

Volunteer Handbook and Standard Operating Procedures



**Southwest Virginia
Medical Reserve Corps**

Standard Operating Procedures

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Background

This document is based on information gathered from several Medical Reserve Corps across the U.S., most specifically the Upper Merrimack and the Greater Prince William Medical Reserve Corps, and has been adapted for use by the Southwest Virginia Medical Reserve Corps unit. It is hoped that this document will serve as a practical purpose in guiding the operations of the Southwest Virginia Medical Reserve Corps. These guidelines will be reviewed and updated as necessary to ensure relevancy based on current understandings of local disaster response.

Audience

This document is primarily intended for the Southwest Virginia Medical Reserve Corps use by **Members**. Each volunteer in the unit is encouraged to learn these guidelines, so they will see how their activities fit in the context of the unit as a whole.

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.”¹

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](#)

The first grants to launch the Medical Reserve Corps were issued in July 2002. 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.

In April 2004, a coordinator was hired to focus on the development of the SWVAMRC and the first membership orientation session was held in November, 2004.

Overview of the Southwest Virginia MRC

Mission

The Southwest Virginia Medical Reserve Corps will provide, when requested, a systematic, coordinated and effective voluntary response to events affecting their local communities.

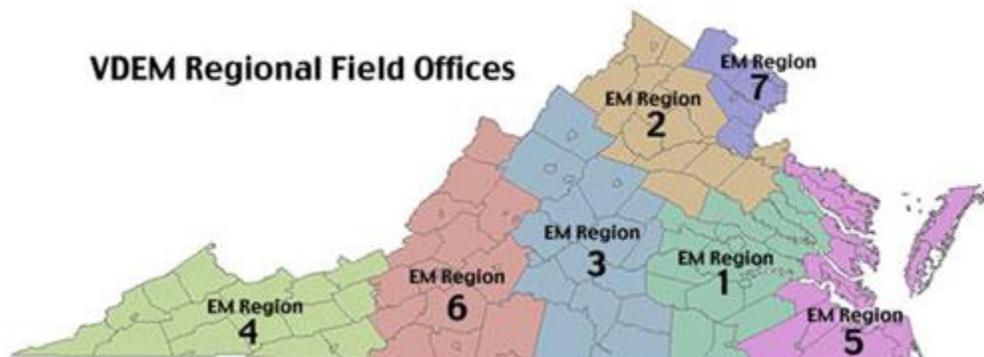
Purpose

The Southwest Virginia Medical Reserve Corps was formed to promote public health and safety across the region.

- To help strengthen critical emergency medical infrastructure in southwest Virginia
- To expand the capacity of the region's existing medical system by making more efficient use of finite medical resources
- To attract medically trained volunteers and provide them with additional skills needed to work effectively in emergency situations
- To provide cadres of health professionals to contribute to the resolution of public health problems and needs throughout the year
- To act as a catalyst for the development of private-public medical response partnerships
- To facilitate communication, cooperation and coordination with local emergency response efforts to provide volunteer-based medical care during an emergency

Service Area

The Southwest Virginia Medical Reserve Corps provides medical surge capacity to 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.



Organizational Structure

District Health Directors and District Emergency Planners – Determine when the unit will be deployed and which activities warrant involvement by members.

Unit Coordinator – Handles day-to-day operations of the Southwest Virginia Medical Reserve Corps. Maintains ongoing contact with members, welcomes new applicants, arranges training programs and drills, organizes meetings, tracks member data, represents unit at public meetings/trainings/seminars, works directly with Advisory Council and interns.

Advisory Council – Meets regularly to evaluate ideas and offer suggestions for running the unit. Advisory Council helps to foster good relations between the unit and local & regional partner organizations.

County Captains – Unit volunteer leaders, who work directly with Unit Coordinator to relay information to volunteers, answer deployment questions and may manage non-emergency local public health outreach activities. These volunteer leaders are APPROVED members in good standing who have completed County Captain orientation.

Members – Minimally, stay in contact with the coordinator to ensure that their records are up to date, so they can be notified for the appropriate activities.

