRC unit distributed CDC Health Alert Information (HAN 363) on Ebola to CCMRC Tier 2 volunteers. The unit conducted training on proper donning and doffing of gear for care of Ebola-suspected patients in outpatient and inpatient settings.

**MRC GEM** (Dacula, GA). MRC leadership participated in a community-wide Ebola response tabletop exercise. In addition, the Epidemiology Program Manager at GNR Health spoke to MRC members about nosocomial infections, epidemiology, and Ebola. In addition, the MRC unit had a brief training on PPE and infection control.

**Northeast Georgia Mountains MRC** (Gainesville, GA). Five (5) MRC volunteers attended a tabletop exercise in Towns County that was also attended by several
community partners from different agencies. The exercise provided the group with the opportunity to discuss their plans in the event of an Ebola case.

**West Central Health District MRC** (Columbus, GA). The MRC unit participated in multiple County CERT/CHART/LEPC meetings intended to prepare community leaders for the possibility of encountering or receiving a suspected Ebola case at their facility and to provide them the information needed for protection.

**Kentucky**

**Barren River Area Development District MRC** (Bowling Green, KY). The MRC unit leader, four (4) MRC members, and 30 others participated in an Ebola tabletop exercise involving a scenario on how to handle clients who may have been exposed to the Ebola virus. The discussion covered isolation, quarantine, needed and proper use of PPE, and clean up. Participants were also given a preview of how the State Health Operation Center was operating during its activation for Ebola.

**Bell County Health Department** (Pineville, KY). The MRC unit participated in two Ebola preparedness trainings to enhance the Bell County and Harlan County health care response to an Ebola outbreak/situation that included participation by local hospitals, emergency management, EMS, the local school system, and other agencies. It was determined that MRC volunteers would mainly be used to control traffic at the local hospital or where the media was present.

**Knox County MRC** (Barbourville, KY). The MRC unit leader attended an Ebola preparedness meeting to meet with local clinical and public health professionals, key hospital, EMS, health department, and public works staff to discuss and plan how each of their facilities can coordinate care for the community. The MRC unit also held an Ebola tabletop exercise with a potential scenario tailored for their area that was facilitated by the regional preparedness coordinator with an MS PowerPoint scenario, discussion, response, actions, conclusion, and evaluation. It involved attendance from fellow community agencies and leaders who were all able to work together to identify, discuss, and make recommendations to be better prepared to protect the community.

**Hopkins Co. MRC** (Madisonville, KY). The MRC unit participated in the Region 2 Healthcare Preparedness Coalition (HPC) Kentucky Ebola tabletop exercise. Representatives from the nine counties in Region 2 HPC came together to discuss policies and procedures in place for hospitals, EMS, EMA, city and county governments, State and local health departments, and volunteer organizations in response to a suspected Ebola patient.

**Lawrence County MRC** (Louisa, KY). Three (3) MRC representatives participated in a round table hosted by the Lawrence County Health Department to discuss the MRC unit’s role in the readiness of the community to deal with a potential Ebola outbreak or similar Class A agent biological threat.
Madison County MRC (Richmond, KY). The MRC unit participated in planning for Ebola suspicions and confirmations in their community with the Kentucky Department for Public Health. Local county health department leaders also participated.

Marshall County MRC (Benton, KY). The MRC unit monitored Ebola events and activities in the event of a response in the future.

Woodford County Health Department (Versailles, KY). The MRC unit leader sent the Kentucky Department for Public Health Preparedness Web site link to volunteers, which had current information on Ebola for health care professionals, preparedness, and influenza.

North Carolina

NC Baptist Men MRC Central Region (Cary, NC). The MRC unit participated in a conference call with the North Carolina Department of Public Health Incident Management Team to coordinate Ebola information.

Onslow County MRC (Jacksonville, NC). The unit shared a series of tabletop exercises for Ebola over the MRC listserv for other unit leaders to use.

SERAC-MRC (Wilmington, NC). The MRC unit assisted their sponsor hospital in establishing an isolation unit for the reception of Ebola patients by moving equipment to the New Hanover Regional Medical Center.

South Carolina

Lowcountry MRC (North Charleston, SC). Seventeen (17) volunteers responded via an MRC unit poll that they were interested in participating in a possible Ebola response if the unit was needed by its housing organization.

