

Region 1 – Western Massachusetts Medical Reserve Corps



Policy and Procedure Manual 2014

**Western Massachusetts Medical
Reserve Corps Advisory Group**

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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 volunteer 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 this 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 to help improve community resiliency.

There are currently 16 MRC units in Western Massachusetts.

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

Mission -We build resilient and healthy communities.

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. ***Large Scale Emergencies*** – 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 and team leaders.
- Maintain a database of volunteers' including information about their credentials and skills. Many units use the MAREsponds system.
- 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 and coordination 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 comprises approximately 1/3 of the geographic 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, so flexible approaches to emergency preparedness planning and response is required.

Principles of Operation

All MRC responses will be managed under the organizational structure set forth in the U.S. Homeland Security National Incident Management System (NIMS) and Incident Command System (ICS), which provide 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.
- Each volunteer is required to work within the scope of his or her licensure, credentials, training, and personal 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.
- We believe that a response to disasters outside of the home community and/or region is voluntary.
- No member may self-deploy for any reason. The Unit Coordinators will activate their volunteers.
- We consistently seek inclusion of residents across all demographic domains 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, a current schedule of events and other resources. Volunteers are encouraged to use the site often.

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. After enlisting, 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 unit activities. Before volunteers are assigned badges, application and training requirements must be completed. See ***Eligibility and Readiness for Service*** for details.

MRC ROLES/POSITIONS

Several roles are involved in enhancing the unit capabilities.

Volunteers – Respond to public health emergencies, large scale disasters and education events. 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.

Team Leaders – Individuals responsible a specific MRC region or response function such as a MRC team specially organized and trained to work with children, animals, shelters, etc. in disasters.

County Coordinators – In coordination with (and as agreed by) the Unit Coordinator(s), the County Coordinators handle day-to-day operations of the MRC as well as support regional planning and response. Responsibilities include maintaining ongoing contact with volunteers, welcoming new applicants, arranging training programs and drills, organizing meetings, tracking member data and completing reports. County Coordinators represent their respective county at western Massachusetts MRC meetings and statewide MRC meetings.

MRC Advisory Group (MAG) – One staff member per MRC serves as the liaison between their MRC and the MAG and regional decision making. Each of the four County Public Health Preparedness Coalitions participate, as well.

The MAG aims to create common infrastructure and to foster good relations between the MRC and its regional affiliates and response partners.

State and Federal MRC Group – The MAG participates in a Statewide MRC Coordinating Group to ensure consistency and sharing across the Commonwealth. Units also participate in the Federal MRC program which sponsors training, a Federal MRC website and grants to local units.

SECTION B: VOLUNTEER RELATIONS

Recruitment

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

Recruitment strategies 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 ways to join the MRC:

1. Submit an application form via mail
2. Register online at <http://maresponds.org>
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 of an 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. Team Leaders often participate in additional training and specialize in a response function or area and are able to function as leaders in a response.

Eligibility and Readiness for Service

Eligibility requirements include:

BACKGROUND CHECKS – When volunteers first apply to join a unit they must undergo a Criminal Offender Record Information (CORI) and Sex Offender Record Information (SORI) check. These background checks may be conducted again at any time. MRC coordinators/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. MAREsponds conducts these checks for units that use the system to help maintain required confidentiality.

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, however, those 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 in their 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 government issued photo identification to an event, as well as their unit specific MRC identification badge, uniform/clothing. Many units issue ID badges to their membership.

SPECIALIZED TRAINING – Certification may be required prior to participation in a given event.

CODE OF CONDUCT AND CONFIDENTIALITY FORMS – Volunteers will also be required to complete agreement forms to verify their intent to abide by the Western Mass MRC Code of Conduct (Appendix 1) and Confidentiality Agreements (Appendix 2).

OTHER REQUIREMENTS - Individual units may have additional requirements.

Training

REQUIRED TRAINING

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

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 will be tailored for use by rank-and-file volunteers, with additional depth and detail for team leaders.

To ensure that the concepts are clear, scenarios will be offered to show how ICS and NIMS can be applied successfully in a disaster. Incident Command and NIMS training is available online at:

<https://training.fema.gov/IS/NIMS.aspx>, 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, for both victims and volunteers.
4. **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) – Volunteers receive instruction on how to deliver medication (vaccine or oral medication) to people during an emergency, such as a pandemic flu.

