

Region 1 – Western
Massachusetts
Medical Reserve Corps
and
Disaster Animal
Response Team



Policy and Procedure
Manual
10/16/15

Western Massachusetts Medical
Reserve Corps Advisory Group

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SECTION A: PROGRAM OVERVIEW

Background

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 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 to help improve community resiliency.

In 2013, the national program shifted from the Surgeon General's Office to the Office of Emergency Management's (OEM) Partner Readiness and Emergency Programs (PREP) Division, Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS).

MRC Vision - Individuals and communities committed and totally ready to manage all hazards.
Mission - We build resilient and healthy communities.

After Hurricane Katrina, the risk for companion animals in disasters became a focus of emergency planning. Subsequently, Disaster Animal Response Teams (DART) were formed, many of them within Medical Reserve Corps Units. In June 2014, the MA State Legislature passed a law to ensure the safety of people with Pets in Disasters. It requires municipalities to include pets in their disaster planning. DART teams assist with the care of domesticated animals that have been displaced by a disaster by providing triage, temporary sheltering and/or transport of animals to veterinary clinics or alternate boarding facilities. Some DART members who are affiliated with the MA Animal Response Team (SMART) may assist with animal rescue operations. DART teams also promote education, safety and disaster planning to their volunteer members, animal owners, local government, emergency responders and others.

DART Mission - To assist with the care of domesticated animals that have been displaced by a disaster. We believe that operating a pet shelter concurrent with a shelter for people is the best way to support both the pets and their owners during times of crisis.

There are currently 16 MRC and 3 DART units in Western Massachusetts. More DART teams are being formed.

Purpose

The Western Massachusetts MRC units/ DART teams 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/companion animals. 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 – education, safety and disaster planning for our volunteers and animal owners, city or town government leaders, emergency responders and local residents at community events, such as health fairs, blood pressure clinics, animal related events, or training programs.

Goals

- Recruit, train and maintain a corps of medical and non-medical volunteers and team leaders.
- Maintain a volunteer database of that includes information about their credentials, background checks, skills and completed trainings. Many units use MAFesponds, a statewide volunteer management system coordinated administratively by the Department of Public Health.
- Provide opportunities for volunteers to assist with non-emergency public health functions and initiatives, such as health education, vaccination clinics, pet fairs and public awareness preparedness 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/ DART and other response partners.
- Build a commitment to volunteerism and civic responsibility, while fostering learning and experiential 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 101 communities. 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/ DART 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 MRC units and DART teams will operate according to the following principles:

- We treat all people and their pets, 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 while staying prepared through ongoing trainings.
- We communicate clearly and consistently with our 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 unit member will knowingly be placed at risk during training or deployment.
- We provide volunteers with the option of refusing an assignment for any reason.
- No unit member may self-deploy for any reason.
- Only 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.

Websites

Unit and Regional organizational and event information can be found on the Western Massachusetts MRC website: www.wmmrc.org and the DART Website www.wmdart.org. These websites contain links to trainings, a current schedule of events and other resources. They also contain information for town officials about how to request volunteer resources when help is needed. Volunteers are encouraged to use these sites often.

The State maintains a website at www.mamedicalreservecorps.org/. Many documents of interest to units are available.

The Federal Government also has a website at <https://www.medicalreservecorps.gov>. This site offers a wealth of information from across the nation.

The State of Massachusetts Animal Response Team offers team leader resources and other information at <http://smartma.org/>

Individual Units often maintain their own websites or Facebook pages. Check with your unit leader.

Membership

Anyone wishing to become a member of the MRC and/or DART is welcome to join any time. See [Application Procedures](#) for details. After enlisting, volunteers become eligible for a variety of cost-free training programs. Volunteers are not required to live or work in the unit 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.

Unit Roles/ Positions

Several roles enhance unit capabilities.

Volunteers – respond to public health emergencies, large scale disasters and education events. They are encouraged to keep in contact with the Unit Coordinator to ensure that their records are up to date, so they can be notified of activities, trainings and deployments. Volunteers from units that use MAResponds.org may update their own training records on the website.

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; manages unit activities and represents the unit at meetings; maintains volunteer records; communicates with volunteers; responsible for state and federal reporting. See Appendix A for a list of Factors for Success , which can be used for unit assessment.

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

County Coordinator – in coordination with (and as agreed by) the Unit Coordinator(s), handles day-to-day operations of the units in their county, as well as supports regional planning and response; maintains ongoing contact with unit leaders and volunteers, welcomes new applicants, arranges training programs and drills, organizes meetings, tracks member data and complete reports; represents their county at western Massachusetts MRC meetings and other regional meetings.

MRC Advisory Group (MAG) – a regional committee that creates a common infrastructure, shares best practices and fosters good relations between the MRC and DART teams, regional affiliates and response partners. One member per MRC/ DART serves as the liaison between their unit and the MAG. The County Coordinators and representatives from each of the four County Public Health Preparedness Coalitions also participate. The MAG committee chooses a representative to serve on the State MRC Advisory Committee. This role rotates every two years.

