

Medical Reserve Corps (MRC)



2019 Deployment Readiness Guide



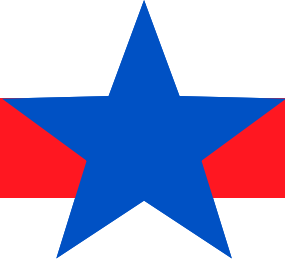
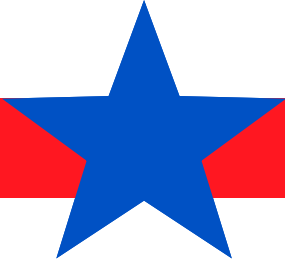


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Contributors and Acknowledgements

The National Association of County and City Health Officials (NACCHO) would like to thank the Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) for providing financial support for this work under cooperative agreement #6 HITEP150032-02-12, "Demonstrate Capability and Build Capacity in the Medical Reserve Corps."

We would also like to thank the following individuals and organizations for their expertise and contributions to the development of this resource guide:

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MRC Deployment Readiness

Glossary of Terms & Acronyms

The following terms are referenced throughout the *MRC Deployment Readiness Guide*:

Term	Definition
Activation	MRC activation is the unit-specific process for a unit to notify volunteers of an event and the unit's response roles, including personnel and resources for public health activities and emergency operations.
Demobilization	The process of winding down a response, including tracking volunteers and equipment, and addressing responder needs and experiences after a deployment.
Deployment	The deployment phase starts after an emergency occurs, includes steps to activate volunteers and prepare them for an identified response mission, and identifies responsibilities during a deployment.
Event	A planned, non-emergency activity. The incident command system (ICS) can be used as the management system for events to practice and reinforce response plans. Event planning usually includes contingency plans that might occur during the event.
Hot Wash	A facilitated discussion that is held immediately following an exercise, planned event, or emergency response and should include participants from each functional area. The hot wash is an opportunity for participants to share opinions of the exercise. It is designed to capture feedback about any issues, concerns, or proposed improvements participants may have. This facilitated meeting allows players to participate in a self-assessment and provides a general assessment of how the jurisdiction performed.
Incident	An actual or impending hazard, caused by humans or by natural phenomena, requiring action by emergency personnel to prevent or minimize loss of life or damage to property and/or natural resources.
Local vs. Non-Local Response	Local responses are managed through the jurisdiction's emergency management agency in accordance with local emergency response plans. MRC Volunteers may be called upon to help support their local response plans. In some cases, MRC Volunteers may be asked to support an emergency response outside of their local jurisdiction as part of a mutual aid agreement or through the Emergency Management Assistance Compact (EMAC) system.
Mission Sets	The term 'mission set' is used to describe a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster.
MRC Volunteer Deployment	The process by which MRC volunteers receive training, are assigned a job assignment, and support incident response activities within the ICS structure on behalf of their MRC unit. Deployments can be local, intrastate, or interstate functions.
Post-Deployment	The post-deployment phase begins once a deployment mission has been completed and includes activities to close out assigned mission response roles and administrative activities.
Pre-Deployment	The pre-deployment phase includes activities that happen during steady state to prepare volunteers or emergency responders for potential deployments.
Public Health Emergency	Public health emergencies occur every day across the United States. Tornadoes, hurricanes, wildfires, floods, infectious disease outbreaks, terrorist attacks, and other emergencies have the potential to impact the overall health of large populations of people and may require a coordinated emergency response.
Reception Area	A location, separate from staging areas, where resources report in for processing and out-processing. Reception Areas provide accountability, security, situational awareness briefings, safety awareness, distribution of Incident Action Plans (IAPs), supplies and equipment, feeding, and bed down.
Staging Area	Any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.



MRC Deployment Readiness

The following acronyms are referenced throughout the *MRC Deployment Readiness Guide*:

Term	Definition
ACS	Alternate Care Site
ASPR	Assistant Secretary for Preparedness and Response
CERT	Community Emergency Response Team
DHS	U.S. Department of Homeland Security
DMPH	Disaster Medicine and Public Health
EMAC	Emergency Medical Assistance Compact
EOC	Emergency Operations Center
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
IAP	Incident Action Plan
ICS	Incident Command System
JITT	Just-in-Time Training
MRC	Medical Reserve Corps
MRP	Mission Ready Packages
NDMS	National Disaster Medical System
NIMS	National Incident Management System
OEM	Office of Emergency Management
PHEM	Public Health Emergency Management
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment



MRC Deployment Readiness

Introduction


Overview of the MRC

The [Medical Reserve Corps](#) (MRC) is a national network of medical and non-medical volunteers, organized locally to improve the health and safety of their communities. The program is housed within the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR).

MRC units and volunteers are committed to strengthening public health, reducing vulnerabilities, improving local preparedness, response and recovery capabilities, and building community resilience. They fill critical public health emergency response resource gaps and support the tiered model of emergency response, with support at the local level first, to help offset resource requests from the state and/or federal level.

MRC Deployment Readiness Project Background

The National Association of County and City Health Officials (NACCHO) designed the MRC Deployment Ready Project to support the MRC priorities outlined by the ASPR. The project was intended to support the integration and deployment of the MRC in local and multi-jurisdictional medical/public health emergency responses and identify or develop tools, resources, and recommendations for national standards for volunteer deployment readiness. NACCHO was assisted in the development of tools included in this resource guide by seven MRC units and members of the NACCHO MRC Advisory Group.



MRC units train their volunteers to meet standardized core competencies and mission specific emergency responses to support their local community needs. These training efforts:

- Support the integration of local MRC units into public health emergency readiness, response, and recovery activities;
- Advance a unified and systematic approach to improve the health, safety, and resiliency of local communities, states, and the nation; and
- Reduce disaster risks by maximizing a community-wide approach to resource availability.

NACCHO MRC Advisory Group: The NACCHO MRC Advisory Group, which includes representation of the greater MRC network, provided invaluable contributions to the development of resources within this guide. They contributed to the development of mission sets and provided recommendations on volunteer deployment readiness tier levels, trainings to support the MRC core competencies, and the development of online short courses for volunteers to prepare for emergency response deployments.

2019 MRC Deployment Ready Pilot Sites: NACCHO selected seven experienced MRC units to serve as pilot sites based on multiple factors, including 2017 and 2018 MRC emergency and non-emergency response unit activity reports,

MRC Deployment Readiness

unit size, diverse volunteer engagement activities, and geographic location relative to recent large-scale disasters. The pilot sites were asked to collaborate with their community partners to identify previous and potential new emergency response missions for their MRC unit. In addition, the pilot sites were asked to develop Mission Sets and provide recommendations for activities necessary to prepare volunteers for local and non-local deployment missions.

MRC Deployment Readiness Resources

The *MRC Deployment Readiness Resource Guide* provides a common set of tools for MRC unit leaders to develop the capabilities of their MRC volunteers to support medical and public health emergency responses.

The tools included in this guide provide a national recommended standard that can also be modified to fit the unique mission of individual MRC units. These standards can also

be shared with emergency response partners to demonstrate the capabilities of MRC volunteers. The guide includes resources and tools to support the following deployment readiness activities:

Volunteer Management

- MRC Deployment Readiness Volunteer Tier Levels
- MRC Unit Leader Deployment Readiness Checklists

Develop Volunteer Capabilities

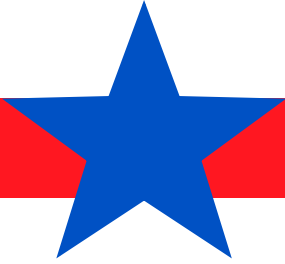
- MRC Core Competencies Training Plan
- MRC Volunteer Deployment Readiness eLearning Modules

Develop Unit Capabilities

- Emergency Response "Mission Sets"

The *MRC Deployment Readiness Guide* and tools included in the guide are available on the NACCHO MRC webpage at bit.ly/NACCHOMRC.





MRC Volunteer Management

Deployment Readiness Volunteer Management Tools

Managing MRC volunteer activities to build response capabilities starts with the volunteer application process and continues with the volunteer onboarding steps and integration into MRC unit activities. Understanding the activities, trainings, and administrative actions necessary to prepare volunteers for potential activations and deployments will help MRC unit leaders develop a plan to build their unit response capabilities. It is also important to understand a unit's capacity to respond based on the levels and trainings of the volunteers. This resource guide provides two tools for MRC unit leaders to manage their MRC volunteers from a deployment readiness perspective.

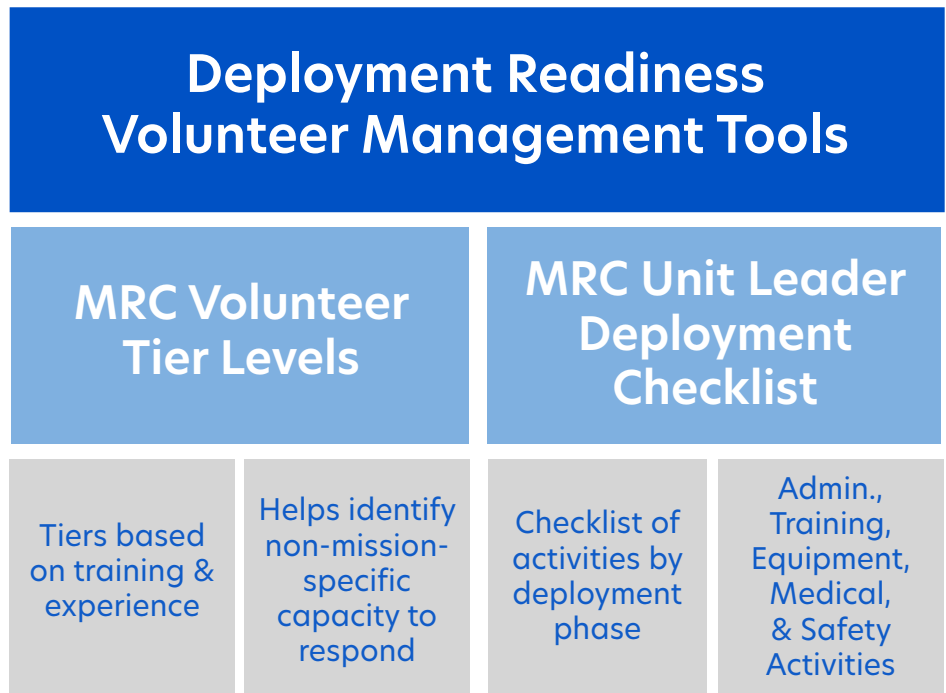
MRC Volunteer Tier Level Structure

The MRC volunteer tier level structure provides a recommendation for standardizing MRC volunteer deployment readiness capabilities based on levels of emergency response experience, training, exercises, unit activities, and activations/deployments. MRC units can use these recommended levels to identify volunteers that meet the criteria by level to help them understand the capacity of their unit to respond to non-mission-specific responses. Role-specific training requirements would also be a factor to determine volunteer and unit capacity to respond.

MRC units should ensure that volunteers meet the appropriate administrative actions and just-in-time training (JITT) role-specific training required prior to volunteer activations or deployments.

MRC Unit Leader Deployment Readiness Checklist

The MRC Unit Leader Deployment Readiness Checklist provides unit leaders with a checklist of activities that should happen during the phases of a deployment: Pre-deployment, Deployment, and Post-deployment. The recommendations were compiled with input from the NACCHO MRC Advisory Group and the MRC Deployment Ready Pilot sites. This checklist is by no means exhaustive but covers a broad spectrum of topics including administration, liability coverage, screening, verification of medical licensure, safety and medical clearance, training, cultural competency, and response operations.





MRC Volunteer Management

MRC Volunteer Tier Level Structure

The following chart provides a recommendation for standardizing MRC volunteer tier levels based on level of emergency response experience, training, exercises, unit activities, and activations/ deployments. MRC units should also ensure that volunteers meet the appropriate administrative actions and JITT role-specific training required prior to volunteer activations or deployments.

MRC Volunteer Tier Levels			
Level	Deployable	Level Description	Training
MRC Level 1	<ul style="list-style-type: none"> EMAC Intrastate Local 	Level 1 Volunteers: <ul style="list-style-type: none"> Meet the standards for Level 2 Demonstrated experience in non-emergency activations or emergency deployments Capable of serving supervisory roles Background check recommended & may be required for EMAC deployments 	Required: <ul style="list-style-type: none"> IS-200 IS-800 Recommended: MRC Core Competencies Learning Paths <ul style="list-style-type: none"> Volunteer Leadership Community Resiliency
MRC Level 2	<ul style="list-style-type: none"> Intrastate Local 	Level 2 Volunteers: <ul style="list-style-type: none"> Meet the standards for Level 3 Demonstrated experience through trainings/exercises Demonstrated participation in unit activities and non-emergency events Background check recommended 	Required: <ul style="list-style-type: none"> IS-100 IS-700 Recommended: MRC Core Competencies Learning Path <ul style="list-style-type: none"> Volunteer Response
MRC Level 3	<ul style="list-style-type: none"> Local 	Level 3 Volunteers: <ul style="list-style-type: none"> Limited training or participation in unit activities Background check recommended 	Required: <ul style="list-style-type: none"> MRC Unit Orientation or JITT equivalent Recommended: MRC Core Competencies Learning Path <ul style="list-style-type: none"> Volunteer Preparedness
MRC Level 4	Non-deployable	Level 4 Volunteers: <ul style="list-style-type: none"> Registered with the MRC but have not completed MRC unit on-boarding process or orientation Can be converted to Level 3 during an emergency if they receive a JITT orientation, role-specific JITT, and meet MRC unit administrative requirements for deployment 	
Unassigned	Non-deployable	<ul style="list-style-type: none"> Spontaneous or volunteers from other volunteer organizations Volunteers would need to register with the MRC unit and meet Level 3 requirements to be deployable 	



MRC Volunteer Management

MRC Unit Leader Deployment Readiness Checklist

This checklist of activities is designed to guide MRC Unit Leaders through the phases of a deployment: Pre-deployment, Deployment, and Post-deployment. The following recommendations are by no means exhaustive but cover a broad spectrum of topics including administration, liability coverage, screening, verification of medical licensure, safety and medical clearance, training, cultural competency, and response operations.

Pre-Deployment Checklist

The pre-deployment phase checklist includes activities that happen during steady state to prepare volunteers for potential deployments.

PRE-DEPLOYMENT PHASE

Administration

- Ensure all volunteers complete an MRC application that includes a minimum of the following items: address (physical and mailing), phone number, email, profession, and opt-in text notifications. Additional items, such as trainings, certifications, health profession status, health limitations, etc. may be included. **See [sample application](#).**
- Provide MRC policy and guidance documents with written volunteer acknowledgement.
- Document and ensure volunteers understand the notification process and deployment expectations. **See [sample activation process](#).**
- Ensure all volunteers have been issued an MRC badge and uniform.

Liability Coverage

- Ensure volunteers sign local or state Loyalty Oath and/or the MRC unit's Code of Conduct Agreement.
- Provide information on liability coverage. **See [CDC Public Health Emergency Law \(PHEL\) Online Course \(Unit 2\)](#) or the [Emergency Law Inventory](#).**

Screening

- All volunteers should undergo background checks, as resources allow. Consult your legal counsel regarding standards and process.
- If your unit has deployment disqualification conditions, make certain each applicant is clear of those conditions. **See [pre-deployment questionnaire](#).**

Verifying Medical Licenses

- Ensure health professional MRC volunteers are registered via [ESAR-VHP](#) or other credentialing software.
- Re-verify all medical credentials immediately prior to deployment. If a license is to expire soon (or within anticipated deployment date), flag for follow-up prior to expiration.