South Carolina Midlands Region MRC (Columbia, SC). MRC volunteers attended an Ebola tabletop exercise.

Western Piedmont MRC (Anderson, SC). The unit participated in the Upstate Region Healthcare Coalition Ebola tabletop exercise as well as multiple State conference calls regarding Ebola. Twenty-four (24) MRC volunteers reported that they were interested and available to participate in Ebola call center training. Ten (10) volunteers reported being interested but not available at listed times and were placed on a pending list.
Tennessee

**East Tennessee Regional MRC** (Knoxville, TN). The MRC Coordinator participated in a tabletop exercise with staff from the Sullivan County Health Department and discussed procedures and response actions that would need to take place if there was a local Ebola patient. The role of the MRC was discussed, including the possibility of using volunteers to supplement health department staff. Seven (7) members of the MRC unit participated in daily conference calls to prepare the State for the potential impact of EVD. The unit also participated in webinar training for Ebola Case Investigation. Seven (7) MRC volunteers participated in the webinar “Lessons from the Ebola Crisis: Global Health on Your Doorstep.”

**Knox County MRC** (Knoxville, TN). The MRC unit participated in two tabletop exercises to prepare hospital staff and first responders for the possibility of an Ebola case in the county.

**Shelby County Health Department MRC** (Memphis, TN). The MRC Coordinator gave a presentation on “Emergency Preparedness in Shelby County” to 200 students and teachers at a local elementary school. Participants learned how to prepare for an emergency, about disease prevention for Ebola and the flu, and about the role of the health department and MRC. Additionally, the MRC Coordinator attended a meeting along with representatives from emergency management, EMS, hospitals, the Metropolitan Medical Response System, the health department, and other key partners. The unit discussed important issues related to Ebola in the region and discussed an upcoming full-scale exercise.

**Sullivan County Health Department MRC** (Blountville, TN). The MRC unit participated in an Ebola tabletop exercise at the direction of the State’s Commissioner of Health. The MRC Coordinator, along with health department emergency preparedness staff, also conducted a tabletop exercise related to Ebola with approximately 40 people from East Tennessee State University (ETSU). Participants included undergraduate and graduate/professional students, faculty/staff, and community members. The scenario addressed hospital, health department, and ETSU campus response to a student with Ebola. The unit also participated in daily conference calls to prepare the State for the potential impact of EVD.

**Upper Cumberland Tennessee Regional MRC** (Cookeville, TN). The MRC Coordinator and another representative attended the Public Health Investigation Team Training regarding Ebola response. The MRC Coordinator also participated in a weekly statewide Ebola update conference call and regional tabletop exercise.
The Region V West RC conducted an impromptu meeting attended by approximately 40 units from Illinois, Minnesota, and Wisconsin in order to provide State and regional updates. The agenda included regional coordination and planning regarding Ebola; a brief update regarding a recent meeting with the CDC Quarantine Station; potential MRC activities that units could do in their communities; a brief update from the ASPR/HPP Coordinator regarding hospital preparedness in the region; and reminders regarding the Capacity-Building Award (CBA) application, the ShakeOut drill, and other emergency preparedness activities.

Illinois

Adams County MRC (Quincy, IL). Nine (9) volunteers attended the October monthly meeting/training. The agenda included updating members in regards to their N95 mask fit testing and a discussion on Ebola to address their questions and concerns.

Crawford County MRC (Robinson, IL). The MRC unit met with members and discussed changes in the local Red Cross, MRC CBA application, and health department preparedness for Ebola.

Cumberland County MRC (Toledo, IL). The MRC Coordinator and two (2) volunteers put together an Ebola Preparedness and Information Book for the county’s three EMS stations.

Douglas County Health Department (Tuscola, IL). The MRC unit helped the county’s EMA and health department conduct an informational meeting for community leaders, first responders, medical professionals, schools, and businesses. They discussed the epidemiology of the disease, how people can protect themselves, and planning at the local and State levels. The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

Effingham County MRC (Effingham, IL). The MRC Director and Coordinator participated in the Effingham County Preparedness Meeting with key stakeholders. Planning activities were focused on Ebola response activities within the county.

