Mission Ready Packages (MRPs)
A Resource Guide for Medical Reserve Corps Units

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NACCHO MRP Resource Guide for MRC Unit Leaders

Introduction

MRC Overview

The Medical Reserve Corps program was created to provide trained medical and non-medical volunteers to support local community public health, build community resiliency, and respond to public health emergencies when needed. Since the inception of the program in 2002, MRC Volunteers have proven their capability to support their local community and respond to public health emergencies at the local, regional, and state level.

Core missions of Medical Reserve Corps

MRC volunteers contribute to a variety of public health-related activities to support their communities on a day to day basis. These activities may include community outreach, training, education, or supporting ongoing local public health or medical needs in their community. This support helps build community resiliency and engage MRC volunteers in their community, build their experience base, develop relationships with community partners, and give them the necessary skills to prepare them for a potential emergency response role.

MRC units also engage in exercises with community partners, such as Community Emergency Response Teams (CERT), the American Red Cross, local fire/ emergency medical services, and law enforcement personnel, to ensure efficient and effective collaboration and operations during a real-life scenario. Trained and capable personnel available to respond to large scale emergencies are a scarce commodity and MRC volunteers can provide critical resources to support all phases of emergency management.

Phases of Emergency Management

The foundation of emergency planning is based on the National Incident Management System (NIMS) which provides a consistent, unified approach and language for multiple agencies, jurisdictions, and communities to work together to build, sustain, and deliver the core capabilities needed to achieve a secure and resilient nation.

Emergency management functions are generally grouped into four phases: (1) Mitigation, (2) Preparedness, (3) Response, and (4) Recovery. The grouping of emergency management functions is useful for classifying and conceptualizing activities for each of the phases. While useful for targeting

efforts and resources, the phases of emergency management are not distinct—activities in each phase often overlap. For example, recovery projects often include elements of mitigation and response often includes recovery measures. The phases are also cyclical in nature—lessons learned from an incident might be applied in preparedness efforts for future emergencies and major disasters.   (Bruce R. Lindsay, Coordinator, Congressional Research Service , 2012)

MRC units can provide support in varying capacities for any of the emergency management phases and can be examined through the lens of developing Mission Ready Packages for volunteers. For example in the **preparedness phase**, MRC volunteers provide community outreach to help educate the community on steps they can take to be prepared for emergencies and they participate in training and exercises to support community all-hazards plans. **Response phase** activities for MRC units or volunteers can include providing shelter operations support, medical surge support, or mass vaccinations. **Recovery phase** efforts may include providing assistance at Family Support Centers or supporting community assessments. **Mitigation phase** activities may include providing public education on how to be an active bystander during an emergency through trainings such as "Until Help Arrives" or how to administer Naloxone or Narcan to counter an opioid overdose. Keep in mind these activities are not defined to one particular phase, but can have elements that overlap between phases.
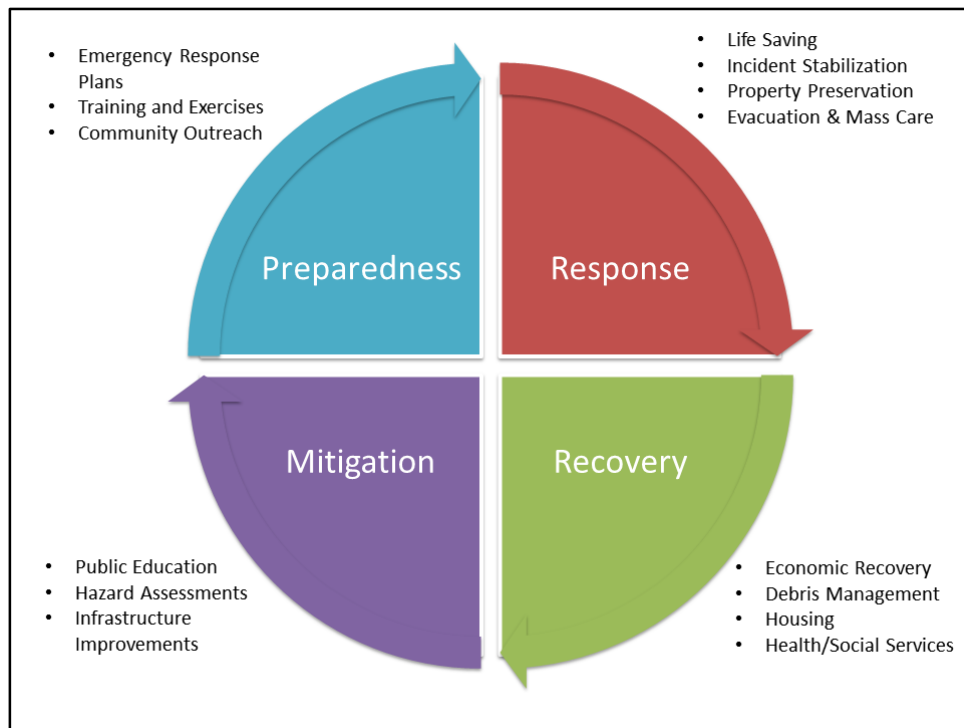
Phases of Emergency Management

The National Emergency Management Agency (NEMA) is an organization that provides resources and support to emergency managers and also oversees the Emergency Mangaement Assistance Compact (EMAC), which is the vehicle for state mutual aid. In 2014 the Mission Ready Package (MRP) model was introduced as a standardized template that outlines pre-identified resources available for emergency responses. MRPs provides a clear understanding of resources available and expedites the request for resources during emergency response operations when time is of the essence.

Although the MRP concept and template was originally developed for state-to-state resource sharing, MRC units can also use this concept to develop unit capabilities, train volunteers, and share their resource capabilities with local stakeholders and state emergency planners through a standardized tool.

Purpose of Resource Guide

This resource guide serves as a tool for MRC unit leaders to explore emergency response missions that they are able to support, understand how to align their capabilities with emergency response plans, develop MRPs, and use the MRP template to train and prepare volunteers for specific emergency response roles. In addition, MRC units can use MRPs to illustrate and promote their unit's capabilities when recruiting new volunteers. Potential new volunteers may be attracted to specific MRP missions that align with their interests, skills, or experiences. MRPs provide a model to develop focused training, engage MRC volunteers in a meaningful mission, build cohesion and strengthen the image of the MRC as a capable response resource.
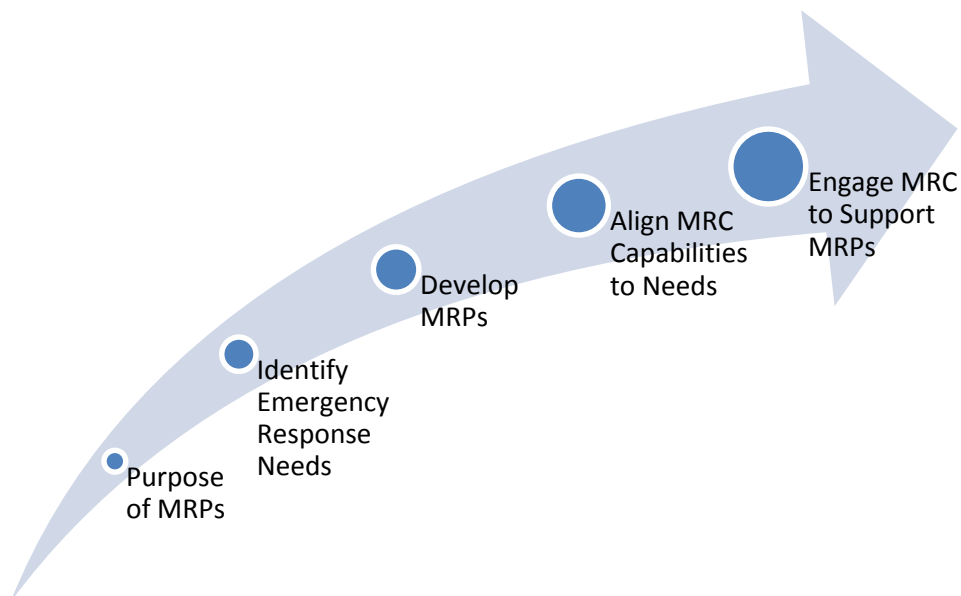
Goals of the MRP Resource Guide for MRC Unit Leaders

Purpose of Mission Ready Packages

This resource guide is intended to guide MRC unit leaders through the process of understanding and identifying local emergency response needs, develop their unit capabilities, and provide an opportunity to support their local community response needs, as well as the originally intended purpose to support EMAC requests.

Evolution of Resource Sharing

Every emergency provides an opportunity to examine the challenges and lessons learned in an effort to improve processes in the event of another emergency. In 1992, when Hurricane Andrew devastated Florida, it became apparent that even with federal resources, states would need to call upon one another during similar large scale emergencies to provide the needed response resources. This eventually led to the Emergency Management Assistance Compact, known as EMAC, which provides a state-to-state mutual aid agreement. The EMAC system is a nationally adopted state-to-state mutual aid compact that establishes the legal system to facilitate the sharing of resources across state lines during times of emergency or disaster. The EMAC is implemented and executed by the state emergency management agencies on behalf of the Governors.

The National Emergency Management Association (NEMA) became the administrator of EMAC in 1995. In 1996, EMAC became Public Law (PL-104-321) when the U.S. Congress ratified EMAC. State membership of EMAC was voluntary, and not all states immediately joined EMAC. After the events of 9/11 there was considerable momentum and all 50 states became members of EMAC, along with the District of Columbia, Puerto Rico, US Virgin Islands, and Guam.

When Hurricane Katrina struck the Gulf in August of 2005; NEMA facilitated the largest mobilization of resources in EMAC's history. From the concept of "neighbor helping neighbor," EMAC matured into an effective and efficient all-hazards - scalable emergency response tool. Over 67,000 personnel were deployed through EMAC in response to hurricanes Katrina, Wilma, and Rita with

MISSION READY PACKAGES

MRPs are a standardized tool that streamline the process for emergency managers to identify and request resources during an emergency and get the resources where they need to be as soon as possible.

- MRP's are developed prior to an emergency.
- Resource providers complete the MRP based on resources they have available (personnel, equipment, or both).
- MRC units can be a resource provider and develop MRPs based on their capabilities.
- State Emergency Managers are responsible for MRPs developed for EMAC use (state mutual aid).
- Local Emergency Managers can use MRPs as a tool to develop and pre-identify local resources.

estimated costs that exceeded $800 million. This epic hurricane season resulted in many lessons learned and improvements to our national mutual aid system, including the initial concept of Mission Ready Packages (MRPs).

