

2012

Region 1 – Western Massachusetts

Medical Reserve Corps

Policy and Procedure Manual



Medical Reserve Corps Advisory Group (MAG)

Region 1 – Western Massachusetts

Medical Reserve Corps

Policy and Procedure Manual

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SECTION A: PROGRAM OVERVIEW

History

Following the events of September 11, 2001, it became clear that there was no method for coordinating the services of thousands of well-meaning volunteers who showed up at disaster scenes wanting to help. There was no mechanism for checking credentials and assigning volunteers where they could do the most good, and no pre-planning to ensure their safety. These volunteers had not been trained to work effectively as a team while interacting with other agencies at the scene. In fact, the presence of unidentified care providers created numerous problems that put trained rescuers at risk.

The Office of the U.S. Surgeon General (OSG) announced the formation of the Medical Reserve Corps (MRC) program in 2002. The overall goal of the national initiative is to establish teams of local volunteer medical professionals and laypersons to contribute their skills and expertise during times of community need, such as an influenza pandemic, a chemical spill or an act of terrorism. Volunteers also provide community health education and outreach throughout the year.

There are currently 17 MRC units in Western Massachusetts.

Mission - We build resilient and healthy communities

Vision - Individuals and communities (committed and totally) ready to manage all hazards

Purpose - The Western Massachusetts MRC units were formed to promote public health and safety across the region, in three key areas:

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

Goals

- Recruit, train and maintain a corps of medical and non-medical volunteers. Maintain a database of volunteers' including information about their credentials and skills.
- Provide opportunities for volunteers to assist with non-emergency public health functions and initiatives, such as health education, vaccination clinics and public awareness campaigns.
- Provide comprehensive training opportunities to volunteers through simulation exercises, classroom training and access to online education resources.
- Promote collaboration between the MRC and other response partners.
- Build a commitment to volunteerism and civic responsibility while fostering research and learning opportunities for students.

Service Area Challenges

Western Massachusetts is approximately 1/3 of the geographical area of the Commonwealth. Urban, suburban and rural communities with unique characteristics and differing resources are interspersed over the large area. The region is home to a wide range of diverse cultures with numerous written and spoken languages utilized.

These diverse populations demand flexible approaches to emergency preparedness planning and response.

Principles of Operation

Any MRC responses will be managed under the organizational structure set forth in U.S. Homeland Security National Incident Management System (NIMS) and Incident Command System (ICS) protocols which provides structured management and communications guidelines and protocols.

Additionally, the Region 1 – Western Massachusetts MRCs will operate according to the following principles:

- We treat all people, volunteers, clients, and co-workers with respect and dignity in all situations.
- We honor the commitment of our volunteers who contribute their time and skills to the MRC while staying prepared through ongoing trainings.
- We communicate clearly and consistently with MRC volunteers.
- We value and encourage input from volunteers.
- Volunteers are required to work within the scope of his or her licensure, credentials, training, and comfort level.
- We work to ensure that no member will knowingly be placed at risk during training or deployment.
- We provide volunteers with the option of refusing an assignment for any reason.

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- We believe that a response to disasters outside of their community and region are voluntary.
- We ask that no member will self-deploy. The Unit Coordinator will activate its volunteers.
- We consistently seek inclusion of residents across all demographics in order to ensure balanced representation of residents in the region.

Contact Information

Organizational and event information can be found on the Western Massachusetts MRC website: www.wmmrc.org. The website contains links to trainings as well as a current schedule of events and other resources. Links to documents and resources are posted on the website and volunteers are encouraged to explore additional educational and training opportunities.

Membership

Anyone wishing to become a member of the MRC and to support its mission is welcome to join at any time. **See *Application Procedures*** for details. Upon enlisting, all volunteers become eligible for training programs. Volunteers are not required to live or work in the service area, as long as they are willing to participate in area activities. Before volunteers are assigned badges, application and training requirements must be completed. See ***Eligibility and Readiness for Service*** for details.