State and Federal Groups – a MAG representative sits on a Statewide MRC Coordinating Group, which aims to ensure consistency and sharing across the Commonwealth. Units also participate in the Federal MRC program, which sponsors training, maintains a Federal MRC website and provides grants to local units. The Federal site is used for activity reporting, and unit assessment, through the Factors for Success evaluation tool.

DART has a statewide affiliate called SMART (State of Massachusetts Animal Response Team (www.smartma.org)).

SECTION B: VOLUNTEER RELATIONS

Recruitment

Recruitment is ongoing and volunteers are encouraged to participate. Recruitment strategies include media campaigns, presentations to potential partners, mass mailings to health professionals, and information tables at community education events and health fairs etc. Our aim to increase unit membership by 10% annually.

Application Procedures

There are three ways to join the MRC/ DART:

1. Register online at <http://maresponds.org>. This method is preferred.

MA Responds is a statewide volunteer management system that integrates local, regional, and statewide volunteer programs to effectively respond to disasters and public health emergencies. This database system was designed to ensure that volunteers can be quickly identified and credentialed, so they can be properly utilized in response to a disaster or public health

emergency. Volunteers establish a profile and undergo credential and background checks. They can add training information too, so that the unit coordinator can see at a glance what skills are available across the team. All communications with MA Responds are encrypted and the system meets all required security measures.

Go to www.MAResponds.org to register and select the appropriate MRC/DART affiliation for your county. You will be able to download a CORI/ Validated Sex Offender Search (VSOS) application (required). The form must be witnessed by a unit leader and then mailed to DPH. A copy of the form is in Appendix 6.

2. Submit an application form via mail. New members can then complete CORI/ Validated Sex Offender Search (VSOS) forms.
3. Register in person at a recruitment or other event and then complete the CORI/ Validated Sex Offender Search (VSOS) form.

Eligibility and Readiness for Service

MRC and DART Units do not process or use Spontaneous Unaffiliated Volunteers (SUJ) unless requested to do so by an Incident Commander. Our focus is to have a corps of trained and credentialed volunteers. Eligibility requirements include:

Background checks – volunteers must apply to MA Responds (www.MAResponds.org) and undergo a CORI (Massachusetts Criminal Offender Record Information) check and a Validated Sex Offender Search (VSOS). (See Appendix 5). MA Responds conducts the checks to help maintain volunteer confidentiality. These checks may be conducted again at any time.

The form must be completed by the volunteer and witnessed by a unit leader and then mailed to DPH with the original wet signature on the form. In order to be considered a member of MA Responds, both checks must be resolved in a satisfactory manner. Volunteers who do not have a clean Validated Sex Offender Search and a satisfactory resolution of the CORI process cannot participate in missions.

License and certificate verification – current licensure is not a requirement for medical professionals to volunteer in the MRC/DART, however, those with expired licenses will be prohibited from performing tasks requiring licensure. All health/veterinary care provider licenses and certificates will be verified through the appropriate agency. Volunteers are responsible for providing the Unit Coordinator with updated proof of professional licensure. Copies, along with other certificates such as CPR, first aid, or advanced life support will be kept in the member's file. Certification information can also be stored in the MA Responds system.

MA credentialing integrates with multiple licensure boards for verification of professional licenses when a volunteer first registers, monthly, and prior to a deployment. The system automatically assigns emergency credential level in accordance to federal ESAR-VHP standards

Identification and/or MRC-DART Badge – government issued photo identification is required for rapid recognition of trained members. All volunteers are expected to bring government issued photo identification to an event. Many units issue Unit ID badges to their membership. Bring Government Photo ID, Unit Badges and unit specific uniform/clothing to any activation. County Coordinators have access to badging machines and badge templates.

Other Requirements – individual units may have additional requirements.

Levels of Involvement

The range of possible activities and involvement is as diverse as the volunteer membership itself. After completing basic credentialing and training requirements, volunteers can be as active as they wish.

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 the required core competency trainings. In the event of 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 such as flu clinics. In essence, the Tier 2 volunteer exhibits an active interest in unit functions and a willingness to participate in events. Just-In Time training will also be available prior to or on the first day of activation.

Tier 3 (Team Leader Level) – the Tier 3 volunteer is interested in accepting a leadership role within the unit. 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.

Participation in Community Organizations Active in Disasters (COAD) – MRC Units and DART teams (not individual volunteers) are encouraged to join the Pioneer Valley and/or Berkshire County COAD. The COADs are coordinating groups that connect voluntary and service organizations to assist with preparedness planning and response. See Appendix 5 for an application form.

