

MOBILE



Mobile Medical Reserve Corps
Standard Operating Procedures

Mobile County Health Department

251 North Bayou Street

PO Box 2867

Mobile, AL 36652-2867

July 2011- June 2012

Mobile Medical Reserve Corps
Standard Operating Procedures
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I. BACKGROUND

PURPOSE OF STANDARD OPERATING GUIDELINES

This plan establishes the necessary organizational, operational and administrative procedures for the effective operation of the Mobile Medical Reserve Corps (MMRC). This plan also provides guidance to MMRC volunteers, public health officials, emergency service personnel and others for the effective integration of MMRC volunteers in emergency medical operations and public health activities through a clear chain of command, effective communication and inter-agency support. The plan will be reviewed once a year by the advisory board to ensure it is functional and relevant to emergency response and public health needs of Mobile County. Documentation of revisions will be noted in the Record of Revision form (see APPENDIX A- Record of Revisions).

HISTORY

MEDICAL RESERVE CORPS BACKGROUND

Our nation changed forever on September 11, 2001 (and closer to home after Katrina hit New Orleans on August 29, 2005). After the terrorist attacks, thousands of volunteers and organizations showed up ready to serve; asking "What can I do?" Although the intent is good, spontaneous unaffiliated volunteers (SUVs) often are not familiar with the organization and structure of the existing local emergency response system, therefore are not as efficient and/or as effective in delivering response and create additional risks for community trained responders.

In response to the outpouring of support in the days following September 11, President George W. Bush created the USA Freedom Corps to foster a culture of service, citizenship and responsibility. The President challenged all Americans to make a lifetime commitment of at least two years to serving their neighbors and their nation. Over time an umbrella organization of the USA Freedom Corps called the Citizen Corps was created to engage potential volunteers in disaster response, as well as to maintain public safety and preparedness. The Medical Reserve Corps is a component of the Citizens Corps which also includes CERT (Community Emergency Response Teams), Fire Corps, Neighborhood Watch and Volunteers in Police Services.

Nationally, the Medical Reserve Corps units are locally based medical and public health volunteers who assist their own communities during large-scale emergencies such as a pandemic, chemical spill, or an act of terrorism. MRC volunteers work in coordination with existing local emergency response programs and also supplement existing community public health initiatives. Membership in the Mobile Medical Reserve Corps (MMRC) is one way in which volunteers can help strengthen our local community and nation.

II. OVERVIEW OF THE MOBILE MEDICAL RESERVE CORPS

There are over 950 MRC units across the county consisting of more than 200,000 volunteers serving their communities. MRC units are divided into 10 Regions; Alabama is in Region four. MMRC is currently 1 of 8 units in the state of Alabama.

Mobile County Health Department (MCHD) is the sponsoring agency for the Mobile Medical Reserve Corps with responsibility of development and administration of the unit as outlined in a cooperative grant agreement with the Alabama Department of Public Health (ADPH).

MMRC volunteers, whether medical professionals or support personnel, will be recruited, trained, assigned and directed by the MMRC Coordinator and the MMRC Advisory Board.

MMRC will serve as a countywide resource (Mobile County), augmenting, assisting and supporting the existing medical and public health systems in emergencies and disasters.

MMRC is an “all hazards” resource; MMRC’s personnel and resources may be utilized in any type of natural, technological or manmade emergency. Mobile Medical Reserve Corps personnel will only be used in functional areas or given assignments for which they are properly trained and equipped.

MMRC may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. The unit’s personnel and resources may also be used in smaller incidents involving a single jurisdiction or agency.

MMRC volunteers will receive position specific training: including goals, roles, tasks, safety procedures and equipment, Incident Command System (ICS), triage and casualty categorization, and specific operating environments before assignments to teams.

MISSION:

The mission of the Mobile Medical Reserve Corps is to provide readily trained and credentialed medical and non-medical volunteers to support public health during times of emergency need, improving the health, safety and resiliency of Mobile County.

PURPOSE:

The purpose of the Mobile Medical Reserve Corps is to provide medical and non medical volunteers to support public health and other community responders by providing emergency preparedness and response and preventive health services.

Emergency Preparedness and Response: The MMRC will supplement the existing public health infrastructure in Mobile County to enhance community emergency preparedness and response to all hazard events, such as fire, flood, hurricane, chemical release, disease outbreak and/or other events that threaten the publics’ health.

Preventive Health Services: The MMRC will provide community outreach to enhance the health, safety and resiliency of Mobile through supplemental emergency preparedness training, health

education and preventive health services such as first aid stations, health assessments, vaccination clinics and other areas of need to the citizens of Mobile County.

MOBILE DEMOGRAPHIS AND HAZARDS

There are six acute care hospitals and 1 large psychiatric hospital in Mobile County serving a population of over 410,000 people. Mobile (and Baldwin County) has a healthy tourism industry which can add over a million people to the regular year round population.

Mobile County has railways, two major interstates running through a large portion of the county, a burgeoning industrial base including several chemical plants and a large port which produces houses and/or receives various hazardous chemicals and materials that could potentially affect the health of the public. Mobile, located along the Gulf Coast is routinely susceptible to severe tropical weather and flooding which often displaces at-risk groups of residents who must seek emergency shelter.

MMRC CONTACT INFORMATION

Contact information for membership, questions, requests for unit participation in community events and other, is available through the unit coordinator, Elizabeth Williams (251-544-2196 ewilliams@mobilecountyhealth.org) and Mobile MRC website: www.MobileMRC.org. (see APPENDIX C- Contact Roster).

ORGANIZATION STRUCTURE & ROLES

The Mobile Medical Reserve Corps organizational structure is composed of the following functional areas: Administration, Leadership and Membership, including special ad-hoc groups (see APPENDIX B- Organization Chart).

1. Administration:

Coordinator- Elizabeth Williams, MPH.

- Local administrator for Alabama’s ESAR-VHP registry. www.alresponds.adph.alabama.gov
- Responsible for all aspects of the unit including program development, management and evaluation: *Internal Organization, External Relations and Volunteer Management.*

2. Leadership:

Medical Director- Dr. Edward Flotte, MD.

- Advisor for the unit’s medical policies, procedures and best practices.
- Assures that the unit is in compliance with all federal, state and local laws.

Advisory Board- Comprised of local community representatives that guide and evaluate the unit’s policies and overall operations. The board meets at a minimum, bi-annually and is kept abreast of the unit’s activities through regular updates from the coordinator. Board members include:

- | | |
|---------------------------------|-----------------------|
| • Alabama State Defense Force | Mr. Raphael Maharaj |
| • AltaPointe Health Systems | Mr. Tuerk Schlesinger |
| • American Red Cross | Mrs. Leah Odeneal |
| • Hands On South Alabama | Mrs. Diana Brinson |
| • Local Hospital Representation | Dr. Ken Brewington |
| • Medical Society of Mobile | Mrs. Sheree LaCoste |

- Mobile Area Retarded Citizens
- Mobile County Department of Human Resources
- Mobile County Emergency Management Agency
- Mobile County Health Department
- Mobile Medical Reserve Corps Coordinator
- Mobile Medical Reserve Corps Medical Director

Mr. Jeff Zoghby
 Mrs. Sharon Lavender
 Mr. Ronnie Adair
 Mrs. Monica Knight
 Mrs. Elizabeth Williams
 Dr. Edward Flotte

3. Membership:

Members: Medical and public health volunteers are provided opportunities to provide routine services within their scope of practice, training, experience, licensure and certifications. Members are provided training in Basic Incident Command System to provide volunteers with an organized structure for incident management that is consistent and integrated with community responders (see APPENDIX D- Position Descriptions).

Ad-hoc Teams: As the unit’s membership expands and needs arise, teams will be developed to address issues of special interest (i.e., training; recruitment; resource development).

MEMBERSHIP:

The MMRC welcomes active, inactive and retired medical and public health professionals; medical & nursing school students; and any individual over the age of 19 who wants to serve the citizens of Mobile and support the mission of the unit. Although the focus of the Mobile Medical Reserve Corps is emergency medical operations and public health activities, healthcare experience is not a prerequisite for service with the unit.

Members are not required to live or work in Mobile, as long as they are willing to participate in response and activities within Mobile County. There are additional requirements before members are assigned badges and are allowed to participate in the full range of activities on behalf of the unit.

MEMBER ROLES: Volunteers will be classified as either **MEDICAL** or **SUPPORT** personnel.