Several roles are involved in expanding the capabilities of the unit.

Volunteers – Keep in contact with the Unit Coordinator to ensure that their records are up to date, so they can be notified of upcoming activities and trainings. (See ***Member Staffing and Roles*** for details.)

Unit Coordinator/Unit Director – Individuals responsible for all aspects of the unit operation. Determines when the unit will be deployed, and which activities warrant involvement by volunteers. The Unit Coordinator or Director manages the unit activities and represents the unit at meetings.

County Coordinators – In coordination with Unit Coordinator(s), the County Coordinators handle day-to-day operations of the MRC. Responsibilities include maintaining ongoing contact with volunteers, welcomes new applicants, arranges training programs and drills, organizes meetings, and tracks member data. County Coordinators represent their respective county at western Massachusetts MRC meetings and statewide MRC meetings. County Coordinators work with the Region 1 MRC Coordinator and collaborate with their peers representing the four counties of Western Massachusetts.

MRC Advisory Group (MAG) – One staff member per MRC serves as the liaison between their MRC and the MAG. The MAG aims to create common infrastructure and to foster good relations between the MRC and its regional affiliates and response partners.

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SECTION B: VOLUNTEER RELATIONS

Recruitment

Recruitment is ongoing and volunteers are encouraged to participate in recruitment efforts.

Recruitment methods include, but are not limited to, media campaigns, presentations to potential partners, mass mailings to health professionals, and information tables at community events and health fairs. A Coordinator welcomes volunteers and answers any questions.

Application Procedures

There are three basic ways to join the MRC:

1. Submit an application form via mail,
2. Register online at <http://maresponds.org>, or
3. Register in person

Levels of Involvement

The range of possible activities is as diverse as the membership itself. This section offers partial list of potential member roles.

- **Tier 1 (Basic Level):** The Tier 1 volunteer chooses to be available only in the event of a large-scale public health emergency. Typically, a Tier 1 volunteer does not attend trainings or exercises beyond core competencies. In the event of MRC activation, Tier 1 volunteers will be provided “Just-In-Time” on-site training on the first day of activation.
- **Tier 2 (Active Level):** The Tier 2 volunteer is interested in participating in training and exercises, and may choose to volunteer in non-emergency public health functions. In essence, the Tier 2 volunteer exhibits an active interest in MRC functions and a willingness to participate in events. “Just-In Time” training will also be available on the first day activation.
- **Tier 3 (Team Leader Level):** The Tier 3 volunteer is interested in accepting a leadership role within the MRC. Tier 3 volunteers may be assigned to positions within the Incident Command System (ICS) structure. Tier 3 volunteers may choose to attend local and out-of-town trainings, seminars and conferences. They agree to participate in planning meetings and exercises, and may choose to participate in non-emergency public health functions.

Eligibility and Readiness for Service

Eligibility requirements include:

Background checks – A Criminal Offender Record Information (CORI) and Sex Offender Record Information (SORI) will be conducted on all volunteers when they first apply to become an MRC volunteer. MRC staff will maintain the privacy of the members' confidential information in the process of CORI/SORI and database management. All MRC Coordinators and staff with access to applications including CORI forms will have signed an Individual Agreement of Non-Disclosure and Statement of CORI Certification Compliance. All CORI forms and reports will be stored in accordance with Criminal History System Board (CHSB) requirements in separate locked files accessible only by authorized staff.

Any potential or current volunteer who is either denied admittance or dismissed from an MRC unit based on a CORI statement will be given the opportunity to review and contest the CORI report and the decision of the MRC Coordinator/staff.

License and certificate verification – Current licensure is not a requirement for medical professionals to volunteer in the MRC. Volunteers with expired licenses will be prohibited from performing tasks requiring licensure. Health care provider licenses and certificates will be verified through the appropriate agency. Volunteers will be asked to provide a photocopy of their license or certificate, to be maintained as a record. Certificates such as CPR, first aid, or advanced life support will be copied and kept in the member's file. ***Volunteers are responsible for providing the MRC Coordinator with updated proof of professional licensure.***

Identification and/or MRC Badge – Government issued photo identification is required for rapid recognition as trained members. All volunteers are expected to bring to an event a government issued photo identification and, if applicable, their unit specific MRC identification badge, uniform/clothing to events.

