

Medical Reserve Corps Break Out Session, Oct 24, 2023

Kick Off Session with Virginia MRC State Coordinator

Presentation Outline

MRC Breakout Session Kickoff/Opening Remarks

Session 1: Working through challenges with Volunteers

Virginia Medical Reserve Corps Program Update

- Where we've been...
- Where we are...
- And... What's new for Virginia MRC?

Working with Volunteers can sometimes present some challenges

- Communication
- Personal Interactions
- No Shows
- Self-Deployment
- Scope of Practice Violations
- Others?

Resolution

- Verbal Discussions
- Verbal Warnings
- Written Warnings
- Dismissal

- Documentation!

Questions???

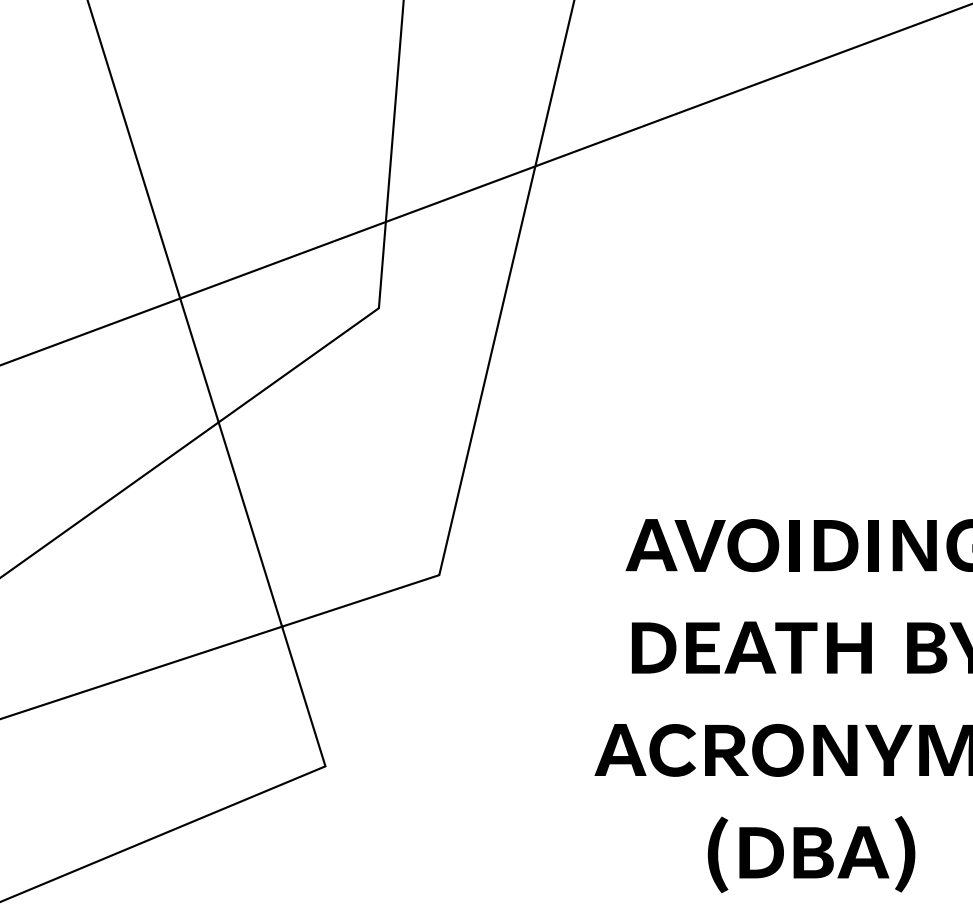


STARTING PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS

Jonathan Matthews – Three Rivers MRC

PRESENTATION OUTLINE

- Background
- Challenges & Solutions
 - Finding a Partner
 - Barriers
- Discussion



AVOIDING DEATH BY ACRONYMS (DBA)

DEFINITIONS

Memorandum of Understanding

(MOU). A formal agreement between two or more parties that is not legally binding