MRC Volunteer Management

PRE-DEPLOYMENT PHASE (cont'd)

Training

- MRC unit orientation. See [sample orientation presentation](#).
- Document all training and activity including dates and duration. Recommended trainings include ICS-100, ICS-700, CPR/First Aid/AED, Psychological First Aid (PFA), Stop the Bleed®, cultural competency, and personal protective equipment (PPE) training.
- For baseline volunteer training recommendations, please see MRC Volunteer Tiers and MRC Core Competencies, Tools, and Trainings. See [core competencies](#) and [sample training plan](#).

Safety and Medical Clearance

- Conduct risk assessments for ALL events and deployments, to include health risks. See [ICS-215A](#).
- Have all volunteers complete health/screening statements. This can take many different forms but is primarily intended to match volunteer roles appropriately with physical demands of deployment missions. See [sample safety survey](#) and [pre-deployment questionnaire](#).
- Volunteers should keep copies of immunization records, which may be requested prior to deployments.
- Ensure you have written policy for required immunizations and assessments, including disqualifying conditions, exceptions, and opt-out conditions. Consider alternate assignments if volunteers are disqualified.
- If immunizations and assessments are required, schedule regular opportunities for volunteers to receive them. Consider offering free screening and immunizations to parents/family members, if resources allow.
- Ensure a safety briefing is included in all activities.

Cultural Competency

- Identify volunteers who self-report language competencies.
- Strengthen cultural competencies, including cultural health literacy, through [cultural humility training](#), [cultural competency training](#), etc.
- Consider additional training regarding ethics, sensitivity, and “bedside manner” in disaster settings, as well as social media sensitivity.

General Response Operations

- Provide a deployment checklist during orientation. Send supplements for specific incidents, if needed. Examples include:
 - [ReadyBrazoriaCounty App](#)
 - [Orientation Slides](#)
 - [Activation Email](#)
 - [Quick Series - Deployment](#)
 - [Quick Series - PFA](#)
- Remind volunteers to have a completed family emergency plan in place.
- Remind volunteers to maintain a basic, personal go-bag and update it regularly. See [go-bag checklist](#).



MRC Volunteer Management

Deployment Checklist

The deployment phase starts after an emergency has happened and includes steps to activate volunteers, prepare them for an identified response mission, and assign responsibilities during a deployment.

DEPLOYMENT PHASE

Administration

- Begin alert/activation procedures to notify volunteers. See [sample activation email](#) and [sample activation process](#).
- Document all volunteer activity during deployment including hours, signature, location, and date.
- Complete deployment tasks:
 - Identify Mission #
 - Send team activation notification to state & region: [ICS-205](#)
 - Complete rosters and numbers
 - Maintain activity log: [ICS-214](#)
 - Track volunteer participation with sign-in sheets
 - Complete key documentation, including patient care reports (PCRs) & clinic operations report for the operational area (OA)
 - Send each team with a deployment binder
 - Fill out the Incident Check-In List: [ICS-211](#)

Liability Coverage

- Review your state's Good Samaritan laws. See [Oklahoma Good Samaritan Law](#), as an example.
- For Mutual Aid requests, obtain a resource request and/or mission assignment.
- Confirm volunteer liability coverage once activated. See the [Emergency Law Inventory](#).
- [Re-verify](#) the Loyalty Oath and any other credentials prior to leaving the staging area.

Screening

- Background checks are highly recommended for all volunteers. Establish a memorandum of understanding (MOU) with the Police or Sheriff's office in advance to complete expedited background screenings for immediate deployments.
- Re-verify and document professional licenses prior to activation or deploy as non-medical.

Safety and Medical Clearance

- Ensure all immunizations and assessments are complete and document or offer updates.
- Volunteers should maintain their own records.
- Maintain needed claims paperwork on-site in the deployment binder in the event of injury.
- Complete comprehensive risk assessment PRIOR to any deployment.
- Be on alert for any accidents or injuries. Have volunteers report up their chain of command.

DEPLOYMENT PHASE (cont'd)

Training

- Provide just-in-time training (JITT) MRC orientation as needed for new volunteers.
- Provide JITT for all responders to cover roles and mission response information.
- Provide deployment briefing to address specifics of the response including the current situation, objectives, expectations, and incident-specific policy. See following references:
 - [Orientation/Core Competencies](#)
 - [Examples of JIT](#)
 - [Activation Email](#)
- Provide volunteers with a deployment packet with ICS charts, job action sheets, communications processes, and check-in/check-out process.
- Volunteers should be prepared to participate in situational briefings, as well as safety briefings (i.e., tour of work site, facilities, lodging) and daily debriefs (i.e., documentation expectations).

Cultural Competency

- Collect information about response areas before deploying. Find [information on a community](#).
- Include cultural challenges and strategies in briefings.
- Review cultural competency needs during the deployment and conduct additional cultural competency trainings, if needed.
- Ensure all documents are available in common languages for survivors.
- Review each volunteer's past performance before deployment.

General Response Operations

- Ensure necessary equipment/resources are available to perform duties and returned after use, including any necessary PPE, based on deployment criteria/roles.
- Provide deployment details to all deploying volunteers via the MRC coordinator.
- Ensure that all deployed volunteers are properly briefed before each shift: [ICS-201](#).
- Conduct daily or periodic operational briefings to maintain open communications and situational awareness.



MRC Volunteer Management

Post-Deployment Checklist

This phase begins once a deployment mission has been completed and includes activities to close out assigned response missions and administrative activities for MRC volunteers and the MRC unit.

POST-DEPLOYMENT PHASE

Administration

- Begin demobilization procedures and notify volunteers. See sample [demobilization process](#) and [demobilization email](#).
- Complete post-deployment administrative tasks, including:
 - Collection of [ICS-214s](#) and sign-in sheets
 - Paperwork such as patient care reports (PCRs)
 - Rehab of equipment cache
 - Team debrief & hot wash
 - Volunteer evaluations
 - Unit/responder recognition
- Capture all documentation developed during deployment and catalog/store for future use. Electronic data should be backed up and archived.
- Capture debrief data and conduct verbal and written debriefs to capture best practices/lessons learned.
- Apply best practices and lessons learned to update plans and procedures.

Liability Coverage

- If needed, follow up on any potential claims/cases and document updates.

Screening

- Review and evaluate the effectiveness and suitability of professions deployed. See sample [post-deployment review](#) from Tulsa (OK) MRC.

Safety and Medical Clearance

- Have volunteers conduct self-assessments. See sample [post-deployment questionnaire](#).
- Hold a debrief to check in with volunteers via email/phone call after deployment and offer mental health support, if needed.
- Share self-care reminders and recommendations to deployed volunteers.
- Monitor responders for illness if there was an issue. (Ex: Instruct volunteers to report any GI illness if it occurred in last 48 hours).

Cultural Competency

- During the debrief, ask about cultural competency strengths and areas for improvement.

General Response Operations

- Thank all volunteers for their service during a deployment (emails, calls, recognition-news, social media).
- Hold a debrief/hot wash process with all deployed volunteers.
- Document deployment successes, challenges, and lessons learned in an after-action report.

MRC Core Competencies

Developing Volunteer Capabilities and Baseline Training Standards

Providing a solid training foundation is essential in building volunteer capabilities and ensuring they are ready for potential deployments. The MRC Core Competencies serve as the national training standard for MRC volunteers and provide a **“common language”** to communicate volunteer capabilities with other MRC units and partner organizations.

In addition, NACCHO has developed two eLearning modules for MRC volunteers to provide them with resources and tools to outline steps they can take to prepare for deployments and identify what to expect during and after a deployment.

MRC Core Competencies Overview

The Medical Reserve Corps (MRC) Core Competencies were originally developed in 2006 to provide a set of skills and knowledge for MRC volunteers to be able to perform their volunteer responsibilities. In 2014, the MRC Core Competencies were updated to align with the **11 Disaster Medicine and Public Health (DMPH) core competencies**, which serve as the core competencies for public health professionals.

These competencies represent a **baseline level of knowledge and skills that all MRC volunteers should have**, regardless of their role within the MRC unit. Each competency should be understood at a basic level, with the recognition that more information and skill can be gained in each competency with additional training and experience.

The competencies are aligned into **four MRC Learning Paths**: Volunteer Preparedness, Volunteer Response, Volunteer Leadership, and Volunteer Support for Community Resiliency.

MRC Volunteer Core Competencies

LEARNING PATHS

Preparedness

- Personal & Family
- Safe Behaviors

Response

- Volunteer Roles
- Communicate Effectively
- Surge Capacity Responses
- Clinical Management

Leadership

- Situational Awareness
- Public Health for All Populations

Community Resilience

- Ethical Principles
- Legal Principles
- Recovery Considerations

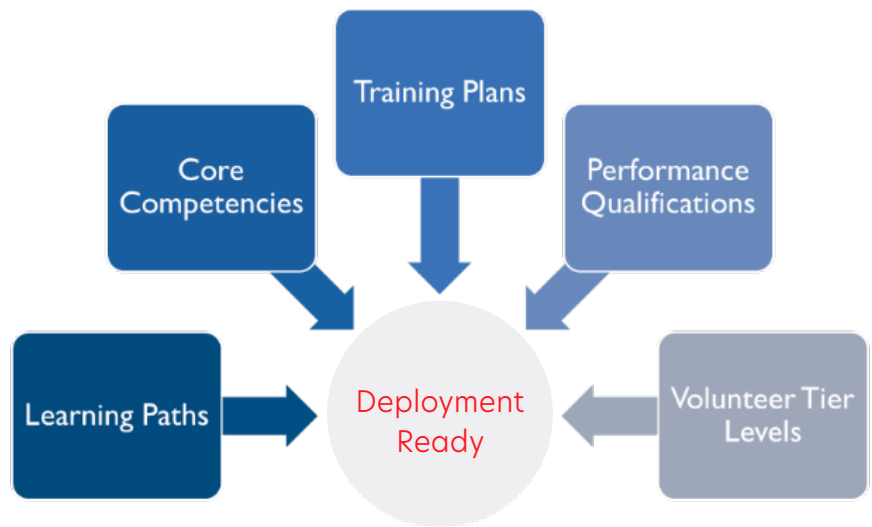
An **MRC core competencies training plan** is available for MRC unit leaders and volunteers to assist them in meeting the training requirements of the competencies. This training plan provides courses that are available through the MRC TRAIN platform and provides flexibility for MRC volunteers to take courses at their own pace. MRC units may also provide in-person courses or develop their own training plan to meet the competencies.

The **MRC performance qualifications translate the core competencies into measurable actions** that are relevant to the work of MRC volunteers.

MRC Core Competencies

Like the core competencies, each of these performance qualifications can be met at a basic or advanced level.

MRC volunteers will have **varying levels of training, experience, and ability to deploy**. The 2019 MRC Core Competencies Training Plan includes recommendations for the appropriate volunteer tier level for each of the trainings. Using the recommended tier levels will help the MRC unit leader identify core competency training priorities to build volunteer capability across the unit to meet the local response needs. It also provides a structure for volunteers seeking additional training or levels of responsibility.



MRC Volunteer Deployment Readiness eLearnings

NACCHO, with input from the contributors of the Deployment Ready project, has developed two eLearning trainings for MRC volunteers to prepare them for the different phases of deployments.

The **Pre-Deployment training** provides volunteers with an understanding of the phases of deployment, terms and acronyms used, personal and family preparedness, trainings, and other activities they can take to be prepared in advance for potential emergency responses, as well as planned non-emergency events.

The **Deployment and Post-Deployment training** provides volunteers with understanding of the types of activities they can expect during and after a deployment. It also provides information on health and safety factors, equipment, supplies, training, administrative and operational activities.

The MRC Volunteer Deployment Readiness trainings are available on:

MRC TRAIN (www.mrc.train.org)

- MRC Volunteer Deployment Readiness: [Pre-Deployment Course #1086867](#)
- MRC Volunteer Deployment Readiness: [Deployment and Post-Deployment Course #1086868](#)

NACCHO University (www.pathlms.com/naccho)

- Both courses can be found in the Public Health Preparedness tab - Medical Reserve Corps.

MRC Core Competencies

MRC Core Competencies by Learning Path

Organized into four Learning Paths, the Core Competencies for Disaster Medicine and Public Health (DMPH) represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit. Because the DMPH Competencies establish only a minimum standard, units may choose to expand on the competencies in order to train volunteers at a more advanced level.

MRC Core Competencies Learning Paths

Preparedness

- Demonstrate personal and family preparedness for disasters and public health emergencies. 1.0
- Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency. 5.0

Response

- Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency. 2.0
- Communicate effectively with others in a disaster or public health emergency. 4.0
- Demonstrate knowledge of surge capacity assets consistent with one's role in organizational, agency, and/or community response plans. 6.0
- Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice. 7.0

Leadership

- Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency. 3.0
- Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies. 8.0

Community Resiliency

- Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. 9.0
- Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. 10.0
- Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency. 11.0

MRC Core Competencies

MRC Core Competencies Training Plan (as of August 2019)



The Medical Reserve Corps (MRC) Training Plan is a suggested guide for training MRC volunteers at the local level. It presents a “menu” of options to guide MRC unit leaders and volunteers with trainings that align with the DMPH Competencies. MRC units can choose trainings from the training matrix, use other trainings not listed in the matrix, or create their own unit-specific trainings based on the DMPH competencies.

How to Use the MRC Volunteer Training Matrix

The MRC Core Competencies Training Plan is organized using the following categories:

- **Learning paths** are groups of competencies related to certain topics that align with volunteer motivations. The four learning paths are Volunteer Response, Volunteer Preparedness, Volunteer Leadership, and Volunteer Support for Community Resiliency.
- **Disaster Medicine and Public Health (DMPH) competencies** serve as the foundational competency set for MRC volunteers and represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit.
- **MRC performance qualifications** break down the DMPH Competencies into measurable, MRC-specific qualities (i.e., knowledge, skills, and attitudes) and actions that a volunteer should have or be able to perform in order to be considered competent in an area.
- **Suggested trainings/tools** are recommended resources and trainings, most of which are available online and free of cost, that will enable volunteers to meet the competencies. The training list is not comprehensive; rather, it is a starting point for unit leaders to consider. The trainings are accessible through MRC-TRAIN. (**The DMPH Competencies have an associated training series that are eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.*)
- **Time** is the estimated length of time required to complete the training.
- **Volunteer tier level** applies to the level of training (introductory, intermediate, or advanced) and the appropriate volunteer tier level.
 - **Tier Level 1:** Advanced level of knowledge for volunteers serving in a specialized or supervisory response role
 - **Tier Level 2:** Intermediate level of knowledge for volunteers wishing to expand their skills and abilities
 - **Tier Level 3:** Introductory level of knowledge that all volunteers should have
 - **Tier Level 4:** Volunteers who have registered but have not completed MRC orientation
 - **Unassigned:** New volunteers who have not completed registration or orientation

MRC Core Competencies

Accessing and Registering for Courses on MRC-TRAIN

MRC-TRAIN is an online training platform that allows MRC unit leaders and volunteers to access, register, and share MRC-related, public health, and emergency preparedness courses. Use the following instructions to access MRC-TRAIN and the course recommendations listed below:

1. Login to MRC-TRAIN at www.train.org/mrc.
2. Search for courses by Keyword or Course ID #.
3. To register for a course, click on the course title and then click the **+Register** tab. Next, select your credit (if applicable) and click **Launch**. The course will open in a new window.
4. The National MRC Training Plan can be found at www.train.org/mrc/training_plan/4101.