Volunteer Roles

Roles and responsibilities depend on the member's physical ability, interest, training, and expertise. All service is voluntary. Volunteers may be enlisted to assist in many areas. Responsibilities can include the following:

Non-emergency

- Participate in training exercises and drills
- Assist in development and implementation of community education, health or preparedness programs for people, animals, businesses, and organizations.
- Support public awareness campaigns
- Promotion and public relations of the MRC/DART
- 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 those with Access and Functional Needs, in partnership with local, regional, and statewide initiatives
- Shelter care

Non-medical/ non-clinical

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

Service Environments

- Emergency Dispensing Sites (EDS)
- Mass Casualty Sites
- Mass Care and Emergency Shelters for people and pets
- Triage centers
- Warming, Cooling, Emergency Rest centers
- Volunteer Reception Center (VRC)

Training

We hope that some of our volunteers will become trained both as MRC and DART volunteers. To that end, any volunteer may attend any of the trainings offered by the MRC and DART programs. Units generally welcome volunteers from other communities and these trainings are frequently advertised to all Western MA units. Trainings are often open to the public, as a way to introduce prospective volunteers to our work and to the benefits of membership.

Medical Reserve Corps Volunteer Training

Required Training

As recommended by the national MRC core competency guidelines, the following three courses are required for all MRC volunteers:

1. Medical Reserve Corps (MRC) 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
 - Organizational structure
 - Review of basic concepts of disaster response
 - Communication between the unit and volunteers
 - Activation, reporting and demobilization
 - COPI/ Validated Sex Offender Search (VSOS) Checks
 - Volunteer Code of Conduct
 - Volunteer Confidentiality Agreement
 - Legal protections for volunteers
 - 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 – classroom training on ICS and NIMS are 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. Topics covered include: the Chain of Command, Roles and Responsibilities; Span of Control, and Public Information.

Incident Command and NIMS training are also available online at:

<https://training.fema.gov/ISNIMS.aspx>,

3. Psychological First Aid/ Behavioral Health – basic information on providing safety and comfort for those impacted by an emergency or disaster (victims and volunteers and their families); how traumatic events impact individuals differently.

Optional Trainings (Reminder: Volunteers must either provide the Unit Coordinator with certification of these trainings or add the information to the online MA Responds profile).

OPR/ First Aid

Emergency Dispensing Site (EDS) – how to deliver medication (vaccine or oral medication) to people during an emergency, such as a pandemic flu.

Bioterrorism, Decontamination, and Scene Safety – 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 – information about risk reduction and how to ensure personal safety using universal precautions and other methods of personal protection.

Disaster Triage and Treatment – how to approach a staging area, in which vast numbers of injured people need care and using standard forms for evaluating patients using the ST.A.R.T. (Simple Triage and Rapid Treatment) system.

Weapons of Mass Destruction (WMD), Emergency Operations Center (EOC), and Strategic National Stockpile (SNS) – description of local implementations of these concepts, offered by Organizations such as MEMA, FEMA, and the American Red Cross.

Shelter Management Training – how to assist in an overnight shelter. Online training is found at <http://wrhsac.org/training-and-exercises/emergency-sheltering-e-training/>

Targeted Sessions – additional courses may be offered, in response to local volunteer interest and planning gaps.

Online Courses – supplemental education tools that are continuously updated on our website: www.wmmrc.org. Volunteers are encouraged to take FEMA online courses. <https://training.fema.gov/IS/NIMS.aspx>.

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

The federal Medical Reserve Corps Program/NACCHO (National Association of City and County Health Officers) offers many online courses at <https://www.mrc.train.org>. These courses are all free of charge, but you must create an account.

DART Training

Required Training

1. ICS700/ 100...see above for a description
2. Intro to Disaster Response (MRC/DART 101) – specific skills, actions and core competencies required of all disaster response volunteers; the basics of responding to disasters that involve animals, overview of DART and the Medical Reserve Corps and their role in disaster response.
3. Dealing with People in Distress (Psychological First Aid) – how to provide compassionate and caring support to owners and family members of companion animals in disaster situations; principals and techniques of working with people in the midst or immediate aftermath of disaster to reduce the initial distress caused by traumatic events, and to foster adaptive functioning and coping; description of the range of reactions to traumatic events and their impact (e.g. physical, psychological, cognitive, spiritual).
4. Pet First Aid – symptoms and care for common ailments, how to recognize emergencies, how to give medications, instructions for creating a pet first aid kit, tips on maintaining the health and well-being of animals.

