

Maryland Department of Health & Mental Hygiene
Office of Preparedness & Response

MD Responds Medical Reserve Corps

Volunteer Management Guide

Version 3.1
May 2014



This Page Intentionally Left Blank

Table of Contents

Acronym List	5
Chapter 1: Introduction	7
A. Purpose	7
B. Distribution	7
C. Revisions	8
D. Record of Changes Table	9
E. Additional Information.....	10
F. Acknowledgements.....	10
Chapter 2: MD Responds Medical Reserve Corps Network	11
A. National Medical Reserve Corps Network.....	11
B. MD Responds Medical Reserve Corps (MDRMRC) Network	11
C. MDRMRC Network Resources	15
Chapter 3: MDRMRC Unit Administration	19
A. MD Responds Volunteer Registry.....	19
B. MDRMRC Unit Volunteer Management Plan	21
C. MDRMRC Unit Organizational Structure	21
D. Register With the National MRC Network.....	21
Chapter 4: Recruitment	23
A. Recruitment Plan	23
B. Recruitment Needs Assessment	23
C. Recruitment Message	24
D. Recruitment Strategies.....	25
E. MDRMRC State Program Recruitment Activities	26
Chapter 5: Registration, Screening and Selection	27
A. Requirements for Membership and Deployment Eligibility	27
B. Registration Process Steps.....	27
C. Credential Verification	29
D. Emergency Credential Levels (ECL).....	29
E. Background Checks	29
F. Screening & Selection	30
G. Liability & Confidentiality Policies	30
H. Identification Badge.....	31
I. MDRMRC Polo.....	31
Chapter 6: Training and Exercise	33

- A. Training & Exercise Plan 33
- B. Required Training..... 33
- C. Recommended Training..... 35
- D. Additional Training Resources 36
- E. Exercise Participation..... 37
- F. Training & Exercise Announcements 37
- G. Training & Exercise Tracking and Documentation 38
- H. Training & Exercise Evaluation 38
- I. MDRMRC State Program Training & Exercise Activities 39
- Chapter 7: Volunteer Utilization 41**
- A. Volunteer Utilization Plan..... 41
- B. Volunteer Activities..... 41
- C. Activation Authority..... 43
- D. Activation Procedures..... 44
- E. Mobilization Procedures 45
- F. Demobilization Procedures 47
- G. Spontaneous, Unaffiliated Volunteers 47
- H. Regional, Statewide and Federal Activation..... 49
- Chapter 8: Retention and Recognition 51**
- A. Retention 51
- B. Recognition 53
- Chapter 9: Volunteer Protections 55**
- A. Liability Protections 55
- B. Workers’ Compensation Coverage 55
- C. Instructions for Reporting Injuries to Volunteers..... 56
- D. Federal Protections..... 57
- Appendix 59**
- Website Links..... 61**
- References..... 63**

Acronym List

This list reflects the most commonly used acronyms throughout this Guide. Other acronyms are utilized and spelled out as they appear in the document.

ABMS	American Board of Medical Specialties
Administrator Protocols	The Administrator Protocols for the Volunteer Registry
AERC	Animal Emergency Response Corps
AOA	American Osteopathic Association
ASCP	American Society for Clinical Pathology
ASPR	Assistant Secretary for Preparedness And Response
CDC	Centers For Disease Control And Prevention
DEA	Drug Enforcement Administration
DHMH	Department Of Health And Mental Hygiene
ECL	Emergency Credential Levels
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
ESAR-VHP	Emergency System for Advanced Registration of Volunteer Health Professionals (also another name for the Registry)
FCVS	Federation Credentials Verification Service
HAN	Maryland Health Alert Network
ICS	Incident Command System
JH Go Team	Johns Hopkins Go Team
JITT	Just in Time Training
LHDs	Local Health Departments
MDA	Maryland Department of Agriculture
MDRMRC	MD Responds Medical Reserve Corps
MDRMRC County Unit	MDRMRC Unit administered at the county level
MDRMRC Network	Includes County, Response, and State Units, Volunteers, and Advisory Board
MDRMRC Response Unit	MDRMRC Specialized Response Teams (Medical Examiners, Veterinarians, Etc)
MDRMRC State Program	MDRMRC Administered at the state level
MDRMRC Unit	MDRMRC County & Response Units
MEDIT	Medical Examiner Dental Identification Team
MEMA	Maryland Emergency Management Agency
MFI	Mass Fatality Incident
MICA	Maryland Institute College Of Art
MRC	Medical Reserve Corps
NACCHO	National Association Of County and City Health Officials
National MRC Network	All MRC Units in the Country
OCME	Maryland State Office of the Chief Medical Examiner
OIG	Office of Inspector General
OP&R	Office of Preparedness And Response
State Administrator	DHMH, OP&R staff member who administrators the MDRMRC State Program
SUVs	Spontaneous Unaffiliated Volunteers
the Guide	MDRMRC Volunteer Management Guide (this current document)
the Registry	MD Responds Volunteer Registry-Maryland's ESAR-VHP

Unit Administrator	Person who leads a MDRMRC County or Response Unit
VRC	Volunteer Reception Center

Chapter 1: Introduction

A. Purpose

This document was developed by the Maryland Department of Health and Mental Hygiene (DHMH), Office of Preparedness & Response (OP&R), MD Responds Medical Reserve Corps (MDRMRC) State Program, to strengthen the capacity of the MDRMRC Network. Information contained in this document includes Maryland specific information and will serve as a supplement to National MRC Network information and resources. This document is designed to provide MDRMRC Units guidance on building local volunteer management capacity and infrastructure.

Throughout this document you will find information on activities conducted by the MDRMRC State Program, such as statewide recruitment and training activities. Statewide volunteer activities are designed to **supplement** and **support** MDRMRC Units and are in **no way** intended to replace or diminish the need for a MDRMRC Unit Administrator. Unit Administrators have specialized resources and local knowledge to effectively manage a community MRC Unit. The MDRMRC State Program aims to assist MDRMRC Unit Administrators by providing them with technical assistance and resources to help them meet local volunteer management priorities.

This document does not provide an exhaustive list of all necessary information needed to successfully establish, operate, and manage an MDRMRC Unit. Rather, it provides a framework for aligning state and local volunteer management goals and protocols and subsequently more detailed planning.

This document is intended to assist Unit Administrators in the development of their MDRMRC Unit Volunteer Management Plan and operating procedures. A "MDRMRC Volunteer Management Plan - Template" (Appendix 1a) was created and included in the appendix to further assist Unit Administrators in this process. Use of this template is not required, but recommended. Additionally, the "Volunteer Registry - Administrator Protocols" (Appendix 1b) provides the operational protocol to complement this Guide.

B. Distribution

The latest version of this document will be available for download from the document libraries of the MD Responds Volunteer Registry and the Maryland Health Alert Network (HAN). Future versions of this document, including revisions and scheduled releases (explained below), will be added to the document libraries as they become available.

To ensure that you have the most recent version and are notified when new versions become available, it is highly recommended that you click "WATCH" on the "Unit Administrator Resources" folder within the MD Responds Volunteer Registry or the "MD Responds" folder within HAN. This will automatically notify you through email anytime a new or revised document is added to these folders. We will not send out separate notifications each time a new or revised document is added. To ensure that your profile is watching the folder, please follow the steps below:

For the MD Responds Volunteer Registry:

1. Log in to the MD Responds Volunteer Registry at <https://mdresponds.dhmh.maryland.gov/>.
2. Select the "Documents" tab near the top of the screen. This will open the Document Library.
3. Click on the plus sign to the left of the "Unit Administrator Resources" folder to open the subfolders.
4. Click on the plus sign to the left of the "Volunteer Management Guide" folder to open the folder details.
5. On the right-hand side of the screen, click "Watch" (there is a star next to this button). Note that you must click watch for this specific event folder. Watching the larger "Unit Administrator Resources" folder

will not provide you with updates for the "Volunteer Management Guide."

For the Maryland Health Alert Network:

1. Log in to the HAN System at <https://han.dhmh.maryland.gov/>.
2. Select the "Documents" tab near the top of the screen. This will open the HAN Document Library.
3. Click on the plus sign to the left of the "MD Responds MRC" folder to open the subfolders.
4. Click on the plus sign to the left of the "Volunteer Management Guide" folder to open the folder details.
5. On the right-hand side of the screen, click "Watch" (there is a star next to this button). Note that you must click watch for this specific event folder. Watching the larger "MD Responds MRC" folder will not provide you with updates for the "Volunteer Management Guide."

C. Revisions

This Guide is a work in progress and will be updated at least annually. We value your feedback and strive to make this information as useful and relevant as possible. Suggestions for revision and additional information are welcomed via the "Request for Changes Form" (Appendix 1c). Please submit completed forms to the MDRMRC State Program as indicated on the form.

There are also sections within this Guide and related appendices that are currently under development. These sections, in addition to user requested revisions, will be published in scheduled releases. The scheduled release dates are listed in the table below.

Scheduled Release Table

DATE*	SCHEDULED RELEASE DESCRIPTION	VERSION
August 2014	<ul style="list-style-type: none"> ● MDRMRC Network MOU Template (Appendix 3a) ● Online Training Course Request Form (Appendix 6f) ● Volunteer Reception Center Plan Template (Appendix 7c) ● Volunteer Notification and Activation Drill Instructions (Appendix 3c) ● Public Service Announcement - Template (Appendix 4f) ● MDRMRC Paper Registration Form (Appendix 7i) 	3.2
December 2014	<ul style="list-style-type: none"> ● MDRMRC Network Strategic Plan 2015-2017 (Appendix 2c) ● Maryland State Shelter Health Station Standard Operating Guidelines (Appendix 1d) ● Update to MDRMRC "Volunteer Registry - Administrator Protocols" (Appendix 1b) with guidance on new modules added to the Registry: Background Check Module and Schedule Manager Module. 	3.3

**Schedule release dates are subject to change, but every effort will be made to keep to these dates.*

D. Record of Changes Table

All changes and revisions will be recorded in this table upon release of a new version.

DATE	DESCRIPTION	VERSION
12.14.12	Initial Plan	1.0
05.06.13	2 nd draft	2.0
03.11.14	3 rd draft	3.0
05.16.14	<ul style="list-style-type: none"> • General grammatical changes • Ch. 1 <ul style="list-style-type: none"> – Updated scheduled release table (Section C) • Ch. 2 <ul style="list-style-type: none"> – Updated MEDIT description (Section B) – Deleted Professional Group descriptions (Section B) • Ch. 5 <ul style="list-style-type: none"> – Modified Deployment Eligibility Criteria (Section A) – Deleted ABMS Certification Service, AOA Medical Specialty Certification Services, ASCP and FCV Services from (Section C) – Condenced Section D – Updated Background Check Module Release date (Section E) – Updated ID Badge Requirements (Section H) • Ch. 7 <ul style="list-style-type: none"> – Clarification on Unit Activation Authority (Section C) – Modified Mobilization Procedure terminology (Section E) – Added MDRMRC Code of Conduct (Section E) – Updated Volunteer Debriefing procedures (Section F) – Added section on Federal Activation (Section H) • Ch. 9 <ul style="list-style-type: none"> – Inserted clarification regarding Volunteer Protections • Appendix <ul style="list-style-type: none"> – Updated Appendix 1a: MDRMRC Volunteer Management Plan - Template – Updated Appendix 1b: Volunteer Registry - Administrator Protocols – Updated Appendix 2b: MDMRC Unit Information 	3.1
06.05.14	<ul style="list-style-type: none"> – Added Appendix 7c: Talbot County Volunteer Reporting Center Plan - Sample 	

E. Additional Information

For more information about this Guide or on the MDRMRC Network, please contact:

Primary

Stephanie K. Parsons, MSPH
 State Administrator
 MDRMRC/ State ESAR-VHP Coordinator
 DHMH/OP&R
stephanie.parsons@maryland.gov
 300 West Preston Street, Suite 202
 Baltimore, MD 21201
 410-767-7772 (office)
 443-804-8386 (cell)
 410-333-5000 (fax)

Secondary

Dorothy Sheu, MPH
 State Administrator
 MDRMRC Program Assistant
 DHMH/OP&R
dorothy.sheu@maryland.gov
 300 West Preston Street, Suite 202
 Baltimore, MD 21201
 410-767-0959 (office)
 443-388-6033 (cell)
 410-333-5000 (fax)

F. Acknowledgements

We would like to acknowledge and thank MDRMRC's Unit Administrators and the National MRC Network Leadership for their information, input, and assistance in the development of this Guide. We would also like to thank the individuals listed below for their comments and feedback which greatly contributed to the development of this Guide:

Artensie Flowers	Office of Preparedness & Response
Barbara Logan	Somerset County Health Department
Barbara Rosvold	Frederick County Health Department
Carla Mitchell	National MRC Program Office
Charlene Perry	Kent County Health Department
Cheryl MacLaughlin	Dorchester County Health Department
Donald Taylor	Maryland Board of Pharmacy
John Clizbe	Talbot County Emergency Management Volunteer Coordinator
Kay Aaby	Montgomery County Health Department
Kimberly Eshleman	Office of Preparedness & Response
Kristopher Durham	Talbot County Health Department Emergency Preparedness Division
Lisa Swank	Harford County Health Department
Michael Mannozi	Office of Preparedness & Response
Nicole Brown	Office of Preparedness & Response
Robyn TyTomi-Dalton	Worcester County Health Department
Sara Luell	Office of Preparedness & Response
Sharon Nazarek	Calvert County Health Department
Shawn Stoner	Washington County Health Department
Stephanie Garrity	Cecil County Health Department
Tierney Youngling	Carroll County Health Department

We would also like to thank Rick Miller, Florida MRC Network Program State Coordinator, for the template and concepts that greatly assisted in the format of this Guide.

Chapter 2: MD Responds Medical Reserve Corps Network

A. National Medical Reserve Corps Network

In the wake of the September 11, 2001, terrorist attacks, thousands of people in the United States responded by volunteering their talents and skills to help others. Many more asked, “What can I do to help?” In response to this outpouring of support, during his 2002 State of the Union Address, President George W. Bush called on all people of the United States to make a lifetime commitment of at least 4,000 hours to serve their communities, the nation, and the world. The result was the USA Freedom Corps (see Figure 1), created to help people of the United States foster a culture of service, citizenship, and responsibility. [Citizen Corps](#) is the component of the original USA Freedom Corps that coordinates local volunteer opportunities for individuals to help their communities prepare for and respond to emergencies. It brings together local leaders, citizen volunteers, and the network of first responder organizations, such as fire and police departments and emergency medical personnel.

Under Citizen Corps, the Medical Reserve Corps (MRC) unites local health professionals and others with relevant health-related skills to volunteer in their communities. The MRC is a nationwide network of MRC units which are organized into community-based units located throughout the United States and its territories. The MRC program is directed at national, state, and county levels. At the highest level, the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) serves as the National MRC program office and is housed within the [Office of the Surgeon General](#). See “HHS MRC News Release” (Appendix 2a) for additional information. The [National MRC](#) program office supports local efforts to establish, implement, and sustain MRC units. They also collect and distribute relevant information and best practices to communities and MRC units, sponsor annual leadership conferences, host a website, and coordinate with county, state, regional, and national organizations to help communities achieve their local vision for public health and emergency preparedness.

Figure 1: USA Freedom Corps



B. MD Responds Medical Reserve Corps (MDRMRC) Network

The MDRMRC has evolved over the years. DHMH established the Maryland Health Care Professional Volunteer Corps in 2004. In 2006, OP&R was formed and assumed management of the volunteer corps, renaming it the Maryland Professional Volunteer Corps (MPVC). In 2009, OP&R launched the State Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) and incorporated the existing MPVC volunteer base into the system—the result was the MDRMRC, named “MD Responds.” In 2013, the MDRMRC transitioned to a coordinated state and county volunteer management model with the launch of the “Local MDRMRC Unit Initiative,” in which local health departments (LHDs) were invited to utilize the State ESAR-VHP, the MD Responds Volunteer Registry, for county volunteer management. The purpose of this initiative was to provide local jurisdictions with a mechanism for notifying, engaging, and managing MDRMRC volunteers in their county. In 2014, the MDRMRC State Program established the MDRMRC Network to better coordinate statewide efforts to support MDRMRC Units in the state.

The mission of the MDRMRC Network is to enhance Maryland’s emergency preparedness and response capabilities by augmenting county and state level public health and medical services with a source of pre-identified, credentialed, and trained volunteers.

The MDRMRC State Program is responsible for the development of a statewide system of MDRMRC Units to facilitate a coordinated approach to volunteer management. Based on the CDC’s *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, volunteer management is the ability to:

1. Coordinate volunteers
2. Notify volunteers
3. Organize, assemble, and dispatch volunteers
4. Demobilize volunteers

Housed within the Maryland DHMH, OP&R, the MDRMRC State Program aims to support MDRMRC Units in each of these functional areas by providing resources, guidance, and technical assistance, to meet local needs, build capacity, and strengthen response capabilities.

The MDRMRC Network goals and objectives are outlined in the “MDRMRC Network Strategic Plan 2014-2016” (Appendix 2c).

As shown in Figure 2, the MDRMRC Network consists of the MDRMRC State Program, MDRMRC County Units, MDRMRC Response Units, an Advisory Board, and over 3,000 MDRMRC volunteers. These Units are described in more detail below.

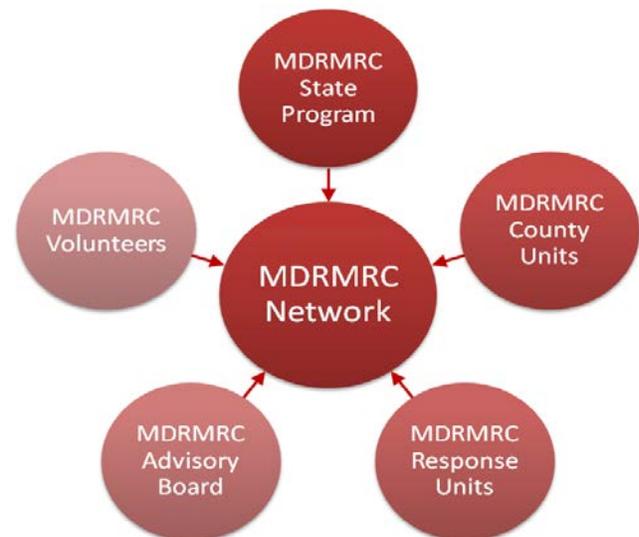
See also, “MDRMRC Unit Contact Information” (Appendix 2b).

MDRMRC County Units

The National Association of County and City Health Officials (NACCHO) supports the full integration of the MRC into local public health, preparedness, and response activities. NACCHO urges LHDs to sponsor or partner with a MRC Unit and utilize the volunteer capacity for both emergency and day-to-day public health activities. This is in accordance with federal recommendations and guidance. See NACCHO’s Policy Statement on the *Inclusion of the Medical Reserve Corps in Public Health, Preparedness, and Response Activities* here: <http://www.naccho.org/advocacy/positions/upload/13-06-MRC.pdf>.

In 2008, NACCHO conducted a quantitative and qualitative research project to investigate the value of partnerships between LHDs and MRC Units. The research strongly supported the inclusion of the MRC into local health department activities, such as immunizations, emergency response, community education, and public health screenings. The partnerships between MRC Units’ public health and emergency management professionals improve communication, decrease duplication of services, lessen vulnerabilities, expand outreach to communities, and ultimately help bring credibility to the MRC Unit. See NACCHO’S research report here: http://www.naccho.org/topics/emergency/MRC/resources/upload/MRCLHDReport_0209.pdf.

Figure 2: MDRMRC Network



In September 2013, the “Local MD Responds Unit Initiative” was launched to encourage inclusion of the MDRMRC in county and state level public health, preparedness, and response activities. Continuing efforts to support the integration of MDRMRC County Units into both public health and emergency response activities further advances a unified and systematic approach to improve the health safety and resilience of local communities and the state.

MDRMRC Units are an extension of the MDRMRC State Program. MDRMRC Units consist of County Units and Response Units. The Unit Administrators work in conjunction with the State Administrators to manage the day-to-day operations of the County or Response Units. This includes tasks, such as maintaining ongoing contact with current members, welcoming new volunteers, arranging local training and exercise opportunities, and tracking volunteer data in the MD Responds Volunteer Registry.

MDRMRC Response Units

The MDRMRC Response Units are state level units designed to prepare volunteers of a similar professional background to fill a specific response function in support of county, state, or federal authorities in the event of a public health emergency. There are currently three MDRMRC Response Units: Medical Examiner Dental Identification Team, Animal Emergency Response Corps, and the Johns Hopkins Go Team. Future plans include development of additional Response Units, such as a Radiation Response Unit, Disaster Spiritual Provider Unit, and a Ham Radio Operator Unit.

MEDIT: Medical Examiner Dental Identification Team

The mission of the MEDIT is to augment, assist and support the existing forensic dental identification services of the Maryland State Office of the Chief Medical Examiner (OCME) during a mass fatality incident (MFI), as needed for victim identification. To achieve this mission, the MEDIT Unit Administrator, employed by the State OCME, will coordinate the recruitment and vetting of trained, volunteer forensic odontologists (dentists). Those who have been designated as MEDIT members will work in conjunction with the MDRMRC State Program for assignments of MDRMRC to assist in emergency response for a MFI.

AERC: Animal Emergency Response Corps

The Maryland Department of Agriculture (MDA) is the state agency responsible for animals in emergencies in Maryland. Animal emergencies that MDA responds to include:

- Animal disease outbreaks
- Emergency animal evacuation
- Emergency animal sheltering
- Animal loss from natural or man-made disasters

To assist in responding to emergencies, the MDA Animal Health Section leads the Maryland Animal Emergency Response Corps (AERC) in conjunction with the MDRMRC State Program. Members of the Maryland AERC assist in responding to various emergencies involving animals. Emergencies are any situation which affects animals and is of a large enough scale to overwhelm the county’s ability to respond. For example, the AERC may be activated to respond to an infectious disease outbreak. Members may assist with animal care and treatment, evacuation, vaccination, specimen collection, decontamination, euthanasia, necropsy, collecting epidemiological information, supervisory or office support. Members may also be asked, if the law allows at the time and the veterinarian is willing, to provide some medical services to human patients, such as vaccine administration. For more information, visit <http://mda.maryland.gov/animalHealth/Pages/mvvc.aspx>.

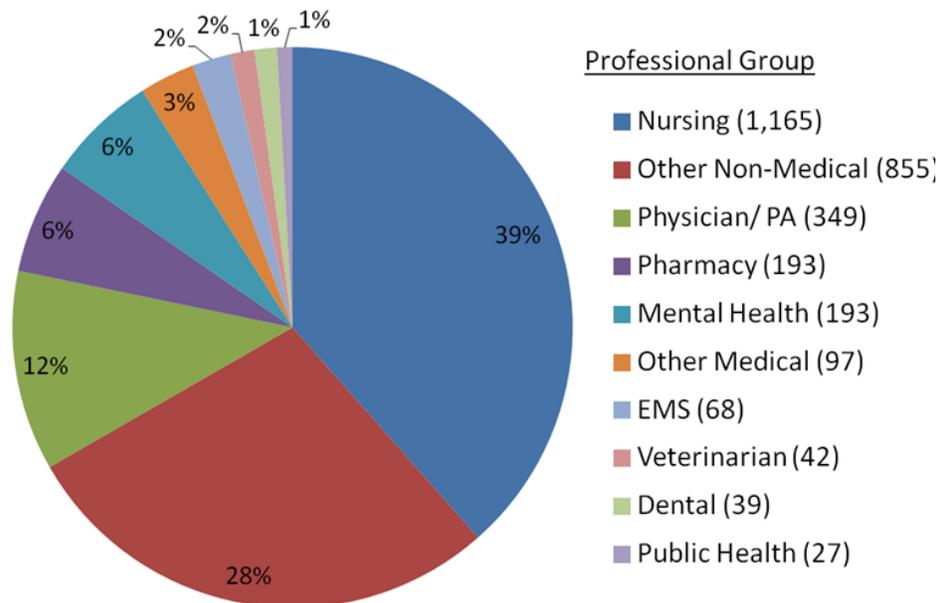
Johns Hopkins Go Team

The Johns Hopkins Go Team is a rapidly deployable medical group established to respond to regional and national disasters. Membership is restricted to employees of the Johns Hopkins Medical Institutions. Their mission is to provide a valuable disaster response asset, to enhance the emergency preparedness of Johns Hopkins employees through ongoing disaster training and education, and to serve the surrounding community through health-related projects. Created through a federal grant in 2009, the team has about 185 members from a variety of disciplines throughout the Johns Hopkins Institutions who have been trained in disaster response. Capabilities of the team include mass casualty triage, establishing and/or staffing of field clinics or shelters, backfill in hospitals, and public health services, such as vaccinations and disease surveillance. In the fall of 2010, the Go Team was registered as an official MRC team. This designation allowed for them to include many more Hopkins personnel, to provide additional training opportunities, and to broaden the scope of activities and response efforts. For more information, visit http://www.hopkins-cepar.org/go_team/index.html.

MDRMRC Volunteers

MDRMRC volunteers include medical and public health professionals, such as physicians, nurses, physician assistants, pharmacists, dentists, veterinarians, and epidemiologists. Many other nonmedical community members also support the MDRMRC, such as interpreters, chaplains, office workers, and legal advisors. Figure 3 displays the MDRMRC volunteer professional group representation as of January 2014.

Figure 3: Professional Group Representation



Advisory Board

Although the MDRMRC Unit's state and county organizations are responsible for most of the day-to-day management of volunteers, many activities may benefit from the involvement of individuals from the broader community. Thus we seek to bring diverse partners to the table through the formation of an Advisory Board that engages state, county, and community response partners and representatives from our target audiences. In 2014, the MDRMRC State Program began working with the Maryland Institute College of Art (MICA) to develop a targeted recruitment and public health campaign. For this project, the MDRMRC is forming an Advisory Board. Upon completion of the MICA project, the Advisory Board will continue to foster good relations between state, county, and community partners. Among other tasks, the Board will also evaluate ideas and offer suggestions for running broader MDRMRC activities.

The specific benefits of an Advisory Board may include: better integrated volunteers, increased buy-in, and increased outreach. Creation of and involvement of diverse partners in the Advisory Board steers the direction of the MDRMRC towards the interests and goals of volunteers and partners. With volunteers on the Board, volunteers will be better integrated into local response and may suggest activities Administrators had not thought of before. Further, participating in the development of the MDRMRC encourages Advisory Board members to see the long-term mission of the MDRMRC to success. Advisory Board members can then carry the MDRMRC's message to their constituents, strengthening the MDRMRC's presence in the community.

C. MDRMRC Network Resources

There are several advantages to being a part of the MDRMRC Network, such as access to volunteer profiles through the MD Responds Volunteer Registry, promoting Unit activities on the MDRMRC State Program website, access to the MD Responds Online Training Platform (MDResponds.MyiCourse.com), and opportunities to share best practices and upcoming events through the MDRMRC newsletter, Facebook page, and LinkedIn group.

MD Responds Volunteer Registry

Each state is required by the Centers for Disease Control and Prevention (CDC), Assistant Secretary for Preparedness and Response (ASPR), Public Health Preparedness and the Healthcare Preparedness Cooperative Agreements to establish and maintain a state-based Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). The ESAR-VHP program is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters, public health incidents, and medical emergencies. For additional information, see "Integration of the MRC and the ESAR-VHP" (Appendix 2d). Maryland's ESAR-VHP is called the **MD Responds Volunteer Registry** (<https://mdresponds.dhmf.maryland.gov/>).

The MDRMRC State Program is responsible for administering and maintaining the MD Responds Volunteer Registry (henceforth "the Registry"), and shares access to the Registry with MDRMRC County and Response Unit Administrators (see Chapter 3 for more information on accessing the Registry.) The State Administrators provide Unit Administrators with training and technical assistance for utilizing the Registry, as needed.

MDRMRC Network Website

The MDRMRC State Program administers and maintains the MDRMRC Network website (<http://mdr.dhmf.maryland.gov>). The website provides general information about the MDRMRC Network for both prospective and current volunteers. The website is managed by the MDRMRC State Administrators who update content on a regular basis. For suggestion or comments about the website, email mdresponds.dhmf@maryland.gov. Below is a summary of the information contained on each page of the website.

- The [Home](#) page provides an overview of the MDRMRC Network, a link to the [Registry](#), and instructions on [how to register with the program](#).
- The [Frequently Asked Questions](#) page addresses questions commonly asked about the MDRMRC.
- The [Training](#) page list both required trainings and recommended training courses. It also contains a link that explains [how to update a volunteer training profile](#) in the Registry.
- The events [Calendar](#) page list upcoming trainings, exercise opportunities, and other MDRMRC related events. See Chapter 6, Section F for instructions on adding County and Response Unit events to the calendar.
- The [Partners*](#) page provides links to our County and Response Units and response partners' websites.
- The [News & Resources](#) page offers MDRMRC program updates, relevant news articles and resources,

and links to our current and archive newsletters.