MRC Core Competencies Training Plan				
Learning Path: Volunteer Preparedness				
DMPH Competency	MRC Performance Qualifications	Suggested Trainings and MRC TRAIN Course Number	Time	Volunteer Tier Level
1.0 Demonstrate personal and family preparedness for disasters and public health emergencies.	Complete a personal and family preparedness plan.	<ul style="list-style-type: none"> Personal and Family Preparedness* - MRC-TRAIN 1081145 	25 minutes	Level 3
		<ul style="list-style-type: none"> Personal Preparedness for Public Health Workers (RIDOH) - MRC-TRAIN 1060420 	1-2 hours	Level 3
		<ul style="list-style-type: none"> Animal Emergency Preparedness - MRC-TRAIN 1025307 	1 hour	Level 2
5.0 Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency.	Demonstrate safe behaviors during MRC activities.	<ul style="list-style-type: none"> Personal Safety* - MRC-TRAIN 1081353 	40 minutes	Level 3
		<ul style="list-style-type: none"> Responder Health and Safety (Basics of Public Health Preparedness, Module 5) - MRC-TRAIN 1046400 	25 minutes	Level 3
		<ul style="list-style-type: none"> Workforce Resiliency 2: Individual and Organizational Preparedness - MRC-TRAIN 1021348 	2.25 hours	Level 3
		<ul style="list-style-type: none"> Personal Safety and Health for Emergency Responders - MRC-TRAIN 1064120 	1 hour	Level 3
		<ul style="list-style-type: none"> HAZMAT for Healthcare Providers: Awareness Level - MRC-TRAIN 1048614 	Self-paced	Level 2
		<ul style="list-style-type: none"> Disaster Responder Health and Safety - MRC-TRAIN 1037220 	6 hours	Level 1

*Disaster Health Core Curriculum Competency Courses have an associated training series that is eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.

MRC Core Competencies

MRC Core Competencies Training Plan

Learning Path: Volunteer Response

DMPH Competency	MRC Performance Qualifications	Suggested Trainings and MRC TRAIN Course Number	Time	Volunteer Tier Level
2.0 Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency	Follow procedures to successfully activate, report, and demobilize.	<ul style="list-style-type: none"> Expected Roles in Organizational & Community Response Plans During a Disaster or Public Health Emergency* - MRC-TRAIN 1081338 	40 minutes	Level 3
	Follow policies and procedures related to professional and ethical representation of the MRC.	<ul style="list-style-type: none"> FEMA IS-100.C: An Introduction to the Incident Command System - MRC-TRAIN 1078825 	1-2 hours	Level 2
		<ul style="list-style-type: none"> FEMA IS-700.B: An Introduction to the National Incident Management System - MRC-TRAIN 1078831 	1-2 hours	Level 2
	Describe the chain of command (e.g. NIMS, ICS, EMS) during MRC activities.	<ul style="list-style-type: none"> IS-200.C: Basic Incident Command System for Initial Response - MRC-TRAIN 1084004 	1-2 hours	Level 1
		<ul style="list-style-type: none"> FEMA IS-800.C: National Response Framework - MRC-TRAIN 1077604 	1-2 hours	Level 1
4.0 Communicate effectively with others in a disaster or public health emergency	Describe the chain of command (e.g. NIMS, ICS, EMS) during MRC activities.	<ul style="list-style-type: none"> Communication* - MRC-TRAIN 1081351 	1 hour	Level 3
		<ul style="list-style-type: none"> Risk Communication in Public Health Emergencies - MRC-TRAIN 1009201 	3 hours	Level 2
		<ul style="list-style-type: none"> FEMA IS-242.B: Effective Communication - MRC-TRAIN 1052535 	Self-paced	Level 2
6.0 Demonstrate knowledge of surge capacity assets consistent with one's role in organizational, agency, and/or community response plans	Describe how MRC serves the community.	<ul style="list-style-type: none"> Surge Capacity* - MRC-TRAIN 1081356 	25 minutes	Level 3
		<ul style="list-style-type: none"> Points of Dispensing (PODs): Public Health Training for Staff/Volunteers - MRC-TRAIN 1037506 	30 minutes	Level 2
		<ul style="list-style-type: none"> Mass Dispensing Overview: An SNS Perspective - MRC-TRAIN 1054681 	Self-paced	Level 2
7.0 Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice	Identify the impact of an event on the behavioral health of the MRC member and their family, team, and community.	<ul style="list-style-type: none"> Clinical Management Principles* - MRC-TRAIN 1081357 	40 minutes	Level 3
		<ul style="list-style-type: none"> Psychological First Aid: A Minnesota Community Supported Model - MRC-TRAIN 1050404 	45 minutes	Level 3
		<ul style="list-style-type: none"> Disaster Behavioral Health - MRC-TRAIN 1021342 	1 hour	Level 2
	Describe how MRC serves the community.	<ul style="list-style-type: none"> Effects of Disasters on Mental Health - MRC-TRAIN 1050638 	1 hour	Level 2
		<ul style="list-style-type: none"> ACEs (Adverse Childhood Experiences) - MRC-TRAIN 1079049 	1.25 hours	Level 2
		<ul style="list-style-type: none"> Nurses: Preparing for and Responding to Emergencies and Disasters - MRC-TRAIN 1013008 	Self-paced	Level 2

*Disaster Health Core Curriculum Competency Courses have an associated training series that is eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.

MRC Core Competencies

MRC Core Competencies Training Plan

Learning Path: Volunteer Leadership

DMPH Competency	MRC Performance Qualifications	Suggested Trainings and MRC TRAIN Course Number	Time	Volunteer Tier Level
3.0 Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency.	Describe how MRC serves the community.	• Situational Awareness* - MRC-TRAIN 1081343	25 minutes	Level 3
		• You Are the Help Until Help Arrives - MRC-TRAIN 1069847	25 minutes	Level 3
		• Assessment of Chemical Exposures Training - MRC-TRAIN 1060828	1 hour	Level 2
8.0 Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies.	Demonstrate cultural humility during MRC activities.	• Public Health Principles* - MRC-TRAIN 1081358	1 hour	Level 3
		• Disability and Disaster - MRC-TRAIN 1052223	1 hour (webinar)	Level 3
	Describe how MRC serves the community. Identify the role of public health in the community.	• Cultural Awareness: Introduction to Cultural Competency and Humility - MRC-TRAIN 1062987	30 minutes	Level 3
		• Cultural Competency - PowerPoint slides	n/a	Level 3
		• Introduction to Public Health Preparedness - MRC-TRAIN 1046396	40 minutes	Level 3

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MRC Core Competencies

MRC Core Competencies Training Plan

Learning Path: Volunteer Support for Community Resiliency

DMPH Competency	MRC Performance Qualifications	Suggested Trainings and MRC TRAIN Course Number	Time	Volunteer Tier Level
9.0 Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.	Follow policies and procedures related to professional and ethical representation of the MRC. Demonstrate cultural humility during MRC activities.	<ul style="list-style-type: none"> Ethical Principles* - MRC-TRAIN 1081360 	40 minutes	Level 3
		<ul style="list-style-type: none"> Distinguishing Public Health Ethics from Medical Ethics - MRC-TRAIN 1050863 	35 minutes	Level 3
10.0 Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.	Demonstrate safe behaviors during MRC activities.	<ul style="list-style-type: none"> Legal Principles* - MRC-TRAIN 1081361 	1 hour	Level 3
		<ul style="list-style-type: none"> Law and Ethics in Public Health, Public Health Ethics, Module 4 - MRC-TRAIN 1050892 	1 hour (webinar)	Level 3
	Follow policies and procedures related to professional and ethical representation of the MRC. Demonstrate cultural humility during MRC activities.	<ul style="list-style-type: none"> Public Health and the Law: An Emergency Preparedness Training Kit - MRC-TRAIN 1050167 	30 minutes	Level 3
		<ul style="list-style-type: none"> Public Health Emergency Law Course: <ul style="list-style-type: none"> <i>Unit 1</i>—Introduction to Emergency Management Systems Preparedness and Response - MRC-TRAIN 1084118 <i>Unit 2</i>—Emergency Powers: Protection of Persons, Volunteers, and Responders - MRC-TRAIN 1084126 <i>Unit 3</i>—Emergency Powers: Management and Protection of Property and Supplies - MRC-TRAIN 1084130 	1 hour 1 hour 1 hour	Level 2
11.0 Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency.	Identify the impact of an event on the behavioral health of the MRC member, their family, team and community.	<ul style="list-style-type: none"> Short- and Long-term Considerations for Recovery* - MRC-TRAIN 1081365 	20 minutes	Level 3
		<ul style="list-style-type: none"> Social Media and Long-term Recovery - MRC-TRAIN 1052242 		Level 3
	Demonstrate cultural humility during MRC activities.	<ul style="list-style-type: none"> Caring for Older Adults in Disasters: A Curriculum for Health Professionals - MRC-TRAIN 1059666 	30-120 minutes	Level 2
		<ul style="list-style-type: none"> Long Term Recovery Basics (4-part webinar) - MRC-TRAIN 1052226 	2-4 hours	Level 2

*Disaster Health Core Curriculum Competency Courses have an associated training series that is eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.

MRC Mission Sets

Mission Sets

Definition

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Mission Ready Packages vs. Mission Sets

The National Emergency Management Agency (NEMA) is an organization that provides resources and support to emergency managers while overseeing the Emergency Management Assistance Compact (EMAC), the primary vehicle for state-to-state mutual aid.

In 2014, the **Mission Ready Package (MRP) model** was introduced by NEMA as a standardized template that outlines pre-identified resources available for emergency responses through the EMAC system. An MRP details available resources and expedites resource requests during emergency response operations when time is of the essence. MRPs are developed and resourced through state emergency managers and include detailed information for a specific response request, including number and types of personnel, specific equipment included in the resource, cost estimates, and other resource-specific information.

Mission Sets are designed to be a planning and training tool for MRC unit leaders to build response capabilities for their local or state emergency response requirements. They serve as a foundation to build capabilities for common

response missions, rather than listing out exact resource specifications for a particular response. Mission Sets also serve as a means for MRC unit leaders to demonstrate their unit capabilities and as potential resources for state emergency managers to develop an MRP.

Common MRC Mission Sets

This resource guide includes mission sets developed by MRC unit leaders and includes many of the common response missions that MRC units have supported. The Mission Sets included are intended to serve as examples that can be adapted based on local or state mission requirements. Mission sets included:

- Sheltering Operations
- Alternate Care Sites
- Emergency Pharmacy Operations
- Medical Volunteer Coordination
- Medical Surge
- Resiliency (Disaster Behavioral Health)
- Animal Response
- Responder Rehab Support
- Community Reception Centers (Radiation Response)
- Family Assistance Center Task Force



MRC Mission Sets

Shelter Operations Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Brazoria County MRC - Non-Medical Emergency Shelter Management Team

Brazoria County recognizes the need to operate general population emergency evacuation shelters for survivors of emergencies. These shelters are designed to be temporary facilities that will provide survivors safe, secure, and sanitary housing. The Shelter Management Team is responsible for the management and oversight of these shelters.

Mission Set Title: Non-Medical Emergency Shelter Management Team

Resource Description: The Emergency Shelter Management Team leads and directs staff activities for an emergency shelter to provide safe, secure, and sanitary temporary housing and other services to survivors of an emergency.

Resource Components

Personnel: Operations Staff	<p>Licenses or Certifications Required? No.</p> <p>Type (NIMS Resource Typing)</p> <ul style="list-style-type: none"> • Typed appropriately for shelter type, population size. • See NIMS Typing Guide.
Training Requirements:	<ul style="list-style-type: none"> • See Shelter Manager Typing Guide • WebEOC 101 • Cultural Competencies • Texas ETN (Texas-specific) • Shelter Operations Orientation • IS-100 Introduction to Incident Command Systems • IS-200/700/300 • Bloodborne Pathogens Awareness
Equipment Required:	<ul style="list-style-type: none"> • Internet access, WebEOC access • Computers/laptops/tablets • Shelter Operations kits (e.g., cots, sheets, towels, radios) • Charging stations • Incident Command vests • Flashlights • Cell Phones • Gift cards
Deployment Timeline:	N+4 (local) N+8 (regional) N+24 (State and Federal)
Rotation of Personnel:	2x12 hour shifts (all others)
Pre-Planning Considerations:	<p>Space Requirements: Handicapped-accessible, climate-controlled space sufficient for identified target population</p> <p>Support Requirements: List any support requirements (e.g., internet access, copiers, etc.)</p> <ul style="list-style-type: none"> • Utilize ADA shelter checklist. 20 sq. ft./resident + administrative and recreational space. One toilet / 40 residents, one shower / 72 residents. Ensure sanitation facilities are available and operational. • Shelter pre-plan should be completed/reviewed by all team members prior to events • ALL PLANS MUST BE EXERCISED.
Limiting Factors:	<ul style="list-style-type: none"> • Facility access to residents and staff. • Plan to close shelter in 28 days or less.

References: [Planning Guidance for General Population Shelters](#) | [Shelter Management Team Typing Guide](#)

MRC Mission Sets

Shelter Operations Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Brazoria County MRC - Non-Medical Shelter Operations Team

Brazoria County has recognized the need to operate general population emergency evacuation shelters for survivors of emergencies in our jurisdiction. These shelters are designed to be temporary facilities that will provide survivors safe, secure, and sanitary housing until they are able to make other arrangements. No medical capability is included in this mission set. Food is prepared off-site and delivered, ready to eat, in “unit of use” containers.

Mission Set Title: Non-Medical Shelter Operations Team

Resource Description: The Shelter Operations Team will staff an emergency shelter to provide safe, secure, and sanitary temporary housing and other services to survivors of an emergency. The Shelter Operations Team is responsible for the daily operations of these shelters.

Resource Components

Personnel: Operations Staff	<p>Licenses or Certifications Required? No.</p> <p>Type (NIMS Resource Typing)</p> <ul style="list-style-type: none"> • Minimums - Dependent of population size and facility • 2 x Registration Staff • 2 x Logistics Staff • 2 x Feeding Staff (No food prep onsite) • 2 x Housekeeping Staff
Training Requirements:	<ul style="list-style-type: none"> • IS100/200/700 • Cultural Competencies • Universal Precautions/Bloodborne Pathogens • MRC Orientation • Shelter Operations Orientation • WebEOC 101 • TX ETN (Texas-specific)
Equipment Required:	<ul style="list-style-type: none"> • Internet access, WebEOC access • Computers/laptops/tablets • Shelter Operations kits (e.g., cots, sheets, towels, radios) • Charging stations • Incident Command vests • Flashlights • Cell Phones • Gift cards
Deployment Timeline:	N+4 (local) N+8 (regional) N+24 (State and Federal)
Rotation of Personnel:	6x4 hour shifts (local); 2x12 hour shifts (all others)
Pre-Planning Considerations:	<p>Space Requirements: Sufficient, handicapped-accessible, climate-controlled space for identified target population</p> <p>Support Requirements:</p> <ul style="list-style-type: none"> • Utilize ADA shelter checklist. 20 sq. ft./resident + administrative and recreational space. One toilet / 40 residents, one shower / 72 residents. Ensure sanitation facilities are available and operational. • Shelter pre-plan should be completed/reviewed by all team members prior to events • ALL PLANS MUST BE EXERCISED.
Limiting Factors:	<ul style="list-style-type: none"> • Facility access to residents and staff. • Plan to close shelter in 28 days or less.

References: [Planning Guidance for General Population Shelters](#) | [Shelter Management Team Typing Guide](#)

MRC Mission Sets

Shelter Operations Mission Sets

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Brazoria County MRC - Donations Management Team

In order to operate a donation management site, Brazoria County works with local property management organizations to identify and secure a suitable location. Brazoria County does not distribute donations directly to the public. Rather, they distribute to other local organizations who, in turn, distribute to the public.

Mission Set Title: Donations Management Team

Resource Description: The Donations Management Team will staff a donation receiving and distribution site to facilitate the receipt and efficient distribution of donated materials to disaster survivors.