Memorandum of Agreement

(MOA). A legal document between two parties that have agreed to meet an objective. The memorandum lays out the agreed terms and outlines the steps to reach the desired goal. MOAs are usually used when money [or equipment] is involved

Point of Contact

(POC)



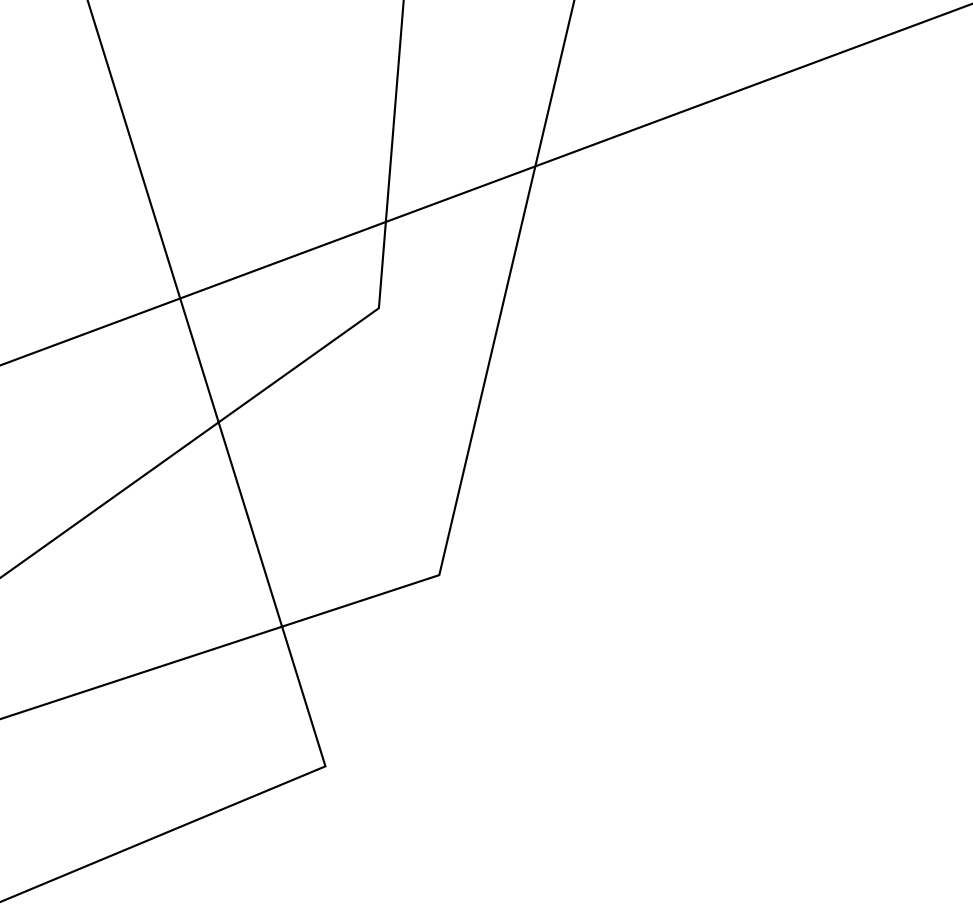
BACKGROUND

Three Rivers MRC sought an expanded pool of partner organizations

Began reaching out to free clinics, food banks, & hospitals

Five month gap between first contact and first request for volunteers

Encountered last-minute challenges



WHAT ARE WE LOOKING FOR?

MORE VOLUNTEER OPPORTUNITIES

Keeps volunteers engaged; feeling needed & wanted

HEALTHY & LONG RELATIONSHIPS

With partners, volunteers, & the whole community

VISIBLE EFFECT ON PUBLIC HEALTH

Expanding local access to education, vaccinations, and trainings; Increasing partner capability/capacity

LARGER PROFILE

Success leads to greater recognition, higher visibility, better reputation, & leverage during emergencies

WHAT WE DON'T WANT



CHALLENGE #1

FINDING A PARTNER

WHO

Who will support your goals? Who has a need?
Who can best support the community needs?