MDRMRC Units are encouraged to post the MDRMRC website link to their in-house website, if applicable. For a sample website posts, see “MDRMRC Website Text” (Appendix 2e).

**The Partners page is new and is not inclusive of all of our units or partners. Please help us complete this page by emailing your Unit’s website URL to the State Program at mdresponds.dhmh@maryland.gov, if it is not currently listed.*

MDResponds.MyiCourse.com

Administered by the MDRMRC State Program, MDResponds.MyiCourse.com is the MDRMRC Network’s Online Training Platform. The purpose of the site is to provide volunteers with access to online training courses that are intended to prepare them for state and local deployments. The website is available 24/7 and gives volunteers the flexibility of completing trainings at their pace and leisure. MDRMRC Units are encouraged to upload unit-specific training courses to this site. See Chapter 6, Section D for additional information.

MDRMRC Network Newsletter

The MDRMRC State Program publishes a quarterly volunteer newsletter that contains highlights from the field, volunteer spotlights, upcoming trainings, and other relevant information. The newsletter is distributed to all registered volunteers by email and is also posted on the [MDRMRC website](#) and [Facebook](#) page.

Unit Administrators are encouraged to submit articles or other content for inclusion in the newsletter. The “Volunteer Spotlight” and “Highlights from the Field” sections in particular are great venues for Unit Administrators to share stories and best practices from their jurisdiction or volunteers. Please follow these guidelines when submitting stories and photos for consideration:

- Include contact information (e-mail and telephone number) for follow-up.
- If photos are included, they should be high-resolution JPEG attachments. A signed “DHMH Media Release Form” (Appendix 2f) or other written consent is strongly recommended if the photo shows a volunteer’s face. Photo submissions should also include a caption or description of the event.
- Article word count below 150 words, as much as possible
- Please anticipate that your article may be revised and may require your attention for final approval.
- Email all content to mdresponds.dhmh@maryland.gov.

Facebook

The MDRMRC State Programs created a [Facebook page](https://www.facebook.com/MDResponds) (<https://www.facebook.com/MDResponds>) to increase interaction with volunteers. The goal of the MDRMRC Facebook page is to engage current volunteers and recruit new volunteers through their social networks. The MDRMRC Facebook is a forum: to communicate a range of information to volunteers, for volunteers to interact with other volunteers, to receive interest or feedback about the program via Facebook messaging, and for outreach.

In addition, the MDRMRC posts training opportunities, weather alerts, and other preparedness information on a regular basis. Occasionally, the MDRMRC “shares” or re-posts pertinent information to volunteers from partner websites (e.g., LHDs, OP&R, FEMA). The information posted by the MDRMRC onto Facebook is frequently seen and at times even “shared” by volunteers and their social network. This in turn promotes both general outreach and community education.

Unit Administrators are encouraged to contribute articles, stories, and best practices to highlight their unit's activities on the MDRMRC Facebook page, as well as to share the MDRMRC Facebook with their County or Response Unit's volunteers. To submit content, pictures or other media to the MDRMRC Facebook page, email submissions to mdresponds.dhmf@maryland.gov.

LinkedIn

In early 2014, the MDRMRC created a [LinkedIn group \(http://bit.ly/LinkedInMDResponds\)](http://bit.ly/LinkedInMDResponds) as another strategy for increasing volunteer interaction. The goal of the MDRMRC LinkedIn page is to give volunteers an opportunity to highlight their volunteerism to their professional network, as well as to promote the MDRMRC as a volunteer organization.

The MDRMRC LinkedIn group's description gives an overview of the volunteer program which captures our recruiting pitch. The group's discussion boards cover frequently asked questions and serve as a resource for group members. Volunteers who join the MDRMRC LinkedIn group will have the MDRMRC logo show up on their LinkedIn profile and be able to comment on discussions.

Unit Administrators are encouraged to join the MDRMRC LinkedIn group and recruit volunteers to also join.

Chapter 3: MDRMRC Unit Administration

A. MD Responds Volunteer Registry

As previously mentioned, the MD Responds Volunteer Registry (henceforth “the Registry”) is administered and maintained by the MDRMRC State Program. The MDRMRC State Program provides Unit Administrators with training and technical assistance for utilizing the Registry, as needed. This section provides a basic overview of the volunteer management functions of the Registry. Refer to the “Volunteer Registry - Administrator Protocols” (Appendix 1b) for more detailed instructions. Management of volunteers through the Registry is a shared responsibility between the MDRMRC State, County, and Response Unit Administrators, which provides a unified and systematic mechanism for volunteer coordination and management.

Through the Registry, volunteers receive notifications from the MDRMRC State Program, County Units, and Response Units, creating increased opportunities for involvement. Notifications for regional, statewide, or national deployment, training, or exercise opportunities will come from the MDRMRC State Program. Notifications regarding local deployment, training, or exercise opportunities will primarily come from the MDRMRC Unit.

The Registry serves as a uniform, advanced registration database allowing Unit Administrators to quickly identify and activate volunteer during a public health emergency. In addition, the Registry allows for:

- The registration of both medical and nonmedical volunteers
- Individual volunteer access via a password protected, secure website
- Automatic management of licensure and credential information
- Collection of volunteer contact information, skills, professional and training information
- Searching or filtering of registrants by varying domains (e.g., name, trainings, location)
- Messaging of general communications, notifications, and alerts
- Management of MDRMRC Units (“organizations”)
- Sharing documents
- Creation of volunteer groups
- Exporting data and generating detailed reports
- The ability to manage deployments via a mission function
- Access to the system 24/7

Future plans include using the registry for verifying information on accreditation and privileges in hospitals or other medical facilities. The features and capabilities of the Registry continue to evolve. Its success is based on Unit Administrator use and input. The Registry can be an excellent tool not only for managing volunteers, but also for preparing reports and communicating with volunteers.

The State Administrators are your **primary** contacts for support or questions regarding the Registry. In the **unlikely** event that the State Administrators are unavailable, and you require **immediate emergency assistance** with the Registry, email the Registry vendor, Intermedix Support Center at support@collaborativefusion.com. See “Intermedix Support Center Info” (Appendix 3b) for further details.

Unit Administrator Access to Volunteer Registry

To utilize the Registry for volunteer management, Unit Administrators must sign an MOU* with the MDRMRC State Program. The MOU describes roles and responsibilities of the MDRMRC State and Unit Administrators to provide effective coordination and cooperation for volunteer management. The MOU is reviewed and renewed

annually in conjunction with the MDRMRC Unit Volunteer Management Plans. See the “MDRMRC Network MOU Template” (Appendix 3a).

** As this is a new requirement for gaining access to the Registry, it is understood that current Unit Administrators, who completed the inaugural training on the system, were not required to complete this step to upgrade to Unit Administrator in the Registry. We will work with current Unit Administrators on an individual basis to assist them in completing the MOU and to ensure their access to Registry is not disrupted.*

In addition, Unit Administrators must complete the MD Responds Volunteer Registry Administrator training provided by the MDRMRC State Program. This training covers how to use the system to manage, activate, and communicate with MDRMRC volunteers. Contact the MDRMRC State Program Administrator at stephanie.parsons@maryland.gov for more information about the training.

Once a Unit Administrator completes the requirements for gaining access to the Registry, their account will be upgraded from a “responder” account (which is the default account type for volunteers), to a “local administrator” account, enabling them to access all the volunteer profiles registered with their Unit.

MDRMRC Unit Organization Details

In the Registry, an MDRMRC Unit is referred to as an “Organization.” As such, your “Organizations” tab allows you to organize and manage the volunteers registered with your MDRMRC Unit.

When a new volunteer completes the online application through the Registry, they are required to join an organization. Outside of recruitment, this may be your first and primary contact with volunteers. Thus, it is important to closely monitor and manage your Unit’s organization on the Registry. In short, the organizations tab on the registry allows Unit Administrators to:

- Edit organization details (e.g., state your unit’s mission, upload your unit’s logo, etc.) See Figure 4 for an example from the Somerset County MDRMRC Unit’s Organization Details section.
- View membership status breakdown
- Quick access to view accepted, pending, and rejected volunteer memberships
- Transfer volunteers to other organizations
- Run administrative reports

For detailed instructions on how to perform these tasks, please refer to the “Administrator Guide” (Appendix 1b). The Administrator Protocols cover instructions for main functions of Administrators but is not comprehensive of all tasks. For instructions or help on tasks not mentioned in the Administrator Protocols, sign into the Registry and use the Help Center by clicking the Help Center link in the upper right corner of the page, or email the State Administrators at mdresponds.dhmf@maryland.gov.

Figure 4: Somerset County MDRMRC Unit’s Organizations Dashboard

The screenshot displays the 'Somerset County MD Responds Unit' dashboard. The top navigation bar includes 'Home', 'My Profile', 'Missions', 'Messages', 'Organizations', 'Documents', 'Responders', 'Administration', and 'Configurations'. The 'Organizations' tab is active. Below the navigation, there is a 'My Organizations' section with 'All Organizations' selected. The main content area is titled 'Somerset County MD Responds Unit' and contains a 'Details' section with a description of the unit's mission and a 'Members' table.

Status	Number
Accepted	44 Accepted
Pending	1 Pending
Rejected	1 Rejected

Volunteer Notification and Activation Drill

MDRMRC Unit Administrators should conduct, at minimum, one volunteer notification and activation drill annually (this is included in the LHD PHEP Funding Conditions of Award). This drill will enable Unit Administrators to assess how many volunteers could be available to deploy locally in a real world emergency. See “Volunteer Notification and Activation Drill Instructions” (Appendix 3c) for instructions on how to conduct this drill through the Registry.

B. MDRMRC Unit Volunteer Management Plan

All MDRMRC Units should have a Volunteer Management Plan to steer their annual activities (this is included in the LHD PHEP Funding Conditions of Award). This plan should address the following topics:

- Unit organization and by-laws
- Recruitment
- Registration, screening and selection
- Training and exercise
- Volunteer utilization
- Recognition and retention
- Volunteer Protections

The MDRMRC State Program provides Unit Administrators with guidance for developing their MDRMRC Unit’s Volunteer Management Plan throughout this document. For a template, see “MDRMRC Volunteer Management Plan - Template” (Appendix 1a). Unit Administrators are not required to use this specific template. There are several other volunteer management planning templates available on the [National MRC website](#). To better coordinate, state, jurisdictional and local volunteer management efforts, it is requested that all MDRMRC Units develop a volunteer management plan and submit their completed plan to MDRMRC State Program on an annual basis.

C. MDRMRC Unit Organizational Structure

Each MD County is equivalent to an MDRMRC County Unit. County Unit Administrators determine when the unit will deploy locally and which activities warrant volunteer activation. County Units are administered by their LHD and operate under the authority of the County Health Officer. The overall management of the MDRMRC County Unit is usually determined by the public health emergency planner who may assume the role of the MDRMRC County Unit Administrator* or appoint a qualified staff member to this position. That staff member must then complete the steps described in the beginning of this Chapter to gain Administrator access to the MD Responds Volunteer Registry.

**If the MDRMRC Unit Administrator role cannot be filled at the county level due to staffing or funding constraints, the MDRMRC State Administrators will assume responsibilities of the MDRMRC Unit Administrator.*

D. Register With the National MRC Network

MDRMRC Units are encouraged to register with the National MRC Network. Registration gives MDRMRC Units eligibility for funding opportunities relating to MRC capacity building. NACCHO also provides funding based on a competitive awards process. These awards range from \$5,000 to \$20,000. To receive funding, there are certain programmatic procedures and reporting requirements. MDRMRC Units registered with the National MRC Network must update their Unit activities at least quarterly on their Unit’s online profile.

For additional information on registering your MDRMRC Unit with the National MRC Network, visit <https://www.medicalreservecorps.gov/leaderFldr/HowToStartAnMRC>.

For instruction on updating your MRC Unit profile, visit <https://www.medicalreservecorps.gov/leaderFldr/NewMemberResources#Unit>.

As of April 2014, there were 7 MDRMRC Units who are registered with the National MRC Network. Below are links to their Unit Profiles on the National MRC Network website:

- MDRMRC State Program: <https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/110>
- MDRMRC Frederick County Unit: <https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/112>
- MDRMRC Howard County Unit: <https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/244>
- MDRMRC Prince George's County Unit:
<https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/267>
- MDRMRC Harford County Unit: <https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/354>
- MDRMRC Johns Hopkins Go Team Unit:
<https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/2281>
- MDRMRC Defense Force Unit: <https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/188>

Chapter 4: Recruitment

A. Recruitment Plan

MDRMRC Units should develop a plan to recruit volunteers whose training, licenses, credentials, and backgrounds support and foster the unit's mission and purpose. The plan should be based on community needs, goals, and resources and should be included in the "MDRMRC Unit Volunteer Management Plan" (Appendix 1a). Unit recruitment plans should address issues, such as determining volunteer needs, how and where to find potential volunteers, how to get your message out, and how you can motivate potential volunteers to register.

In addition to the unit recruitment plan, some Unit Administrators may find it helpful to create a recruitment action plan. See "Recruitment Action Plan - Unit Sample" (Appendix 4a) for a template. This action plan will allow you to formulate and identify actions to help you meet your goals and can also provide a way to continually evaluate progress and enact changes or adaptations as necessary.

B. Recruitment Needs Assessment

The first step for developing a volunteer recruitment plan is to conduct a needs assessment. The needs assessment will help identify how volunteers could be utilized in the community and determine the appropriate types and amounts of volunteers needed. For more information, see the MRC guidance on conducting a volunteer needs assessment here: <https://www.medicalreservecorps.gov/file/MRC-DevelopMRCPurpose-Final.pdf>.

Volunteer Activities

When planning for recruitment, consider how your MDRMRC Unit will utilize volunteers. In addition to deploying in response to public health emergencies, volunteers can play vital roles in public health initiatives and community emergency preparedness activities. See Chapter 7, Section B for example activities.

Types of Volunteers

Once you have identified and determined your local volunteer needs and activities, you can define the specific roles you are seeking to fill and what types of volunteers you need to fill these roles. Although the main focus of the MDRMRC is on medical operations and public health activities, healthcare experience is not a requirement for membership. Below are some of the types of volunteers whom you may wish to consider in your recruitment efforts:

Active, licensed medical volunteers

Examples include physicians, nurses, pharmacists, mental health professionals, respiratory therapists, emergency medical technicians and paramedics, dentists, veterinarians and other health professionals. These volunteers usually provide direct services on the scene of an event or during a public health activity.

Retired or non-licensed healthcare volunteers

These are persons who have retired and may not have maintained their license or health professionals from other states, and are not currently licensed in Maryland. These volunteers can still be very helpful performing supervised activities that do not require licensing. Retired healthcare professionals can be especially valuable as they may have more time to participate in county events and may not be called up to a hospital or clinical practice during a county emergency event.

Non-medical volunteers

Volunteers, such as clerks, administrators, translators, interpreters, legal advisors, or spiritual leaders often work behind the scenes to support the efficient operation of the MDRMRC. These public health volunteers can assist with record keeping, information technology, inventory, communications, and more.

Spontaneous, unaffiliated volunteers

These are persons who did not pre-register but want to help during an emergency. Through the Registry, these persons may be quickly registered and credentialed. Caution should be taken, however, since they may not have completed required training or background screening. Spontaneous, unaffiliated volunteers should not work with special populations (children, elders or persons with disabilities) until a full screening is completed. See Chapter 7, Section G for additional guidance on managing spontaneous, unaffiliated volunteers.

C. Recruitment Message

Position Descriptions and Job Actions Sheets

It is important to have written descriptions for the volunteer positions for which you are recruiting. Position descriptions are written statements that include a title, expected duties or roles and responsibilities, sample activities, required qualifications and competencies. For samples, see “Volunteer Position Descriptions and Job Action Sheets” (Appendix 4b). The position description will depend on local needs, goals, and expectations. The written descriptions should contain enough information to provide the volunteer an understanding of duties and expectations.

Further, more detailed job action sheets can help clarify the functional roles and responsibilities of volunteers during an exercise or deployment. These are usually written in checklist format and used to outline the tasks and duties of a particular volunteer role. Volunteers should be provided with a job action sheet and informed of expectations during event briefing or preparation sessions. See appendix 4k for a “Job Action Sheet - Template.”

Recruitment Materials

MDRMRC Units should develop a recruitment message that reflects their mission and community needs. Unit Administrators are encouraged to utilize the “MDRMRC Program Overview” (Appendix 4c) as a template for creating a tailored recruitment flyer. No matter the format, your recruitment message should contain the following elements:

- An engaging opening
- A statement of need or a gap to be addressed
- A statement of how volunteering with the your MDRMRC Unit will address this need or solve the problem
- Requirements for membership
- Benefits for the volunteer
- Link to register through the Registry: <https://mdresponds.dhmh.maryland.gov/>
- Unit Administrator contact information for more information

In addition to the “MDRMRC Program Overview” (Appendix 4c), it is also helpful to give potential volunteers a copy of the step-by-step instructional flyer on “How to Register with MD Responds” (Appendix 4d).

Media Release Form

If you want to use volunteer names, pictures or voice on your website, in publications, in press releases, etc., it is highly recommended that prior permission be obtained to record, use or reproduce the media. MDRMRC Units can use the “DHMH Media Release Form” (Appendix 2f) for obtaining this permission.

D. Recruitment Strategies

There are multiple strategies that can be used to recruit new volunteers. Because every community is different, what works as an optimal recruitment method in one jurisdiction may not be as effective in another. Listed below are some examples of recruitment strategies to consider:

Multimedia

- Work with your housing organization’s webmaster to create a dedicated webpage for your MDRMRC Unit.
 - For sample website text, see “MDRMRC website Text” (Appendix 2e). Be sure to email the link to this page to the MDRMRC State Program so we can post your link on the MDRMRC Network website.
- Issue a press release to local media outlets to inform them of your county MRC Unit.
 - For a press release template, see “Press Release Template” (Appendix 4e).
- Community bulletin boards, such as those in hospitals and clinics, can be used to post your recruitment flyers.
- Local radio and television spots.
 - See “Public Service Announcement - Template” (Appendix 4f).
- Write a newspaper article to promote your MDRMRC Unit’s activities.
 - See “MDRMRC News Article - Example” (Appendix 4g) for example articles written by the Allegany County MDRMRC Unit.
- Register with the National MRC Network and keep your Unit profile up-to-date.
 - To register with the National MRC Network, visit <https://www.medicalreservecorps.gov/leaderFldr/HowToStartAnMRC>.
- Social media (Facebook, LinkedIn, Twitter).
 - Do not forget to “like” the [MDRMRC Network Facebook page](#) from your Unit’s page.
- Target Direct Mail/Email.
 - For a sample letter, see “Recruitment letter” (Appendix 4h).
- Coordinate recruitment efforts with other local volunteer organizations (e.g., Citizens Corps, Community Emergency Response Teams, etc.).

Community Outreach Events

- Promote your Unit by giving a recruitment presentation at trainings, conferences, or professional meetings.
 - For a recruitment presentation template, see “Recruitment Presentation” (Appendix 4i).
- Host a recruitment table at trainings, conferences, meetings, community events, health fairs, community service events, etc.
 - The MDRMRC State Administrators will attend recruitment events upon request and depending on availability, to provide resources and assist with on-site registration. To request that MDRMRC State Administrators attend a recruiting event in your community, email the MDRMRC State Program at mdresponds.dhmh@maryland.gov.

Additional Sources of Volunteers

Discuss potential partnerships with other community organizations to promote emergency preparedness and your MDRMRC Unit. These agencies should be contacted early in the recruitment planning process to ensure the highest degree of coordination of response. The following is a list of agencies that may be sources of volunteers:

- Aging services
- Amateur radio groups
- Local American Red Cross chapters
- Clinics and hospitals
- Colleges and Universities
- County extension office supported groups
- Large employers
- Local sorority and fraternity chapters
- Medical facilities
- Nonprofits
- Professional organizations
- Places of worship and other religious organizations
- School systems

E. MDRMRC State Program Recruitment Activities

Statewide recruitment activities conducted by the MDRMRC State Program are intended to **supplement** and **support** MDRMRC Unit recruitment efforts. Statewide recruitment will focus on recruiting volunteers through state-level organizations, such as professional licensing boards, professional organizations, other state agencies, and large private organizations with regional or statewide memberships. See Appendix 4j “Recruitment Action Plan - State Program,” for a list of upcoming statewide recruitment activities.

Chapter 5: Registration, Screening and Selection

A. Requirements for Membership and Deployment Eligibility

All volunteers, regardless of professional background, should* meet the following requirements for membership and to become eligible for deployment:

Membership Requirements:

1. Must be at least 18 years of age
2. Must complete the online application through the Registry

Deployment Eligibility Criteria:

Deployment eligibility requirements are outlined in the Volunteer Deployment Guide. For instructions on deployment eligibility requirements to distribute to volunteers, see “Eligibility Requirement Flyer” (Appendix 7h)

1. Completed MD Responds MRC volunteer profile
2. Completed required Training courses (see Chapter 6, Section B):
 - a) MD Responds MRC Orientation
 - b) IS-100 Introduction to Incident Command System
 - c) IS-700 National Incident Management System, An Introduction
3. Sign and submit MDRMRC Liability Policy (Appendix 5b) and Confidentiality Agreement (Appendix 5c)
4. Healthcare licensure verified, if applicable
5. MD Responds MRC ID badge (see Chapter 5, Section H)

**Exceptions may be made based on situational need during emergency response activations (See Chapter 7, Section G for more information).*

B. Registration Process Steps

Prior to utilizing the Registry for volunteer management, MDRMRC Unit Administrators must complete the requirements for gaining access to the Registry. Refer to the “Volunteer Registry - Administrator Protocols” (Appendix 1b) for instructions of gaining access to the Registry.

The following is a summary outline of the steps a volunteer must take to register with MDRMRC and the actions Unit Administrators take to screen and approve a new volunteer membership request. For more detailed information on the registration process, refer to the “Administrator Protocols” (Appendix 1b).

Step 1: Potential volunteer completes and submits their online application through the MD Responds Volunteer Registry.

- a. Registration Application. All prospective volunteers must register online through the Registry at <https://mdresponds.dhmf.maryland.gov/>. Unit Administrators have the ability to register persons unable to use or access the site. Prior to submitting their registration applications, volunteers are asked to select one MDRMRC County Unit to be affiliated with based on their county of residence. This selection will determine which Unit receives their completed application and membership request.
- b. Credential Verification. If the occupation listed by the volunteer is one that can be verified by the Registry, the system will automatically conduct a search to verify the volunteer’s credentials.

Credential verification is discussed in more detail below.

- c. Emergency Credential Level (ECL) Assignment. Once credentials are verified, an ECL is automatically assigned. ECLs are discussed in greater detail below.

Step 2: MDRMRC Unit Administrator screens new membership requests for selection.

- a. Screen Registration Application. The Unit Administrator receives a “pending membership request” notification and screens the new volunteer registration application. To ensure the applicant selected the correct affiliation, open their pending volunteer profile and scroll down to the “Identity” section to verify their county of residence. Screening and selection procedures are discussed in greater detail below.
- b. Accept or Transfer Membership Request. After screening the new volunteers’ registration application, the Unit Administrator selects the appropriate membership status from the “status” drop down menu.
 - Pending: Administrator has not taken any action on volunteer’s request to join.
 - Transferred: Membership request was transferred to another Unit.
 - Accepted: Volunteer is part of and can view details and contact information of organization.
 - Researching: Administrator is gathering information to determine if volunteer qualifies.

Step 3: Volunteer registration application is accepted and receives information on additional steps they are required to take to be eligible for activation.

- a. Welcome Email. Unit Administrator sends the unit’s welcome email to the new volunteer, which provides instructions on maintaining their volunteer profile, how to take the MD Responds Online Orientation Course, how to get their ID badge and uniform, and other important program information. Unit Administrators can use the general welcome email which is saved as a template in the messages module of the Registry to create their own version of the email. Unit welcome emails can also be saved as an email template in the Registry.
- b. Eligible for Training & Correspondence. Upon approval of application, volunteers become eligible for training programs and basic correspondence.

Step 4: Volunteer completes additional requirements for becoming eligible for activation and deployment.

- a. Eligible for Activation & Deployment. Volunteers must complete the following minimum requirements for becoming eligible for activation and deployment:
 - Complete volunteer profile and keep it up-to-date
 - Obtain their MDRMRC ID badge (ensures their license/credentials have been verified, if applicable). For visual sample, see “MDRMRC ID badge” (Appendix 5a).
 - Complete required minimum training (MDRMRC Orientation, ICS 100, ICS 700)
 - Sign and submit the “MDRMRC Liability Policy” (Appendix 5b).
 - Sign and submit the “MDRMRC Confidentiality Policy” (Appendix 5c).
- b. Unit Specific Eligibility Criteria. If applicable, additional requirements based on MDRMRC Unit housing organizational policies must be included in the MDRMRC Unit’s “Volunteer Management Plan” (Appendix 1a). MDRMRC Units who are affiliated with LHDs should check with their legal department and office of human resources to see if there are additional local policies or forms that may be necessary for volunteers to complete.

C. Credential Verification

Credential verification is the process of collecting information for evaluating and documenting the qualifications of licensed professionals including information about a person's current license or degree; training or experience; and competence or certification. Below is a description of each credential verification method used by the Registry.

State Licensing Boards

Automatic license verification is built into the Registry for some healthcare occupations regulated by State Licensing Boards. Credential verification for the healthcare licenses that are not automatically verified by the Registry are conducted manually by the MDRMRC State Administrators when issuing ID badges. For a listing of Maryland State Licensing Boards and the method used for verifying licensure with each, see "License Verifications Configurations Table" (Appendix 5d).

U.S. Drug Enforcement Administration (DEA) Pharmaceutical License Database:

Medical professionals who dispense or prescribe controlled drugs must hold a DEA licenses. The DEA Pharmaceutical License Database is a federal database that is used to verify that a medical professional's pharmaceutical license is valid. A verified DEA license is required to reach ECL-2 and ECL-1 for APRNs, dentists, physicians, physician assistants, psychologists and veterinarians.

Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE):

The OIG has the authority to exclude individuals and entities from federally funded healthcare programs due to a civil or criminal conviction in the federal or state court, or due to any adverse federal or state licensing actions. The OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). The OIG LEIE data is used to verify that a volunteer is not listed as excluded from participation in federally subsidized medical programs and response events. Volunteers who appear in the 'excluded individuals' database cannot be assigned an ECL level, which is an indication that a more in-depth background check be conducted.

D. Emergency Credential Levels (ECL)

Credential verifications are used by the Registry to determine a medical volunteer's Emergency Credential Levels (ECL). ECLs establish common personnel definitions that help organizations best utilize and manage volunteer personnel during an emergency or disaster. ECL assignment describes the medical volunteer's ability to meet a nationally accepted minimum standard as defined by the Assistant Secretary for Preparedness and Response (ASPR). ASPR has developed a system of classifying and assigning health professionals registering with ESAR-VHP systems, like the Registry, into one of four credential levels in accordance with these standards. Level 1, 2, 3, or 4 is assigned based on the verified credentials for each healthcare volunteer registered.

ASPR guidelines determine requirements for each ECL and how volunteers are assigned to each level may be used during a disaster. See "ESAR-VHP Compliance Requirements" (Appendix 5e) which contains the required credentials and associated credential verification elements that apply to assigning ECLs.

E. Background Checks

Healthcare credential verifications are conducted through the various methods listed above. However, the Registry does not currently offer a method for conducting a complete criminal background check for every type

of volunteer registered in the system. This method is scheduled to be added to the Registry by December 2014, with the addition of the new Background Check Module, which will enable Unit Administrators to initiate background checks and view the detailed online reports.

Once the Background Check Module is added to the Registry, the MDRMRC State Program will work with Unit Administrators to develop a method for determining which volunteers, based on position responsibilities, require a background check. Volunteers will have the option to “opt-out” of the background check. In general, a background check should be performed for all volunteers assigned to positions of special trust, responsibility or sensitive location, as well as for those who have direct contact with children, the elderly, or persons with disabilities.

In addition, certain healthcare occupations and facilities regulated by the Maryland DHMH require background checks as part of the professional or facility license. This information will be considered when determining whether an additional background check through the Registry will be needed. The following is a list* of healthcare professions, regulated by the Maryland Professional Licensing Boards that require a criminal history background check:

- Psychologist
- Registered Nurse
- Chiropractor
- Pharmacist
- Physicians

**This list is not all inclusive and will be updated when additional information is available.*

F. Screening & Selection

When a potential volunteer submits their registration application through the Registry, the status of their volunteer profile will be labeled “Pending.” A weekly summary email notice is sent to Unit Administrators indicating the number of pending membership requests they have in their Unit organization. The Administrator can then accept, transfer, or reject the potential volunteer membership request.