Resource Components

Personnel: Operations Staff	Licenses or Certifications Required? No. Type (NIMS Resource Typing) <ul style="list-style-type: none"> • 2 x Receiving Staff • 2 x Admin/Order Management Staff • 2 x Forktruck Operators (Certification depends on local requirements) • 2 x Distribution Staff • 1 x Task Force Leader 	
Training Requirements:	<ul style="list-style-type: none"> • IS100/200/700 • MRC Orientation • Donations Management Orientation 	<ul style="list-style-type: none"> • WebEOC 101 • ADAM 100/200 (HPP-specific)
Equipment Required:	<ul style="list-style-type: none"> • Tablets x 4 • WiFi • Uniforms/Identifiers (ID, shirts, etc.) • PPE required for role • Radio (min. 1/team) 	<ul style="list-style-type: none"> • Incident Command vests • Flashlights • Cell phones • Gift cards
Deployment Timeline:	N+6 (local) N+8 (regional) N+24 (State and Federal)	
Rotation of Personnel:	1 x 12-hour shift	
Pre-Planning Considerations:	Space Requirements: Space sufficient to house the volume of donations anticipated, with operational utilities (i.e., water, sewer, electrical, internet). Prefer loading docks and dock boards for both semi-trailers and pickup truck heights. Support Requirements: At least one propane warehouse fork truck. If no ramps available, one all-terrain telescoping boom fork truck will be required. <ul style="list-style-type: none"> • Maintain database of trained team members. Familiarize staff with facilities before deployment, if possible. • Consider shorter shifts to accommodate scheduling (i.e., 4hrs). When possible, exercise the plan. 	
Limiting Factors:	<ul style="list-style-type: none"> • Facility access for staff • Security concerns 	<ul style="list-style-type: none"> • Communications access (internet and telecom)

References: [Donations Coordination Task Force Resource Typing Guide](#)



MRC Mission Sets

Shelter Operations Mission Sets

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Calcasieu MRC – Medical Shelter Management Team

As an all-hazards plan, this mission set aims to ensure all citizens have access to a shelter that is safe, secure, and has basic sanitation requirements regardless of the size, scope, and type of work. This mission set includes tasks, roles, and responsibilities necessary for operating a single or dual shelter and executing a point-to-point transfer. The plan will ensure volunteers are capable of being deployed on a local, state, and national level. Volunteers can be identified and trained as Shelter Strike Teams.

Mission Set Title: Medical Sheltering Management Team

Resource Description: This shelter team includes medical and non-medical volunteers and community partners to support general operations. Additional volunteers with specialized skills can also be trained to support the team.

Resource Components

Personnel: Volunteers can be arranged in teams or as individual resources for a specific mission, as needed.

Licenses or Certifications Required? Yes, required for medical personnel; may be required for transportation personnel.

Personnel Type:

- **Shelter Coordinator:** Provides overall administrative leadership and support with provisions to the emergency shelter. The Shelter Coordinator will communicate directly with the EOC.
- **Shelter Manager:** Communicates directly with the Shelter Coordinator. They will be responsible for clinical and case management services. They are also responsible for staff management and performance.
- **Shift Supervisor:** Ensures the needs for the shelter team and develops action plan to accomplish the objectives within the shelter.
- **Food Services:** Identifies food service needs and communicates to the coordinator of these needs. Shelter Lead shall oversee the disbursement of meals to the evacuees.
- **Transportation:** Oversees transportation needs to and from the shelters, with direction from the shelter manager and coordinator. Needs may include evacuees who may need medical services such as dialysis and critical needs transports.
- **Registration:** Works with state and local agencies that are on-site to oversee all aspects of registration process, including criteria for registration. Coordinator should also keep up with all data collection as it relates to number of evacuees and other demographics.
- **Donation:** Identifies needed supplies and communicating to the coordinator of these needs. Shelter leads shall oversee the disbursement of these supplies to the evacuees.
- **Volunteers:** Leads will be responsible for identifying volunteers needed and communicating to the coordinator of these needs. Lead will ensure that the volunteers at each site are identifiable and are performing services requested.
- **Pet Sheltering:** Leads will work with local pet shelters to receive information on standards pertaining to animals in the assigned location. They can also assist with registration and tracking of animals.
- **Medical:** Assesses and treats patients seeking medical care including, but not limited to, medication refill, first aid, mental health, and health concerns and minor medical treatment. (MRC medical volunteers ONLY)

MRC Mission Sets

Mission Set Title: Medical Sheltering Management Team (cont'd)

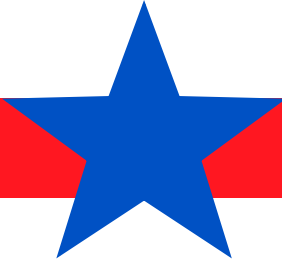
Resource Description: This shelter team includes medical and non-medical volunteers and community partners to support general operations. Additional volunteers with specialized skills can also be trained to support the team.

Resource Components

Training Requirements:	<ul style="list-style-type: none"> • FEMA: 100, 200, 700, 800, 368, 506 • MGT 405 - Mobilizing Faith-Based Community Organizations in Preparing for Disasters • Bloodborne Pathogens Training • Psychological First Aid or Crisis Management • Cultural Awareness • Radio Operations 	<ul style="list-style-type: none"> • HIPPA and Ethics Training • Laws dealing with Registered Sex Offenders • Just in Time Training for Safety and Risk Management Precautions • Training for any special equipment (e.g., specific registration systems) • Service Animal Guidelines
Equipment Required:	<ul style="list-style-type: none"> • Laptops • Registration software with tracking device and scanners • Identifying items such as colored vest and issued ID or ID bands • PPE required for roles • 1 radio per logistical unit/or cell phones • Office Supplies (full copy supplied with attached documents) • Rolling containers with supplies for each logistical section (e.g., food services, registration, donation) 	<ul style="list-style-type: none"> • Pre-event MOU or agreements by agencies involved • Resource manual of agencies and 211 contact list • Communication forms and documents provided by team leader or partner agencies • Copy of handbook for volunteers and logistical teams • Call-down system for volunteers and scheduling software • Cheat sheet for acronyms commonly used by Emergency Management
Deployment Timeline:	<ul style="list-style-type: none"> • N+6 (local) • N+48 (outside of jurisdiction) 	
Rotation of Personnel:	Three (3) 8-hour shifts, which may vary and change depending on the incident and the length of the deployment.	
Pre-Planning Considerations:	<ul style="list-style-type: none"> • Training on a full-scale shelter operation and possible combination for the same operations with an evacuation training • Meet the needs of any certain population that may be affected and implement it according to action that needs to be take • Family Emergency Plan for volunteers 	
Limiting Factors:	<ul style="list-style-type: none"> • Multi-state event for logistics • Consumable products such as medical supplies and lost equipment • Volunteers should not be deployed more than two (2) weeks at a time • Impacted Area being the same base as large number of volunteers 	

References:

- Sample [Calcasieu Parish All-Hazard Sheltering Plan](#)
- Copy of all Job Action Sheets, mission statements, and job descriptions for each logistical area of Shelter Operations
- Copy of Medical Protocols for individual MRC groups
- Equipment/supply lists
- Guidance for the [Selection and Use of Personal Protective Equipment in Healthcare Settings](#) (PPT - will open as a "download" in your browser)
- Code of Conduct for [NGOs in Disaster Relief](#)
- Overview: [Disinfecting wells following an emergency](#)



MRC Mission Sets

Alternate Care Site Mission Sets

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Contra Costa MRC - Alternate Care Site

An Alternate Care Site (ACS) provides acute care or chronic disease management in non-traditional locations. During a disaster or public health emergency, operational areas may need to establish an ACS to manage surge situations or provide care to displaced individuals. Establishing an ACS within a general population shelter is an especially efficient use of space that preserves resources and can improve response coordination.

This mission set captures Contra Costa Medical Reserve Corps' (CCMRC) ability to provide ACS. The MRC team can be deployed to staff one or more locations based on team size, or MRC units can deploy single resources to the site to complement existing operations or fill staffing gaps. Ideally, an MRC team will use this mission set to build capabilities to include all operational aspects of running an Alternate Care Site.

Mission Set Title: Alternate Care Sites/Co-located Medical Clinics

Resource Description: The ACS Medical Team provides medical care and public health management within a general population shelter, or other location, to manage needs for a displaced population. They can provide health assessments, medical services, and public health protection at the appropriate level of care based upon resources available and setting. When deployed with a Unit Leader, will ensure coordination of assignments & resources and care activities will operate with existing Command System structure, thus reducing workload of the DOC/EOC during a response.

The ACS/Co-located Medical Team mission can be extended to include Medical Needs Shelters with appropriate personnel. Staffing, logistical resources, and planning are based on the following assumptions: General population shelter capacity of 300 beds with 30% of population seeking medical care for acute/chronic disease management; an Alternate Care Facility with 50-75 bed capacity, low acuity; or a 50-bed medical shelter.

Resource Components

Personnel:	<p>Licenses or Certifications Required? Yes, active license depending on roles: Basic Life Support (BLS) certification, verification of medical licensure, background check.</p> <p>Type: See NIMS Medical Team, Medical Task Force, or Medical Personnel</p> <ul style="list-style-type: none"> • Day Shift <ul style="list-style-type: none"> • Operations Chief and/or Clinic Lead • Physician (on-call) if mid-level provider available • 2 RNs • 1-2 Medical support staff (EMT, MA, Medic, LVN, CAN) • 1 non-medical, logistics support/scribe/runner • Night Shift <ul style="list-style-type: none"> • Operations Chief on-call • Provider on-call • 1 RN • 1-2 EMT or higher
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MRC Mission Sets

Mission Set Title: Alternate Care Sites/Co-located Medical Clinics (cont'd)

Resource Description: The ACS Medical Team provides medical care and public health management within a general population shelter, or other location, to manage needs for a displaced population. They can provide health assessments, medical services, and public health protection at the appropriate level of care based upon resources available and setting.

Resource Components

<p>Training Requirements:</p>	<p><u>General Training</u></p> <ul style="list-style-type: none"> • IS-100, IS-700 • HIPAA • Psychological First Aid • Bloodborne Pathogens • Cultural Competency • Personal & Family Preparedness (Go Bag) • Deployment Operations/Expectations • Medical documentation and equipment familiarization, if possible • Non-medical: Basic first aid skills, hands-only CPR, AED use, Narcan, EpiPen 	<p><u>JITT Training</u></p> <ul style="list-style-type: none"> • Orientation to site • Medical documentation (if not done prior) • Equipment familiarization (if not completed prior) • Standard Operating Procedures/ Treatment Guidelines review • Pharmacy Refill Toolkit review
<p>Equipment Required:</p>	<ul style="list-style-type: none"> • Multiple tables and chairs • Shelving or storage area • Hand wash station (stationary or portable) • Cots/medical cots/treatment cots/ exam table (based on number of treatment areas being established) • Privacy screens • Office supplies • Cell phones/satellite phone/radios • iPad/laptop • Trash cans/bags • Hand wash station (stationary or portable) • Biohazard bag/cans (process of pick up) • Cleaning supplies (include appropriate supplies for infectious diseases) 	<ul style="list-style-type: none"> • Medical equipment/supplies appropriate for level of care being provided (see equipment cache lists for suggestions) • AED if not in shelter • Wheelchair • Wheeled walker • Shower/chair/commode/bench • If not operating in a building: <ul style="list-style-type: none"> • Shelter/tent • Generator • Lighting • HVAC/HEPPA Filter • Hand wash station • See attached list
<p>Deployment Timeline:</p>	<p>Local: N+8 hours - Immediate deployment of a small assessment task force/advanced team may be needed once shelters are established. Length dependent on operational area (OA) and scheduling, up to 14 days. Recommend minimum of 2 shifts.</p> <p>Regional: Deploy within 12-24 hrs.; length dependent on OA, up to 14 days.</p> <p>EMAC: Able to deploy within 24 hours for up to 14 days. Recommend minimum of 2 shifts. Shifts 8-12 hrs. May include overnight if 24/7 operations.</p>	

MRC Mission Sets

Mission Set Title: Alternate Care Sites/Co-located Medical Clinics (cont'd)

Resource Description: The ACS Medical Team provides medical care and public health management within a general population shelter, or other location, to manage needs for a displaced population. They can provide health assessments, medical services, and public health protection at the appropriate level of care based upon resources available and setting.

Resource Components

<p>Requirements for Rotation of Personnel:</p>	<ul style="list-style-type: none"> • See suggested staffing matrix • Shifts 8-12 hrs. Recommend staffing based on peak hours of operations and based on clinical roles. • Overnight shift may require less staffing (e.g., 2 EMTs or 1 RN, 1 EMT) • MD/NP/PA may be staffed as a split shift, for example 1000-2200 • Scheduling/staffing should be assessed 	
<p>Pre-Planning Considerations:</p>	<p>Space Requirements:</p> <ul style="list-style-type: none"> • Location required is a shelter site to run a medical clinic. Ideally includes a separate room/ space that provides space to establish treatment areas and protected from the elements. • Must be near several power outlets <p>Additional considerations:</p> <ul style="list-style-type: none"> • Triage/check-in area • Waiting area • Multiple treatment areas/bays • Privacy to protect HIPAA • Storage for medical supplies/equipment • Secure area for pharmaceuticals (may need to lock up cache when clinic not operating) • Space near clinic for shelter clients with higher medical needs to be located, this includes those on oxygen and other durable medical equipment (see attached layout example) 	<p>Support Requirements:</p> <ul style="list-style-type: none"> • Coordination between local health department, Emergency Medical services, Office of Emergency Management, and ESF6 (also consider Healthcare Coalition Lead). • Decision by Health Officer or Medical Director about the appropriate level of care/acuity to provide at site. Planning should include a tiered approach and will be dependent on the displaced population, availability of resources, and status of the healthcare system. • OA Volunteer Coordination Plan needs to include medical volunteer management, to include spontaneous volunteers. Medical professional license verification/certification must be verified. Additionally, assuring skills and training match the requirements of the operations. • Staffing ACS locations are a large undertaking for DOC/EOC. Deployment of entire teams may relieve some of this effort. If team not available, consider staffing DOC with a Medical Volunteer Coordinator. • Key personnel trained to ConOps/Plan in order to assume Operations Section Chief role. • If Operational Area is requesting as Mutual Aid/ Assistance, consider deploying a DOC/EOC liaison familiar with operations and area to assist clinic personnel. • Demobilization plans must include storing of medical records, additional medical supplies, and Critical Incident Stress Debriefing (CISD)/debriefing of medical teams. • Consider moving smaller medical team/task force to Local Assistance Center or other ACS, if healthcare system still impacted and health needs remain.



MRC Mission Sets

Mission Set Title: Alternate Care Sites/Co-located Medical Clinics (cont'd)

Resource Components

Limiting Factors:	<ul style="list-style-type: none">• Availability of MRC units/members• Consumable medical supplies• Extended response• Competing responses• Pre-planning with ESF 6, Emergency Management, local health department, Emergency Medical Services
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References:

- Texas Department of State Health Services - [Medical Shelter Toolkit](#)
- American Red Cross [Shelter Operations Manual](#)
- Napa County Public Health
- FEMA Resource Typing Definitions (NIMS 509): Emergency Care Task Force, Public Health and Medical Team in a Shelter, Public Health and Medical Assessment Team
- Contra Costa Pharmacy Toolkit (see Pharmacy Mission set)
- California [Deployment Operations Manual](#)
- ASPR Tracie [ACS topic collection](#)

Resources:

Contra Costa Mission Set resources are [available on their website](#) and include the following:

- Equipment List
- Sample Staffing Matrix & Site layout
- Deployment Expectations Training
- Contra Costa MRC Deployment Binder Table of Contents
- Patient Care Reports
- Job Action Sheets
- Medical Operations Report
- Sample Incident Action Plan

MRC Mission Sets

Alternate Care Site Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Manasota MRC - Alternate Care Site

The Manasota Medical Reserve Corps serves Manatee and Sarasota Counties in Southwest Florida. Manatee County’s population is approximately 385,000 and Sarasota County’s population is approximately 419,000—a combined total of 804,000. The two counties are a mix of urban and rural areas, with one major interstate running north-south through both counties. The Manasota MRC currently has just over 100 volunteers, with half being medical and half non-medical.