Membership

Anyone who sincerely wants to become a member of the Southwest Virginia Medical Reserve Corps and support its mission is welcome to join at any time. This includes youth ages 16 & 17 with signed Parental Permission (**Appendix #A**)

Upon approval of application, all members become eligible for training programs, basic correspondence, access to the Virginia Volunteer Health System, <https://vms.vdh.virginia.gov/vms>, and inclusion in the FACEBOOK Closed Group for the Southwest Virginia Medical Reserve Corps. Members are not required to live or work in the unit area, as long as they are willing to participate in activities within the unit region.

Recruitment

Recruitment will be ongoing. Methods include, but are not limited to:

- Word of mouth from current members
- Presentations to affiliates and potential response partners
- Information tables at health fairs and community events
- Meetings with municipal agencies and health care organizations
- Presentations at local colleges and universities
- Speaking engagements at conferences
- Focused membership drives
- Mass mailings to health professionals

- Media campaigns (newspapers, cable TV, radio, Internet)
- Links to related web sites
- Joint marketing with affiliated organizations
- Social Media outlets like Facebook, You Tube, LinkedIn, Twitter
- Use of posters and brochures targeted to health care professionals, students, retirees and general community members

The unit is open to creative ideas that would continue to draw new members.

Application Procedures

There are three ways to initiate membership:

I. Submitting an Application either by hard copy or electronically through Virginia Volunteer Health System, <https://vms.vdh.virginia.gov/vms>. All applications received through Virginia Volunteer Health System, automatically receive an acknowledgement and the Unit Coordinator is automatically notified of a new Pending Application.

II. Sending an e-mail indicating interest to either kristina.morris@vdh.virginia.gov or swva.mrc@vdh.virginia.gov. E-mails should provide the following information:

- Name, Address, City/State/Zip
- Home and work e-mail addresses
- Home, business, and cell phones
- Specialty (Physician, EMT/Paramedic, nursing, other licenses and certifications)

III. Speaking with the coordinator (by phone or in person)

The coordinator welcomes members who join through phone calls, at meetings, and in any other forums.

The coordinator acknowledges the receipt of all new applications by mail, e-mail or phone call as soon as possible. The purpose is to welcome the new volunteer to the unit, answer any questions and schedule new member orientation.

Eligibility and Readiness for Service

In order for the new application to be **Approved** in Virginia Volunteer Health System, members must meet additional requirements before they are eligible for a full range of deployments.

Basic criteria for service:

- Completion of the application form
- As applicable - License and certificate verification– Medical licenses and certificates will be verified through the appropriate agency (Virginia Department of Health Professions, Office of Emergency Medical Services, other sources for different specialties and additional states) to ensure that credentials are valid.
- Attendance at a New Member Orientation
- Completion of Virginia HIPAA Agreement

- Completion of Southwest Virginia Medical Reserve Corps Volunteer Agreement

Basic criteria for service for youth (Age 16 & 17):

- Completion of the application form
- As applicable – License and certificate verification – Medical licenses and certificates will be verified through the appropriate agency (Virginia Department of Health Professions or Office of Emergency Medical Services) to ensure that credentials are valid.
- Attendance at new Member Orientation
- Completion of Virginia HIPAA Agreement
- Completion of Southwest Virginia Medical Reserve Corps Volunteer Agreement
- Submission of signed Parental Consent Form

Completion of

- **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>)

Are also strongly encouraged 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.

In the event of a large public health emergency, members will be utilized commensurate with their training and skills. Retired and inactive professionals are welcome to join and while they may be prohibited from performing some activities, their expertise and training may be used in other areas.

If an emergency is of sufficient magnitude, the Governor or the State Health Commissioner may waive licensure requirements and authorize retired and out-of-state medical professionals to

perform various procedures. In this case, members whose licenses are inactive may be granted additional capabilities to meet the urgent needs and address the unusual life threats that may be posed by a disaster.