- **MEDICAL:** any medical professional with a current license.
- **SUPPORT:** any non-medical professional or any medical professional with an expired licenses or is not in good standing with their credentialing board.

Roles and responsibilities within **MEDICAL** and **SUPPORT** vary depending on the member’s physical ability, interest, training and expertise. All service is voluntary.

RECRUITMENT:

Recruitment of members will be ongoing through a variety of methods. The MMRC recruiting program includes:

- Determination of positions to be filled and identification of required specialties.
- Identification of groups and organizations that may be a source of volunteers.
- Development and dispersion of recruiting and marketing materials.
- Planning and implementation of recruiting events and activities.

Recruitment activities include but are not limited to: presentations to affiliates and potential response partners; informational booths and/or presentations at community health fairs and events;

professional conferences; local medical & nursing colleges and universities; media campaigns via newspapers, cable TV; radio and internet; and joint ventures with affiliated volunteer organizations. The unit is open to creative ideas to recruit and retain MMRC members.

APPLICATION PROCEDURES:

Regardless of MRC affiliation or membership, any individual (e.g., medical, non-medical, public health, health care, emergency responder) who would like to volunteer their services to their community during an emergency, must register with Alabama's online ESAR-VHP (Emergency System for Advance Registration of Volunteer Health Professionals) website in order to be utilized to their full capacity and extended liability protection during a declared emergency. Alabama's ESAR-VHP is called, Alabama Responds (www.alresponds.adph.alabama.gov). A direct link is provided on the Mobile MRC website (www.MobileMRC.org) and is incorporated into the unit's application.

Applying online for MMRC Membership:

1. Go online: www.MobileMRC.org and click on the "online application" tab.
2. Complete Step 1: Basic identification, **MMRC Terms of Service** (policies and agreements)
3. Complete Step 2: Alabama Responds registration
 - The first section is specific to Medical Reserve Corps
 - Indicate YES that you want to be affiliated with an MRC Unit
 - Select Mobile MRC from the drop down box as your unit affiliation
 - Follow the prompts to complete the remainder of the registration
 - It is essential to *fully complete all fields under the occupations section* for licensure and credentialing.

The volunteer registering and MMRC coordinator will receive an email notification once registration is successfully completed.

Applicants without a computer may access one through any local library and/or schedule a time to use a computer at the MCHD, through the MMRC Coordinator. Also, if preferred, the MMRC Coordinator can mail a printed version of the online application.

MEMBERSHIP REQUIREMENTS:

MMRC Terms of Service: As part of the MMRC application and AL Responds registry, volunteers will verify their compliance to the local (MCHD/MMRC) and State (Alabama Department of Public Health) policies and agreements created to ensure a safe and coherent work environment for all staff and individuals being served. *Policies include:* Equal Opportunity/Harassment-Free Environment; Safety; Drug-Free; Violence-Free; Media; Disciplinary and Volunteer Dismissal. *Agreements include:* Confidentiality; Release of Liability; Background Check; and Code of Conduct (see APPENDIX E-MMRC Policies and APPENDIX F- MMRC Agreements).

Background Checks: Background screenings will be conducted on all MMRC applicants to ensure that the volunteer has no criminal records and that no sanctions exist to prohibit unsupervised patient care. Screenings will be conducted by the MCHD Legal Department and MMRC Coordinator via the Alacourt system (Alabama State trial court records including Civil, Domestic, Criminal and

Traffic) and the U.S. Department of Justice National Sexual Offender Registry. Investigations are repeated when ID badges are up for renewal and/or the need arises.

Members whose backgrounds checks are determined to pose a security risk by review of the MCHD Legal Department and MMRC advisory board will be dismissed, to protect other care providers as well as patients.

License and Certificate Verification: Medical licenses and certificates will be verified through ESAR-VHP and/or appropriate licensing boards to ensure applicants' credentials are current and in good standing. Members will be asked to provide a photocopy of their license or certificate, to be maintained in the member binder stored in the secured office of the MMRC unit coordinator. Copies of CPR cards and training certificates will be kept on file as appropriate.

Training: MRC volunteers are required by Federal mandate to comply with National Incident Management training standards. MRC volunteers must successfully complete the following two online self-study courses: ICS 100 and NIMS 700. Certificates of completion are provided by FEMA and should be provided to the MMRC coordinator and uploaded to AL Responds for documentation. Also as part of the basic standard training program, the National MRC office recommends an overview of the MRC Core Competencies which is also available online and provided during orientation meetings.

Additional trainings will be made available for specific events, member's skill level and the service(s) they'll provide. Members seeking leadership positions will be required additional ICS trainings (see APPENDIX H- Training) for listing and description of required and elective trainings.

Identification: All members who successfully complete MMRC application/ESAR-VHP registration, including clearance of background investigation and credentialing will be assigned badges and uniforms, to enable rapid identification as trained members.

Event-Specific Preparations: These can include equipment, instructions, and other prerequisites-such as proof of vaccinations required to serve at a clinic.

MEMBERSHIP:

Members can have varying levels of potential response capabilities, depending on their level of commitment, training and availability:

1. **MEMBER:** Volunteer has completed MMRC application/ESAR-VHP registration, background investigation cleared and credentials verified. Volunteers must complete IS 100 & NIMS 700 before being deployed for response activities.
2. **TEAM LEADER:** Member has demonstrated leadership qualities and expressed interest in guiding others. May be required to take additional ICS courses depending on desired role.

MEMBERSHIP OBLIGATIONS:

- Attended MMRC orientation meeting (for new members).
- Attend at least one MMRC unit meeting per year.
- Attend continued development training sessions (online or with unit).

- Participate in MRC drills and exercises.
- Participate in community prevention and education programs.
- All service is VOLUNTARILY based on the physical ability, interest, training, expertise and availability of the unit member.

UNIFORMS:

The uniforms to be worn for deployments, community service events, drills, training sessions and any other opportunities where members are identified as part of the MMRC includes an ID badge/lanyard/lapel pin and t-shirt and/or scrub. During emergency response, including drills, MRC vests with reflective strips will be provided. MMRC scrub tops are available for medical personnel.

Whenever members are in uniform, they must always be mindful that they are representing the National MRC system as well as their unit and their own capabilities.

BADGES:

All members who successfully complete the MMRC application, AL Responds registration, background check and credentialing will be provided with a photo ID badge. Badges are stored in a horizontal clear plastic pouch and should be worn on the Mobile MRC lanyard provided. Badges are renewed every four years.

To provide recognition of involvement in MRC and to also serve as a marketing/recruiting tool, a MRC lapel pin will be provided to members for placement on employment ID badges and/or lanyards (if allowed by employer).

ELIGIBILITY AND READINESS FOR NON-EMERGENCY EVENT:

- Completion of MMRC application (inclusive of AL Responds registry)
- Clearance of background check (ALACOURT & Federal Sexual Offender Registry)
- License and certificate verification
- Attendance at a New Member Orientation
- Provision of uniform

ELIGIBILITY FOR RESPONSE EVENT

- Completion of MMRC application (inclusive of AL Responds registry)
- Clearance of background check (ALACOURT & Federal Sexual Offender Registry)
- License and certificate verification
- Attendance at a New Member Orientation
- Provision of uniform
- **Completion of ICS-100 and NIMS-700**
- *Additional Training (based on role and type of emergency)*
- *Event-Specific Preparations (based on role and type of emergency)*

TIMING OF RESPONSE:

The first 72 hours of an incident demand local response. However, it is unlikely that many MMRC members will be able to respond within the first four hours of an event. Unlike existing ambulances,

hospitals and municipal services, most MRC volunteers have other commitments (full-time jobs, child care, other) and need to make arrangements for sudden deployments. The first line of defense in a disaster would be provided by existing first response agencies. The MMRC would offer surge capacity later into the situation, after Incident Command has completed an initial assessment and identified the immediate services that are required, a request for MMRC volunteers will be made through the county's Emergency Operations Center (EOC) at the Mobile County Emergency Management Agency (MCEMA).

USES OF THE MMRC:

The purpose of the MRC is not limited to medical emergencies. This valuable resource can also be mobilized to support a range of public health initiatives and community events. The potential roles can be revisited through periodic needs assessments within the county, as well as by member surveys.

