



**Region 4A, Massachusetts**

# **VOLUNTEER HANDBOOK**

**For**

**MA Region 4A Medical Reserve Corps**



**April 2015**

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## Chapter 1 – Welcome

Dear Region 4A Medical Reserve Corps Volunteer,

On behalf of the Region 4A Medical Reserve Corps (MRC), welcome and thank you for joining our volunteer team.

Volunteers are needed to donate their time and talents to help local citizens in major emergencies and/or disasters. Our primary responsibilities are to:

- Support emergency response systems, health care and public health partners;
- Enhance the ability to respond to and recover from critical events and disasters; and,
- Promote the health and well-being of the citizens of Massachusetts.

We hope that as a volunteer, you will also partake in emergency preparedness training and exercises to prepare all of us to be effective from all kinds of emergencies including emergency shelters and dispensing sites. This handbook was created to provide you with information that will help to maximize your volunteer experience. Please take the time to read through it and refer back to it as questions arise.

**Suggested Improvements:** This Volunteer Handbook is intended to be an operational document; you are highly encouraged to submit comments, recommended changes and suggested improvements to MA Region 4A MRC Coordinator: Cathy Corkery, [catherine.corkery@verizon.net](mailto:catherine.corkery@verizon.net)

### Web Sites:

MA Region 4A MRC: <http://www.region4a-ma.org/mrc>

Massachusetts: <http://www.mamedicalreservecorps.org/>

Division of Civilian Volunteers, Medical Reserve Corps: [www.MedicalReserveCorps.gov](http://www.MedicalReserveCorps.gov)

## Chapter 2 – History and Mission

In the wake of the September 11, 2001 terrorist attacks, thousands of Americans responded by volunteering their talents and skills to help others. Many more Americans asked, “What can I do to help?”

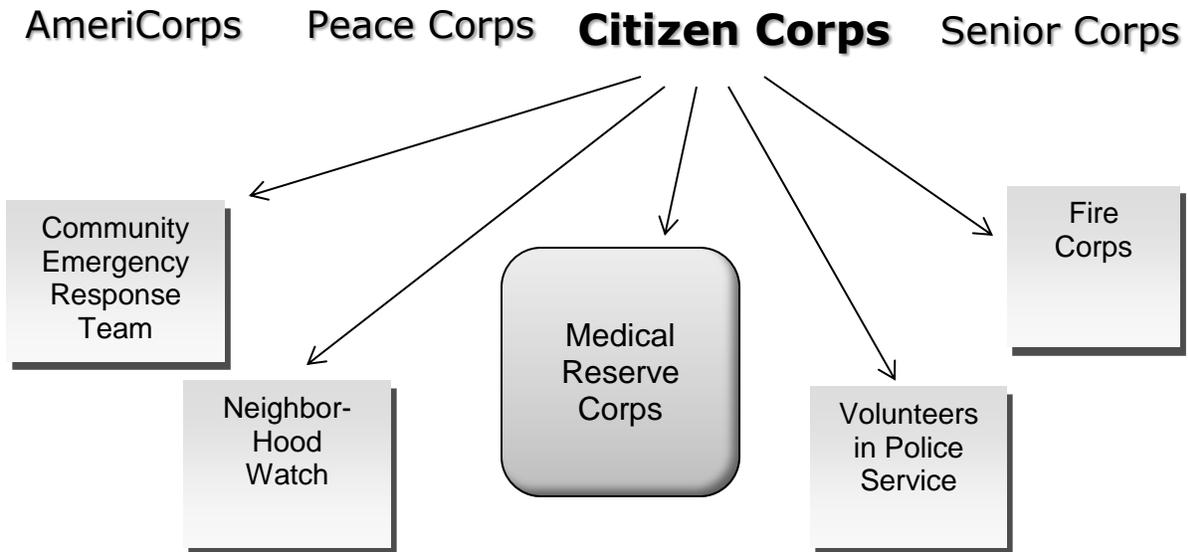
During his 2002 State of the Union address, President George W. Bush called on all Americans to make a lifetime commitment to serve their communities, the nation and the world, creating the USA Freedom Corps ([www.usafreedomcorps.gov](http://www.usafreedomcorps.gov)) to help Americans answer this call and foster a culture of service, citizenship and responsibility.

Citizen Corps ([www.citizencorps.gov](http://www.citizencorps.gov)) is the component of USA Freedom Corps that creates local opportunities to volunteer in communities to prepare for and respond to emergencies and encourages citizens to engage in the following activities to help prepare themselves and their communities:

- Personal Preparedness: Developing a household preparedness plan and disaster supplies kits, observing home health and safety practices, implementing disaster mitigation measures, and participating in crime prevention and reporting.
- Training: Taking classes in emergency preparedness, response capabilities, first aid, CPR, fire suppression, and search and rescue procedures.
- Volunteer Service: Engaging individuals in volunteer activities that support first responders, disaster relief groups, and community safety organizations.

Components of Citizen Corps include the Medical Reserve Corps (MRC), Community Emergency Response Team (CERT), Neighborhood Watch (NW), Fire Corps (FC), and Volunteers in Police Service (VIPS).

# USA Freedom Corps



The Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) is the national clearinghouse for information and guidance to help communities establish, implement, and sustain MRC units nationwide. DCVMRC offers technical assistance and educational resources, as well as partners with the National Program Office of Citizen Corps and the USA Freedom Corps to build relationships and gain resources for the MRC program as a whole.

The MRC is a network of community-based units initiated and established by local organizations to contribute to meeting the public health needs of their communities. It is sponsored by the Office of the Surgeon General of the United States.

The MRC consists of medical and mostly non-medical volunteers (that are needed in support roles such as registration, child care, etc.) who contribute to local health initiatives, such as activities meeting the Surgeon General's priorities for public health, and supplement existing response capabilities in time of emergency. The MRC provides the structure necessary to pre-identify, credential, train, and activate medical and other volunteers.

MRC volunteers are active professionals, students, retirees, and others, and include:

- Health Care/Public Health professionals such as doctors, nurses, pharmacists, dentists, veterinarians, and epidemiologists
- Behavioral Health and social service professionals, including counselors, social workers, interpreters, and chaplains

- Non-Health professionals from all backgrounds – please note that for the average community service activity and/or deployment, non-health professionals are needed more than health care professionals 7 to 1.