If a volunteer selects your Unit, but does not meet its requirements (e.g., lives in a different county), Unit Administrators should **transfer** the membership request to the appropriate MDRMRC Unit; please **do not reject** the volunteer membership request. The Unit Administrator can classify the volunteer profile as “researching” status during the application review process if necessary. If you believe a volunteer poses a reason for concern and should not be accepted into your MDRMRC Unit, kindly contact mdresponds.dhmh@maryland.gov. **Do not reject** volunteers from your organization without conferring with the State Program Administrators.

In most cases, the pending volunteer membership request should be accepted. The MDRMRC Unit Administrator should then send the newly accepted volunteer a welcome message which will guide them through the initial orientation process (e.g., completing their profile, taking the orientation course, obtaining ID badge, etc.). To maintain the potential volunteer’s interest, Unit Administrators should send the welcome email as soon as possible, but no later than two weeks after receiving the membership request.

G. Liability & Confidentiality Policies

Volunteers are required to read, sign, and submit the “MDRMRC Liability Policy” (Appendix 5b), and the “MDRMRC Confidentiality Policy” (Appendix 5c) to be eligible for deployment.

The MDRMRC Liability Policy (Appendix 5b) states that the state of Maryland will provide liability protection during scheduled training or an emergency; MDRMRC volunteers may receive protection if they perform authorized duties and within their scope of practice. See Chapter 9 for more information.

Volunteers may have access to confidential health information during MDRMRC deployments that involve direct patient care. As per HIPAA regulations, volunteers must read and sign the MDRMRC Confidentiality Policy (Appendix 5c); here, the volunteer agrees to protect the privacy of any patient health information with which they may come in contact.

Volunteers submit completed Liability and Confidentiality forms the MDRMRC State Program. Upon receiving completed forms, the MDRMRC State Administrators adds the volunteer to the Registry group named "Submitted Liability & Confidentiality Forms" to reflect completion of this requirement. Unit Administrators can view a list of their volunteers who have submitted their Liability and Confidentiality forms by accessing this group through the Registry. Refer to the "Administrator Guide" (Appendix 1b) for detailed instructions.

H. Identification Badge

The MDRMRC State Program issues identification (ID) badges to volunteers. They are designed for use during authorized functions to identify volunteers as members of the MDRMRC. Volunteers must have their ID badge on them at all times during deployment. The ID badges document the following: name, profession, license number (if applicable), type of volunteer, and picture. For a sample, see "MDRMRC ID badge" (Appendix 5a).

To obtain an ID badge, volunteers must:

- Complete 100% of their profile
 - For licensed, healthcare practitioners, credentials will be verified before assigning "Medical Volunteer" role
 - For non-licensed healthcare practitioners, or for non healthcare occupations, volunteer will be assigned "Public Health" role
- Submit a recent headshot;* head shot requirements are as follows:
 - Photo taken within the past 6 months
 - Full face, front view
 - Color
 - Solid background
 - No hats or headgear obscuring the hair or hairline

**These items are emailed to the MDRMRC State Program at mdresponds.dhmh@maryland.gov.*

If the volunteer is unable to email their photo, they are directed to contact the State Administrators to make other arrangements. For example, ID photos may be taken at an upcoming training session, or the picture can be taken at their LHD and emailed to the address listed above.

ID badges are sent via certified mail. Upon notification that the volunteer has received their ID badge, the MDRMRC State Administrators adds them the Registry group named "ID Badge Received (2013 onwards)," to reflect completion of this requirement. Unit Administrators can view a list of their volunteers who have been issued an MDRMRC ID badge by accessing this group. Refer to the "Administrator Guide" (Appendix 1b) for detailed instructions.

I. MDRMRC Polo

The MDRMRC State Program issues an MDRMRC polo shirt to volunteers in conjunction with their ID Badges, or

at other MDRMRC functions such as orientation trainings. The purpose of the MDRMRC polo is to identify volunteers as members of the MDRMRC. Volunteers are strongly encouraged, however not required, to wear their MDRMRC polo during deployments. To obtain their MDRMRC polo, volunteers must complete the requirements for obtaining their ID Badge, as previously described.

Chapter 6: Training and Exercise

A. Training & Exercise Plan

MDRMRC volunteers come from a variety of backgrounds and enter the program with varying credentials, capabilities, and professional experience. In addition, there is variation in what each MDRMRC Unit needs and is able to do. This diversity makes standardization across the MDRMRC Network difficult. As such, it is recommended that training and exercise activities be planned to fulfill local needs as identified in the needs assessment and that are in alignment with the MRC Core Competencies. Developed by the U.S. Office of the Surgeon General, the MRC Core Competencies cover minimum basic skills and knowledge that all MRC volunteers should have regardless of their role. For more information on core competencies, see “MRC Core Competencies” (Appendix 6a).

Unit Administrators should develop a training and exercise plan to prepare volunteers to support the unit’s mission and purpose. The plan should be based on community needs, goals, and resources and should be included in the “MDRMRC Unit Volunteer Management Plan” (Appendix 1a).

Volunteers should be assessed to determine their particular needs and to develop their individual training plans. Health professional volunteers often have numerous responsibilities and are interested in training independently during non-traditional business hours. Others prefer the chance to complete the training in a classroom or field setting. Training plans that incorporate options for independent, classroom and field study seem to be the most effective. Unit training and exercise plans should include:

- Required training
- Recommended training
- Method for assessing training needs
- Method for advertising training and exercise opportunities
- Method for tracking and documenting volunteer training records
- Evaluation plan for measuring the effectiveness of training activities

In addition to the unit training and exercise plan, some Unit Administrators may find it helpful to create a training and exercise action plan. See “Training & Exercise Action Plan - Unit Sample” in Appendix 6b for a template. This action plan will allow you to formulate and identify actions to help you meet your goals and can also provide a way to continually evaluate progress and enact changes or adaptations as necessary.

B. Required Training

The MDRMRC State Program requires volunteers complete the three minimum trainings courses below to be eligible for activation and deployment. As such, the MDRMRC State Program offers these courses both online and in-class sessions throughout the state. For additional information on these offerings, see “Training and Exercise Action Plan - State Program” (Appendix 6c).

- MDRMRC Orientation
- ICS 100 Introduction to Incident Command System
- ICS 700 National Incident Management System, An Introduction

MD Responds MRC Orientation

All volunteers are required to complete the MDRMRC orientation course. (Individual members may be ‘fast-tracked’ to qualify for a pending event, but are required to take the orientation course as soon as possible.) The orientation covers the following objectives:

- Be able to describe the history, mission and purpose of the MDRMRC
- Be able to describe the role of the MDRMRC in public health and emergency response and its application to a given incident
- Learn the requirements for membership deployment eligibility with the MDRMRC
- Be able to follow the MDRMRC procedures for assignment, activation, deployment, and debriefing
- Know where to find additional MRC resources, such as trainings and materials

MDRMRC volunteers have two options for taking the MDRMRC Orientation course:

- Online: The online orientation is a brief overview of the MDRMRC program and can be completed here: <http://mdresponds.myicourse.com/menu/menu/65095>. Instructions for how to register for the online MDRMRC orientation can be found in “Instructions for Taking MDRMRC Online Orientation Course” (Appendix 6k).
- In-Class: The in-class version of this course presents a comprehensive overview of MDRMRC, as well as a subsequent session on ICS 100 and 700. In-class orientations are offered throughout the MDRMRC State Program and on an annual basis.

Unit Administrators are encouraged to develop and unit-specific orientation course for their volunteers. The MDRMRC State Program’s orientation presentation can be used as a template to be tailored to meet unit needs and demographic of volunteers. Unit Administrators may add information to the template; however, should not subtract from the template as the information included reflects minimum knowledge required of all volunteers. Additional topics may include communications, safety and risk reduction, overview of the local response plans and department ESF #8 responsibilities.

For a sample and template orientation agenda and presentation, see “Orientation Agenda - Template” (Appendix 6d) and “Orientation Presentation - Template” (Appendix 6e), respectively.

ICS 100 & 700

The National MRC Network provides [guidance](#) that requires MRC Units to be NIMS compliant. All MRC Units should adopt ICS as the management system for response to emergencies and disasters, and all MRC volunteers should have a basic understanding of ICS, regardless of their position within a unit. ICS contains the attributes necessary for efficient, well-coordinated emergency operations. It allows MRC Units to be integrated into the emergency response system used by emergency services agencies, local public health departments, and healthcare institutions nationwide. As such, all MDRMRC volunteers and Unit Administrators are required to complete the following NIMS courses:

- NIMS/ICS 100: Introduction to ICS, or equivalent
 - Introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. Describes the history, features and principles, and organizational structure of the Incident Command System.
 - Explains the relationship between ICS and the National Incident Management System (NIMS).
- NIMS/ICS-700: NIMS, An Introduction, or equivalent
 - Describes the intent of NIMS.

- Describes the key concepts and principles underlying NIMS.
- Describes the purpose of the NIMS Components including: Preparedness, Communications and Information Management, Resource Management, and Command and Management.
- Describes the purpose of the National Integration Center.

MDRMRC volunteers have two options for taking the NIMS/ICS 100 and 700 courses.

- In-Class: These courses are offered in conjunction with the in-class MDRMRC State Program's orientation. These courses are offered throughout the year by MEMA and other local emergency management agencies.
- Online: These courses are offered online through the FEMA Emergency Management Institute. To access these courses online, visit <http://training.fema.gov/emiweb/is/is100b.asp> and <http://training.fema.gov/emiweb/is/is700a.asp>, respectively.

C. Recommended Training

In addition to required training, MDRMRC Units should provide volunteers with additional training opportunities based on the identification of local needs. Visit the [MDRMRC Network website](#) for an example of how to outline required versus recommended trainings. A variety of training opportunities and exercises are recommended to ensure the best preparation of volunteers. Recommended trainings may include, but are not limited to:

National Incident Management System (NIMS)/Incident Command System (ICS) Training

- ICS 200: Basic ICS for Single Resources and Initial Action Incidents, or equivalent
- ICS 400: Advanced ICS, or equivalent
- IS 800b: National Response Framework, An Introduction, or equivalent
- FEMA Emergency Management Institute Courses or FEMA classroom courses offered by Maryland Emergency Management Agency

Responder Safety & Emergency Response Training

- Basic Emergency Preparedness for Public Health Workers
- Mobilizing Faith-Based Community Organizations in Preparing for Disasters
- Response Planning for Functional Needs Populations in Rural Communities
- RAPID Psychological First Aid
- Psychology First Aid in Radiation Disasters
- Think Inside the Box- Personal Emergency Preparedness Workshop
- Personal Preparedness & Responder Safety Training
- AHA - Heart Savers First Aid, CPR, AED

Position & Discipline-Specific Training

- Points of Dispensing Operations
- Immunizations Techniques for RNs
- Mass Care/ Shelter Health Station Training
- Basic Disaster Life Support

Just in Time Training (JITT)

In the event of a public health emergency requiring volunteer involvement, it may be impossible to provide

training to volunteers according to the processes described above. In this situation, volunteers should receive just in time training (JITT) in the most efficient, yet effective, manner possible. JITT is a critical piece of the management of spontaneous volunteers and serves as a refresher for experienced MDRMRC volunteers. This training is usually developed in advance and can be presented in multiple formats, including Microsoft PowerPoint, DVD/CD, and via the web.

It is recommended that Unit Administrators develop JITT materials based on their unit's mission and pre-identified types of emergency response operations their unit may be activated for (see Chapter 7 for guidance on pre-identified emergency response operations). Many JITTs for emergency response operations have been developed and are available for public download from the Web. Unit Administrators are also encouraged to contact their response partners for sources of JITT and consider building a local library of JITT as part of an all-hazards approach.

If JITT needs to be developed on demand, PowerPoint presentations or handouts are relatively portable. Work to develop an accurate presentation using simple language, and avoid jargon that may not be understood by new volunteers. Remember to include a brief orientation that highlights proper check-in/ check-out procedures, the importance of safety, to whom to report in case of emergency, and expectations or codes of conduct. JITT can be incorporated into the volunteer staging area (see Chapter 7, Section E) and led by an experienced MDRMRC volunteer.

D. Additional Training Resources

MDResponds.MyiCourse.com

As previously mentioned, MDResponds.MyiCourse.com is the MDRMRC Network's Online Training Platform. The purpose of the site is to provide volunteers with access to online training courses that are intended to prepare them for state and local deployments. The website is available 24/7 and gives volunteers the flexibility of completing trainings at their pace and leisure.

Currently, the MDRMRC Volunteer Orientation is the main course administered through the online training platform. By May 2014, the MD Responds Volunteer Registry Administrator Training will also be available through this site.

MDRMRC Units are encouraged to upload Unit-specific training courses to this site, which will enable them to offer trainings online, set restrictions on who can take the course or open it up to all volunteers, track volunteer progress through the course, create course exams and evaluation surveys, and automatically generate and send certificates of completion. To submit a MDRMRC Unit training course to be offered online through the MDRMRC Online Training Platform, complete the "Online Training Course Request Form" (Appendix 6f) and submit request to the MDRMRC State Program office as indicated on the form.

MRC-TRAIN

[MRC-TRAIN](#) is a learning management system with a centralized, searchable database of courses relevant to public health that is available to all MRC volunteers. This is an optional resource that MRC Unit Administrators can use to supplement the trainings they offer. Through MRC-TRAIN, volunteers can:

- Access hundreds of public health courses from nationally recognized course providers. These courses are offered in the form of web-based learning, on-site learning, and satellite broadcasts.
- Browse this course listing or search by keyword, subject area, course provider, or competency.

To help you learn more about the MRC TRAIN program and how to best manage the system, MRC TRAIN resources are available on the MRC website at <https://www.medicalreservecorps.gov/SearchFldr/TRAINResources>.

E. Exercise Participation

Exercises should be designed to provide hands-on experience to prepare volunteers and the community for events that could affect them. During exercises, volunteers have the opportunity to test their ability to respond to emergencies, fill requested roles in a disaster, and perform needed tasks.

In addition, volunteers may be able to earn continuing education credits for exercise participation. In order to verify volunteer participation in an exercise, their attendance should be tracked in the Registry. Unit Administrators can record volunteer exercise participation by creating a group in the Registry for a particular exercise activity and then adding volunteers who participated to that group. See the “MDRMRC Administrator Protocols” (Appendix 1b) for instructions on creating a group.

As is the case with other MDRMRC activities, exercise participation is not mandatory for volunteers, but highly recommended. Exercises may include, but are not limited to, the following:

- Mass distribution of medical countermeasures
- Mass casualty/ fatality incidents
- Radiation exposure events
- Patient evacuation/ transportation scenario
- Field hospital deployment
- Mass care/ shelter operations

It is recommended that Unit Administrators coordinate with local response partners to identify additional exercise opportunities for volunteers. In addition, actual operations that simulate mass prophylaxis for a community, such as an annual flu vaccination or immunization clinic, may be treated as an exercise for potential disaster operations because such operations may include providing services to a large number of community members. Further, exercises are often conducted in partnership with state and county response agencies and may also be part of grant deliverables required for preparedness funding. Many exercises are conducted in partnership with state and county response agencies often as a grant required deliverable.

F. Training & Exercise Announcements

Any upcoming trainings or exercises should be captured in a training announcement. Training announcements give a short description of the training, location, date/time, point of contact, and registration information. See Appendix 6g for a “Training Announcement - Template.”

MD Responds Volunteer Registry Announcement

Unit Administrators can use the Registry to notify volunteers about upcoming training and exercise opportunities. See the Administrator Protocols (Appendix 1b) for instructions on using the Training Announcement message template.

MDRMRC Network Website’s Events Calendar

To submit an upcoming training or exercise opportunity to the MDRMRC Network’s [events calendar](#), email the event announcement, with all logistical and registration details included, to the MDRMRC State Program at

mdresponds.dhmh@maryland.gov.

MDRMRC Network Newsletter Announcement

Unit Administrators are encouraged to promote their unit-specific or local training and exercise opportunities through the MDRMRC Network Newsletter to increase volunteer participation. MDRMRC Units that have already taken advantage of this advertisement opportunity (as of February 2014) include the Allegany, Prince George's, and the Worcester MDRMRC Units.

To submit a training or exercise announcement to the MDRMRC Network Newsletter, please email the following information to the MDRMRC State Program:

- Description of the training or exercise (under 150 words)
- Prerequisites, if applicable
- Intended audience (e.g., all volunteers or nurse only)
- Logistical information (e.g., date/time/address)
- Contact information (e.g., e-mail and telephone number) for questions regarding the training
- Registration instructions (e.g., link to registration site)
- If possible, a picture related to the training or exercise would help attract volunteer attention
- Please anticipate that your announcement may be revised and may require your attention for final approval
- Email all content to mdresponds.dhmh@maryland.gov

G. Training & Exercise Tracking and Documentation

It is very important for Unit Administrators to encourage their volunteers to update their training record in their volunteer profile following the completion of a new training. This enables Unit Administrators to filter activation notifications by completed training courses to ensure only qualified volunteers are contacted for deployments.

Updating a volunteer training record includes adding the training course to their profile and uploading training certificates, when applicable. For instruction on how a volunteer can add a new training course to their profile, refer to "How to Update Your MD Responds Training Record" in Appendix 6h. It is recommended that this flyer be distributed to volunteers during training courses.

After a volunteer adds a new training course to their profile, it must be verified by a Unit Administrator. For a Unit Administrator to verify that a volunteer completed a training, they must have some form of record such as the training sign-in sheet or by viewing uploaded training certificates. See Appendix 6l for a training sign-in sheet template.

The State Administrators will verify and approve training records for trainings conducted by the MDRMRC State Program (e.g., MDRMRC Orientation Course). Unit Administrators are requested to verify and approve training records for trainings that they conducted. Refer to the Administrator Protocols (Appendix 1b) for instructions on how to verify and accept training records.

H. Training & Exercise Evaluation

Unit Administrators are encouraged to develop evaluation measures prior to administration of training, as well as to conduct evaluations during and after training. To see a sample evaluation form, see "Training Evaluation Form - Sample" (Appendix 6i).

Evaluation findings will help improve training experiences for volunteers, trainers, and Unit Administrators. This information is best captured and utilized in an After Action Report. For a sample After Action Report from the 2013 MDRMRC orientations, see “After Action Report for Training - Sample” (Appendix 6j).

I. MDRMRC State Program Training & Exercise Activities

Statewide training and exercise activities are intended to **supplement** and **support** local efforts. Statewide trainings and exercises will focus on providing the required trainings, as previously described, state level exercise opportunities, and other recommended training courses. See Appendix 6c “Training and Exercise Action Plan - State Program,” for a list of upcoming statewide training and exercise activities.

In addition, the MDRMRC State Program will continually seek state level training and exercise opportunities for volunteers. Specifically, the MDRMRC State Program will:

- Subscribe to distribution list to collect information on relevant training opportunities for volunteers
- Administrator in-person training for all required courses at least annually, in multiple locations around the state
- Maintain a list of additional training resources on the MDRMRC Network website
- Continue to work on gaining CME/CEU approval for MDRMRC required training courses from the licensing boards and professional organizations, such as Med Chi
- Verify and approve training records for MDRMRC State Program sponsored trainings
- Conduct evaluations following MDRMRC State Program sponsored trainings

Chapter 7: Volunteer Utilization

A. Volunteer Utilization Plan

MDRMRC Units are designed to supplement the existing public health, medical, and emergency services in the event of an emergency and to support ongoing public health initiatives within their communities. Although the types of activities in which MDRMRC Units are utilized are diverse, there are principles and considerations common to all of them that should guide their actions. As such, it is recommended that Unit Administrators develop a volunteer utilization plan that clearly defines the scope and authority for volunteer activation. The plan should be based on community needs, goals, and resources and should be included in the “MDRMRC Unit Volunteer Management Plan” (Appendix 1a). Unit volunteer utilization plans should address the following:

- Volunteer activities
- Activation authority
- Activation procedures
- Mobilization procedures
- Demobilization procedures
- Spontaneous, unaffiliated volunteers

B. Volunteer Activities

Emergency Response Operations

Emergency response operations involve activities that address the direct effects of an incident. Incidents can, for example, include major disasters, emergencies, terrorist attacks, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

During an emergency, a county will activate its local emergency operations plan which defines how they will respond to the incident. MDRMRC County Units should develop a plan for how they will support the local emergency response operations. This plan should be consistent with (and ideally, included in) the local emergency operations plan. It is important for MDRMRC County Units to be linked to the local emergency operations plan. This will ensure that the unit’s role is clearly defined and that volunteers know how best to respond so that they positively support the emergency response personnel.

As such, it is highly recommended that Unit Administrators pre-identify the types of emergency response operations their unit may be activated to support so that protocols can be developed for each type of operation. Below is a list* of example emergency response operations the Unit could be activated to support:

- Alternate care sites
- Comfort/first aid stations
- Field hospital operations
- Hospital surge response
- Mass care/shelter operations
- Mass casualty/ fatality incidents
- Mass distribution of medical countermeasures
- Pandemic flu response
- Patient evacuation/ transportation operations
- Points-of-dispensing (PODs) operations

- Psychological first aid/ disaster behavioral health
- Radiation exposure events

**This list is not exhaustive. Unit Administrators are encouraged to tailor emergency response activities to the needs of their community.*

In addition, Unit Administrators should consider the following when planning for emergency response activations:

- Determine the unit’s capabilities to address the emergency response operation activity, as identified through the needs assessment and in coordination with local response partners.
- Develop emergency activation, mobilization, and demobilization procedures.*
- Ensure that volunteer’s participation in emergency operations is properly documented and recognized.
- Develop plans and procedures for managing spontaneous, unaffiliated volunteers as appropriate.*
- Develop and implement procedures for conducting after-action surveys following Unit activations.*
- Ensure volunteers have access to mental health counseling during and immediately following emergency operations, if necessary.*
- Conduct after action reviews in-house and with community response partners. Document recommendations, lessons learned, and corrective actions from these after action surveys in after action reports to improve emergency response operations.*
- Ensure that emergency response operations procedures are detailed in the Unit’s Volunteer Management Plan (Appendix 1a).

**See guidance below.*

Non-Emergency, Public Health Activities

Volunteers who are primarily utilized during emergencies may lose interest during periods between emergency activations. This can cause a “revolving door” effect in which the Unit loses seasoned volunteers as fast as it recruits new volunteers. To prevent this from happening, Unit Administrators should strive to engage volunteers through planned public health activities, not just during emergencies.

Non-emergency, public health activities are planned events which are scheduled in advance. Such activities have a public health focus and foster the resilience and health of the community. As with emergency response operations, Unit Administrators should also pre-identify the types of public health activities their Unit may be activated for so that protocols can be developed for each type of activity. Below is a list* of example public health activities that the Unit could be activated to support:

- Community outreach/ events (e.g., health fairs, marathons)
- Disease detection/ screening (e.g., diabetes, hypertension)
- Emergency operations exercise participation (e.g., full-scale, tabletop)
- Health clinic support/staffing
- Health education initiatives
- Health promotion/ disease prevention initiatives
- Immunization clinics (e.g., back to school)
- MDRMRC Unit administrative support
- MDRMRC Unit recruitment event support
- National Incident Management System (NIMS) planning/ training
- Planned community events (e.g., sporting event, concert, parade, etc.)
- Seasonal flu vaccination clinics

- Smoking prevention/ cessation initiatives

**This list is not exhaustive. Unit Administrators are encouraged to tailor public health activities to the needs of their community.*

In addition, Unit Administrators should consider the following when planning for public health activities:

- Determine the Unit’s capabilities to address the public health need, as identified through the needs assessment and in coordination with local response partners.
- Develop non-emergency activation, mobilization, and demobilization procedures
- Ensure that volunteers’ participation in public health activity is properly documented and recognized.
- Include public health preparedness in your Unit’s mission.
- Seek existing public health preparedness opportunities for volunteers within your community.
- Ensure that your volunteers have their own family emergency preparedness plan. See appendix for “Family Emergency Preparedness Plan - Template” (Appendix 7a).
- Develop a calendar of local preparedness events in which volunteers can participate.
- Use the weekly and monthly preparedness themes promote both the MDRMRC Unit in community and the importance of preparedness. The FEMA Ready.gov website has a great list of weekly and monthly themes that can be used to encourage and promote civic engagement, public safety, preparedness, resilience and volunteerism: <http://www.ready.gov/monthly-themes>.

C. Activation Authority

MDRMRC Units may be activated to support a wide variety of local emergency response operations as well as ongoing public health initiatives. However, to ensure volunteers are protected by state liability protections and workers’ compensation coverage if injured during a deployment, the Unit must be activated by the appropriate authority. Since the activation authority may differ between MDRMRC Units, it is an important aspect to include the Unit’s Volunteer Management Plan and the MDRMRC Network MOU.

MDRMRC County Units*

The decision to activate a MDRMRC County Unit to support a local emergency or a local public health activity, will be made locally.

The county **public health officer** should serve as the County Unit’s activation authority. The public health officer has activation authority because they direct the overall operation of the county health department (and the MDRMRC County Unit as an extension of the county health department) and is affiliated with DHMH.

It is strongly recommended that the County Unit Administrator, in cooperation with appropriate local officials, pre-identify the types of incidents and activities that warrant activation of its volunteers and obtain prior approval from their county health officer, or designee, for all such activities. This will ensure volunteer protections and streamline the activation process during an emergency response.

To qualify for state liability and workers’ compensation coverage, a volunteer activity (emergency or public health) must meet the following requirements:

- The activity has a specific need that MDRMRC volunteers can meet
- The Unit has volunteers with the necessary skills to match the requirements of the activity
- The activity is aligned with the mission of the county health department
- The County Health Officer/Director has approved of this activity as a public health related activity

- A health department staff member, or designee, will supervise MDRMRC volunteers during this activity

**These guidelines apply to countywide activations only. For multi-jurisdictional or statewide activation, refer to the Section H of this Chapter.*

MDRMRC Response Units

Since non-health department MDRMRC Units (Response Units) do not have the authority to activate the MDRMRC Unit under the state liability protections, they will need to work with the MDRMRC State Program to develop custom activation procedures. They will also need to consult their organizations legal/human resources department to ensure that they have the approval of their internal governing boards.

D. Activation Procedures

Activation Request

MDRMRC Units work in conjunction with local and state response partners who may request support from the unit, much as other types of resources are requested through the local emergency operation center. As such, it is important to determine who may request activation of the unit and how the request should be made.

At a minimum, an activation request from a partnering or outside organization should provide the following information:

- Volunteer point of contact
- Nature and scope of the activity (emergency response/ public health)
- Estimated # of patients and their injuries/ symptoms, if applicable
- Location/ county(s) affected
- Staging area/ check-in location
- Deployment date/ time
- Professions/ qualifications needed (and # of each needed)
- Expected work conditions and possible hazards
- Clothing and equipment requirements
- Lodging, food, parking details

It is recommended that Unit Administrators develop a standardized activation request form for collecting all necessary information for a particular deployment. This will save time during an emergency and will enable Unit Administrators to easily create and send an activation notification message to qualified volunteers. Unit Administrators may use the “MDRMRC Activation Request Form” (Appendix 7b) as is or as a template for creating their version of the activation request form.

Activation Notification

Properly informing volunteers and managing expectations can help ensure a successful response. In your activation notifications, as well as other communications with volunteers, Unit Administrators should provide as much detailed information as possible regarding the deployment and what they may experience. This information will reduce stress and facilitate operations.

Unit Administrators can create and send an activation notification message to qualified volunteers through the Registry’s Mission Manager Module.* In addition, this feature allows Unit Administrators to create mission profiles, record deployment details, poll volunteer availability, and to notify confirmed volunteers. Refer to the

“Administrator Protocols” (Appendix 1b) for instructions for creating and sending activation notifications through the Registry.

**At this time, activation notifications through the Registry’s mission manager module can only be made for one shift at a time. By December 2014, the Registry will include a new Schedule Manager Module, which will allow for management of multiple shifts through mission manager. Until then, Unit Administrators can schedule multiple shifts by either create separate Activation Notifications per shift, or by using an online scheduling site to poll volunteer availability. For example, the Doodle’s free online scheduling software can be used to create multiple shifts in a matrix format for volunteers to indicate multiple shifts that they would be available for. You can create a free Doodle account at <http://doodle.com/?locale=en>. Once the scheduling poll is created, send the link to qualified volunteers through the Registry’s message center in the Availability Request message; also post the link to the poll in the Deployment Details.*

E. Mobilization Procedures

Once you’ve collected volunteers’ responses to the activation notification, assign roles to volunteers. If more volunteers respond than are needed, contact the extra volunteers to let them know accordingly. After volunteers have been activated, the next step is mobilization.