Specialized training – Certification may be required prior to participation in a specific event.

Code of conduct and confidentiality forms – Volunteers will also be required to complete a form to verify their conduct and respect for patient confidentiality.

Training

Required Training

The following three courses, based on core competency requirements from the national MRC office, are required for new volunteers:

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1. Medical Reserve Corps 101

The content of this orientation includes:

- An overview of the national and state MRC programs
- An introduction to the local unit including:
 - Interaction with regional response units
 - Priorities and typical activities
- Review of basic concepts of disaster response
- Personal and family preparedness
- Life safety training (taking care of yourself and your peers)
- An introduction to the Incident Command System

2. Incident Command System (ICS) 100 and National Incident Management System

(NIMS) 700 – Classes on ICS and NIMS must be tailored for use by rank-and-file volunteers, with additional depth for team leaders.

To ensure that the concepts are as clear as possible, scenarios would be offered to show how ICS and NIMS can be applied successfully in a disaster. Training on these topics is available online at: Yale New Haven Health Center for Emergency Preparedness and Disaster Response website located at:

<http://ynhhs.emergencyeducation.org/>; <http://training.fema.gov/EMIWeb/IS/is700.asp> and <http://training.fema.gov/EMIWeb/IS/is100.asp>, as well as through a classroom format.

3. Psychological First Aid/Behavioral Health – Traumatic events impacts individuals differently. This course will provide basic information on providing safety and comfort for those impacted by an emergency or disaster. Additionally, staying safe and self-care for volunteers is emphasized.

Optional Trainings (Reminder Volunteers shall provide certification of the below trainings to Unit Coordinator)

Other courses are offered frequently and may include the following:

CPR/First Aid

Emergency Dispensing Site (EDS)

Bioterrorism, Decontamination, and Scene Safety – Volunteers will receive instruction in general bioterrorism concepts; agents (anthrax) and treatments (Cipro); contamination issues, decontamination techniques and whether a scene is safe to enter.

Personal Protective Equipment – This course is a key part of risk reduction and ensuring each member's personal safety.

Disaster Triage and Treatment – This curriculum explains how volunteers should approach a staging area in which vast numbers of injured people need care. Course

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content would include standard forms for evaluating patients using the **S.T.A.R.T.** (Simple Triage and Rapid Treatment) system.

Weapons of Mass Destruction (WMD), Emergency Operations Center (EOC), Strategic National Stockpile (SNS) – Organizations including MEMA, FEMA, and the American Red Cross offer training on local implementations of these national concepts.

Targeted Sessions – In response to local volunteer interest, additional courses may be offered.

Online Courses – These classes are available as supplemental education tools and are continuously updated on our website: www.wmmrc.org.

Communication with Volunteers

Many methods of communication may be used, depending on the situation (ongoing interactions versus an emergency notification or call-out.) Here are some examples:

- **Direct phone calls.**
- **Phone trees:** Trusted entities such as advisory group volunteers and team leaders may be asked to make calls on behalf of the MRC in order to streamline member contacts such as in the case of applying an emergency call-down list. Phone numbers are never shared for non-MRC purposes.
- **E-mail:** The use of individual messages has proven to be a very efficient method of reaching volunteers who have ongoing access to computers.
- **Web site:** Volunteers are strongly encouraged to check the web site at: www.wmmrc.org on a regular basis.
- **Printed mail.**
- **Two-way radio and Walkie-Talkies:** This equipment allows volunteers to communicate with each other during a deployment, especially when cell phone contact is jeopardized. Small radios may also be used at Emergency Dispensing Sites.
- **Meetings and Training Sessions:** Provide an opportunity to announce unit updates and events.