Currently, there are over 40 MRC Units in Massachusetts organized by regions; most are housed in city and town health offices, hospitals, universities and emergency medical services locations and are organized to best suit the unique challenges of its community.

### **Massachusetts Region 4A Medical Reserve Corps**

MA Region 4A MRC is part of the Region 4A Public Health Emergency Preparedness Coalition. There are 32 cities and towns that comprise MA Region 4A MRC; most communities have a local MRC that is overseen by the Health or Emergency Management Department. Some communities organize their MRC volunteers differently and may call them by different names (i.e. Community Emergency Response Teams (CERT) or Citizen Corps).

**Mission:** to provide support to local public health departments and ultimately strengthen the emergency preparedness response at a local, regional, and/or statewide level.

**Goal:** To recruit, sustain and grow a group of trained volunteers who will support their own community, the region, and the Commonwealth of Massachusetts.

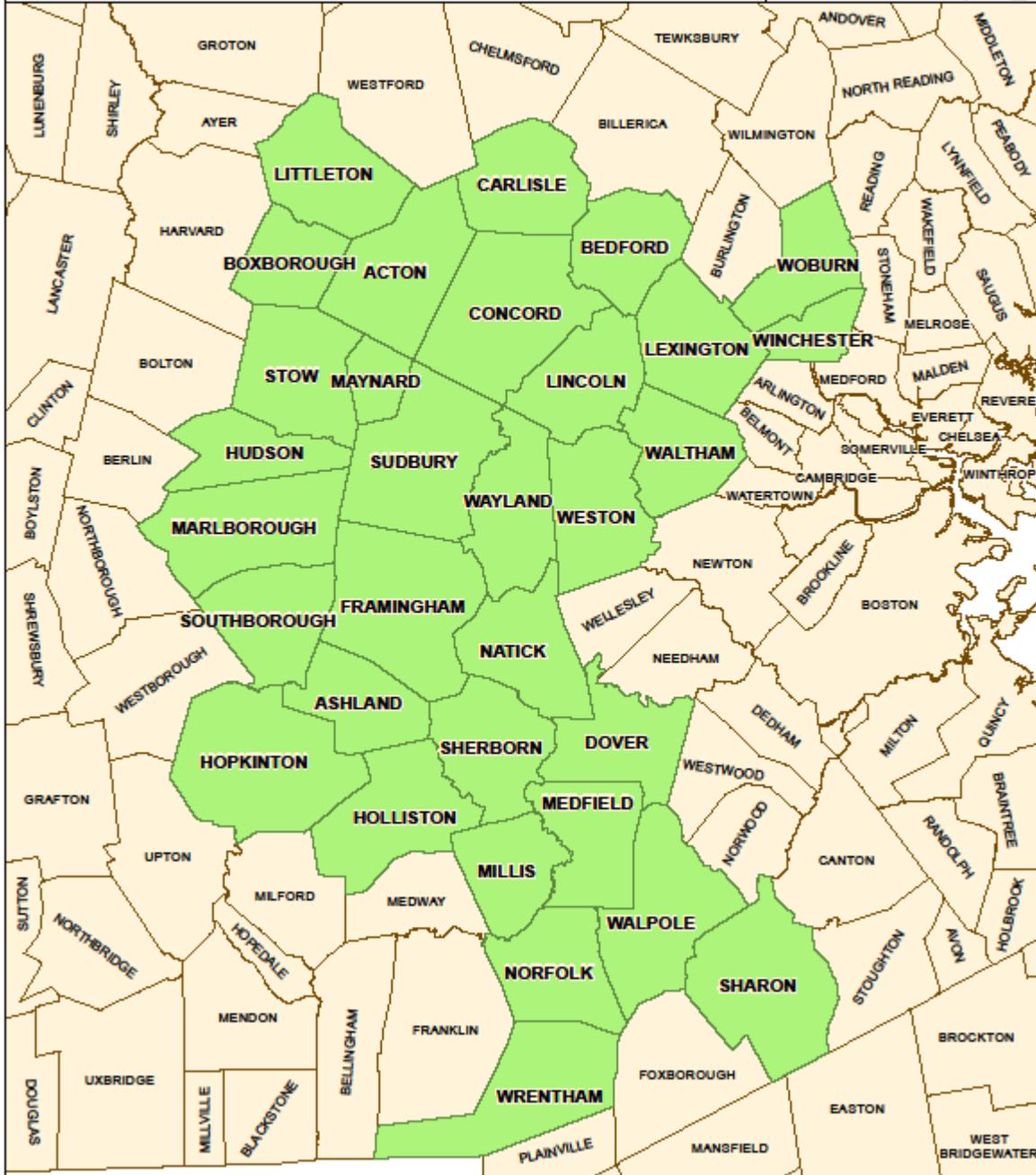
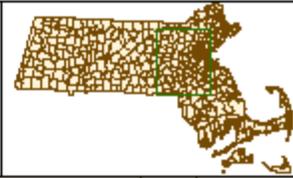
MA Region 4A MRC was formed to promote public health and safety in three key areas:

- Public Health Emergencies – events that threaten public health, such as a disease outbreak or toxic chemical release
- Mass Casualty Incidents – disasters that cause injury or threats to large numbers of people, for example: building collapse, fire, storm, flood, or other event that displaces groups of residents that must be moved to emergency shelters
- Community Service Activities – opportunities to foster the well-being of local residents; such as health fairs, flu and blood pressure clinics, or training programs

# Region 4A Communities



Map by Bedford Public Works  
January 2015



## Background

Although severe storms, hurricanes, tornadoes, and flooding have been the cause for most Major Disaster Declarations, the potential for other disaster types is always present. It is the least expected and most unpredictable disasters that can devastate a community. During and after any major disaster, emergency services are not likely to be able to respond immediately to everyone's needs. It could be several days before vital services are restored. As part of a trained volunteer group, you can be prepared to assist yourself, your family, friends, neighbors, and your community.