State Emergency Planners now have the option to "shop" for EMAC response resources, in the form of an MRP, through the Mutual Aid Support System (MASS 2.0). Only State Emergency Managers have the authority to request MRPs through EMAC or enter an MRP in the MASS system.
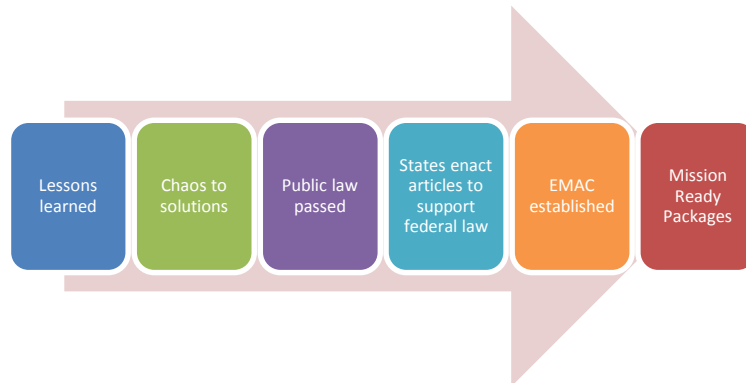
Evolution of Mission Ready Packages for Emergency Responses

Using MRPs for Local or In-State Emergency Responses
Although MRPs were developed for State emergency resource sharing, they can also be developed for use at the local or regional level within their state. Local jurisdictions have mutual aid agreements with their surrounding jurisdictions for police, fire, and EMS support, but may not be taking into account the resources available through local MRC units. MRC units can work with their local emergency managers to identify resource gaps and develop MRPs based on their capabilities. By using the MRP model and template, MRC units and emergency managers are using a standardized template to develop and build their emergency response resources toolkit.

MRPs developed for use at the local level are not entered into EMAC's MASS system and should be considered a local response resource following guidelines established by local jurisdictions. Local jurisdictions will determine how local MRPs are developed, deployed, and utilized to streamline their emergency responses.

Identify Emergency Response Needs

The first step in developing an MRP is understanding the types of emergency responses that may impact your local community or state and determining the necessary resources to respond. All emergencies have the potential to impact public health, and MRC volunteers can help fill the gap of resources available to respond.

Mission Ready Packages can be developed to support any type of emergency response where a specific response requirement is anticipated. For example, emergency planners often have plans in place to open shelters to members of the community that may be displaced from their home during severe weather, such as hurricanes. An MRP can be developed to provide medical support to a general population shelter. Communities may not have the resources in place to open a medical shelter, but recognize the need to provide the basic medical needs in a general population shelter, such as monitor and manage communicable conditions, provide basic health needs, provide medical and psychological first-aid, monitor individuals with medical or mental health conditions, and coordinate with supporting agencies as needed for individuals that require additional care or treatment.

Emergencies can be categorized in three different types of hazards: diseases that impact large populations, man-made emergencies, and natural disasters. It may be useful to look at these three categories to identify the emergency threats that may impact your community or region.

Diseases	Man Made	Natural Disasters
Pandemic Influenza	Anthrax	Hurricanes
Vaccine Preventable Outbreaks	Bridge Collapse	Flooding
Zika	Bombings	Tornadoes
Ebola	Mass Shootings	Mudslides
	Chemical or Radiation	Wildfires
		Earthquakes
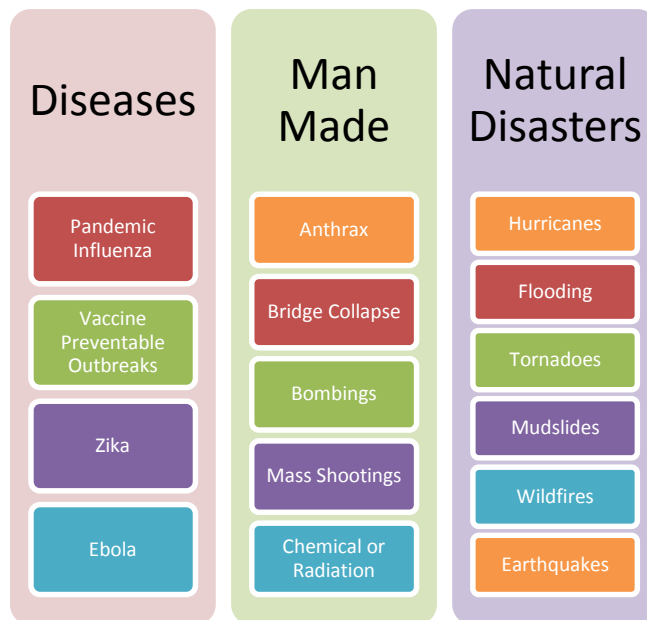
Examples of Emergency Responses that Can Impact Public Health

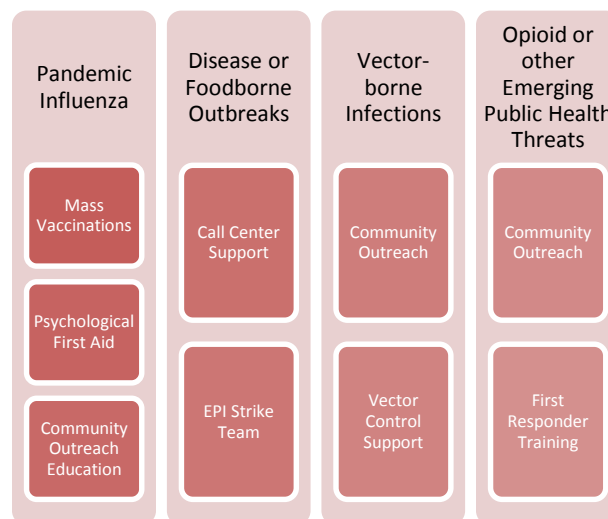When looking at the different types of emergencies, there are several types of response needs that MRC units can potentially support or may already be supporting. The response missions included in this guide are some examples of response support that MRC units are already providing.

Diseases

Communicable or infectious diseases can be an everyday occurrence, but can become an emergency when large sectors of the population are impacted. Pandemic Influenza is a scenario that many MRC units plan and prepare for, and often times provide non-emergency support through seasonal flu clinics. These non-emergency support missions help build capability and test emergency response plans. Psychological First Aid is a response role that would be critical in the event of a large scale pandemic. Community outreach is a response activity thatdisseminates critical information during the emergency.

Disease or foodborne outbreak support from an MRC unit may include call center support to help answer public inquiries, an Epi strike team to help with the epidemiological investigation of an outbreak where there may be a large number of outgoing calls that need to be made, or other support tasks to assist in a large scale investigation. Vector-borne infections, such as the Zika virus, can present missions for MRC units and volunteers, such as targeted community outreach to vulnerable populations or vector control support.

As other public health threats emerge, such as the opioid epidemic, MRC units can tailor their capabilities to meet the needs of their community, such as providing training to emergency first resonders on how to identify an overdose and administer lifesaving overdose reversal medicine, providing community outreach and education to targeted populations.

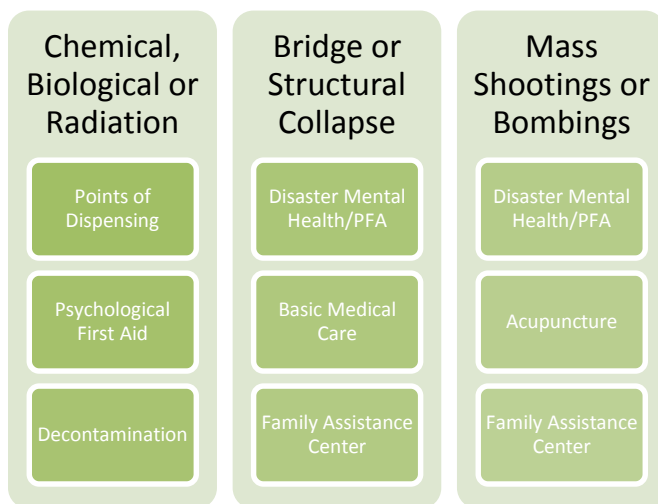| Pandemic Influenza	Disease or Foodborne Outbreaks	Vector-borne Infections	Opioid or other Emerging Public Health Threats
Mass Vaccinations	Call Center Support	Community Outreach	Community Outreach
Psychological First Aid			
Community Outreach Education	EPI Strike Team	Vector Control Support	First Responder Training

Examples of Disease Related Response Support

Man-Made

Man-made emergencies are typically no-notice events, so you will see a much different set of response missions for these types of emergencies or disasters. The MRC serves as a supplemental support to existing response resources, so common response teams for a no-notice event include supporting the emotional toll that a large scale or traumatic event may create. In some cases, MRC units have evolved to help augment first responders and provide basic first-aid support. An example of these types of responses is the bridge collapse that happened in Minneapolis in August of 2007 or the Boston Marathon bombing in 2013. These large scale emergencies quickly tapped out local resources, and MRC volunteers were able to provide support in various capacities.

States that include major arteries for the transport of chemical or hazardous materials may be prone to spills and the resulting emergency impact on their community. MRC volunteers can be trained to help support extended decontamination operations.

Chemical, Biological or Radiation	Bridge or Structural Collapse	Mass Shootings or Bombings
Points of Dispensing	Disaster Mental Health/PFA	Disaster Mental Health/PFA
Psychological First Aid	Basic Medical Care	Acupuncture
Decontamination	Family Assistance Center	Family Assistance Center

Examples of Man Made Response Support

Natural Disasters

Natural disasters responses are the most frequent emergency response activity reported by MRC units as reported in the 2017 MRC Network Profile.Recent studies also indicate that community members are more worried about natural disasters impacting their community versus a terrorist attack. In large scale natural disasters families or individuals may be displaced from their homes for extended periods of time. Although the Red Cross typically has the primary mission to run shelter operations, MRC volunteers often assist in a support role to provide medical, mental health, pharmacy, and animal care support for community members displaced from their home. MRC units may be able to provide tetanus shots after

major disasters, provide responder rehab for extended response missions, assist with volunteer reception centers, or provide emergency treatment for animals displaced or injured. MRC units training may also have the capability to provide support with back-up communication systems, such as ham radios, for potential wide-scale destruction of critical communication infrastructures.