Deployment Packet

Some deployments may require that volunteers receive additional information to review prior to arriving on site or before beginning their assignment. Such information should be given to volunteers in a deployment packet. A deployment packet expands on the activation notification message with more in-depth information. Additional information may include, but is not limited to:

- Location of and contact information for deployment site
- Incident-specific precautions
- Deployment Go Kit checklist
- Job action sheet
- Just in time training (JITT) materials
- List of supplies provided on site to volunteers

Volunteer Staging/Reception Area

The volunteer staging area is the location designated for the assembly of activated MDRMRC volunteers. A staging area should be identified for all deployments, whether emergency response operations or non-emergent public health activity. The staging area must be accessible and clearly marked for volunteers to find and to avoid confusion. To see a sample volunteer reception plan submitted by Talbot County, refer to “Volunteer Reporting Center Plan - Sample” (Appendix 7c). Upon arriving on scene, activated MDRMRC volunteers should be instructed to report to the volunteer staging area to complete the following procedures:

- Assemble pre-event or pre-shift to Sign-in*
- Have their state and MDRMRC ID badge checked and verified*
- Receive incident briefing
- Receive JITT
- Receive supplies and personal protective equipment
- Receive instructions regarding demobilization procedures
- Assemble post-event or post-shift to sign-out*

**This procedure is required for all deployments.*

The volunteer staging area can also serve as a central location for managing spontaneous, unaffiliated volunteers (SUVs). See Section G of this Chapter for more information on managing SUVs.

Volunteer Supervision and Tracking

When deployed locally, the County Unit Administrator is responsible for identifying a health department staff member, or designee, to supervise volunteers during a deployment. The volunteer supervisor's responsibilities include, but are not limited to, the following tasks:

- Tracking volunteer attendance using a sign-in/sign-out sheet.
 - See Appendix 7d for a "Volunteer Check in-out Log" template.
- Verifying volunteer identification upon arrival (state ID and MDRMRC ID badges).
 - See Appendix 5a for a depiction of the "MDRMRC ID Badge."
- Ensuring volunteers receive all necessary information for completing their assigned role (e.g., incident briefing, JITT, equipment and personal protective equipment, etc.).
- Reporting any changes in the situation or the response operation to the Unit Administrator (e.g., shelter closing early, additional volunteers needed, etc.)
- Monitoring safety hazards and reporting any injuries involving volunteers using the "MDRMRC Accident Investigation Form" (English-Appendix 9a; Spanish-Appendix 9b).
 - See Chapter 9 for more information on reporting volunteer injuries.
- Evaluating volunteer performance.
 - See Appendix 7j for a "Volunteer Evaluation Form" template.
- Documenting any issues or concerns related to volunteer conduct or performance.
 - Any issues that require corrective action or that should restrict a volunteer from future deployments should be reported to the MDRMRC State Program as soon as possible. For this reporting form, see "Incident Report Form" (Appendix 7e).
- Ensuring volunteers have safely arrived home after the deployment.

Volunteer Code of Conduct

The MDRMRC Volunteer Deployment Guide provides the following definition of the Volunteer Code of Conduct :

- During all MD Responds MRC events volunteers are expected to adhere to the MDRMRC Code of Conduct:
 - Abide by all local, state, and federal laws at all times.
 - Practice applicable safety standards and precautions.
 - Project a professional manner and appearance.
 - Follow chain of command.
 - Display clear, current identification while on duty.
- Based on their discretion, Incident Commanders (ICs) can dismiss or deactivate volunteers for behavior that goes against the code of conduct. Examples of behavior that will result in a volunteer dismissal or deactivation include, but are not limited to:
 - Violation of any local, state, or federal law
 - Consumption of alcoholic beverages while on duty or any display of public drunkenness
 - Possession, use, or selling of any illegal drugs or substances
 - Sexual harassment
 - Lack of adherence to all laws and regulations that provide equal opportunity for all regardless of race, color, religion, sex, national origin, age or disability

- Theft of property or misuse of equipment and supplies
- Gross negligence, inattention to duty, carelessness, insubordination, refusal to follow orders or directives, dishonesty, or willful misconduct in the performance of one's duties

F. Demobilization Procedures

MDRMRC volunteers should demobilize with other on-scene personnel and resources, in accordance with the Incident Action Plan or the Incident Commander's instructions. The Unit Administrator, or designee, should ensure the following procedures are completed to properly demobilize volunteers:

Volunteer Debriefing

Volunteer supervisors should make every effort to provide a debriefing process following a deployment; during this debriefing, supervisors should ensure that volunteers have access to mental health counseling during and/or following emergency operations, if necessary. Examples of these types of counseling include psychological first aid, grief counseling, and post-traumatic stress counseling. It is recommended that County Units work with their local Core Services Agencies to develop appropriate screening questionnaires to determine who may need follow-up. In certain incidences, it may be prudent to additionally follow-up with volunteers to ensure they arrived home safely.

After Action Survey

Following a deployment, volunteers should be contacted to obtain feedback about their experience. One recommendation for collecting such information is through an after action survey that gives volunteers the opportunity to voice their evaluation of the overall response and provide suggestions for improvement.

To make the survey accessible, we suggest creating an online after action survey (e.g., Survey Monkey's free online survey software and questionnaire tool <https://www.surveymonkey.com/>) and emailing the survey link to volunteers following their deployment. See "After Action Survey for Activation - Sample" (Appendix 7f) for a template.

Results from the after action survey will help improve deployment experiences for volunteers, response partners and Unit Administrators. This information is best captured and utilized in an After Action Report. See Appendix 7g for an After Action Report template.

G. Spontaneous, Unaffiliated Volunteers

Spontaneous, unaffiliated volunteers (SUVs) are an unavoidable yet important part of the emergency response and recovery spectrum. It is vital that we plan for their participation; otherwise, they could cause an overwhelming disruption to emergency response efforts.

Planning for SUVs will also prevent you from having to turning down potential volunteers. An important aspect of community recovery (both physical and psychological) is engaging those citizens who feel the need to help. After an event occurs, SUVs can be recruited to join the MDRMRC and provided with further training.

To facilitate this effort, the MDRMRC Unit should work with local partners to develop strategies for managing SUVs. Strategies for managing spontaneous volunteers include Volunteer Coordination Teams, Volunteer Reception Centers, Just in Time Training (JITT), Position Descriptions, Job Action Sheets, and pairing trained, experienced MDRMRC volunteers with spontaneous volunteers.

Strategies for Managing SUVs

- Volunteer Reception Centers (VRCs) are sites that act as a point of referral to support disaster and emergency response activities. VRCs are a relatively new concept in disaster management and may not exist in every locality. The VRC should instruct unaffiliated people who want to help to register with MDRMRC online at www.mdresponds.dhmh.maryland.gov. See “Volunteer Reception Center Plan” (Appendix 7c) for a template.
- A Volunteer Coordination Team (VCT) comprises representatives from the MDRMRC. The VCT should be integrated into the Emergency Operations Center structure and acts as the primary coordination entity for unaffiliated volunteers (as well as for affiliated volunteers).
- JITT is a critical piece of the management of SUVs and serves as a refresher for affiliated volunteers. See Chapter 7 for guidance on developing JITT.
- Position descriptions (Appendix 4b) and job action sheets (Appendix 4k) are also critical for successful spontaneous volunteer management. See Chapter 4 for additional guidance.

Example SVU Timeline

Unit Administrators and other response partners should follow the steps below to register an SUV during an emergency:

1. SUV sees disaster coverage on the news or is in proximity to the disaster.
2. SUV is referred to the VRC or directly to the Unit Administrator.
3. SUV registers as an MDRMRC volunteer online through the MD Responds Volunteer Registry.
 - The initial “short-form” is all that is required at this time since it collects all information necessary to verify credentials, if needed. Volunteer is instructed to return to their profile at a later time to complete 100% of their profile.
 - If the Registry is for any reason unavailable (e.g., internet connectivity is down), SUVs can register using the “MDRMRC Paper Registration Form” (Appendix 7i), which is the paper version of the online registration “short-form.” As soon as the system is back online, the volunteer coordinator, supervisor or Unit Administrator can manually enter the volunteer’s information into the system and then forward the volunteer’s profile information (username and temporary password) to them so that they can complete the remainder of their profile.
4. If applicable, verify volunteer licensure, and perform a background check if possible.
5. Volunteer reports to the volunteer staging area to sign-in, receive incident briefing, job action sheet, and JITT.
6. Volunteer is placed in a role immediately or scheduled to work at a later date.
7. Volunteer supports operations (be flexible in scheduling and shifts to accommodate a volunteer’s other commitments and to avoid burnout).
8. At the conclusion of their shift, volunteer reports to the volunteer staging area to sign-out, return equipment, and complete other debriefing procedures, if necessary.
9. Volunteer provides feedback on the deployment by completing the after action survey sent to them by the Unit Administrator.
10. Volunteer completes their volunteer profile and becomes eligible for training and exercise participation.
11. Volunteer completes requirements for obtaining their MDRMRC ID Badge and becomes eligible for future activation and deployments.
12. Volunteer is recognized for their service (e.g., certificate, letter, newspaper article, commemorative item, recognition event).

H. Regional, Statewide and Federal Activation

Although MDRMRC Units are primarily intended to serve local needs, there may be occasions in which volunteers may be requested to serve other communities in the state or elsewhere in the nation. MDRMRC Unit Administrators will be contacted prior to regional, statewide, or federal activation of the MDRMRC to ensure that the needs of the local community are met before MDRMRC volunteers are permitted to deploy out-of-area.

Regional and Statewide Activation

If local resources have been exhausted and additional volunteers are needed, a request may be made to the MDRMRC State Program to activate volunteers regionally or statewide. Request for regional or statewide activation can be made by following the steps listed below:

1. Fill out the “MDRMRC Activation Request Form” (Appendix 7b).
 - This form can also be found in the document libraries of Maryland HAN and the Registry.
2. Submit completed MDRMRC Activation Request Form.
 - If the State Emergency Operations Center (SEOC) has been activated, submit form to the DHMH desk at the SEOC via WebEOC, email at dhmh.mema@maryland.gov, or fax at 410-517-3680. The phone number for the DHMH desk at the SEOC is 410-517-3655. Once received, the DHMH representative will forward the request to the MDRMRC State Administrators.
 - If the SEOC has not been activated, submit completed form to the MDRMRC State Program via email at mdresponds.dhmh@maryland.gov, or fax at 410-333-5000. The State Administrators can be reached via cell phone 24/7 at 443-804-8386, or 443-388-6033.
3. Once received, the MDRMRC State Administrators will:
 - Contact the Unit Administrators of the affected jurisdictions to discuss the request and ensure local needs are met.
 - Forward the request to the OP&R Director or designee for approval.
4. If approved by both the Unit Administrators and the OP&R Director, the MDRMRC State Program will assume responsibility for:
 - Initiating procedures to ensure that the appropriate number and type of volunteers are activated, at the necessary skill levels.
 - Notifying qualified volunteers through the Registry, with instructions based on that particular incident.
 - Working with requesting entity to schedule volunteer deployment shifts (for events of long-term duration).
 - Ensuring volunteers respond to the appropriate locations (such as a predefined staging area) with the appropriate gear and instructions.
 - Monitoring responses and staffing levels with direction from the Incident Commander.
 - Maintaining contact with volunteers or monitoring their involvement, as needed.
 - Verifying that reporting and demobilization procedures are followed.

Federal Activation

In the case of a national disaster, the MD Responds MRC may be requested for an out-of-state or federal deployment through the Emergency Management Assistance Compact (EMAC) system. EMAC can be used for any capability one member state has that can be shared with another member state, this includes MRC volunteers. So long as there is a governor declared state of emergency, EMAC can be called to action and used.

Activation of the MD Responds MRC through EMAC would require an official resource request to be submitted to the Maryland Emergency Management Agency (MEMA) who would then forward the request to the

MDRMRC State Administrators. Once received, the MDRMRC State Administrators will contact the Unit Administrators of the affected jurisdictions to discuss the request and ensure local needs are met and then forward the request to the OP&R Director or designee for final approval. If approved by both the Unit Administrators and the OP&R Director, the MDRMRC State Program will assume responsibility for initiating procedures to ensure that the appropriate number and type of volunteers are activated, at the necessary skill levels. For additional information on the Emergency Management Assistance Compact visit: <http://www.emacweb.org/>.

Chapter 8: Retention and Recognition

A. Retention

As previously mentioned, volunteers who are utilized primarily during emergencies may lose interest during periods between emergency activations. This can cause a “revolving door” effect in which the Unit loses seasoned volunteers as fast as it recruits new volunteers. There are several ways to approach this challenge. For example, Unit Administrators can use training and exercise opportunities to keep volunteers engaged. While these strategies are beneficial to the Unit, they demand time and resources that may not always be available. Fortunately, there are other ways of building retention and recognition in your MDRMRC Unit that do not require the same investment of time and resources.

Creating a Positive Volunteer Experience from Start to Finish

To ensure that volunteers have a positive experience, Unit Administrators should examine their unit from the volunteer’s perspective and consider the aspects of the volunteer experience that might affect participation. To optimize the volunteer experience:

1. Ensure a good first impression by handling the registration process in a timely, efficient, and professional manner.
2. Create a unit specific course of required training that is helpful and relevant to the volunteer (see Chapter 6 for guidance). Offer optional training courses that enhances the volunteer’s experience and assists them with their professional development efforts, if applicable.
3. Demonstrate professional accountability regarding establishing and following policies that reduce the overall risk of harm for the volunteer and others.
4. Ensure that the volunteers feel well-utilized and that they are making a satisfying contribution. Some volunteers may only wish to serve during an emergency, while others may wish to be involved in ongoing public health initiatives throughout the year (see Chapter 7 for guidance).
5. Provide for the volunteers’ emotional needs during and after utilization. Give them the opportunity to participate in after-action activities—show them the MDRMRC Unit’s commitment to caring for volunteers’ well-being by considering their feedback seriously (see Chapter 7 for guidance).

Understanding Volunteer Motivation

In addition to having a positive experience, volunteers may have other, more personal motivations for volunteering. There are several reasons why people volunteer—these reasons can be loosely grouped into three categories:

1. Achievement
2. Affiliation
3. Recognition
4. Power/Leadership

Most volunteers have a combination of reasons why they volunteer. Ensuring that the volunteer experience is rewarding means ensuring there are opportunities where volunteers’ motivations can be fostered.

Retaining the Achievement-Motivated Volunteer:

Following any MDRMRC Unit activity (emergency response or public health activity), notify all volunteers of what was achieved and the impact their work had on the community. Maintain records of volunteer activity and

its impact, and remind your volunteers that they are the reason for the unit's successes.

Retaining the Recognition-Motivated Volunteer:

Although annual awards dinners are a great way to thank volunteers, the real work of volunteer recognition occurs on a daily basis. There are various ways to recognize volunteers' contributions, ranging from the simple, personal "thank you," to more public forms of recognition such as newspaper articles, community awards, and notes to their families and/or employers. Not all volunteers want to be publicly recognized, but each volunteer needs to know that he or she is valued by the organization (see below for guidance on volunteer recognition).

Retaining the Power/Leadership-Motivated Volunteer:

There should be opportunities for volunteers to assume leadership roles within the Unit. When appropriate, delegate responsibilities to volunteers who have appropriate skills and have expressed interest in working on new projects—these leadership-motivated volunteers can be your greatest spokespeople if you provide them with the opportunity. Volunteer leadership roles may include, but are not limited to, the following:

- Board Member
 - Serve on the MDRMRC State advisory board to represent the volunteer base and help guide future development of the MDRMRC Network.
- Volunteer Management Assistant
 - Assist with volunteer recruitment, registration, record keeping and recognition efforts.
- Disaster Preparedness Presenter
 - Educate individuals and groups on disaster preparedness topics.
- First Aid Team Leader
 - Help organize and lead a Unit first aid and CPR Team that is deployed to staff community events throughout the year.
- Language Interpretation Team
 - Volunteers who speak a second language can help organize and lead a Unit Language Interpretation Team that assists on deployments throughout the year.
- Grant Researching/Writing
 - Utilize qualified volunteers to assist the Unit Administrators as they research, write and execute grants.
- Speakers
 - Provide recruitment presentations at local events or to prospective partners.
- Social Media
 - Be an online advocate and tell the mission of the MD Responds MRC.
- Clerical/Staff Support
 - Assist the Unit Administrators with administrative tasks such as volunteer communications, newsletter articles, and planning events.
 - Help with routine maintenance duties such as stocking deployment supplies and checking inventories.
- Special Events
 - Support recruitment efforts and community health events.

Specific Activities for Keeping Volunteers Engaged

Community Preparedness

Engaging volunteers in community preparedness activities is a great strategy to keep them involved. Preparing the community for emergencies can mitigate an emergency's effect on the community's health. Rather than creating new activities from scratch, seek existing community preparedness initiatives to partner with. Look for

activities that:

- Help meet crucial community needs
- Improve community preparedness for emergencies
- Help demonstrate responsiveness to community needs, resulting in an enhanced public perception of the MDRMRC Unit

Example community preparedness activities include, but are not limited to, the following:

- Safety and preparedness expositions or exhibits at health fairs and other events
- Informational sessions with emergency management professionals
- Press briefings and other public information efforts to disseminate preparedness information
- Dispensing clinic exercises
- Family emergency planning
- Personal preparedness education

September is National Preparedness Month and is an ideal time to involve your MDRMRC Unit in community preparedness activities. Visit <http://www.ready.gov> for more information on community and family preparedness and National Preparedness Month activities.

Public Health Priorities

Because County MDRMRC Units are administered by LHDs, it can promote various public health priorities set forth by the state and local government. By supporting these priorities, the MDRMRC program will strengthen the state's health one community at a time. Such priorities can be promoted through various public health activities including, but not limited to, the following:

- Health education
- Immunization clinics
- Health screening campaigns
- Participation in community emergency planning efforts

B. Recognition

Volunteering can be its own reward as it gives volunteers the opportunity to give back to their communities and to make a difference. However, many volunteers find motivation in the recognition they receive. Volunteer recognition can range from informal contact with volunteers (one-on-one or in groups) to formal recognition events that feature awards and public statements. Below is a list of suggested recognition strategies:

- Provide volunteers with regular updates on the impact of their efforts (e.g., via newsletter article or an email update)
- Following an emergency response activity, send volunteers who were deployed a thank you letter or email that describes what was accomplished by the deployment and the impact it had on the community.
 - For an example, see "Thank You for Responding to Activation Request - Sample" (Appendix 8a).
- Following a MDRMRC public health activity, send participating volunteers a thank you letter or email; describe what was accomplished by the activity and the impact it had on the community.
- For MDRMRC Units that are registered with the National MRC Network:
 - Update your Unit's online profile with recent activities. These activities are reported to the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) and shared with MDRMRC partners, giving volunteers the opportunity for national recognition.

- Coordinate sending a letter signed by a local public official (i.e. County Health Officer).
- Coordinate an appreciation reception, luncheon, or dinner for volunteers (annually, or for those who deployed).
- Award certificates of appreciation to formally recognize a volunteer.
- Give a plaque to volunteers who volunteer XX number of hours or XX number of deployments.
- Send a seasonal card or e-card to volunteers thanking them for their commitment.
- Highlight individual volunteers or your Unit as a whole by submitting an article to the MDRMRC Newsletter.
 - See Chapter 2, Section C for instructions.
- Reach out to local media about MDRMRC activities to showcase volunteer contributions to public health.
- Contact established volunteer recognition programs that provide an opportunity for volunteers to receive county, state, and/or national recognition, such as:
 - Annual Office of the Civilian Volunteer Medical Reserve Corps Awards (presented at the Integrated Training Summit)
 - Daily Points of Light Awards <http://pointsoflight.org/recognition>
 - President's Volunteer Service Award <http://www.presidentialserviceawards.gov/>

Chapter 9: Volunteer Protections

To receive protections mentioned in this chapter, volunteers must first complete deployment eligibility requirements (Chapter 5). Volunteers who do not fulfill these requirements are ineligible to receive protections.

A. Liability Protections

MDRMRC volunteers are protected from liability in varying degrees by local, state, and federal laws. The legislation described below may not be the only laws addressing liability protection for volunteers; there may be additional local, state and federal laws not listed in this Guide.

The State of Maryland has written laws which provide the same legal protections to volunteers acting on the state's behalf as state employees receive. Specifically, volunteers are covered by both workers' compensation and for liability during an MDRMRC authorized deployment. These legal protections cover volunteers who are registered with and recognized by the MDRMRC State Program. To be covered under these protections, the volunteer must be registered in the Registry and activated by the Governor, Secretary of Health, Director of DHMH, Local Health Officer, or designee.

- The Local Government Tort Claims Act, Courts and Judicial Proceedings Article § 5-301, *et seq.*
- Maryland Tort Claims Act, State Government Article, § 12-101, *et seq.* (MTCA).
- Waiver of Sovereign Immunity
- Emergency Care Protection from Civil Liability (Good Samaritan Act), MD. Code Ann., Courts and Judicial Proceedings Article § 5-603, *et seq.*
- Volunteer Protection Act of 1997, 42 U.S.C. § 114501, *et seq.* ("VPA")

B. Workers' Compensation Coverage

The workers compensation statute, Labor and Employment Article § 9-232.1, providing coverage to MDRMRC volunteers is set forth below:

- (a)(1) In this section the following words have the meanings indicated.
- (2)(i) "Civil defense volunteer" means an individual who is pre certified or pre-registered with a Unit of State government to provide services at the request of the State during an emergency.
- (2)(ii) "Civil defense volunteer" includes a credentialed or registered member of a professional volunteer health corps established by a Unit of State government.
- (3)(i) "Emergency" has the meaning stated in §14-101(c) of the Public Safety Article.
- (3)(ii) "Emergency" includes:
1. a catastrophic health emergency as defined in §14-3A-01 of the Public Safety Article; and
 2. any event for which the State provides volunteer services in accordance with:
 - A. The provision for a state of emergency under §14-107 or §14-108 of the Public Safety Article; and
 - B. the Interstate Emergency Management and Civil Defense Compact under §14-602 of the Public Safety Article.
 - C. the Emergency Management Assistance Compact under §14-702 of the Public Safety Article
- (b)(1) (1) Subject to paragraph (2) of this subsection, a civil defense volunteer is a covered employee if the individual sustains an injury in the course of providing services at the request of the State during an emergency while the emergency may be responsibly be considered to be in existence, or during scheduled emergency training.

- (2) A civil defense volunteer is not entitled to workers' compensation benefits under this section if the individual is otherwise covered by workers compensation insurance for services performed at the request of the State during an emergency or scheduled emergency training.
- (3) A civil defense volunteer must file a claim in this State to be eligible for benefits under this section.

For additional information, visit the links below to review the law regarding workers' compensation coverage.

- **House Bill 1005 passed in 2006**
 - This bill adds a qualifying "civil defense volunteer" as a covered employee of the State for purposes of workers' compensation coverage. Copy: <http://house.state.md.us/2006rs/bills/hb/hb1005t.pdf>
- **Senate Bill 849 passed in 2006**
 - Providing that specified civil defense volunteers are covered employees under specified circumstances; designating the State as the employer for these covered employees; repealing specified provisions under workers' compensation law that exclude workers' compensation coverage for specified volunteers from specified counties; requiring volunteers who are covered employees to meet specific qualifications; establishing a specified formula for calculating specified benefits; and defining specific terms. Copy: <http://house.state.md.us/2006rs/billfile/sb0849.htm>
- **House Bill 1400 passed in 2008**
 - Provides that a volunteer worker for a Unit of State government is a covered employee under the Workers Compensation Act; limits the benefits provided to a volunteer worker to certain medical services and treatments. Copy: http://mgaleg.maryland.gov/2008rs/fnotes/bil_0000/hb1400.pdf

C. Instructions for Reporting Injuries to Volunteers

Follow the steps below to report an incident where a volunteer sustains an injury during an emergency response operation or scheduled emergency training (this includes public health activities):

1. Complete the "MDRMRC Accident Investigation Forms" (English-Appendix 9a; Spanish-Appendix 9b). Accident investigation forms should be filled out by the:
 - a. Injured volunteer;
 - b. Volunteer supervisor; and
 - c. Any witness(es) to the accident. Make sure witnesses and injured volunteer fill out the forms in separate private areas.
2. Please send the completed forms to the MDRMRC State Program office at mdresponds.dhmh@maryland.gov or fax to 410-333-5000, who will forward the forms to the State Claims Adjuster. Also, make and keep copies of these forms for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing.

Injured Workers Insurance Fund (IWIF) is the Workers' Compensation insurance carrier for the state of Maryland. The IWIF Claims Department and Legal Team is the primary resource for determining details of benefits, interpreting the law and guiding treatment.

IWIF Contact Information:

8722 Loch Raven Blvd
Towson MD 21286-2235
410.494.2000
1.800.264.IWIF

D. Federal Protections

Under section 2813 of the Public Health Service Act (as added by the Pandemic All Hazards and Preparedness Act), during a public health emergency the Secretary of HHS may designate MDRMRC volunteers as Intermittent Disaster Response Personnel, which grants them the following legal protections when they are working within the scope of their Federal employment:

- Liability protection
- Workers' compensation
- Employment protection

MDRMRC volunteers who are activated as intermittent Federal employees are covered by the Federal Tort Claims Act. MDRMRC volunteers who are deployed as part of a Federal response are eligible to be covered under the Federal Employees Compensation Act (FECA), the Federal workers' compensation statute.

Appendix

Below is a list of appendices included with this Guide. Appendices are available for download from the document libraries of the MD Responds Volunteer Registry and the Maryland Health Alert Network. See Chapter 1, Section B for additional information.