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.) Essential topics:

- Overview of the national MRC program
 - o History and program development
 - o ICS-100, NIMS-700, and other key concepts
- Introduction to the Southwest Virginia Medical Reserve Corps unit
 - o Liability protection
 - o Deployment procedures
 - o Virginia Volunteer Health System access
 - o Priorities and typical activities
 - o Access to website training calendar and FACEBOOK closed group
- Basic concepts of disaster response; use of medical and non-medical members
- Targeted sessions - Analysis of further applications for the Southwest Virginia Medical Reserve Corps can match interests with a variety of courses: epidemiology; blood borne pathogens; disaster mental health; respiratory care in hazardous environments; isolation and quarantine; infectious disease identification, control and treatments; pediatric issues; stress management; mass trauma response; shelter training; as well as locally identified issues.

These 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. A variety of online courses can be accessed through the unit website: <http://www.vdh.virginia.gov/mrc/swvamrc/training.htm>

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

Timing of Response

The first 72 hours of an incident demand local response. However, it is unlikely that many Southwest Virginia Medical Reserve Corps members will be able to respond within the first four hours of an event. Unlike existing ambulances, hospitals, and local governmental services, most volunteers have other commitments (full-time jobs, child care, etc) and need to make arrangements for sudden deployments.

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

Uses for the Southwest Virginia Medical Reserve Corps

The purpose of the Southwest Virginia Medical Reserve Corps is not limited to medical emergencies. This valuable resource can also be mobilized to support a range of public health initiatives and emergencies.

- Supplement existing medical services at emergencies such as fires, plane crashes, chemical spills, terrorist incidents, and explosions
- Response to natural events such as flash floods, snow and ice storms, tornados
- Unusual disease outbreaks or suspected bioterrorism events which may require massive immunization within a region or distribution of preventative medicine
- Health education, including nutrition and fitness classes, awareness programs for health and safety programs offered to vulnerable populations
- Support to existing community service organizations

These potential roles can be revisited through periodic needs assessments within the region, as well as by member surveys.

Member Roles

The range of possible activities is as diverse as the membership itself. This section offers a partial list of potential member roles.

I. Levels of Involvement

a. **Local** – The primary focus of the unit is on local response. Members are first invited to provide service in their own county or city.

b. **Regional** – If the need arises, members may be asked to respond to other localities within the Southwest Virginia Medical Reserve Corps region.

c. **State and National** – During a statewide or national disaster, Medical Reserve Corps units across the Commonwealth of Virginia and also throughout the U.S. may be asked to respond

through EMAC requests. The choice of whether to call members rests with the District Health Directors.

These opportunities will be evaluated at the staff level to:

- Avoid siphoning members to a degree that would leave the Southwest Virginia Medical Reserve Corps region more vulnerable in case of disaster.
- Determine whether the call is appropriate in terms of the unit's capabilities
- Minimize unnecessary risks to members: legally, physically, other
- Ensure that the appropriate channels are respected (other emergency response agencies, authorities per proclamation of State of Emergency, municipal agencies)

II. Types of Service

Roles and responsibilities depend on the member's physical ability, interest, training, and expertise. All service is voluntary. Responsibilities can include the following.

a. Medical

- Inoculation (immunization and prophylaxis)
- Clinic prep (fill syringes, measure meds, other)
- Interviews for patient history
- First responder (initial assessment and vital signs)
- Triage
- Treatment (basic first aid)
- Phone screening and consulting
- Local distribution of medications from SNS (Strategic National Stockpile)
- Communicable disease control measures
- Supporting health needs of vulnerable populations
(Integration with local, regional, and statewide initiatives)
- Shelter support

b. Non-medical

- Patient intake (basic data forms)
- People movers
- Translators
- Ham radio operators
- Administrative tasks
- Record keeping
- Comforting and consoling

c. Non-emergency

- Coordinate and evaluate training programs
- Assist in community health programs
- Support public awareness campaigns
- Leadership as a County Captain
- Promotion and public relations
- Participating in drills and exercises
- Focus group involvement (for issues of special interest)

III. Service Environments

Members could find themselves serving the Southwest Virginia Medical Reserve Corps in the following kinds of environments.

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

Principles of Operation

The Southwest Virginia Medical Reserve Corps will operate 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.

Integrity and Privacy 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 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.