Egyptian Medical Reserve Unit MRC (Eldorado, IL). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.
**Fulton County Volunteer MRC** (Canton, IL). The unit participated in the local hospital’s training and functional exercise for Ebola PPE application as well as the CDC’s information call and Twitter chat on Ebola. Three (3) volunteers participated in the Illinois Department of Public Health presentation on Ebola preparedness.

**Grundy County (IL) MRC** (Morris, IL). The MRC unit participated in an Ebola tabletop exercise with community partners that included the hospital; local police, fire, EMS, and State’s Attorney’s Office; local EMA; and others to establish common practices for responding to a local Ebola incident. The MRC Volunteer Coordinator participated in the live webcast that instructed medical professionals on current CDC protocols for Ebola patients and those suspected to be a risk. The MRC Volunteer Coordinator participated in the Illinois Department of Public Health Ebola webinar/conference call update. The MRC Coordinator also participated in the White House-hosted conference call to provide updates on the current Ebola situation domestically and internationally. The unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

**Henry and Stark Counties MRC Unit** (Kewanee, IL). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

**Macoupin County MRC** (Carlinville, IL). The MRC unit was one of a number of community partners that discussed planning efforts in preparation for a public health emergency. Items discussed included essential personnel SNS dispensing, general population SNS dispensing, emergency contact procedures, and Ebola planning.

**Marion County Health Department MRC** (Salem, IL). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

**McLean County Health Department MRC** (Bloomington, IL). The MRC unit supported their local health department in conducting a conference call titled “West Africa Ebola Outbreak: Faith and Community Based Partners Call,” which was used by CDC to provide information about the Ebola outbreak and updates on what CDC is doing to help stop it. Reverend Miriam J. Burnett of the Resource and Promotion of Health Alliance, Inc. discussed the potential role of places of worship, community, and family in addressing Ebola concerns for those living in the United States, which was hosted by the McLean County Health Department/MRC and attended by 10 MRC volunteers and two members of the local clergy (one an MRC volunteer). The MRC Director, in partnership with a local pastor, presented a workshop titled “Ebola in Town: Engaging Community Response” to approximately 20 NAACP members at the “100 Black Men Community Health Fair” that was attended by three (3) volunteers and the MRC Coordinator.

**Rock Island County MRC** (Rock Island, IL). The MRC unit used the MRC Volunteer holiday potluck and winter meeting to update volunteers on Ebola activities.
**South Central Illinois MRC** (Carlyle, IL). The MRC unit provided information on all the current outbreaks happening across the country, including the Ebola virus, and reviewed the current guidelines published by CDC on “Prepare to Detect, Prepare to Protect and Prepare to Respond.” Seven (7) MRC volunteers participated in training on triage and response to a potential threat for frontline staff by partners from the local hospital for a total contribution of 14 volunteer hours. The unit included an Ebola update and a “State of Public Health” message as part of their strategic planning meeting that involved 150 volunteers. The unit also attended the quarterly meeting for the Edwardsville Region Public Health Emergency Preparedness and Response Coordinators that included Emergency Response Coordinators (ERCs) from across the region gathering for training on Budget Period 3, receiving updates on Ebola, reviewing deliverables, and planning for upcoming exercises. The MRC participated in a bi-regional Ebola tabletop exercise, and staff received training in the use of respirators and fit testing in preparation for possible Ebola patients. The unit also indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

**Tri-County MRC** (Aledo, IL). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

**Western Springs MRC** (Western Springs, IL). The MRC unit leader started a draft Incident Action Plan for Ebola response.

**Woodford County Health Department MRC** (Eureka, IL). The MRC unit discussed the ongoing Ebola situation with 19 volunteers. Their goal was to present the facts about Ebola so that volunteers could stay informed.

**Indiana**

**Cass County MRC** (Logansport, IN). The MRC unit participated in an Ebola protocol meeting with the county EMA, Logansport police and fire department heads, and local volunteer and fire district heads. The unit held a tabletop exercise on donning and doffing PPE if exposed, which resulted in new policies for each department to be drawn up and implemented. The unit also planned an Ebola exercise with current trained emergency personnel who have received ongoing training around PPE, Ebola FAQs, and flu-like symptoms since the first Ebola case was diagnosed in the United States. An emergency personnel exercise was also held, with each employee having to “think on the spot” around different Ebola scenarios.