Mission Set Title: Medical Reserve Corp (MRC) Alternate Care Site

Resource Description: During times of emergency or disaster, area hospitals can see a surge of patients not only in the immediate hours after an event, but for several days to weeks later. There may be a need to set up an alternate care site or aid station to lessen the number of patients being transported or seen at hospitals.

Resource Components

Personnel: Operations Staff	Licenses or Certifications Required? Yes, see below. Type (use NIMS Resource Typing, if applicable) <ul style="list-style-type: none"> • Team Leader - RN or Paramedic (Licensure) • Support Team - MFR or EMT (Certification) • Logistics Support Personnel (CPR/AED/First Aid) 	
Training Requirements:	<ul style="list-style-type: none"> • Level 2 Background Check • FEMA IS-100 and 700 • Vehicle familiarization training 	<ul style="list-style-type: none"> • Equipment familiarization training • Bloodborne pathogens training • Just-in-time training, as needed
Equipment Required:	Minimum equipment needed includes: <ul style="list-style-type: none"> • 10' x 10' pop-up tent with weights • 6' folding table • Standard folding chairs (x4) • Medical/trauma bag • Airway (oxygen) bag • Patient tracking forms • Communications device (i.e., phone or radio) • Office supplies (e.g., paper, pens, stapler) 	Recommend equipment: <ul style="list-style-type: none"> • Medical response trailer with air conditioning/heater • Truck (4x4) with crew cab suitable for towing trailer • Outlets, scene lighting, and 30A 120V shore-line power cord • Generator(s) for 30A 120V power • Tables for completing forms, map displays, ICS T-cards, etc. • Radios/walkie talkies for intra-group communications • Reflective vests for staff • Fuel cans (safety type) for generator and truck fuel • Awning for trailer • Radios with jurisdictional talk groups
Deployment Timeline:	<ul style="list-style-type: none"> • Volunteers ready to deploy N+1 hour • On scene of incident N+2 hours within local jurisdiction • On scene of incident N+2 hours + travel time for outside local jurisdiction 	



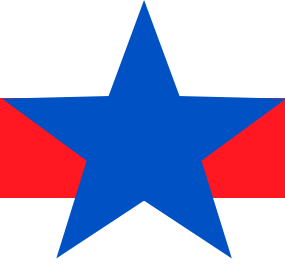
MRC Mission Sets

Mission Set Title: Medical Reserve Corp (MRC) Alternate Care Site (cont'd)

Resource Description: During times of emergency or disaster, area hospitals can see a surge of patients not only in the immediate hours after an event, but for several days to weeks later. There may be a need to set up an alternate care site or aid station to lessen the number of patients being transported or seen at hospitals.

Resource Components

Rotation of Personnel:	<ul style="list-style-type: none">• Staff rotations every twelve (12) hours, on-site• Rotation outside of initial deployment team is geographically & situational-dependent
Pre-Planning Considerations:	<p>Space Requirements:</p> <ul style="list-style-type: none">• Approximately 30' x 30' for each aid station, which includes working space for MRC personnel and supplies; can be reduced depending on trailer size• Minimum 20' W x 100' L for truck and trailer deployment <p>Support Requirements:</p> <ul style="list-style-type: none">• Potable water source, preferably co-located with rehab site• Portable bathrooms, separate for MRC and public• Hand-washing facilities, separate for MRC and public• Replenishment of supplies as needed
Limiting Factors:	<ul style="list-style-type: none">• Water supply/availability• Fuel replenishment



MRC Mission Sets

Emergency Pharmacy Operations Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Contra Costa MRC – Pharmacy Management Liaison and Pharmacy Deployment Cache

Contra Costa MRC (CCMRC) identified prescription medication refills as a need. The Napa County Department of Public Health found that prescription refills were the primary reason evacuees visited the medical clinic establish within a shelter during the Valley Fire in 2015. During the Mendocino Complex Fire in 2017, MRC units helped refill over 100 evacuees’ medications, which accounted for more than 18% of the clinic visits.

Based on their wildfire response experience, CCMRC medical volunteers developed best practices to follow when assisting patients with refilling prescription medications. This mission set details the role an MRC team or individuals can play in assisting with refilling pharmaceuticals in a disaster and includes a pharmacy cache list based on data collected during the 2015-2018 California wildfires. The pharmacy cache is designed to reduce waste and relies on partnering and developing an MOU with inpatient hospital pharmacies. The cache cost is estimated to be below \$7,000 if fully stocked.

Mission Set Title: Pharmacy Management Liaison/Pharmacy Cache for ACS

Resource Description: This resource supports medical operations and can be assigned as a stand-alone mission or as a role within an existing medical team/task force working in a shelter or Alternate Care Site (ACS). The primary purpose of the Pharmacy Management Liaison is to:

- Deploy and manage pharmaceutical cache to assist with the provision of medical care being provided at general population shelters and ACS to aid in the management of chronic diseases, minor injury, and acute illness.
- Assist with the assessment of health infrastructure for pharmaceutical availability to include OPTs and MATs.
- Assist individuals needing assistance in replacing essential prescription medications.
- Develop relationship with local pharmacies and establish a process for the verification, refill, and obtainment of prescriptions for individuals.

A medical team lead can assign the role of Pharmacy Management Liaison to reduce the volume of patients needing to be seen at medical assessment areas, preserve medical personnel especially physicians, and establish better workflows. When deploying a medical team/task force, consider deploying a team with a pharmaceutical cache to assist with healthcare system surge and to provide medication replacement at the evacuation center, shelter, or ACS. The staffing recommendations and Pharmacy Cache list are designed to support a 250-bed shelter or ACS.

Resource Components

Personnel:	<p>Licenses or Certifications Required? Yes, MDs must have prescribing authority (if issuing narcotics), a registered DEA number, and be in good standing.</p> <p>Type: (Use NIMS Resource Typing, if applicable)</p> <ul style="list-style-type: none"> • Category: Medical and Public Health • Kind: Single resources or part of a team <p>Minimum: 1 RN for role of Pharmacy Management Liaison and 1 MD and/or Pharmacist if deploying Pharmacy Cache</p>	<p>Recommended:</p> <ul style="list-style-type: none"> • No Pharm Cache: 1 RN, 1-2 scribes • Pharm Cache: 1 MD, 1 Pharmacist/ Pharm Tech, Medical Team/Task Force (see ACS mission set)
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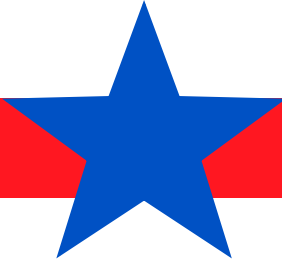
MRC Mission Sets

Mission Set Title: Pharmacy Management Liaison/Pharmacy Cache for ACS (cont'd)

Resource Description: This resource supports medical operations and can be assigned as a stand-alone mission or as a role within an existing medical team/task force working in a shelter or Alternate Care Site (ACS).

Resource Components

<p>Training Requirements:</p>	<p>General Training</p> <ul style="list-style-type: none"> • IS-100, IS-700 • HIPAA • Psychological First Aid • Bloodborne Pathogens • Understanding of Emergency Prescription Authority for Operational Area or state. 	<p>JITT Training (see Resources)</p> <ul style="list-style-type: none"> • Documentation training • Pharmacy Toolkit • Patient Information, Health record system access training (if available) • *PULSE Training - California • Scribe: Can be non-medical but should be familiar with medications, doses, medical terminology and medical equipment, and be comfortable speaking with people about medications.
<p>Equipment Required:</p>	<p>General Equipment:</p> <ul style="list-style-type: none"> • Table/chairs • Office or quiet area • Computers/iPad with internet access • Phone - recommend established phone/phone number • Most recent Drug Guides • Pharmacy Refill Form (attached) • Office supplies • File box/folder to store records • Fax/copy machine* • Prescription pad 	<p>Equipment for Pharmacy Cache:</p> <ul style="list-style-type: none"> • Storage container/bins/table/labels • Shelves to organize medications • Pill envelopes/baggies/medication cups • Oral syringes for pediatric doses • Pill splitters/crushers • *Refrigerator for medications • Multiple lists of medications in cache • Chain of Custody log • Treatment guidelines/SOPs for meds approved to give without MD present (i.e. OTC, Albuterol, Insulin)
<p>Deployment Timeline:</p>	<ul style="list-style-type: none"> • Able to deploy within 12 hours of the incident. Work 12 hours per shift; be deployable for up to 7 days and maybe extended for a total of 14 days (ideally 5 days) • Deployment should not occur until OA determines that evacuations or sheltering may extend for greater than 24 hours and an assessment of the health system has been conducted to determine there will be an increased demand for refilling prescriptions/DME. 	
<p>Pre-Planning Considerations:</p>	<p>Space Requirements:</p> <ul style="list-style-type: none"> • Clinical space (i.e., a private room or section of a shelter), which allows personnel to interview individuals for health information while complying with HIPAA. • The Pharmacy Cache will require a larger more secure space. An area that provides shelving or multiple tables for the organization of medications will be needed. <ul style="list-style-type: none"> • Pharmacy security and chain of custody: If medical operations are not 24/7, a process for securing medications will need to be established. • A medical team member will always need to remain with the cache if there is not a secure area. 	



MRC Mission Sets

Mission Set Title: Pharmacy Management Liaison/Pharmacy Cache for ACS (cont'd)

Resource Description: This resource supports medical operations and can be assigned as a stand-alone mission or as a role within an existing medical team/task force working in a shelter or Alternate Care Site (ACS).

Resource Components

<p>Pre-Planning Considerations:</p>	<p>Support Requirements:</p> <p>Work with local pharmacies during the preparedness and planning phases:</p> <ul style="list-style-type: none"> • Invite pharmacy staff to attend health care collation meetings and TTXs • Establish pre-planned processes and MOUs for resource provisions during disasters <p><i>Option:</i> Deploy this resource as a short-term mission to assist in evacuation centers, general population shelters, or at the Local Assistance Center for limited medical needs. Prescription medications refill assistance is of larger need or concern. The resource can be demobilized once most needs are met, the healthcare system shifts to normal operations, or other processes are established.</p> <p>The pharmaceutical cache is designed more for chronic disease management and minor illness and injury. There is no narcotic in this cache. The cache list can be submitted as a resource request in lieu of storing a pharmaceutical cache if there is the capability to obtain all resources in the operational area. This list can also be used as a “pick list” for a medical team to request only key medications to provide on-site for the management of medical needs. See tab 3, titled “Example Pick List” on the pharmacy cache excel workbook.</p> <p>OAs and/or medical teams can work with hospital pharmacies for the storage and management of a pharmaceutical cache. Hospitals in the healthcare coalition may be willing to store limited caches and rotate supplies to extend the shelf life of the cache while also being able to use their medication exchange policies. They will be able to alert teams to supply shortages and suggest substitute medications.</p> <p>Medical teams should consider purchasing multiple \$100 Visa Gift cards to utilize during a deployment for purchasing OTC medication and miscellaneous medical supplies such as glucose monitor strips, cough drops, and eye drops. This will allow more flexibility than a “p-card” while also tracking purchases for reimbursement.</p>	
<p>Limiting Factors:</p>	<p>General:</p> <ul style="list-style-type: none"> • State laws and regulations • Pharmacy availability/operating hours • Availability of medications • Availability of prescribing physicians • Ability to access patient records 	<p>General:</p> <ul style="list-style-type: none"> • Storage of pharmaceuticals • Cost • Expiration of medications/rotation • Availability of meds (shortages) • Security plan

References:

- FEMA Resource Typing NIMS 509: See Medical Team or Task Force; Public Health and Medical Support Team in a Shelter; Public Health and Medical System Assessment Team

Resources

View Contra Costa [Mission Set resources](#), which include:

- Job Action Sheets
- JITT PowerPoint
- Pharmacy Refill Form
- Pharmacy Cache List
- Pharmacy Cache Deployment Guide
- Sample MOU



MRC Mission Sets

Volunteer Coordination Lead Mission Sets

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Contra Costa MRC – Medical Volunteer Coordination

The Contra Costa MRC Unit Coordinator has worked with other regional MRC units, combining resources to fill staffing gaps and provide better operational coordination for the local Department Operations Center (DOC) and the regional coordinator. The experience of both the coordinator and the unit allow for best practices to be created and shared to improve response capacity and capabilities of other MRC units.

The Medical Volunteer Coordination Lead is an ideal mission task for a Medical Reserve Corps Coordinator. The skillsets they possess and their day-to-day functions provide the subject matter expertise needed to meet the unique needs of coordinating medical volunteers in a disaster. MRC Coordinators are familiar with medical volunteer credentials and liability, ESAR-VP systems, medical volunteer roles, and procedures for deploying volunteers. Additionally, if an MRC team or multiple teams deploy, the MRC Coordinator can oversee the team operations and serve as the Volunteer Agency Liaison coordinating with the DOC/EOC, potentially alleviating this role from the operational area.

Mission Set Title: Medical Volunteer Coordination For DOC/EOC/Field Site

Resource Description: This resource may be assigned to the Med/Health branch DOC/EOC (Operations or Logistics Section) or to Field Operations. The primary purpose of the Medical Volunteer Coordination Lead is:

DOC/EOC:

- Conduct call-down/polling for medical volunteer resources
- Coordinate shifts and schedules for medical site(s)
- Ensure medical volunteer resources have appropriate credentials
- Track, record, and report staff time for medical volunteers
- Assess for resource gaps, communicating with appropriate staff for other potential resources for medical volunteers (mutual aid)
- Coordinate with agencies/organizations with medical volunteers to communicate resource needs and mission details
- Assess sites for appropriate staffing ratios and need to add or reduce staffing
- Complete appropriate paperwork

Field Operations:

- Support all above activities
- Serve as primary point of contact and supervision for all medical volunteers
- Conduct on-site orientation/JITT
- Oversee medical operations on site serving as the liaison to the DOC/EOC
- Assess operations, compile data, and generate reports related to clinical operations and relay them to DOC/EOC
- If licensed, serves as the clinical lead at site(s), implementing plans, policies, and procedures for provision of medical services as detailed by the mission IAP
- If deployed as part of a team, Task Force/Medical Team Leader will deploy an entire team as resource and integrate team operations into the medical response plan on-site

MRC Mission Sets

Mission Set Title: Medical Volunteer Coordination For DOC/EOC/Field Site (cont'd)