PAST AGREEMENTS

Don't start from scratch! Look at past MOAs/MOUs
from your unit or health department

HOW

Phone calls are better than emails;
Schedule an in-person meeting

KNOW WHAT YOU BRING

Be familiar with your capabilities and history prior
to your meeting
(Tri-fold MRC pamphlet is an excellent resource)

CHALLENGE #2

COMMUNICATION & BARRIERS

UNDERSTAND THEIR NEEDS

Listen intently.

What do they need your volunteers to do?
What are they looking for?

OVERSELLING/UNDERSELLING

During your meeting, do not oversell capabilities that you are not equipped for.
Do not undersell your volunteers

MOU & DEPLOYMENT

To avoid miscommunication, bad habits, & unmet needs, ensure that an MOU is written and signed before the first deployment

LIABILITIES

Concerns over volunteer liability coverage, background checks, & training. Have this information ready & include it in your MOU.
Use a standardized request form



Three Rivers Medical Reserve Corps Virginia Department of Health
Volunteer Request Form

Applicant Information	
Date:	
Requester:	
Job title:	<div>First</div> <div>Last</div>
Email:	Department: <div></div>
Office Number:	Cell Number: <div></div>
	Other: <div></div>
Event or Activity Information	
Event or Activity Name:	
Location & Address:	
Begin Date & Time:	End Date & Time: <div></div>
Description of population being served:	# of people served: <div></div>
Description of Event or Activity: <div></div>	
Volunteer Information	
Description of Volunteer Duties:	<div></div>
What types of volunteers are needed? How many of each?	<div></div>
Are there any specific skills that volunteers need to have?	<div></div>
Duration of event:	<div></div>
Volunteers will be reporting to:	<div></div>
Contact Information:	<div></div>
Additional Logistical Information (meals, supplies needed, lodging, parking, etc.): <div></div>	

If you have questions please contact the Three Rivers MRC Coordinator @ 804-758-2381 or threeriversmrc@vdh.virginia.gov

Approved by: on



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23219

TTY 7-1-1 OR
1-800-828-1120

CERTIFICATE OF COVERAGE

ISSUED TO:

(Enter the name of the VDH employee or authorized agent above)

INSURER:

COMMONWEALTH OF VIRGINIA

AUTHORIZATION:

Commonwealth Risk Management Plan and the *Code of Virginia*, Sections §§2.2-1832 to 2.2-1843, 8.01-581.1 to 8.01-581.20 and 8.01-195.1 to 8.01-195.9

COVERAGE PERIOD:

July 1, 2023 - June 30, 2024

PURPOSE:

Verification of liability insurance coverage for activities of the Virginia Department of Health, its employees, and authorized agents.

COVERAGES:

Tort Liability, including Medical Malpractice and Automobile Liability. This covers liability and physical damage for rental vehicles/leased vehicles used on official business.

LIMITS:

\$100,000 - Tort claims against the Commonwealth
\$2,000,000 – for claims, other than medical malpractice claims, against officers, employees, and agents of the Commonwealth.
For malpractice claims against health care providers, the limit is the amount set forth in §8.01-581.15, Code of Virginia.

ADMINISTRATOR:

Division of Risk Management
P.O. Box 1879
Richmond, VA 23218-1879

This is for information only. It does not alter any provisions of the Risk Management Plan nor the *Code of Virginia*.

