Volunteer Handbook

Southwest Virginia Medical Reserve Corps

Welcome

Thank you for joining the Southwest Virginia Medical Reserve Corps (SWVA MRC). We are excited to get to know and work with you in serving the public health needs of our communities.

The SWVA MRC started in 2004 and serves the three health districts in the far southwestern region of the state – Cumberland Plateau, Lenowisco and Mount Rogers. It is one of 27 units in Virginia and 990 in the nation.

The mission and purpose of the SWVA MRC is to provide, when requested a systematic, coordinated and effective voluntary response to events affecting our local communities. In addition, this Unit will work to attract medically-trained volunteers; provide volunteers with training and hone skills before there is an emergency; and provide volunteers the opportunity to work with public health officials resolving public health problems and needs.

This handbook is a guide to being an engaged volunteer and to understand the expectations regarding your role as an agent of public health. If you have questions on your role or expectations, please don’t hesitate to ask your Unit Coordinator.

We look forward to working with you. Thank you for volunteering to protect the citizens of Virginia.

________________________________________________________________________

The Southwest Virginia Medical Reserve Corps serves 13 counties and 3 cities in southwestern Virginia (Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise & Wythe Counties, Cities of Bristol, Galax & Norton). This encompasses the Cumberland Plateau, Lenowisco and Mount Rogers Health and Planning Districts and is included in the Virginia Department of Emergency Management (VDEM), Region 4.
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**History**

“Shortly after the planes crashed into the World Trade Center on 9/11, Mayor Giuliani of New York City asked for physicians to volunteer and help victims at Ground Zero. Medical volunteers arrived at the Stuyvesant Triage Center (normally a school filled with students), only to find a chaotic scene with no clear lines of authority. The medical volunteers organized themselves, took control of the situation, and began to triage victims. Two physicians coordinated the volunteer effort—they worked with the other physicians and medical personnel to tend to the injuries sustained by search and rescue workers.

Dr. Richard Hatchett, who was a coordinator at the triage center and is currently the chief medical officer and deputy director for Strategic Sciences and Management at the Biomedical Advanced Research and Development Authority within the Department of Health and Human Services (HHS), said shortly after 9/11, “The human response to the tragedy made you feel like somehow good was going to come out of this. Whoever attacked the towers had failed, if their purpose was to terrorize us. What it did was galvanize us. As soon as I signed off to the federal disaster team, I felt fortunate to be given to opportunity to help out. To be task-oriented was a good thing.”

After the life-altering events of 9/11, the volunteer physicians recognized the need for an organized group of medical volunteers who would be trained and prepared to provide supplemental medical and public health support in response to emergency operations in New York City. The group submitted a proposal to the city, requesting that a cadre of trained medical volunteers be established; the proposal was later expanded to suggest a nationwide group of volunteers be developed—a concept that eventually reached President George W. Bush and Congress.

A second impetus to the MRC’s creation was the response to the anthrax letters in October and November 2001, which was limited mostly to Congressional staff and postal workers. The administration realized that, should large-scale mass dispensing/mass vaccination be required, the United States would need a group of organized volunteers ready to respond.

During President Bush’s delivery of the 2002 State of the Union Address, he asked all Americans to volunteer in support of their country. Shortly after this speech, the MRC was formed as a partnership with Citizen Corps, a national network dedicated to ensuring hometown security. NACCHO supports the MRC through a cooperative agreement with the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC), headquartered within the Office of the Surgeon General.”

**2011- National Association of County and City Health Officials**

In the fall of 2003, the Southwest Virginia Medical Reserve Corps received a pilot project grant from the U. S. Department of Health and Human Services to launch a local MRC unit. New volunteer recruitment and orientation began in 2004.
Principles of Operation

The Southwest Virginia Medical Reserve Corps operates according to the following principles.