Communication with the Media and Outside Agencies

During a disaster, only the Public Information Officer (PIO), as specified through Incident Command, is authorized to speak with the media. Volunteers of the MRC are instructed to refer the press to their supervisor (who would reference the PIO), rather than provide any opinions or information. MRC volunteers **may not** represent the MRC in the media without coordination with the Unit or County Coordinator.

Roles of MRC Volunteers

Roles and responsibilities depend on the member's physical ability, interest, training, and expertise. All service is voluntary. Responsibilities can include the following:

Non-emergency

- Participate in training exercises and drills
- Assist in development and implementation of community health programs
- Support public awareness campaigns
- Promotion and public relations
- Organize focus groups to address special interests

Medical/Clinical

- Immunization and oral medication administration
- Clinic preparation (fill syringes, measure medications)
- Patient history and screening
- Patient assessment and vital signs
- Triage (S.T.A.R.T. or otherwise)
- Treatment (basic first aid)
- Psychological first aid
- Phone consultation
- Local distribution of medications from SNS (Strategic National Stockpile)
- Communicable disease control measures
- Support for health needs of vulnerable populations in partnership with local, regional, and statewide initiatives
- Shelter care

Non-medical/non-clinical

- Patient intake (basic data forms)
- People movers
- Translators
- Ham radio operators
- Administrative tasks
- Record keeping and financial management
- Logistics and planning
- Local distribution of medications from SNS (Strategic National Stockpile)
- Communicable disease control measures
- Support for health needs of vulnerable populations in partnership with local, regional, and statewide initiatives
- Shelter care

Service Environments

Volunteers could find themselves serving the MRC in the following kinds of environments:

- Emergency Dispensing Sites (EDS)
- Mass Casualty Sites
- Emergency Shelters
- Influenza Specialty Care Units (ISCU)
- Triage centers
- Service centers

SECTION C: VOLUNTEER ACTIVATION

Deployment Procedures

The Medical Reserve Corps is not a first responder organization and it is not within our capability to respond within minutes of an event.

Although there may be circumstances when a rapid response is needed such as in an anthrax release or a natural disaster, in general our goal is to initiate volunteer notification or deployment within hours of a specific event.

Generally, the MRC is used to support response later in the situation, after the Incident Command has completed an initial assessment and identified the immediate services that are required. Incident commanders and authorized agencies are urged to contact the Unit Coordinator immediately after an event occurs, in case there *might* be a need for additional medical help. This allows the Unit Coordinator to make arrangements.

Rules for Deployment

There are four cardinal rules for deploying the MRC.

1. The MRC unit is deployed ***only through a*** request to the Unit Coordinator/Director.
2. Volunteers should *never* self-deploy. Self-deployment is grounds for dismissal.
3. No unauthorized person should *ever* deploy individual volunteers directly.
4. Students may only be deployed under the supervision and guidance of appropriate licensed professionals.

Request for MRC Service

The MRC occasionally receives requests for assistance from outside agencies. All deployment requests ***must*** be made through the Unit Coordinator. The criteria to qualify for MRC assistance includes:

- The requesting agency provides a service that promotes public health or safety.
- The event for which assistance is being sought does not conflict with other planned MRC activities.
- The requesting agency's mission does not conflict with the mission of the Western MA Public Health Advisory Group (WAG) the Western MA MRC Advisory Group (MAG) or National MRC policy or procedures.

If the MRC Coordinator, or designee, agrees to assist the requesting agency, it must be clearly understood and stated that there is no guarantee of results, i.e., the MRC Program Coordinator, or designee, will agree to attempt to recruit volunteers for an activity or event.

Activation/Notification

Emergency activation may occur as a decision of a community Emergency Management Director or Board of Health. Depending on the situation, volunteers may be informed of the nature of the emergency and may be instructed to report to designated areas.

Emergency notification systems will include:

- Health and Homeland Alert Network (HHAN).
- Blast e-mail.
- Phone tree.
- Mass media (at the discretion of the Incident Commander).