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**
2. **E-mail.** Emails are generated by the Unit Coordinator on a one-to-one basis. Emails can also be generated to the entire cadre or specific sub-groups using the Virginia Volunteer Health System.
3. **Emergency Deployment e-mail.** For an emergency deployment a back-up email address has been established, swva.mrc@gmail.com. This address which will be monitored during and emergency deployment.
4. **Web site.** Members are strongly encouraged to check the web site on a regular basis. <http://www.vdh.virginia.gov/mrc/swvamrc/index.htm>
5. **Printed mail.**
6. **Quarterly Unit Newsletters.** Newsletters are sent by e-mail and postal service to all members quarterly. Newsletters are also available on the unit website, <http://www.vdh.virginia.gov/mrc/swvamrc/publications.htm>
7. **FACEBOOK:** Members are encouraged to become “FRIENDS” 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. **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.

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.

Badges

All Approved members will be provided with a photo ID badge. Badges are to be worn on a lanyard provided by Southwest Virginia Medical Reserve Corps.

The color coding for badges is as follows:

- **Green** – Health Care Professionals with an ACTIVE license from the Virginia Department of Health Professions or appropriate multi-state license
- **Red** – Health Care Professional with an EXPIRED license
- **Blue** – Specialty professionals including but not limited to educator, EMT, paramedic, clergy, Department of Social Services case manager, mental health counselor, firefighter, law enforcement
- **Orange** – Non-health care volunteer, including students
- **Yellow** – Southwest Virginia Medical Reserve Corps County Captains

Deployment Procedures

Rules for Deployment

There are three cardinal rules for deploying the Southwest Virginia Medical Reserve Corps.

1. The *only* way to request deployment is by contacting the appropriate Health Director or their designee.
2. **Members should *never* self-deploy. Doing so could be grounds for dismissal.**
3. No unauthorized person should *ever* try to deploy individual members directly.

Self-deployment, and the contacting of individual members apart from established channels, interferes with these desired outcomes.

If the Health Director confirms that the assignment is appropriate, the information will be provided to the District Emergency Planner and Unit Coordinator to carry out the deployment procedures.

Overview of Activities

The type of disaster determines the specifics of each deployment.

- Whether members are needed for one site or many depends on the scope of the emergency. For example, members could be assigned to:
 - o A single staging area, if there is a localized mass-casualty incident (such as an apartment fire or building collapse).
 - o To various emergency shelters, if a flood or snowstorm displaces people from their homes; or regionally, to assist in more than one community;
 - o Clinics in several towns across the southwestern Virginia region to prevent the spread of an infectious disease outbreak that has put the region at risk
- The type of event impacts the methods of activation to be used in each case.
 - o The Virginia Volunteer Health System would be considered the primary source of activation for large-scale responses, particularly when multiple communities and services are involved
 - o Alternate notification (HAM operations, radio and text-message contact, Facebook notifications) must be tested in case the usual methods of contact (phone and email through Virginia Volunteer Health System) are disrupted.
 - o Media outlets (cable TV, major news stations, radio) will be tapped depending on the scope and urgency of notifying volunteers.
- The chain of contact for the unit always begins with the Unit Coordinator

- The Unit Coordinator would carry out notifications and other disaster activities, as instructed by the Health Director or designee.
- Designees would be pre-appointed to serve as alternate contacts, in case the Unit Coordinator is unavailable or absent during an emergency. These designees can be members of the County Captain team.
- Reporting and coordination with other agencies is part of any response.
 - Incident Command must assess the scope of the disaster, identify necessary resources, and address safety issues before dispatching responders.
 - The appropriate District Health Director would request that the appropriate number and type of volunteer response takes place, on behalf of the unit.
 - If the disaster occurs outside of the unit region and a request for assistance is received, the District Health Director would determine whether response outside this area is appropriate. Southwest Virginia Medical Reserve Corps members will be asked if they are willing to respond beyond their usual service area, factoring in any reciprocity issues.
 - Southwest Virginia Medical Reserve Corps members would arrive at a specified location, with the appropriate identification and equipment. They would interact with other participants as specified by the National Incident Management System 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 would be specified by the requesting agency, and adhered to by all volunteers.
 - The situation must be monitored so staffing can scale up or down as needed, and shift assignments can be adjusted.
 - The Unit 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.