Optional Training – Other courses are offered throughout the region. These are usually cost-free to our volunteers, but not always. Topics include:

- Small Animal Handling
- Large Animal Handling
- Emergency Response for Farm Animals
- Exotic
- Full day or weekend workshops or practice exercises
- Pet Tech Advanced First Aid, a more advanced course including snout-to-tail assessment

Highly Recommended Training Opportunities (REQUIRED FOR LEADERSHIP POSITIONS)

1. IS-10a Animals in Disasters: Awareness and Preparedness:
<http://training.fema.gov/EMIWeb/IS/is10a.asp>

2. IS-11.A: Animals in Disasters: Community Planning:
<http://training.fema.gov/EMIWeb/IS/IS11a.asp>
3. Human First Aid/CPR
4. AHA Basic Shelter Training or equivalent: A two-day course that provides the understanding of emergency shelter management and operations.

Just-in-Time Training

The first day of any emergency operation when MRC/DART volunteers are activated will include training and vaccination/prophylaxis of volunteers (if applicable/available). This is referred to as Force Protection. Additionally on the spot training, called Just-in-Time Training will be offered to volunteers.

First day (Just-in-Time) training may include:

- Patient Confidentiality (HIPPA) training
- Personal Protection protocols and equipment use; universal precautions; bite and scratch protocols etc.
- Specialized training specific to the incident and volunteer assignments
- ICS review: who is in charge...who you report to...who reports to you
- Sign-in/Sign-out procedures
- Job Action Sheet review
- Forms and reports and how to use them
- Situational awareness about the emergency
- Environmental and safety updates
- Special policies related to the incident response e.g. Escaped animal protocols; unaccompanied minors; sex offenders etc.

Communication with Volunteers

The following methods of communication may be used, depending on the choices of the unit, the situation (ongoing interactions versus an emergency notification or call-out, power outages etc.).

Messages from MA Responds – Unit Leaders who use this system send messages to volunteers from MA Responds <https://www.maresponds.org/>. Messages will likely be sent via email, but could also be a text message or phone call/message.

Direct phone calls – your Unit or County 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.

Email – 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 or www.wmdart.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 accounts can be used to update volunteers in emergency and on a day-to-day basis.

TEXT MESSAGE: if Unit Leaders have a mobile number, text may be used. During power outages this may be the most efficient method of communications.

HAM Radios – many MRC and DART volunteers are also licensed amateur radio operators. Many have formed a core group to provide units with additional communications capabilities.

SECTION C: VOLUNTEER ACTIVATION

Deployment Procedures

The Medical Reserve Corps and DART are not first responder organizations 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 an event, after the Incident Command has completed an initial assessment and identified support requirements.

Incident Commanders are urged to contact the Unit Coordinator immediately after an event occurs, in case there might be a need for assistance, so that they can notify the volunteer force and reach out to other units as may be needed.

When a DART team is deployed, a DART equipment trailer is also deployed. These trailers may only be used alongside a DART team.

Rules for Deployment

There are four cardinal rules for deploying the MRC/DART.

1. The 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/DART Service

The MRC/DART 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. In other counties, requests may pass through either the Unit or County Coordinator. A Volunteer Request Form can be found at

www.wmmrc.org/contact-your-mrc. Any organization that requests the services of the MRC/DART should have a copy of the Western MA Policy and Procedures Manual and activation instructions and must contact the Unit Coordinator for activation.

The criteria to qualify for MRC/DART 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 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/DART Advisory Group (MAG) or National MRC policy or procedures.

If the Unit/County 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/DART 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

Local Activation

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 may include:

- Health and Homeland Alert Network (HHAN)
- Blast e-mail from Unit Coordinator
- MAREsponds automated email/ phone/text system
- Phone tree
- Social Media
- 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 may dispatch MRC/DART volunteers directly.

Regional, 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/DART units across the state or nation. These requests will originate from the Massachusetts Department of Public Health (see Protocols in Appendix 4). 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.

- 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.

Incident Commander (IC) Responsibilities in a Deployment

The Incident Commander(s) or designee determines where volunteers report e.g. registration, staging area, hospital, shelter or other location. The Incident Commander role includes tracking and monitoring response from all entities, including the MRC/DART volunteers.

Unit Coordinator Responsibilities during Activation

When a request is received for assistance, the Unit Coordinator is responsible for the following: (Note: 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
- Verify that appropriate safety and health measures are followed
- 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 Incident Command System (ICS) procedures, volunteers should respond according to the following checklist:

- Take care of yourself. Ensure your own safety and that of your family before, during and after a deployment
- Receive your incident assignment from the Unit 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 e.g. medications, money etc.
- Sign in and out both at the scene, for safety and accountability and also with your unit (if applicable).
- Obtain a briefing from your immediate supervisor. Be sure you understand your assignment. If you have any questions: ASK! Request Just-in-Time Training.
- Work within the scope of your license and physical abilities. It is a MRC/DART 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.
- Sign-out on site and with your team (if applicable)
- Demobilize according to the plan.
- Participate in After Action activities to help develop Improvement Plans for the response and your unit.