Resource Components

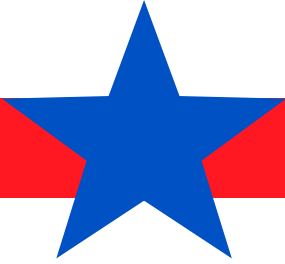
<p>Personnel: MRC Coordinator</p>	<p>Licenses or Certifications Required? No (with medical licensure, may serve as a clinical lead and coordinator for smaller events)</p> <p>Type: Can be ordered as a single resource or in conjunction with a deployed team. For OA using EMMA/EMAC Position Title refer to: Volunteer Coordination Unit Leader (Medical Specific)</p> <p><i>Or</i> Volunteer Agency Liaison</p> <p><i>Or</i> DOC/EOC MRC Unit Leader assigned under Operations or Logistics</p> <p><i>Or</i> Field Operations: Medical Team or Task Force Leader, Medical Team in Shelter Lead, Emergency Care Task Force Lead</p>
<p>Training Requirements & Previous Experience:</p>	<p>Completion of the following:</p> <ul style="list-style-type: none"> • Minimum: IS-100, IS-200, IS-700, IS-800 • Recommended (needed for type 2 & 3): IS 120, IS 235.b, IS-240.b, IS-241.b, IS-242.b, IS-244.b, IS 288 • Currently serves or has served as a Medical Volunteer Coordinator for at least 6 months <p>Type 2 & 3:</p> <ul style="list-style-type: none"> • Essential Emergency Management Concepts Course or G-626E, G-775, G-191, G-611, IS 230d • Served position during exercise or real event <p>Field/On-Site Deployment:</p> <ul style="list-style-type: none"> • ICS-300, ICS-400 & experience working at the field level (i.e., shelter, medical clinic, hospital, POD) <i>or</i> • Volunteer Reception Center Training (IS 288) <p>Minimum Experience:</p> <ul style="list-style-type: none"> • Serves as a medical volunteer coordinator for an MRC, NGO, or other agency • Understanding of medical roles, credentials, certifications, training, and experience for medical positions to be filled • Understands mission tasks for medical volunteers, including needed skills for duties to be performed • Experience creating schedules and filling multiple roles, shifts, and locations • ESARVP access and training • Call-back communication system training • Has resource tracking skills • Understanding of ESF 8 or works within local health department • DOC/EOC experience (served a role during an exercise or real event) <p>Preferred Experience:</p> <ul style="list-style-type: none"> • Operational understanding of Emergency Shelters or Alternate Care Sites (ESF 6/8), Points of Dispensing, mutual aid, logistics and resource requesting, supervisory experience

MRC Mission Sets

Mission Set Title: Medical Volunteer Coordination For DOC/EOC/Field Site (cont'd)

Resource Components

<p>Equipment Required (if not provided at DOC/EOC)</p>	<ul style="list-style-type: none"> • Cell phone/satellite phone (Consider cache of phones or 2-way radios for each medical site) • Laptop computer or other mobile device • Google Docs or other platform • Callback Communication System such as ESARVP, SANDS, Everbridge) • Wi-Fi Hotspot • Printer & paper • Extension cords • Clipboard, post-it notes, paper, stapler, pens, markers, paper clips • Table, chairs, white board • Signs (for staging/reception center) • Badge printer or IDs for personnel • Deployment binder • FEMA ICS Forms: 201, 202 ,204, 205, 205A, 206, 209, 211, 214, 221, 226 • Recommended if limited technology/power: <ul style="list-style-type: none"> • T-cards and rack • Printed maps • Mission-specific PPE • If deploying as team: team equipment, medical cache
<p>Deployment Timeline:</p>	<ul style="list-style-type: none"> • Able to deploy within 12 hours of the incident, or with the team when activated. Work 12 hours per shift; be deployable for up to 7 days, maybe extended for a total of 14 days (ideally 5 days). • More local incidents may require rapid deployment
<p>Requirements for Rotation of Personnel</p>	<p>Suggest requesting a minimum of 2 Medical Volunteer Coordination Leads for staffing 24-hour operations or modifying the shift to cover both operational periods and key hours of operation for medical sites. For example, working 1000-2200. If deploying with the team, recommend at least 24-hour overlap to provide orientation and shadowing of operations prior to demobilization.</p>
<p>Pre-Planning Considerations:</p>	<p>Related to Response:</p> <ul style="list-style-type: none"> • Volunteer Support: Lodging, meals, mileage reimbursement, working conditions • Volunteer Check-in and Training: Consider a reception/staging area if anticipating a large number of volunteers; multiple locations; need to distribute PPE or conduct orientation/JITT that cannot be performed at the work location. <p>Related to Resource Request:</p> <ul style="list-style-type: none"> • Space Requirements <ul style="list-style-type: none"> • Workstation at DOC/EOC • Lodging and meals • Field level deployment resources will be based on location and number of sites. The coordinator can be mobile and move to multiple sites or can be assigned to one location. • Support Requirements <ul style="list-style-type: none"> • Orientation to DOC/EOC and any resources within, such as computers, phones, copiers, fax machines, etc. • Provide familiarization to OA, plans, and resources needed to perform duties. • May need access to ESARVP or other volunteer management software. • Anticipate the need for admin or other support staff if there's a large number of volunteers or multiple locations. • Field Support <ul style="list-style-type: none"> • Access to location, identification, signage, and administrative workspace. • Equipment to run operational mission if not being provided by MRC team. • If using an MRC coordinator as ACS/Clinic lead or to supervise multiple locations, consider assigning a DOC/EOC liaison at each field site.



MRC Mission Sets

Mission Set Title: Medical Volunteer Coordination For DOC/EOC/Field Site (cont'd)

Resource Components

Limiting Factors:

N/A

References:

- FEMA Resource Typing NIMS 509: Medical Team Task Force Leader, Volunteer Agency Liaison, Medical Team in Shelter Lead.
- Cal OES STI EOC Position Credential Standards: Volunteer Coordination Unit Leader
- MRC [Sheltering Station Go Kits](#)
- Contra Costa County Emergency Operations Response Plan, 2018

Resources and Attachments:

Contra Costa Mission Set resources are [available on their website](#) and include the following:

- Job Action Sheet
- FEMA [ICS Forms](#)
- California [EMSA Deployment Operations Manual](#)
- Mission Request Form
- MRC Deployment Mission Details - single resource
- Contra Costa [MRC website](#)

MRC Mission Sets

Volunteer Coordination Lead Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Oklahoma Region 7, Tulsa MRC – Staging Liaison

The Oklahoma Medical Reserve Corps (OKMRC) is unique in the fact that it is a statewide system (e.g., one website, one volunteer application, one background check) that allows all 32 MRC units and the more than 6,100 volunteers within Oklahoma to easily respond across jurisdictional boundaries when local resources are overwhelmed and the local unit needs assistance. Oklahoma Region 7 – Tulsa County MRC is one of those 32 units within OKMRC.

Mission Set Title: Staging Liaison

Resource Description: Provide MRC Leadership for events, trainings, and responses when the local unit coordinator is unavailable.

Resource Components

Personnel:	<p>Licenses or Certifications Required? No.</p> <p>Type (use NIMS Resource Typing, if applicable)</p> <ul style="list-style-type: none"> Staging Liaison (Team Leader) may be deployed as a team or as a single resource
Training Requirements:	<ul style="list-style-type: none"> MRC Orientation ICS 100, 200, 700 Family/Personal Preparedness Staging Liaison Training CPR/First Aid/AED Psychological First Aid Stop the Bleed Training Culturally Competent Care
Equipment Required:	<ul style="list-style-type: none"> First aid kit/gloves (multiple sizes) Computer/iPad/power pack Printer Pens/Sharpies/highlighters Internet hotspot Hand sanitizer Tape/duct tape Stop the Bleed kit Digital camera Scissors/stapler/paperclips Portable/solar charger Forms (pre/post deployment surveys, 211s, 214, 205, etc.) MRC t-shirts and tablecloth/OKMRC vests 6’ table/chairs (2) Radios/phone Tent with weights (optional) Clipboard
Deployment Timeline:	<ul style="list-style-type: none"> Within 8-12 hours, locally Within 48 hours, outside local jurisdiction
Requirements for Rotation of Personnel:	<ul style="list-style-type: none"> Recommend shifts between 8-12 hours; not to exceed 12 hours. Volunteers should not be deployed for more than two weeks.
Pre-Planning Considerations:	<ul style="list-style-type: none"> Space needed depends on the deployment, usually a small check-in/staging location will work. Staging Liaison brings all their needed supplies. If requesting organization has additional supplies, the MRC will utilize as allowed.
Limiting Factors:	<ul style="list-style-type: none"> Restroom/handwashing facilities on-site or close by. Access to replenish supplies as they run out.



MRC Mission Sets

Resources:

- PFA: [Psychological First Aid](#)
- PFA [Field Guide](#)
- Self-Paced Trainings: [FEMA 100](#) / [FEMA 200](#) / [FEMA 700](#)
- OKMRC [Orientation](#) (log-in required)
- Think Cultural Health: [Culturally Competent Care](#)
- Family First: [Developing a Family Emergency Plan](#) (log-in required)
- Staging Liaison Training (in person class; presentation sent earlier)
- CPR/First Aid/AED Training (in person, recommend American Heart Association or American Red Cross)
- Stop the Bleed Training (in person; we use [BleedingControl.org](#) resources)
- OKMRC [Volunteer Handbook](#)
- Sample [Job Action Sheet](#) (Word document - will appear as a "download" in your browser)
- Pre- & Post-Deployment [Questionnaires](#)

MRC Mission Sets

Medical Surge Team Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Snohomish MRC – Medical Surge Teams

The Snohomish MRC has worked with Providence Medical Center (PMC) for several years and has trained with their employees. Recently, the medical center allowed MRC volunteers to register as PMC volunteers in a disaster, allowing nurses and other healthcare professionals to work within the scope of their practice in a disaster – a practice not allowed for general PMC volunteers. Snohomish MRC has also worked with PMC in regional training exercises and recognized the need to develop teams that could work in specific task areas in a disaster: Decontamination, Logistics, Communication, and Triage. Additionally, MRC volunteers provided staffing to a Tribal Clinic after the State Route 530 mudslide near Oso, WA and have exercised with Community Health Center Clinics.

Mission Set Title: Medical Surge

Resource Description: Volunteers who could provide both clinical and non-clinical support to hospitals and clinics after a disaster. Teams and single resources identified below would be deployed as requested (e.g., one Communication Team with a Telecommunicator and an Operations Center Technician OR three nurses to work on a Triage Team).

Resource Components

Personnel:	<p>Licenses or Certifications Required? Yes, for clinical volunteers.</p> <p>Type: (see Teams below)</p> <ul style="list-style-type: none"> Volunteers may be deployed as a team or as a single resource
Logistics Team:	<ul style="list-style-type: none"> Messenger/Supply Runner(s) - no certification needed Patrol Team Officer - no certification needed Imaging Technician - licensed as X-Ray Tech Housekeeping Aide - N/A Registration Aide - N/A
Communications Team:	<ul style="list-style-type: none"> Health/Medical Telecommunicator - General or Technician radio license Operations Center Technician - N/A
Triage Team:	<ul style="list-style-type: none"> Emergency Medical Technician (EMT) - licensed at national or local level Nurse (registered or licensed) - licensed as nurse Physician - licensed or certified EMT
Decontamination Team:	<ul style="list-style-type: none"> Decontamination Specialist - N/A Nurse (licensed nurse) or EMT (licensed or certified EMT)
Training Requirements:	<p>All personnel should have:</p> <ul style="list-style-type: none"> FEMA 100 / 200 / 700 / 800 Psychological First Aid FEMA 368 - Including People with Disabilities and Others with Access & Functional Needs in Disaster Operations FEMA 505 - Religious & Cultural Literacy & Competency in Disaster Bloodborne pathogens training JITT facility orientation training (incl. patient care, infection control, department-specific procedures)



MRC Mission Sets

Mission Set Title: Medical Surge (cont'd)

Resource Description: Volunteers who could provide both clinical and non-clinical support to hospitals and clinics after a disaster. Teams and single resources identified below would be deployed as requested (e.g., one Communication Team with a Telecommunicator and an Operations Center Technician OR three nurses to work on a Triage Team).

Resource Components

<p>Training Requirements (cont'd):</p>	<p>Logistics team:</p> <ul style="list-style-type: none"> • Messengers/supply runners should have training (just-in-time or prior) that orients them to the facility • Patrol Team Officer should have training in de-escalation, First Aid/CPR/AED, and Narcan <p>Decontamination team:</p> <ul style="list-style-type: none"> • Should complete annual training and exercise on decontamination procedures <p>Triage team:</p> <ul style="list-style-type: none"> • Should complete annual exercise on triage procedures within the facility <p>Communications/Operations Center team:</p> <ul style="list-style-type: none"> • Should be trained in the use of the computer-based hospital tracking tool used in the jurisdiction and should participate in annual exercises
<p>Equipment Required:</p>	<p>All volunteers should have the following minimum equipment:</p> <ul style="list-style-type: none"> • Uniforms that identify team assignment • Personal go-bag that includes clothing, toiletries, and medication, as needed. <p>Logistics team:</p> <ul style="list-style-type: none"> • Radio and/or cell phone • Map of facility • Gloves & hand sanitizer • Paper, pens, office supplies <p>Decontamination team:</p> <ul style="list-style-type: none"> • Decon tent supplied by facility • Decon PPE supplied by facility • Extra set of personal clothing and towels <p>Triage team:</p> <ul style="list-style-type: none"> • Medical bag to include stethoscope, blood pressure cuff, gloves, hand sanitizer • Forms from facility to document triage information • Radio and/or cell phone <p>Communications/Operations Center team:</p> <ul style="list-style-type: none"> • Forms from facility to document information received & transmitted • Radios, cell phones, laptop with internet connection • Paper, pens, office supplies



MRC Mission Sets

Mission Set Title: Medical Surge (cont'd)

Resource Description: Volunteers who could provide both clinical and non-clinical support to hospitals and clinics after a disaster. Teams and single resources identified below would be deployed as requested (e.g., one Communication Team with a Telecommunicator and an Operations Center Technician OR three nurses to work on a Triage Team).

Resource Components

Deployment Timeline:	<ul style="list-style-type: none"> Local Jurisdiction - Within 24 hours Outside Jurisdiction - Within 48 hours
Shift Rotations:	<ul style="list-style-type: none"> Volunteers should not be deployed for more than two weeks. Recommend shifts be between 8-12 hours, and not to exceed 12 hours.
Pre-Planning Considerations:	<p>Space Requirements:</p> <ul style="list-style-type: none"> Logistics team - N/A - will work within the facility assigned Decontamination team - outside area away from traffic or an unused garage area; size dependent upon incident Communications/DMCC team - indoor open space with at least 200 square feet Triage team - N/A - will work within the emergency department or other area of the facility <p>Support Requirements:</p> <ul style="list-style-type: none"> Decontamination team - must have access to a decon tent with all PPE/equipment Communication/Operations Center team - tables, chairs, internet connection (preferable but not required)

Resources:

- Examples of specialized training
 - De-escalation [training](#)
 - Decontamination [training/exercise](#)
- Examples of Job Action Sheets (JAS)
 - JAS - Communications Team - [Telecommunicator](#)
 - JAS - Communications Team - [Operations Center Technician](#)
 - JAS - [Decontamination Team](#)
 - JAS - [Logistics Team](#)
 - JAS - [Triage Team](#)
- Examples of Just-in-Time Training (JITT)
 - Facility handbook/[volunteer handbook](#)
 - Facility campus map (example - [Providence Medical Center](#))
 - Decon [JITT](#)

MRC Mission Sets

Medical Surge Team Mission Sets

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Midlands Public Health Reserve Corps - Patient Reception Area (PRA) for National Disaster Medical Systems (NDMS)

The jurisdictional area of South Carolina's Midlands Public Health Reserve Corps covers 12 counties with a population of approximately 1.4 million people and is housed by the South Carolina Department of Health & Environmental Control with 294 volunteers. Volunteers from the unit include experienced HAM Operators, who have been used in prior deployments to support POD operations, hurricane response, and other miscellaneous exercises and training events.

Mission Set Title: Patient Reception Area for National Disaster Medical System

Resource Description: Volunteers will be utilized in the PRA to assist patients being flown in from a disaster area. Those disciplines will be exercised and trained to meet the requirements set forth by the Federal Coordination Center (FCC) requesting the volunteers and will be held to that standard as defined in this document.