- Treat all people, volunteers, clients, and co-workers with respect and dignity in all situations
- Honor the fact that volunteers are donating their time and expertise, for the overall health and well-being of their communities, as well as training to be of service in emergencies
- Communicate clearly and consistently with all volunteers
- Membership input is encouraged and valued
- No member will be asked to perform beyond the scope of his/her licensure, credentials, training, or comfort level
- No member will knowingly be placed at risk, during training or deployment
- Members are encouraged to report to the Safety Officer any unsafe working environment or situation which may put the community in harm’s way
- Members have the option to refuse assignments for any reason
- Response to disasters outside of the region will be at the member’s discretion
  - **No member will self-deploy.** Involvement in any event that represents the Southwest Virginia Medical Reserve Corps is strictly upon agreement with an authorized staff member
- The Medical Reserve Corps will consistently seek inclusion of residents across all demographics, thereby truly representing all of the (adult) citizens in the region.
- Ensure current, valid credentials of the Southwest Virginia MRC membership

Activation and Mobilization

The Southwest Virginia Medical Reserve Corps is not a First-Response agency; due to the geographic size of the unit region, volunteers may be physically located far from the scene when the deployment alert is sent. The SWVA MRC would offer surge capacity later into the situation, after Incident Command has completed an initial assessment and identified the immediate services that are required.

The purpose of the Unit is not limited to medical emergencies. This valuable resource can also be mobilized to support a range of public health initiatives and emergency responses.

- Supplement existing medical services at emergencies such as fires, plane crashes, chemical spills, terrorist incidents, and explosions
- Respond to natural events such as flash floods, snow and ice storms, tornados
- Respond to unusual disease outbreaks or suspected bioterrorism events which may require massive immunization within a region or distribution of preventative medicine
- May be asked to provide and support local health education programs
- Support existing community service organizations
Service Environments

Members could find themselves serving in the following kinds of environments.

- Mass Dispensing Clinics (public health outbreaks, toxic agent release)
- Mass Casualty Sites (often austere environments)
  - Staging areas
  - Triage and treatment
  - Alternate care locations (school auditoriums, other)
  - Field hospitals
  - Family Assistance Centers
- Emergency Shelters (residents displaced due to fires, floods, storms)
- Shift relief and staff augmentation at regional hospitals
- Volunteer Reception Centers
- Health screenings, health fairs, conferences, training venues
- Local Health Department offices

Deployment Procedures

If a VDH Health Director confirms that a requested assignment is appropriate, the information will be provided to the District Emergency Planner and Unit Coordinator to initiate Activation Procedures including alerts from Virginia Volunteer Health System and other channels of communication.

Members should never self-deploy. Doing so could be grounds for dismissal.

County Captains

Many of the SWVA MRC localities have County Captains. This team of volunteer leaders acts as a liaison between the Unit Coordinator and volunteers especially during critical times of emergency response. The Captains will be briefed with specific information concerning a volunteer deployment and will be available to answer questions from volunteers by phone, email, text and in the Facebook CLOSED group. Captains also become the lead volunteer of non-emergency community events and work to build volunteer relationships with the organization as a whole. The County Captain contact list can be found on the Unit Website, in the “Contact Us” tab, http://www.vdh.virginia.gov/swvamrc/contact/.
Virginia Volunteer Health System Alerting Process

[www.vamrc.org/vvhs](http://www.vamrc.org/vvhs)

The Virginia Volunteer Health System is a password secured website used to send alerts to Southwest Virginia Medical Reserve Corps members. This system has the capability to send alerts to primary and secondary email addresses, by text and all phone numbers listed in the volunteer’s profile.

There are seven different alert categories

- Activation
- Awareness
- Deactivation
- Emergency
- Exercise
- Readiness
- Training

☆ Receiving email alert:
  - Upon receipt of an email similar to one pictured below, click -
    “Please click here to confirm receipt and select your availability”

![Sample email](image-url)
The email will open to a page similar to the one pictured below
Please select either “I’m Available For This Event” or “I’m Not Available For This Event”

To confirm a telephone alert:
- Answer phone saying “Hello” and listen to automated greeting
- Press any key to continue
- Listen to message
- After listening to entire message, listen to instructions on how to respond for availability.
- NOTE: When receiving a phone alert, the caller ID information will be from the Virginia Department of Health.