<https://www.fema.gov/disasters> can provide more up-to-date information on Massachusetts disaster history.

## Benefits to the Community

Major local emergencies can overwhelm the capability of first responders, especially during the first 12-72 hours. MRC Volunteers are not "first-tier responders", however, the MRC provides volunteers willing to go on "stand-by" to assist and enhance community medical response efforts in both relief and expansion modes during critical hours. Having citizens who are prepared to take care of themselves, their families and others during times of crisis will allow first-responders to focus their efforts on the most critical, life threatening situations.

An organized, well-trained MRC unit means that basic-level volunteers have completed background investigations for Criminal Offender Record Information (CORI) and Sex Offender Registry Information (SORI) checks), licensure verifications, and are encouraged to participate in Core Competency trainings (i.e. Incident Command System, CPR, Shelter training – see Chapter 5). Volunteers can effectively respond to an emergency, are familiar with their community's response plan, know what materials are available for their use, know who their partners in the response are, and know where their skills can be utilized to their best advantage and in a coordinated manner.

**Why is credentialing so important?** During an emergency, health departments, local Emergency Medical Services (EMS), hospitals, and other healthcare organizations must be able to verify basic licensing or credentialing information; difficulties with telecommunications may prevent contact with sources that normally provide this information. For example, immediately after the attacks on September 11, 2001, tens of thousands of people traveled to ground zero in New York City to volunteer and provide medical assistance. In most cases, authorities were unable to verify licenses and certifications of volunteers; consequently, it was not possible to allow these professionals to provide their services.

## **An Organized Team Approach**

During an emergency, communities will activate their Emergency Operations Plans (EOP). These plans define how emergency personnel (fire, law enforcement, emergency medical services) will respond to and manage the emergency.

By creating a MRC unit that is linked to emergency management, the members of the MRC can truly benefit the community by knowing what their role is during an emergency, how they fit into the emergency plan, and how best to respond so that they are a positive support structure for the first responders.

## **Deployment**

MRC members should *never* self-deploy, regardless of the situation. Deployment of resources requires organization, preparation, and significant effort in order to maintain order. MRC Unit Leaders and others collaborate for a smooth and systematic request for volunteers from appropriate disciplines for appropriate settings.

## Chapter 3 – Membership

### Volunteer Rights and Responsibilities

#### Rights

Joining the MRC is not an obligation to serve at any given time; it is always at the individual's discretion. Volunteers may be asked to volunteer for an event or deploy for an emergency within your community, the region, state, or nation. Volunteer periods may extend from a few hours to several days. As a volunteer, you will always be advised of the mission in advance and have the right to accept or decline the assignment. Volunteer health professionals also have the right to refuse a medical order that is beyond the volunteer's scope of practice.

#### Responsibilities

By participating in the MRC as a volunteer, each individual acknowledges their understanding of the nature of the volunteer role, affirms that all information they give will be truthful, and agree to the following:

- Be 18 years of age and provide proof of identity, maintain a valid driver's license or valid state photo I.D.  
Note: There is no minimum age for MRC volunteers, however, each unit should establish their age limits using guidelines within their own community including, but not limited to; leadership capacity and roles for the use of youth volunteers. Nationally, many MRC Units partner with youth organizations such as HOSA (Health Occupations Students of America) or Boy Scouts of America Explorer Posts. These partnerships create organized structure, some legal protections, and opportunity for expansion of unit membership.
- Volunteers are expected at all times to act in a manner consistent with their professional status and licensure (if applicable).
- If a licensed medical professional, shall provide copies of all licenses and/or certifications, and must work within the scope of their licensure. Credentials will be verified in accordance with Massachusetts protocols. Assignments within MA Region 4A MRC will be made according to a member's current level of licensure/certification and experience.
- Volunteers shall not divulge information (including social media) that might violate the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule or the standard operating procedures of the Region 4A Medical Reserve Corps before, during or after an exercise or actual event. Additionally, volunteers shall not provide advice or care beyond their professional training/licensure.

Many communities have a Public Information Officer who is charged with disseminating public information.

- Submit to periodic background checks and remain free of felony and serious misdemeanor convictions; a CORI and/or SORI background check will be performed in accordance with Massachusetts Department of Public Health protocol. These background checks will take place at least every three years during a volunteer's service to the MRC.
- MRC Volunteers are not "First Responders." It is assumed that in emergencies and disasters first responders will be appropriately deployed. Additional training is available to MRC Volunteers (see Chapter 5), this training is not mandatory but is certainly encouraged to build upon the assets of volunteers ready and trained for large scale events.
- MRC Volunteers shall not self-deploy either as individuals or as units - deployment of these resources will require organization, preparation, and significant effort.
- Volunteers enrolled in the program are indeed "volunteers." This means that they have a right to be informed about the nature of the event and what to expect about field conditions, housing, etc. It also means they are not paid for their service and, as volunteers, are not mandated to respond.
- As a volunteer, you are free to set your own work schedule, but you must be prepared to fulfill the commitments you make.
- Volunteers are encouraged to maintain current health insurance coverage as required by MA State Law.

### **General Communication Principles**

- All people, clients, co-workers and responders, will be treated with respect and dignity in all situations.
- All staff and volunteers demonstrate personal responsibility for open, direct and tactful communication.
- If unclear about any communication, each person is responsible for suitable discussion with the appropriate person.

### **Conflict Management**

Open communication allows for an exchange of information that results in early identification of problems, effective resolutions, involvement of staff and volunteers,

timely responses to questions and appropriate information sharing. Resolution of issues between volunteers or between MRC staff and volunteers should first be dealt with directly by the individuals experiencing the difficulty through direct, tactful communication that does not blame or attack. If the conflict is not resolved, the person raising the issue should approach the MRC Coordinator for assistance. If not resolved with the involvement of the MRC Coordinator, the concern may be taken to the respective public health coalition and/or the MRC AB.

## **Performance Standards**

All volunteers are encouraged to review and sign a code of conduct before badges or official membership is conferred. Infractions of the code may result in disciplinary actions regardless of whether signed or not.