Large-Scale Activation

Activation requests may only be made through the Unit Coordinator/Director. No local, state or federal agency should ever attempt to dispatch MRC volunteers directly.

State and federal disasters can generate requests from elsewhere in the state (MEMA) or the nation (FEMA). Typically, a “state of emergency” would be declared through government officials. These situations could result in requests for the activation of several MRC units across the state or nation. All assignments are voluntary. Out-of-state response raises issues of greater complexity, such as recognition of licenses and intra-state procedures, therefore imposing additional administrative requirements.

The Unit Coordinator determines whether to contact volunteers for deployment outside of the region. The decision may be based on:

- Assessment of the ability of the unit to ensure coverage in the local area, should the emergency put the local community at risk and
- MRC volunteer abilities, interests, and preferences to respond to disasters outside the service area.

Non-emergency Activation

MRC volunteers may be enlisted to assist with:

- Public awareness campaigns.
- Vaccination clinics (flu, etc.)
- Disease outbreaks.
- Public health education/promotion events.
- MRC recruitment tables.

When volunteer opportunities arise, the MRC Program Coordinator, or designee, will notify volunteers via e-mail and/or regular postal mail (if time allows). Notification will include a description of the volunteer event, date, time, location, volunteer responsibilities and the event contact person.

Just in Time Training

The first day of any MRC emergency operation will include training and availability of vaccination/prophylaxis of volunteers (if applicable), and vaccination/prophylaxis of front line medical professionals and other volunteers (if applicable). This is referred to as “Force Protection.”

First day (Just in Time) training will include:

- Patient Confidentiality (HIPPA) training.
- Personal Protection protocols and equipment use.
- Specialized training specific to the incident and volunteer assignments.
- ICS review; Sign-in/Sign-out procedures; environmental and safety updates

MRC Staff Responsibilities in a Deployment

The Incident Commander(s) or designee determines whether MRC responders report to registration, staging area, hospital, or other location. The Incident Commander role includes tracking and monitoring response from all entities, including the MRC.

Unit Coordinator Responsibilities during Activation of the MRC

When a call is received for MRC assistance, the Unit Coordinator is responsible for the following: (Note: If it is a real event, some of these tasks would be subsumed under other ICS roles.)

- Initiate procedures to ensure that the appropriate number and type of volunteers are activated, at the necessary skill levels.
- Ensure that volunteers respond to the appropriate locations with the appropriate personal protective equipment, other necessary equipment and supplies.
- Monitor responses and staffing levels.
- Maintain contact with volunteers or monitoring their involvement, as needed.
- Verify that reporting and de-activation procedures are followed.
- Issue badges and distribute unit specific clothing for identification.
- Verify that volunteers are dispatched with the appropriate identification such as their badge, driver’s license, professional license or CPR card
- Assure that appropriate safety and health measure are followed to maximize each member’s safety.
- Schedule volunteers in shifts during events of long-term duration.
- Maintain communication with the Incident Commander.
- Report and coordinate with other agencies.

Member Responsibilities in a Deployment

According to ICS procedures, volunteers should respond according to the following checklist:

- ✓ Receive your incident assignment from the MRC Coordinator or designee. This should include, at a minimum: reporting location and time, expected length of assignment, job action sheet, and a designated communications plan if necessary.
- ✓ Bring any specialized supplies or equipment required for the job. Be sure you have adequate personal supplies to last for the duration of the assignment.
- ✓ Sign in and out at the scene, for safety reasons as well as accountability.
- ✓ Obtain a briefing from your immediate supervisor. Be sure you understand your assignment.
- ✓ Work within the scope of your license and physical abilities. It is a MRC member's responsibility to notify their immediate supervisor within the ICS structure if they are not able to safely or adequately perform their assigned duties.
- ✓ Acquire necessary work materials, then locate and set up your work station.
- ✓ Organize and brief any subordinates assigned to you.
- ✓ "Brief" or review the events with your replacement the end of your shift, and at the time you are demobilized from the incident.
- ✓ Complete required forms and reports, delivering them to your supervisor or the documentation unit before you leave.
- ✓ Demobilize according to the plan.