Because the Virginia Volunteer Health System is the primary source for alerting volunteers when there is a need, it is IMPERATIVE that all volunteers keep their contact, employment and response information in the website up-to-date. All volunteers should know and keep their User Name and Passwords in a secure location; update mailing address, email addresses, phone numbers, emergency contacts, education, employment and volunteer interests, as needed.
SWVA MRC Deployment Checklist

In the event that you are either contacted by the Southwest Virginia Medical Reserve Corps, or are notified through emergency broadcasts to report for service, the following checklist should be reviewed before deployment:

Family:
- Notify appropriate family members of your deployment
- Advise family members that you will contact them when you have an opportunity (Note: We would appreciate them NOT trying to reach you on your personal cell phone.)
- Ensure that your pets are being cared for

Employer:
- Advise your employer that you have been contacted for deployment and request approval for time off to volunteer

Personal Items:
- Identification:
  1. Driver’s license
  2. MRC Badge
  3. Health Insurance Card
  4. Hospital ID, if applicable
- 2 pair of pants, shirts, underwear
- 3-4 pair of heavy, padded socks
- Extra pair of work shoes or boots
- Stethoscope
- Extra pair of glasses or contact lenses
- Red SWVAMRC T-shirt, if volunteer has one from previous activity
- Chargers for phone and any other necessary electronic devices
- Personal Hygiene Supplies (toothbrush, toothpaste, deodorant, shampoo, shaving cream, razor, soap)
- Feminine hygiene supplies
- 1 week supply of any prescription medicines
- Earplugs
- Sleeping bag
- Non-perishable snack items

Remember, when you are deployed: 1) Rest when you can; 2) Eat & Drink when food and drinks are made available; 3) Sleep when you have the opportunity; 4) ONLY work your shift.

Important Note:
DO NOT SELF-DEPLOY
Member Responsibilities in a Deployment

According to Incident Command System procedures, members should respond according to the following checklist.

1. It is crucial for members to sign in and out from their responsibilities at the scene for safety reasons as well as accountability.
2. Receive your incident assignment from the Southwest Virginia Medical Reserve Corps; probably through the Unit Coordinator. 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 necessary. Never self-deploy!)
3. 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.
4. Sign in upon arrival at the check-in location for the given assignment.
5. Use clear text (no codes) during any radio communications. Refer to incident facilities by incident names. Refer to personnel by Incident Command System title, not by numeric code or name.
6. Obtain a briefing from your immediate supervisor. Be sure you understand your assignment, ask questions and request another assignment, if necessary.
7. Acquire necessary work materials then locate and set up your work station.
8. Organize and brief any other staff or volunteers assigned to you.
9. Brief your relief at the end of your shift and at the time you are demobilized from the incident.
10. Complete required forms and reports delivering them to your supervisor or the Documentation Unit before you leave.
11. Sign out and, if requested, alert Unit Coordinator, County Captain or designee when you arrive home safely.

Demobilization and Debriefing

After each incident, members will have an opportunity to share their observations. Typically, members will be asked to complete an on-line survey from www.surveymonkey.com. This evaluation allows the volunteer to share what worked, what didn’t, suggestions for improvements and evaluate the local health district’s response. Information shared by volunteers may be used for After-Action reports. All volunteer names will be removed for confidentiality.

If appropriate and, certainly if requested, opportunities will be made available to discuss the event and the volunteer’s experience with mental health care professionals.
No Shows

“No Shows” are volunteers that have been deployed for a routine activity, emergency response, training or have answered an alert indicating they are available and then they do not show up or contact the Unit Coordinator or their designee. This is a serious problem and can result in events being short-staffed or result in empty seats when there is a waiting list for training. Volunteers must contact the Unit Coordinator ASAP if they are not able to participate after indicating they are available to a Virginia Volunteer Health System request or alert. Failure to do so on a consistent basis may result in the volunteer’s profile being changed from Approved to Unsubscribed.