TYPES OF SERVICE:

Roles and responsibilities depend on the member's physical ability, interest, training, and expertise. All service is voluntary. Responsibilities can include but are not limited to:

MEDICAL

- Immunization and oral medication administration
- Clinic preparation (fill syringes, measure medications)
- Patient history and screening
- Triage (S.T.A.R.T/ JumpSTART)
- Treatment (basic first aid)
- Phone consultation
- Assist with local points of dispensing (PODS)
- Communicable disease control measures
- Support for health needs of vulnerable populations
- Shelter care (Medical and Special Needs Shelters)

SUPPORT/NON-MEDICAL

- Patient intake (basic data forms)
- Transporters
- Translators
- Administrative tasks
- Record keeping
- Logistics and planning
- Communicable disease control measures
- Support for health needs of vulnerable populations
- Shelter care (Medical and Special Needs Shelters)

NON-EMERGENCY

- Participate in training exercises and drills
- Assist in development and implementation of community health programs
- Support public awareness campaigns

- Promotion/public relations/recruitment
- Assist with seasonal flu or other vaccination clinics

SERVICE ENVIRONMENTS

NON-EMERGENCY OPPORTUNITITES FOR UNIT ACTIVATION

The purpose of MMRC is not limited to medical emergencies. MMRC is a valuable resource that will be mobilized to support a range of public health initiatives, including the advancement of the U.S. Surgeon General’s priorities. Mobilization of the unit for non-emergency events are planned and activated by the Unit Coordinator.

- Assist in community prevention programs, screenings, health fairs, first aids stations
- Provide community emergency preparedness and disaster education
- Support public awareness campaigns
- Participate in training programs offered through MMRC or with response partners
- Participate in community exercises and drills
- Participate in MMRC promotions and public relations events

EMERGENCY OPPORTUNITITES FOR UNIT ACTIVATION

MMRC volunteers play vital roles in bridging the gaps, and will enhance the overall capabilities of the community emergency response plans. Below are emergency response incidences; however not limited to, in which the Mobile Medical Reserve Corps may be activated:

- Provide medical care and assistance for Mobile’s emergency shelters including: Special Needs Shelter, Medical Needs Shelter and Mass Care Shelters.
- Provide triage (START) and treatment (basic first aid) at the scene of an event; outside of hospital emergency rooms; or alternate care sites, and field hospitals.
- Provide surge personnel needs/ medical staffing at area hospitals (shift relief and backfill).
- Provide assistance with various field medical operations such as Point of Dispensing Sites (PODS) and mass vaccination clinics during large scale disease outbreaks or bioterrorism events.

III. DEPLOYMENT PROCEDURES

RULES FOR ACTIVATION/DEPLOYMENT

1. The only way to request unit activation and/or individual deployment is through the Mobile County Emergency Operations Center (MCEOC) and MMRC Coordinator.
2. Members should NEVER self-deploy. Doing so could be ground for dismissal.
3. No unauthorized person should ever try to deploy individual members directly.

It is critical to work strictly through the MCEOC and MMRC Coordinator for deployment requests. Having a single point of contact ensures:

- The request is appropriate for the unit.
- Notifications are made through the most effective channels (ESAR-VHP).
- Responses from members are tracked efficiently, with no duplications.
- The appropriate number and type of volunteers are dispatched.
- Members can be assigned at their optimum skill level and preferences.

- Teams of various specialties can be allocated as needed.
- Groups of members who trained together can offer maximum effectiveness.
- Resources are allocated wisely in case of multiple requests.
- Members are provided with the relevant background and directions.
- Responders will arrive with the appropriate training and equipment.
- Member safety is ensured to the greatest degree possible.
- Activities of responders can be monitored, across multiple events.
- After-action reporting and feedback mechanisms are maintained.
- Follow-ups are initiated as appropriated.

ACTIVATION PROTOCOL DURING EMERGENCY RESPONSE

To provide a coordinated and organized response to any public health emergency, all MMRC volunteers will follow chain of command through the County Emergency Management Agency/ Emergency Operations Center.

1. Any organizations in need of medical and public health volunteers (i.e. hospitals, emergency facilities, alternate care sites) must first initiate a request for MMRC volunteers through the county Emergency Management Agency/Emergency Operations Center.
2. The number and type of Mobile Medical Reserve Corps volunteers requested will depend on the type, size and magnitude of an emergency event.
3. The request for MMRC volunteers will be entered in the State Emergency Management Incident Tracking System (EMITS) which is necessary for Federal reimbursement for declared emergency response.
4. Once entered into EMITS, the request for MMRC volunteers will be forwarded to the Public Health/Emergency Support Function 8 desk which serves as the liaison between the MCEOC and Public Health/MMRC.
5. The ESF 8 representative will contact the MMRC Coordinator to activate the unit's response.

The MMRC coordinator will send a mass notification (via AL Responds, Face book, twitter, and/or text messages) to all members with requests for specific personnel.

OVERVIEW ACTIVITIES:

The type of disaster determines the specific **location of each deployment**. Whether members are needed for one site or more depends on the scope of the emergency. For example, members could be assigned:

- A single staging area, if there is a localized mass-casualty incident (such as an apartment fire or building collapse).
- To various emergency shelters, if a severe storm displaces people from their homes.
- Hospitals throughout Mobile to assist as needed.

The type of event impacts the **methods of activation** to be used in each case.

- AL Responds is the primary source for notification of activation.
- Person to Person Calls & Text Messages: The MMRC Coordinator will call/text volunteers directly.

- Media outlets (cable TV, major news stations, radio) will be tapped depending on the scope and urgency of notifying volunteers.
- Walkie-Talkies & Radios:

The **chain of contact** for the unit always begins with a request for medical volunteers made to the MCEMA/EOC, who will notify the ESF#8 (Emergency Support Function 8 is Public Health) liaison who then contacts the MRC Coordinator for activation.

The MMRC Medical Director and the MCHD Emergency Preparedness Administrator will serve as alternate contacts and are authorized to activate the MMRC unit during emergencies in the event the MMRC Coordinator is unavailable during unit activation. Both alternate contacts have administrative rights to the state's ESAR-VHP registration system and the MMRC database.

Reporting and **coordination with other agencies** is part of any response.

- The requesting agency and EOC are responsible for ensuring that all appropriate parties are called as needed (building inspectors, highway department, police, fire, Red Cross, MMRC, other).
- Incident Command must assess the scope of the disaster, identify necessary resources, and address safety issues before dispatching responders.
- The MMRC Coordinator will request the appropriate number and type of volunteers.
- If the disaster occurs outside of Mobile County, the MMRC would determine whether response outside this area is appropriate. If so, members will be asked to respond beyond their usual service area, factoring in any reciprocity limitations.
- MMRC members will arrive at a specified location, with the appropriate ID and equipment. They will interact with other participants as specified by NIMS and local protocols, and operate within the scope of their training.
- Procedures for checking in and out, completing forms and reports, and other mechanisms for accountability will be specified by the requesting agency, and adhered to by MMRC responders.
- The situation will be monitored so staffing can scale up or down as needed, and shift assignments can be adjusted.
- The MRC Coordinator would ensure that deactivation of the unit as a whole is carried out effectively, and that after-action reports and recognition of members takes place in a timely manner.

TYPES OF DEPLOYMENTS:

Although the primary focus of MMRC members is to respond to events within Mobile County, members can also be deployed in regional, statewide, or national disasters; both in small-scale and large-scale incidents

Local: The primary focus of the unit is on local response in Mobile County.

Regional: If the need arises, MMRC members may be asked to respond to emergencies in surrounding counties.

State: During a statewide disaster, MRC units across may be asked to respond.

Federal: Activated by the U.S. Secretary of Health and Human Services in response to a large scale

national emergency. Federal deployment training through The Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) is required for eligibility.

Local Activation

As soon as a possible crisis is suspected, the MCEOC/ESF #8 is advised to contact the MMRC Coordinator for an advanced notification. This allows the coordinator to prepare initial response mechanisms: contacting the advisory board, team leaders, gathering paperwork and arranging for contingencies, and issuing “standby” requests.

If it is determined that the MMRC is not required, the members are not activated. *Note: It is never a problem if MMRC is contacted but not activated.* Rather, it is better to provide advance notice and discover we’re not needed, than to hold off until the last possible moment giving the unit minimal lead-time in which to prepare.

If the MMRC is requested, the next step is to determine the appropriate response from within our unit. (Depending on the emergency, some of our members may have “first call” to another entity, so we’d factor in those circumstances early.) If specialists are required (such as trauma nurses and paramedics, or physicians with expertise in infectious disease agents), they will be called immediately. If only a limited number of MMRC members are needed, the notifications would cease as soon as that number is reached.

Large-Scale Activation

An incident that results in vast numbers of victims, causes many critical injuries, or encompasses more than Mobile County, constitutes a large-scale activation.