## **Disciplinary Procedures**

Disciplinary action may be initiated to correct inappropriate performance, work-related behavior or behavior which reflects adversely upon the MRC. The degree of disciplinary action shall relate to the gravity of the improper performance or conduct. Disciplinary actions may consist of the following four step process: informal counseling; formal counseling (documented); suspension; and dismissal. Persons who hold supervisory authority with MRC volunteers may initiate informal counseling. Any disciplinary action beyond informal counseling must involve the MRC Coordinator.

Any of the following constitute cause for disciplinary actions:

- Incompetence.
- Work outside the scope of certification/licensure/job description.
- Breach of confidentiality.
- Inefficiency.
- Neglect of duty.
- Dishonesty.
- Intentional harm.
- Possessing, dispensing, under the influence or impaired by alcohol or an illegal substance while on duty, except in accordance with medical authorization.
- Commission or conviction of a felony or a misdemeanor, reflected on a CORI check or committed while an MRC volunteer.
- Any issues contained on a SORI.
- Discourteous treatment of the public or other responders.
- Willful disobedience of personnel policies, rules and regulations.
- Misuse of MRC property.
- Unsafe work habits.
- Seeking to obtain financial, sexual or political benefit from another employee, volunteer or client obtained by the use of force, fear or intimidation.

- Mishandling of public funds.
- Falsifying records.
- Any other improper conduct or performance that constitutes cause for disciplinary action.

### **Volunteer Dismissal**

MRC volunteers agree that the MRC unit and/or the respective Public Health Coalition may at any time terminate the volunteer's relationship with the MRC based on the preceding disciplinary procedures.

The MRC volunteer may at any time, for whatever reason, decide to sever his/her relationship with the MRC. Notice of such a decision should be communicated to the MRC Unit Coordinator as soon as possible.

### **Member Participation and Performance**

As a volunteer, you choose your level of participation; the time you give to the MRC is up to you. You can choose to participate in meetings, exercises and actual mobilizations; you can remain local or choose to volunteer for emergencies with a larger capacity (regional, state wide or national). Some volunteers want to join or remain on the list to be called only during actual emergencies.

However, if an emergency happens and you choose to volunteer, we want you to be ready and have an identification badge. We may not have time during an emergency to conduct the CORI/SORI/credential checks and create a badge, which is why it is important to update your information and have you on our list, even if you choose to be called only in a dire emergency. Some communities use a list-serve maintained within the community, while other communities access their volunteer database through MA Responds. Either way, current volunteer profile information, volunteer training, and contact sources for the volunteers are vital to the local MRC Unit.

### **Volunteer Applications and Assignments**

Volunteer applications will be submitted to your local Health Director/MRC Leader for processing and credential verification. Copies of licenses, certifications, etc. are to be provided once the application process is completed.

### **Identification**

Upon completion of the application process and CORI, MA Region 4A MRC will issue an identification badge to each volunteer to be worn and/or carried at all times during any exercise or activation.

## **Volunteer Safety**

Providing a safe and healthful work environment is a goal of MA Region 4A MRC. In any training program, exercise or actual event, *safety* is the most important consideration.

All volunteers should receive safety training that is appropriate to their function in the Medical Reserve Corps unit. It is recommended that all volunteers who may be working with patients have current immunizations.

Members are required to perform their duties in a safe and prudent manner and never intentionally place themselves or others in a dangerous situation. No job is considered so important or urgent that volunteers cannot take time to perform their job safely.

You are expected to immediately report all work-related accidents, injuries, illnesses and near misses to your MRC Leader.

MRC volunteers are not permitted to bring firearms to any MRC activity, training or deployment, exceptions to this may be authorized by the proper authorities.

### **MRC Program's Responsibilities to the Volunteer**

The MA Region 4A MRC Program will provide in-person and access to on-line training opportunities for all interested MRC volunteers.

The MA Region 4A MRC Program will provide appropriate equipment and supplies as needed for the volunteer, including a Volunteer Identification Badge.

MA Region 4A MRC will not share volunteers' contact information with outside sources. However, other MRC programs may have access to this information through the MRC Director, in the event of an emergency, for coordination purposes only.

MA Region 4A MRC will strive to provide volunteers with opportunities to work within their own fields of expertise during an emergency event.

In the event of deployment, your MRC unit, local Departments of Emergency Management and Public Health Departments are responsible for some supplies and other support during a disaster, which may include:

- Education and training
- Protective equipment and clothing
- Supplies (gloves, syringes, splints, etc.)
- Food and shelter
- Communication equipment (cell phones, computers, etc.)

You are responsible for your own “Personal Go Kit” or items that you may need when deployed. Refer to Chapter 6 - Deployment of Medical Reserve Corps (MRC) Volunteers - Personal Go Kit for suggested Items to bring if deployed.

### **Normal Reactions to a Traumatic Event**

No one who responds to a mass casualty event is untouched by it. Profound sadness, grief, and anger are normal reactions to an abnormal event. You likely will try to override stress and fatigue with dedication and commitment. You may deny the need for rest and recovery time. If you need help, contact your Regional MRC Coordinator for resources.

### **Managing Stress**

Engaging in response efforts in the wake of a traumatic event is inevitably stressful for those involved in the emergency response. While the work is personally rewarding and challenging, it also has the potential for affecting responders in harmful ways. The long hours, breadth of needs and demands, ambiguous roles, and exposure to human suffering can adversely affect even the most experienced professional. Too often, the stress experienced by responders is addressed as an afterthought. With a little effort, however, steps can be taken to minimize the effects of stress.

### **Individual Approaches for Stress Prevention and Management**

- Manage workload.
  - Set priority levels for tasks with a realistic work plan.
  - Delegate existing workloads so workers are not attempting disaster response in addition to their usual jobs.
- Balance lifestyle.
  - Get physical exercise, and stretch muscles when possible.
  - Eat nutritiously, and avoid excessive junk food, caffeine, alcohol, or tobacco.
  - Get adequate sleep and rest, especially on longer assignments.
  - Maintain contact and connection with primary social supports.
- Apply stress reduction techniques.