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. Volunteers are instructed to refer any media requests to their supervisor (who would contact the PIO), rather than provide any opinions or information. Volunteers may not represent the MRC/DART in the media without coordination and approval of the Unit or County Coordinator. Use of social media to distribute any information or photos/video about an MRC/DART deployment is not allowed.

Demobilization and Debriefing

Each incident should include an assurance that volunteers have signed out from the scene and have the chance to be debriefed. Volunteer's comments can be included in an after-action report for the MRC/DART, 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.

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 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.

Good Samaritan 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 Worker's Compensation protection in most situations.

Massachusetts Tort Claims Act M.G.L. c. 258 – protects public employees 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/DART volunteers as Special Municipal Employees. This will provide additional liability coverage for volunteers when acting under the direction and control of the MRC/DART and the community during a response.

Liability for Medical Professionals M.G.L. c. 112, s12B – no physician, physician's 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). 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 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 – there is currently No Workers' Compensation protection provided by local, state or national agencies for MRC/DART volunteers in Massachusetts. 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. Some units may carry extra liability protections for their volunteers, but this is uncommon.

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

Response Partners and Affiliates

Unit leaders should consider response partners such as health departments, police, fire, ambulance companies, emergency service agencies, the American Red Cross, community/faith-based organizations active in disasters and other key groups when planning activities such as tabletop drills, training, and deployments. Strive to keep them informed of MRC/DART initiatives, as appropriate.

American Red Cross –may request MRC/DART staffing for Red Cross emergency shelters during times of need. The Red Cross is an affiliate through joint training programs and agreements with the MRC/DART. American Red Cross requests for assistance will still be made through Unit Coordinators.

Citizen Corps – this entity includes the MRC and its sister agencies CERT, and VIPS, and may play a role in requesting volunteers. Some Citizen Corps Councils host both the MRC and CERT programs.

Massachusetts Emergency Management Agency (MEMA) – This is the lead disaster response agency in Massachusetts, which serves as support for local emergency managers. The MEMA office for Region 3 and 4 (Western Massachusetts) is located in Agawam. Local communities and counties may have local/regional emergency planning agencies (LEPC/REPC).

Massachusetts Department of Public Health (DPH) – This is the lead response agencies for all health and medical related emergencies such as a disease outbreak or a pandemic. DPH coordinates with MEMA to ensure a unified response.

Massachusetts Department of Agricultural Resources (MDAR) – This is the disaster response agency for animal related emergencies such as disease outbreak, sheltering, rescue, and evacuation. MDAR coordinates with MEMA to ensure a unified response.

MA Responds – This secure statewide database is designed to maintain lists of volunteers. It is used for background checks and credentialing and had the ability to call down MRC/DART volunteers in a disaster. Unit coordinators control information for their volunteers.

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

SECTION D: ADMINISTRATION

Accountability

Unit Coordinators

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

- Develop and implement strategic plans and Factors for Success
- Assist with volunteer recruitment and retention.
- Maintain volunteer rosters. Oversee the management and maintenance of volunteer database.
- Log in weekly to update MAREsponds (if unit participates).
- Verify volunteer credentials/licensure.
- Ensure CORI/ Validated Sex Offender Search (VSOS) checks are complete.
- Issue identification badges.
- Determine volunteer assignments.
- Maintain unit records and required quarterly reports.
- Update unit profiles on the www.medicalreservecorps.gov website.
- Organize meetings and preparation of related documentation.
- Develop training curricula and provide training opportunities to volunteers.
- Present information to the local media and at local events. During activations all public information must be approved by the Public Information Officer and Incident Commander.
- Prepare and submit reports to grant agencies and funding partners.
- Participate in county MRC/DART Advisory Group meetings.
- Communicate with MDPH and volunteers and maintain situational awareness during activations.
- Manage budgets.

The Region 1 – Western Massachusetts MRC Advisory Group (MAG)

- Develops and manages the State MRC grant budgets to support MRC/DART initiatives
- Develops annual regional workplan
- Coordinates activities of the County Coordinators.
- Creates strategic plans for the region.
- Ensures regional deliverables from DPH are achieved
- Develops grant applications to support regional MRC/DART activities
- Provides Public Information regarding regional activities
- Maintains a regional website

Public Health Preparedness Coalitions

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 that if a master database with volunteer information is kept, that wherever possible it is 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 member's 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, animals, 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. If conflict arises between volunteers or between MRC/DART staff and volunteers the first step is for the individuals experiencing the difficulty to communicate tactfully and directly with each other without assigning blame. If the conflict is not resolved, the person raising the issue should approach the County Coordinator for assistance. If not resolved with the involvement of the County Coordinator, the concern may be taken to the respective public health coalition and/or the MAG. The MRC has access to trained mediators who may be requested to assist.

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 that reflects adversely upon the county or unit. 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/DART 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/host agency and/or MAG (as appropriate).