THANK YOU



REFERENCES

MOU

Kenton, W. (May 02, 2023). *Memorandum of understanding*. Investopedia. <https://www.investopedia.com/terms/m/mou.asp>

MOA

Contracts Counsel. (n.d.). *Memorandum of agreement*. Retrieved on August 16, 2023 from <https://www.contractsounsel.com/t/us/memorandum-of-agreement#:~:text=A%20memorandum%20of%20agreement%2C%20or,desired%20goal%20of%20the%20agreement>

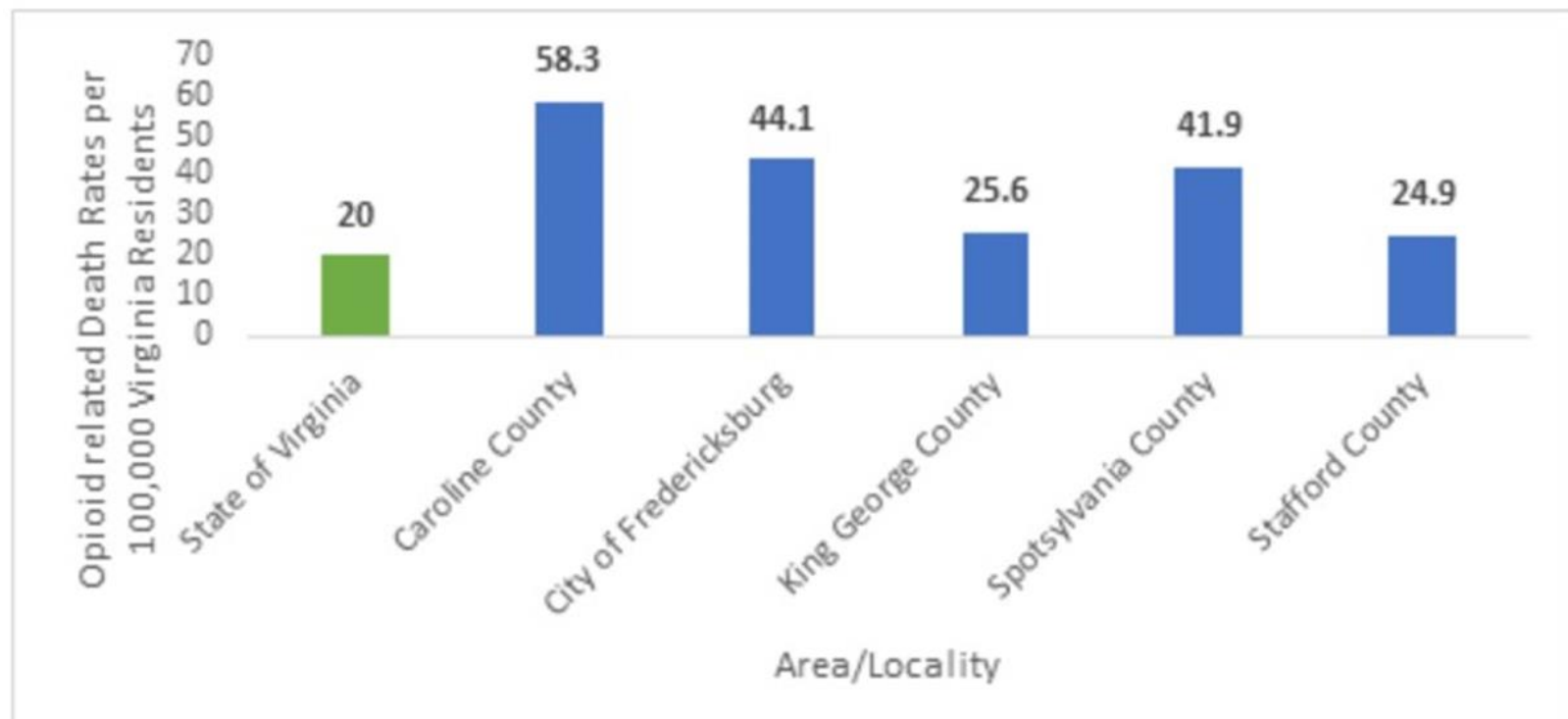
Using MRC to Build Harm Reduction Efforts

Anthony Salgado
Rappahannock MRC Coordinator

Harm Reduction in RAHD: Oct 2022

- Harm reduction responsibility undetermined.
- Not providing naloxone.
- No REVIVE trainers in the district.
- Opioid overdoses and deaths rapidly increasing.