Regional emergencies impact multiple communities along the Gulf Coast. When requests are processed through MCEOC, ESF #8, and MMRC Coordinator personnel can be allocated at the appropriate skill levels and numbers, to the locations where they can do the greatest good for the greatest number.

State and Federal disasters can generate requests from elsewhere in the state (ALEMA) or the nation (FEMA). Typically, a “state of emergency” would be declared through government officials. These situations could result in requests for the activation of several MRC units across the state.

MRC Staff Responsibilities in a Deployment

The Incident Commander(s) or designee would determine whether MMRC responders would report to a staging area, hospital, or other location. The ICS role includes tracking and monitoring response from all entities, including the MMRC.

Coordinator responsibilities during activation of the MRC

When a call is received for MMRC assistance, the MRC Coordinator with assistance from the MRC Medical Director and/or local county Emergency Preparedness Administrator is responsible for:

- Initiating procedures to ensure that the appropriate number and type of members are activated, at the necessary skill levels.

- Ensuring that members respond to the appropriate locations (such as a predefined staging area) with the appropriate gear and instructions.
- Maximizing each member's personal safety: decon, hazmat, and other threats on scene are identified and planned for; members are trained to operate safely in that environment; recognizing and avoiding undue risk.
- Monitoring responses and staffing levels with direction from the Incident Commander.
- Maintaining contact with members or monitoring their involvement, as needed.
- Verifying that reporting and de-activation procedures are followed.
- The completion of specific tasks may be delegated as appropriate.
- Engage team members as appropriate.
- Verify transportation of MMRC volunteers to and from the correct sites.
- Issue badges and distribute uniforms for unit identification.
- Verify that members are dispatched with the appropriate ID (badge, driver's license, CPR card, other)
- Ensure that supplemental equipment (two-way radios) is provided.
- Keep tabs on changes in the situation.
- Check on safety issues as needed.
- Schedule members in shifts, for events of long-term duration.
- Maintain communication with the ESF #8 liaison.

It is crucial for members to sign in and out from their responsibilities at the scene, for safety reasons as well as accountability.

Member Responsibilities in a Deployment

Members should have the following items ready for rapid response, especially at mass causality scenes, depending on the situation:

- **MMRC Backpacks** (to be provided):
 - Batteries; Disposable Clothing Kit; CRP Protector; Purified Drinking Water; First Aid Kit; Flashlight; 1 Box Gloves; Glow sticks; Grey Tape; Hand Sanitizer; N95 Mask; Poncho; Safety Goggles; Toiletries Set; Triage Tags & Tape; Work Gloves
- **BP Cuff and Stethoscope** (members bring their own if available)
- **Personal Items** (members bring their own as needed)
 - Photo ID- (driver's license) other than MRC ID Badge
 - Professional license(s), if applicable to activation
 - Appropriate clothing/change of clothes/footwear
 - Bottled drinking water
 - Special Dietary Foods and snacks
 - Personal medical supplies and medications

According to ICS procedures, members should respond according to the following checklist.

- Receive your incident assignment from the MMRC (coordinator or team leader). This should include, at a minimum: reporting location and time, expected length of assignment, brief description of your role, route information, and a designated communications link if

necessary. (Depending on the situation, alternate transportation methods may be advised. Never self-deploy!)

- Bring any specialized supplies or equipment required for the job. Be sure you have adequate personal supplies to last for the duration of the assignment.
- Sign in upon arrival, at the check-in location for the given assignment.
- Use clear text (no codes) during any radio communications. Refer to incident facilities by incident names. Refer to personnel by ICS title, not by numeric code or name.
- Obtain a briefing from your immediate supervisor. Be sure you understand your assignment.
- Acquire necessary work materials, then locate and set up your work station.
- Organize and brief any subordinates assigned to you.
- If within the scope of one's assignment, help ensure all injured personnel and fatalities are properly processed and transported to appropriate facilities.
- Brief your relief at the end of your shift regarding ongoing care instructions for patients (shelters, alternate care sites, etc) and/or other responsibilities and duties.
- Ensure all assigned activities are completed.
- Complete required forms and reports, delivering them to your supervisor before you leave.
- Demobilize according to the plan.

COMMUNICATIONS WITH THE PRESS AND OUTSIDE AGENCIES

The MMRC would be available as one of the responding entities, working closely with public health police, fire, Red Cross and other agencies as needed. Collectively, these responding agencies would take direction from the Incident commander or through a Unified Command, as specified in NIMS and ICS.

During a disaster, only the Public Information Officer – as specified through Incident Command – is authorized to speak with the media. Members of the MMRC are instructed to refer the press to their supervisor (who would reference the PIO), rather than providing any opinions or information for the public.

Demobilization and Debriefing

MMRC personnel will support emergency medical, public health and other personnel for the duration of an incident or as long as their assistance is required. It is possible that MMRC personnel and resources will be demobilized before others as their assignments are completed. MMRC volunteers will demobilize along with other on scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.

When demobilizing, MMRC personnel should ensure the following actions are accomplished:

- Determine whether additional assistance is required.
- Account for MMRC equipment.
- Clean up any debris or trash associated with MMRC assignments.
- Check out with Incident Commander or Resource Unit prior to leaving incident.

Each incident should include assurance that members have signed out from the scene and have the chance to share their observations afterwards. These comments can be included in an after-action

report for the MMRC and can be shared as needed (with the volunteer's name removed for confidentiality, if appropriate) in overall post-event reviews with other agencies.

Opportunities will be made available to meet with mental health professionals, if deployments warrant the need.

SPONTANEOUS VOLUNTEERS

During a disaster, spontaneous unaffiliated volunteers (SUVs) hinder response efforts. They can possibly endanger their own life and the lives of responders. In order to verify licensing and credentialing information (including training, skills, competencies and employment), all spontaneous, unaffiliated medical volunteers who wish to serve must first complete ESAR-VHP registration. This can be done online at www.alresponds.adph.alabama.gov. Paper applications are also available. Registering with Alabama Responds provides volunteers protections that are available to those activated and deployed through the system during declared public health emergencies.

The MMRC will coordinate with the Mobile County Medical Society for the identification and registration of additional physician requested by area hospitals and/or to assist spontaneous, unaffiliated physicians wishing to serve during a response.

If there IS a request for Medical Volunteers through EMITS, once the spontaneous, unaffiliated medical volunteer's ESAR-VHP registration has been cleared, he/she will be given instructions on where to deploy.

If there is NOT a request for Medical Volunteers in EMITS, once the unaffiliated medical volunteer's ESAR-VHP registration has cleared, he/she may choose to assist with non-medical functions until a need arises for medical assistance

RESPONSE PARTNERS AND AFFILIATES:

A key strength of any entity that responds effectively to deployments is the ability to work well with other groups. Thus the MMRC strives to foster optimal relationships with local response partners, organizations and affiliates.

All MMRC activities will factor in the role of existing or potential affiliates: Mobile County Health Departments, police, fire, ambulance companies, emergency service agencies, the Red Cross, and other key groups. Affiliates will be considered when planning tabletop drills and training, as well as deployment, and will be kept informed of MMRC initiatives as appropriate.

Any organization that might request the services of the MMRC should have a copy of these guidelines (or at least activation instructions), and be contacted to ensure that the methods for activating the MMRC are clear.

The MMRC strives to maintain positive relationships with the relevant organizations, continually building and strengthening its network of contacts. Networking with potential partners and affiliates must be an ongoing activity for the MMRC Coordinator and advisory board members.

III. PRINCIPLES OF OPERATION

The Mobile Medical Reserve Corps office will operate according to the following principles:

- Will treat all people, volunteers, clients, and co-workers with respect and dignity in all situations.
- Will honor the fact that volunteers are donating their time and expertise, for the overall health and well being of Mobile County, as well as training to be of service during emergencies.
- Will communicate clearly and consistently with MMRC volunteers.
 - **Phone, text, email, printed mail.**
 - **MMRC Web site.** Members are strongly encouraged to check the web site regularly.
 - **Meetings and training sessions.** Every time members congregate, there is an opportunity to strengthen communications. Any scheduled session can include kickoff announcements, follow-up socializing, and informal sharing of ideas.
- Will regularly solicit input from members.
- Will not ask any member to perform beyond the scope of his or her licensure, credentials, training, or comfort level.
- Will not knowingly, place a member at risk, during training or deployment.
- Will honor a member's option to refuse assignments for any reason.
- Will honor that a response to disasters outside of Mobile County is at the member's discretion.