Demobilization and Debriefing

Each incident should include assurance that volunteers have signed out from the scene and have the chance to be debriefed. Volunteers' comments can be included in an after-action report for the MRC, and can be shared anonymously in overall post-event reviews with other agencies. Opportunities will be made available to meet with mental health professionals, if deployments warrant the need.

Liability

Federal Volunteer Protection Act, 42 U.S.C. § 14501 et seq. Provides *immunity from liability for negligence* for people who volunteer for a government entity or a non-profit organization. The volunteer is not liable to a person they harm, **BUT** the organization that the volunteer is working under may still sue the volunteer personally for negligence. Volunteers must be properly licensed, certified, or authorized, and must act within the scope of his/her authority in the organization. Negligence arising from operation of a motorized vehicle is NOT covered. Protection only extends to UNPAID volunteer. **There is NO Workers' Compensation protection.**

Good Samaritan Laws: These state laws *protect health care workers from liability* when they render *emergency care or treatment. Coverage depends on there being an emergency.* The emergency need not be declared, but it is not clear whether the concept of “emergency” extends beyond an immediate, urgent need. Care must be provided in good faith. ***There is NO Workers’ Compensation protection in most situations.***

Massachusetts Tort Claims Act M.G.L. c. 258: Public employees are *protected from liability for negligent acts or omissions if they acted within the scope of their employment.* Ask your Select board or Mayor to appoint you and all the other MRC Volunteer volunteers as Special Municipal Employees. This will provide additional liability coverage for MRC Volunteers when acting under the direction and control of the MRC during a response.

Liability for Medical Professionals M.G.L. c.112, s12B No physician, physicians assistant, or nurse who, in good faith, as a volunteer and without fee, renders emergency care other than his ordinary course of practice, shall be liable for his acts under emergency conditions.

Liability Protection for Doctors and Nurses in Public Health Programs: m.G.L. c. 112, s12C provides *immunity from liability for physicians and nurses “administering immunization or other protective programs under public health programs”* (i.e. government-sponsored programs) Covers BOTH PAID AND UNPAID doctors and nurses. NOT limited to emergency situations. ***There is NO Workers’ Compensation protection.***

State Emergency Declarations: During a large scale emergency, there will most likely be special legislation or Executive Orders to help assure volunteers that they will have liability protection, but not likely Workers’ Compensation Insurance.

Workers’ Compensation

Volunteers are not provided Workers’ Compensation benefits.

Student/Faculty Liability Insurance: insurance provides protection from liability when students and faculty are engaged in curricular clinical activities.

Response Partners and Affiliates

All MRC activities will take into consideration the role of existing or potential response partners: health departments, police, fire, ambulance companies, emergency service agencies, the American Red Cross, and other key groups. Partners will be considered when planning tabletop drills and training, and deployment, and will be kept informed of MRC initiatives as appropriate.

Any organization that requests the services of the MRC should have a copy of the Western MA MRC Policy and Procedures Manual and MRC activation instructions and must contact the Unit Coordinator to activate the MRC.

American Red Cross – This national disaster organization requested support from the MRC system during the 2004 hurricane season. Additional deployments may be requested for staffing Red Cross emergency shelters during times of need. The Red Cross is an affiliate through joint training programs and agreements with the MRC.

Citizen Corps – As the MRC and its sister Citizen Corps agencies (CERT, VIPS, etc.) report to their local Citizen Corps council, this entity may play a role in requesting volunteers.

Massachusetts Emergency Management Agency (MEMA), Agawam, MA – This is the lead disaster response agency in Massachusetts, and depending upon the emergency, often serves as the Incident Command organization in a large scale event.

MSAR (Massachusetts System of Advance Registration) – Designed for volunteer health professionals, this statewide medical volunteer database initiative is designed to call down pre-credentialed volunteers in a statewide disaster.

