

**Medical Reserve Corps
Report of Drill Activities
6/15/04**

On the morning of Saturday, May 15 the Capital Region Medical Reserve Corps was activated to respond to simulated terrorist attacks. The drill was conducted over a 5-hour period and involved responses to two events. This is a summary of activities.

Sequence of events

- 0745 MRC is activated by call from Chief Austin to Dr. Freston.
- 0745-0749 MRC call tree is activated.
- 0815 MRC command post is established at Manchester Senior Center.
- 0835 first MRC platoon has logged in fully, equipment is broken out, simulated casualties are treated and a blood pressure clinic is started for seniors. Red Cross personnel are on site, setting up shelter activities.
- 0900-0920 Dignitaries are briefed.
- 0955 Dr. Freston is notified by Dr. Shaw, MMRS Director, to deploy platoon to Brainard Field to treat burn victims.
- 1015 MRC platoon establishes operations at Brainard Field. Command post continues operations at Manchester Senior Center.
- 1024 MRC platoon has logged in fully at Brainard Field. Command post is moved to Brainard Field.
- 1015-1230 MRC personnel treat burn victims in tents and hanger. Red Cross provides sheltering activities. Mental Health response is activated by Red Cross at request of MRC Director.

- 1045 Bradley International Airport mobile medical equipment trailer arrives to support MRC.
- 1230 Exercise concludes, debriefing conducted

Response

Personnel The MRC platoon deployed to Manchester consisted of 16 health professionals (7 MDs, 4 RNS, 3 admins, 1 PA and 1 EMT). All responders were fully accredited by the MRC and licensed by the State of Connecticut. The platoon deployed to Brainard Field Field was 14-strong and similar in mix except for two less MD. All members reported within 50 minutes of being called, most within 35 minutes, despite the fact that some lived as far away as Plainville, Bristol and Colchester.

Equipment The Manchester platoon utilized a large cache of equipment on loan from area clinics. It was more than adequate for the need of special needs victims. The Brainard Field platoon first relied on the DMAT equipment, which had been broken out when the MRC platoon arrived. Subsequently, the Bradley medical equipment arrived, which was sufficient to meet the needs of the MRC.

Communications The MRC utilized 8 radios and personal cell phones. A runner was also employed at one point between the Manchester Incident Command Post and the Senior Center MRC Command.

Critique

The initial communications between Chief Austin and Dr. Freston and then down line to MRC members was expeditious and without complications. Subsequent communication by radio and cell phone, however, were problematic. Radio communication with the Incident Command Post was unreliable, necessitating at one point the use of a runner. Radio communication among MRC members was satisfactory. Communication between the MMRS Director and MRC Director was clear and expeditious.

Half of the MRC membership responded to the drill. Several were out of town, two had family illnesses and three were called up by their hospitals on a priority basis. The prompt response of MRC members to the sites was commendable, as were the log in procedures, equipment deployments and simulated treatment

protocols. The MRC, DMAT team, and Red Cross personnel interfaced smoothly, and the assimilation of the Burn Teams into the triage and treatment process was relatively seamless. MRC members acted professionally throughout the exercise and several had suggestions for improving future operations. These suggestions will be incorporated as our policies and procedures continue to evolve.

This drill was critically important to the development of the MRC in that it permitted members to work together for the first time and shake down procedures that, until now, had been untested. The smooth interaction between the MRC, MMRS and Red Cross was commendable and serves as a foundation for interactions on a larger scale, including similar acute medical first responses as well as more protracted activities such as sheltering and mass vaccinations and medication dispensing.

Submitted by

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