- 1a: MDRMRC Volunteer Management Plan - Template
- 1b: Volunteer Registry - Administrator Protocols
- 1c: Request for Changes Form
- 1d: Maryland State Shelter Health Station Standard Operating Guidelines*
- 2a: HHS News Release
- 2b: MDMRC Unit Information
- 2c: MDRMRC Network Strategic Plan 2015 - 2017*
- 2d: Integration of the MRC and the ESAR-VHP
- 2e: MDRMRC website Text
- 2f: DHMH Media Release Form
- 3a: MDRMRC Network MOU Template*
- 3b: Intermedix Support Center Info
- 3c: Volunteer Notification and Activation Drill Instructions*
- 4a: Recruitment Action Plan-Unit Sample
- 4b: Volunteer Position Descriptions & Job Action Sheets
- 4c: MDRMRC Program Overview
- 4d: How to Register with MD Responds
- 4e: Press Release Template
- 4f: Public Service Announcement - Template*
- 4g: MDRMRC News Article - Example
- 4h: Recruitment Letter
- 4i: Recruitment Presentation
- 4j: Recruitment Action Plan - State Program
- 4k: Job Action Sheet - Template
- 5a: MDRMRC ID Badge
- 5b: MDRMRC Liability Policy
- 5c: MDRMRC Confidentiality Policy
- 5d: License Verification Configurations Table
- 5e: ESAR-VHP Compliance Requirements
- 5f: ESAR-VHP Interim Technical and Policy Guidelines
- 6a: MRC Core Competencies
- 6b: Training and Exercise Action Plan - Unit Sample
- 6c: Training and Exercise Action Plan - State Program
- 6d: Orientation Agenda - Template
- 6e: Orientation Presentation - Template
- 6f: Online Training Course Request Form*
- 6g: Training Announcement - Template
- 6h: How to update Your MD Responds Training Record
- 6i: Training Evaluation Form - Sample
- 6j: After Action Report for Training - Sample
- 6k: Instructions for Taking the MD Responds Online Orientation Course
- 6l: Training Sign-in Sheet - Template
- 7a: Family Emergency Preparedness Plan - Template

- 7b: MDRMRC Activation Request Form
- 7c: Talbot County Volunteer Reporting Center Plan - Sample
- 7d: Volunteer Check In-Out Log - Sample
- 7e: Incident Report Form
- 7f: After Action Survey for Action - Sample
- 7g: After Action Report - Template
- 7h: Eligibility Requirement Flyer
- 7i: MDRMRC Paper Registration Form*
- 7j: Volunteer Evaluation Form
- 8a: Thank You for Responding to Activation Request - Sample
- 9a: MDRMRC Accident Investigation Forms_English
- 9b: MDRMRC Accident Investigation Forms_Spanish

**Refers to an appendix that is currently under development and that will be available for scheduled release. See Scheduled Release Table in Chapter 1, Section C for release date.*

Website Links

DESCRIPTION	URL
Animal Emergency Response Corps Unit	http://mda.maryland.gov/animalHealth/Pages/mvvc.aspx
Citizen Corps website	http://www.ready.gov/citizen-corps
Daily Points of Light Awards	http://pointsoflight.org/recognition
Doodle	www.doodle.com
Emergency Management Assistance Compact (EMAC) Information	http://www.emacweb.org/
Ready.gov Monthly Preparedness Themes	http://www.ready.gov/monthly-themes .
Guidance for MRC Units Regarding NIMS Compliance	https://medicalreservecorps.gov/file/mrc_resources/nimscompliancejuly08.pdf
Guide to Developing a Risk/Needs Assessment	https://www.medicalreservecorps.gov/file/MRC-DevelopMRCPurpose-Final.pdf
Health Alert Network System	https://han.dhmm.maryland.gov/
How to Register with MDRMRC	http://bit.ly/MDRreghow
How to Start a MRC	https://www.medicalreservecorps.gov/leaderFldr/HowToStartAnMRC
How to Update Your Training Profile	http://bit.ly/MDRupdtr
IS-100 Online	http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-100.b
IS-700 Online	http://training.fema.gov/emiweb/is/is700a.asp
Johns Hopkins Go Team Unit	http://www.hopkins-cepar.org/go_team/index.html
MD Responds Volunteer Registry	https://mdresponds.dhmm.maryland.gov/
MDRMRC DHMH website	http://mdr.dhmm.maryland.gov
MDRMRC Facebook	https://www.facebook.com/MDResponds
MDRMRC FAQs	http://mdr.dhmm.maryland.gov/SitePages/faq.aspx
MDRMRC LinkedIn Group	http://www.linkedin.com/groups/MD-Responds-Marylands-Medical-Public-7455280/about
MDRMRC News and Resources	http://mdr.dhmm.maryland.gov/SitePages/News%20and%20Resources.aspx
MDRMRC OCVMRC profile	https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/110
MDRMRC Partners	http://mdr.dhmm.maryland.gov/SitePages/Partners.aspx
MDRMRC Training & Exercise	http://mdr.dhmm.maryland.gov/SitePages/Training%20and%20Exercise.aspx
Medical Reserve Corps website	https://www.medicalreservecorps.gov/HomePage
MRC-TRAIN	https://www.mrc.train.org/ErrorPage.aspx?aspxerrorpath=/

National MRC Network Training Resources	https://www.medicalreservecorps.gov/SearchFldr/TRAINResources
My iCourse	MDResponds.MyiCourse.com
NACCHO “The Value of Partnerships: Between LHDs and MRC Units”	http://www.naccho.org/topics/emergency/MRC/resources/upload/MRCLHDReport_0209.pdf
NACCHO Statement of Policy for Inclusion of MRC at local level	http://www.naccho.org/advocacy/positions/upload/13-06-MRC.pdf
National Preparedness Month Activities	http://www.ready.gov/america
Office of the Surgeon General	http://www.surgeongeneral.gov/mrc/
President’s Volunteer Service Award	http://www.presidentialserviceawards.gov/
Survey Monkey	www.surveymonkey.com
Instruction on how to update your MRC Unit Profile on the National MRC Network website	https://www.medicalreservecorps.gov/leaderFldr/NewMemberResources#Unit .
House Bill 1005 passed in 2006	http://house.state.md.us/2006rs/bills/hb/hb1005t.pdf
Senate Bill 849 passed in 2006	http://house.state.md.us/2006rs/billfile/sb0849.htm
House Bill 1400 passed in 2008	http://mgaleg.maryland.gov/2008rs/fnotes/bil_0000/hb1400.pdf

References

- A Guide to Developing and Managing a Local MRC Unit. Florida Medical Reserve Corps Network. Florida Department of Health, Office of Public Health Nursing. January 2011.
- Developing and Maintaining Emergency Operations Plans. Comprehensive Preparedness Guide 101. Version 2.0. FEMA. November 2010.
- Developing and Managing Volunteers. Independent Study 244.a. FEMA. May 2010.
- Introduction to the Incident Command System. ICS 100. Student Manual. FEMA. August 2010.
- MRC Unit Factors for Success. DCVMRC. Version 1.1. October 2013.
- National MRC Network Website. Unit Leader Development Tools. Division of the Civilian Volunteer Medical Reserve Corps. Office of the Surgeon General. Office of the Assistant Secretary for Health. URL: <https://www.medicalreservecorps.gov/leaderFldr/UnitLeaderTools>.
- Public Health Preparedness Capabilities: National Standards for State and Local Planning. U.S. Department of Health and Human Services. Center for Disease Control and Prevention.

[INSERT NAME OF ORGANIZATION]

[Insert Unit Name]

Volunteer Management Plan

[Insert Version]

[Insert Date]

*This template was developed by the Maryland Department of Health and Mental Hygiene (DHMH), Office of Preparedness & Response (OP&R), Maryland Responds Medical Reserve Corps (MDRMRC) State Program to assist MDRMRC Unit Administrators in the development of their MDRMRC Unit Volunteer Management Plans and Operational Procedures. This statewide guidance was developed to **supplement** and **support** MDRMRC Units and does **not** replace or diminish the need for a MDRMRC Unit Administrator. Unit Administrators have specialized resources and local knowledge for effectively managing a community MRC Unit.*

All MDRMRC Units should have a Volunteer Management Plan to steer their annual activities (this is included in the LHD PHEP Funding Condition of Award). The MDRMRC State Program aims to assist MDRMRC Unit Administrators by providing them with guidance and resources to help them meet local volunteer management priorities.

This template is not intended to be all-inclusive; but rather, it provides technical assistance and guidelines for aligning state and local volunteer management planning, goals, and protocols. It also establishes the basis for more detailed planning by the MDRMRC Units in conjunction with the MDRMRC State Program.

Unit Administrators are not required to use this specific template. There are several other volunteer management planning templates available on the [National MRC Website](#).

To better coordinate, state, jurisdictional and county volunteer management efforts, all MDRMRC Units should develop a unit volunteer management plan. Plans should be submitted to MDRMRC State Program on an annual basis.

Table of Contents

1. Introduction.....	3
A. Purpose	3
B. Situation	3
C. Planning Assumptions	3
D. Local Plan Coordination	3
E. Handling Instructions	3
F. Record of Changes Table	4
2. Unit Administration.....	5
A. MDRMRC Network Context	5
B. Unit Overview	5
C. Unit Organizational Structure	7
D. MD Responds Volunteer Registry	8
3. Recruitment	9
A. Recruitment Plan	9
B. Recruitment Needs Assessment	9
C. Recruitment Message	9
D. Recruitment Strategies	9
4. Registration, Screening, & Selection	10
A. Registration.....	10
B. Volunteer Eligibility Criteria	10
C. Screening and Selection	10
5. Training and Exercise.....	11
A. Training and Exercise Plan	11
6. Volunteer Utilization	12
A. Volunteer Activities.....	12
B. Activation Authority	12
C. Activation Procedures	12
D. Mobilization Procedures.....	13
E. Demobilization Procedures	13
F. Spontaneous Unaffiliated Volunteers	13
7. Retention and Recognition	14
8. Volunteer Protections	15

1. Introduction

A. Purpose

This section sets the foundation for the rest of the plan. It describes the overall purpose of the document and answers the following questions:

- *Who authored this plan?*
- *What information is included in this plan?*
- *What information is excluded in this plan? What does this plan aim to accomplish?*
- *Who is the intended audience for this plan?*
- *This section should also include a brief synopsis of the plan and appendices.*

B. Situation

This section characterizes the “planning environment,” making it clear why the plan is necessary. It describes the incident or hazard characteristics and the planning assumptions. This section should summarize hazards faced by the jurisdiction and discuss how the MDRMRC Unit will support response efforts.

C. Planning Assumptions

These identify what the planning team assumes to be facts for planning purposes in order to make it possible to execute the MDRMRC Unit Volunteer Management Plan.

D. Local Plan Coordination

This section characterizes the “planning environment,” making it clear why the plan is necessary. It describes the incident or hazard characteristics and the planning assumptions. This section should summarize hazards faced by the jurisdiction and discuss how the MDRMRC Unit will support response efforts.

E. Handling Instructions

For more information about the plan, please contact the following points of contacts (POC):

Primary POC

[Insert Name]
[Insert Unit Name] Administrator
[Insert Title]
[Housing Organization]
[Insert Address]
[xxx-xxx-xxx] (office)
[xxx-xxx-xxx] (cell)
[xxx-xxx-xxx] (fax)
[Insert Email Address]

Secondary POC

[Insert Name]
[Insert Unit Name] Administrator
[Insert Title]
[Housing Organization]
[Insert Address]
[xxx-xxx-xxx] (office)
[xxx-xxx-xxx] (cell)
[xxx-xxx-xxx] (fax)
[Insert Email Address]

F. Record of Changes Table

Date	Description	Version

2. Unit Administration

A. MDRMRC Network Context

MDRMRC Units are an extension of the MDRMRC State Program. MDRMRC Units consist of County and Response Units. The MDRMRC Unit Administrators work in conjunction with the MDRMRC State Administrators to manage the day-to-day operations of the county or response units, maintains ongoing contact with members, welcomes new applicants, arranges local training programs and drills, organizes meetings, tracks member data in the MD Responds Volunteer Registry.

The mission of the MDRMRC network is to enhance Maryland’s emergency preparedness and response capabilities by augmenting local and state level public health and medical services with a source of pre-identified, trained and credentialed MDRMRC volunteers.

B. Unit Overview

Purpose/ Mission Statement

- *What type of MDRMRC Unit is yours (County or Response Unit)?*
- *What community or jurisdiction does your unit serve?*
- *Describe why your unit was formed, who it serves and what it hopes to accomplish; the main method or activity through which the unit tries to fulfill it’s purpose; and the principles or beliefs guiding the unit.*

Goals and Objectives

Develop broad goals and specific, measurable, achievable, realistic, and time-framed (i.e. S-M-A-R-T) objectives that will enable the unit to accomplish its goals.

Unit Composition

Determine your unit composition (i.e. number and types of volunteers) and insert a figure or statistics capturing the number of volunteers registered with your unit and the distribution of professions in your unit.

Unit Resources

Unit Website

Does your unit have (or plan to have) a webpage through your housing organization? If yes, briefly describe the information found on your unit's website and provide the URL below.

MDRMRC Network Website

Does your unit coordinate with (or plan to coordinate with) MDRMRC Network Website by contributing relevant information to the website? If yes, provide the following information:

[Insert Unit Name] MDRMRC Unit engages with the MDRMRC Network Website by contributing to the following pages:

Training Calendar

To add trainings to the network website, email a short description, date/time, and registration information about the training to mdresponds.dhmf@maryland.gov.

Partners

If your Unit's website is not listed on this page, please email the link to be included to mdresponds.dhmf@maryland.gov.

News and Resources

See the MDRMRC Volunteer Management Guide for instruction on submitting newsletter content or other resources.

National MRC Network Website

Is your unit registered (or planning to register) with the National MRC Network? If yes, provide the following information:

- Link to the [Insert Unit Name] MDRMRC Unit Profile on the National MRC Network Website: [Insert Link/URL]
- Date Registered with National MRC network: [Insert Date]
- Date of last update to National MRC network: [Insert Date]

Unit Newsletter

- *Does your unit publish a volunteer newsletter? If yes, briefly describe its purpose, distribution and content.*
- *Does your unit contribute (or plan to contribute) to the MDRMRC Network Newsletter? If yes, see the MDRMRC Volunteer Management Guide for instructions for submitting newsletter content.*

Facebook

- *Does your unit have a Facebook profile? If yes, briefly describe its purpose, content and URL address.*
- *Does your unit contribute (or plan to contribute) to the MDRMRC Network Facebook page? If yes, see the MDRMRC Volunteer Management Guide for instructions for submitting content.*

C. Unit Organizational Structure

For MDRMRC County Units Only: County units are determined geographically by county lines.

- *County units are housed within local health departments and managed by the county health officer, emergency planner, and MDRMRC Unit Administrator.*
- *County Unit Administrators determine when the unit will be deployed locally and which activities warrant involvement by members.*
- *As such, a qualified staff member must be identified and appointed following established local health department or other housing organization policy.*
- *That staff member must then receive the MD Responds Volunteer Registry Administrator Training to become a MDRMRC Unit Administrator.*

Has your unit identified a qualified Unit Administrator and/or director to manage the operations and administration of the MDRMRC unit? If yes, please describe the organizational structure of your unit and provide the Unit Administrator’s contact information.

[Insert Unit Name] MDRMRC Unit Administrator contact information:

[Insert Name]

[Insert Title]

[Insert Contact Info.]

[Insert Name]

[Insert Title]

[Insert Contact Info.]

[Insert Name]

[Insert Title]

[Insert Contact Info.]

D. MD Responds Volunteer Registry

Management of volunteers through the Registry is a shared responsibility between the MDRMRC state administrators, County Unit administrators, and Response Unit administrators, to provide a unified and systematic mechanism for unit and state coordination of MDRMRC volunteers. Does your unit utilize (or plan to utilize) the MD Responds Volunteer Registry for Volunteer Management?

To utilize the registry, Unit Administrators must complete the following requirements:

- Sign and submit an MOU with the MDRMRC State Program. The MOU should describe roles and responsibilities of the MDRMRC State and Unit Administrators to provide effective coordination and cooperation.*
- Complete the MD Responds Volunteer Registry Administrator Training.*
- Complete their Unit's Organizational Profile in the MD Responds Volunteer Registry.*

Refer to the MDRMRC Volunteer Management Guide for additional guidance.

Volunteer Notification and Activation Drill

MDRMRC Unit Administrators should conduct at minimum one volunteer notification and activation drill annually (this is included in the LHD PHEP Funding Condition of Award). This drill will enable Unit Administrators to assess how many volunteers they might be able to anticipate would be available to deploy locally in a real world emergency. Refer to the MDRMRC Volunteer Management Guide for more information.

3. Recruitment

A. Recruitment Plan

MDRMRC Unit Administrators should develop a plan to recruit volunteers whose training, licenses, credentials, and background support and foster the unit's mission and purpose. The plan should be based on local needs, goals, and resources. In addition, some Unit Administrators may find it helpful to create a recruitment action plan (see appendix 4a of the MDRMRC Volunteer Management Guide for template). This action plan will allow you to formulate and identify actions to help you meet your goals and can also provide a way to continually evaluate progress and enact changes or adaptations as necessary. Refer to Chapter 4 of the MDRMRC Volunteer Management Guide for additional guidance.

B. Recruitment Needs Assessment

- Conduct a recruitment needs assessment detailing the number and types of volunteers you intend to recruit.*
- Determine the types of activities your volunteers will participate in.*

C. Recruitment Message

- Develop position descriptions and job action sheets.*
- Develop your unit recruitment message and materials.*

D. Recruitment Strategies

- Determine which recruitment strategies you will implement based on what works best in your community.*

4. Registration, Screening, & Selection

A. Registration

When a potential volunteer is registering through MD Responds Volunteer Registry, they are asked to choose one County Unit affiliation. Upon gaining administrator access to the registry, it is important that the Unit Administrator updates their MDRMRC Unit Organization Details in the MD Responds Volunteer Registry to help potential volunteers make the correct selection. Refer to Chapter 5 of the MDRMRC Volunteer Management Guide for additional guidance.

B. Volunteer Eligibility Criteria

In addition to the MDRMRC criteria for volunteer activation and deployment your unit may have unit specific eligibility criteria. If applicable, additional requirements based on MDRMRC Unit housing organizational policies should be included in this section. MDRMRC Units who are affiliated with local health departments should check with their legal department and office of human resources to see if there are additional local policies or forms that may be necessary for volunteers to complete.

C. Screening and Selection

All MDRMRC Units utilizing the Registry should have procedures place for approving pending volunteer membership requests and welcoming new volunteer members. Use this section to describe how your unit will accept and welcome new volunteers.

5. Training and Exercise

A. Training and Exercise Plan

MDRMRC Unit Administrators should develop a training and exercise plan based on community and individual volunteer needs. In developing the plan, it is important to consider the overall needs and goals of your MDRMRC unit, as well as the needs of individual volunteers.

In addition, some Unit Administrators may find it helpful to create a training and exercise action plan (see appendix 6c of the MDRMRC Volunteer Management Guide for a template). This action plan will allow you to formulate and identify actions to help you meet your goals and can also provide a way to continually evaluate progress and enact changes or adaptations as necessary.

Unit training and exercise plans should include:

- Required training*
- Recommended training*
- Method for assessing training needs*
- Method for advertising training and exercise opportunities*
- Method for tracking and documenting volunteer training records*
- Evaluation plan for measuring the effectiveness of training activities*

In addition, Unit Administrators should consider the following when developing their unit training and exercise plan:

- MDRMRC Units are encouraged to develop and tailor a unit-specific orientation course for their volunteers.*
- In addition to required training, MDRMRC units should provide volunteers with additional training opportunities based on the identification of community needs.*
- MDRMRC units should provide exercise opportunities for their volunteers that are designed to provide hands on experience to prepare volunteers and the community for events that could affect the community.*
- To identify exercises for your volunteers to participate in, it is recommended that MDRMRC Unit Administrators coordinate with local Emergency Operations Center to participate in EOC trainings.*

Refer to Chapter 6 of the MDRMRC Volunteer Management Guide for additional guidance.

6. Volunteer Utilization

Refer to Chapter 7 of the MDRMRC Volunteer Management Guide for additional guidance on this section.

A. Volunteer Activities

Emergency Response Operations

Unit administrators should pre-identify the types of emergency response operations their unit will be activated for so that protocols can be developed for each type of operation. Use this section to outline the types of emergency response operations their unit can be activated for and a brief description of each.

Non-Emergency, Public Health Activities

Unit administrators should pre-identify the types of public health activities their unit may be activated for so that protocols can be developed for each type of activity. Use this section to outline the types of public health activities your unit can be activated for and a brief description of each.

B. Activation Authority

State your unit's activation authority's title and position.

C. Activation Procedures

Activation Request

Use this section to

- List the local agencies/organizations who may request activation*
- Reference the MDRMRC Unit's or the MDMRC State Program's activation request form*
- Describe the procedures for submitting the activation request form*

Activation Notification

Use this section to describe your unit's protocol for sending activation notifications.

D. Mobilization Procedures

Use this section to outline procedures for mobilizing volunteers. Describe how your unit will receive and track volunteer activities.

E. Demobilization Procedures

Use this section to outline your unit's plan for demobilizing volunteers which may include volunteer debriefing and after action reporting.

F. Spontaneous Unaffiliated Volunteers

Use this section to outline your unit's plan for managing spontaneous, unaffiliated volunteers.

7. Retention and Recognition

Volunteer efforts should be recognized and celebrated through a range of activities from informal contact with volunteers (one-on-one or in groups) to formal recognition ceremonies that feature awards and public statements. Use this section to describe your unit's plan for retaining and recognizing volunteers.

Refer to Chapter 8 of the MDRMRC Volunteer Management Plan for additional guidance.

8. Volunteer Protections

MDRMRC volunteers are protected from liability in varying degrees by local, state and federal laws. The legislation described in the MDRMRC Volunteer Management Guide may not be the only laws addressing liability protection for volunteers in your unit. Use this section to outline the all of the liability protections including any additional local or county laws.

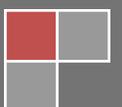
Refer to Chapter 9 of the MDRMRC Volunteer Management Plan for additional guidance.

2014

Volunteer Registry Administrator Protocols

Maryland Responds Medical Reserve Corps

Version 1.0
March 2014



Page intentionally left blank.

Table of eContents

INTRODUCTION.....	5
A GUIDE TO YOUR ADMINISTRATOR PROTOCOLS.....	5
HOW DO I ACCESS THE REGISTRY?.....	6
REGISTER.....	6
REGISTER A VOLUNTEER.....	6
UPGRADE TO UNIT ADMINISTRATOR STATUS.....	7
LOG IN.....	7
FORGOTTEN USERNAME OR PASSWORD.....	7
WHAT DO I NEED TO DO ON THE REGISTRY?.....	8
HOW DO I UPDATE MY REGISTRY PROFILE?.....	9
SUMMARY.....	9
EDIT YOUR PROFILE.....	9
EDIT YOUR PROFILE: “OCCUPATIONS” SUB-TAB.....	10
EDIT YOUR PROFILE: “TRAINING” SUB-TAB.....	11
VERIFY TRAININGS.....	11
BACKGROUND CHECK SUB-TAB.....	11
HOW DO I EDIT MY REGISTRY PROFILE SETTINGS?.....	12
EDIT VOLUNTEER ACCOUNT STATUS.....	12
UPLOAD VOLUNTEER PHOTO.....	12
HOW DO I SEARCH FOR REGISTERED VOLUNTEERS?.....	13
FIND A SPECIFIC VOLUNTEER.....	13
FILTER BY SUBTOPIC (E.G. FILTER BY TRAININGS).....	13
HOW DO I SEND OR RECEIVE REGISTRY MESSAGES?.....	14
CHECK MESSAGES.....	14
COMPOSE A MESSAGE.....	14
MESSAGE TEMPLATES.....	14
PREVIEW AND TEST MESSAGES.....	17
VIEW YOUR SENT MESSAGES.....	17
DRAFTS.....	18
TRASH.....	18
HOW DO I MANAGE MEMBERS IN MY COUNTY UNIT (“ORGANIZATION”)?.....	19
EDIT ORGANIZATION DETAILS.....	19
VIEW MEMBERSHIP STATUS(ES) FOR AN ORGANIZATION.....	19
VIEW ORGANIZATION YOU BELONG TO.....	20
ADD MEMBERS TO ORGANIZATION – ACCEPT PENDING VOLUNTEERS.....	20
ADD MEMBERS TO ORGANIZATION – MANUAL SEARCH.....	21
TRANSFER VOLUNTEERS TO ANOTHER ORGANIZATION.....	21
HOW DO I ACCESS DOCUMENTS IN THE DOCUMENT LIBRARY?.....	22
VIEW CONTENTS OF FOLDERS.....	22
DOWNLOAD A FILE.....	22

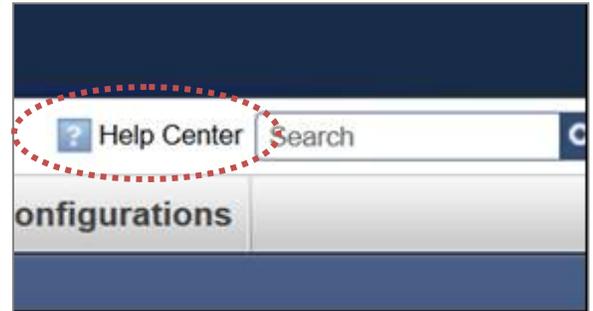
“WATCH” A FILE OR FOLDER.....	22
CREATE A FOLDER.....	22
EDIT FOLDER DETAILS.....	23
ADD A FILE.....	23
EDIT FILE DETAILS.....	24
HOW DO I MANAGE MY VOLUNTEER GROUP?.....	25
SEARCH FOR VOLUNTEER GROUPS.....	25
CREATE VOLUNTEER GROUPS.....	25
ADD VOLUNTEERS TO MY GROUP.....	26
EDIT MY GROUP’S INFORMATION.....	26
DELETE MY VOLUNTEER GROUP.....	27
HOW DO I EXPORT DATA FROM THE REGISTRY?.....	28
HOW DO I SETUP A MISSION TO DEPLOY VOLUNTEERS?.....	29
FREQUENTLY ASKED QUESTIONS.....	31
Q: IS THERE A LIMIT TO THE NUMBER OF TIMES I CAN ATTEMPT MY PASSWORD?.....	31
Q: DOES MY PASSWORD EXPIRE?.....	31
Q: IS THERE AN AUTOMATIC LOG OUT?.....	31
Q: IS MY INFORMATION SAFE IN THE REGISTRY?.....	31
Q: CAN UNIT ADMINISTRATORS EDIT VOLUNTEER PROFILES?.....	31
Q: CAN UNIT ADMINISTRATORS LOOKUP VOLUNTEER USERNAMES?.....	31
Q: CAN UNIT ADMINISTRATORS RESET USERNAMES?.....	31
Q: CAN UNIT ADMINISTRATORS RESET PASSWORDS?.....	31
Q: WHO GIVES VOLUNTEERS THEIR ID BADGES?.....	31
Q: HOW ARE VOLUNTEER PROFESSIONAL LICENSES VERIFIED?.....	31
Q: IS THERE A WAY TO TELL WHICH VOLUNTEERS HAVE RECEIVED THEIR BADGES?.....	32
Q: WHEN A NEW PERSON REQUESTS MEMBERSHIP, WILL WE GET A NOTICE?.....	32
Q: IS IT POSSIBLE TO BE A MEMBER OF MORE THAN ONE MDRMRC UNIT?.....	32
Q: IS IT POSSIBLE TO BE A MEMBER OF MORE THAN ONE MDRMRC COUNTY UNIT?.....	32
Q: WHAT IS THE DIFFERENCE BETWEEN BEING A MEMBER OF A COUNTY- VERSUS RESPONSE- UNIT?.....	32
Q: WHAT IF A VOLUNTEER OF ONE COUNTY UNIT WANTS TO HELP DURING AN EVENT AT A DIFFERENT COUNTY?.....	32
Q: COULD YOU EXPLAIN THE “OUT OF STATE” ORGANIZATION?.....	32
Q: IS THE UNIT ADMINISTRATOR TRAINING AVAILABLE ONLINE?.....	32
Q: I HAVE TO CHANGE THE PASSWORD EVERY 60 DAYS, CAN WE MAKE THAT QUARTERLY?.....	33
Q: HOW OFTEN ARE UNIT ADMINISTRATOR CONFERENCE CALLS?.....	33
Q: CAN WE HAVE 2 UNIT ADMINISTRATORS?.....	33
Q: WOULD YOU PROVIDE ME WITH RECRUITMENT MATERIALS?.....	33
Q: WHAT WILL THE MDRMRC STATE PROGRAM DO TO HELP WITH VOLUNTEER APPRECIATION?.....	33
Q: I’VE READ YOUR INSTRUCTIONS BUT STILL CANNOT SOLVE MY PROBLEM. COULD YOU SHOW ME WHAT YOU’RE TALKING ABOUT?.....	33
Q: WHAT ARE ALL THE CREDENTIAL VERIFICATIONS?.....	33
ADDITIONAL INFORMATION.....	33

INTRODUCTION

A Guide to Your Administrator Protocols

*Audience – This heading answers the question, “Who should read this?” Unit Administrators only? Or, Unit Administrators and Volunteers?**

1. In this Protocol, we identified major topics of relevance to the Registry for Unit Administrators of the MD Responds Medical Reserve Corps (MDRMRC).
2. Then, we tailored step-by-step instructions from the Registry’s Help Center that address those major topics.
3. Pictures to the right of the text may help orient you. Pay attention to the red, dotted circles to help find buttons and parts of the Web Page you may need to click.
4. HINT: If “Audience: Unit Administrators and Volunteers,” feel free to copy and paste text to respond to Volunteer email questions.
5. The Protocol addresses instructions for main functions of Unit Administrators but is not comprehensive of all tasks. For instructions or help on tasks not mentioned in the Protocol, you have several options:
 - Sign into the Registry and use the **Help Center**.
 - Contact mdresponds.dhmf@maryland.gov
 - Email the Registry vendor, Intermedix’s Support Center at support@collaborativefusion.com
See “MD Responds RMS Intermedix Support Center Info” for further detail (separate document, see *Volunteer Manage Guide, v3*).



How Do I Access the Registry?

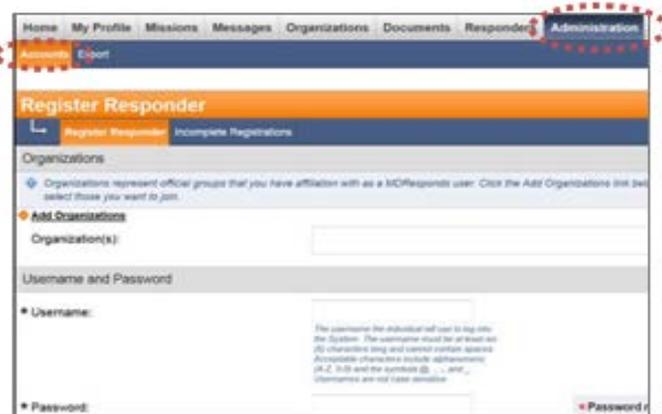
Register

Audience: Unit Administrators and Volunteers

Visit the Volunteer Registry at <https://mdresponds.dhmh.maryland.gov/>.

1. Click the **REGISTER NOW** button.
2. From the top of the registration page, click **Select Organizations** button to open the drop down menu.
3. From the organizations drop down menu, check the **box** next to your **County's Unit**. *
4. Click **Select** to proceed to the rest of the form.

* Select ONE organization based on your county of residence. If you live outside of Maryland, select the "Out of State" organization. You will receive notifications regarding your MDRMRC County Unit. Additionally, you will receive regional, state-wide, or national notifications from the MDRMRC State Administrators.



Register a Volunteer

Audience: Unit Administrators

1. Go to the **Administration** tab.
2. Under the **Accounts** sub-tab, you will find the same registration form as if the Volunteer had used the homepage's **REGISTER NOW** button.
3. Follow this Protocol's directions under "Register" (steps 3-5).