Severe Weather	Wildfires	Earthquakes
Shelter Operations Support	Large/small animal treatment	Medical Surge Support
Volunteer Reception Center	Shelter Operations Support	Shelter Operations Support
Vaccinations	Responder Rehab	Communication - Ham Radios
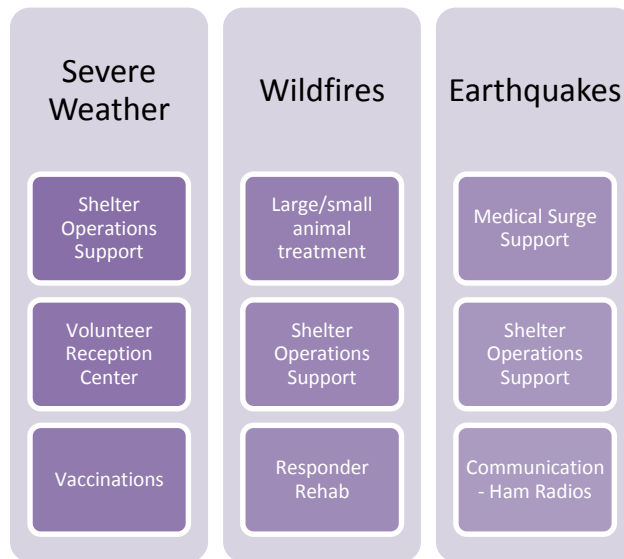
Examples of Natural Disaster Response Support

Developing MRPs for EMAC, State, Regional or Local Jurisdictions

The steps to develop MRPs for local, regional/ in-state or EMAC use should align with the response needs at those jurisdictional levels and be developed in collaboration with the appropriate stakeholder. MRC unit leaders should have a clear understanding of the response needs, the capabilities of their MRC unit, and the deployment requirements to develop and fulfill an MRP.

Interstate MRPs (EMAC)	State or Regional MRPs	Local MRPS
•Deployed outside of state •Entered into EMAC •State Emergency Management approves •State MRC Coordinator approves use of MRC Volunteers •State provides liability protection for volunteers •Requesting state covers expenses related to MRP	•Deployed within state •State Response Plans •State Emergency Management approves •State MRC Coordinator approves use of MRC volunteers •State provides liability protection for volunteers •State covers expenses related to MRP	•Deployed locally •Local Response Plans •Local Emergency Planners, Hospital Coalition, or other supported agencies approves use of MRC •Local MRC Unit Leader develops MRP and use of volunteers •Local provides liability protection for volunteers •Local jurisdiction covers expenses related to MRP

Developing MRPs for EMAC, State/Regional, or Local Level Responses

Interstate (EMAC) Responses

MRC units that are interested in submitting an MRP to the EMAC system should coordinate with their State MRC Coordinator. Only the State Emergency Manager has the authority to enter an MRP into the EMAC system. They can identify the medical or public health MRPs submitted into EMAC by their state and work alongside State MRC Coordinators to develop or identify MRPs that can use volunteer as resource providers. The State MRC Coordinator will also ensure that administrative and legal protections are in place for volunteers deploying outside of their state.

State or Regional (In-state) Responses

MRC unit leaders should also coordinate with their State MRC Coordinators for the development of MRPs for use within the state or at a regional level. MRC State Coordinators are responsible for oversight of MRC volunteers within their state and the development of state volunteer resources. It is

also their responsibility to coordinate with Emergency Managers to ensure resources are properly aligned across jurisdictions within their state and within administrative guidelines for in-state deployments of volunteers.

Local Responses

MRC units that choose to develop MRPs at the local level should work directly with their local emergency planner, healthcare coalition, or other community stakeholder to identify response needs that the MRC could support. The State MRC Coordinator should be informed of the process for situational awareness and support as needed. The MRP is maintained at the local level with ongoing coordination between the MRC unit and the supported agency to ensure resources identified meet their needs.

Volunteer Liability and Credentialling Considerations

Volunteer liability and credentialling is a factor to consider when developing MRPs to deploy volunteers outside of their local jurisdiction, deploy volunteers that require verification of licenses, and to fulfill credentialing requirments for a medical treatment facility. Proper liability protection for volunteers must be in place to protect volunteers. MRC units can contact their State MRC Coordinator for additional guidance. In addition, emergency legal resources can be found in the ASPR TRACIE Volunteer Management Topic Collection, https://asprtracie.hhs.gov/technical-resources/74/volunteer-management/60 .

Boston MRC volunteers participating in a full-scale National Disaster Medical System exercise at Boston Logan International Airport.

Aligning MRC Capabilities to Local Emergency Response Needs

Collaborate with Emergency Planners

Pre-identifying deployable resources in the form of MRPs can be mutually beneficial for both emergency planners and MRC units. Working with emergency planners, healthcare coalitions or other agencies, MRC units can match their volunteer capabilities to response needs and develop MRPs for which they can be a resource provider. The emergency planner will have a clear set of deployable resources they can add to their plans and MRC units will have clearly defined missions for volunteers.

For example, with the increase of national high profile terrorism incidents in the last decade, a community may be examining their ability to provide immediate and follow on mental health to individuals impacted by a terrorist attack. They have determined that their workforce may not be sufficient and response needs may exceed their workforce capacity. They have reached out to their local MRC unit to see what their capabilities are.

Process to Align MRC Capabilities to Emergency Response Needs

Identify Volunteer Capabilities

Once the response needs have been identified, an assessment of MRC capabilities is done to match them with the response resources needed. In this example of providing disaster behavioral health response, the local MRC unit confirms that they have volunteers with professional mental health backgrounds in their roster.

The MRC unit leader and emergency planner discuss the role of the volunteers, how will they be utilized during a response, how soon would they need to be deployed, what would the task organization look like during a deployment, would they deploy as a team or be attached to another response resources. These types of questions will help the MRC unit build their MRP in alignment with the community's needs.

Align Capabilities with Response Needs

Once the mission requirements of the MRP have been determined, the next step is to identify volunteers that meet the requirements, have the potential to meet the requirements, and are interested in supporting the MRP. Depending on the type of response and personnel requirements, there may be specific educational or licensure requirements that will help determine the unit capabilities or steps that need to be taken to meet the personnel staffing requirements. Understanding the requirements for the MRP will guide the development of a training plan for the volunteers, identify what roles on a team the volunteer is capable of fulfilling, and ensure the volunteers are prepared for the mission.

For example, an MRC unit may have 20 volunteers with mental health experience, but some may not have had incident command system training (ICS), they have been out of the workforce for several years, or they may need training in Psychological First Aid. A volunteer with extensive ICS training and experience would fulfill a leadership or supervisory role versus one with little or no ICS background. MRP personnel may also need to have Psychological First Aid training to support the mission, so MRC unit leaders would need to verify the training for all team members or ensure they receive the training. Volunteers that have been out of the workforce may still be able to fulfill a role on the team if they have maintained their professional licenses or meet other requirements to serve in a non-professional role.

Train Volunteers

Volunteers that support a specific MRP not only have to meet professional education requirements, but also have the minimum training and skills to be a successful member of a deployment team. Training in NIMS and ICS should be a minimum requirement. The MRC Core Competencies can also provide a solid baseline of training, especially for those in a leadership role. MRC unit leaders should develop a training plan for volunteers fulfilling roles for MRP missions to ensure they meet the baseline requirements as well as role specific training.

For example, a training plan for a mental health team may include a minimum training requirement for ICS 100, ICS 700, and Psychological First Aid. Since ICS courses can be taken online, the unit may also require team members to take an in-person refresher course and use it as an opportunity to train further on their specific roles within the MRP. The unit training plan may also include a refresher course every two years for Psychological First Aid training.

Exercise Mission

MRC unit leaders should identify opportunities to participate in training exercises or activities that position volunteers to serve in roles that align with the MRP. The hands on experience in an exercise learning environment will provide a clearer sense of the expectations of the mission, build relationships with team members and community partners, and build the capability of the volunteers to perform the mission. Exercises also provide an opportunity for volunteer performance assessments by unit leaders.

For example, a MasCal exercise is planned to test medical surge response capabilities which includes personnel from EMS, Fire, Law Enforcement, Hospitals, as well as community members serving as patients. MRC volunteers identified to support a mental health MRP can be integrated into the exercise to give them experience in understanding their role in a response mission, implement PFA PFA principles, and build relationships with community partners.

Large community events can also provide opportunities to develop MRP teams in the absence of formal training exercises. For example, a disaster behavioral MRP team can be positioned at First Aid stations for large events. Although they may not be providing First Aid treatment, they are a resource on hand to provide mental health support in the event of missing children or an unexpected situation, such as an active shooter. Their participation in community events also gives them an opportunity to work with team members and other community partners and develop their deployment skills.

Ongoing Assessment

It is important for MRC unit leaders to establish a system to assess the capabilities of volunteers identified to support MRPs to ensure the unit is capable of performing the mission. Volunteer attrition is a factor to consider in maintaining a roster of available volunteers and highlights the need to establish ongoing MRP capability assessments. A capability assessment should be conducted periodically to remove inactive volunteers, identify training priorities for the MRP team, and identify recruitment needs for the team. Factors to consider during capability assessments should include verifying education and training requirements, verifying licenses if required, participation in exercises or MRP related activities, and periodic self-assessment surveys for volunteers to ensure they are still committed and capable of fulfilling the mission.

Engage MRC Volunteers for MRP Missions

Identifying and training MRC volunteers to fill MRPs provides a mission-focused opportunity for MRC volunteers to set goals, participate in specialized training, and be prepared to assist in major disaster responses. Having trained MRC volunteers to support MRPs also supports building a strong and resilient community while providing personal growth opportunities for volunteers.

It is important to have trained and available volunteers ready to source an MRP with very little notice. For the safety of the MRC volunteers and to ensure they properly support the disaster response, MRC units need to ensure they are sending only trained and qualified volunteers and ensure they follow their local or state emergency agency guidelines.