**Clark County MRC** (Jeffersonville, IN). The MRC participated in the Ebola Summit Meeting/Conference hosted by the Clark County Health Officer and attended by the county’s three hospitals, urgent care centers, three ambulance services, fire department and law enforcement first responders, EMA, and the 911 Central Dispatch Center. The meeting discussed strategy on how the county would handle/process a person suspected to be infected with the Ebola virus if transported from their home to a medical treatment facility and/or from one medical treatment facility to another. The unit also participated in the Ebola Isolation & Quarantine Forum also hosted by the County Health Officer and attended by representatives from each of the five law enforcement agencies within the
county, as well as the Superior Court Judge and administrative personnel. The purpose of this meeting was to strategize how a person suspected to be infected with the Ebola virus would be handled if forced into quarantine and then isolation. This information was later shared with MRC members and other first responders who would likely be interacting with a suspected person.

**Henry County MRC** (New Castle, IN). The MRC participated in the county’s Ebola tabletop exercise that was hosted by a local hospital. There were 26 participants representing the hospital, EMA, county health department, MRC, and EMS. The exercise scenario was a local Ebola incident that developed from an initial unknown disease that required testing at the State lab. The exercise focused on the hospital’s response during the unfolding event as well as its communication and interaction with other supporting agencies. This was an important exercise to allow all involved to test procedures and communications. The unit also participated in an Ebola training and update conducted by the Indiana State Department of Health, which included a presentation on the State’s organization and procedures on how to deal with suspected Ebola cases and an update on the state of the Ebola outbreak in West Africa. The leader also attended the Public Health Emergency Preparedness (PHEP) Cooperative Agreement meeting, which included a discussion of the possibility of additional funds for Budget Period 4 Ebola preparation.

**Jackson County Health Department MRC** (Seymour, IN). The MRC unit shared Ebola education in their November newsletter that was distributed to the local community and MRC volunteers.

**Lawrence County MRC** (Bedford, IN). The MRC unit disseminated handouts on Ebola, discussed the responsibility of the unit in the event of an outbreak, symptoms of Ebola, and PPE during their monthly meeting.

**Warrick County MRC** (Boonville, IN). The Ebola Task Force held meetings with the fire department, health department, EMA, LEPC, EMS, St Mary’s Warrick Hospital, Sheriff’s Office, County Commissioner, Deaconess Gateway Hospital, and others to discuss possible scenarios with which the county might be faced when responding to or caring for potential Ebola victims. Consensus was attained for establishment of at least one County Strike Team that would be capable of deploying to the scene of a potential victim. With about 100 county members the county held an exercise with the scenario of a potential Ebola patient being exposed.

**White County MRC** (Monticello, IN). The MRC unit participated in the county’s Ebola exercise in which the community put public health providers through a possible Ebola patient scenario. Volunteers were utilized as patients and family. The exercise provided the community an opportunity to review and improve established plans for the care and transport of a potential Ebola patient.

**Michigan**

**Burt Township MRC** (Grand Marais, MI). The MRC unit leader discussed training basics on Ebola and PPE for infectious disease and gave unit situational updates on Ebola.
Livingston County MRC (Howell, MI). The MRC unit reviewed a webinar on Ebola preparedness and participated in a discussion with public health partners on the current Ebola situation and a local plan. The unit also participated in a local health department Ebola response/preparedness call that included partners from public health, mental health, law enforcement, emergency management, the local hospital, the Michigan Department of Community Health, the fire department, EMS, the medical examiner, and the MRC.

Washtenaw County MRC (Ypsilanti, MI). All of the MRC unit’s current members received an update regarding influenza vaccination, local Ebola preparations and active monitoring, and suggestions for individual preparedness activities.

Minnesota

MRC of Anoka County (Anoka, MN). The MRC unit sent out an email to volunteers regarding Ebola, personal preparedness relating to Ebola, and the county’s response. The unit used that as an opportunity to educate volunteers and remind them to take part in emergency preparedness trainings.