Sources of requests for Southwest Virginia Medical Reserve Corps response can include local, state, and federal agencies.

Types of Deployment

Members may be deployed in local, regional, statewide, or national disasters; both in small-scale and large-scale incidents.

A. Local Activation

Although this is a regional unit, members will be contacted for activation in their own county and/or city first.

- If it is determined that the Southwest Virginia Medical Reserve Corps is not required, the members will not be activated. **Note:** It is *never* a problem if the unit is contacted but not activated! Rather, it is better to provide advance notice and discover no assistance is needed, than to hold off until the last possible moment and then call when a catastrophe is clear, giving the unit minimal lead-time in which to prepare.
- If the crisis is confined to one community then members who work or reside in that community would be called first.
- If specialists are required (such as trauma nurses and paramedics, or physicians with expertise in infectious disease agents), they would be called immediately.
- If only a limited number of Southwest Virginia Medical Reserve Corps members are needed, the notifications would cease as soon as that number is reached.
- If additional staffing is required, or if an insufficient number of members are available from within the affected community, then the next members to be contacted would be those who live at increasing distances from the emergency.

B. Large-Scale Activation

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

Regional emergencies impact multiple communities within the Southwest Virginia Medical Reserve Corps unit region.

Requests will be funneled through the Health District Director. When requests are processed through the leading unit authority, 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 (Virginia Department of Emergency Management) or the nation (Federal Emergency Management Agency) typically, a “state of emergency” would be declared through government officials. These situations could result in requests for the activation of several Medical Reserve Corps units across the Commonwealth.

It is entirely at the discretion of each member of the Southwest Virginia Medical Reserve Corps unit whether they choose to be eligible for response outside of their town, county or region.

Southwest Virginia Medical Reserve Corps Staff Responsibilities in a Deployment

▪ Unit Coordinator responsibilities during activation

When a call is received for Southwest Virginia Medical Reserve Corps assistance, the Unit Coordinator is responsible for the following:

- Initiating procedures to ensure that the appropriate number and type of members are activated, at the necessary skill levels. This will include sending alerts through Virginia Volunteer Health System , Facebook and contacting the Public Information Officer for additional media support
- Activate the secondary e-mail account and ensure that it is monitored to address volunteer concerns and answer questions resulting from alerts and emails. E-mail address is swva.mrc@gmail.com
- Conduct a briefing with the County Captain team so members will be able to answer questions from volunteers once Deployment Alert has been sent.
- 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: decontamination, 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, especially County Captains, or monitoring their involvement, as needed
- Request backup support from other Virginia Medical Reserve Corps Coordinators, if necessary
- Verifying that reporting and deactivation procedures are followed
- 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 Incident Commander and Health District Director

▪ 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 advised. 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
7. Acquire necessary work materials then locate and set up your work station
8. Organize and brief any subordinates 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. Demobilize according to the plan

Employment of Medical Reserve Corps (MRC) Volunteers Liability Coverage and Scope of Activity

1. **Emergency Employment / Deployment.** MRCs may be employed (voluntarily) at the discretion of the local health director (LHD) with whom they are affiliated. Their employment could encompass direct support to LHD response efforts; OR in support of local healthcare / hospital entities so long as this mission is with concurrence of the Director in her / his ESF-8 capacity. This mission may be extended to support of an Alternate Care Centers (ACCs). If deployed within a hospital environment, MRCs should be credentials as hospital volunteers. MRCs also may be deployed (again, voluntarily) in an Emergency Management Assistance Compact (EMAC) mission elsewhere in or out-of-state. MRCs' liability is covered during emergency response operations so long as they are under operational control of the Commissioner or LHD. If deployed out of state, the receiving state assumes liability coverage or they will be covered by the requesting federal entity.
2. **Non-emergency Liability Coverage:** MRC volunteers who support daily public health activities during non-emergencies are eligible for coverage by the Virginia Department of Health (VDH) Risk Management Policy. For volunteers to be covered under VDH's risk management policy, they must:
 - a. Be registered and accepted as a MRC volunteer in the Virginia Volunteer Health System (VVHS).
 - b. Act under the direction of the VDH.
 - c. Follow the policies and protocols of the local MRC Unit and VDH.
 - d. Act within the scope of their assigned duties, education, experience and licensure. Working outside of these boundaries may invalidate coverage.