Death rate per 100,000 Virginia residents for any opioid related drug overdose in 2021



Building A Plan

- Harm Reduction + Opioid Response Workgroup
- Develop goals
- Communicate with community leaders
- Identify responsibilities

Using MRC

- REVIVE Trainers
- REVIVE Support
- Community Leaders
- Health Professionals
- Naloxone Training
- Registration Support
- Advocates
- Identifying target groups/locations

Revive Training

What will your district allow MRC to do?

How will you verify that volunteers are adequately prepared to train?

What must a volunteer know before they...

- Help staff a Rapid Revive booth?
- Provide Rapid Revive at a community event?
- Provide Lay Rescuer Revive for a community group?

Naloxone/Test Strips Dispensing Protocols

- Naloxone Dispensing Documentation
- Expanding Naloxone Access
- Authorized Dispensers
- Drug Test Strips

Naloxone and Fentanyl Test Strips

Community Health Services → Naloxone and Fentanyl Test Strips

Resources:

- [Harm Reduction Test Strip Protocol](#) – updated 9/6/23
- [Job Aid: LHD Ordering of No-Cost Naloxone and FTS](#) – updated December 6, 2022
- [Powerpoint Presentation: LHD Ordering of No-Cost Naloxone and FTS](#) – updated January 30, 2023
- [FAQ – Frequently Asked Questions](#) – updated 9/15/23
- [Board of Pharmacy Guidance Document 110-44](#) – updated November 25, 2021

Protocol for pharmacy to dispense naloxone with a standing order and the protocol for distributing to law enforcement officers, firefighters, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, and employees of regional jails, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, and other school board employees or individuals contracted by a school board to provide school health services who have successfully completed a training program.

- [Commissioner's Standing Order](#) – updated January 14, 2022
- [Protocol for Expanding Access to Naloxone through the Local Health Department](#) – updated 9/6/23

POD Rapid REVIVE

Use what we know too well!

Naloxone dispensing in a POD format can be a great way to dispense to community members especially when community partners are involved.



Tips

- Ask for support!
- Join community initiatives.
- Signage is important and increases community engagement!
- Acquire local leader support.
- Maintain a healthy mind – ensure volunteers engaged in harm reduction are leaving each deployment with a positive mindset.
 - Have resources readily available if needed.

Harm Reduction in RAHD: Oct 2023

- Opioid Response Workgroup
- Opioid Response Coordinator
- All health department providing naloxone
- Many REVIVE trainers! Mostly MRC
- RAHD and RMRC are seen as community leaders in the fight against the opioid crisis.

Discussion

- Do you know who leads harm reduction in your health district?
- How do you ensure volunteers are ready for REVIVE/harm reduction deployments?
- What REVIVE/harm reduction events have your volunteers participated in?