Membership Readiness for Service

Basic criteria for service:
- Set up volunteer profile in Virginia Volunteer Health System and complete on-line application, including providing information on all credentials
- Complete orientation either on-line or in-person
- Read and sign Southwest Virginia Medical Reserve Corps Volunteer Agreement

Basic criteria for service for youth (Age 16 & 17):
- Same as above with the addition of a submission of signed Parental Consent Form

Core Volunteer Training

- **ICS-100.a Introduction to the Incident Command System**
  (http://training.fema.gov/EMIWeb/IS/is100b.asp)
- **IS-700.a Introduction to the National Incident Management System**
  (http://training.fema.gov/EMIWeb/is/is700a.asp)

These courses are free and offered on-line by FEMA. All approved members are strongly encouraged to complete within the first year of membership to ensure the unit meets National and Virginia competency requirements. Once completed, copies of certificates should be provided to Unit Coordinator.

Requirements for a full range of deployments may include the following:

- **Training** – as appropriate for the event, the member’s skill level, and the service(s) to be provided. National core competencies and training standards are utilized, which would allow members to be assigned at the highest level of capability.

- **Background checks** – Virginia State Police background checks will be conducted, as necessary, on members to ensure that the member has no criminal record. Members whose backgrounds are determined to pose a security risk will be dismissed, to protect other care providers as well as patients.

- **CPR** - Copies of CPR cards and training certificates will be kept on file as appropriate.
- **Identification** – All APPROVED members will be issued a Southwest Virginia Medical Reserve Corps identification badge and should wear the badge to each unit activity.

- **Event-specific preparations** – These can include equipment, instructions, and other prerequisites – such as proof of vaccinations required to serve at a clinic.

**Training**

All members are required to complete the *New Member Orientation* as their minimum training. (Individual members may be ‘fast-tracked’ to qualify for a pending event, but are asked to attend an orientation as soon as possible.)

Other courses may be offered at no cost as incentive for keeping members engaged and active. Classes may be held on an ongoing basis, with a side benefit that members have the chance to mingle and get better acquainted in a stress-free environment.

There is an unlimited spectrum of **online courses** available as well. While these provide useful information and concepts in a flexible system of delivery – entirely at the member’s convenience – they do not include interaction with other members, and do not allow hands-on practice. Therefore, online courses will never be the only method of instruction. Volunteers are encouraged to set up a Virginia TRAIN ([https://va.train.org](https://va.train.org)) where a wide-variety of online courses can be accessed, including FEMA courses.

The main training goals are to help each member develop top-notch skills in disaster response, and to practice this enhanced knowledge with other team members. Core competencies and minimum training requirements are occasionally reassessed.

**Communications with Members**

Current and planned methods of communication are as follows. These methods will vary depending on the situation (ongoing interactions versus a call-out).

1. **Direct phone calls or text to & from the Unit Coordinator @ 2762740555**

2. **E-mail.** Sent from the Virginia Volunteer Health System, from kristina.morris@vdh.virginia.gov or swva.mrc@vdh.virginia.gov

3. **Emergency Deployment e-mail.** For an emergency deployment a back-up email address has been established, swva.mrc@gmail.com. This address will ONLY be monitored during an emergency deployment to assist volunteers with questions and/or problems.
4. **Web site.** Members are strongly encouraged to check the Unit web site on a regular basis to find information on current and upcoming trainings and activities, news articles and new publications. [http://www.vdh.virginia.gov/swvamrc](http://www.vdh.virginia.gov/swvamrc)

5. **Printed mail**

6. **Quarterly Unit Newsletters.** Newsletters are sent by e-mail and/or postal service to all members quarterly. Newsletters are also available on the unit website, [http://www.vdh.virginia.gov/swvamrc/documents/](http://www.vdh.virginia.gov/swvamrc/documents/)

7. **FACEBOOK:** Members are encouraged to become a “FRIEND” with Kristina Morris and then are added as member of the Southwest Virginia Medical Reserve Corps Closed Group. The closed group allows members to communicate with one another and can be utilized as a secondary means of alerting members to deployment requests.

8. **TWITTER & INSTAGRAM:** Members are encouraged to follow the Southwest Virginia Medical Reserve Corps on Twitter & Instagram at [@swvamrc](http://twitter.com/swvamrc).

9. **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.

10. **Media outlets** (cable TV, major news stations, radio) will be tapped to announce volunteer deployment needs depending on the scope and urgency of notifying members.

The unit will continue to examine its methods of contacting its volunteers, and is open to creative ideas – especially as volunteer numbers continue to grow.