- e. If an incident occurs in which coverage is needed the MRC Coordinator should follow VDH instructions for filing a claim.

3. Volunteer Supporting Daily Public Health Activities: MRC volunteers can augment daily health department operations.

- a. Volunteers should be assigned to appropriate tasks according to their education, experience and licensure by the MRC Coordinator and with the guidance from the health district's Human Resource department.
- b. The MRC Coordinator should act as the volunteer's supervisor unless the volunteer is assigned to a specific supervisor by the MRC coordinator. All volunteer performance issues should be handled by the MRC Coordinator in consultation with Human Resources.
- c. Requests for volunteer support can be made thru the MRC Coordinator by health department staff.
- d. A record of volunteer activities should be permanently maintained and include the names of volunteers participating, event details, and the volunteer's supervisor.

Demobilization and Debriefing

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 Southwest Virginia Medical Reserve Corps, and can be shared as needed (with the volunteer's name removed for confidentiality, if appropriate) in overall post-event reviews with other agencies. Members may also be asked to complete an on-live survey from SurveyMonkey.com for evaluation purposes.

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

Appendix A – Parental Consent Form



I, _____ have reviewed this letter and discussed with my daughter/son the activities associated with being involved in the Southwest Virginia Medical Reserve Corps. Having no further questions, I consider my daughter/son _____, to possess the necessary maturity to perform supervised duties for the Southwest Virginia Medical Reserve Corps.

Signed: _____
Parent/Guardian Signature

Date: _____

Southwest Virginia Medical Reserve Corps
Serving Cumberland Plateau, Lenowisco and Mount Rogers Health Districts
15068 Lee Highway, Suite 1000, Bristol, Virginia 24201

Appendix B – 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 Planner
robert.peters@vdh.virginia.gov , 276-781-7450
- Delilah Long-McFadden, Cumberland Plateau Health District Emergency Planner
delilah.long@vdh.virginia.gov, 276-889-7621
- Jennifer Freeland – Virginia Medical Reserve Corps State Coordinator,
jennifer.freeland@vdh.virginia.gov, 804-396-7840
- Bobbie Steneck – Virginia Medical Reserve Corps Program Assistant
Bobbi.steneck@vdh.virginia.gov, 804-291-7372

Appendix C – Acronyms

EMAC – Emergency Management Assistance Compact

EMT – Emergency Medicine Technician

ESAR-VHP – Emergency System for Advanced Registration of Volunteer Health Professionals

HIPAA – Health Insurance Portability and Accountability Act

MRC – Medical Reserve Corps

NVOAD – National Voluntary Organizations Active in Disaster

SWVA MRC - Southwest Virginia Medical Reserve Corps

SUV – Spontaneous Unaffiliated Volunteer

VDH – Virginia Department of Health

VOAD – Voluntary Organizations Active in Disaster

VVHS – Virginia Volunteer Health System

Appendix D - Virginia Volunteer Health System Alerting Process

The **Virginia Volunteer Health System** will be 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 and all phone numbers listed in the volunteer's contact information.

There are seven different alert categories

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

☆ **To confirm an email alert:**

- Upon receipt of email, please click **[“Click here to indicate your Availability/Confirm Receipt of this Alert”](#)**
- The Virginia Department of Health window will open and ask for you to click either **“Confirm”** or **“Available/Unavailable”**
- You will receive an Alert Confirmation. At the top of the page, it will say **“Success! Your availability for this alert is received”**
- Close all windows

From: KRISTINA.MORRIS@VDH.VIRGINIA.GOV [<mailto:KRISTINA.MORRIS@VDH.VIRGINIA.GOV>]
Sent: Monday, April 09, 2012 3:31 PM
To:
Subject: MRC EMERGENCY - MRC EMERGENCY - Test

VOLUNTEER NAME

This is a test. KKM

[Click here to indicate your Availability for this Alert](#)

Thank You for Volunteering to Protect Virginia's Health!