Volunteer Criteria

- Meet the MRC Core Competencies or equivalent baseline training
- Understand the mission of the specific MRP and their response role
- Experience or training in fulfilling the duties required
- Meet the credential and training requirements of the MRP
- Be physically and emotionally able to deploy
- Participate in a training exercise within the last 12 months

Training Volunteers

- Develop a training plan and refresh courses periodically
- Conduct MRP related training as needed to keep skills fresh
- Assess performance of volunteers yearly
- Develop and train a pool of volunteers to allow for attrition
- Train with other local response agencies
- Periodically test alert and activation process
- Maintain roster of qualified volunteers available for deployment

Benefits

- Builds a cohesive and capable response resource
- Volunteers build their personal skills
- Volunteers understand their role in the unit
- Volunteers will appreciate the value of their role in serving their community

Developing MRC Volunteers for Mission Ready Packages

The MRP Template

The MRP is an Excel template developed by NEMA for the EMAC system and is available on the EMAC website. Using it as a tool at the State or local level provides planners with a standardized tool and promotes visibility across jurisdictions of the capabilities of the MRC.

MRC units developing an MRP should include as much information as possible about the resource when complete the MRP template. This will provide emergency planners with a clear understanding of the resource capabilities, limitations they may need to address to support the resource, and applicable costs of the resource. As the "resource provider" MRC units are responsible for completing the MRP template. MRC unit leaders developing an MRP are encouraged to review examples of established MRPs through their state or the Medical and Publich Health MRPs that are posted on the EMAC website.

The MRP template includes a cover sheet plus five work sheets:

Cover sheet describes the mission package and resources included

Worksheets to list and track five cost factors:

- Travel
- Personnel
- Equipment
- Commodities
- Other

MRP Cover Sheet

The cover sheet provides a detailed description of the resource, the number and types of personnel, any equipment that may be included, and also aggregates costs and data from the supporting worksheets.

The MRP Cover Sheet includes the following information:
- Mission Ready Package title,
- resource owner/provider information,
- NIMS resource type,
- details on resource capabilities,
- deployment timeline,
- resource footprint,
- logistics support needed,
- limitations to the resource,
- cost estimates,
- number and types of personnel,
- equipment, commodities, and
- other expenses.

MRP Supporting Work-sheets

Include information on travel expenses, personnel, equipment, commodities, and other information. These worksheets can be used to project costs pre-deployment and capture actual costs post deployment. Depending on the MRP, not all worksheets may be applicable.

Travel: Includes projected costs for personal vehicle, rental vehicle, government vehicle, air travel, meal expenses, lodging, parking, and shipping or transportation costs for equipment.

Personnel: Includes lines for types personnel included and costs associated with salary, benefits, overtime, and number of days on mission. Although MRC volunteers would be deployed in a volunteer capacity, this is an opportunity to capture the dollar value of their response support.

Equipment: Includes lines for equipment, descriptions, cost per item, quantity, projected/actual per day costs for rentals.

Commodities: Includes lines for commodities (expendable supplies) cost per item, quantity and total costs.

Other: Includes lines for items not captured under equipment or commodities, such as mobile phones, laundry, vaccinations, equipment rentals etc. Costs captured at per item, quantity, or per day costs.

Using FEMA's NIMS Resource Typing and Credentialling

When developing your MRP, it is important that the capabilities of the resources included are clearly identified so that everybody involved in the planning and response for emergencies has the same understanding of the resources available to them. One way to ensure a common understanding of the capabilities is to refer to the NIMS Resource Typing Library Tool (RTLT). This tool will provide you with definitions and categories for resource types and uses a common language for mobilization of resources. It also provides a minimum set of critieria that should be used for specific job titles.

Resources (personnel or equipment) included in MRPs do not have to align with NIMS resource typing, but it is a helpful reference. For example, if you are developing a strike team to support mass vaccinations you can search the NIMS medical and public health credential catalog, which includes Mass Dispensing Team Leader and Vaccinator positions. The catalog includes a description of the position, education, training, certification, licensing, and any other recommendations to ensure the person fulfilling this role meets FEMA's recommended guidelines. You can include these baseline guidelines in your MRP, but use a different position title that aligns with your jurisdictions emergency response plans.

Where to find MRP template resources:
1) *NIMS Resource and Typing Library and Toolkit can be found here:*
   https://rtlt.preptoolkit.fema.gov/Public
2) *MRP Excel templates are available for download from the EMAC website, as well as examples of Medical and Public Health MRPs that have been developed for EMAC use at:*
   https://www.emacweb.org/
3) *Examples of MRC Templates are available for download from NACCHO:*
   http://www.naccho.org/programs/public-health-preparedness/medical-reserve-corps or
   http://www.naccho.org/resources/toolbox

Sample EMAC MRP Template

The EMAC website has sample MRPs available that can be used by State Emergency Managers or other agencies interested in developing an MRP. Below is an sample MRP for a Behavioral Health Team, along with guidance on how to complete the different sections of the MRP.

<table>
<tr><td colspan="2"></td><td align="right">2011-25</td></tr>
<tr><td>Assisting State Emergency Management Mission Reference Number:</td><td></td><td></td></tr>
<tr><td>Resource Provider Tracking Number:</td><td></td><td></td></tr>
</table>

NOTE: Development of a Mission Ready Package (MRP) does not guarantee deployment on an EMAC mission through your state emergency management agency (SEMA). Coordinate development of the MRP with your SEMA. National Incident Management System (NIMS) Resource Typing is not a requirement for developing an MRP under EMAC as all resources are valuable. All costs are estimated based on current data and should be validated at the time the MRP is requested. Costs may vary from the costs estimated in the MRP or the actual costs incurred during the deployment. Therefore, maintain the MRP in an operational state of readiness to facilitate both deployment and reimbursement requirements.

1. MRP Title:	Behavioral Health Team

2. Resource Provider / Agency Name:					
3. Location:	Address:				
	City:				
	State:		Zip:		
4. Point of Contact:	First Name:		Last Name:		
	Phone:		Mobile:		
	24-hr Phone:		Email:		

5. NIMS Resource Typing (if applicable):

NIMS Category:		Kind:		Type:	
Components:					
Metrics:					

If using the NIMS Resource Typing Library Tool (RTLT) include the information here.

6. Identify Emergency Support Functions (ESFs) Supported:
ESF #6 - Mass Care, Emergency Assistance, Temporary Housing, and Human Services ESF #8 - Public Health and Medical Services

7. Mission Capabilities:
Deliver behavioral health services and community support as required by incident and as specified by the requesting jurisdiction.

8. Detailed Resource Description:
The Behavioral Health Team delivers mental health services to those impacted by the incident; this may include survivors or first responders or others as requested by the requesting jurisdiction. The Behavioral Health Team primarily provides community supportive services, including psychological first-aid, assessment of psychological state, referral of survivors to local resources for ongoing psychiatric or psychological treatment, mediation in the event of disruptive behavior, crisis counseling, Critical Incident Stress Management (CISM), emotional and spiritual care, or other early psychological interventions. Staff for each shift consists of: 1 Leader (Graduate Level Practitioner, Practicing Psychiatrist or Psychologist, or other Clinician) 2 Specialists (Bachelors Level Practitioner, Behavioral Health Assistant, Social/Case Worker, or Chaplain)

9. Resource is:	Fixed	

10. Space and Size Requirements Needed to Carry out Mission:
Minimum of 100 sq. ft. quiet area. Include 1 table and 2 chairs for assessment, also barriers, curtains and/or secluded rooms for quiet areas and privacy.

11. Limiting Factors to the Resource:
Knowledge of state and local authorities Reciprocity agreements and/or licenses Medical protocol issues with local medical control Access to pharmaceuticals (if needed) Medical director available to provide direction and guidance to personnel

> **Identify any factors that may limit the use of this resource in performing a mission, so they can be addressed by requestor.**

12. Logistical Support Needed During Mission:
Briefing on state and local authorities related to behavioral health Access to medical control Lodging for staff Staff sanitation Meal support for staff Supply replenishment Security support Access to pharmaceuticals (if needed)

> **This can include personnel, equipment, or any other factor that limits the capability of the mission being performed by this MRP. Example: Food, lodging, electricity, water, internet access, security**

13. Deployment Timeline	
N+	N+24 hours

> **List the estimated timeline for deployment of resource from time of notification to be ready to mobilize. List as N+hour**

Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:		
14. Travel:		

Total Personal Vehicle Costs:	$ -	**Total Rental Vehicle Costs:**	$ -
Total Governmental Vehicle Costs:	$ -	**Total Air Travel Costs:**	$ -
Total Expenses Meals & Tips (Receipt):	$ -	**Total Meals & Tips (Per Diem):**	$ -
Total Lodging:	$ -	**Total Parking Fees:**	$ -
Total Shipment and Transportation Costs:	$ -		

Identify any transportation requirements:

> Costs entered on the Travel worksheet will automatically pre-populate this section.

15. Personnel:		

Number of Lines of Data Entered	3	**Total Number of Personnel Assigned to Mission**	3
Total Daily Personnel Costs	$ -	**Total Personnel Costs**	$ -

List personnel by Type (if applicable).

3 Total personnel:
1 Leader (Graduate Level Practitioner, Practicing Psychiatrist or Psychologist, or other Clinician)
2 Specialists (Bachelors Level Practitioner, Behavioral Health Assistant, Social/Case Worker, or Chaplain)

> Number of personnel and costs from the personnel worksheet will automatically pre-populate this section.

Identify the minimum licenses or certifications carried by the personnel

Certified/Licensed Psychiatrist
Certified/Licensed Psychologist

Requirements for Rotation of Personnel:

> If this resource requires a rotation in personnel, they must be identified within this MRP. Make notations here for these shift rotations. Example: 7 personnel for 14 days with a second team of 7 personnel for an additional 14 days. Total mission 14 people for 28 days.

16. Equipment:

Enter all Equipment cost details under "Equipment" tab in worksheet.

Number of Fuel Consuming Equipment	0	Number of Non-Fuel Consuming Equipment	0
Total Equipment Cost Calculated by Quantity	$ -	Total Equipment Cost Calculated by Rate	$ -

List all Equipment Requirements:

Barriers, curtains, or secluded rooms for quiet areas and privacy.

> **Example: This equipment must be decontaminated at the end of every work shift.**

> **Equipment types and costs entered on the Equipment worksheet will automatically pre-populate this section.**

Identify the Type of Property (Expendable, Accountable, or Sensitive):

Accountable

> **Expendable: Has an expected service life of less than 1 year and when consumed loses its identity of becomes an integral part of another item of property. (Example: Water - Expendable**
>
> **Accountable: Non-Expendable property with a value over $1,000 for which controls and official property records are maintained, physical inventories are conducted, or property is assigned and accounted for. (Example: Bulldozer - Accountable)**
>
> **Sensitive: Items of supply & equipment which because of their nature and portability are susceptible to misappropriation or pilferage or are subject to safeguard (Example: Pharmaceuticals with a DMAT - Sensitive)**

Identify any maintenance and rehabilitation requirements needed for this equipment:

To be determined after mission completion. Will include the restocking and resupply of items used.