- Reduce physical tension by taking deep breaths, meditating, and walking mindfully.
- Use time off for exercise, reading, listening to music, taking a bath, talking to family, or by having a special meal.
- Talk about emotions and reactions with coworkers during appropriate times.
- Practice self-awareness.
  - Learn to recognize and heed early warning signs for stress reactions.
  - Accept that you may need help to assess problematic stress reactions.
  - Avoid overly identifying with survivors' and victims' grief and trauma, which may interfere with discussing painful material.
  - Understand differences between professional helping relationships and friendships.
  - Examine personal prejudices and cultural stereotypes.
  - Be mindful that vicarious traumatization or compassion fatigue may develop.
  - Recognize when a personal disaster experience or loss interferes with effectiveness.

## Chapter 4 – Legal Considerations

### Discrimination and/or Harassment

MA Region 4A MRC is committed to providing a harassment and discrimination free environment in which all individuals are treated with respect and dignity. Harassment based on race, color, religion, age, gender, sexual orientation, national origin, marital status, disability, veteran status or any other basis is strictly prohibited.

If you feel that you may have been the subject of discrimination or harassment, you should contact your local Health Director/MRC Leader, or MA Region 4A MRC Coordinator. Reports of discrimination or harassment will be examined impartially and resolved promptly.

### Good Samaritan Laws

Massachusetts General Law (MGL) Chapter 258C, Section 13, “**Good Samaritans**”:  
Section 13: No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.

There are several laws in Massachusetts insulating those rendering aid from liability, but no law **requiring** a bystander to provide assistance. Separate statutes free **EMS personnel, physicians and nurses**, and the **general public trained in CPR** from personal liability.

Many sources suggest that Massachusetts has a “duty to aid” law, which requires witnesses to come to the assistance of crime victims. In fact, this law creates a **duty to report, but not a duty to aid**. **Chapter 268, section 40** provides “Whoever knows that another person is a victim of aggravated rape, rape, murder, manslaughter or armed robbery and is at the scene of said crime shall, to the extent that said person can do so without danger or peril to himself or others, report said crime to an appropriate law enforcement official as soon as reasonably practicable.”

### Mandatory Abuse Reporting

Several Massachusetts laws and regulations have specific requirements for nurses to report suspected Patient Abuse, Child Abuse, Elder Abuse, and Abuse of a Disabled Person to their respective divisions in State Government.

Carefully review Massachusetts policies for information relative to each agency’s reporting requirements. <http://www.mass.gov/dppc/abuse-report/>

## **Workers' Compensation and Insurance**

MA Region 4A MRC members are not normally covered by workers compensation or health insurance when performing MRC activities. There are no provisions to maintain such coverage for MRC volunteers to date. It is strongly suggested that MRC members ensure they have adequate health insurance coverage to protect themselves against financial loss should an accident or injury require medical care or result in loss of wages.

Please check with your community as some communities do provide liability protection under their "special employee" designation.

## **Publication of Photograph and/or Video Recording**

MA Region 4A MRC has the right to edit, duplicate, exhibit, broadcast, use and publish photographs and/or video recordings of volunteers during a deployment, meeting, training or exercise. Volunteers will not receive compensation for said photographs and video recordings.

## **Media Protocols:**

Volunteers are advised to never talk to the media while deployed unless authorized by the Incident Commander or the Public Information Officer. When authorized to speak to anyone, be accurate, timely and credible. Take time to communicate calmly, clearly and completely. Never say "No Comment." Instead, say, "How can I get back to you with that information?" Be aware that the HIPAA privacy and security rules prohibit giving medical and personal data concerning the people you are helping.

## **Code of Conduct**

MA Region 4A MRC members are expected to conduct themselves as professionals at all times when involved in or associated with MRC activities. Members must practice good hygiene, avoid offensive language, and respect both the public they serve and the partners with whom they work. Inappropriate behavior, such as harassment, is strictly prohibited.

Members must obey all laws, practice within the guidelines of the protocols established, and follow directions given by the authorities on a scene (Incident Commander, Public Safety (police, sheriff, highway patrol), Fire Department, EMS, health care, and public health officials).

When communicating on public safety radios and/or with public safety or health care entities, members are to adhere to accepted practices consistent with their training.

Patient privacy is not only a matter of ethical responsibility – it is a matter of law. MRC members are strictly prohibited from discussing information regarding a patient with anyone except those with a specific need-to-know (such as EMS, hospital staff, public health officials, etc.). Members may be required to sign a confidentiality statement and abide by that agreement.

In any training program, exercise or actual event, safety is the most important consideration. Members are required to perform their duties in a safe and prudent manner and never intentionally place themselves or others in a dangerous situation.

## Chapter 5 - Training

MRC units need medical and non-medical volunteers who are trained and ready to respond to an emergency when called to assist local health and safety officials. Volunteers are provided with free training where they learn the valuable skills needed to prepare themselves and their families during an emergency.

**Core Competencies:** All Volunteers are encouraged to be trained in the core competencies, to include the following list:

- **MRC Orientation**  
This is an important course and encouraged to be taken before other courses.
- **Heartsaver First Aid**  
This is held in a classroom setting. Please check our Calendar for scheduling information.
- **Basic Life Support (BLS) for Healthcare Providers (HCP) CPR/AED**  
This is held in a classroom setting and includes Adult, Child, and Infant CPR/AED and choking, and is for both Health Care and Lay Rescuers.
- **Incident Command System (ICS) 100**  
This course may be held in a classroom setting or is available online at: <http://training.fema.gov/emiweb/is/is100b.asp>
- **National Incident Management System (NIMS) 700**  
This course may be held in a classroom setting or is available online at: <http://training.fema.gov/emiweb/is/is700a.asp>

### Additional training may include:

- Personal and family preparedness
- Emergency preparedness planning
- Behavioral health
- Psychological First Aid
- EDS Operations
- Personal Protective Equipment
- Blood Borne Pathogens

There are many free, on-line training courses on the Federal Emergency Management (FEMA) Emergency Management Institute (EMI) that will introduce you to the **Incident Command System (ICS)** used by disaster response organizations all over the country to manage disaster operations. Many of these courses go into much more depth and are pertinent to the health care environment. As you complete any of these training courses, please be sure to inform your local MRC Leader or Region 4A MRC Coordinator so they may be aware of the full range of your training and skill sets.