Regards,
KRISTINA MORRIS
SOUTHWEST IS MTROG LENO CUM MRC

Email: KRISTINA.MORRIS@VDH.VIRGINIA.GOV
Phone: 276-274-0555

Virginia Volunteer Health Sys... Virginia Volunteer Health ... x

Virginia.gov Online Services | Commonwealth Sites | Help | Governor

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Home | VDH Programs | Find It! A-Z Index | Newsroom | Local Health Districts

Alert Confirmation

Alert Details

Subject : MRC EMERGENCY - Test
Message : This is a test. KKM
Alert Type : BOTH
Priority : LOW

[Available](#) [Unavailable](#)

<< Back To [Virginia Volunteer Health System \(VVHS\) Home](#)

[HELP](#)

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Virginia.gov Online Services | Commonwealth Sites | Help | Governor

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Protecting You and Your Environment

Home | VDH Programs | Find It! A-Z Index | Newsroom | Local Health Districts

Success!
Your availability for this Alert is received.

Alert Confirmation

Alert Details

Subject : MRC EMERGENCY - Test
Message : This is a test. KKM
Alert Type : BOTH
Priority : LOW

[Available](#) [Unavailable](#)

<< Back To [Virginia Volunteer Health System \(VVHS\) Home](#)

[HELP](#)

☆ **To confirm an 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 an alert, the following phone number will appear on your phone dial: **804-541-4620**

ATTENTION: During a recent alert exercise, it was determined that not ALL mobile devices and/or Smart Phones provide the capability to see and click on the alert notification. In this instance, if a volunteer is receiving an alert via a mobile device and the confirm toggle is not visible it will be necessary for the volunteer to respond by email to the Alert.

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 system 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.

The Unit Coordinator can reset passwords and assist with reminders on User Names. For additional assistance, the Virginia Volunteer Health System First Time Users Instructions are included in Appendix E.

Appendix E – Virginia Volunteer Health System First Time Users Instructions

Introduction: Once approved as a Medical Reserve Corps (MRC) volunteer, you are expected to maintain your information in the Virginia Volunteer Health System (VVHS). Maintaining your account requires you to routinely keep your profile information, such as contact information, credentialing information, and emergency contact information. An accurate account will ensure that you receive important communication from your MRC unit.

Instructions Purpose: These instructions will demonstrate all the capabilities you have in VVHS. The following information reviews the steps for accessing and maintaining your VVHS account.

Step 1: Go to the VA MRC website (www.vamrc.org)

Once at the VA MRC website, you will notice [VA Volunteer Health System](#) to the left. Select this link and the Virginia Volunteer Health System website will open.

Step 2: Log onto the VVHS for the first time

- a. Select the [Login](#) link.
- b. A logon prompt box will appear on your screen.
- c. Type your user name and password into the corresponding fields. Click [OK](#).
✓ **User names and passwords are case sensitive.**

Step 3: Change Password

When logging into VVHS for the first time, you will be prompted to change your password. Password requirements are as follows:

- a. Passwords MUST be a minimum of FIVE characters in length;
 - b. Passwords must also contain at least ONE NUMERIC character;
 - c. Your last THREE previously used passwords are not permitted.
- ✓ The [Change Password](#) link allows you to CHANGE your password at anytime.
✓ If you have forgotten your password, you can retrieve your password by utilizing the [Forgot Password?](#) link and answering your security question.

Step 4: Change My Profile

[Change My Profile](#) is used to enter and edit your basic information in VVHS. This includes:

- a. Volunteer Details.
- b. Credentials.
- c. Emergency Contact Details.
- d. Deployments.
- d. Summary.

Step 5: Alert History

[Alert History](#) is used to determine which ALERTS you have received. The query is generated utilizing a begin date and end date as parameters. The Begin and End Date, i.e., the initial starting/ending date for which the generation of this historical record of volunteer alerts, should begin in MM/DD/YYYY format - OR - click on the CALENDAR LINK to retrieve a POP-UP CALENDAR to select a specific date that will auto-fill this field.