> **This may include maintenance and rehabilitation costs documented by receipts. Costs must be entered under the "Other" tab of this worksheet.**

17. Commodities:			
Enter all Commodities cost details under "Commodities" tab in worksheet.			
Lines of Commodity Data Entered:	5	**Total Costs of Commodities:**	$ 233.00

18. Other:			
Enter all Other cost details under "Other" tab in worksheet.			
Lines of Other Data Entered	4		
Total Other Cost Calculated by Quantity	$ -	**Total Other Cost Calculated by Rate**	$ -

Calculates the total for cost estimates that are calculated by a daily rate from worksheet.

19. ESTIMATED DAILY COSTS ARE GENERATED E... COSTS AND MAY NOT ACCURATELY REFLECT TR...		...TIONS FOR DAILY	
Personnel:	**Equip...**	...es:	**Other:**
$ -	$ -	$ 233.00	$ -
ESTIMATED AVERAGE DAILY COSTS WITHOUT TRAVEL, EQUIPMENT (by daily rate), & OTHER (by daily rate):	$ 233.00		
Enter total number of estimated mission days:			
Travel (costs that are fixed and are not calculated by a daily rate):			
Equipment (costs fixed by quantity & not calculated by a daily rate):			
Other (costs fixed by quantity & not calculated by a daily rate):			
ESTIMATED AVERAGE DAILY COST WITH TRAVEL, EQUIPMENT, OTHER (from above):	#DIV/0!		

Inserting the total number of mission days will calculate the daily costs for travel, equipment, and other fixed costs.

20. TOTAL MISSION READY PACKAGE ESTIMATED COSTS:				
Travel:	**Personnel:**	**Equipment:**	**Commodities:**	**Other:**
$ -	$ -	$ -	$ 233.00	$ -
ESTIMATED TOTAL MISSION COST:		$ 233.00		

Calculates the total for cost estimates that are calculated by a fixed rate.

Annex A – Examples of MRPs for MRC units

MRP Example 1: POD - Mass Dispensing Strike Team

1. MRP Title:			Medical Reserve Corps (MRC) Volunteer POD Mass Dispensing Strike Team			
2. Resource Provider / Agency Name:			**MRC Unit Name**			
3. Location:		Address:	Housing Agency Address			
		City:				
		State:		Zip:		
4. Point of Contact:		First Name:		Last Name:		
		Phone:		Mobile:		
		24-hr Phone:		Email:		
5. NIMS Resource Typing (if applicable):						
NIMS Category:	Medical and Public Health		Kind:	Team(s)	Type:	Other
Components:	Technically trained team able to supplement operational activities under leadership provided by the local jurisdiction					
Metrics:	Supplement operations staff for one Mass Dispensing/Medical Countermeasures (MCM) Point of Dispensing (POD) site per day.					
6. Identify Emergency Support Functions (ESFs) Supported:						
ESF #8 - Public Health and Medical Services						
7. Mission Capabilities:						
Provide POD MCM mass dispensing support for one dispensing site to provide medication to large numbers of people.						

8. Detailed Resource Description:	
	The technically trained mass dispensing strike team for a Dispensing POD (Non-medical Model) able to support a Rapid Dispensing Strategy; POD that provides medications in pill or oral form for biological agents such as Anthrax, where minimal medical screening is provided and mass prophylaxis is paramount. POD throughput expectations will vary dependent on local jurisdiction, POD size, and number of dispensers assigned. All team members will have completed the following trainings: 1. ICS-100: Introduction to ICS, 2. ICS-200: ICS for Single Resources 3. FEMA IS-700: NIMS Introduction 4. Annual POD set-up and management training

9. Resource is:	Fixed	

10. Space and Size Requirements Needed to Carry out Mission:	
	Dependent on local jursidiction's predetermined sites for the dispensing of medications and/or mass prophylaxis.

11. Limiting Factors to the Resource:	
	Compatible communication and integration with local systems. Reciprocity agreements and/or licenses. Medical director available to provide direction and guidance to personnel. Personnel staffing requirements should be adjusted based on local POD throughput plans Security, housing, transportation, food, and work facilities will be provided by the Authority Having Jurisdiction unless other arrangements have been made. All forms, office supplies, and clinical supplies will be provided by the Authority Having Jurisdiction. Depending on event, additional dispensers and/or vaccinators and patient intake/line flow personnel may be requested to augment.

12. Logistical Support Needed During Mission:	
	Communications requirements will be provided by the Authority Having Jurisdiction. Briefing on needs of the incident, medical direction, and protocol with be provided. Security, housing, transportation, food, and work facilities will be provided by the Authority Having Jurisdiction unless other arrangements have been made. All forms, office supplies, and clinical supplies will be provided by the Authority Having Jurisdiction. Security support will be provided by the Authority Having Jurisdiction. Information on community demographics as need to support mission.

13. Deployment Timeline	
N+	N+12 hours after notification for local jurisdiction N+24 hours after notification for deployment outside of local jurisdiction

Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:

14. Travel:			
Enter all Travel cost details under "Travel" tab in worksheet.			
Total Personal Vehicle Costs:	$ -	Total Rental Vehicle Total Costs:	$ -
Total Governmental Vehicle Costs:	$ -	Total Air Travel Costs:	$ -
Total Expenses Meals & Tips (Receipt):	$ -	Total Meals & Tips (Per Diem):	$ -
Total Lodging	$ -	Total Parking Fees:	$ -
Total Shipment and Transportation Costs:	$ -		

Identify any transportation requirements:			
Ground/Air Travel from Home of Record to Deployment Site if outside of local jursidiction/commuting distance.			

15. Personnel:

Enter all personnel cost details under "Personnel" tab in worksheet.

Number of Lines of Data Entered	5	Total Number of Personnel Assigned to Mission	0
Total Daily Personnel Costs	$ -	Total Personnel Costs	$ -

List personnel by Type (if applicable).

(1) Mass Dispensing Team Leader
(5) Mass Dispensing, Dispenser
(5) Mass Dispensing, Patient Intake/Line Flow Consultant
(1) Behavioral Health Specialist, Licensed
(1) Pharmacist

Identify the minimum licenses or certifications carried by the personnel on mission:

*Behavioral Health Specialist, Licensed - Master's or Doctoral degree in behavioral health, mental health, or its equivalent from an accredited college or university
*Pharmacist - Graduate of an accredited pharmacy program

Requirements for Rotation of Personnel:

Staff rotations every 12 hours

16. Equipment:

Enter all Equipment cost details under "Equipment" tab in worksheet.

Number of Fuel Consuming Equipment	0	Number of Non-Fuel Consuming Equipment	0
Total Equipment Cost Calculated by Quantity	$ -	Total Equipment Cost Calculated by Rate	$ -

List all Equipment Requirements:

All MCM forms, signage, expendable supplies, communication equipment, interpretation resources, and site set up provided by local jurisdiction.

Identify the Type of Property (Expendable, Accountable, or Sensitive):

Identify any maintenance and rehabilitation requirements needed for this equipment:

MRP Example 2: POD - Mass Vaccination Strike Team

1. MRP Title:	Medical Reserve Corps (MRC) Volunteer POD Vaccination Strike Team		
2. Resource Provider / Agency Name:	MRC Unit Name		
3. Location:	**Address:**	Housing Agency Address	
	City:		
	State:		**Zip:**	
4. Point of Contact:	**First Name:**		**Last Name:**	
	Phone:		**Mobile:**	
	24-hr Phone:		**Email:**	

5. NIMS Resource Typing (if applicable):					
NIMS Category:	Medical and Public Health	**Kind:**	Team(s)	**Type:**	Other
Components:	Technically trained team able to supplement operational activities under leadership provided by the local jurisdiction				
Metrics:	Supplement operations staff for one Point of Dispensing vaccination site per day.				

6. Identify Emergency Support Functions (ESFs) Supported:

ESF #8 - Public Health and Medical Services

7. Mission Capabilities:

Provide POD mass vaccination support for one dispensing site to large numbers of people.

8. Detailed Resource Description:

The technically trained mass vaccination strike team for a Vaccine POD (Medical Model) that provides mass vaccine injections. POD throughput expectations are dependent on local jurisdiction vaccination plans, POD size, and number of vaccinators assigned.   All team members will have completed the following trainings:
1. ICS-100: Introduction to ICS,
2. ICS-200: ICS for Single Resources
3. FEMA IS-700: NIMS Introduction
4. Annual POD set-up and management training

9. Resource is: Fixed

10. Space and Size Requirements Needed to Carry out Mission:

Dependent on local jursidiction's predetermined sites for the dispensing of mass vaccinations.

11. Limiting Factors to the Resource:

Compatible communication and integration with local systems.
Reciprocity agreements and/or licenses.
Medical director available to provide direction and guidance to personnel.
Personnel staffing requirements should be adjusted based on local POD throughput plans
Security, housing, transportation, food, and work facilities will be provided by the Authority Having Jurisdiction unless other arrangements have been made.
All forms, office supplies, and clinical supplies will be provided by the Authority Having Jurisdiction.
Depending on event, additional dispensers and/or vaccinators and patient intake/line flow personnel may be requested to augment.

12. Logistical Support Needed During Mission:

Communications requirements will be provided by the Authority Having Jurisdiction.
Briefing on needs of the incident, medical direction, and protocol with be provided.
Security, housing, transportation, food, and work facilities will be provided by the Authority Having Jurisdiction unless other arrangements have been made.
All forms, office supplies, and clinical supplies will be provided by the Authority Having Jurisdiction.
Security support will be provided by the Authority Having Jurisdiction.
Information on community demographics as need to support mission.

13. Deployment Timeline

N+	N+12 hours after notification for local jurisdiction N+24 hours after notification for deployment outside of local jurisdiction

Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:

14. Travel:

Enter all Travel cost details under "Travel" tab in worksheet.

Total Personal Vehicle Costs:	$ -	**Total Rental Vehicle Total Costs:**	$ -
Total Governmental Vehicle Costs:	$ -	**Total Air Travel Costs:**	$ -
Total Expenses Meals & Tips (Receipt):	$ -	**Total Meals & Tips (Per Diem):**	$ -
Total Lodging	$ -	**Total Parking Fees:**	$ -
Total Shipment and Transportation Costs:	$ -		

Identify any transportation requirements:
Ground/Air Travel from Home of Record to Deployment Site if outside of local jursidiction/commuting distance.