Any of the following constitute cause for disciplinary actions:

- Incompetence.
- Working 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, as reflected on a CORI check, or committed while an MRC/DART volunteer.
- Any issues contained on a Validated Sex Offender Search (VSOS) report.
- Discourteous treatment of the public, other responders or animals
- Willful disobedience of personnel policies, rules and regulations.
- Misuse of MRC/DART 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, accepting or seeking an financial gain other than the nominal value offered as a volunteer
- Public use of MRC/DART affiliation in connection with promotion of partisan political, religious matters or positions on any issue not in conformity with the official position of the MRC/DART
- Falsifying records.
- Any other improper conduct or performance that constitutes cause for disciplinary action.

Volunteer Dismissal

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

APPENDIX 1: FACTORS FOR SUCCESS: UNIT SELF-ASSESSMENT SCORING MATRIX

Factor/ Sub-factor

1	Determine the Purpose and Scope of the Medical Reserve Corps (MRC) Unit
1.1	Determine Jurisdiction Served
1.2	Assess Community Needs
1.3	Develop a Mission Statement
1.4	Determine Goals and "S-M-A-R-T" Objectives
1.5	Periodic Re-Evaluation of MRC Unit Purpose, Scope, Goals and Objectives
2	Establish Community Partnerships
2.1	Develop Working Partnerships and Affiliations with Organizations in the Community
2.2	Periodic Re-Evaluation of Partnerships
3	Determine Financial Needs and Funding Sources
3.1	Determine Financial Needs
3.2	Identify and Pursue Funding and/or Resources
3.3	Periodic Re-Evaluation of Financial Needs and Resources
4	Determine Organizational Structure and Unit Composition
4.1	Identify and Appoint MRC Unit Leadership
4.2	Establish Process for MRC Unit Leader Transition
4.3	Determine Organizational Structure
4.4	Determine Unit Composition
4.5	Develop Position Descriptions
4.6	Periodic Re-Evaluation of Organizational Structure and Composition
5	Develop Procedures for Volunteer Recruitment
5.1	Develop Volunteer Recruitment Plan
5.2	Develop Application Process and Materials
5.3	Recruit Volunteers
5.4	Periodic Re-Evaluation of Volunteer Recruitment Procedures
6	Develop and Implement Procedures for Volunteer Screening and Selection
6.1	Screen and Select Volunteers for MRC Membership
6.2	Periodic Re-Evaluation of Volunteer Screening and Selection Procedures
7	Develop a Volunteer Training Program
7.1	Develop a Training Plan
7.2	Identify Training Sources
7.3	Train Volunteers
7.4	Maintain Training Records
7.5	Periodic Re-Evaluation of Volunteer Training Program

8	Develop Policies and Procedures for Volunteer Utilization
8.1	Develop Processes to Notify Volunteers
8.2	Develop Procedures to Organize , Assemble and Deploy Volunteers
8.3	Establish Policies and/or Procedures to Utilize and Manage Volunteers
8.4	Develop Processes to Release Volunteers
8.5	Periodic Re-Evaluation of Volunteer Utilization Practices
9	Develop Policies and Procedures for Unit Administration
9.1	Develop Unit Policies and Procedures Manual
9.2	Track and Manage Volunteers
9.3	Review Volunteer Performance
9.4	Update MRC Unit Profile
9.5	Participate in Technical Assistance Assessments
9.6	Develop and Implement Strategic Plan/Roadmap
9.7	Periodic Re-Evaluation of Unit Administrative Practices
10	Develop and Implement Strategies for Volunteer Retention and Recognition
10.1	Develop Volunteer Retention and Recognition Program
10.2	Identify Key Volunteers/Assign to Unit Leadership Positions or Roles
10.3	Periodic Re-Evaluation of Volunteer Retention Strategies
11	Develop and Implement Strategies for Risk Management
11.1	Develop a Risk Management Plan
11.2	Determine Volunteer Legal Protections
11.3	Periodic Re-Evaluation of Risk Management Practices
12	Participate in Activities that Fulfill MRC Unit's Mission
12.1	Plan, Schedule and Conduct MRC Unit Activities and Events
12.2	Conduct After-Action Reviews
12.3	Report Unit Activities to Housing/Sponsoring Organization and Stakeholders

APPENDIX 2: 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 / DART team volunteer:

- I have read and understand the Policy and Procedure Manual.
- I agree to attend the volunteer orientation training, known as MRC/DART 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/DART 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/DART.
- I will promptly address any issues or concerns with MRC/DART administration.
- I will treat all animals with care.
- I will perform tasks within my scope of knowledge and skill and license/credentials while representing the MRC/DART.
- 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/DART 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 3: CONFIDENTIALITY AGREEMENT



Region 1 – Western Massachusetts Medical Reserve Corps Advisory Group (MAG) Confidentiality Agreement for MRC and DART Volunteers