Members of MMRC will operate according to the unit code of conduct as agreed to by each member:

- I understand I must adhere to the Incident Command System (ICS) and the National Incident Management System (NIMS) and that I must take the appropriate Incident Command System courses for my level of involvement.
- During an activation, drill or educational program:
 - I will dress in a neat and clean fashion in a manner appropriate to my assigned duty.
 - I will wear the identification provided to me by the MMRC at all times.
 - I will conduct myself in a professional manner.
- I will respect the rights and dignity of all volunteers and clients while representing MMRC.
- I will perform tasks within my scope of knowledge and skill and license/credentials while representing MMRC.
- I understand that I am making a commitment to participate in trainings, drills and other activities according to my chosen level of involvement.
- I will not speak to the press unless authorized to do so.
- I will participate in debriefings and provide feedback following an incident in which I participate.
- I will promptly address any issues or concerns with MMRC Coordinator and/or advisory board.
- I understand that I am subject to disciplinary action or dismissal.

INTEGRITY AND PRIVACY OF MEMBER DATA

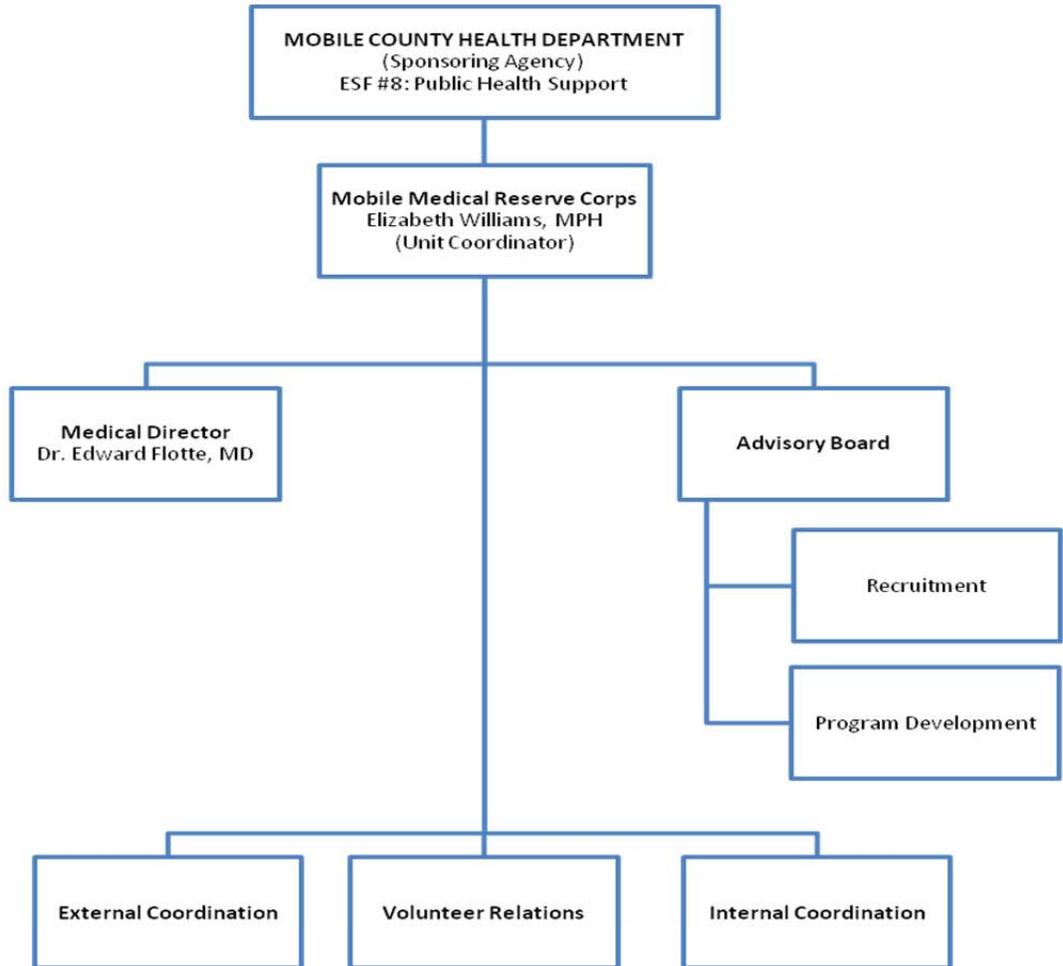
Policies are in place to ensure the integrity and privacy of member data.

- **Storage:** Locally, member data will be kept in an Excel spreadsheet and backed up on a jump drive. Hard copy printouts are created as needed, for easier record-keeping in discussions and

invitations to activities. At the state level, ADPH stores member's ESAR-VHP information on a secure network.

- **Security**: All member records will be treated as confidential; protected from unauthorized use.
- **Sharing**: Representatives of the MMRC advisory board can be given the names and specialties of members upon request, with contact information as needed.
- **Member folders**: The master hardcopy binders of detailed member data are stored in a locked filing cabinet in the Coordinator's office. These records include training courses, participation in events, "face sheets" that associate names and basic data with photos, photocopies of licenses and certifications, and miscellaneous notes and correspondence (e.g., awards, special capabilities). The member folders serve these purposes:
 - Precaution in case of power failures, so data is always available
 - Thorough documentation about the unit and its members
 - Rapid access to information in case of a sudden need for deployment

Mobile Medical Reserve Corps ORGANIZATION CHART



Mobile Medical Reserve Corps CONTACT ROSTER

- **MMRC Coordinator: Elizabeth Williams, MPH**
 251-544-2196 (O) 251-583-2140 (C)
ewilliams@mobilecountyhealth.org

- **MMRC Medical Director: Dr. Edward Flotte, MD**
 251-450-3770 (O) 251-802-7730 (C)
eflotte@cnipa.com

- **MRC Advisory Board:**

<p>Ronnie Adair, Executive Director Mobile County EMA 251-460-8000 (O) 251-680-7042 (C) radair@mcema.net</p> <p>Diana Brinson, Executive Director Hands On South Alabama 251-433-4456 (O) 251-544-5550 (C) dbrinson@handsonsal.org</p> <p>Sheree LaCoste, Executive Director Medical Society of Mobile County 251-476-9494 (O) 251-454-7594 (C) slacoste@earthlink.net</p> <p>Raphael Maharaj, Colonel Alabama State Defense Force 251-208-7812 (O) 251-656-5522 (C) maharaj@cityofmobile.org</p> <p>Tuerk Schlesinger, CEO AltaPointe 251-450-5901 (O) 251-751-6348 (C) ceo@altapointe.org</p>	<p>Dr. Ken Brewington, CMO/V.P. Mobile Infirmary Hospital 251-435-5708 (O) 251-605-3295 (C) ken.brewington@infirmaryhealth.org</p> <p>Monica Knight, MPH, Director Bureau of Disease Control, MCHD 251-690-8135 (O) 251-454-7594 (C) mknight@mobilecountyhealth.org</p> <p>Sharon Lavender, Asst Director Department of Human Resources 251-470-2214 (O) 251-680-6970 (C) Sharon.Lavender@dhr.alabama.gov</p> <p>Leah Odeneal, District Emergency Service Officer American Red Cross 251-544-6100 (O) 251-259-2609 (C) odeneall@redcrossalcoast.org</p> <p>Jeff Zoghby, Executive Director MARC 251-479-7409 (O) jzoghby@mobilearc.org</p>
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APPENDIX D

Mobile Medical Reserve Corps POSITION DESCRIPTIONS

Mobile Medical Reserve Corps personnel will be integrated into an incident management structure in the field or healthcare facility and will assist primary responders or medical personnel with emergency medical and medical support operations. Mobile Reserve Corps personnel will be trained in Basic Incident Command System (ICS) so that they may assume ICS positions and duties commensurate with their training, experience, licensure and certifications.

Volunteer Clinic Directors: Direct clients through the clinic process and monitor clinic flow. The director must be stationed at various points throughout the clinic. Clinic directors are responsible for monitoring and directing client activity throughout the facility. They must be able to calmly manage and assist people who may be anxious and unable to follow directions. One may need to assist medical staff with clerical needs.

Volunteer Translators: Will assist clients with all aspects of the clinic procedures.

Volunteer Clerical Supports: Will assist with the registry of clients and the clinic director. May enter data into computers onsite (if available). Must have office, technical, and computer skills.