Resource Components

<p>Personnel: Operations Staff</p>	<p>Licenses or Certifications Required? Yes; if applicable, all volunteers will need to have licensure/certification or have reciprocity of state requesting the volunteer.</p> <p>Type Healthcare Resource Coordination and Support Team:</p> <ul style="list-style-type: none"> • Physician • Registered Nurse and/or APRN • Behavioral Health Specialist • Respiratory Therapist • Emergency Medical Technician and/or Paramedic • Administrator and/or IT • Social Worker • Interpreter • FCC Licensed Amateur Radio Operator
<p>Training Requirements:</p>	<ul style="list-style-type: none"> • All - Incident Command System: IS 100, 200, 700, and 800 • All - JITT for NDMS response based on discipline • All - MRC Core Competencies • All - Psychological First Aid • Clinical - HIPPA, Bloodborne Pathogens, and BLS • FCC Licensed Amateur Radio Operator - ICS Forms Review - Texas A&M Engineering Extension (Recommended)
<p>Equipment Required:</p>	<ul style="list-style-type: none"> • Clinical - stethoscope and scrubs (weather appropriate) • All - other equipment necessary to accomplish mission would be provided by community partners (e.g., cots, litters, Peds equipment, OB kits, generators, porta-potties, fuel, computers, tents) • Radios furnished by volunteer or included in trailer • Computers for patient tracking will be furnished by FCC
<p>Deployment Timeline:</p>	<p>12-24 hours</p>
<p>Rotation of Personnel:</p>	<p>12-hour shifts</p>



MRC Mission Sets

Mission Set Title: Patient Reception Area for National Disaster Medical System (cont'd)

Resource Description: Volunteers will be utilized in the PRA to assist patients being flown in from a disaster area. Those disciplines will be exercised and trained to meet the requirements set forth by the Federal Coordination Center (FCC) requesting the volunteers and will be held to that standard as defined in this document.

Resource Components

Pre-Planning Considerations:	<ul style="list-style-type: none">• Timely completion of required training• Space requirement will be based on NDMS agreement with facility receiving patients• Appropriate paperwork will be provided by NDMS or supporting agency• Orientation to facility and/or area hosting NDMS• Point of Contact (POC) with facility• Understanding of event and what type of patients will be received at PRA
Limiting Factors:	<ul style="list-style-type: none">• Availability of volunteers to deploy for 1-2 weeks (based on duration of responsibility)• Location and travel requirements, if out of state• Lack of funding for reimbursement purposes• Reciprocity of licensure between states

Resources:

- Information on the [National Disaster Medical System \(NDMS\)](#)
- ASPR TRACIE Topic Collection - [Patient Movement and Tracking](#)

MRC Mission Sets

Resiliency Mission Set (Disaster Behavioral Health)

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Snohomish MRC – Resiliency (Disaster Behavioral Health)

The Snohomish MRC is housed in the Snohomish Health District and covers all of Snohomish County, which is just north of King County (where Seattle is located). The county's area is 2,196 square miles, including urban and rural areas, and is home to over 780,000 people. It stretches from the Puget Sound to the Cascade Mountains. The Snohomish MRC has learned the importance of psychological first aid and having behavioral health specialists who can respond. In flooding events, MRC volunteers staffed emergency phone lines to people impacted by the flood. In 2014, chaplains and mental health professionals provided behavioral health support to responders in the State Route 530 mudslide near Oso, Washington.

Mission Set Title: Resiliency

Resource Description: Team of volunteers who can provide behavioral health support in the field (e.g., shelter, family assistance center, reunification center).

Resource Components

<p>Personnel:</p>	<p>Licenses or Certifications Required? Yes, see below.</p> <p>Type (NIMS Resource Typing is noted)</p> <ul style="list-style-type: none"> • Behavioral Health Chaplaincy Specialist (NIMS) - Chaplaincy Accreditation • Behavioral Health Specialist (NIMS) - Bachelor's in Behavioral Science • Behavioral Health Team Leader (NIMS) - N/A • Nurse (Registered or Licensed) - Graduate of accredited nursing program <p>Teams must include at least 2 persons and must include a Behavioral Health Team Leader; a full team of 4 is recommended. Additional teams may be needed depending on the number of survivors and the scale of the disaster.</p>	
<p>Training Requirements:</p>	<p>All personnel should have:</p> <ul style="list-style-type: none"> • FEMA 100 / 200 / 700 / 800 • Psychological First Aid • FEMA 368 - Including People with Disabilities and Others with Access & Functional Needs in Disaster Operations • FEMA 505 - Religious & Cultural Literacy & Competency in Disaster • MRC Orientation (includes training on bloodborne pathogens, HIPAA and core competencies) 	<p>Behavioral Health Team Leader should also have:</p> <ul style="list-style-type: none"> • FEMA 300 / 400 • Respiratory protection training (depending on incident) • Hazmat awareness training • FEMA 5.A - An Introduction to Hazardous Materials
<p>Equipment Required:</p>	<ul style="list-style-type: none"> • Uniforms that identify team • Handouts from PFA guide (enough copies to be able to distribute) • PFA field book • Laptop • Therapy dog (if available) 	<ul style="list-style-type: none"> • Go-bag to include: <ul style="list-style-type: none"> • Paper, pens, office supplies • 2 way-radios, cell phones, flashlights • Blood pressure cuffs, stethoscope • Disposable gloves, respirators, eye protection • Hand sanitizer



MRC Mission Sets

Mission Set Title: Resiliency (cont'd)

Resource Description: Team of volunteers who can provide behavioral health support in the field (e.g., shelter, family assistance center, reunification center).

Resource Components

Deployment Timeline:	<ul style="list-style-type: none"> • Within the jurisdiction - deployment within 24 hours • Outside the jurisdiction - deployment within 48 hours
Rotation of Personnel:	<ul style="list-style-type: none"> • Shifts should be within 8-12 hours, and no longer than 12 hours.
Pre-Planning Considerations:	<p>Space Requirements</p> <ul style="list-style-type: none"> • Resilience team would need an indoor space (approximately 500 square feet) <p>Support Requirements</p> <ul style="list-style-type: none"> • Interpreters, running water, food • Tables, chairs, privacy curtains • Internet and copiers if available
Limiting Factors:	<ul style="list-style-type: none"> • Volunteers should not be deployed for more than two (2) weeks. • Team will need to have food and lodging provided if they are more than one (1) hour from their home. • The team will also need transportation to and from the site (or reimbursement for travel) if the location is more than two (2) hours from their home. When calculating shifts, one must include travel time to and from the site for volunteers.

Resources:

- Examples of specialized training
 - Psychological First Aid - [PFA Field Guide](#)
 - FEMA [ICS-300](#) - classroom training also required
 - FEMA [ICS-400](#) - classroom training also required
 - FEMA Center for Domestic Preparedness - [Respiratory Protection training](#)
- Examples of Job Action Sheets (JAS)
 - JAS - [Behavioral Health Specialist](#)
 - JAS - [Behavioral Health Team Lead](#)
 - JAS - [Resilience Team Chaplain](#)
 - JAS - [Resilience Team Nurse](#)
- Examples of Just-in-Time Training (JITT)
 - Update on current situation (most recent Situation Report and Incident Action Plan)
 - Demographic information of community
 - Cultural training on community (e.g., [SAMHSA Culture Card](#))
 - Updated information on behavioral health and other resources in the community
 - Facility orientation, if applicable
- Online training
 - Hazmat Awareness training

MRC Mission Sets

Animal Response Mission Set

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Oklahoma Region 7, Tulsa MRC - Animal Response Team

The Oklahoma Medical Reserve Corps (OKMRC) is unique in the fact that it is a statewide system (e.g., one website, one volunteer application, one background check) that allows all 32 MRC units and the more than 6,100 volunteers within Oklahoma to easily respond across jurisdictional boundaries when local resources are overwhelmed and the local unit needs assistance. Oklahoma Region 7 - Tulsa County MRC is one of those 32 units within OKMRC.

Mission Set Title: Animal Response

Resource Description: The Animal Response Team works to house and care for animals in disasters/emergencies. This team can set up or augment an Emergency Animal Shelter for unowned animals due to natural or man-made disasters and can also care for owned animals during and after a disaster when the animals are unable to stay with their owners at their alternate housing locations.

Resource Components

<p>Personnel:</p>	<p>Licenses or Certifications Required?</p> <ul style="list-style-type: none"> • Yes - Doctor of Veterinary Medicine (DVM) and Veterinary Technician (VT) • No - general volunteers <p>Type: Type III or Type IV</p> <p>This team can range from a small core team (DVM, VT, and 3-4 general animal response volunteers) to a cadre of animal response volunteers depending on the size and scope of the operation.</p>
<p>Training Requirements:</p>	<ul style="list-style-type: none"> • MRC Orientation • ICS 100 / ICS 700 • Family/Personal Preparedness • Basic Animal Response Training
<p>Equipment Required:</p>	<ul style="list-style-type: none"> • Cages (various sizes) • Bowls • Slip Leashes / 6' slip leashes • Food (cat, dog, puppy, kitten: wet/dry) • Water • Laundry facilities • Dish washing facilities • Blankets/towels • Flea/tick medications • Microchips • Microchip reader • Heartworm prevention • Heartworm tests • Antibiotics • Syringes • Gloves • First Aid Kit (Human & Animal) • Rescue cleaner • Mop & bucket • Trash bags and trash cans • Poop bags • Bite gloves • Hand sanitizer • Zip ties • Heavy-duty zip ties • Page Protector • Cage cards • Rings to attach cage cards • Ziplock bags • 3-ring binders • Tape • Duct tape (various colors) • Printer • Dry erase boards • Dry erase markers • Digital camera

MRC Mission Sets

Mission Set Title: Animal Response (cont'd)

Resource Description: The Animal Response Team works to house and care for animals in disasters/emergencies. This team can set up or augment an Emergency Animal Shelter for unowned animals due to natural or man-made disasters and can also care for owned animals during and after a disaster when the animals are unable to stay with their owners at their alternate housing locations.

Resource Components

Equipment Required:	<ul style="list-style-type: none"> • Computer/Printer • Animal Response Sheltering Forms • Pens/Sharpies/highlighters • Internet hotspot • Hand soap, dish soap, laundry soap • Paper towels • Puppy pads • Aluminum pans (for litter boxes) • Litter • Cage cleaner • Bleach • Pill pockets (dog & cat) 	<ul style="list-style-type: none"> • Scissors • Restroom facilities for volunteers • Flashlights • Cell phone/charging station • Dolly/moving cart • Airline crates (various sizes) • Optional but very helpful: hog panels • Surge protector • Portable charger or solar-powered charger for cell phones/electronics • Stapler
Deployment Timeline:	<ul style="list-style-type: none"> • Within 8-12 hours, locally • Within 48 hours, outside local jurisdiction 	
Rotation of Personnel:	<ul style="list-style-type: none"> • Recommend shifts be between 8-12 hours; not to exceed 12 hours. • Volunteers should not be deployed for more than two weeks. 	
Pre-Planning Considerations:	<p>Space Requirements: Space must be large enough to support shelter set-up and operations, including enough room for species separation.</p> <p>Support Requirements: Electricity, water, heat/air, dish sink, washer & dryer access, toilet facilities, and refuse disposal area</p>	

Resources:

- Helping Animals & Their Owners in Disasters (in-person class developed by HEART)
- See [Job Action Sheets](#) listed in SOP (Word document - will appear as a "download" in your browser)
- Just in Time Training (given on site)
- Online Course: [Psychological First Aid](#)
- Psychological First Aid [Field Guide](#)
- Self-Paced Trainings: [FEMA 100](#) / [FEMA 200](#) / [FEMA 700](#)
- OKMRC [Orientation](#) (log-in required)
- Think Cultural Health: [Culturally Competent Care](#)
- Family First: [Developing a Family Emergency Plan](#) (requires log-in)
- CPR/First Aid/AED Training (in person; recommend American Heart Association or American Red Cross)
- Basic Animal Response Training (in-person training)
- Stop the Bleed Training (in person; we use [BleedingControl.org](#) resources)
- OKMRC [Volunteer Handbook](#)
- Questionnaires: [Pre- & Post-Deployment](#)
- Checklist: [Emergency Animal Sheltering](#)
- Forms: [Animal Intake and Small Animal Intake Exam](#)
- Forms: [CART Animal Bite Report](#) (Word document - will appear as a "download" in your browser)

MRC Mission Sets

Responder Rehab Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Manasota MRC – Firefighter Rehab Response Team Mission Set

The Manasota Medical Reserve Corps serves Manatee and Sarasota Counties in Southwest Florida. Manatee County’s population is approximately 385,000 and Sarasota County’s population is approximately 419,000—a combined total of 804,000. The two counties are a mix of urban and rural areas, with one major interstate running north-south through both counties. The Manasota MRC currently has just over 100 volunteers, with half being medical and half non-medical.

Mission Set Title: MRC Volunteers Firefighter Rehab Response

Resource Description: Trained team able to supplement firefighter rehabilitation operations activities under leadership provided by the local jurisdiction. Team is able to provide rehabilitative cooling of firefighters and others presenting with heat-related illness symptoms (e.g., headache, nausea, weakness, dizziness, fainting, muscle cramps, seizures, confusion) until either released for return to duty or transferred to appropriate level of care. Rehab can also be used to mitigate potential hyperthermia issues (e.g., rash, syncope, cramps, exhaustion, stroke) prior to illness.

Resource Components

Personnel:	<p>Licenses or Certifications Required? Yes.</p> <ul style="list-style-type: none"> • Required: First Aid • Preferred: Current CPR <p>Type: (use NIMS Resource Typing if applicable)</p> <ul style="list-style-type: none"> • Team Leader • RN • EMT (or Paramedic) • Logistics Support (x2)
Training Requirements:	<ul style="list-style-type: none"> • Level-2 Background Check • Required FEMA ICS coursework for local MRC team membership • Other local MRC team-specific training • Introductory and periodic rehab operations training (MRC-internal)
Equipment Required:	<p>Minimum equipment needed:</p> <ul style="list-style-type: none"> • Standard chairs (x6) • Rehab chairs (x4) • Minimum 18-ft, tandem axel enclosed trailer • Truck (4x4) with crew cab suitable for towing trailer • RV-type air conditioning unit(s) for trailer • Outlets, scene lighting, and 30A 120V shore-line power cord • Generator(s) for 30A 120V power • Misting fan(s) • Disposable bags for limb submersion • Coolers for ice <ul style="list-style-type: none"> • Items for monitoring vitals (e.g., blood pressure or temperature) • Forms for patient tracking and recording vitals • Tables for completing forms, map displays, ICS T-cards, etc. • Radios/walkie-talkies for intragroup communication • Reflective vests for staff • Fuel cans (safety type) for generator and truck fuel



MRC Mission Sets

Mission Set Title: MRC Volunteers Firefighter Rehab Response (cont'd)

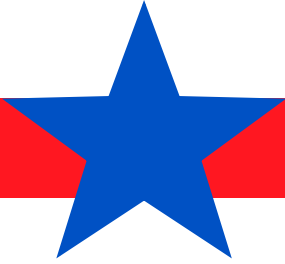
Resource Description: Trained team able to supplement firefighter rehabilitation operations activities under leadership provided by the local jurisdiction. Team is able to provide rehabilitative cooling of firefighters and others presenting with heat-related illness symptoms (e.g., headache, nausea, weakness, dizziness, fainting, muscle cramps, seizures, confusion) until either released for return to duty or transferred to appropriate level of care. Rehab can also be used to mitigate potential hyperthermia issues (e.g., rash, syncope, cramps, exhaustion, stroke) prior to illness.