Virginia Medical Reserve Corps

NW Regional TTX Presentation

Virginia Preparedness Summit

October 24, 2023

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Background

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VA MRC OEP TEAM

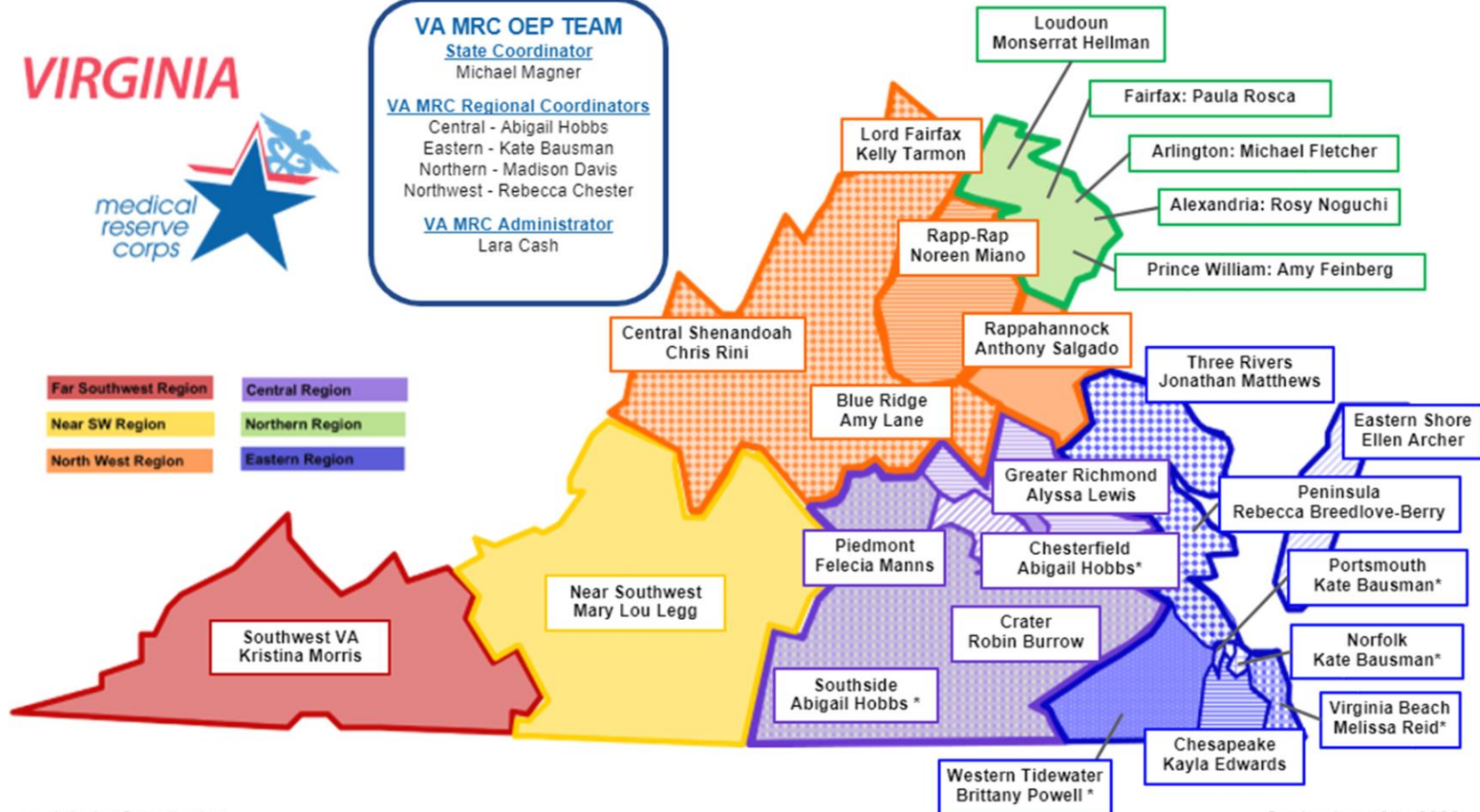
State Coordinator
Michael Wagner

VA MRC Regional Coordinators

Central - Abigail Hobbs
Eastern - Kate Bausman
Northern - Madison Davis
Northwest - Rebecca Chester

VA MRC Administrator
Lara Cash

Far Southwest Region	Central Region
Near SW Region	Northern Region
North West Region	Eastern Region



* - Interim Coordinator

September 13th, 2023

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NW Regional TTX Pilot

State Training Team created a regional TTX for use by Regional Coordinators in collaboration with the Local Unit Coordinators. The exercise was designed to test MRC unit readiness in the regions of Virginia.

NW volunteered to Pilot the TTX.

Hybrid Delivery – to maximize local participation

- 1 “main” facilitation location in Central Shenandoah

- 4 satellite “breakout” locations at Blue Ridge, Lord Fairfax, Rapp-Rap & Rappahannock

Participants from across the northwest region of Virginia took part in the exercise.