Bioterrorism, Decontamination, and Scene Safety – Volunteers will receive instruction in general bioterrorism concepts; agents (i.e. anthrax) and treatments (i.e. Ciprofloxacin); 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 using universal precautions and other methods of personal protection.

Disaster Triage and Treatment – This curriculum explains how volunteers should approach a staging area in which vast numbers of injured people need care. Course 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), and Strategic National Stockpile (SNS) – Organizations including MEMA, FEMA, and the American Red Cross offer training on local implementations of these national concepts.

Shelter Management Training - These trainings are available to help MRC volunteers learn about how to assist in an overnight shelter.

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 Volunteers are also encouraged to take FEMA online courses. <https://training.fema.gov/IS/NIMS.aspx>.

The Local Public Health Institute also offers many interesting public health and emergency preparedness courses online <http://www.masslocalinstitute.org/>

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 may 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
- Job Action Sheet use and the use of forms and reports
- Environmental and safety updates

Communication with Volunteers

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

MESSAGES FROM MARESPONDS: Units who use this system send messages to volunteers from MA Responds <https://www.maresponds.org/>

DIRECT PHONE CALLS: Your Unit Coordinator may give you a call.

HHAN: The Health and Homeland Alert Network may be used to contact volunteers. The HHAN may use phones, email or text messages to alert volunteers to an emergency situation.

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 regularly.

PRINTED MAIL: Units may contact you in writing.

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 or shelters.

MEETINGS AND TRAINING SESSIONS: Provide an opportunity to announce unit updates and events and provide training.

SOCIAL MEDIA: FACEBOOK pages and **TWITTER** twitter accounts can be used to update volunteers in emergency and on a day-to-day basis.

Communication with the Media and Outside Agencies

During a disaster, only the Public Information Officer (PIO), as specified and approved by Incident Commander(IC) is authorized to speak with the media. MRC Volunteers are instructed to refer any media requests to their supervisor (who would contact the PIO), rather than provide any opinions or information. MRC volunteers **may not** represent the MRC in the media without coordination and approval of the Unit or County Coordinator. Use of social media to distribute any information about an MRC deployment is not allowed.

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 or preparedness programs
- Support public awareness campaigns
- Promotion and public relations of the MRC
- Participate in annual flu clinics and other Public Health or Public Safety initiatives
- 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/support
- 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
- Triage centers
- Warming, Cooling, Emergency Rest centers
- Volunteer Reception Center (VRC)

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 we are early responders and 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 with volunteers to stand by.

RULES FOR DEPLOYMENT

There are four cardinal rules for deploying the MRC.

1. The MRC unit is deployed ***only through an official*** request to the Unit Coordinator/Director and/or County Coordinator as agreed by individual units.
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 and/or County Coordinator as agreed. In Hampden County all requests must be made through the Unit Coordinators.

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, but few or none may be available.

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 from MRC coordinator
- MAREsponds automated email system
- Phone tree
- Mass media (at the discretion of the Incident Commander)

LARGE-SCALE ACTIVATION

Activation requests may only be made through the Unit Coordinator, or as agreed by a Unit, through the County Coordinator. Note: In Hampden County all requests must be approved by each Unit Coordinator. No local, state or federal agency should 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.
- MRC volunteer abilities, interests, and preferences to respond to disasters outside the service area.
- Volunteer safety, including the risks involved in getting to the emergency location.

IC Responsibilities in an MRC 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 included 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 and/or CPR card
- Assure that appropriate safety and health measure are followed to help ensure 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:

- ✓ Ensure your own safety and that of your family before, during and after a deployment
- ✓ 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 and 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 at 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.
- ✓ Participate in After Action activities to help develop Improvement Plans.

Demobilization and Debriefing

Each incident should include an 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 or critical incident stress management teams, if deployments warrant the need or at the volunteer's request.

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 Unit or County 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.

Liability

FEDERAL VOLUNTEER PROTECTION ACT, 42 U.S.C. § 14501 ET SEQ.

This law 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 may accidentally 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 volunteers.

There is currently NO Workers' Compensation protection provided by local, state or national agencies for MRC volunteers in Massachusetts. Some units may carry extra liability protections for their volunteers, but this is not usual.

