



Clinton County Medical Reserve Corps



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New Volunteer Management System Online!

The New York State Department of Health (NYSDOH) has recently completed its new statewide Volunteer Management System which facilitates the recruitment, registration, and management of volunteers.

As an existing volunteer, you should have by now received an email alerting you to this new system and the need to access it in order to complete your registration process. If

you haven't received this email, please contact Jim Hardman at 565-4848. The process only takes a few minutes, and can be accessed by using the link on the Clinton County Health Department's webpage and clicking the Volunteer Opportunities tab under "Information". Login information provided in the email will then allow you access to your profile, which has already been created. You'll then be asked to provide supplemental

information regarding your profession.

Our need to reach out to volunteers who are ready and willing to serve when a public health response overwhelms the existing emergency response system is critical, and very dependent upon this system.

Thanks for taking this opportunity to better help us serve the residents of Clinton County during an emergency!

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Upcoming Volunteer Opportunity

The Clinton County Health Department will be hosting County-wide Rabies Clinics in September and October from 6:00-8:30 pm.

Activities include literature disbursement regarding pets and emergencies, and interaction with pet owners.

Anyone interested in helping should contact Penny Maynard at 565-4870.

Training

ICS 100 and 700 online: <http://training.fema.gov/IS/NIMS.asp>

Dr. Brian Cherry from the New York State Dept of Health will be at CVPH on May 1 at 12:00pm to discuss rabies prevention and treatment. All are encouraged to attend.

Keep Your Immunizations Up To Date!

The Centers for Disease Control and Prevention (CDC) recommends that all persons be up-to-date on routine immunizations. Healthcare providers have additional recommendations. Outbreaks of measles and pertussis have occurred in developed countries where populations were inadequately immunized.

Immunization is the single most effective way to prevent disease. A primary series of tetanus, diphtheria, pertussis, and MMR is customarily given in childhood. Statistics show that a significant percentage of us do not update their tetanus/diphtheria immunizations at the recommended 10-year interval.

healthcare providers include:

1. Tetanus/Diphtheria vaccine is used to immunize persons 7 years and older with Booster doses every 10 years, with a one-time dose of Tetanus, Diphtheria and pertussis for ages 10 and up.
2. Measles/Mumps/Rubella vaccine is usually given at childhood. A second dose is recommended at age 12. Persons born before 1957 have likely acquired immunity through natural infection, and probably don't need revaccination. Those born after 1956 receiving initial MMR vaccine before 1980 should be re-vaccinated.
3. Hepatitis B Vaccine — 3-
4. Influenza Vaccine — yearly dose of inactivated vaccine or live attenuated nasal mist for ages 2-50 with **no medical conditions**.
5. Pneumococcal Vaccine— recommended for all asthmatics and smokers aged 19-64 years, those age 2 and older with certain medical conditions, and at age 65 if no prior immunization history.

Contact your local provider or the Clinton County Health Department (518-565-4848 or <http://www.clintoncountygov.com/Departments/Health/CCHDHome.htm>) for info.

Recommendations for all

3. Hepatitis B Vaccine — 3-

Public Health Week May 6-12, 2009—"Celebrating People in Action"

We'd like to take this opportunity to honor the individuals who dedicate themselves to taking action and solving problems in their communities. National Volunteer Week 2009 presents an opportunity for individuals, families, nonprofit organizations and government entities alike to celebrate the ordinary people who accomplish extraordinary things through service. Please join us in taking a few moments to thank all of you who volunteer within our County ... and for going the extra mile!

Spotlight

In this section of our semi-annual newsletter, we'd like to bring you relevant and cutting news tidbits related to the operation of MRC's, the training of our members, and some of the problems we're likely to encounter. We encourage you, our readers, to become proactive here, telling us what you'd like to learn about, or better yet, contributing to this effort.

Is it Professionally Acceptable for a Nurse to Stay Home During a Pandemic? **Patricia Chamings, Maternal/Child Nursing Journal, August, 2008**

This is the first in a two part article designed to present the pros and cons of nursing responsibility during a crisis.

According to the author, a pandemic presents a perfect example for a nurse to dismiss their duty. Many cite the implicit moral and professional obligations to provide care under any circumstance; in reality, the American Nurses Association Code of Ethics emphasizes that "the nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety".

Dismissal of duty during a pandemic may be due to a number of reasons, including illness of the nurse or his/her family, or because the nurse is fearful of becoming ill. Extreme stress in nurses still available to care for ill patients will quickly become apparent as the pandemic decimates a large por-

tion of the healthcare workforce. In all reality, nurses will probably be the first to be vaccinated, and will report to work up until more compelling circumstances intervene. In cases of no vaccine, an ethical component is injected: does the nurse provide care for sick patients, or do their obligations to protect themselves, and their families and friends come first? This is a particularly difficult decision, especially if the nurse is dealing with a pre-existing condition such as pregnancy, being immunocompromised, or having a chronic disease. The SARS outbreak in 2003 has taught us that it is very difficult to predict what nurses will do during a crisis. In that instance, many healthcare providers wouldn't care for persons infected with the SARS virus, and the morbidity and mortality of individuals who did provide this type of care was reasonably high.

As recent reports show, the United

States doesn't have enough respirators, supplies personnel, or medications to care for all pandemic inflicted patients, nor is there a national or state policy regarding triage or resource allocation. This only compounds the ethical conflict nurses will face during a pandemic. Who should be treated first? Is triage ethical during a pandemic? Should respirators be issued on a first-come first-served basis? Unless triage and resource-allocation problems are addressed well in advance, unproductive responses to a pandemic will result.

The workplace will be a difficult environment during a pandemic with nursing services being in short supply. It seems obvious that many nurses and others will elect to remain at home in order to care for themselves or others. This will happen ... and we need to realize it and plan for it!



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Public Health
Prevent. Promote. Protect.