- IS-200 – ICS for Single Resources and Initial Action Incidents
- IS-317 – Introduction to Community Emergency Response Team
- IS-100.HC - Introduction to the Incident Command System for Healthcare/Hospitals
- IS-200.HCA - Applying ICS to Healthcare Organizations

Links to online FEMA training: <http://www.training.fema.gov/IS/crslist.aspx>

### **Participation in Non-Emergency Events**

MRC volunteers may be notified, in advance, when any community event may require the need for medical volunteers. MA Region 4A MRC community involvement may include health fairs, tradeshow, parades, celebrations, and events where we can “get the word out” about the MRC and/or assist as medical volunteer staff. Volunteers also have the opportunity to speak publically (if desired) at service clubs, associations and organizations, and events where the opportunity presents itself.

### **Family Preparedness**

Volunteers should take reasonable steps to prepare themselves and their families to deal with the predictable impact of disasters on themselves or their property. Being prepared will enable volunteers to be better able to accept volunteer disaster deployments if they are requested. For information about family preparedness, please visit the FEMA Website at: <http://www.fema.gov/plan-prepare-mitigate>.

### **Maintaining Readiness**

Regular training exercises are an essential element for ensuring readiness. Being ready to respond in an emergency does not just happen—readiness requires planning, organization and practice. Most units in MA Region 4A MRC have regular meetings and participate in trainings and local drills to ensure maximum emergency preparedness.

While understanding that time constraints and scheduling conflicts will arise, it is hoped that MA Region 4A MRC volunteers will take advantage of as many of the training opportunities as possible. The trainings are geared specifically to address emergency situations that a volunteer may encounter when responding to either a man-made or natural disaster, and are designed to build upon the volunteer's existing expertise in their own field.

MRC volunteers should maintain a "Personal Go Kit" of personal and select professional items preparing them for deployment at any time. Bringing your "Personal Go Kit" is part of many exercises and assures that you will be ready for any anticipated deployments. Suggestions for your "Personal Go Kit" can be found on page 27.

## Chapter 6 - Deployment of Medical Reserve Corps (MRC) Volunteers

### General

1. MRC Volunteers are not “first responders” and are not to be considered a rapid-reaction force. It is assumed that in emergencies and disasters, first responders will be appropriately deployed through their normal channels.
2. Volunteers should NEVER self-deploy - either as individuals or as units. Deployment of resources requires organization, preparation, and significant effort in order to maintain order.
3. MRC Volunteers are indeed volunteers, and have a right to be informed about the nature of the incident and what to expect about field conditions, housing, transportation, etc.
  - a. MRC Volunteers may choose to be deployed:
    1. Locally—within his/her community only.
    2. Regionally—within his/her community and any of the other communities in Region 4A.
    3. Outside the region—e.g., as part of a statewide or national deployment.
  - b. MRC Volunteers are not mandated to respond and may choose NOT to be deployed.
  - c. If you choose to volunteer to deploy, please do your best to fulfill your obligation. Once you make the commitment, people rely on you to show up and share the responsibility.
4. The primary focus of the MRCs within Region 4A is local response. The decision to mobilize volunteers rests with each local Health Department/MRC Leader. In the event of a multi-community emergency or event, the local MRC will first mobilize volunteers to provide service for their local communities. If local needs are met, the local Health Department/MRC Leader may authorize deployment of its volunteers to respond to other communities within Region 4A, or to be mobilized to respond during a statewide or national emergency.
5. Communication protocol: MRC Coordinator will first send an email, if no response, may call or send a text message. Please note: MRC volunteers may be notified of important news/weather related advisories by being placed on a status of “Aware” or “Alert” meant only to inform.

## **Local (within your Community) Activations**

1. A local Health Department Leader, Emergency Manager, or other designated official may request activation of MRC Volunteers for emergency response within their own community.
2. If this happens, the local Health Department/MRC Leader will notify the MA Region 4A MRC Coordinator who will keep a record of the MRC Volunteers who were activated, what their role/position was, and maintain that information for documentation purposes.

## **Regional Activation (within Region 4A)**

1. A local Health Department Leader, Emergency Manager, or other designated official of a community within Region 4A may request activation of MRC Volunteers for emergency response. All requests and activations for missions larger than within the local community will be forwarded to the MA Region 4A MRC Coordinator.
2. When activation is requested, the MRC Coordinator will send a situation report to the local Health Department/MRC Leaders to inform them of the need for volunteers and, depending upon the situation, ask them to put their volunteers on standby or discuss activation of their volunteers.
3. MRC Coordinator will send a message to local Health Department/MRC Leaders or to the MRC Volunteers directly to inquire about volunteer availability, and will gather the following information:
  - a. Names, contact information (phone/email), and community they are from.
  - b. Type of volunteers available (profession/job).
  - c. Available dates/times of volunteers.
4. When MRC Coordinator receives this information, he/she will communicate directly with volunteers and give them as much information as possible, to include:
  - a. Type of mission (i.e. vaccination clinic, shelter, etc.).
  - b. Location of mission (with enough specificity to suggest the kind of travel involved).
  - c. Duration of mission to include possibility of shifts.
  - d. Anticipated field conditions (e.g., local school or clinic vs. austere conditions such as housing in tents with Meals Ready to Eat and portable showers).
  - e. Any requirements for special clothing and/or personal protective equipment.
  - f. Any known risks or safety concerns (e.g. dust, aerosolized debris, social unrest, etc.)
  - g. Any other conditions which would influence a volunteer's decision to participate.
  - h. What volunteers should bring with them (e.g. food/ water/jacket/boots, etc.)

5. Based on the expected working conditions and the volunteer's expected duties, an honest assessment should be made by each volunteer of their personal health and fitness. This information will enable the volunteer to determine if their personal health and fitness will enable them to accept the assignment.

6. If the volunteer replies that they are willing and available to deploy, they may then be assigned to a specific task, location and time-frame. They will receive a message stating that they have been assigned and will receive specific information about time, dates and location of assignment along with details of the mission.