Volunteer Triage: Medical Personnel ONLY (Nurses, EMT's, Physician Assistants) Must be able to respond to medical emergencies, perform basic and thorough triage examination of clients entering in the clinic.

Volunteer Physician: Evaluate clients, perform medical examinations, review medical history, refill or prescribe medications, assess mental health needs and refer to the mental health team (if needed and/or available). Must have valid medical license and training. All licenses will be verified by the Alabama State Board of Medical Examiners Medical Licensure Commission.

Volunteer Physician Assistant: Evaluate clients, perform medical examinations, review medical history, refill/prescribe medications under the team physician, and assess mental health needs. Must have valid physician assistant license and training. All licenses will be verified by the Alabama State Board of Medical Examiners Medical Licensure Commission.

Volunteer Nurses: Complete patient intake, review patient medication and current illness/problem, and assist the physician or physician assistant. Must have valid nursing license and training. All licenses will be verified by the Alabama State Board of Nursing.

Volunteer Mental Health Counselors: Assess and assist patients with mental health issues, evaluate patients referred from team physician, knowledge of crisis counseling, communicate with the team Psychiatrist if hospitalization is needed. Must hold a valid Licensed Professional Counselor or Licensed Clinical Social Workers licensure. All licenses will be verified by the Alabama Board of Counseling or the Alabama Board of Social Workers.

Volunteer Medical Assistants: Assist the triage nurse or nurse administrator with all aspects of assessment and ensure that each medical station has adequate supplies. Medical assistants must have a thorough understanding of the medical process and the necessary supplies, proper care and handling of patients, how to disinfect contaminated surfaces and disposal of soiled materials. Medical assistants are also responsible for assigning patient numbers on the client record and patient consent forms.

Volunteer Parking Controller: Assist with traffic control; which will include directing people into and out of the different parking lots.

Volunteer Security Liaison: Ensure orderly flow of traffic and parking, as well as clinic site(s); assist in maintaining orderly movement of people throughout the clinic; provide necessary control if people become unruly.



Mobile Medical Reserve Corps Policies



EQUAL OPPORTUNITY/HARASSMENT-FREE ENVIRONMENT POLICY

The Mobile County Health Department (MCHD) and Mobile Medical Reserve Corps (MMRC) are committed to providing a harassment/discrimination free work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal opportunities and prohibits discriminatory practices, including harassment. It is the policy of the MCHD and MMRC that harassment based on race, color, religion, age, gender, sexual orientation, national origin, marital status, disability, veteran status or any other basis is strictly prohibited.

Any harassment, whether verbal or physical, is unacceptable and will not be tolerated. It is the intent that all MMRC volunteers will work in an environment free from discrimination and/or harassment by any individual for any reason. Discriminatory conduct in any form undermines morale and interferes with productivity.

If a volunteer believes that he/she may have been the subject of discrimination or harassment, he/she should report it immediately to the MRC Coordinator. Any reports of discrimination or harassment will be examined impartially and resolved promptly. The MMRC undertakes its responsibility to prevent workplace harassment seriously.

SAFETY POLICY

Providing a clean, safe and healthy work environment is a goal of the MMRC. No job is considered so important or urgent that volunteers cannot take time to perform their job safely.

Prior to activation of all drills, exercises, public health activities and/or deployments, a volunteer's supervisor will discuss all the applicable safety and health rules. If a volunteer is unclear about any safety policies and procedures, he/she should ask the MMRC Coordinator and/or area supervisor.

MMRC Volunteers are responsible for their safety and health, which includes using all required safety devices. A volunteer must also notify the MMRC Coordinator of any physical conditions such as drowsiness due to medication, illness or emotional strain, which may affect his/her performance and safety.

DRUG-FREE WORKPLACE POLICY

MMRC is dedicated to a safe, healthy and drug-free work environment. All MMRC volunteers are expected to report to work free from drug and/or alcohol impairment and to remain at work in a condition that enables them to perform their job duties in a safe, efficient, legal and professional manner. Volunteers must abide by the provisions of this policy as a condition of volunteer service.

VIOLENCE-FREE ENVIRONMENT POLICY

To help ensure a safe workplace and to reduce the risk of violence, the MMRC prohibits all persons from carrying a handgun, firearm or weapon of any kind on assignments, regardless of whether the person is licensed to carry the weapon or not.

MEDIA POLICY

During MMRC activation, only the Public Information Officer (PIO), as specified through the Incident Command, is authorized to speak with the media. Volunteers of MMRC are instructed to refer the press to the MMRC Coordinator; rather than provide any opinions or information. MMRC volunteers may not represent the unit in the media without coordination with the MRC Coordinator. Doing so may result in disciplinary action.

DISCIPLINARY POLICY

Disciplinary action may be initiated to correct inappropriate performance, volunteer-related behavior or behavior which reflects adversely upon the local unit. The degree of disciplinary action shall relate to the gravity of the improper performance or conduct. Suspension or dismissal shall include the involvement of the MMRC Coordinator and the Advisory Board. Any of the following constitute cause for disciplinary actions:

- Work outside the scope of certification/licensure/job description
- Breach of confidentiality
- Neglect of duty
- Dishonesty
- Possessing, dispensing, under the influence or impaired by alcohol or an illegal substance while on duty, except in accordance with medical authorization
- Commission or conviction of a felony or a misdemeanor, reflected on the background investigation or committed while an MMRC volunteer
- Discourteous treatment of the public
- Willful disobedience of personnel policies, rules and regulations
- Misuse of MMRC property
- Seeking to obtain financial, sexual or political benefit from another employee, volunteer, or citizen obtained by the use of force, fear or intimidation
- Falsifying of records
- Any other improper conduct or performance that constitutes cause for disciplinary action

VOLUNTEER DISMISSAL/RESIGNATION POLICY

MRC volunteers agree that the MMRC Coordinator in agreement with the Advisory Board may at any time terminate the volunteer’s relationship with the unit based on the preceding disciplinary procedures. The MMRC volunteer may at any time, for whatever reason, decide to sever his/her relationship with the unit. Notice of such a decision should be communicated to the MMRC Coordinator as soon as possible. All equipment and supplies, including ID badges should be returned to the MMRC Coordinator upon dismissal/resignation.

I, hereby acknowledge that I have read, been given an opportunity to ask questions and understand the MMRC Policies as well as my responsibility in complying with the purpose and intent of the policies.

Print MMRC Volunteer Name

Signature and Date of MMRC Volunteer

Signed by MMRC Applicant/Volunteer (*checking this box serves as online signature*).



Mobile Medical Reserve Corps Agreements & Consents



CONFIDENTIALITY AGREEMENT

I understand the need for confidentiality and will not discuss or disclose any identifying information about the patients I am working with, without prior permission from MMRC Coordinator and the client. This includes any reference to names, addresses, or other identifiable information.

I acknowledge the importance of patient confidentiality and pledge my commitment to honor the confidentiality of all patient information even after I am no longer a member of the MMRC. I understand that failure to maintain this confidentiality may result in legal or disciplinary action.

RELEASE OF LIABILITY AGREEMENT

I understand that I have chosen to volunteer with the Mobile Medical Reserve Corps (MMRC) as a medical or non-medical individual and will adhere to the policies and procedures.

I understand that I will be assisting patients with various medical needs, which may entail some risk of personal injury. I certify that I am in good health and physically able to perform this type of assistance. I understand that I am engaging in this unit at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or any personal injury, which I may sustain while involved in this volunteering.

In the event that the MMRC coordinates accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting from any source or cause which I may occur. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time

I release, discharge, indemnify and forever hold Mobile County Health Department, members of the MMRC Advisory Board, and any other referring agency or organization, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this unit, including travel or lodging associated therewith, or any damages which may be caused by one's own negligence.

BACKGROUND INVESTIGATION AGREEMENT

To protect myself, unit members and the individuals served while representing the Mobile Medical Reserve Corps, I give consent for the Mobile County Health Department to conduct regular background checks. I understand investigation findings are subject to review of the MMRC Coordinator and Advisory Board and will abide by policies established for disciplinary procedures and volunteer dismissal/resignation if needed.