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) and the Disaster Animal Response Team (DART), its volunteers, and its patients/clients.
- I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not may be a breach of Federal and State laws regarding patient confidentiality as required by HIPAA and is grounds for immediate and permanent dismissal from the MRC/DART. Visit the HIPAA website at www.hhs.gov/ocr/hipaa for further information.
- I will contact MRC/DART 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/DART.
- I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name _____

Signature _____ Date: _____

APPENDIX 4: VOLUNTEER REQUESTS IN A CROSS JURISDICTIONAL EVENT

STANDARD OPERATING PROCEDURE VOLUNTEER REQUESTS FOR A CROSS-JURISDICTIONAL EVENT REQUESTING ADDITIONAL VOLUNTEERS WHEN SEOC IS ACTIVATED:

If the ESF-8 at the SEOC desk is activated, the DPH Office of Preparedness and Emergency Management (OPEM) will notify MRC Unit Leaders and State Unaffiliated Volunteers via MA Responds (Non MA Responds MRC leaders shall be notified via the HHAN) if volunteers are needed and volunteers may be asked by Unit Leaders to standby.

1. If an MRC unit has been asked by a local community to provide assistance and they can NOT meet that need they should proceed to step 2. If they can provide the needed support then the requesting unit leader is asked to call the ESF 8 to make them aware of this.



2. To request additional MRC support the requesting agencies (must be a town official or Red Cross) will call the ESF-8 desk requesting volunteers, ESF-8 staff should ask the following questions to fill out the Volunteer Request Form (or form can be completed and faxed)
 - a. Number and type (Medical/ Non-Medical) of volunteers needed
 - b. Address and location of mission (for example, a shelter); Include directions
 - c. Name/ Phone number of Point of Contact at site and who volunteers report to
 - d. The requester's contact information in case further information is needed
3. DPH will utilize MA Responds to assign volunteers to appropriate tasks/ shifts and notifies the volunteer(s) and Unit Leader, as well as the original requestor. The DPH will also notify the requestor if no volunteers are available.

REQUESTING ADDITIONAL VOLUNTEERS WHEN SEOC IS NOT ACTIVATED:

1. Units will work directly with requestor to fill requests. If the local MRC cannot meet the need the requesting entity should proceed to step 2.



2. Requesting agencies may contact the local unit directly or notify OPEM staff by calling the 24/7 pager at (617) 339-8351 of a cross-jurisdictional need for volunteers and must include the required information listed on the Volunteer Request Form.
3. The duty officer will then contact the MRC State Coordinator to request to MRC Unit Leaders and MVP members be notified. The MRC State Coordinator and MMS staff will utilize MA Responds to assign volunteers to appropriate tasks/ shifts and notifies the volunteer(s) and Unit Leader, as well as the original requestor. They will also notify the requestor if no volunteers are available.

APPENDIX 5: COAD APPLICATION FORM

Berkshire County and Pioneer Valley COAD Membership Form

Name of Organization/ Program/ Place of Worship	Organization Address	Organization Phone

	Name	Email	Phone
Primary Emergency Contact Representative for COAD meetings? Y/N			Day: Eve: Cell:
Second Emergency Contact Representative for COAD meetings? Y/N			Day: Eve: Cell:
Third Emergency Contact Representative for COAD meetings? Y/N			Day: Eve: Cell:

County Area(s) Your Organization Serves (check all that apply)

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Berkshire | <input type="checkbox"/> Hampden | <input type="checkbox"/> Middlesex |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Hampshire | <input type="checkbox"/> Worcester |

Please Indicate Which Population Your Organization Serves:

- | | | |
|--|---|--|
| <input type="checkbox"/> All populations | <input type="checkbox"/> Emergency Responders | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Families | <input type="checkbox"/> Women | <input type="checkbox"/> Children |
| <input type="checkbox"/> Farm worker | <input type="checkbox"/> Homeless | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> Home-bound | <input type="checkbox"/> Persons with Special Needs | <input type="checkbox"/> Other (describe) low-income |

Please list languages other than English consistently available for the public:

Where Do You Provide Services

- | | | |
|---|---|--|
| <input type="checkbox"/> At the Disaster Site | <input type="checkbox"/> At our organization's location | <input type="checkbox"/> At the of home of the affected person |
|---|---|--|

By submitting this form, you are agreeing to be placed on our emergency notification list. Your contact information will only be shared with other COAD members and Mass 2-1-1. We will also place you on our meeting notification list for announcements of routine meeting dates, unless you check here:

- Please do not include me on the meeting notification list

Please submit the completed membership form electronically to:

Pioneer Valley memberships: coadpv@gmail.com Berkshire County memberships: coadbc@gmail.com

Please check off the categories on the next page that best describe the kind of services you could provide during an emergency