15. Personnel:

Number of Lines of Data Entered	5	**Total Number of Personnel Assigned to Mission**	0
Total Daily Personnel Costs	$ -	**Total Personnel Costs**	$ -

List personnel by Type (if applicable).

(1) Type II Mass Dispensing Team Leader
(5) Type II Mass Dispensing, Vaccinator
(5) Type II Mass Dispensing, Patient Intake/Line Flow Consultant
(1) Type II Behavioral Health Specialist, Licensed
(1) Type II Pharmacist

Identify the minimum licenses or certifications carried by the personnel on mission:

*Vaccinators - Graduate of an accredited nursing or physician assistant program or an advanced practice registered nurse.
*Behavioral Health Specialist, Licensed - Master's or Doctoral degree in behavioral health, mental health, or its equivalent from an accredited college or university.
*Pharmacist - Graduate of an accredited pharmacy program.

Requirements for Rotation of Personnel:

Staff rotations every 12 hours

16. Equipment:

Number of Fuel Consuming Equipment	0	**Number of Non-Fuel Consuming Equipment**	0
Total Equipment Cost Calculated by Quantity	$ -	**Total Equipment Cost Calculated by Rate**	$ -

List all Equipment Requirements:

All vaccination forms, signage, medical supplies, medical hazardous waste supplies, expendable supplies, communication equipment, interpretation resources, and site set up provided by local jurisdiction.

Identify the Type of Property (Expendable, Accountable, or Sensitive):

Identify any maintenance and rehabilitation requirements needed for this equipment:

MRP Example 3: POD - Receiving, Storage, and Staging Strike Team

1. MRP Title:		Medical Reserve Corps (MRC) POD Receiving, Staging & Storage (RSS) Strike Team		
2. Resource Provider / Agency Name:		**MRC Unit Name**		
3. Location:	Address:	Housing Agency Address		
	City:			
	State:		Zip:	
4. Point of Contact:	First Name:		Last Name:	
	Phone:		Mobile:	
	24-hr Phone:		Email:	

5. NIMS Resource Typing (if applicable):

NIMS Category:	Medical and Public Health	Kind:	Team(s)	Type:	Other
Components:	Technically trained team able to supplement operational activities under leadership provided by the local jurisdiction				
Metrics:	Supplement Receiving, Staging & Storage (RSS) staff for Point of Dispensing (POD) site.				

6. Identify Emergency Support Functions (ESFs) Supported:

ESF #8 - Public Health and Medical Services

7. Mission Capabilities:

Provide POD (RSS) support for medical countermeasure, mass dispensing, or mass vaccination operations.

8. Detailed Resource Description:

A trained strike team for a Strategic National Stockpile (SNS) RSS site to support POD operations. Strike team is an augmentation to support a TYPE I Team. RSS throughput expectations are dependent on local jurisdiction SNS plans, number of PODs supported, and number of team members assigned. All team members will have completed the following trainings:
1. ICS-300: Intermediate ICS
2. ICS-700: NIMS, an introduction
3. SNS orientation & training for their assigned RSS position as determined by the authority willing to offer this individual's services
4. Distribution Leader - Trained about the safe operation of a pallet jack and all forms of loading docks and dock plates.
5. RSS Task Force/Strike Team Leader - ICS-400: Advanced ICS

9. Resource is:	Fixed	

10. Space and Size Requirements Needed to Carry out Mission:

Dependent on local jursidiction's predetermined sites for the SNS RSS operations.

11. Limiting Factors to the Resource:

Compatible communication and integration with local systems.
Reciprocity agreements and/or licenses.
Personnel staffing requirements should be adjusted based on local SNS plans.
Security, housing, transportation, food, and work facilities will be provided by the Authority Having Jurisdiction (AHJ) unless other arrangements have been made.
All forms, office supplies, and transport equipment will be provided by the (AHJ).

12. Logistical Support Needed During Mission:

Communications requirements will be provided by the Authority Having Jurisdiction.
Briefing on needs of the incident, medical direction, and protocol with be provided.
Security, housing, transportation, food, and work facilities will be provided by the Authority Having Jurisdiction unless other arrangements have been made.
All forms, office supplies, and clinical supplies will be provided by the Authority Having Jurisdiction.
Security support will be provided by the Authority Having Jurisdiction.
Information on community demographics as need to support mission.

13. Deployment Timeline

N+	N+12 hours after notification for local jurisdiction N+24 hours after notification for deployment outside of local jurisdiction

Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:

14. Travel:

Enter all Travel cost details under "Travel" tab in worksheet.

Total Personal Vehicle Costs:	$ -	**Total Rental Vehicle Total Costs:**	$ -
Total Governmental Vehicle Costs:	$ -	**Total Air Travel Costs:**	$ -
Total Expenses Meals & Tips (Receipt):	$ -	**Total Meals & Tips (Per Diem):**	$ -
Total Lodging	$ -	**Total Parking Fees:**	$ -
Total Shipment and Transportation Costs:	$ -		

Identify any transportation requirements:			
Ground/Air Travel from Home of Record to Deployment Site if outside of local jursidiction/commuting distance.			

15. Personnel:

Number of Lines of Data Entered	5	**Total Number of Personnel Assigned to Mission**	0
Total Daily Personnel Costs	$ -	**Total Personnel Costs**	$ -

List personnel by Type (if applicable).

Type II Receiving, Staging & Storage (RSS) Task Force Leader
Type II Receiving, Staging & Storage (RSS) Distribution Leader
Type II Receiving, Staging & Storage (RSS) Logistics Team Lead
Type II Receiving, Staging & Storage (RSS) Operations Team Lead

Identify the minimum licenses or certifications carried by the personnel on mission:

Requirements for Rotation of Personnel:

Staff rotations every 12 hours

16. Equipment:

Number of Fuel Consuming Equipment	0	**Number of Non-Fuel Consuming Equipment**	0
Total Equipment Cost Calculated by Quantity	$ -	**Total Equipment Cost Calculated by Rate**	$ -

List all Equipment Requirements:

All forms, signage, medical supplies, medical hazardous waste supplies, expendable supplies, communication equipment, interpretation resources, and site set up provided by local jurisdiction.

Identify the Type of Property (Expendable, Accountable, or Sensitive):

Identify any maintenance and rehabilitation requirements needed for this equipment:

1. MRP Title:	MRC Health Services and Mental Health Team – Shelter Operations

2. Resource Provider / Agency Name:		

3. Location:	Address:	
	City:	
	State:		Zip:	

4. Point of Contact:	First Name:		Last Name:	
	Phone:		Mobile:	
	24-hr Phone:		Email:	

5. NIMS Resource Typing (if applicable):

NIMS Category:	Medical and Public Health	Kind:	Personnel	Type:	Other

Components:	PERSONNEL = 5 persons, EQUIPMENT= Personal Go Bag, SUPPLIES/COMMODITIES= Communication equipment, food, water, TRAVEL/TRANSPORTATION= By vehicle or air transfer,
Metrics:	PERSONNEL = 1 Public Health and Medical Support Team Leader in a Shelter; 1 Behavioral Health Specialist, Licensed; 1 Behavioral Health Specialist, Unlicensed; 2 Registered Nurses EQUIPMENT= Personal Go Bag; SUPPLIES/COMMODITIES = Computers, Fax Machine, Mobile Phones, Fuel, Food, Water, Office Supplies, Internet access; TRAVEL/TRANSPORTATION = Airline Tickets, Vehicle Rentals, Vehicle gas, Mileage

6. Identify Emergency Support Functions (ESFs) Supported:

ESF #6 - Mass Care, Emergency Assistance, Temporary Housing, and Human Services
ESF #8 - Public Health and Medical Services

7. Mission Capabilities:

Medical and Mental Health care to support Functional Needs for ongoing mass care shelter operations.

8. Detailed Resource Description:

A trained team that deploys to a short term mass care shelter (up to 14 days) to provide access to health services and mental health during ongoing shelter operations. The team is responsible for assessing, identifying, and requesting medical and mental health resources needed by individuals to maintain their independence while displaced from their homes. Team members monitor and manage communicable conditions within shelters, provide basic health needs, provide medical and psychological first-aid, monitor individuals with medical or mental health conditions, and coordinate with supporting agencies as needed for individuals that require additional care or treatment.

The team consists of a Public Health and Medical Team Leader, 2 Behavioral Health Specialists(one Licensed and one Unlicensed), and 2 Registered Nurses, preferably with one a Community Health Nurse. three staff per shift with one person serving as the lead. Staffing is based on a general population Shelter of approximately 200 people.

Team members must possess the skills and ability to interact effectively with a variety of staff, volunteers, and community members as well as the sensitivity to work with and assess the needs of populations with access and functional needs. Professional Licensing will be in accordance with AHJ (Authority Having Jurisdiction).

9. Resource is:	Fixed	

10. Space and Size Requirements Needed to Carry out Mission:

600 to 900 square feet of space for medical operations. Space should be secluded and securable. Barriers or movable curtains preferred to maintain privacy for clients seeking medical support.