Upgrade to Unit Administrator status

Audience: Unit Administrators

1. Complete the Unit Administrator training.
 - An online version is scheduled for release May 2014. Until then, contact the MDRMRC State Administrator at stephanie.parsons@maryland.gov for more information.
2. Sign and submit MOU, "MDRMRC Network MOU Template". See "Volunteer Management Guide" for further detail.
3. Complete the Unit Administrator Survey.
 - This Survey is scheduled for release May 2014.
4. Send a confirmation email about upgrading your account to mdresponds.dhmf@maryland.gov.

Log In

Audience: Unit Administrators and Volunteers

1. Open your browser. Use Internet Explorer (7.0 or newer) or Mozilla Firefox (3.0 or newer). Enable JavaScript and turn off your pop-up blocker.
2. Go to <https://mdresponds.dhmf.maryland.gov/>.
3. Insert **Username** and **Password** into fields.
4. Click **Login**.

Forgotten Username or Password

Audience: Volunteers

1. At <https://mdresponds.dhmf.maryland.gov/>, click the **Forgot username or password?**
2. Enter appropriate username or email information. Click **request password or request username**.
3. Check your email for a message that contains username or password information.

Audience: Unit Administrators

Email the State Administrator at mdresponds.dhmf@maryland.gov.

Username:

Password:

Log In

[Forgot Username or Password?](#)

[Not Registered?](#)

What do I need to do on the Registry?

Audience: Unit Administrators

When you log into the Registry, you will be taken to the Home Page. Your Home Page is a starting point for getting situated in the Registry and catching up on the activity that happened while you were logged out. The Home Page also shows you what requires your attention. Note that Unit Administrator and Volunteer Home Pages appear the same.

1. The **Updates** section informs you about the most recent activity in the Registry.
2. The **Recent Messages** section shows messages that you most recently received in your Message Center.
3. The **Did you know** section shows a helpful tip about using the Registry.
4. Look at your **Profile** bar on the left of the screen. This section displays your profile activity and overview. Click the **view full profile** link to see your profile in more detail.

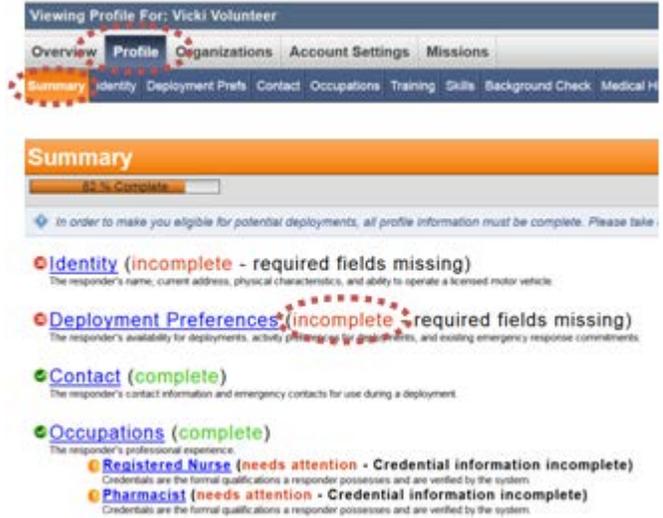


How do I update my Registry profile?

Summary

Audience: Unit Administrators and Volunteers

1. Sign into the **Registry**.
2. From the top row of tabs, click **Profile**.
3. Find the orange bar that says **Summary**. Underneath this, the indicator tells you your profile % completion.
4. Incomplete sections are marked by the message: **“incomplete – required fields missing.”**



Unit Administrators can also view what % complete and which sections are incomplete of Volunteer profiles: 1) Go to the **Administration** tab. Click the **Accounts: Incomplete Registrations** sub-tab.

Edit Your Profile

Audience: Unit Administrators and Volunteers

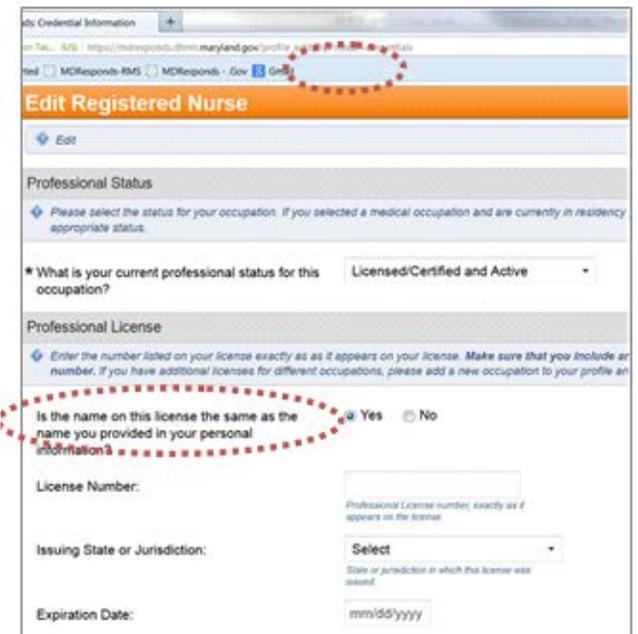


1. Under the **My Profile** Tab, select appropriate sub-tab. To edit any field, click **edit information** button. Complete fields. Of the sub-tabs, pay special attention to:
 - **Identity:** Enter your name. If your name changes, contact mdresponds.dhmf@maryland.gov. Review and update your address.
 - **Deployment Preferences:** Choose whether to deploy based on factors like distance and duration. Under “Prior Emergency Response Commitments”, identify any commitments that might pose a conflict in the event of an emergency. Here, you can also provide an explanation.
 - **Contact:** Enter your telephone number. Enter your email address. We highly recommend you to enter two email addresses. Note: The Registry requires unique email addresses; two Volunteers cannot share the same email. Periodically, review your contact information. If you do not receive any correspondence from the MDRMRC for more than a month, your contact information is likely out of date. Also check your junk email filters.
2. Click **Save Changes**.

Edit Your Profile: "Occupations" Sub-Tab

Audience: Unit Administrators and Volunteers

- Under the **My Profile** Tab, select the **Occupations** sub-tab.
- Click **Add Another Occupation** button. Each registered Volunteer must have no less than one and no more than two occupations listed. If you are a student, unemployed, or retired, make selections based on your background and indicate so in the later question: **"What is your current professional status..?"**
- All occupations fall under one of two categories; 1) **Medical** or 2) **Non-Medical**. Note: Social workers and professional counselors fall under "Medical".
- Complete fields. If you are a licensed professional, pay special attention to:
 - **"Is the name on this license the same..."** If your profile name differs from the name on your license, license verification will fail.
 - **License Number:** Enter your license number. Ensure you do not switch 0 with O.
 - **Expiration date:** Enter your license expiration date. When your license expires or is renewed, remember to update this field.
- Click **Save Changes**.
- Scroll up and select the **Return to Occupations** button. If you have a second occupation, add this occupation.
- For those with two occupations, ensure the occupational role you want to perform during deployment reflects an **occupational rank** of "1" (e.g., Laura is both a Registered Nurse and Emergency Planner but prefers to perform as a Medical Volunteer with the MDRMRC). To change occupational rankings, click the arrow under **occupational rank**.
- If you need to, you can delete an occupation by clicking on the box next to its name. Then select the **delete** button at the bottom right of the screen.



Edit Your Profile: "Training" Sub-Tab

Audience: Unit Administrators and Volunteers

Once you complete an approved training course, update your MDRMRC Profile's **Training** sub-tab. List of approved trainings: <http://bit.ly/MDRtrex>. Instructions [HERE](#).

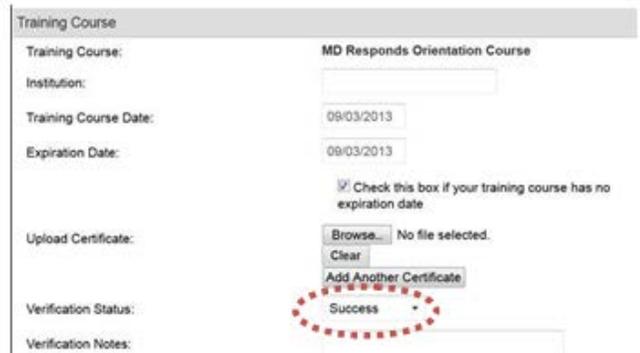
1. Under the **My Profile** Tab, select the **Training** sub-tab.
2. Click **Add Training Course** in the upper left corner.
3. Select the training course from the drop down menu.
4. If your course is not listed and maintains medical licensure/certification, select **Professional License CEUs**.
5. If the course is not listed and does not maintain medical licensure, email a course description and link to mdresponds.dhnh@maryland.gov. State Administrators will review and consider adding it to the training menu.
6. Complete fields. Click the **Choose File** button to upload the training certificate (if applicable).
7. Click **Save Changes**.



Verify Trainings

Audience: Unit Administrators

1. Search for Volunteer using **Responder**. In Volunteer profile, go to Volunteer's **training** sub-tab.
2. Select training course.
3. Under **Verification Status**, select appropriate box. If applicable, check certificate to determine status. In **verification notes**, type "[initials] verified."
4. Click **Save Changes**.



Background Check Sub-Tab

Audience: Unit Administrators

Currently, the Registry does not conduct a complete background check for all Volunteers. This feature (the **Background Check** sub-tab) is scheduled to be added to the Registry in October 2014.

How do I edit my Registry profile settings?

Edit Volunteer Account Status

Audience: Unit Administrators and Volunteers

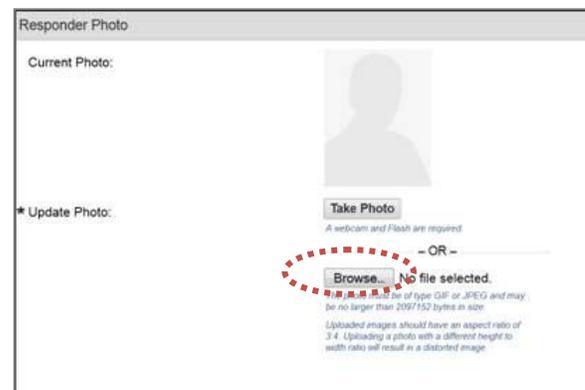
1. Under the **My Profile** tab, select the **Settings** sub-tab.
2. Select **Account Status**. Volunteers with active accounts are eligible to receive notifications related to emergency activations deployments.
3. Upload profile photo. Only administrators have the ability to upload photos.
4. View your System Role. Only State Administrators have the ability to change your system role.
 - **Responder:** Can create and update personal profile information, view mission information when assigned, view messages, and create notifications to administrators.
 - **Unit Administrator:** Can create missions and notifications and accept or reject Volunteers within their organization.
 - **System Coordinator:** Can perform all functions available on the Registry.
5. Username and Password: To change your username, go to **New Username**, enter a new username, and click **Change**. If you would like to change your password, use the guidelines in the box on the right to choose a new password. Select a secret question from the drop-down list and enter your answer. If you forget your password in the future, you will be asked this question.



Upload Volunteer Photo

Audience: Unit Administrators

1. Ask Volunteers for a recent head shot. The photo should be:
 - Taken within the past 6 months
 - Full face, front view
 - Color
 - Solid background
 - No hats or headgear obscuring the hair or hairline
2. Upload profile photo. Only administrators have the ability to upload photos. Click the **Browse...** button to upload a photo. Click **Upload** to upload the photo.
3. Set Password: If a Volunteer requests their password: 1) Search for Volunteer using 'Responder'; 2) Go to their "Settings"; 3) Under "Passwords", reset the password temporarily to "Welcome14"; 4)



Tell Volunteer to sign in with this temporary, case-sensitive password and to set a new password.

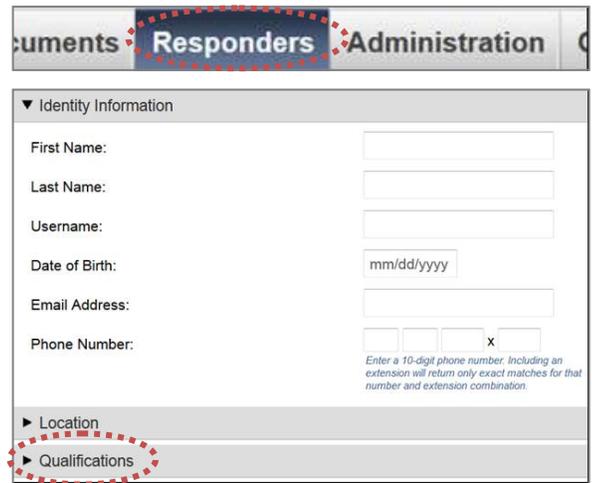
How do I search for registered Volunteers?

Note: In the Registry, registered Volunteers are called "Responders."

Find a specific Volunteer

Audience: Unit Administrators

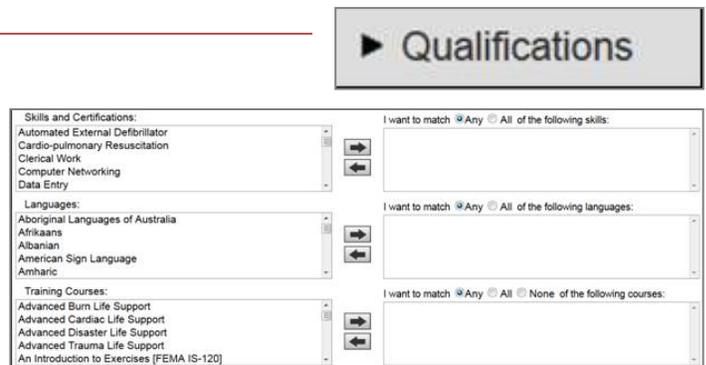
1. Go to the **Responders** tab.
2. Enter the search criteria in the desired fields. Click the triangle left of the section titles to expand the collapsed sections.
3. Click the **Search** button in the lower right corner of the page. Note: The fewer fields you complete, the more results you may yield. To modify the initial search criteria, click the **Refine Search** link in the upper left corner of the page.
4. In the **Search Results** page, to select multiple Volunteers, check the boxes to the left of their names. To select all Volunteers, use the **Check All** drop-down menu to specify whether you want to select responders (Volunteers) on the first page or across all pages.
5. Use the **Sort By** drop-down menu to sort the Volunteers on the page by their occupation, residence, or zip code.



Filter by subtopic (e.g. filter by trainings)

Audience: Unit Administrators

1. Go to **Responders** tab.
2. Scroll down to **Qualifications**. Click **Triangle** to expand.
3. From **Training Courses** box, select your course of interest. (Alternatively, use **skills and certifications** or **languages**). Click the **arrow pointing right**. Your course should move to the box on the right
4. To the top of the right box, select if you want to match **any, all, or none of the following** courses. Select **Search**.

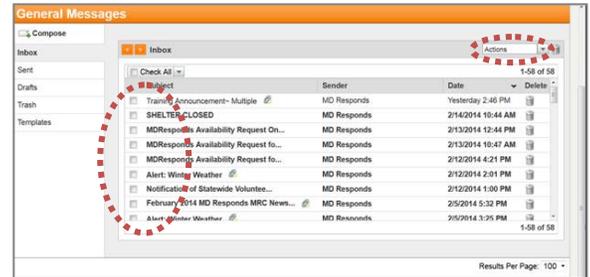


How do I send or receive Registry messages?

Check messages

Audience: Unit Administrators and Volunteers

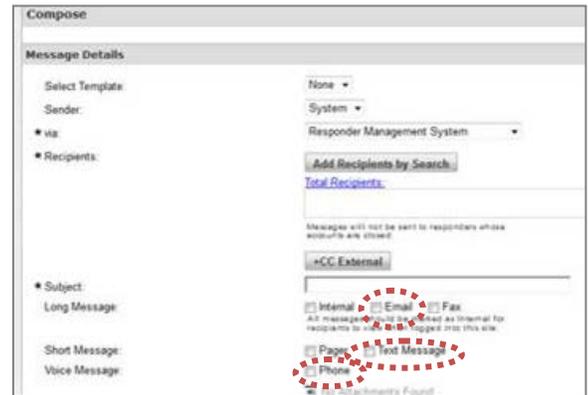
1. Go to the **Messages** tab and click the **Inbox** left side-tab.
2. Click the subject line of a message to open it.
3. The **Actions** drop-down menu allows you to: mark as read, mark as unread, or move to **Trash**.



Compose a message

Audience: Unit Administrators and Volunteers

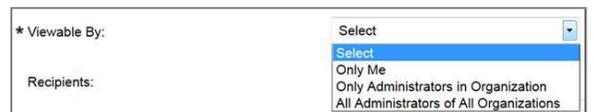
1. Go to the **Messages** tab and click the **Compose** left side-tab.
2. Enter the message information in the fields. Modify **Message Details** as needed (see “Message Details – Highlights” in this Protocol). **Reserve phone and text messaging for emergency call outs only.**
3. Click **Send**.



Message Templates

Audience: Unit Administrators

1. Go to the **Messages** tab and click the **Templates** left side-tab. Review available templates to prevent redundancy.
2. To create a **Message Template**, you have two options: 1) Compose a message and save it as a template, or 2) Set up a template. For the latter, click **Create Template**.
3. Complete the fields. Under **Viewable By**, specify if you want to limit access to the template’s creator (you), Unit Administrators, or System Administrators.
4. Click **Save**.



Message Details – Highlights

For explanation of **Message Details**, refer to the **Help Center**.

- **Sender:** Specify the sender of the message: **System** = MDRMRC, **Organization** = Your county, **Myself** = You.
- **Recipients:** To add recipients by search: Click the **Add Recipients** button to open the **Search Center**. Specify whether you want to search for individuals, administrators, groups, or organizations. Enter the search criteria and click **Search**. From the search results, select the desired entries and click **Add**. Note that the button label changes depending on whether you add **individuals**, **administrators**, **groups**, or **organizations**. The **Recipients** field is populated with your selections.
- **Recipients: +CC External:** To add recipients who are not registered in the Registry: Click the **+CC External** button. Type in the email addresses of the external recipients. Separate addresses with commas.
- **Internal Message:** Internal messages are delivered through the MDRMRC Volunteer Registry. In addition, the system will send a notification about the new internal message to the recipient's primary email address*. Note that if you select multiple delivery methods, the recipient will NOT receive the email notification.
- **Email:** This method sends the message to the external email account specified in the Volunteer's profile.
- **Fax:** The character limit for the fax is 1000 characters, so the message has to be concise and to the point. By default, the recipient will also receive the message internally.
- **Text Message: Reserved for emergency call outs only.** Message will be delivered to the recipient's cell phones as a text message.
- **Pager:** This message will be delivered to recipients who specified pager numbers. The character limit for the message is 200 characters. If you go over the limit, your message will be split and sent to the recipient as multiple messages. Use the short message to restate the main points of the long message.
- **Voice Message: Reserved for emergency call outs only.** You can record your own message, upload an audio file, or provide message text that will be converted to a recording using the text-to-speech technology. Voice messages are delivered to the recipient's phone. Selecting the **Phone** check-box activates the **Type** drop-down list and a message text field. Limit the message to 200 characters.
- **Add Attachments:** Click the **Add Attachments** button to select a file and attach it to the message. You can upload from your files or from the **Documents Library**. Limit of 4 attachments. For the former, click the **Browse** button and then select the document to attach. For the latter, click the **Document Library** tab. Select a file. Click **Select** to attach the file.

Advanced Delivery Options

- **Delivery Delay:** Specify the time between the message delivery to email, a phone, pager, or other text devices. This is useful if, for instance, you choose to send a voicemail to two phones via **escalation**; set a 10 minute delay so that if the person picks up on the 1st phone, the system will register this and not call the 2nd phone.
- **Escalation and Blast Message Delivery:** Escalation and Unit Administrators delivery options control how the message is delivered to the recipients. You can specify these options for every message you send. If you select the **escalation** option, the system will consecutively send the message to the recipient's contact numbers in order of their priority. For example, if the recipient has specified his or her work phone as a primary contact method, and fax as the

secondary contact method, the message will be delivered to the recipient's work phone first, and, after some time, to the recipient's fax machine. When you compose a message, you can specify the time intervals between the attempts to contact the recipient. The **blast** option sends the message to all contact numbers specified by the recipient.

- **Validate recipient?** Specify if the recipient needs to confirm their identity once the message is received.
- **Request a response?** Specify if you would like the recipient to respond to the message. Provide additional response options if necessary and enter the description of each option. If applicable, provide the phone numbers you want the recipients to call as a part of their response. Note that the phone numbers do not appear in the internal message.
- **Response Options:** If you send messages that require recipients to respond, you can make the response tools immediately available to the recipients. The **Response Options** section on the new message page offers you available response settings.

Preview and Test Messages

Audience: Unit Administrators and Volunteers

1. After composing a message, click **Preview and Test**.
2. To send a copy of the message to yourself before the recipients, click the **Test Message** button.
3. Specify the message delivery method and contact information.
4. Click **Send Test Message**.



View your Sent Messages

Audience: Unit Administrators and Volunteers

1. In the **Messages** Tab, click the **Sent** left side-tab.
2. Click the message you want to see.
3. To expand the sections on the **Message Details** page, click the **triangle** left of the section name.
4. Use the **Actions** drop-down menu to perform the following actions: save message as **template**, **export** the message, export the message to the **document library**, or move the message to **Trash**.
5. View **recipient and delivery data**:



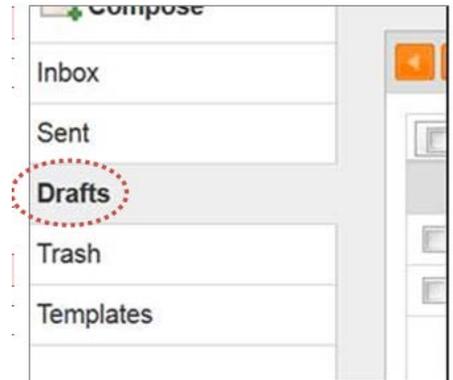
- **Recipient Statistics:** This section shows totals and percentages for each response option, as well as recipients who did not submit a response or were not contacted.
- **Delivery Statistics:** Shows totals for each type of message that was delivered, responded to, did not receive a response, or failed to reach its destination. An **email** message is considered 'delivered with no response' if the response was automatic, invalid, or was not submitted. A **voice message** is considered 'delivered with no response' if the line was busy, the recipient hung up, did not answer, or did not submit the response, the submitted response was invalid, the call went to voice mail, wrong number, or wrong recipient. A **voice message** delivery is considered failed if the call failed, was rejected, or the number was invalid.

6. **View Recipients** by going to **Message Details** and clicking **Total Recipients**. For explanation of **Response/Status**, [refer to the Help Center](#).

Drafts

Audience: Unit Administrators or Volunteers

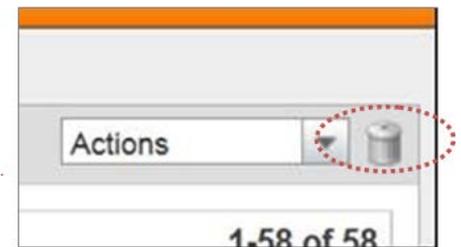
1. In the **Messages** Tab, click the **Drafts** left side-tab.
2. Click the subject line of the message you want to view.



Trash

Audience: Unit Administrators or Volunteers

1. To move multiple messages to Trash, select the messages and click the trash icon in the upper right corner of the page. To move messages to Trash individually, click the trash icon in the corresponding message rows.
2. To view deleted messages, go to Messages and click the Trash left side-tab.



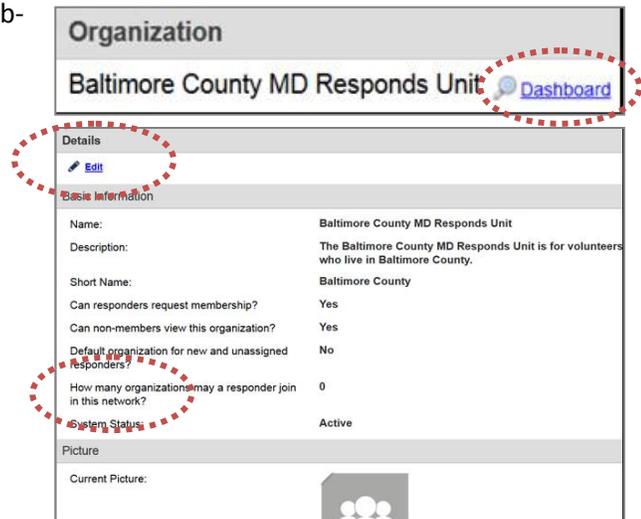
How do I manage members in my County Unit (“organization”)?

Organizations represent official groups and agencies that users are affiliated with in real life, such as community centers or health care facilities. Organizations can be arranged in a hierarchy to reflect real-life structures and relations between organizations. Top-level organizations represent entities of the highest level and authority. Sub-organizations represent their “children.” For example, the MDRMRC State Program is the parent and County or Response Units are children. Only users with the highest level of permissions, such as System Coordinators, can create organizations.

Edit Organization Details

Audience: Unit Administrators

1. Under the **Organizations** tab, click the **All Organizations** sub-tab.
2. Click the dashboard link next to your organization.
3. Click **Details** in the left panel.
4. Click the  **Edit** link in the upper left corner.
5. Edit the organization information. Please note these comments about these specific fields:
 - **Name:** Your County’s name
 - **Organization Description:** Your County Unit’s MRC mission
 - **Current Picture:** Upload your County Unit’s logo – NOT your personal head shot.
6. Click **Save**.



View Membership Status(es) for an Organization

Audience: Unit Administrators

1. Under the **Organizations** tab, click the **All Organizations** sub-tab.
2. Click the **dashboard** link next to your organization.
3. The **Members** page displays Volunteers who have requested membership in the **organization**:
 - **Pending:** Administrator has not taken any action on Volunteer’s request to join.
 - **Rejected*:** Volunteer was denied/transferred.
 - **Accepted:** Volunteer is part of and can view details and contact information of organization.



- **Researching:** Administrator is gathering information to determine if Volunteer qualifies.

View Organization You Belong To

Audience: Unit Administrators and Volunteers

4. Go to the Organizations tab. Your organization should correspond to your county of residence.
5. The Status column tells you if you've been accepted, rejected, or pending membership in the organization.
6. Volunteers frequently ask why they were rejected. This may happen if a Volunteer: 1) poses a reason of concern* or 2) was transferred from one organization to another.
7. This is a sample response to a Volunteer inquired why they were rejected:



Thank you so much for your attentiveness to your profile. You've done nothing to be literally "rejected" from the MDRMRC State organization. We place Volunteers in the 'organization' corresponding to their county of residence-- thus, we moved you from the State organization (no county) to your County's organization. Unfortunately, the online Registry lacks the sophistication to hide this background noise and uses the word "rejected" to tell you that you've been moved between organizations. On behalf of MD Responds, I apologize for any confusion this has caused. You will continue to receive emails from both your County Unit Administrators as well as the State MRC.

***If you believe a Volunteer poses a reason for concern and should not be accepted into your MDRMRC County Unit, kindly contact mdresponds.dhmh@maryland.gov. Do NOT reject Volunteers from your organization without conferring with State Program Administrators.**

Add Members to Organization – Accept Pending Volunteers

Audience: Unit Administrators

1. Under the Organizations tab, click the All Organizations sub-tab. Click your County Unit's dashboard.
2. Under the Members section, click the # Pending link.
3. The Members page opens displaying all Volunteers who requested membership.
4. Click the Volunteer's name and look under their Identity tab to verify their county of residence.
5. Use the Status drop-down to select the user status that applies. *Tip: Use Display Filter to display users with a Pending status only.*

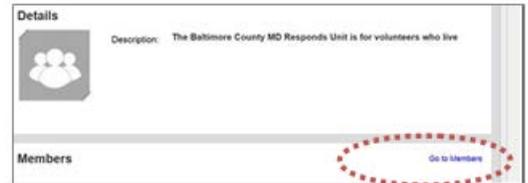


6. Click the **Submit Action** button.

Add Members to Organization – Manual Search

Audience: Unit Administrators

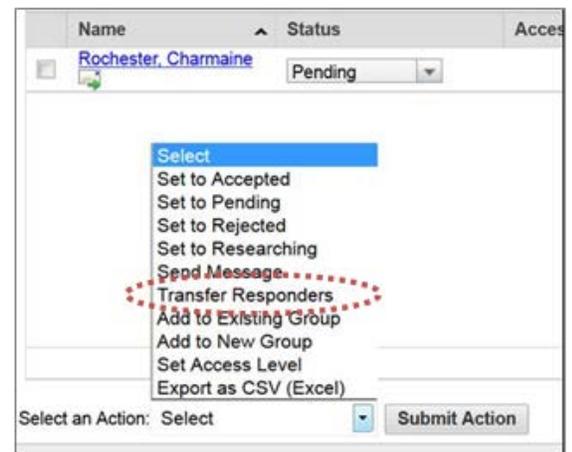
1. Under the Organizations tab, click the All Organizations sub-tab. Click your County Unit's dashboard.
2. On the Organization Dashboard, click the Go to Members link in the Members section.
3. Click Add Members in the upper left corner of the page.
4. Enter a Volunteer's name into the search field. Click Search.
5. From the search results, select users. Click Add Users.
- 6.