7. After accepting the assignment, volunteers will be notified via email or phone when and where to report and the name of the contact person or supervisor to whom they will report.

8. Upon safe arrival, volunteers should call/text MRC Coordinator, and then should check in with their specific point of contact or supervisor. At check-in, volunteers should present an MRC Badge and/or government-issued photo I.D. such as a driver license, and their clinical license if they are a clinician. Volunteers should receive an Orientation or Situation Briefing and a Safety Briefing, in addition to specific instructions for housing, meals, etc. (if deployed outside your local area). Volunteers may receive Just in Time Training to prepare them to respond to the specific event.

9. During Assignment: Consistent with local plans and protocols, volunteers will be assigned to specific duties. Regardless of your job, all volunteers must:

- a. Sign-in at the beginning of each shift and sign-out at the end of shift.
- b. Remember that their wellness and safety are the highest priority.
- c. Immediately report any personal injuries or illness to their supervisor and MA Region 4A MRC Coordinator.
- d. Volunteers are expected to keep their MA Region 4A MRC Coordinator aware of their whereabouts as needed, and communicate with their family.
- e. Remember that the conduct of all volunteers on assignment will reflect on the volunteer, their home agency and the entire disaster response operation. A volunteer's conduct will impact the people the MA Region 4A MRC is serving and all expect that conduct to be positive.

10. Demobilization: Volunteer will be "released from duty" when the assignment has been fulfilled. It is essential that the volunteer complete all necessary paperwork as part of the "Demobilization" process. Each MRC Volunteer must ensure they have properly signed out from the scene. If possible, take the opportunity to write and share observations. If a volunteer is deployed outside his/her local region, instructions for transportation home may be given.

11. Post – Deployment: Volunteer will report safe return home to their MA Region 4A MRC Coordinator. Each volunteer is advised to be sure their own physical and emotional health is attended to as needed upon return home.

12. Debriefing: MA Region 4A MRC Coordinator will contact all deployed volunteers to ask for comments to be included in an after-action report for the MA Region 4A MRC. This report will be consolidated and shared as needed in overall post-event reviews with other agencies. Volunteers' names may be removed for confidentiality, if appropriate.

#### **Outside the region—Statewide or National deployment:**

1. An activation request for assistance outside Region 4A will come through the Massachusetts Department of Public Health (MDPH) Volunteer Support Team (VST), or the MDPH Emergency Preparedness Bureau (EPB) Staff Officer, to the MA Region 4A MRC Coordinator, in accordance with their protocol.

2. When activation is requested, the MRC Coordinator will use the process listed above, “Regional Activation (within Region 4A)”.

#### **MRC Coordinator Responsibilities during all Activations**

1. Monitoring communication and staffing levels with direction from the Incident Commander.

2. Scheduling volunteers in shifts for events of long-term duration.

3. Verifying that volunteers are dispatched with the appropriate ID (badge, driver's license, CPR card, other) to include issuing MRC ID (identification) badges as needed.

4. Verifying transportation of MRC volunteers to and from the correct sites.

5. Ensuring that volunteers respond to the appropriate locations (such as a predefined staging area) with the appropriate gear and instructions and checking on safety issues as needed.

6. Maintaining and communicating situational awareness to local Health Department/MRC Leaders to include, communication with volunteers and/or monitoring their involvement.

7. Verifying that reporting and de-activation procedures are followed.

**Sample Email to Volunteers**

Dear MA Region 4A MRC Volunteer: **Thank you very much for volunteering.**

Attached is *(any information related to the deployment)* with the specific information for the *(event and location)*.

This is your schedule, please drive safe and don't forget to bring your MRC Badge, driver's License, and/or professional license. Please let me know as soon as possible if something happens and you cannot fulfill your shift.

|  |
|--|
| Event location:                                |
| Street:  |
| Town/City:                                     |
| Phone:   |
| Special travel instructions:                   |
| Point of contact at Site:                      |
| Name:  |
| Phone:   |
| Email:   |
| Assignment:                                    |
| Job Action Sheet:                              |
| Shift hours:                                   |
| Who you will relieve:                          |
| Name:  |
| Phone:   |
| Email:   |
| Who will relieve you at the end of your shift: |
| Name:  |
| Phone:   |
| Email:   |

\*\*Upon safe arrival, please text or call MRC Coordinator (Cathy Corkery, 508-735-3566).

Check in with *(point of contact)* at the *(event location)*.

At check-in you should present a MRC Badge and/or government-issued photo I.D. such as a driver license, and your clinical license if you are a clinician. You should receive an Orientation or Situation Briefing and a Safety Briefing, in addition to specific instructions for housing, meals, etc.

During Assignment: Regardless of your job, all volunteers must:

- a. Sign-in at the beginning of each shift and sign-out at the end of shift.
- b. Remember that your wellness and safety are the highest priority.
- c. Immediately report any personal injuries or illness to your supervisor and your MA Region 4A MRC Coordinator.
- d. Keep your MA Region 4A MRC Coordinator (Cathy Corkery, 508-735-3566) aware of their whereabouts as needed, and communicate with your family.
- e. Remember that the conduct of all volunteers on assignment will reflect on you, your home agency and the entire disaster response operation. Your conduct will impact the people we are serving and we all expect that conduct to be positive.

Demobilization: You will be “released from duty” when the assignment has been fulfilled. It is essential that you complete all necessary paperwork and ensure you have properly signed out from the scene. **\*\*NOTE:** Always ensure you properly sign out from the scene and that the point of contact at the scene knows you are leaving.

**\*\*Post – Deployment:** When you arrive home, please text or call MRC Coordinator (Cathy Corkery, 508-735-3566).

## **Personal Go Kit (suggested Items to bring if deployed):**

This Packing List is a general example of things volunteers may need for a short-term deployment. Items may be added or deleted based on the specific requirements of the mission, and adapted to special environmental considerations, weather at the disaster area and personal needs. Remember: Pack smart, as you will need to carry your own gear.