MRC of Hennepin County (Hopkins, MN). The unit coordinated with partners from the Cultural Services Unit (CSU) to hold its first regional training for all MRC CSU volunteers from the three jurisdictions it serves. The training focused on peer education, using Ebola as an example of a current public health emergency where peer education can be used to disseminate information to the general public. The training included an orientation to peer education as a public health concept, a panel discussion of experts to talk about Ebola, and a small group exercise for participants to practice using peer education skills when asked questions about Ebola. Twenty-six (26) MRC volunteers attended for a total contribution of 78 volunteer hours. The MRC CSU deployed five (5) volunteers and the MRC Coordinator to distribute Ebola health education materials and organize a community information session on Ebola for a total contribution of 15 hours. The unit leader also shared a copy of their CSU Volunteer Position Checklist with the MRC listserv as a resource for other leaders to use and replicate.

MRC of Olmsted County (Rochester, MN). The MRC unit leader participated in the City of Rochester’s numerous meetings with leaders from within the Somali, Latino, and Cambodian communities to discuss and contribute to the creation of the city’s Hazard Mitigation Plan. The unit leader also participated in Q&A sessions discussing concerns about Ebola and how to communicate information to the Somali community.

MRC of the West Central Region (Moorhead, MN). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response.

Sibley County MRC (Gaylord, MN). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response. The MRC unit’s administrator also provided an Ebola presentation to local health department staff.
Ohio

Licking County MRC (Newark, OH). The MRC participated in a local health care and first responder full-scale Ebola infectious-disease response drill as evaluators and observers. The drill tested protocols and communication plans in place between organizations in the county and included partners from Regional 911, Fire/EMS, amateur radio, the health department, EMA, and the local hospital. The MRC unit also provided Ebola updates to members at its quarterly meeting.

Wisconsin

Racine County MRC (Racine, WI). The MRC unit had three volunteers attend a large symposium in response to Ebola.

Wisconsin Disaster Medical Response Team MRC (Appleton, WI). The MRC unit deployed with members of two other MRC units to assist a local public health department with an annual point-of-dispensing (POD) exercise/live event. MRC members assisted with set-up of the POD, staffing and operation of the First Aid/Post Observation station, and safety planning for the POD. MRC members also staffed an Ebola education table, and the unit’s EMT volunteers assisted with Ebola screening as a pro-active approach in keeping the POD, staff, and members of the public safe. Eight (8) volunteers donated a total of 82 hours.

Region VI

Region VI Activities Reported

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The RC reported that she was working with four Dallas/Ft. Worth MRC units to support coordination and information sharing and encourage sharing of public information materials. The RC also attended training for Dallas MRC volunteers to perform community outreach on Ebola. Additionally, she sent information to Region VI MRC units on Dallas County MRC activities, Ebola, CDC, and Emory.

Arkansas

North Little Rock High School Medpro MRC (North Little Rock, AR). Eighty (80) Junior MRC members participated in bioterrorism training. Mark Hammond, a member of the U.S. Army, gave a 45-minute lecture on bioterrorism and the Ebola epidemic.

Louisiana

New Orleans MRC (New Orleans, LA). The MRC unit supported the health department with screening of attendees of a large international conference due to the State requiring
quarantine for anyone coming from any of the affected countries. (Article link: New Orleans - Ebola Fears Infect Louisiana Medical Conference.) In support of the screening activities, seven (7) MRC members volunteered to assist with four people who were trained in temperature monitoring. New Orleans was expected to notify the American Public Health Association as well. Three (3) MRC volunteers set up a table near registration to ask all conference attendees Ebola screening questions and to hand out information to conference attendees. Twenty-two (22) MRC volunteers were provided with Just in Time training to assist with the temperature monitoring of future potential Ebola cases. Fifteen (15) members attended Ebola training to learn the basics of Ebola; how to conduct Ebola outreach, contact tracing, and temperature monitoring; and to work in a call center.

Oklahoma

Oklahoma Region 3 - Comanche/Cotton Counties MRC (Lawton, OK). Four (4) MRC volunteers and the Cotton County Health Department staffed a recruitment and information table at an event hosted by Emergency Management that was attended by 300 people. During the event, volunteers answered questions and provided information on Ebola. An MRC nurse at the event recognized an attendee that was in distress and helped the individual receive first aid and be transported to the hospital. The MRC leader also provided information at a health fair about the MRC and Ebola at a booth sponsored by the county health department.