**Communications with the Press and Outside Agencies**

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

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

Storage: Approved member data is stored within the Virginia Department of Health internal secure server for the Virginia Volunteer Health System.

Security: All member records will be treated as confidential, and protected from unauthorized use.

Sharing: Health Directors, Emergency Planners and representatives of the Southwest Virginia Medical Reserve Corps Advisory Council and the Southwest Virginia Medical Reserve Corps County Captains can be given the names and specialties of members in their community upon request, with contact information as needed, if events of interest to a specific sub-group have been authorized.

Disposal: Volunteer files will be retained by the Southwest Virginia Medical Reserve Corps for five years after the volunteer is separated from Approved Status. At that time all paper records will be shredded and electronic records will be archived.
Employment of Medical Reserve Corps (MRC) Volunteers
Liability Coverage and Scope of Activity

1) Medical Reserve Corps Volunteer Liability Protection:
Volunteers are important to the Commonwealth of Virginia. This is demonstrated in the Virginia State Government Volunteers Act (Act), found in §§ 2.2-3600 – 2.2-3605 of the Code of Virginia. The General Assembly reemphasized this in its 2005 session by unanimously passing legislation that was signed into law by the Governor specifically adding to the Act volunteers who serve in a Medical Reserve Corps (MRC) unit.

_The Code states that those serving in a Medical Reserve Corps unit acting in good faith and in compliance with the laws of Virginia and government regulations shall not be liable for civil damages related to that service, excluding of course gross negligence and willful misconduct._

Federal and state law does not exclude legal challenges and suits against the Act and those providing volunteer services. To this end, a program of liability protection covers each volunteer.

The Division of Risk Management of the Department of the Treasury provides all liability coverage and services under the State Risk Management Plan as approved by the Governor. This coverage is identical to that provided all state employees, and includes $2,000,000 in liability coverage per occurrence with no aggregate limits, for medical malpractice the coverage is set to the statutory limits set in the Code of Virginia, all necessary legal expenses, and a $10,000 medical payment provision. The Division of Risk Management administers claims with legal defense provided by the Office of the Attorney General or counsel appointed by the Governor.

2) Risk Management for MRC and VDH Volunteers: MRC volunteers who are registered with the Virginia Department of Health are entitled to the benefits described in § 2.2-3605 of the Code of Virginia. While they are acting under the direction of the Virginia Department of Health, and within the course and scope of their assigned emergency and disaster response activities, volunteers are eligible for the same liability protection available to state employees. In addition to this protection, if a volunteer is injured while performing an assignment, the state may also provide up to $10,000 reimbursement for medical expenses.

Volunteers covered under the State’s liability must:
- Be registered as a member of an organized MRC or volunteer unit
- Demonstrate comprehension of basic emergency competencies
- Act under the direction of the VDH or other state agency
- Follow the policies and protocols of the MRC Unit
- Act within the scope of their education and experience
Southwest Virginia Medical Reserve Corps Contact Information

Contact information for general issues regarding the Southwest Virginia Medical Reserve Corps is as follows:

Kristina K. Morris, Unit Coordinator, kristina.morris@vdh.virginia.gov, 276-274-0555

Mailing address, phone, fax and web site:
15068 Lee Highway, Suite 1000
Bristol, Virginia 24201
Phone: 276-274-0555 Fax: 276-669-2097
www.vdh.virginia.gov/mrc/swvamrc

Additional Points of Contact:

- Robert Peters, Mount Rogers Health District Emergency Coordinator
  robert.peters@vdh.virginia.gov, 276-781-7450 or 276-780-0102

- Delilah McFadden, Cumberland Plateau Health District Emergency Coordinator
  delilah.long@vdh.virginia.gov, 276-415-3367

- Sydney Manis, Lenowisco Health District Emergency Coordinator
  Sydney.manis@vdh.virginia.gov, 276-386-8019 or 276-708-6251

- Jennifer Freeland – Virginia Medical Reserve Corps State Coordinator,
  jennifer.freeland@vdh.virginia.gov, 804-396-7840

Current County Captains Roster can be found at
http://www.vdh.virginia.gov/swvamrc/contact/