11. Limiting Factors to the Resource:

Compatible communication and integration with local medical systems
Replacement of consumable medical supplies and durable medical equipment
Access to pharmaceutical and dental support for patient referral
Reciprocity agreements and/or licenses
Medical protocol issues with local medical control
Availability of volunteers or other personnel to provide Personal Assistant Services (PAS)
Medical director available to provide direction and guidance to personnel
Access to 24/7 on-call physician, psychiatrist, dentist, and veterinarian

12. Logistical Support Needed During Mission:

Communications compatible with jurisdictions resources
Briefing on needs of the incident, medical direction, and protocol
Accessibility of supportive patient services (e.g., volunteers, physician, psychiatrist, dentist, and veterinarian)
Access to local medical systems
Lodging for staff
Sanitation for staff
Meal support for staff
Supply replenishment (e.g., consumable medical supplies and durable medical equipment)
Security support
Information on community demographics

13. Deployment Timeline	
N+	24-48 hours

Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:			
14. Travel:			
Enter all Travel cost details under "Travel" tab in worksheet.			
Total Personal Vehicle Costs:	$ -	**Total Rental Vehicle Total Costs:**	$ -
Total Governmental Vehicle Costs:	$ -	**Total Air Travel Costs:**	$ -
Total Expenses Meals & Tips (Receipt):	$ -	**Total Meals & Tips (Per Diem):**	$ -
Total Lodging	$ 8,400.00	**Total Parking Fees:**	$ -
Total Shipment and Transportation Costs:	$ -		
Identify any transportation requirements:			
Ground/Air Travel from Home of Record to Deployment Site			
15. Personnel:			
Enter all personnel cost details under "Personnel" tab in worksheet.			
Number of Lines of Data Entered	5	**Total Number of Personnel Assigned to Mission**	5
Total Daily Personnel Costs	$ 2,772.00	**Total Personnel Costs**	$ 38,808.00
List personnel by Type (if applicable).			
12-509-1068 PUBLIC HEALTH AND MEDICAL SUPPORT TEAM LEADER IN A SHELTER - Type 1 12-509-1079 REGISTERD NURSE - Type 1 12-509-1041 BEHAVIORAL HEALTH SPECIALIST, LICENSED - Type 1 12-509-1042 BEHAVIORAL HEALTH SPECIALIST, UNLICENSED - Type 1			
Identify the minimum licenses or certifications carried by the personnel on mission:			
Licenses required as necessary to perform the duties associated with each position on the mission team ia accordance with NIMS Resource Typing.			
Requirements for Rotation of Personnel:			
Rotation of team every 14 days			
16. Equipment:			
Enter all Equipment cost details under "Equipment" tab in worksheet.			
Number of Fuel Consuming Equipment	0	**Number of Non-Fuel Consuming Equipment**	0
Total Equipment Cost Calculated by Quantity	$ 580.00	**Total Equipment Cost Calculated by Rate**	$ -

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List all Equipment Requirements:
Need to have internet access for use of equipment.

Identify the Type of Property (Expendable, Accountable, or Sensitive):
Accountable

Identify any maintenance and rehabilitation requirements needed for this equipment:

17. Commodities:

Enter all Commodities cost details under "Commodities" tab in worksheet.

Lines of Commodity Data Entered:	8	Total Costs of Commodities:	$ 943.00

18. Other:

Enter all Other cost details under "Other" tab in worksheet.

Lines of Other Data Entered	0		
Total Other Cost Calculated by Quantity	$ -	Total Other Cost Calculated by Rate	$ -

19. ESTIMATED DAILY COSTS ARE GENERATED BELOW. THESE ARE ONLY APPROXIMATIONS FOR DAILY COSTS AND MAY NOT ACCURATELY REFLECT TRUE DAILY COSTS.

	Personnel:	Equipment:	Commodities:	Other:
	$ 2,772.00	$ -	$ 943.00	$ -
ESTIMATED AVERAGE DAILY COSTS WITHOUT TRAVEL, EQUIPMENT (by daily rate), & OTHER (by daily rate):	$ 3,715.00			
Enter total number of estimated mission days:	15			
Travel (costs that are fixed and are not calculated by a daily rate):	-			
Equipment (costs fixed by quantity & not calculated by a daily rate):	38.66666667			
Other (costs fixed by quantity & not calculated by a daily rate):	-			
ESTIMATED AVERAGE DAILY COST WITH TRAVEL, EQUIPMENT, OTHER (from above):	3,715.00			

20. TOTAL MISSION READY PACKAGE ESTIMATED COSTS:

Travel:	Personnel:	Equipment:	Commodities:	Other:
$ 8,400.00	$ 38,808.00	$ 580.00	$ 943.00	$ -
ESTIMATED TOTAL MISSION COST:	$ 48,731.00			

MRP Example 5: Shelter Operations – Functional Assistance Support Teams

1. MRP Title:	MRC Functional Assistance Support Team			

2. Resource Provider / Agency Name:				
3. Location:	**Address:**			
	City:			
	State:		**Zip:**	
4. Point of Contact:	**First Name:**		**Last Name:**	
	Phone:		**Mobile:**	
	24-hr Phone:		**Email:**	

5. NIMS Resource Typing (if applicable):

NIMS Category:	Medical and Public Health	Kind:	Team(s)	Type:	Other
Components:	PERSONNEL = 9 persons, EQUIPMENT= Personal Go Bag, SUPPLIES/COMMODITIES= Communication equipment, food, water, TRAVEL/TRANSPORTATION= By vehicle or air transfer,				
Metrics:	PERSONNEL = 1 Licensed Clinical Social Worker, up to 8 Social Workers EQUIPMENT= Personal Go Bag; SUPPLIES/COMMODITIES = Computers, Fax Machine, Mobile Phones, Fuel, Food, Water, Office Supplies, Internet access; TRAVEL/TRANSPORTATION = Airline Tickets, Vehicle Rentals, Vehicle gas, Mileage				

6. Identify Emergency Support Functions (ESFs) Supported:

ESF #6 - Mass Care, Emergency Assistance, Temporary Housing, and Human Services
ESF #8 - Public Health and Medical Services

7. Mission Capabilities:

Conduct functional assessments of individuals with disabilities and others with access and functional needs within shelters.

8. Detailed Resource Description:

The role of the FAST is to conduct functional assessments of individuals with disabilities and others with access and functional needs within shelters. The FAST then facilitates the process of getting essential resources needed for individuals with disabilities and others with access and functional needs. A FAST consists of a group of trained state, county and CBO personnel who are ready to respond and deploy to disaster areas to work in shelter. The FAST will deploy upon request and remain in shelters until it is determined that FAST is no longer needed.

Composition
• A FAST team consists of a team leader and 2-8 team members. NOTE --the size of the team should be based on the number of people impacted; the number of shelters stood up; and what type of needs the people impacted by the disaster have.
• The team's composition will be based on the requesting jurisdiction's needs, which will be unique to the incident, and which must be identified by the requesting jurisdiction.
• Dependent upon deployment, the FAST team may also be supported by a Behavioral Health Specialist.
• The team is self-sufficient for the first 4 hours after arrival on site, including food, water, personal supplies
• Team members will act only within the scope and role as a FAST team member, regardless of other personal licensing or credentials.

Training
• All team members have been trained based on California's FEMA approved FAST training package.
• FAST is trained to work with American Red Cross Disaster Mental Health, Disaster Health Services, and Shelter staff.
• The FAST team will have credentials and background checks done prior to deployment.
• FAST members have demonstrated in-depth knowledge of persons with access and functional needs, people with activity limitations and people who may be older. Have interpersonal skills needed to communicate effectively using oral, written or American Sign Language; ability to interact effectively with a variety of staff, volunteers, and members of the community and two years of direct work experience in assessing the needs of people with access and functional needs.
• FAST members have various human services skills, training, and knowledge of children and adults and others with access and functional needs: Aging (services/supports, including dietary needs),chronic health conditions, developmental and other cognitive disabilities, hearing or vision loss, behavioral health needs, physical concerns, and other needs people might have in communications, maintaining health and independence, self-determination, safety and supervision and transportation (C-MIST) during a disaster.

9. Resource is:	Fixed	

10. Space and Size Requirements Needed to Carry out Mission:

Minimum of 100 sq ft quiet area. Should have a table and chair for assessment and possibly barriers, curtains or secluded rooms for quiet areas and privacy.

11. Limiting Factors to the Resource:

• Compatible communication and integration with shelter systems and residents.
• FAST teams do not provide medical services, dispense medications, transportation of residents, medical triage, personal care of the residents, or provide durable medical equipment or supplies.
• Team members will only act in their role as a FAST team member, regardless of other credentials
• Requesting jurisdiction must provide supplemental transportation, as needed, to support multiple sites.
•Team may require incident-specific vaccinations prior to deployment.
• Logistical support as described in Box 12.

12. Logistical Support Needed During Mission:	

The requesting state will provide: transportation, food, housing, lodging, water, computer & internet access, security, landline access.

The community shelter/general populations shelter will provide:
• Briefing on current incident status and local protocols. • Access to medical providers and care facilities.• Local access to and replenishment of equipment and supplies needed by the team itself (e.g., personal protective equipment, consumable medical supplies, durable medical equipment, oxygen).• Communications compatible with jurisdictional resources.• Accessibility to supportive resident services (e.g., volunteers, medical, mental health resources).• Sanitation support.• Agreements with local pharmacies to support procurement of medications.• Security support.• Information on community and/or shelter demographics.• Depending on shelter demographics and staff skills, an interpreter may be needed.• Local forms and resource list of available services that can be provided.• Reciprocity agreements and/or licenses
• Prior to deployment, requesting jurisdiction should indicate what supplies may be needed in the first 4 hour period so the FAST team can arrive with these items
•After first 4 hours, requesting jurisdiction must supply all supporting forms and office supplies and other equipment as needed.

13. Deployment Timeline	
N+	

Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:	
14. Travel:	

Enter all Travel cost details under "Travel" tab in worksheet.

Total Personal Vehicle Costs:	$ -	Total Rental Vehicle Total Costs:	$ -
Total Governmental Vehicle Costs:	$ -	Total Air Travel Costs:	$ -
Total Expenses Meals & Tips (Receipt):	$ -	Total Meals & Tips (Per Diem):	$ -
Total Lodging	$ 15,120.00	Total Parking Fees:	$ -
Total Shipment and Transportation Costs:	$ -		

Identify any transportation requirements:	

Transportation is required to move team members to shelter locations and lodging.

15. Personnel:	

Enter all personnel cost details under "Personnel" tab in worksheet.

		Total Number of Personnel Assigned to Mission	
Number of Lines of Data Entered	9		0
Total Daily Personnel Costs	$ 5,684.00	**Total Personnel Costs**	$ 79,576.00

List personnel by Type (if applicable).			
FAST Team Leader: Licensed Clinical Social Worker FAST Specialist: Social Worker Total Personnel: The FAST team leader will serve as the team coordinator, who will liaise with the overall ICS structure. The team leader is tasked with assembling this MRP. The size of the team will depend on the scope and magnitude/needs of the disaster. This team may be augmented as needed by a Behavioral Health Team member to support the psychological needs of the team itself, during deployment. Additionally, the team may be customized with the addition of human services specialists tailored to the needs of the requesting jurisdiction and specific incident. Primary source verification of employment with an established health care related providing entity such as a hospital, health system, agency, service, or private practice. Recommended: Minimum of 2 years of experience in a practice setting commensurate with the mission assignment.			

Identify the minimum licenses or certifications carried by the personnel on mission:			
FAST Team Leader: Licensed Clinical Social Worker FAST Specialist: Social Worker			

Requirements for Rotation of Personnel:			
Staff will work no longer than 12 hours. Rotation of team every 14 days.			