Oklahoma Region 5 - Okfuskee County MRC (Okemah, OK). The MRC unit was activated to reduce public fear and anxiety for emerging infectious disease, specifically Ebola, by educating on preparedness. The unit also monitored information streams from Oklahoma State Department of Health Command to provide consistent and accurate information to the community.

Oklahoma Region 7 - Tulsa County MRC (Tulsa, OK). Thirty-five (35) MRC volunteers participated in county health department town hall meetings on Ebola. The MRC conducted a total of three of these town halls. The meetings allowed the public to receive updates on Ebola preparedness activities in Oklahoma, ask public health officials questions, and receive the latest information from the CDC on the topic.

Texas

Brazoria County MRC (Alvin, TX). Six (6) MRC members participated in a mock Ebola call center and were given the option of acting as public callers to the call center or acting as call center staff and reporting on WebEOC.

Collin County MRC (McKinney, TX). The MRC unit was activated by the health department to support epidemiological surveillance by doing contact tracing for 40 county residents who were on the same flight as Ebola patient #2. The unit held an epidemiological surveillance training given by the local health department with 1-day notice that was attended by 81 members. Volunteers were given the option to do this in a call center environment at the EOC or from their homes. Twenty-three (23) MRC volunteers also participated in Just in Time training to conduct contact tracking. These
23 volunteers conducted surveys with the initial contact and then called them to collect temperatures every day for 21 days. Prior to the call center activation, the MRC unit worked on training MRC staff to do N95 fit testing and build out PPE kits. The unit provided training and the PPE to all first responders within the local sheriff’s office and to detention staff at the county jail.

**Dallas County MRC** (Dallas, TX). The MRC unit sent out information to all its members on the illness and protective measures and steps for clinicians. MRC volunteers were activated for two missions related to call center support at the Dallas County Health and Human Services (DCHHS): to staff the call center and assist in developing talking points and FAQs to be used at the call center. Within 5 hours of the MRC being requested by the health department to assess volunteer availability for a call center, it was activated and staffed by four (4) volunteers and a DCHHS staff member. Fifty-six (56) volunteers supported the call center, serving a total of 579 hours for 19 days. The MRC unit collected comments and drafted an After-Action Report. Training was also provided to MRC teams of 2–3 volunteers on current Ebola facts and information, in order to allow them to support community outreach to educate and inform county residents. Two (2) volunteers dedicated 12 hours to assist in the localizing of handout materials provided by CDC. Volunteer activity also extended to neighborhood canvassing for which 37 MRC and five Red Cross volunteers were trained in three separate sessions. Eight (8) volunteers were deployed for canvassing, serving 50 hours in the field on four different days. The MRC unit also provided training for volunteer support of emergency response requiring the use of PPE and a Psychological First Aid course that was offered to community providers, mental health or social work professionals, counselors, chaplains, and non-medical volunteers.

**Harris County Gateway to Care MRC** (Houston, TX). The MRC unit distributed an email to all MRC volunteers informing them of steps being taken by CDC, the Southeast Texas Regional Advisory Council, and hospital administrators in the area to educate first responders and hospital staff on Ebola. The email contained links to CDC and other vital links for the volunteers to read.

**Tarrant County MRC** (Fort Worth, TX). The MRC unit scheduled volunteers to support call centers. The local health department’s public information officer put together a fact sheet and shared it with other area MRC units for public awareness. MRC members provided backfill for the health department epidemiology staff. One (1) MRC volunteer assisted Dallas County MRC with Ebola response activities through their call center and neighborhood outreach.

**West Texas MRC** (El Paso, TX). The MRC unit held a meeting with 41 volunteers on Ebola: Readiness Response for Healthcare Professionals. A physician from the El Paso CDC presented to the MRC about Ebola to provide a greater awareness of the virus.

**Region VII**

Region VII Activities Reported
The RC sent information to all MRC units in the region.

**Iowa**

**Cass County MRC** (Atlantic, IA). MRC volunteers received a training and informational update that included a discussion on how volunteers could be utilized.

**Kansas**

**North Central Kansas Regional MRC** (Salina, KS). The MRC unit attended and participated in the Health Coalition Forum for Ebola response.

**Missouri**

**Howard County MRC** (Fayette, MO). The MRC unit held an hour-long educational in-service with basic Ebola education as well as what measures the county has taken to handle anyone who might be monitored for Ebola. Seven (7) MRC volunteers attended along with the health department administrator.