PLEASE NOTE THE FOLLOWING REGARDING RECEIVING AND CONFIRMING ALERTS:

To confirm an alert conduct the following:

- a. Upon answering phone, listen to automated greeting.
- b. Press any key to continue.
- c. Listen to message.
- d. After listening to entire message, press 1 to confirm or press 2 to repeat.

Step 6: Change Pin

Change Pin allows you to CHANGE your PERSONAL IDENTIFICATION NUMBER (PIN)/ALERTING SECURITY CODE. The PIN Number / Alerting Security Code is a 4-DIGIT number that you create.

- ✓ Note: By default, all you are assigned 1000 as your PERSONAL IDENTIFICATION NUMBER (PIN)/ALERTING SECURITY CODE. However, the PERSONAL IDENTIFICATION NUMBER (PIN)/ALERTING SECURITY CODE can be changed at anytime you choose.
- ✓ Your Pin and Alerting Security Code are no different from one another. References to Pin will be deleted from the system shortly.

Step 7: Unsubscribe

By choosing the unsubscribe option you are removing your name as a MRC volunteer. Should you wish to rejoin the MRC please contact your local MRC Unit and the Coordinator can subscribe you back to VVHS.

If you are temporarily unavailable, due to illness or extended vacation, you can indicate so by checking the temporarily unavailable option in your volunteer profile at the bottom of the EMERGENCY CONTACT DETAILS tab.

Step 8: Help

The Help section provides you with contact information for the VVHS OIM support desk. Please contact them if you experiencing a technical problem. The contact information for your MRC Coordinator is also available by selecting the MRC & Volunteer Contact Information link. Please feel free to contact your local MRC Coordinator if you have any questions about volunteering or the VVHS.

Step 9: Sign Out

Sign out allows you to log out and close the window to VVHS. Upon selecting Sign Out, you will be asked, "Are you sure you want to exit the application?". Select "OK" to exit the VVHS system.

Conclusion: By completing each of the above steps, you will be able to effectively maintain your account in the Virginia Volunteer Health System. It is not necessary to follow the above outlined steps in the exact order as described above.

Appendix F – County Captain Job Action Sheet

“County Captain”

Reports to: MRC Unit Coordinator

Job Description: To act as a liaison between the MRC Unit coordinator and APPROVED Southwest Virginia Medical Reserve Corps volunteers from the “Captains” home county/city, especially during critical times of emergency response. To also become the lead volunteer of community events (such as Drug Take Backs, community health fairs, Diaper Drives, etc) and to build volunteer relationships with the organization as a whole. The “Captain” should be willing to participate in quarterly meetings with the Unit Coordinator; use current methods of communication, including, but not limited to, email, cell phone, Facebook; complete FEMA Courses “Introduction to Incident Command System” & “Introduction to National Incident Management System”; participate in exercises as necessary.

All “Captains” will complete “Captain” orientation, complete a Virginia State Police background check and hopefully, be willing to serve for a minimum of two years. This job description is open to change and improvement from within the volunteers ranks, and suggestions are always welcome.

Emergency Response:

- Obtain briefing from Unit Coordinator
- Ready all forms of communication
- Respond to contact from volunteers concerning the incident
- Remain accessible for further contact

Recovery Phase:

- Assist Unit Coordinator, as possible, to maintain those daily functions of the Southwest Virginia Medical Reserve Corps which must continue regardless of emergency status
- Remain informed of ongoing, emergency-related situations
- Remain accessible to further contact from both the Unit Coordinator and assigned volunteers

Day-to-Day

- Increase interactions and relationships among Southwest Virginia Medical Reserve Corps volunteers in a manner that will foster improved cooperation in emergency situations
- Increase visibility of the Medical Reserve Corps to the public
- Assist the Unit Coordinator in various matters when called upon
- Remain informed of community events and health initiatives and potentially involve one’s assigned volunteers in such events

Updated County Captain Contact List can be found on the Unit Website, www.vdh.virginia.gov/mrc/swvamrc in the “Contact Us” tab.