CODE OF CONDUCT AGREEMENT

As a member of the Mobile Medical Reserve Corps (MMRC), I agree to the following:

- I have read, understand and will adhere to the Standard Operating Procedures manual.
- I agree to attend the volunteer orientation training.
- I understand I must adhere to the Incident Command System (ICS) and the National Incident Management System (NIMS) and that I must take the appropriate Incident Command System courses for my level of involvement.
- During an activation, drill or educational program:
 - I will dress in a neat and clean fashion in a manner appropriate to my assigned duty.
 - I will wear the identification provided to me by the MRC at all times.
 - I will conduct myself in a professional manner.
- I will respect the rights and dignity of all volunteers and clients while representing MMRC.
- I will perform tasks within my scope of knowledge and skill and license/credentials while representing MMRC.
- I understand that I am making a commitment to participate in trainings, drills and other activities according to my chosen level of involvement
- I will not speak to the press unless authorized to do so.
- I will participate in debriefings and provide feedback following an incident in which I participate.
- I will promptly address any issues or concerns with MMRC Advisory Board.
- I understand that I am subject to disciplinary action or dismissal.

I, hereby acknowledge that I have read the above agreements to release liability, give consent for background investigation and adherence to the unit code of conduct.

Print MMRC Volunteer Name

Signature and Date of MMRC Volunteer

Signed by MMRC Applicant/Volunteer (checking this box serves as online signature)

In summary, Federal and State laws are extended to MMRC volunteers (registered through ESAR-VHP) during declared emergencies that provide full immunity when operating within their scope of practice, training and credentialing.

Federal Laws

Title 42 –The Public Health and Welfare Chapter 139 – Volunteer Protection§14502. Preemption and election of State nonapplicability

A. Preemption. This chapter preempts the laws of any State to the extent that such laws are inconsistent with this chapter, except that this chapter shall not preempt any State law that provides additional protection from liability relating to volunteers or to any category of volunteers in the performance of services for a nonprofit organization or governmental entity. Election of State regarding nonapplicability. B. Election of State regarding non-applicability. This chapter shall not apply to any civil action in a State court against a volunteer in which all parties are citizens of the State if such State enacts a statute in accordance with State requirements for enacting legislation citing the authority of this subsection; declaring the election of such State that this chapter shall not apply, as of a date certain, to such civil action in the State; and containing no other provisions. (Pub. L. 10519, Sec. 3, June 18, 1997, 111 Stat. 219.)

Title 42 – The Public Health and Welfare Chapter 139 – Volunteer Protection §14503. Limitation on liability for volunteers

Liability protection for volunteers except as provided in subsections (b) and (d) of this section, no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if the volunteer was acting within the scope of the volunteer’s responsibilities in the nonprofit organization or governmental entity at the time of the act or omission; if appropriate or required, the volunteer was properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer’s responsibilities in the nonprofit organization or governmental entity; the harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and the harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator’s license; or maintain insurance .B. Concerning responsibility of volunteers to organizations and entities Nothing in this section shall be construed to affect any civil action brought by any nonprofit organization or any governmental entity against any volunteer of such organization or entity. C. No effect on liability of organization or entity. Nothing in this section shall be construed to affect the liability of any nonprofit organization or governmental entity with respect to harm caused to any person. D. Exceptions to volunteer liability protection. If the laws of a State limit volunteer liability subject to one or more of the following conditions, such conditions shall not be construed as inconsistent with this section: A State law that requires a nonprofit organization or governmental

entity to adhere to risk management procedures, including mandatory training of volunteers. A State law that makes the organization or entity liable for the acts or omissions of its volunteers to the same extent as an employer is liable for the acts or omissions of its employees. A State law that makes a limitation of liability inapplicable if the civil action was brought by an officer of a State or local government pursuant to State or local law. A State law that makes a limitation of liability applicable only if the nonprofit organization or governmental entity provides a financially secure source of recovery for individuals who suffer harm as a result of actions taken by a volunteer on behalf of the organization or entity. A financially secure source of recovery may be an insurance policy within specified limits, comparable coverage from a risk pooling mechanism, equivalent assets, or alternative arrangements that satisfy the State that the organization or entity will be able to pay for losses up to a specified amount. Separate standards for different types of liability exposure may be specified. E. Limitation on punitive damages based on actions of volunteers 1. General rule Punitive damages may not be awarded against a volunteer in an action brought for harm based on the action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity unless the claimant establishes by clear and convincing evidence that the harm was proximately caused by an action of such volunteer which constitutes willful or criminal misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed.

Title 42 – The Public Health and Welfare Chapter 139 – Volunteer Protection
§14504. Liability for noneconomic loss

1. General rule. In any civil action against a volunteer, based on an action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity, the liability of the volunteer for noneconomic loss shall be determined in accordance with subsection (2) of this section. 2. Amount of liability. In general each defendant who is a volunteer shall be liable only for the amount of noneconomic loss allocated to that defendant in direct proportion to the percentage of responsibility of that defendant for the harm to the claimant with respect to which that defendant is liable. The court shall render a separate judgment against each defendant in an amount determined pursuant to the preceding sentence. 3. Percentage of responsibility. For purposes of determining the amount of noneconomic loss allocated to a defendant who is a volunteer under this section, the trier of fact shall determine the percentage of responsibility of that defendant for the claimant's harm. (Pub. L. 105-19, Sec. 5, June 18, 1997, 111 Stat. 221.)

Alabama State Law – Code of Alabama

Discretionary Function (State Agent) Immunity
Code of Ala. 1975, Section 31-9-16

The State of Alabama maintains its sovereign immunity from a civil suit. As a function of sovereign immunity, under case law, employees, and by extension, volunteers who are called upon to make discretionary decisions may be able to assert immunity from suit known as discretionary function or state agent immunity. This immunity protects the decision making process. It does not protect against simple negligence. As a volunteer, there are other immunities that protect against liability for simple negligence. Immunity of state, etc., from liability for torts resulting from emergency management

activities; exemptions of emergency management workers from license requirements; powers, duties, etc., of emergency management workers. (a) All functions under this chapter and all other activities relating to emergency management are hereby declared to be governmental functions. (b) Neither the state nor any political subdivision thereof nor other agencies of the state or political subdivisions thereof, nor, except in cases of willful misconduct, gross negligence or bad faith, any emergency management worker, individual, partnership, association or corporation complying with or reasonably attempting to comply with this chapter or any order, rule or regulation promulgated pursuant to the provisions of this chapter or pursuant to any ordinance relating to blackout or other precautionary measures enacted by any political subdivision of the state, shall be liable for the death of or injury to persons, or for damage to property, as a result of any such activity. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this chapter or under the Worker's Compensation Law or under any pension law, nor the right of any such person to receive any benefits or compensation under any act of Congress. (c) Any requirement for a license to practice any professional, mechanical or other skill shall not apply to any authorized emergency management worker who shall, in the course of performing his duties as such, practice such professional, mechanical or other skill during an emergency management emergency. (d) As used in this section, the term "emergency management worker" shall include any full-or part-time paid, volunteer or auxiliary employee of this state, or other states, territories, possessions or the District of Columbia, of the federal government, of any neighboring county or of any political subdivision thereof, or of any agency or organization performing emergency management services at any place in this state subject to the order or control of, or pursuant to, a request of, the state government or any political subdivision thereof. (e) Any emergency management worker, as defined in this section, performing emergency management services at any place in this state pursuant to agreements, compacts or arrangements for mutual aid and assistance to which the state or a political subdivision thereof is a party, shall possess the same powers, duties, immunities and privileges he would ordinarily possess if performing his duties in the state, province or political subdivision thereof in which normally employed or rendering services.

(Acts 1955, No. 47, p. 267, §16.)