### Identification/Credentials

- Photo ID (Gov't-issued such as a driver license.)
- Clinical License/Certificate

### Clothing

- Clinic appropriate clothing (shirts/slacks or scrubs)
- Shorts (with pockets if possible)
- Long pants
- T-shirts / Underwear/socks (pack sturdy socks)
- Sweatshirt/Sweater
- Light rain jacket/gear
- Warm coat/jacket
- Functional shoes (comfortable/protective) e.g. tennis shoes, hiking boots
- Hat w/ a brim (consider a stocking cap for cold weather)
- Pajamas
- Shower shoes (flip-flops, river shoes, etc.)

### Hygiene items

- Shampoo/Soap
- Tooth brush/Toothpaste
- Hand sanitizer
  - Contact lens solution/case with extra lenses
- Laundry powder/camp soap

### Equipment

- Exam kit (stethoscope, thermometer, tongue blades, otoscope, BP cuff, gloves), if indicated
- Watch
- Travel alarm
- Penlight
- Quality ear plugs/eye covers
- Towel/washcloth
- Fanny Pack/Small backpack

### Sleeping Gear (may not be needed)

- Sleeping bag/blankets/bed linens/pillow, if indicated
- Air mattress (self-inflating preferred), if indicated

#### Food/Water

- Snacks (such as power bars, granola bars, trail mix)
- Water bottle

#### Personal Medications

- Personal medications (prescriptions, NSAIDS, vitamins, etc.)

Volunteers with legally prescribed medications should plan to bring an adequate supply of those medications as they may not have access to a pharmacy during their deployment.

#### Miscellaneous

- Cell phone and charger
- Leatherman or other multipurpose tool
- Insect repellent
- Sunglasses in cases
- Eyeglasses
- Cash for food and incidentals and one ATM/credit card
- Small flashlight or headlight with extra batteries if needed
- Work gloves
- Lock and cable to secure your personal belongings (pack your items in a bag that can accommodate a lock and cable – camping and travel stores sell such lock/cable devices for travelers)

#### Optional

- Reading material/playing cards
- MP3 player
- Envelopes/stamps
- Sunscreen
- Foot powder or spray
- Small Ziploc bags
- Pens/paper
- Personal journal

Please be aware: Firearms of any sort are strictly prohibited unless approved by proper authorities.

# MA Region 4A MRC Post Deployment Evaluation Form

## Please complete the following questions:

1. Which volunteer role were you assigned? \_\_\_\_\_
2. Were you a team leader or in a supervisory role? \_\_\_Yes \_\_\_No
3. What location/shift were you assigned? \_\_\_\_\_ am\_\_\_\_\_ pm\_\_\_\_\_ full day\_\_\_\_\_
4. Did you have any problems with any of the equipment? (Example Radios, First Aid Bags, Tents)

## Please respond to following statements:

### 1. The on-site operational briefing was clear and well organized

- 1 Strongly Disagree  2 Disagree  3 Undecided  4 Agree  5 Strongly Agree  6 Did Not Occur
- 
- 

### 2. Opportunity for discussion was provided and useful.

- 1 Strongly Disagree  2 Disagree  3 Undecided  4 Agree  5 Strongly Agree  6 No Opportunity
- 
- 

### 3. You felt comfortable in your assigned role?

- 1 Strongly Disagree  2 Disagree  3 Undecided  4 Agree  5 Strongly Agree  6 Comment below
- 
- 

### 4. You were comfortable with your workspace environment?

- 1 Strongly Disagree  2 Disagree  3 Undecided  4 Agree  5 Strongly Agree  6 Comment below
- 
- 

### 5. You had all the necessary knowledge to perform your specific task?

- 1 Strongly Disagree  2 Disagree  3 Undecided  4 Agree  5 Strongly Agree  6 Comment below
- 
- 

### 6. Demobilization and release plan for my position was clear and concise.

- 1 Strongly Disagree  2 Disagree  3 Undecided  4 Agree  5 Strongly Agree  6 Comment below
- 
- 

### 7. Overall, how would you rate your experience from this volunteer opportunity?

- 1 Excellent  2 Good  3 Fair  4 Poor
- 
- 

Do you have any other comments, questions, or concerns?

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**What are some Areas for Improvement:**

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**What things went well:**

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## Region 4A Medical Reserve Corps

### Code of Conduct Agreement

I, \_\_\_\_\_ (print name),  
agree to the following as a Region 4A Medical Reserve Corps volunteer:

- I have read and understand the Policy and Procedure Manual.
- I agree to attend the volunteer orientation training, known as MRC 101.
- I have read, signed, and understand the confidentiality agreement.
- During an activation, drill, or educational program:
  - I will dress in a neat and clean fashion in a manner appropriate to my assigned duty.
  - I will wear the identification provided to me by the MRC at all times.
  - I will conduct myself in a professional manner.
  - I will respect the rights and dignity of all volunteers and clients while representing the MRC.
- I will promptly address any issues or concerns with MRC administration.
- I will perform tasks within my scope of knowledge and skill and license/credentials while representing the MRC.
- I understand that I am not required to participate in any activity or emergency response.
- I understand I must adhere to the Incident Command System (ICS) and the National Incident Management System (NIMS) and that I must take the appropriate Incident Command System courses for my level of involvement.
- I will not speak to the press unless authorized to do so.
- I will participate in debriefings and provide feedback following an incident in which I participate.
- I understand that I am subject to disciplinary action or dismissal and that there is an appeal process for any disciplinary action or dismissal.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Region 4A Medical Reserve Corps

### Confidentiality Agreement

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established Region 4A Medical Reserve Corps policies and procedures, individuals who may come in contact with patients, information, and records, whether medical, financial, or any other – whether electronic, written, or oral form agree to safeguard and protect confidential information.

- I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited. I will not share or release any passwords.
- I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the Medical Reserve Corps (MRC), its volunteers, and its patients/clients.
- I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal from the MRC and will be investigated and possibly reported to applicable federal and state authorities.
- I agree to safeguard all confidential information as required by HIPAA. Visit the HIPAA website at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) for further information.
- I will contact MRC administrators immediately if I believe any confidential information may have been compromised.
- I understand that I am to maintain this confidentiality agreement even if I leave the MRC.
- I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_