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 volunteers as Special Municipal Employees. This will provide additional liability coverage for MRC volunteers when acting under the direction and control of the MRC and the community 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

This law provides immunity from liability for physicians and nurses "administering immunization or other protective programs under public health programs" (i.e. government-sponsored programs). It covers **BOTH PAID AND UNPAID** doctors and nurses and is **NOT** limited to emergency situations. **There is NO Workers' Compensation protection.**

STATE AND FEDERAL 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. This means that if you are injured in any way while volunteering in response to an emergency, your own insurance will have to be used to cover any and all medical costs.

STUDENT/FACULTY LIABILITY INSURANCE:

This 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, community/faith-based organizations active in disasters (C/FBOAD) 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. Some units host both the MRC and CERT program.

DART – The Disaster Animal Response teams work side by side with MRC, CERT and ARC, especially during shelter operations. Some MRC units also host the DART program.

MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY (MEMA), – 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. The MEMA office for Region 3 and 4 (Western Massachusetts) is located in Agawam.

MARESPONDS – Designed for volunteer health professionals, this statewide medical volunteer database initiative is designed to call down pre-credentialed volunteers in a statewide disaster. It is a secure database with MRC volunteers/units being under the control and director of the local unit coordinator.

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) – The Federal Emergency Management Agency interacts with the state and local communities through MEMA during declared emergencies.

GOVERNOR’S OFFICE OF MASSACHUSETTS – If a state of emergency is declared, the MRC may be called for deployment through the MRC unit coordinator or designee. Contact information: State House, Office of the Governor, Room 360, Boston, MA 02133.

SECTION D: ADMINISTRATION

Accountability

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

- Develop strategic plans and “Factors for Success”
- Assist with volunteer recruitment and retention.
- Maintain volunteer rosters. Oversee the management and maintenance of volunteer database.
- Determine volunteer assignments.
- Verify volunteer credentials/licensure.
- Maintain MRC unit records.
- Issue identification badges.
- Organize meetings and preparation of related documentation.
- Communicate with volunteers and maintain situational awareness.
- Develop training curricula and provide training opportunities to volunteers.
- Present information to the local media and at local events.
- Prepare and submit reports to grant agencies and funding partners.
- Participate in county MRC Advisory Group meetings.
- Update unit profiles on the www.medicalreservecorps.gov website.
- Manage budgets.

The Region 1 – Western Massachusetts MRC Advisory Group (MAG) is responsible for management of the State MRC grant.

Each county’s public health preparedness 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 MRC Unit Coordinators.

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, 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 “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 Coordinator, 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 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 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.

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.
- 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.

APPENDIX 1: CODE OF CONDUCT



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 and that there is an appeal process for any disciplinary action or dismissal.

Print Name _____

Signature _____ Date: _____

APPENDIX 2: CONFIDENTIALITY AGREEMENT



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 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 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: _____

APPENDIX 3: VOLUNTEER REQUESTS IN A CROSS JURISDICTIONAL EVENT

COMMUNICATIONS PROTOCOL FOR COORDINATION OF VOLUNTEER REQUESTS FOR A CROSS-JURISDICTIONAL EVENT

QUICK REFERENCE GUIDE FOR MRC UNIT LEADERS

REQUESTING ADDITIONAL VOLUNTEERS WHEN THE STATE EMERGENCY OPERATIONS CENTER PUBLIC HEALTH DESK (SEOC-ESF-8) IS ACTIVATED:

IF THE SEOC ESF-8 DESK IS ACTIVATED, THE DPH EMERGENCY PREPAREDNESS BUREAU (EPB) WILL NOTIFY MRC UNIT Leaders via the HHAN or email¹ if volunteers are needed and volunteers may be asked by Unit Leaders to standby.

1. Requesting agencies will call the ESF-8 desk² requesting volunteers, ESF-8 staff should ask the following questions to fill out the Volunteer Request Form:
 - a. Number and type (Medical/Non-Medical) of volunteers needed
 - b. Particular professions and skills of volunteers needed, with job descriptions included if available
 - c. Date/Time/Duration of shift(s) requested and check in time
 - d. Address and location of mission (for example, a shelter); Include directions
 - e. Name/Phone number of Point of Contact at site and who volunteers report to
 - f. Other relevant information (transportation provided, supplies needed, meals provided, sleeping facilities, safety mechanisms in place etc.)
 - g. The requester's contact information in case further information is needed
 - h. Job Action sheets relevant to the request
2. ESF-8 sends request to Volunteer Support Team (VST)³ VST contacts MRC Unit Leaders through the MAREsponds (for MAREsponds units) and phone/email (for non-MAREsponds units) with staffing requests. VST will first ensure that the unit in the requesting agency's jurisdiction has been contacted and then make every attempt to contact those units with geographic proximity. Based on how quickly a response is needed, the VST may begin contacting units out-of-region.
3. MRC Unit Leaders follow their own protocols for activating volunteers.
4. MRC Unit Leaders provide the VST with a response to the request (indicating if they can or cannot fill it), including the following information:

¹ Please update this information at least quarterly, or more often if your unit leader changes. If you are unsure the 24/7 contact information for your unit is up-to-date, please contact Regan Checchio at rcheccchio@reginavilla.com.

² MRC leaders may also choose to contact another MRC unit within the region for immediate assistance. Please notify the ESF-8 desk if your unit is deploying cross-jurisdictionally so staff can track activity.

³ The Volunteer Support Team includes the MRC State Coordinator and additional staff as needed from EPB. See "About the Volunteer Support Team" for more information.

- a. Names and contact information of volunteers
 - b. Availability of volunteers
 - c. Type of volunteers available
5. VST uses MAREsponds to assign volunteers to appropriate tasks/shifts and notifies the volunteer and Unit Leader, as well as the requestor of assignments. The VST will also notify the requestor if no volunteers are available. This will be done in accordance with the Deployment Protocol.
 6. VST hosts conference calls as needed with relevant parties to discuss shelter needs & identify ongoing needs & gaps. Documentation is done in WebEOC or other mechanisms as needed.
 7. VST provides regular email updates to the relevant parties to share data collected by regional coordinators as well as MEMA situational updates.

REQUESTING ADDITIONAL VOLUNTEERS WHEN SEOC IS NOT ACTIVATED:

1. Requesting agencies may contact the local unit directly or notify EPB staff by calling the 24/7 beeper at (617)339-8351 of a cross-jurisdictional need for volunteers and must include the information listed on the Volunteer Request Form.
2. EPB staff will contact MRC Unit Leaders with staffing requests. EPB will make every attempt to contact those units with geographic proximity. Based on how quickly a response is needed, EPB may begin contacting units out-of-region.
3. Units will work directly with requestor to fill requests. VST will not be activated.

ABOUT THE VOLUNTEER SUPPORT TEAM

The Volunteer Support Team (VST) can be activated in the event of an emergency if additional support is needed to increase the capacity to manage and coordinate volunteer requests. Personnel that may be assigned to staff the VST include the MRC State Coordinator, the Health Volunteer Program Manager, Senior Public Health Preparedness Coordinator, other ESF-8 duty officers, and regional and administrative coordinators as needed from the Emergency Preparedness Bureau (EPB). All personnel that will staff the VST will be trained on MAREsponds use and protocols.

The following may also be true, dependent on the event and need for support:

1. VST may also request a regional or local MRC coordinator to provide assistance.
2. The VST may be assigned to the Department Operations Center (DOC) at MDPH Central Offices to support the ESF-8 desk in coordinating deployment of health volunteers
3. If state unaffiliated volunteers are activated, VST staff trained in MAREsponds will send requests to the state unaffiliated volunteers in selected categories.
4. The VST will assign volunteers to shifts as needed using the MAREsponds database. If there are gaps that cannot be filled, non-MAREsponds participating units will be incorporated into the response if the requesting unit/agency is willing to accept volunteers from units not registered on MAREsponds.

APPENDIX 4: VOLUNTEER REQUEST FORM: WESTERN MASS



Massachusetts Volunteer Request Form



Description of event:

Region:

Local MRC leader:

Has local MRC been contacted? ☐ Yes

Requesting Agency Information

Date:

Requestor's name:

Requestor's telephone:

Requestor's email:

Event Information

Date:

Address/Location:

Point of Contact at Site:

Number:

Type of event? ☐ Shelter ☐ Emergency

☐ Other

How quickly is
response needed?

Volunteer Information

Description of
Volunteer Duties:

Job Descriptions included? ☐ Yes

Type of volunteers needed (medical/non-medical)?

How many of each?

Professions & skills needed:

Date/time/duration of shift(s)
and check-in time:

Who do volunteers report to?

Number:

Additional Info(meals, supplies,
lodging, transportation, parking, etc)

Directions