**Monroe County Health Department MRC** (Paris, MO). Eleven (11) MRC volunteers met and heard presentations from the Show-Me Response Coordinator on the Show-Me Response database and from the Regional Epidemiologist on the Ebola outbreak. They learned how volunteers can register in the database, affiliate with the unit, and be deployed, as well as how Ebola is spread and about efforts taken to prevent the spread.

**Northeast Missouri MRC** (Kirksville, MO). The MRC unit presented an update of local Ebola preparedness at their monthly meeting. The unit also held a training to discuss the After-Action Report from a Drive-thru Flu Clinic and Medical Countermeasures Functional Exercise with CERT members and health department staff. They discussed the strengths and areas requiring improvement from the exercise in order to address any concerns and plan for future events/disasters; an update on local preparedness for Ebola was also presented.

**South-Central Missouri MRC** (Rolla, MO). The MRC unit provided an informational update at their MRC meeting on epidemiological training for volunteers along with discussion on supporting the health department.

**Nebraska**

**Central Nebraska MRC** (Hastings, NE). All 75 MRC volunteers participated in Outbreak Preparedness E-Training at the request of the MRC unit leader, which included discussion on how the MRC unit could support the local health department. The MRC unit was also part of a meeting among hospitals, EMS, and health departments on how
the MRC can work together in the event of an Ebola case in the area. The University of Nebraska Medical Center hosted an Ebola webinar.

**Southeast Nebraska MRC** (Lincoln, NE). MRC volunteers participated in an “Out of Africa” tabletop exercise with more than 100 participants. Discussion during the exercise included how the MRC could support hospitals, health care employee protection, emergency response activities, and continuity of operations.

### Region VIII

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**Colorado**

**Hinsdale County Colorado MRC** (Lake City, CO). The MRC unit attended training in conjunction with EMS, emergency managers, coroners, public health staff, and medical clinic workers to practice the donning and doffing of personal protective equipment as well as being fit tested for N95 masks. Participants were given “go bags” that included gloves, masks, gowns, as well as Tyvek overalls and booties. Public health staff presented on their standard operating procedures for Ebola patients and showed a video with instructions from CDC on how to properly don and doff PPEs.

**Utah**

**Utah County MRC** (Provo, UT). Ten (10) MRC volunteers attended an MRC training meeting, which covered the basics of Ebola along with the current status of the outbreak. CDC guidelines were used to review and practice proper use of enhanced PPE that would provide protection if MRC members helped care for patients with Ebola. It also emphasized such principles as repeated practice, oversight, and using a trained observer.

### Region IX

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Arizona

Apache County MRC (Springerville, AZ). The MRC unit’s core leadership and 11 volunteers participated in an Ebola virus awareness training at a monthly meeting. It was an interactive training conducted by a member of the Apache County Health Services District’s health care staff that consisted of a presentation with visual slides and written handouts.

MRC of Southern Arizona (Tucson, AZ). The MRC unit teamed with the University of Arizona Colleges of Medicine and Pharmacy and the University of Arizona Medical Center to provide important Ebola information at two forums that focused on the medical community and the general public. Additionally, more than 150 medical professionals and community members heard Dr. Richard Carmona and an expert panel from the University of Arizona explain the effects of the Ebola outbreak on the community, local plans and preparedness for the virus, and other potential threats. Media coverage included local television affiliates for CBS and NBC, the Arizona Daily Star, and the Tucson Sentinel. Two (2) MRC volunteers also provided Ebola information at the request of Red Cross Disaster Action Teams.

Scottsdale Healthcare MRC (Scottsdale, AZ). In October and November, MRC members along with hospital staff participated in the Scottsdale Lincoln Health Network Infectious Disease Response Drills to evaluate training and preparedness of the emergency department staff to receive and care for a highly infectious patient. The exercise utilized a mock patient and required responding staff members to don and doff proper PPE and care for the patient following CDC guidelines and best practices of care standards, as well as follow network policies. MRC members acted as evaluators and facilitators for this exercise, which allowed for an outside nonbiased view. This exercise was key to evaluating hospital policies and procedures as well as the utilization of their training and PPE in a mock scenario. The exercise helped strengthen the response capability of the facility for the surrounding community.