Federal Emergency Management Agency (FEMA) – The Federal Emergency Management Agency interacts with the state and local communities through MEMA.

Governor's Office of Massachusetts – If a state of emergency is declared, the MRC may be called for deployment through the Unit Coordinator or designee. Contact information: State House, Office of the Governor, Room 360, Boston, MA 02133.

Hospitals and Health Care Facilities

The MRC may be called to provide supplemental or adjunct staffing to increase hospital surge capacity in a disaster or at an Emergency Specialty Care Unit (ESCU) or Influenza Specialty Care Unit (ISCU)

SECTION D: ADMINISTRATION

Accountability

MRC Unit Coordinators maintain direct responsibility for day-to-day administrative management tasks of the MRC. These tasks include:

- Assist with volunteer recruitment and retention.
- Maintain volunteer rosters.
- Determine volunteer assignments.
- Verify volunteer credentials/licensure.
- Maintain MRC unit records.
- Issuing identification badges.
- Organize meetings and preparation of related documentation.
- Communicate with volunteers.
- Develop training curricula and provide training to volunteers.
- Present information to the local media and at local events.
- Prepare and submit reports to grant agencies and funding partners.
- Oversee the management and maintenance of volunteer database.
- Participate in county MRC Advisory Group meetings.

The Region 1 – Western Massachusetts MRC Advisory Group (MAG) is responsible for management of regional state MRC grant fund expenditures.

Each county's public health coalition in cooperation with their fiduciary agent is responsible for management of their own funding resources and in-kind donations.

Data Management

Policies to ensure the integrity and privacy of member data include:

Storage: Volunteer data is maintained in secure electronic databases. Hard copies of essential documents are kept as a backup.

Security: All volunteer records are confidential, and protected from unauthorized use.

Sharing: Volunteer contact information and specialization information will be provided to Board of Health Directors and representatives of the MRC Advisory Group upon request, and approval of the Unit Coordinators.

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Master Database: It is recommended wherever possible that a master database with volunteer information be maintained in a locked location in each unit. These records include member training and participation records, “face sheets” that associate names and data with photos, and notes about members’ awards, special capabilities, etc.

The master database allows for the following:

- Backup to electronic data.
- Thorough documentation about the unit and its volunteers.
- Rapid access to information in case of a sudden need for deployment.

Volunteer Management

General Communication Principles

- All people, clients and co-workers, 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 “checking it out” 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 County Coordinator for assistance. If not resolved with the involvement of the MRC County, the concern may be taken to the respective public health coalition and/or the MAG.

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 result in disciplinary actions.

Disciplinary Procedures

Disciplinary action may be initiated to correct inappropriate performance, work-related behavior or behavior which reflects adversely upon the county or unit 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.

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Persons who hold supervisory authority with MRC volunteers may initiate informal counseling. Any disciplinary action beyond informal counseling **must** involve the MRC County Coordinator. Suspension or dismissal shall include the involvement of the Unit Coordinator, County Coordinator, the respective public health coalition and/or MAG (as appropriate).

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.
- 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.
- Discourteous treatment of the public.
- 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 of 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 Program Coordinator as soon as possible.



**REGION 1 – WESTERN MASSACHUSETTS
MEDICAL RESERVE CORPS ADVISORY GROUP (MAG)
Code of Conduct Agreement**

I, _____, agree to the following as a Region 1 – Western Massachusetts 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 that I am making a commitment to participate in trainings, drills, and other MRC activities according to my chosen level of involvement (Basic, Active, or Advanced, as explained in the Policy Manual).
- 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.

Signature _____ Date: _____

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Policy and Procedure Manual



REGION 1 – WESTERN MASSACHUSETTS

Medical Reserve Corps Advisory Group (MAG) Confidentiality Agreement

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established Region 1 – Western Massachusetts Medical Reserve Corps Advisory Group (MAG) 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 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 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 Medical Reserve Corps.

I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name _____

Signature _____ Date: _____

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