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Exercise Format/Agenda

Agenda Item	Time
Introductions/Opening Remarks	10 Minutes
Purpose, Scope and Objectives	10 Minutes
Exercise Module Scenario Brief Presentation	10 Minutes
Group Discussions (three scenarios)	60 Minutes
Group Discussion Report Back: <ul style="list-style-type: none">• Mpox• Foodborne Outbreak• Severe Weather	60 Minutes
Hotwash	30 Minutes
Adjourn	NA

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Exercise Objectives

★ **The objectives of the exercise were to:**

- Examine and discuss MRC unit preparedness at the family and personal level in response to a variety of Public Health Emergencies, in accordance with MRC Core Competencies and applicable plans, policies and procedures.
- Examine the MRC unit gaps present to effectively respond to a Public Health Emergency in accordance with MRC Core Competencies and applicable plans, policies and procedures.
- Discuss MRC unit leadership considerations in response to a Public Health emergency in accordance with MRC Core Competencies and applicable plans, policies and procedures.
- Assess the MRC units ability to contribute to the overall community resilience in response to a Public Health Emergency in accordance with MRC Core Competencies and applicable plans, policies and procedures.

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Scenarios

Scenario 1: Mpox Outbreak

Scenario 2: Foodborne Disease Outbreak (Intentional)

Scenario 3: Severe Weather Event



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Key Strengths

- ★ The MRC Volunteers in the NW Region are dedicated and eager to respond.
- ★ Highlighted that the units and volunteers have and can use pre-existing knowledge bases and resources
- ★ MRC units and volunteers have excellent past experiences to draw from in future emergency circumstances.
- ★ The State and local MRCs have very good mechanisms in place for training (TRAIN) and communications (VVHS) volunteers.
- ★ Volunteers have a good understanding of personal and family preparedness.

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Areas for Improvement

- ★ VDH/LHD/MRC 101
 - There was a clear gap in volunteers' knowledge of the scope of the MRC; how the MRC (and as such volunteers), VDH, and partners fit into response picture.
- ★ Pre-event education on methods of communication and education
 - Accessible/Pushed out education on emerging or imminent public health events (e.g., in the MonkeyPox scenario, we spend a large amount of time talking about MonkeyPox, vaccines, transmission/infections, PPE)
 - Better address for each event what are the needs = translate that to volunteer skills, abilities & credentials
- ★ In person trainings, educational opportunities and TTX are essential.
 - Volunteers at all 5 units are willing to show up, it's clear they will “do” but the lack knowledge of process/scope shows they do not know the “what/how” of MRCs integration in response.
 - Ensuring the trainings, educational opportunities, and TTX are appropriate for volunteers – the majority of the objectives were MRC unit focused and the questions were beyond the scope of the general volunteers.

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Corrective Action Plan

Observation/Issue:

- ★ There was a clear gap in volunteers' knowledge of the scope of the MRC; how the MRC (and as such volunteers), VDH, and partners fit into response picture

Recommendation:

- ★ Create a **Back to the Basics** course – envisioned this as a compilation of several pieces of existing trainings including Volunteer Orientation #1104624; VDH Overview for MRC Volunteers #1113069; **Roles Course in TRAIN** and Intro to Public Health for MRC Volunteers #1112183; add some *new* MRC unit experiences, the role the volunteer played, and tie those to the units plans, policies and procedures.

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General Feedback

- ★ Three scenarios were too many for time allotted (3 hours)
- ★ Given certain scenarios (M-pox) a brief FAQ of the disease would speed up the discussion
- ★ Key points were helpful
- ★ The technology worked; a hybrid approach was great! We would have liked to have had all cameras on everyone's screen– one location suggested Polycom for the next version – audio/visual built into the HD rooms
- ★ MUST have a timekeeper in the room!
- ★ A Parking Lot for *good ideas* to circle back to (i.e., MonkeyPox)
- ★ Homework – pre-read for Volunteers (Background on Scenarios and MRC & Volunteers Roles)

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Summary

Around the NW Region Insight

Local Challenges
Biggest Highlight/Win

Blue Ridge
Central Shenandoah
Lord Fairfax
Rappahannock
Rappahannock-Rapidan

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Questions?!



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