Yuma County Public Health Preparedness & Response MRC (Yuma, AZ). The MRC provided Ebola informational graphics and pamphlets as well as made themselves available to the community to provide accurate information about Ebola and help eliminate fear.

California

Lake County MRC (Lakeport, CA). The MRC shared the Ebola information provided by the State’s health department. This unit has 18 volunteers and is a geographically isolated community with many vacation homes for those from around the bay area. The unit’s planning includes large influxes of citizens for vacations but could also potentially be a place that will see an influx of people in a communicable disease health scare. The unit leader shared the Ebola tabletop exercise/drill information over the MRC listserv for other unit leaders to use.

Riverside County MRC (Riverside, CA). The MRC unit provided three messages regarding Ebola prevention and response from the World Health Organization and CDC
to MRC volunteers and the public via the unit’s Facebook page. The information was also emailed to the county’s 170 MRC and 500 ESAR-VHP volunteers.

**Santa Barbara County MRC** (Santa Barbara, CA). The MRC unit attended the Jan Koegler lecture on mass prophylaxis that also included an Ebola update.

**Santa Cruz County MRC of California** (Santa Cruz, CA). The MRC unit attended a statewide medical/health exercise tabletop exercise hosted by the Healthcare Emergency Preparedness Coalition. The coalition’s membership consists of all agencies countywide that will be involved in handling an emergency situation, such as skilled nursing, hospitals, county departments, medical clinics, MRC, etc. The mission of the coalition is to collaboratively plan for the optimal delivery of health care during emergencies so that in an emergency the Santa Cruz County community would be less vulnerable and recover more quickly. The coalition planned and executed the Statewide Medical/Health Exercise in November, which involved an Ebola outbreak scenario on how each agency would respond, what each agency would need help with, and how to fill in the gaps. Both the MRC Unit Coordinator and Director attended.

**Ventura County MRC** (Oxnard, CA). The MRC unit indicated it maintained situational awareness by attending State, regional, or national calls/events regarding the response. The unit also held training on Ebola procedures that included PPE, awareness, and a scenario at the October General Meeting.

**Hawaii**

**Kauai MRC** (Lihue, HI). The MRC members participated in an Ebola video teleconference that educated the community about the risk of Ebola and updated volunteers and helped them to understand how to prepare for a potential outbreak. The MRC participated in the Ebola Response Planning tabletop exercise conducted at the Kauai Civil Defense Agency EOC. This exercise had five scenarios that allowed MRC members and the community to understand the procedures that will have to be taken into consideration should there be an Ebola case in the area. The unit also supported an Ebola Awareness visit.

**Maui County Health Volunteers** (Wailuku, HI). The MRC unit hosted a presentation on Ebola and enterovirus by the Maui Health Officer.

**Nevada**

**MRC of Southern Nevada** (Las Vegas, NV). The MRC unit hosted a presentation on Ebola by the Senior Epidemiologist with the Southern Nevada Health District.
Region X

Region X Activities Reported

<table>
<thead>
<tr>
<th>Educational Activities</th>
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<th>Call Center Support</th>
<th>Epidemiology/Surveillance Support</th>
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Idaho

**Eastern Idaho MRC** (Idaho Falls, ID). Eighteen (18) MRC volunteers attended an Ebola presentation offered by Eastern Idaho Public Health. Following the presentation, volunteers received instruction and practiced the proper way to don and doff PPE. Eastern Idaho Public Health and Eastern Idaho Regional Healthcare Coalition joined together to discuss Ebola readiness and planning at the Madison County LEPC. This partnership meeting was important to discuss Ebola response with all response partners, including the MRC. Volunteers participated in other Community Partner Response meetings held in two other counties.

Washington

**Thurston County MRC** (Olympia, WA). MRC volunteers came together to receive an Ebola and public health update from the Health Officer and also hear from two guest speakers involved in the SR 530 landslide. The unit also emailed the CDC flyer “What You Need To Know About Ebola” to all tribal emails through the police department.

**Tulalip Tribes MRC** (Tulalip, WA). The MRC unit met with the Tulalip Clinic Manager to plan for staff training in donning and doffing PPE.

Activities Reported Nationally

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