16. Equipment:

Enter all Equipment cost details under "Equipment" tab in worksheet.

Number of Fuel Consuming Equipment	0	Number of Non-Fuel Consuming Equipment	0
Total Equipment Cost Calculated by Quantity	$ 300.00	Total Equipment Cost Calculated by Rate	$ -

List all Equipment Requirements:

Barriers, curtains or secluded rooms for quiet areas and privacy.

Identify the Type of Property (Expendable, Accountable, or Sensitive):

Accountable

Identify any maintenance and rehabilitation requirements needed for this equipment:

To be determined after mission completion. Will include the restocking and resupply of items used.

17. Commodities:

Enter all Commodities cost details under "Commodities" tab in worksheet.

Lines of Commodity Data Entered:	7	Total Costs of Commodities:	$ 474.00

18. Other:

Enter all Other cost details under "Other" tab in worksheet.				
Lines of Other Data Entered	4			
Total Other Cost Calculated by Quantity	$ -		**Total Other Cost Calculated by Rate**	$ -

19. ESTIMATED DAILY COSTS ARE GENERATED BELOW. THESE ARE ONLY APPROXIMATIONS FOR DAILY COSTS AND MAY NOT ACCURATELY REFLECT TRUE DAILY COSTS.

	Personnel:	**Equipment:**	**Commodities:**	**Other:**
	$ 5,684.00	$ -	$ 474.00	$ -
ESTIMATED AVERAGE DAILY COSTS WITHOUT TRAVEL, EQUIPMENT (by daily rate), & OTHER (by daily rate):	$ 6,158.00			
Enter total number of estimated mission days:				
Travel (costs that are fixed and are not calculated by a daily rate):	#DIV/0!			
Equipment (costs fixed by quantity & not calculated by a daily rate):	#DIV/0!			
Other (costs fixed by quantity & not calculated by a daily rate):	#DIV/0!			
ESTIMATED AVERAGE DAILY COST WITH TRAVEL, EQUIPMENT, OTHER (from above):	#DIV/0!			

20. TOTAL MISSION READY PACKAGE ESTIMATED COSTS:

Travel:	**Personnel:**	**Equipment:**	**Commodities:**	**Other:**
$ 15,120.00	$ 79,576.00	$ 300.00	$ 474.00	$ -
ESTIMATED TOTAL MISSION COST:	$ 95,470.00			

1. MRP Title:		MRC Animal Assistance Response Team - Shelter Support				
2. Resource Provider / Agency Name:						
3. Location:	**Address:**					
	City:					
	State:			**Zip:**		
4. Point of Contact:	**First Name:**			**Last Name:**		
	Phone:			**Mobile:**		
	24-hr Phone:			**Email:**		

5. NIMS Resource Typing (if applicable):

NIMS Category:	Medical and Public Health	**Kind:**	Team(s)	**Type:**	Other
Components:	PERSONNEL = 7+ people, EQUIPMENT= Personal Go Bag, SUPPLIES/COMMODITIES= Communication equipment, food, water, TRAVEL/TRANSPORTATION= By vehicle or air transfer,				
Metrics:	PERSONNEL = Veterinarian Lead, Vet Techs, General staff, Admin Staff, Equipment Coord, Team leaders for animal types EQUIPMENT= Personal Go Bag; SUPPLIES/COMMODITIES = Computers, Fax Machine, Mobile Phones, Fuel, Food, Water, Office Supplies, Internet access; TRAVEL/TRANSPORTATION = Airline Tickets, Vehicle Rentals, Vehicle gas, Mileage				

6. Identify Emergency Support Functions (ESFs) Supported:

ESF #6 - Mass Care, Emergency Assistance, Temporary Housing, and Human Services
ESF #8 - Public Health and Medical Services

7. Mission Capabilities:

Provide basic pet needs for residents of shelters

8. Detailed Resource Description:

The role of the AART is to ensure that shelter residents' basic pet needs and applicable public health standards are met. The team is responsible for setting up and managing shelter operations for pets of varying size, type and species. Animal shelters may be either Temporary Shelters staffed by trained animal shelter volunteer or Co-Located Shelters in separate but close proximity to pet owners shelters. In addition to trained staff, Co-Located Animal Shelters may benefit from pet owners also providing assistance with pet shelter operations.

A trained team of volunteers with specific skill sets who deploy to a disaster area to support animal shelter operations. The team assists in assessing, identifying and establishing resources to provide animal shelter set-up, continuing logistical support, on-going shelter management and stand down procedures.

Team members are responsible for all aspects of animal shelter operations including pet health monitoring, exercising animals as practical, and provide hygiene so as to promote pet health and well being while displaced from their home.

AART team members work side by side with general population shelter personnel and other emergency response workers to maintain the health, safety and activity of pets with unique challenges in an emergency or disaster. The team is led by a veterinarian and would be available and in place for 24-hour shift coverage. Actual team size would depend on the number and types of animals to be sheltered and determined by pet health needs as well. AART members are expected to interact with other shelter staff, volunteers, and acommunity members. Professional licensing as needed would be determined by the AHJ (Authority Having Jurisdiction).

9. Resource is:	Fixed	

10. Space and Size Requirements Needed to Carry out Mission:

To be determined based on shelter population size and planning factors.

11. Limiting Factors to the Resource:

• Compatible communication and integration with shelter systems and residents.
• FAST teams do not provide medical services, dispense medications, transportation of residents, medical triage, personal care of the residents, or provide durable medical equipment or supplies.
• Team members will only act in their role as a FAST team member, regardless of other credentials
• Requesting jurisdiction must provide supplemental transportation, as needed, to support multiple sites.
•Team may require incident-specific vaccinations prior to deployment.
• Logistical support as described in Box 12.

12. Logistical Support Needed During Mission:

Briefing by shelter operations lead staff
Lodging, hygiene and meals
Access to veterinary consult
Medication for pets as needed
Security
Cages of differing size and type following inventory of animals (100 pet owners cots = 40 cages as an estimate)
Barrier curtains and drapes to create animal-specific zones
Sanitation areas and equipment for pets and clean up
Hygienic pet waste disposal
Heating and or cooling equipment as seasonally determined
Transportation

13. Deployment Timeline	
N+	N+ 24 hours of establishment of shelter operations and up to 2 weeks. Shift coverage based on 24-hour operations as long as pet owners remain displaced from home or lack of alternative accomodations. Staff needs are determined by pet population.

Details and Costs for Travel, Personnel, Equipment, Commodities, & Other:

14. Travel:

Enter all Travel cost details under "Travel" tab in worksheet.

Total Personal Vehicle Costs:	$ -	**Total Rental Vehicle Total Costs:**	$ -
Total Governmental Vehicle Costs:	$ -	**Total Air Travel Costs:**	$ -
Total Expenses Meals & Tips (Receipt):	$ -	**Total Meals & Tips (Per Diem):**	$ -
Total Lodging	$ 15,120.00	**Total Parking Fees:**	$ -
Total Shipment and Transportation Costs:	$ -		

Identify any transportation requirements:

Transportation is required to move team members to shelter locations and lodging.

15. Personnel:

Enter all personnel cost details under "Personnel" tab in worksheet.

Number of Lines of Data Entered	7	**Total Number of Personnel Assigned to Mission**	0
Total Daily Personnel Costs	$ -	**Total Personnel Costs**	$ -

List personnel by Type (if applicable).

Veterinarian
Veterinarian Technician
Animal Shelter General Staff
Administrative Staff
Equipment Coordinator
Team Leader for each type of pet (dog, cat, bird, etc)
Security

Training Requirements: FEMA IS 100, 200, 700, 800, IS 405 Overview of Mass Care, American Red Cross Shelter Operations Training, Psychological First Aid, Personal Preparedness; Go-Kits, State of Massachusetts Animal Response Team (SMART) Training or similar training developed for local community they are supporting, and meet credentialing requirements.

Identify the minimum licenses or certifications carried by the personnel on mission:

Veterinarian License
Vet Tech license or meets educational requirements

Requirements for Rotation of Personnel:
Staff will work no longer than 12 hours. Rotation of team every 14 days.

16. Equipment:

Number of Fuel Consuming Equipment	0	Number of Non-Fuel Consuming Equipment	0
Total Equipment Cost Calculated by Quantity	$ 300.00	Total Equipment Cost Calculated by Rate	$ -

List all Equipment Requirements:

Cages of differing size and type following inventory of animals (100 pet owners cots = 40 cages as an estimate)
Barrier curtains and drapes to create animal-specific zones
Sanitation areas and equipment for pets and clean up
Hygienic pet waste disposal
Heating and or cooling equipment as seasonally determined

Identify the Type of Property (Expendable, Accountable, or Sensitive):

Accountable

Identify any maintenance and rehabilitation requirements needed for this equipment:

To be determined after mission completion. Will include the restocking and resupply of items used.

17. Commodities:

Lines of Commodity Data Entered:	7	Total Costs of Commodities:	$ 474.00

18. Other:

Lines of Other Data Entered	4		
Total Other Cost Calculated by Quantity	$ -	Total Other Cost Calculated by Rate	$ -

19. ESTIMATED DAILY COSTS ARE GENERATED BELOW. THESE ARE ONLY APPROXIMATIONS FOR DAILY COSTS AND MAY NOT ACCURATELY REFLECT TRUE DAILY COSTS.

	Personnel:	Equipment:	Commodities:	Other:
	$ -	$ -	$ 474.00	$ -
ESTIMATED AVERAGE DAILY COSTS WITHOUT TRAVEL, EQUIPMENT (by daily rate), & OTHER (by daily rate):	$ 474.00			
Enter total number of estimated mission days:				
Travel (costs that are fixed and are not calculated by a daily rate):	#DIV/0!			

Equipment (costs fixed by quantity & not calculated by a daily rate):	#DIV/0!
Other (costs fixed by quantity & not calculated by a daily rate):	#DIV/0!
ESTIMATED AVERAGE DAILY COST WITH TRAVEL, EQUIPMENT, OTHER (from above):	#DIV/0!

20. TOTAL MISSION READY PACKAGE ESTIMATED COSTS:

Travel:	Personnel:	Equipment:	Commodities:	Other:
$ 15,120.00	$ -	$ 300.00	$ 474.00	$ -
ESTIMATED TOTAL MISSION COST:			$ 15,894.00	