- | | | |
|--|---|---|
| <input type="checkbox"/> Goods | <input type="checkbox"/> Repair/Rebuilding | <input type="checkbox"/> Services for Special Populations |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Home Reconstruction | <input type="checkbox"/> Bilingual Services |
| <input type="checkbox"/> Baby Goods | <input type="checkbox"/> Electrical | <input type="checkbox"/> Immigrant Assistance |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Emergency Repairs/Tarp | <input type="checkbox"/> Interpreters |
| <input type="checkbox"/> Clean Up Supplies | <input type="checkbox"/> Home Repair, Labor | <input type="checkbox"/> Sign Language Services |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Support Services for Special Needs |
| <input type="checkbox"/> Collection of Goods | <input type="checkbox"/> Sanitation Services | <input type="checkbox"/> Translators |
| <input type="checkbox"/> Delivery of Goods | <input type="checkbox"/> Weatherization | <input type="checkbox"/> Veterans Assistance |
| <input type="checkbox"/> Durable Medical Equipment | | <input type="checkbox"/> Vision Impairment Services |
| <input type="checkbox"/> Eye Glasses | <input type="checkbox"/> Volunteer | |
| <input type="checkbox"/> Household Furnishings | <input type="checkbox"/> Coordination | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Household Goods | <input type="checkbox"/> Skilled Labor | <input type="checkbox"/> Accessible Transportation |
| <input type="checkbox"/> Personal Care Items | <input type="checkbox"/> Unskilled Labor | <input type="checkbox"/> Auto Repair |
| | | <input type="checkbox"/> Gasoline |
| | | <input type="checkbox"/> Trucks |
| <input type="checkbox"/> Food | <input type="checkbox"/> Housing/Space | <input type="checkbox"/> Health Care &
Spiritual/Emotional/Mental Health |
| <input type="checkbox"/> Baby Food | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Hotel/Lodging | <input type="checkbox"/> Crisis Intervention |
| | | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Office Space | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Senior Housing | <input type="checkbox"/> Dental Services |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Shelter, Daytime Only | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Meals, Congregate | <input type="checkbox"/> Shelter, Overnight | <input type="checkbox"/> Preparedness/Well-being Checks |
| <input type="checkbox"/> Mobile Feeding/Home Delivery | <input type="checkbox"/> Storage or Warehouse Space | |
| <input type="checkbox"/> Water | <input type="checkbox"/> Volunteer Housing | |
| | | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Care Services | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Fundraising/Donations Management | <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Lost Animal Information |
| <input type="checkbox"/> Funeral Expenses | <input type="checkbox"/> Child Care/Camp | <input type="checkbox"/> Pet Care Services |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Elder Care | |
| <input type="checkbox"/> Home Repair Assistance | <input type="checkbox"/> Respite Care | |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Case Management | |
| <input type="checkbox"/> Medical Expenses | | |
| <input type="checkbox"/> Mortgage Assistance | <input type="checkbox"/> Professional Services | |
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Case Management | |
| <input type="checkbox"/> Rental Deposits | <input type="checkbox"/> Insurance Claim/Mediation Assistance | |
| | <input type="checkbox"/> Legal Services (Fee) | |
| <input type="checkbox"/> Transportation Vouchers | <input type="checkbox"/> Legal Services (Pro Bono) | |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Publicity/PR | |
| <input type="checkbox"/> Vouchers for Meals, Clothing, Prescriptions | | |
| <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Radio Communications | |
| <input checked="" type="checkbox"/> Chain Saw Labor | <input type="checkbox"/> Relocation Services | |
| <input type="checkbox"/> Clean Up and Debris Removal | <input type="checkbox"/> Technical Assistance | |
| <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Training | |

If you'd like to provide more information than the above describes, please

APPENDIX 6 CORI APPLICATION



The Commonwealth of Massachusetts
Department of Public Health
Office of Preparedness and Emergency Management
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner



CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

MA Responds is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS (Department of Criminal Justice Information Services). I hereby acknowledge and provide permission to MA Responds staff to submit a CORI check with my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing MA Responds staff with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: MA Responds may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, MA Responds staff must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE _____ DATE _____

VOLUNTEER UNIT _____

Once received by MA Responds this Acknowledgement Form will be used to run a CORI and will then be kept secure in a locked file cabinet at the MDPH Office of Preparedness and Emergency Management for a minimum of one year.

MAIL FORM TO:
Massachusetts Department of Public Health
Office of Preparedness and Emergency Management
250 Washington Street, 1ST Floor Boston, MA 02108
ATTN: MA Responds

MA Responds CORI Acknowledgement Form

1 OF 2

Last revised 2/2/2015

SUBJECT INFORMATION (PLEASE PRINT): (an asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known, if applicable)

*Date of Birth *Place of Birth

*Last Six Digits of Your Social Security Number - (required for CORI)

Sex: _____ Height: ___ ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

(For requestor's use only)

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

MA Responds CORI Acknowledgement Form 2 OF 2 Last revised 2/2/2015