Transfer Volunteers to Another organization

Audience: Unit Administrators

1. Under the **Organizations** tab, click the **All Organizations** sub-tab. Click your County Unit's **dashboard**.
2. Click the checkbox next to the name of the Volunteer you want to transfer. Scroll down to the **Select an Action** drop-down and select **Transfer Responders**. Select **Submit Action**.
3. Select the checkbox next to the County Unit to where you want to transfer the Volunteer. Click **Transfer**.



How do I access documents in the Document Library?

View Contents of Folders

Audience: Unit Administrators and Volunteers

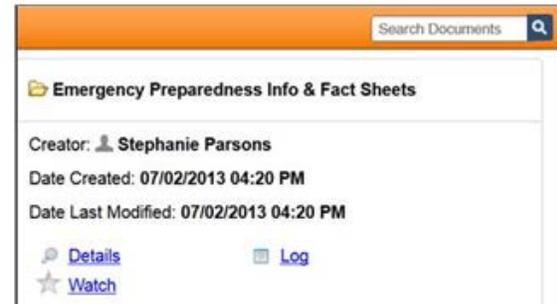
1. Go to the **Documents** tab.
2. Click the name of a file or folder. Click **Details** in the right preview pane.
3. Click the **plus icon** left of the folder's name to expand.



Download a File

Audience: Unit Administrators or Volunteers

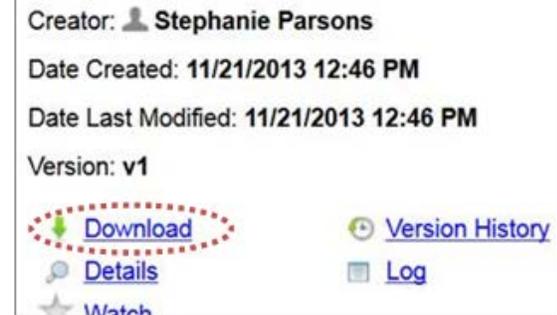
1. Go to the **Documents** tab. Click the name of the file or folder.
2. Click the **Download** link in the right preview pane.
3. Follow browser prompts to open or save the file.



"Watch" a File or Folder

Audience: Unit Administrators or Volunteers

1. Go to the **Documents** tab. Click the file or folder.
2. Click the **Watch** link in the right preview pane.
3. To view watched documents, click the **Watched Document** sub-tab.



Create a folder

Audience: Unit Administrators

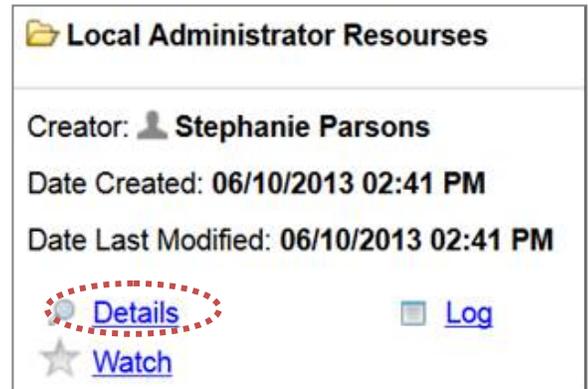
1. Go to the **Documents** tab.
2. Next to the desired parent folder, click **Create Folder**. Ensure the grey box displays the desired hierarchy.
3. Specify a folder name, then perform one of the following actions:
 - Click **Create Folder** to add the folder to the **Document Library**.
 - Click **Create and Add Details** to add folder details.



Edit Folder Details

Audience: Unit Administrators

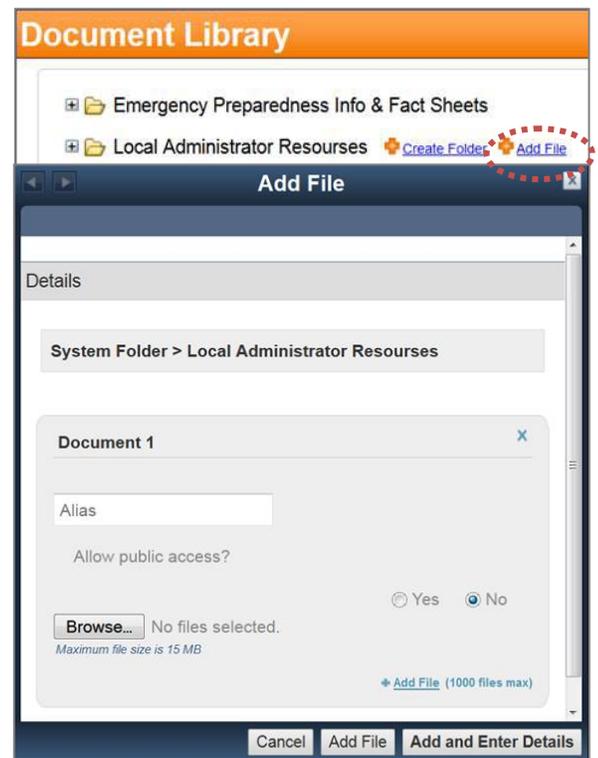
1. In **Documents**, click on folder to open the right detail panel. Click **Details**.
2. In the upper left corner, click the **Edit** link.
3. Edit the folder details. Pay special attention to these fields: (for full details, [see Help Center](#))
 - **Owner:** Person who created the folder
 - **Allow public access:** Click **Yes** if you want all users to be able to view the folder.
 - **Type:** Specifies if the item is a folder or a file
 - **Path:** Displays where the folder is located
4. Click **Save**.



Add a File

Audience: Unit Administrators

1. Go to the **Documents** tab.
2. Click the **Add File** link to the right of the folder name.
3. Click the **Browse** button to select the desired document.
4. Specify an alias for the file. The alias is used in document searches and is displayed as the filename.
5. Then perform one of the following actions:
 - Click **Add File** to add the file to the **Document Library**.
 - Click **Add and Enter Details** to open the **Details** page and add file details.



Edit File Details

Audience: Unit Administrators

1. Go to the **Documents** tab. Locate the desired file in the hierarchy. Click its name.
2. Click the **Detail** link in the right preview pane.
3. Click the **Edit** link in the upper left corner.
4. Edit file details. Pay special attention to these fields: (for full details, [see Help Center](#))
 - **Author:** Specify who created the file.
 - **Keywords:** Set keywords for the file. Keywords are used in document searches.
 - **Owner:** Person who uploaded the file - Cannot be edited.
 - **Allow public access:** Select **Yes** if you want all users to be able to view the file.
5. Click **Save**.



How do I manage my Volunteer group?

Note: You can only edit groups for which you have administrative access.

Search for Volunteer groups

Audience: Unit Administrators

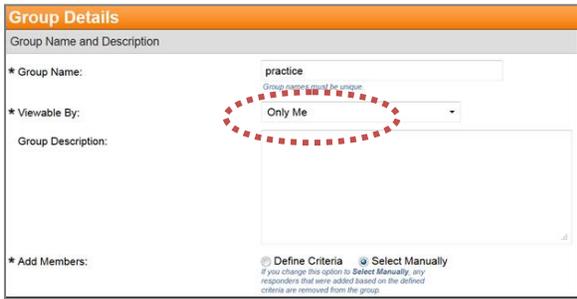
1. Go to the **Responders** tab.
2. Click the **Groups** sub-tab.
3. Click on the **Group Name** to open the group roster.



Create Volunteer groups

Audience: Unit Administrators

1. Go to the **Responders** tab. Click the **Groups** sub-tab.
2. Click the **Create Group** link in the upper left corner.
3. Enter the group information in the fields. Pay special attention to these fields:
 - **Viewable by:** Specify who can see the group.
 - **Allow other administrators to make changes to this group?**
 - **Group description:** Explain the purpose of the group.
4. Add Responders*: Select **Define Criteria** to add organizations, access levels, and system roles to the group. The following fields will appear:
 - **Search by organizations:** Use **organization selection** to add an organization's members to the group and the **X** to remove an organization from the field.
 - **Search by access level:** Use **Access Level Selection** to add an organization's members to the group and the **X** to remove an organization from the field.
 - **Search Role:** Use the arrows to move system roles to the right. This action provides access to the group to users with those system roles.
5. Click **Save Changes**.
 - *Or, click **Select Manually** to add members after creating the group.



Add Volunteers to my group

Audience: Unit Administrators

1. Go to the **Responders** tab. Click the **Groups** sub-tab.
2. Click on the group you want to use.
3. Click the **Add Responders** button.
4. Enter search criteria in fields. To access fields in collapsed sections, click the triangle left of the section title. Click **Search**.
5. From Search Results, select the Volunteers you want to add to the group and click the **Add Responders** button.
6. Alternatively, you can also add Volunteers individually: 1) Click the **Responders** tab and find your Volunteer. 2) Under results, click the checkbox next to the Volunteer's name. 3) At the bottom left of page, find **Select an Action** drop-down and select **Add to Existing Group**. 4) Select group in the **Group Name** drop-down. 5) Click **Submit Action**.

Edit my group's information

Audience: Unit Administrators

1. Go to the **Responders** Tab. Click the **Groups** sub-tab.
2. Click on the group you want to use. Click **Edit Information** to edit the group's details.
3. Complete fields. Click **Save Changes**.

Delete my Volunteer group

Audience: Unit Administrators

1. Go to the **Responders** tab. Click the **Groups** sub-tab.
2. Select the checkbox(s) of the group you want to delete.



The screenshot shows a web interface element with the label "Select an Action:". To its right is a dropdown menu currently displaying "Select". A "Submit Action" button is located to the right of the dropdown. The dropdown menu is open, showing a list of options: "Select" and "Delete Group". The "Delete Group" option is highlighted with a blue background and is circled with a red dashed line.

3. Select **Delete Group** from the **Action** pull-down (lower left corner). Click **Submit Action**.

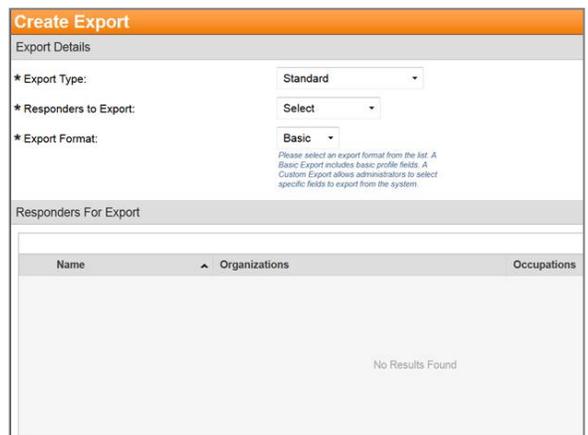
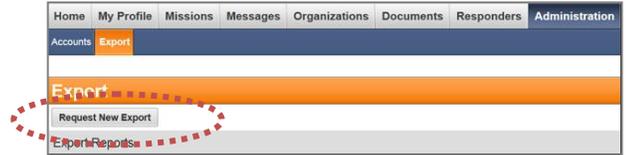
How do I export data from the Registry?

Audience: Unit Administrators

1. Go to the **Administration** tab. Click the **Export** sub-tab.
2. Click the **Request New Export** button.



3. Specify export options. Field descriptions are below:
 - **Export Type:** Specify the type of export to perform.
 - **Responders to Export:** Specify Volunteers whose information to export.
 - **Occupations:** Export Volunteers by the selected occupations. It is available only if you select **By Occupation** in the **Responders to Export** field.
 - **Search by Organizations:** Click the **Add Organizations** button to select organizations whose members you want to export. It is available only if you select **By Organization** in the **Responders to Export** field.
 - **Group:** Select groups whose members you want to export. This option is available only if you select **By Group** in the **Responders to Export** field.
 - **Add Users by Search:** Find and add users you want to export. This option is available only if you select **By Search** in the **Responders to Export** field.
 - **Export Format:** Specify the export format. Select between **Basic** and **Custom**.
 - **Export Fields:** Select the fields you want to export. Use the **Back** and **Forward** arrows to move the desired fields to the box on the right. Use the **Up** and **Down** arrows to arrange the fields in the desired order. This option is only available if you select **Custom** in the **Export Format** field.



4. Click **Export**. Your export can have a status of **processing**, **complete**, or **failed**:
 - **Processing:** After you request an export, the status is set to Processing. The processing time may vary based on the size of the export.
 - **Complete:** When the export is ready for you to download, its status is set to **Complete**.
 - **Failed:** If an error occurs during the export, its status is set to **Failed**.

How do I setup a mission to deploy Volunteers?

Audience: Unit Administrators

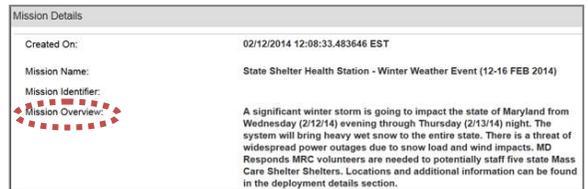
1. Go to the **Missions** tab. Click the **Mission Manager** sub-tab.



2. Click **Create Mission**.



3. Complete fields. Sample **Mission Overview** text:
 “A significant winter storm is going to affect the state of Maryland from Wednesday (2/12/14) evening through Thursday (2/13/14) night. The system will bring heavy wet snow to the entire state. There is a threat of widespread power outages due to snow load and wind impacts. MD Responds MRC volunteers are needed to potentially staff five state Mass Care Shelter Shelters. Locations and additional information can be found in the deployment details section.”



4. Click **Save and Create Deployment**.

5. Under **Deployment Group Details**, complete fields. Click triangle to expand sections. Pay special attention to:



- **Positions Needed**
 - Check in location and contact
 - Information for Responders (food, housing, transportation, items to bring (remind volunteers to bring ID badge and polo)
 - Additional Details: Sample text:
- “MISSION: The On-Call Mental Health Counselor is available by PHONE ONLY, to provide basic mental health care to shelter occupants, to level of one's license.
- ACTIVATION: Activated by the Unit Administrator. To set your availability for this deployment group, please complete the availability poll at [insert link to poll]
 12 hour shifts are requested but shorter shifts can be scheduled if needed. Please indicate your availability for all shifts. You will not be assigned to more than 1 shift per 48 hours. Once the final schedule is approved, we will contact you to confirm your shift.
 Upon confirmation of your shift, you will be provided with additional information.”

6. Give Volunteers instructions on how to respond in message. Sample **Message Center** text:

- “This is an availability request for the State Shelter Health Station - Winter Weather Event (12-16 FEB 2014) mission: State Shelter Health Station - Winter Weather Event (12-16 FEB 2014)

To set your availability, please log into <https://mdresponds.dhmf.maryland.gov> with your username and password. Click on the Missions tab and then the My Availability sub-tab to select

your availability from the drop-down menu.”

Note: At this time, Activation Notifications through the Registry’s mission manager can only be made for one shift at a time. In April 2014, the Registry will be updated to include a new Schedule Manager Module that will allow for management of multiple shifts. Until then, Unit Administrators can schedule multiple shifts by either creating separate Activation Notifications per shift, or by using an online scheduling site to poll Volunteer availability. For example, Doodle is a free online scheduling software. You can create a free Doodle account at <http://doodle.com/?locale=en>. Once the scheduling poll is created, send the link to qualified Volunteers using the Registry’s Message Center Availability Request template; also post the link to the poll in the Deployment Details.

Frequently Asked Questions

Q: Is there a limit to the number of times I can attempt my password?

A: If you receive an error message after attempting to log in with an incorrect username and password three times, you will be locked out of your account. Contact mdresponds.dhnh@maryland.gov to reset your password. If you lock yourself out of your account, you will be unable to log back in for ten minutes.

Q: Does my password expire?

A: The MDRMRC Volunteer Registry requires that Unit Administrators change their password every 60 days. You will not be locked out of the Registry if your password has expired. A Volunteer's password will not expire.

Q: Is there an automatic log out?

A: After 30 minutes of inactivity, you will be logged out of your account.

Q: Is my information safe in the Registry?

A: Every possible step relating to data integrity and security is taken by the staff in order to prevent abuse and to protect our Volunteers' privacy. Further, all communications between your browser and this site are encrypted. Please review the [Privacy Policy](#) and contact us if you would like further information.

Q: Can Unit Administrators edit Volunteer profiles?

A: Yes. Unit Administrators have the ability to access, view, update, change, etc., any Volunteers in your organization. See "How do I update my Registry profile" in this Protocol for how to do so.

Q: Can Unit Administrators lookup Volunteer usernames?

A: Yes. Ask the Volunteer for information associated with the account (e.g. first and Unit Administrators name, email address, or street address). See "How do I search for registered Volunteers?" for how to do so.

Q: Can Unit Administrators reset usernames?

A: Yes. Before changing the username of the Volunteer, ask the Volunteer what they want to change the username to. See "How do I edit my Registry profile settings?" for next steps. Contact Volunteer to confirm that you've completed the task.

Q: Can Unit Administrators reset passwords?

A: Yes. See "How do I edit my Registry profile settings?" for how to do so.

Q: Who gives Volunteers their ID badges?

A: Currently, the MDRMRC State Administrators issue ID badges.

Q: How are Volunteer professional licenses verified?

A: We are in the process of integrating our Registry with 10 State Licensure Boards (e.g., nursing, physicians, counseling, social work). When integration is complete, our Registry will automatically verify credentials. Until then, we occasionally have to manually check board websites to verify an individual license and change the Volunteer's license status on the Registry.

Q: Is there a way to tell which Volunteers have received their badges?

A: In the Registry, there is a group called "ID Badge Received (2013 onwards)". This group tracks which Volunteers received the most up-to-date ID badge. We began distributing the most updated ID badge in October 2012. If a Volunteer has a badge issued earlier than October 2012, they will not be in this group; their (old) badge will look different and they will need a new badge. See "Search for Volunteer groups" for how to find this group.

Q: When a new person requests membership, will we get a notice?

A: Yes. The Registry sends automated messages on Monday summarizing new registrations. However, we strongly recommend that Unit Administrators login more frequently to approve requests.

Q: Is it possible to be a member of more than one MDRMRC unit?

A: All MDRMRC Volunteers must be a member of a County Unit. Some Volunteers may additionally be recruited to be a member of Response Unit (e.g. Medical Examiners, Veterinarians).

Q: Is it possible to be a member of more than one MDRMRC County Unit?

A: No, Volunteers cannot be a member of more than one County Unit. This is due to liability.

Q: What is the difference between being a member of a County- versus Response- Unit?

A: County Unit tasks depend on the needs of the local community; tasks are given to Volunteers by Unit Administrators appointed at the county level. Response Unit tasks are specialized by profession (e.g. Animal Emergency Response Corps (AERC)); tasks are given to Volunteers by Unit Administrators who work at the State level (e.g. Department of Agriculture for AERC).

Q: What if a Volunteer of one County Unit wants to help during an event at a different county?

A: All County Units are an extension of the MDRMRC State Program; all Volunteers will receive call outs from their Unit Administrator as well as State Administrators during times of State emergencies or when local resources are exceeded. Thus, a Volunteer of one County Unit can help out with an event in a different county if they receive a State call-out. For example, a Baltimore County Unit Volunteer may want to help out with a Harford County incident; the Baltimore County Unit Volunteer may only help out with the Harford County incident if a State-wide call out is issued.

Q: Could you explain the "Out of State" organization?

A: The MDRMRC "Out of State" Unit comprises of Volunteers who do not hold a Maryland residence. These Volunteers may be activated by the State Program in the event of a State-wide emergency.

Q: Is the Unit Administrator training available online?

A: Yes. You can download the training presentation slides from the Unit Administrators Folder in your MDRMRC Document Library.

Q: I have to change the password every 60 days, can we make that quarterly?

A: We're checking to see if we can make it quarterly. Once Intermedix (the Registry vendor) provides a response, State Administrators will share their information.

Q: How often are Unit Administrator conference calls?

A: Quarterly.

Q: Can we have 2 Unit Administrators?

A: Yes, you can have any number of Unit Administrators. The only requirement is for each of the Unit Administrators to take the 'Unit Administrator training' – This online training is scheduled for release May 2014. Among your Unit Administrators, you should identify one primary Unit Administrator; this primary Unit Administrator's email address will be what Volunteers email through the Registry.

Q: Would you provide me with recruitment materials?

A: Yes. At this time, we can provide you with your choices of: the MDRMRC logo, an electronic copy of our one-page information sheet, and/or a recruitment Power Point template. We are currently developing standardized promotional packets. By 2015, we will have branded recruitment materials to provide to all Unit Administrators.

Q: What will the MDRMRC State Program do to help with Volunteer appreciation?

A: We publish quarterly newsletters and would be happy to include a 'thank you' piece from Unit Administrators to their Volunteers. Please contact the State Program to propose or submit a newsletter piece.

Q: I've read your instructions but still cannot solve my problem. Could you show me what you're talking about?

A: Yes. Please download and launch the Chrome Remote Desktop app to enable State Administrators to view your computer screen. This will help State Administrators assist you. Download the app here: <https://chrome.google.com/webstore/detail/chrome-remote-desktop/gbchcmhahfdphkhkmpfmihenijjmpp>. After you download the app, click the green "share" button and call State Administrators with the access code.

Q: What are all the credential verifications?

A: Credentialing is the process of collecting information for evaluating and documenting the qualifications of licensed professionals including information about a person's current license or degree; training or experience; and competence or certification. Below is a description of each credential verification method used by the Registry.

Additional Information

State Licensing Boards:

Automatic license verification is built into the Registry for some health care occupations regulated by State Licensing Boards. Credential verification for the health care license that is not automatically verified by the Registry is conducted manually by the MDRMRC State Administrators when issuing ID badges. For a listing of Maryland State Licensing Boards and the method used for verifying licensure with each, see “License Verifications Configurations Table”.

American Board of Medical Specialties (ABMS) Certification Service:

Medical specialties are verified automatically through the American Board of Medical Specialties (ABMS). The ABMS data is used to verify various specialty certifications held by physicians in the system. A verified ABMS certification is required for assignment of physicians to Emergency Credential Level (ECL) 1 and 2 which are defined in the next section of this chapter.

American Osteopathic Association (AOA) Medical Specialties Certification Service:

The AOA data is used to verify various specialty certifications of osteopathic physicians in the system. A verified AOA certification is required for assignment of physicians to ECL 2 and ECL 1.

American Society for Clinical Pathology (ASCP) Service:

ASCP data is used to verify specialty certifications that relate to pathological or and laboratory work. A list of occupations that this data impacts is included below.

- Cardiac Rescue Technician (CRT-I)
- Cardiovascular Technologist / Technician
- Clinical Laboratory Scientist
- Clinical Laboratory Scientist Trainee
- Dental Laboratory Technician
- Hemodialysis Technician
- Laboratorian
- Laboratory Technologist
- Laboratory, Other
- Medical and Clinical Lab Technician
- Medical and Clinical Lab Technologist
- Ophthalmic Laboratory Technician
- Orthopedic Technician
- Pharmacy Technician
- Physician
- Public Health Laboratory Technician (MLT, CLT)
- Public Health Laboratory Technologist (MLS, MT, CLS)

U.S. Drug Enforcement Administration (DEA) Pharmaceutical License Database:

Medical professionals who dispense or prescribe controlled drugs must hold a DEA licenses. The DEA Pharmaceutical License Database is a federal database that is used to verify that a medical professional's pharmaceutical license is valid. A verified DEA license is required to reach ECL 2 and ECL 1 for APRN's, dentists, physicians, physician assistants, psychologists and veterinarians.

Federation Credentials Verification Service (FCVS):

FCVS is a national database that establishes a permanent, lifetime repository of primary-source verified core credentials for physicians and physician assistants. FCVS data provides information on any adverse actions taken against physicians and physician assistants in the system.

Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE):

The OIG has the authority to exclude individuals and entities from federally funded healthcare programs due to a civil or criminal conviction in the federal or state court, or due to any adverse federal or state licensing actions. The OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). The OIG LEIE data is used to verify that a Volunteer is not listed as excluded from participation in federally subsidized medical programs and response events. Volunteers who appear in the 'excluded individuals' database cannot be assigned an ECL level, which is an indication that a more in-depth background check be conducted.

REQUEST FOR CHANGES FORM

Use this form to suggest any changes/ edits/deletions/ additions to the MDRMRC Volunteer Management Guide. Please submit one form per change requested. Completed form may be emailed to mdresponds.dhmf@maryland.gov.

Date: _____

Name: _____

Title: _____

Agency: _____

Phone: _____

Email: _____

Title of Chapter:
(e.g., Recruitment) _____

Chapter Subheading:
(e.g., Recruitment Message) _____

Page Number(s): _____

**Current Wording/
Concept:** _____

**Proposed Wording/
Concept:** _____

**Additional
Comments/
Feedback:** _____

FOR OP&R USE ONLY:

Date Received: _____ Received By: _____

Date Reviewed: _____ Reviewed By: _____

Approved: Y / N _____ Approved By: _____

HHS NEWS RELEASE: HHS ANNOUNCES CREATION OF MRC UNITS

FOR IMMEDIATE RELEASE
Friday, November 01, 2002

Health and Human Services
HHS Press Office
(202) 690-6343

HHS Announces Creation of Medical Reserve Corps Units

Grants to 42 Community Groups Will Support New Volunteer Medical Response Teams Health and Human Services Secretary Tommy G. Thompson announced 42 grants totaling \$2 million to community-based organizations to begin building local Medical Reserve Corps (MRC) units that will help local communities prepare and respond in the event of a public health emergency.

The local MRC units are comprised of local citizens, volunteers who are trained to respond to health crises. The volunteers' responsibilities will include emergency response, logistical planning, records keeping, assisting in public health and awareness campaigns, and public communications.

"The Medical Reserve Corps gives Americans an opportunity to help out in their community. All of us have talents and skills and there is no better place to use those talents than in service to the local community," Secretary Thompson said. "These awards will help empower our communities to plan and establish local citizen-centered volunteer Medical Reserve Corps units which will include not only physicians and nurses but also a broad range of skills in health and other fields."

"The USA Freedom Corps was created to enable more Americans to make a difference in their communities," said John Bridgeland, Assistant to the President for USA Freedom Corps. "Through the Medical Reserve Corps, health care professionals will have new opportunities to contribute to the safety and well-being of their communities through their volunteer service."

Each local MRC unit will be established, activated, and operated by the local community, in concert with established emergency response and public health systems. They will be an important additional resource to address health problems that a local community might incur because of a natural disaster or other catastrophic event. In addition, volunteers may help with local health campaigns—such as immunizations—and health education and awareness in the community throughout the year.

The MRC initiative will provide the local organizational framework, including training, locally agreed procedures and processes, and partnership building among local organizations, including local government agencies, and non-governmental organizations (e.g., faith-based groups, hospitals, health professions organizations, the American Red Cross, academic institutions and others).

President Bush, in his State of the Union address in January 2002, announced that he was launching the USA Freedom Corps to foster an American culture of citizenship, service, and responsibility. He formed the Citizen Corps initiative, of which the MRC is a part, to give individuals the opportunity to serve their neighbors by making our communities safe from threats of all kinds.

The Medical Reserve Corps is led by the Office of the Surgeon General in HHS. For more information including, the MRC guidance document "Medical Reserve Corps - A Guide for Local Leaders," information on training resources, and the monthly MRC newsletter please log onto www.medicalreservecorps.gov or call the Office of the Surgeon General at (301) 443-4000.

Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

MDRMRC UNIT CONTACT INFORMATION

The following is a list of MDRMRC Unit Administrators. The list will be updated as needed. To request edits or updates to the list, please email the MDRMRC State Program at mdresponds.dhmh@maryland.gov.