Title 31 or "Emergency Management Worker" Immunity

Code of Ala. 1975, Section 31-9-16

Code of Ala. 1975, §31-9-16 provides that when the Governor proclaims a state of emergency, individuals who are performing state functions during the emergency are deemed to be "emergency management workers." The section provides that except for willful misconduct, gross negligence or bad faith, any "emergency management worker" is granted state officer immunity. They will not be held liable for acts or omissions which take place within the scope and line of their duties. An "emergency worker" is anyone performing functions for the State whether paid or not. Immunity of state, etc., from liability for torts resulting from emergency management activities; exemptions of emergency management workers from license requirements; powers, duties, etc., of emergency management workers. (a) All functions under this chapter and all other activities relating to emergency management are hereby declared to be governmental functions. (b) Neither the state nor any political subdivision thereof nor other agencies of the state or political subdivisions thereof, nor, except in cases of willful misconduct, gross negligence or bad faith, any emergency management worker, individual, partnership, association or corporation complying with or reasonably attempting

to comply with this chapter or any order, rule or regulation promulgated pursuant to the provisions of this chapter or pursuant to any ordinance relating to blackout or other precautionary measures enacted by any political subdivision of the state, shall be liable for the death of or injury to persons, or for damage to property, as a result of any such activity. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this chapter or under the Worker's Compensation Law or under any pension law, nor the right of any such person to receive any benefits or compensation under any act of Congress. (c) Any requirement for a license to practice any professional, mechanical or other skill shall not apply to any authorized emergency management worker who shall, in the course of performing his duties as such, practice such professional, mechanical or other skill during an emergency management emergency. (d) As used in this section, the term "emergency management worker" shall include any full-or part-time paid, volunteer or auxiliary employee of this state, or other states, territories, possessions or the District of Columbia, of the federal government, of any neighboring county or of any political subdivision thereof, or of any agency or organization performing emergency management services at any place in this state subject to the order or control of, or pursuant to, a request of, the state government or any political subdivision thereof. (e) Any emergency management worker, as defined in this section, performing emergency management services at any place in this state pursuant to agreements, compacts or arrangements for mutual aid and assistance to which the state or a political subdivision thereof is a party, shall possess the same powers, duties, immunities and privileges he would ordinarily possess if performing his duties in the state, province or political subdivision thereof in which normally employed or rendering services. (Acts 1955, No. 47, p. 267, §16.)

Volunteer Service Act Immunity
Code of Ala. 1975, Section 6-5-336

Code of Ala. 1975, §6-5-336 provides similar immunity from liability for volunteers who are volunteering for the state or a nonprofit organization, a nonprofit corporation, a hospital, or another governmental entity as long as the volunteer is serving without compensation. Volunteers. (a) This section shall be known as "The Volunteer Service Act." (b) The Legislature finds and declares that: (1) The willingness of volunteers to offer their services has been increasingly deterred by a perception that they put personal assets at risk in the event of tort actions seeking damages arising from their activities as volunteers; (2) The contributions of programs, activities, and services to communities is diminished and worthwhile programs, activities, and services are deterred by the unwillingness of volunteers to serve either as volunteers or as officers, directors, or trustees of nonprofit public and private organizations; (3) The provisions of this section are intended to encourage volunteers to contribute their services for the good of their communities and at the same time provide a reasonable basis for redress of claims which may arise relating to those services. (c) For the purposes of this section, the meaning of the terms specified shall be as follows: (1) GOVERNMENTAL ENTITY. Any county, municipality, township, school district, chartered unit, or subdivision, governmental unit, other special district, similar entity, or any association, authority, board, commission, division, office, officer, task force, or other agency of any state; (2) NONPROFIT CORPORATION. Any corporation which is exempt from taxation pursuant to Section 501(a) of the Internal Revenue Code, 26 U.S.C. Section 501(a); (3) NONPROFIT ORGANIZATION. Any organization which is exempt from taxation pursuant to Section 501(c) of the Internal Revenue Code, 26 U.S.C. Section 501(c), as amended; (4) VOLUNTEER. A person performing services for a nonprofit organization, a nonprofit corporation, a

hospital, or a governmental entity without compensation, other than reimbursement for actual expenses incurred. The term includes a volunteer serving as a director, officer, trustee, or direct service volunteer. (d) Any volunteer shall be immune from civil liability in any action on the basis of any act or omission of a volunteer resulting in damage or injury if: (1) The volunteer was acting in good faith and within the scope of such volunteer's official functions and duties for a nonprofit organization, a nonprofit corporation, hospital, or a governmental entity; and (2) The damage or injury was not caused by willful or wanton misconduct by such volunteer. (e) In any suit against a nonprofit organization, nonprofit corporation, or a hospital for civil damages based upon the negligent act or omission of a volunteer, proof of such act or omission shall be sufficient to establish the responsibility of the organization therefore under the doctrine of "respondeat superior," notwithstanding the immunity granted to the volunteer with respect to any act or omission included under subsection (d). (Acts 1991, No. 91-439, p. 781, §§1-4; Acts 1993, No. 93-614, p. 1006, §1.)

Mobile Medical Reserve Corps TRAINING

Mobile Medical Reserve Corps volunteers are required to successfully complete the following required initial training courses before being activated and utilized to their full capacity during a declared emergency response:

1. Medical Reserve Corps Orientation Course: This course provides volunteers with an overview of MMRC including such topics as:

- Background of the Medical Reserve Corps program
- Purpose and mission of the Mobile Medical Reserve Corps
- Unit organization and composition
- Roles, tasks and duties of MMRC volunteers
- Concept of operations
- Awareness of communications equipment and procedures
- Training and exercise program
- Uniforms and equipment
- Unit policies
- Liability protection for volunteers
- MRC Core Competencies overview

2. Incident Command System (ICS) IS-100*: This online course is designed to provide volunteers with a basic understanding of the principles of the Incident Command System (ICS) including structure, terminology and common responsibilities. Available as a self study course:

<http://training.fema.gov/EMIWeb/IS/IS100.asp> Upon completion, print and save a copy of course certificate.

3. National Incident Management System (NIMS) IS-700*: This online course introduces NIMS. It explains the purpose, principles, key components and benefits of NIMS. The course also contains “Planning Activity” screens giving you an opportunity to complete some planning tasks during this course. Available as a self study course: <http://emilms.fema.gov/IS700a/index.htm> Upon completion, print and save a copy of course certificate.

**Individual members may be provided “Just In Time Training” to qualify for a pending event.*

Recommended Elective Course Offerings

An overall training program is adapted as needed to match varying levels of certifications with the range of possible deployments. Courses that MMRC typically offers include the following:

- **Medical Reserve Corps Core Competencies:** This online course provides an orientation to the national MRC Core Competencies mandated by the U.S Surgeon General which serve as the baseline of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit. Competencies make interoperations between MRC units and partner

organizations more efficient. Available as a self study online course www.nova.edu/idep/mrc_course.html . CEU/CME credit may be available. Upon completion, print and save and provide a copy of course certificate to the MMRC Coordinator. General information is covered during the MMRC orientation. Upon completion, print and save a copy of course certificate.

- **Are You Ready? Disaster Preparedness Training (IS22)**: This course focuses on disaster preparedness to help individuals and families get better prepared for emergencies. The class will include planning for emergencies, building emergency kits, training for emergencies, volunteering in the community during emergencies, blood services during disasters, and seasonal safety tips. Available on FEMA website: <http://training.fema.gov/EMIWeb/IS/is22.asp>
- **Applying ICS to Healthcare Organizations (IS200HC)**: Designed to enable healthcare/hospital personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS. Available on FEMA website: <http://training.fema.gov/EMIWeb/IS/is200HC.asp>
- **The National Response Plan (IS800 NRP)**: Describes how the Federal Government will work in concert with state, local, and tribal governments and the private sector to respond to disasters. It is intended for DHS and other Federal staff responsible for implementing the NRP, and Tribal, State, local and private sector emergency management professionals. Available on FEMA website; <http://www.training.fema.gov/emiweb/IS/is800a.asp>
- **Strategic National Stockpile Training**: This course will include a review of the ICS System, detailed descriptions of jobs and stations, description of clinic flow and clinic algorithms, a general overview of the Strategic National Stockpile (SNS), operations of a Point of Dispensing Site (POD) and the MMRC volunteer's role within a dispensing site.
- **Bioterrorism, An Overview**: This course will provide volunteers with information regarding: Why bioterrorism is a real threat; Characteristics of potential bioterrorism agents; Clues that may signal imminent bioterrorism; Brief description of the clinical features of anthrax, smallpox, plague, tularemia and botulism.
- **American Red Cross Standard First Aid with CPR/AED**: This course will prepare you with the knowledge and skills necessary to prevent, recognize, and provide basic care for injuries and sudden illnesses until advanced medical personnel arrive and take over. This course covers first aid, adult CPR and AED training.
- **American Red Cross Disaster and Shelter Training**: This course is designed to give MMRC members an overview of the American Red Cross policies and procedures for setting up, running and closing a shelter during a disaster.

- **American Red Cross Psychological First Aid: Field Operations Guide:** This course consists of five separate segments and a self-review questionnaire. The course provides a framework for understanding the factors that affect stress responses in disaster relief workers and the clients they serve.
- **Simple Triage and Rapid Treatment (S.T.A.R.T.) Training:** Teaches techniques for performing initial patient assessment, initial trauma victims, hands-on exercises to stimulate response, methods for managing personal stress, mental health aspects, and after-action analysis. Training on JUMPSTART for pediatrics may also be provided. S.T.A.R.T. triage is the one state approved method of triage used throughout Alabama.