Resource Components

Equipment Required:	<p>Recommended equipment:</p> <ul style="list-style-type: none"> • Small vehicle (e.g., golf cart or 4x4 ATV) for patient transport • Awning for trailer • Bed cover/topper for truck • Extendable equipment storage rack for truck bed • Radios with jurisdictional talk groups • Auxiliary Communications System (ACS) Ham Radio operator & equipment • Stopwatches for attachment to clipboards for patient rehab duration time tracking
Deployment Timeline:	<ul style="list-style-type: none"> • 2 hours after notification for local jurisdiction • 24 hours after notification for departure for mutual aid outside jurisdiction
Rotation of Personnel:	<p>Staff rotations every four (4) hours, on-site. Rotation outside of initial deployment team is geographically- & situationally-dependent.</p>
Pre-Planning Considerations:	<p>Space Requirements:</p> <ul style="list-style-type: none"> • Approx. 5ft x 5ft for each rehab chair, which includes working space for MRC personnel and supplies; can be reduced depending on trailer size. • Minimum 15ft W x 90ft L for truck & trailer staging (or min. 100ft L, if golf cart or ATV utilized) <p>Support Requirements:</p> <ul style="list-style-type: none"> • Source for ice replenishment, preferably near rehab site • Potable water source, preferably co-located with rehab site • Latrine facilities for MRC personnel • Hand-washing facilities for MRC personnel
Limiting Factors:	<ul style="list-style-type: none"> • Water supply/availability • Ice replenishment • Fuel replenishment • Change of staging/location due to any change/development of hot zones • Food, spare uniforms, tents, and other self-sustaining equipment & supplies will vary with duration and distance of deployment

Resources:

- FEMA - [Citizen Corps Firefighter Rehab Training Presentation](#)



MRC Mission Sets

Emergency Auxiliary Communications Mission Set

Mission Set: The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Midlands Public Health Reserve Corps - Emergency Auxiliary Communications

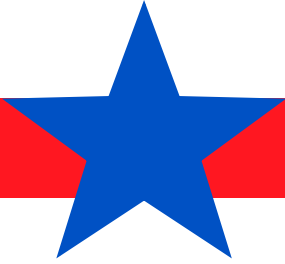
The jurisdictional area of South Carolina's Midlands Public Health Reserve Corps covers 12 counties with a population of approximately 1.4 million people and is housed by the South Carolina Department of Health & Environmental Control with 294 volunteers. Volunteers from the unit include experienced HAM Operators, who have been used in prior deployments to support POD operations, hurricane response, and other miscellaneous exercises and training events.

Mission Set Title: Emergency Auxiliary Communications - FCC Licensed Amateur Radio Operator

Resource Description: Volunteers will be utilized for redundant communication purposes in emergency response using HAM radios. These volunteers will be exercised and trained to meet the requirements set forth by the organization requesting the volunteers and will be held to that standard as defined in this document.

Resource Components

Personnel*: *Numbers determined based on the request of organization	Licenses or Certifications Required? Yes. All volunteers will need to have their FCC license (Technician, General, or Extra) Type: Land Mobile Radio Support Team - Communications <ul style="list-style-type: none"> FCC Licensed Amateur Radio Operator
Training Requirements:	<ul style="list-style-type: none"> Incident Command System - IS 100, 200, 700, and 800 MRC Core Competencies FCC Guidelines Just-in-Time Training for response AUXCOMM Training Psychological First Aid ICS Forms Review - Texas A&M Engineering Extension (Recommended)
Equipment Required:	<ul style="list-style-type: none"> FCC Licensed Amateur Radio Operator will need to bring their own radio equipment unless furnished by requesting facility Request for a communication trailer, either by HAM operators or other partner, would come from that organization Power supply, antennae, and tool kit are optional if no radio equipment is on-site (Go Kit) Weather-appropriate clothing
Deployment Timeline:	12-24 hours
Rotation of Personnel:	12-hour shifts
Pre-Planning Considerations:	<ul style="list-style-type: none"> Timely completion of required training Access to facility; readiness of equipment in facility Structure issues with facility (e.g., concrete vs steel) Space requirement will be provided prior to deployment based on size of trailer Room with appropriate size for equipment: 200-300 square feet Point of Contact (POC) with requesting facility



MRC Mission Sets

Mission Set Title: Emergency Auxiliary Communications - FCC Licensed Amateur Radio Operator (cont'd)

Resource Description: Volunteers will be utilized for redundant communication purposes in emergency response using HAM radios. These volunteers will be exercised and trained to meet the requirements set forth by the organization requesting the volunteers and will be held to that standard as defined in this document.

Resource Components

Limiting Factors:	<ul style="list-style-type: none">• Availability of volunteers based on duration of response and ability to deploy for one to two weeks• Location and travel requirements if out of state• Lack of funding for reimbursement purposes• Depending on severity of incident, ability to operate with current repeaters in affected areas
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Resources:

- FCC [Rules & Regulations](#)
- Training: [AUXCOMM Training](#)
- Information: [FCC License](#)
- Training: [ICS Forms Review](#)



MRC Mission Sets

Community Reception Center (Radiation Response) Mission Set

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

NACCHO MRC Workgroup - Radiation Response

The NACCHO MRC Workgroup developed this mission set with resources collected from Rocky Mountain MRC Unit #2532, MRC GEM Unit #71, and Philadelphia MRC Unit #297, as well as those identified in the supporting resource section. The focus of this community reception center is radiation response; however, this model can be used for other response efforts as well.

Mission Set Title: Radiation Nuclear Response Team for Community Reception Center

Resource Description: A radiation incident that impacts a large population will require planners to establish one or more community reception centers (CRCs) to assess people for exposure, contamination, and the need for decontamination or medical follow-up. In addition, some CRCs should be established at or near shelters. This team supports population monitoring and decontamination as part of a CRC, in response to a radiological event. The team will vary in size dependent on the response needs.

Resource Components

Personnel:	<p>Licenses or Certifications Required? Yes. Specialized training is required.</p> <p>Type: (use NIMS Resource Typing if applicable)</p> <p>Teams/Stations:</p> <ul style="list-style-type: none"> • Initial Sorting • First Aid* • Contamination Screening* • Wash • Pet Services (for pet-friendly CRCs) • Registration • Radiation Dose Assessment* • Discharge
Training Requirements:	<ul style="list-style-type: none"> • ICS-100: Introduction to ICS • FEMA IS-700: NIMS Introduction • Training on local jurisdiction’s CRC plan • Training on staffing a CRC (including medical examiner briefing) • Psychological First Aid • Recommended: vCRC - an interactive training program developed by CDC and ORAU that allows users to explore a virtual CRC and access templates for forms, job action sheets, and other planning materials
Equipment Required:	<p>All equipment will be provided by the Authority Having Jurisdiction over the CRC.</p> <ul style="list-style-type: none"> • For complete equipment list, see Appendix H in CDC’s Population Monitoring in Radiation Emergencies, A Guide for State and Local Public Health Planners, April 2014 • PPE for personnel working in stations located in the contamination control zone.
Deployment Timeline:	<ul style="list-style-type: none"> • Dependent on mission requirements, but ideally N+24-48 hours
Rotation of Personnel:	<ul style="list-style-type: none"> • Dependent on mission requirements - recommend 8 hours. • Some stations (e.g. contamination screening) should have shorter shifts (4-6 hours.)



MRC Mission Sets

Mission Set Title: Radiation Nuclear Response Team for CRC (cont'd)

Resource Description: A radiation incident that impacts a large population will require planners to establish one or more community reception centers (CRCs) to assess people for exposure, contamination, and the need for decontamination or medical follow-up. In addition, some CRCs should be established at or near shelters. This team supports population monitoring and decontamination as part of a CRC, in response to a radiological event. The team will vary in size dependent on the response needs.

Resource Components

<p>Pre-Planning Considerations:</p>	<p>Space Requirements:</p> <ul style="list-style-type: none"> • Minimum of 6,000 square feet of space for operations (reception, screening, and decontamination) and storage. Space should be secluded and securable. • Barriers or movable curtains to maintain privacy • Access to water/plumbing <p>Support Requirements:</p> <ul style="list-style-type: none"> • Equipment/Supplies <ul style="list-style-type: none"> • ADA accessible showers • Electricity • Tables • Chairs • Sources for supply replenishment • Communication <ul style="list-style-type: none"> • Compatible communication and integration with local medical systems • Briefings on needs of the incident, medical direction, and protocol • Wi-Fi • Other <ul style="list-style-type: none"> • Lodging - as needed for assigned staff • Meals - for all assigned staff • Information on community demographics and associated translation services • External security • Waste disposal services
<p>Limiting Factors:</p>	<ul style="list-style-type: none"> • Access to portal monitor/referral lists/resources • Replacement of consumable supplies and durable equipment • Reciprocity agreements and/or licenses • Medical protocol with local medical control • Access to 24/7 on-call physician, psychiatrist, dentist, public health officer, and/or veterinarian

Resources:

- CDC [Population Monitoring in Radiation Emergencies, A Guide for State and Local Public Health Planners, April 2014.](#)
- CDC [Radiation Emergency Training, Education, and Tool](#)
- CDC [Webpage for Radiation Responses](#) (features success stories videos, including with the GEM MRC Unit)
- CDC [Community Reception Center Exercise Toolkit](#) - contains planning materials, supply lists, scenario narratives, exercise templates, participant briefings and handbooks, and evaluation guides
- Community Reception Center (CRC) [Overview Video](#)
- Community Reception Center [Flow Diagram](#)
- CDC [Psychological First Aid in Radiation Disasters](#) - Supplemental training for people who have had previous training or experience in psychological first aid or disaster mental health
- MRC Well Check Webinar: [Nuclear and Radiological Preparedness and Response](#) (November 2016)

MRC Mission Sets

Family Assistance Center Mission Set

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

NACCHO MRC Workgroup - Family Assistance Center

The NACCHO MRC Workgroup developed this mission set utilizing local or state plans as well as the resources identified in the supporting resources section.

Mission Set Title: Family Assistance Center Task Force

Resource Description: A family assistance center (FAC) is a secure facility established following a mass casualty incident to provide information about missing or unaccounted persons and the deceased, and to provide a “one-stop shop” of services for victims and their loved ones. FACs may also offer assistance with mental health, spiritual care, and a variety of short-term and longer-term needs of affected family members. This team will consist of professionals such as behavioral health providers, as well as support staff.

Resource Components

<p>Personnel*:</p> <p>*Numbers determined based on the request of organization</p>	<p>Licenses or Certifications Required? Yes, see below.</p> <p>Type: (use NIMS Resource Typing if applicable)</p> <ul style="list-style-type: none"> • First Aid Group - Certified in FA/C PR • Spiritual Care Group - Licensed/Certified as Chaplain • Behavioral Health Strike Team - Licensed as a behavioral health professional • Interpretation/Translation Services Strike Team - Experience required, certification preferred • Registration & Badging Group - No certification required • Family Navigators Group - No certification required • Documentation Group - No certification required
<p>Training Requirements:</p>	<ul style="list-style-type: none"> • ICS-100: Introduction to ICS • FEMA IS-700: NIMS Introduction • Training on local jurisdiction’s FAC plan • Training on staffing an FAC (including medical examiner briefing)
<p>Equipment Required:</p>	<p>All equipment will be provided by the Authority Having Jurisdiction. Minimum equipment needed includes:</p> <ul style="list-style-type: none"> • Signage for stations and flow control • Clipboards, pens, and dispensing forms • Tables and chairs • Stanchions, as needed for flow control • Vests for FAC staff • Private areas for discussions with family members • Basic first aid supplies
<p>Deployment Timeline:</p>	<ul style="list-style-type: none"> • N+12 hours after notification for local jurisdiction • N+24 hours after notification for deployment outside of local jurisdiction
<p>Rotation of Personnel:</p>	<p>Staff rotations every 12 hours</p>



MRC Mission Sets

Mission Set Title: Family Assistance Center Task Force (cont'd)

Resource Description: A family assistance center (FAC) is a secure facility established following a mass casualty incident to provide information about missing or unaccounted persons and the deceased, and to provide a “one-stop shop” of services for victims and their loved ones. FACs may also offer assistance with mental health, spiritual care, and a variety of short-term and longer-term needs of affected family members. This team will consist of professionals such as behavioral health providers, as well as support staff.

Resource Components

Pre-Planning Considerations:	Space Requirements: <ul style="list-style-type: none"> Local FAC plan should address what space requirements are (e.g., hotel close to incident with lodging and meeting room space availability) Support Requirements: <ul style="list-style-type: none"> Local FAC plan should include all support requirements
Limiting Factors:	Local jurisdiction's ability to allow MRC volunteers from outside of the jurisdiction to participate

Resources:

- ASPR TRACIE [Family Assistance Center Fact Sheet](#)
- Los Angeles Family Information Center [Planning Guide for Healthcare Entities](#)
- Puget Sound [Victim Information and Family Assistance Annex](#)
- Washington, DC [Family Assistance Center Plan](#)
- Minnesota [Family Assistance Center Training Toolkit](#)
- eLearning Course: [Mass Casualty: Support and Response](#) eLearning Course for MRC Volunteers
- Mass Fatality Family Assistance Operations: [Recommended Strategies for Local and State Agencies](#)
- Website: [Understanding Critical Incident Stress Management \(CISM\)](#)



MRC Mission Sets

Resource Links

Along with the mission sets and specific resources, the following general resources and training links have been compiled to support volunteer development to support mission set capabilities:

Volunteer Training

- MRC Core Competencies [Training Plan](#)
- Online Course: [Psychological First Aid](#)
- Psychological First Aid (PFA) [Field Guide](#)
- Presentation: [Bloodborne Pathogens](#)
- Instructor-Led Training: [Basic Life Support \(BLS\)](#)
- Training: [De-escalation](#)

Shelter Operations

- Capital Area MRC, New Hampshire Regional Shelter Plan and Annexes Template: This plan was developed through the NACCHO MRC Challenge Award and is adaptable for regional or local jurisdictions. It includes comprehensive templates to build multi-partner shelter response plans, including job action sheets, shelter inventory lists, operations tasks list, pet sheltering operations, and forms. [View these instructions](#) on accessing the shared site and downloading the document.
- American Red Cross [Shelter Operations Manual](#)
- FEMA & Red Cross [Shelter Field Guide](#)
- FEMA Guidance on [Planning for Integration of Functional Needs Support Services in General Population Shelters](#)

ASPR TRACIE Topic Collections

The HHS ASPR TRACIE Topic Collections offer key resources under specific health and medical preparedness topics. The Topic Collections include peer-reviewed and other publicly- and privately-developed materials (e.g., fact sheets, technical briefs, articles, toolkits, webinars, plans). [View the full list](#) of Topic Collections.

Suggested Topic Collections to support Mission Set development include:

- Collection: [Access and Functional Needs](#)
- Collection: [Alternate Care Sites](#) (including shelter medical care)
- Collection: [Communication Systems](#)
- Collection: [Disaster Veterinary Issues](#)
- Collection: [Epidemic/ Pandemic Flu](#)
- Collection: [Family Reunification and Support](#)
- Collection: [Fatality Management](#)
- Collection: [Mass Distribution and Dispensing of Medical Countermeasures](#)
- Collection: [Mental/Behavioral Health](#) (non-responders)
- Collection: [Patient Movement and Tracking](#)
- Collection: [Pharmacy](#)
- Collection: [Responder Safety and Health](#)
- Collection: [Volunteer Management](#)



MRC Mission Sets

Conclusion

NACCHO appreciates and acknowledges the Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR) for providing financial support for the development of the MRC Deployment Readiness Guide, under cooperative agreement #6 HITEP150032-02-12, "Demonstrate Capability and Build Capacity in the Medical Reserve Corps."

The MRC Deployment Readiness Guide and tools included in the guide are available on the NACCHO MRC webpage at www.naccho.org/programs/public-health-preparedness/medical-reserve-corps.

For more information about the MRC program, visit www.mrc.hhs.gov and www.naccho.org/programs/public-health-preparedness/medical-reserve-corps.