MDRMRC Unit	Unit Administrator(s)
Allegany County Unit	Fred Tola (fred.tola@maryland.gov), Brenda Caldwell (Brenda.caldwell@maryland.gov), Mary Strem (mary.strem@maryland.gov)
Anne Arundel County Unit	Antigone Vickery (hdvick00@aacounty.org), Debra Curro (hdcurr11@aacounty.org)
Baltimore County Unit	Meghan Butasek (meghan.butasek@baltimorecity.gov), Jennifer Martin (Jennifer.martin@baltimorecity.gov)
Baltimore City County Unit	Della Leister (dleister@baltimorecountymd.gov)
Calvert County Unit	Dan Williams (dan.williams@maryland.gov)
Caroline County Unit	Linda Woodall (linda.woodall@maryland.gov)
Carroll County Unit	Maggie Kunz (Maggie.kunz@maryland.gov), Cheryl Webb (Cheryl.webb@maryland.gov).
Cecil County Unit	Penny Hamilton (penny.hamilton@maryland.gov), Jerry Truit (jerry.truitt@maryland.gov)
Charles County Unit	VACANT
Dorchester County Unit	Cheryl MacLaughlin (cheryl.maclaughlin@maryland.gov)
Frederick County Unit	Carmen Arias (carias@frederickcountymd.gov), Barbara Rosvold (brosvold@frederickcountymd.gov), Rissah Watkins (rwatkins@frederickcountymd.gov), Melissa Pawlus (mpawlus@frederickcountymd.gov)
Garrett County Unit	Eric Cvetnick (eric.cvetnick@maryland.gov), Cynthia Mankamyer (cindy.mankamyer@maryland.gov)
Harford County Unit	Lisa Swank (Lisa.Swank@maryland.gov)
Howard MDRMRC County Unit	Giselle Bonilla (ggonzalez@howardcountymd.gov)
Kent County Unit	Charlene Perry (charlene.perry@maryland.gov), Virginia Cooper (virginia.cooper@maryland.gov), Angela Young (angela.young@maryland.gov), Terry Ashley (terry.ashley@maryland.gov)

MDRMRC Unit	Unit Administrator(s)
Montgomery County Unit	Betsy Rebert (betsy.rebert@montgomerycountymd.gov), Gloria Franco (gloria.franco@montgomerycountymd.gov), Anne Denicoff (anne.denicoff@montgomerycountymd.gov)
Prince George's County Unit	Richard Goddard (Rpgoddard@co.pg.md.us)
Queen Anne's County Unit	Christina Cubbage (christina.cubbage@maryland.gov), Connie Ralph (constance.ralph@maryland.gov)
Saint Mary's County Unit	VACANT
Somerset County Unit	Barbara Logan (barbara.logan@maryland.gov)
Talbot County Unit	Kristopher Durham (kristopher.durham@maryland.gov), Thomas McCarty (Thom.McCarty@maryland.gov), Katrina Hill (katrina.hill@maryland.gov), Kate Stinton (kate.stinton@maryland.gov), Angela Rholetter (angela.rholetter@maryland.gov)
Washington County Unit	Georgia Rose (elaine.rose@maryland.gov), Shawn Stoner (shawn.stoner@maryland.gov), Carol Kane (carol.kane@maryland.gov), Shirley Kershner (shirley.kershner@maryland.gov)
Wicomico County Unit	Danny Drew (danny.drew@maryland.gov), Lori Brewster (lori.brewster@maryland.gov), Mary Pamela Thompson (pamela.thompson@maryland.gov)
Worcester County Unit	Robyn TyTomi Dalton (Robyn.TyTomi-Dalton@maryland.gov)
JHU Go Team (John Hopkins MDRMRC Response Unit)	Christina Catlett (ccatlett@jhmi.edu)
MEDIT (Medical Examiner Dental Identification Team MDRMRC Response Unit)	Warren Tewes (tewesdds@ocmemd.org)
AERC (Animal Emergency Response Corps MDRMRC Response Unit)	Emily Gowin (emily.gowin@maryland.gov), Nancy Chapman (njo.chapman@maryland.gov)
MD Defense Force	Wayne Nelson (wnelson@towson.edu)
MDRMRC State Program	Stephanie Parsons (Stephanie.parsons@maryland.gov), Dorothy Sheu (dorothy.sheu@maryland.gov), Program Office (mdresponds.dhmf@maryland.gov)

MDRMRC UNIT CONTACT INFORMATION

The following is a list of MDRMRC Unit Administrators. The list will be updated as needed. To request edits or updates to the list, please email the MDRMRC State Program at mdrespon.ds.dhnh@maryland.gov.

MDRMRC Unit	Unit Administrator(s)	Email Address
Allegany County Unit	Fred Tola Brenda Caldwell Mary Strem	fred.tola@maryland.gov Brenda.caldwell@maryland.gov mary.strem@maryland.gov
Anne Arundel County Unit	Antigone Vickery Debra Curro	hdvick00@aacounty.org hdcurr11@aacounty.org
Baltimore City County Unit	Meghan (Butasek) Stepanek Jennifer Martin Jennifer Boekeloo	meghan.stepanek@baltimorecity.gov Jennifer.martin@baltimorecity.gov Jennifer.boekeloo@baltimorecity.gov
Baltimore County Unit	Della Leister Terry Sapp Melissa Nelson	dleister@baltimorecountymd.gov tsapp@baltimorecountymd.gov manelson@baltimorecountymd.gov
Calvert County Unit	Dan Williams	dan.williams@maryland.gov
Caroline County Unit	Linda Woodall	linda.woodall@maryland.gov
Carroll County Unit	Maggie Kunz Cheryl Webb	Maggie.kunz@maryland.gov Cheryl.webb@maryland.gov
Cecil County Unit	Penny Hamilton Jerry Truit	penny.hamilton@maryland.gov jerry.truitt@maryland.gov
Charles County Unit	VACANT	
Dorchester County Unit	Cheryl MacLaughlin	cheryl.maclaughlin@maryland.gov
Frederick County Unit	Carmen Arias Barbara Rosvold Rissah Watkins Melissa Pawlus	carias@frederickcountymd.gov brosvold@frederickcountymd.gov rwatkins@frederickcountymd.gov mpawlus@frederickcountymd.gov
Garrett County Unit	Eric Cvetnick Cynthia Mankamyer	eric.cvetnick@maryland.gov cindy.mankamyer@maryland.gov
Harford County Unit	Lisa Swank	Lisa.Swank@maryland.gov
Howard MDRMRC County Unit	Giselle Bonilla	ggonzalez@howardcountymd.gov
Kent County Unit	Charlene Perry Virginia Cooper Angela Young Terry Ashley	charlene.perry@maryland.gov virginia.cooper@maryland.gov angela.young@maryland.gov terry.ashley@maryland.gov
Montgomery County Unit	Betsy Rebert Tracy McKenna Gloria Franco Anne Denicoff	betsy.rebert@montgomerycountymd.gov tracy.mckenna@montgomerycountymd.gov gloria.franco@montgomerycountymd.gov anne.denicoff@montgomerycountymd.gov
Prince George's County Unit	Richard Goddard	Rpgoddard@co.pg.md.us
Queen Anne's County Unit	Connie Ralph Gail Lundberg	constance.ralph@maryland.gov gail.lundberg@maryland.gov
Saint Mary's County Unit	VACANT	

Somerset County Unit	Barbara Logan	barbara.logan@maryland.gov
Talbot County Unit	Kristopher Durham Thomas McCarty Katrina Hill Kate Stinton Angela Rholetter	kristopher.durham@maryland.gov Thom.McCarty@maryland.gov katrina.hill@maryland.gov kate.stinton@maryland.gov angela.rholetter@maryland.gov
Washington County Unit	Georgia Rose Shawn Stoner Carol Kane Shirley Kershner	elaine.rose@maryland.gov shawn.stoner@maryland.gov carol.kane@maryland.gov shirley.kershner@maryland.gov
Wicomico County Unit	Danny Drew Lori Brewster Mary Pamela Thompson	danny.drew@maryland.gov lori.brewster@maryland.gov pamela.thompson@maryland.gov
Worcester County Unit	Robyn TyTomi Dalton Kelly Brinkley	Robyn.TyTomi-Dalton@maryland.gov Kbrinkley@co.worcester.md.us
JHU Go Team (John Hopkins MDRMRC Response Unit)	Dianne Whyne Christina Catlett	dwhyne@jhmi.edu ccatlett@jhmi.edu
MEDIT (Medical Examiner Dental Identification Team MDRMRC Response Unit)	Warren Tewes	tewesdds@ocmemd.org
AERC (Animal Emergency Response Corps MDRMRC Response Unit)	Emily Gowin Nancy Jo Chapman	emily.gowin@maryland.gov njo.chapman@maryland.gov
MD Defense Force	Wayne Nelson	wnelson@towson.edu
MDRMRC State Program	Stephanie Parsons Dorothy Sheu Program Office	stephanie.parsons@maryland.gov dorothy.sheu@maryland.gov mdresponds.dhnh@maryland.gov

Integration of the Medical Reserve Corps and the Emergency System for Advance Registration of Volunteer Health Professionals

Background

The Medical Reserve Corps (MRC) and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) each represent key national initiatives of the U.S. Department of Health and Human Services (HHS) to improve the nation's ability to prepare for and respond to public health and medical emergencies. The MRC is housed in the Office of the U.S. Surgeon General; ESAR-VHP is based in the Office of the Assistant Secretary for Preparedness and Response (ASPR).

The MRC is a national network of community-based volunteer units that focus on improving the health, safety and resiliency of their local communities. MRC units organize and utilize public health, medical and other volunteers to support existing local agencies with public health activities throughout the year, and with preparedness and response activities for times of need. One goal of the MRC is to ensure that members are identified, screened, trained and prepared prior to their participation in any activity. While MRC units are principally focused on their local communities, it is clear that MRC volunteers could be vital to the success of response efforts in a statewide or national disaster as well.

The National ESAR-VHP program provides guidance and assistance for the development of standardized State-based programs for registering and verifying the credentials of volunteer health professionals in advance of an emergency or disaster. Each State program collects and verifies information on the identity, licensure status, privileges, and credentials of volunteers. The establishment of State programs built to a common set of National standards gives each State the ability to quickly identify and assist in the coordination of volunteer health professionals in an emergency. State ESAR-VHP programs are intended to serve as the statewide mechanism for tying together the registration and credential information of all potential health professional volunteers in a State. States may include non-health professional volunteers in their registries. These systems should include information about volunteers involved in organized efforts at the local level (such as MRC units and SNS volunteer teams) and the State level (such as NDMS/Disaster Medical Assistance Teams (DMAT) and State Medical Response Teams). The programs also allow for a ready pool of volunteers by providing mechanisms for the recruitment and registration of individual health professionals who are willing to help in an emergency, but prefer not to be part of a unit structure such as MRC or DMAT. State ESAR-VHP programs could provide a single, centralized source of information to facilitate the intra-State, State-to-State, and State-to-Federal deployment or transfer of volunteer health professionals.

This document outlines the benefits and recommendations for integration of MRC and ESAR-VHP. It is clearly understood, however, that there is variability amongst MRC units and differences between the approaches taken by State ESAR-VHP programs. While the Federal programs can provide guidance, it is up to the MRC and ESAR-VHP leaders to best determine the mechanisms that will work for their local and State jurisdictions.

Vision for Integration

Develop a unified and systematic approach for Local-State-Federal coordination of volunteer health professionals, in support of existing resources, to improve the health, safety and resiliency of local communities, States, and the Nation in public health and medical emergency responses.

Benefits of Integration

There are significant advantages to integrating local MRC volunteer resources and state ESAR-VHP programs. Integration will:

- Strengthen local and state coordination by establishing integrated procedures and clarifying roles and responsibilities in the management and utilization of volunteers during an emergency.
- Increase surge capacity by ensuring Local-State-National coordination of volunteers within a tiered response system.
- Allow for the maximum use of volunteer health professionals' skills and expertise.
- Minimize duplications of effort in identifying, registering, screening and managing volunteer health professionals.
- Improve resource planning and allocation which reduces costs for local, State and Federal governments.
- Increase the resiliency of local communities and States, making them less dependent on Federal resources.

Recommendations for Integration: Although there are significant advantages to integrating these local and State resources, MRC units and ESAR-VHP programs need to work collaboratively to ensure successful integration. Recommendations include:

- All States should have an ESAR-VHP State Coordinator and an MRC State Coordinator. If possible, these positions/roles should be filled by the same person. However, in states where the two coordinators are different individuals, it is essential that the programs work collaboratively.
- MRC and ESAR-VHP should be included in local and State response plans.
- MRC units and ESAR-VHP programs should coordinate activities and share responsibility for identifying and recruiting potential volunteers.
- The State ESAR-VHP program should be responsible for developing and implementing the mechanisms for registration and credentials verification.
- MRC units should use the State ESAR-VHP program for registering and verifying the credentials of their members.
- All volunteer health professionals who register directly with the State ESAR-VHP program should be informed of MRC units in their area and encouraged to join.
- If there are interested volunteers, but no current MRC units in their vicinity, the State ESAR-VHP program should notify local public health and other authorities and encourage them to establish an MRC unit. New MRC units should address identified gaps in coverage areas and should not duplicate or compete for membership with existing MRC units.

- There should be written State-level policy regarding information sharing between the ESAR-VHP program, MRC units and other local authorities.
- Training and preparing volunteers for activation at the local level should be the responsibility of the MRC, in coordination with their local and State response partners. (Recommendations regarding training for activations outside of the local jurisdiction are under development.)
- Tracking, training and preparing volunteer health professionals who are not affiliated with a local MRC unit or another local/State response organization should be the responsibility of the State ESAR-VHP program.
- MRC units, ESAR-VHP programs and local/State response partners should coordinate activities and share responsibility for the development of coordinated notification, activation, mobilization and demobilization procedures for local, intra-State and State-to-State deployments.
- State requests for the activation and deployment of MRC volunteers should require a sign-off/approval of their local MRC unit leader to ensure that local needs are met first and to prevent impingement on the autonomy of the MRC.

MDRMRC SAMPLE WEBSITE TEXT

MDRMRC Units are encouraged to post the link to the MDRMRC Network (www.mdr.dhmh.maryland.gov) to their in-house unit websites, if applicable. Below is suggested text to post about the MDRMRC Program.

MISSION

To enhance the emergency preparedness and response capabilities of the State of Maryland through advanced registration, organization and training of civilian volunteers who can be readily mobilized to respond in the event of a public health emergency.

SHORT DESCRIPTION

MD Responds MRC -- Health care professionals and community members ready to assist with public health response during emergencies in Maryland and beyond.

LONG DESCRIPTION

The Maryland (MD) Responds Medical Reserve Corps (MRC) is comprised of health care professionals and other community members who are ready to assist in the preparedness, response, and recovery stages of emergencies. Administered by the Maryland Department of Health and Mental Hygiene's Office of Preparedness and Response, the MD Responds MRC services all counties and jurisdictions in Maryland.

Volunteer roles range from assisting in mass dispensing operations, to offering psychological first aid, to staffing a shelter. The MD Responds MRC also connects you to a wide range of free trainings and exercises on disaster preparedness and response. Want to learn more? Visit our website at <http://mdr.dhmh.maryland.gov/>.

To become an MD Responds MRC volunteer, register online at <https://mdresponds.dhmh.maryland.gov/>. For help on registering: <http://bit.ly/MDRreghow>.

INFORMATION

The Maryland Department of Health and Mental Hygiene's Office of Preparedness and Response administers MD Responds. MD Responds previously was known as Maryland Professional Volunteer Corps (MPVC).

HAVE OTHER QUESTIONS OR COMMENTS? CONTACT US:

mdresponds.dhmh@maryland.gov

LEARN MORE

<http://mdr.dhmh.maryland.gov/>

<https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/110>

www.facebook.com/MDResponds

<https://mdresponds.dhmh.maryland.gov>

<http://bit.ly/LinkedInMDResponds>

LOGO



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**CONSENT FOR PHOTOGRAPHY, FILMING,
VIDEO/AUDIO TAPING, TELEVISION**

Subject or person: _____

I hereby give my consent for photographing, filming, video/audio taping, and/or direct transmission of television signals and release to the Maryland Department of Health and Mental Hygiene all right of any kind included in media products in which I, or _____ appear.

This is a full release of all claims whatsoever I or my heirs, executors, administrators or assigns now or hereafter have against the State of Maryland, MD Responds Program, or its employees, as regards any use that may be made by them of said photographic reproductions, films, video/audio tapes, direct transmission of television signals.

I understand that it is the purpose of the DHMH, MD Responds Program to use the material in a legitimate manner that is not intended to cause any harm or undue embarrassment.

I have read this entire document, understand the contents and I have willingly agreed to the above conditions.

Signature

(Parent or Legal Guardian if necessary)

Project: _____

MDRMRC Employee/Volunteer: _____

Date: _____

MD Responds Volunteer Registry (RMS)

Intermedix Support Center – CORES

Your contract with Intermedix (IMX) includes access to the Support Center ensuring that you have access to IMX resources 24/7/365. For urgent or after-hours assistance please contact the **Support Center at 1-800-613-9380 Prompt 1, then 7**. For non-urgent requests, please contact the Support Center via email at support@collaborativefusion.com or your Client Services Manager. All support requests will be assigned a unique ticket number to facilitate tracking from initial request to successful resolution.

Support Center – URGENT ISSUES

1-800-613-9380

Contact Procedure

1. Call the Priority Support Center at 1-800-613-9380 and select the product you are inquiring about from the menu options. For CORES use prompt 1, then 7.
2. Provide the following details to the IMX Support Center Representative (SCR) answering the call:
 - a. Your name and contact information.
 - b. The name of your agency & state.
 - c. The reason for calling the Support Center.
3. The SCR will take this information and then ask you a series of questions related to your specific situation in an attempt to resolve your issue. The SCR will also issue you a unique ticket number for your call and make sure the Intermedix EMSystems Product Support Specialist and your Client Services Manager is notified of your request.
4. If your issue can not be resolved with the first telephone call, a Senior Support Center Representative or Product Support Specialist will contact you within four hours to discuss your issue more thoroughly and provide additional assistance.
5. After contacting the Support Center, you may also attempt to directly contact your Client Services Manager with your unique ticket number.

Note: During periods of heavy call volume you may be asked to leave a voicemail. Voicemails will be promptly returned.

Support Center – Non-Urgent Requests

support@collaborativefusion.com

Contact Procedure

1. E-mail the Intermedix Support Center at support@collaborativefusion.com or contact your Client Services Manager.
2. When submitting a request via email, please make sure to provide the following details:
 - a. Your name and contact information.
 - b. The name of your agency & state.
 - c. The product you are contacting us about.
 - d. The reason for emailing the Support Center.
 - i. Please include a brief summary of the primary issue, application name, and agency name in the **subject** line of the email.
 - ii. The body of email should include details on issue requiring resolution, screenshots, logs, or any pertinent information that would assist us in better understanding your issue.
3. Within twenty-four hours, an IMX Support Center Representative (SCR) will be in contact with you to discuss your issue more thoroughly either via email or via telephone.

IMX Support - Points of Contact

IMX Support Center

Support Center

Phone 888-735-9559

Email support@collaborativefusion.com

Manager Support Center

Joan Cimpson

Phone 713-559-4990

Email joan.cimpson@intermedix.com

Swing Shift Supervisor

Marcus Tran

Phone 713-559-4972

Email marcus.tran@intermedix.com

Director, Support Center

Adrienne Grigori

Phone 713-559-4970

Email Adrienne.grigori@intermedix.com

Additional - Points of Contact

Client Services Manager

Alex Platz

Phone 412-999-2885

Email alex.platz@intermedix.com

Director of Client Services

Doug Havron

Phone 713-559-4997

Email doug.havron@intermedix.com

RECRUITMENT ACTION PLAN – UNIT SAMPLE

*This sample MDRMRC Unit Recruitment Action Plan further details the recruitment activities listed in your annual volunteer management plan. One objective in any MRC Unit plan is to recruit new volunteers. This requires a more detailed action-oriented recruitment plan detailing implementation steps and expected outcomes. Many formats can be used for this purpose. Recruitment plans are closely tied to marketing techniques and activities. The following is **an example** and is not intended as a plan to be followed by each MRC unit. It includes some activities found to be effective in recruiting new volunteers. Each MRC unit will develop its own plan based on local needs, goals and resources. Once the plan is developed, perform regularly scheduled reviews to track progress and outcomes. This plan should be included as an appendix to your MDRMRC Unit Volunteer.*

RECRUITMENT OBJECTIVE: To increase the number of [insert unit name] MRC volunteers by [insert percentage] %

ACTIVITY 1: CONDUCT LOCAL RECRUITMENT NEEDS ASSESSMENT				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Meet with local community and emergency management officials to discuss needs and gaps in public health care and emergency response	MRC Unit Administrator	May 2014	Identification of needs (gaps in preparedness)	Meeting held May 12. Developing readiness review report.
Research historical specific community medical or public health risks or needs	MRC Unit Administrator/ Public Health Intern	May 2014	Identification of needs (gaps in preparedness)	Completed. LHD provided data. History of high risk for flu.
Review specific community demographics or environmental factors that might influence need for public health volunteers	MRC Unit Administrator/ Public Health Intern	May 2011	Identification of needs (gaps in preparedness)	Completed. Reviewed DOH Community Health Assessment Report.
Determine specific knowledge or skills necessary to meet need	MRC Unit Administrator	June 2014	Plan for meeting gaps	Completed. In conjunction with Emergency Mgmt team.
Inventory and review skills distribution of current volunteers to match with need	MRC Unit Administrator	June 2014	Plan for meeting gaps	Reviewed MD Responds Volunteer Registry. 75% physicians; 20% nurses; 5% other.
Inventory existing volunteer available time commitment	MRC Unit Administrator	June 2014	Plan for meeting gaps	Completed. 85% available weekends only.

ACTIVITY 2: DEVELOP TARGETS FOR RECRUITMENT AND MARKETING				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Prepare list of occupations or positions for targeting recruitment	MRC Unit Administrator	August 2014	Plan for meeting gaps	Completed. Includes 3 major classes; Vet; pharmacy, nurse.
Prepare list of organizations, groups or locations with potential candidates	MRC Unit Administrator	August 2014	Plan for meeting gaps	Completed
Prepare position descriptions	MRC Unit Administrator	September 2014	Plan for meeting gaps	In process.
Develop list of local media outlets	LHD PIO	September 2014	Increase volunteers	Completed. 5 radio, 2 TV, 2 newspapers.
Develop list of local publications	LHD PIO	September 2014	Increase volunteers	Completed. 3 found.
Prepare list of occupations or positions for targeting recruitment	MRC Unit Administrator	August 2014	Plan for meeting gaps	Completed. Includes 3 major classes; Vet; pharmacy, nurse.

ACTIVITY 3: PARTICIPATE IN A MINIMUM OF THREE OUTREACH ACTIVITIES				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Hold a meet and greet activity with doctors at local hospital	MRC Unit Administrator	August 2014	Recruit targeted volunteers	Met with hospital. Event scheduled for June 25
Give presentation at the quarterly County Medical Society meeting	MRC Unit Administrator	September 2014	Recruit targeted volunteers	Measure # recruited after presentations
Set up exhibit at annual community health day at local mall	MRC Unit Administrator	September 2014	Public education; increase volunteers	Measure # who return interest cards
Give presentation at an AARP membership meeting	MRC Unit Administrator	November 2014	Recruit retirees	Measure # recruited after presentations
Give presentations to local university and community college medical careers students	MRC Unit Administrator	December 2014 & June 2015	Expand awareness and interest in volunteering	2 Presentations in December. 5 students recruited
Participate in annual community pre-hurricane preparedness awareness event	MRC Unit Administrator	May 2014	Public education; increase volunteers	

ACTIVITY 4: CONDUCT MULTIMEDIA RECRUITMENT CAMPAIGN				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Issue Press Release	LHD PIO	October 2014	Increase volunteers; increase public awareness	1 Article published in local news paper
Develop recruitment brochures for use at meetings and for direct mail out.	MRC Unit Administrator	November 2014	Increase volunteers; increase public awareness	Brochure drafted. Seeking funding to print
Update Web site to include recruitment information and link to register	Consultant	December 2014	Increase volunteers	Negotiating contract
Prepare and distribute public service announcement	LHD PIO	December 2014	Increase volunteers; increase public awareness	Sent to 3 radio and 1 television station. PSA ran 6 times in January on local PBS station
Include interest card in hospital annual retiree pension statement	MRC Unit Administrator	December 2014	Increase volunteers	25 cards returned
Write letter to the editor of local newspaper	MRC Unit Administrator	January 2015	Increase volunteers; increase public awareness	Postponed
Meet with local newspaper editorial board	MRC Unit Administrator	January 2015	Improve partnerships; increase awareness	Meeting scheduled for May
Submit print ads to local newspapers and trade magazines	MRC Unit Administrator	February 2015	Increase volunteers; increase public awareness	2 Ads developed
Link to local volunteer and professional organizations Web sites	MRC Unit Administrator	April 2014	Improve partnerships; increase volunteers	
Provide personal follow up contact with persons expressing interest through MD Responds Volunteer Registry	MRC Unit Administrator	Ongoing	Increase volunteers	Through March, 20 persons contacted
Send letters to members of Medical Society	MRC Unit Administrator	May 2014	Increase volunteers	Indicate % contacted who return interest card
Mail letter to doctors and nurses with practice in the county	MRC Unit Administrator	June 2014	Recruit targeted volunteers	Indicate % contacted who return interest card

ACTIVITY 5: EVALUATE RECRUITMENT ACTIVITY EFFECTIVENESS

Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Analyze results/outcome of each recruitment strategy	MRC Unit Administrator	Ongoing	Develop recommendations for future activities	
Survey new volunteers to determine how they learned about the MRC	MRC Unit Administrator	Ongoing	Develop recommendations for future activities	Added survey question to face-to-face interview. Created tally sheet
Record number who submit interest card in response to presentations and mail outs	MRC Unit Administrator	Ongoing	Develop recommendations for future activities	
Track the number of potential volunteers who complete the application process and become active volunteers	MRC Unit Administrator	June 2014	Establish benchmark for % completing application process	Need benchmark from first year to establish future goal
Measure percent increase in new volunteers	MRC Unit Administrator	June 2014	Increase volunteers by 20%	Compare with previous Fiscal year
Prepare recruitment report with recommendations for future recruitment activities	MRC Unit Administrator	July 2014	Improve future recruitment efforts	Include as part of final state MRC report

VOLUNTEER POSITION DESCRIPTIONS & JOB ACTION SHEETS

Below are links to the National MRC Network sample position descriptions and Job Action Sheets.

Behavioral Health Team Member Job Action Sheet

Document from the 2008 MRC National Leadership & Training Conference.

[PDF](#) (32 KB)

Behavioral Health Unit Leader Job Action Sheet

Document from the 2008 MRC National Leadership & Training Conference.

[PDF](#) (34 KB)

Central Nebraska MRC - Volunteer Medical Director Job Description

Document shared during the Roundtable discussions at the 2008 MRC National Leadership & Training Conference.

[PDF](#) (83.5 KB)

Clinic Flow Job Action Sheet

Clinic flow job action sheet developed by the Shawnee County MRC (KS).

[Word](#) (38 KB)

Clinic Manager Job Action Sheet

Clinic Manager Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (42 KB)

Communications Team Leader

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (21 KB)

Counseling & Support Area Job Action Sheet

Counseling & Support Area Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (38 KB)

Data Entry Job Action Sheet

Data entry job action sheet developed by the Shawnee County MRC (KS)

[Word](#) (34 KB)

Dental Assistant Job Description

Dental Assistant job description developed by the Orange County MRC (NC).

[Word](#) (62 KB)

Dental Hygienist Job Description

Dental Hygienist job description developed by the Orange County MRC (NC).

[Word](#) (60 KB)

Dentist Job Description

Dentist job description developed by the Orange County MRC (NC).

[Word](#) (52 KB)

Dispensing/Vaccination Staff Job Action Sheet

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (21 KB)

Educator Job Action Sheet

Educator Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (37 KB)

EMT Job Description

EMT job description developed by the Orange County MRC (NC).

[Word](#) (54 KB)

Epidemiologist Job Description

Epidemiologist job description developed by the Orange County MRC (NC).

[Word](#) (49 KB)

Exit Worker Job Action Sheet

Exit Worker Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (36 KB)

First Aid Staff

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (21 KB)

Food Unit Team Leader

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).
[PDF](#) (20 KB)

Forms Collection Job Action Sheet

Forms collection job action sheet developed by the Shawnee County MRC (KS).
[Word](#) (38 KB)

Forms Review Job Action Sheet

Forms review job action sheet developed by the Shawnee County MRC (KS).
[Word](#) (36 KB)

Greeter Job Action Sheet

Greeter Job Action Sheet developed by the Shawnee County MRC (KS).
[Word](#) (38 KB)

Health Educator Job Description

Health Educator Job Description developed by the Orange County MRC (NC).
[Word](#) (52 KB)

Health Volunteer Job Action Sheet

Document from the 2008 MRC National Leadership & Training Conference.
[PDF](#) (45 KB)

Intake Staff Job Action Sheet

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).
[PDF](#) (20 KB)

Interpreter-Translator Job Action Sheet

Interpreter-Translator Job Action Sheet developed by the Shawnee County MRC (KS).
[Word](#) (38 KB)

Lead Clerical Manager Job Action Sheet

Lead clerical manager job action sheet developed by the Shawnee County MRC (KS).
[Word](#) (37 KB)

Lead Education & Special Needs Manager Job Action Sheet

Lead education & special needs manager job action sheet developed by the Shawnee County MRC (KS).
[Word](#) (38 KB)

Lead Medical Manager Job Action Sheet

Lead medical manager job action sheet developed by the Shawnee County MRC (KS).
[Word](#) (38 KB)

Liaison Officer Job Action Sheet

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).
[PDF](#) (17 KB)

Logistics Section Chief Job Action Sheet

Logistics Section Chief Job Action Sheet developed by the Bear River MRC (UT).
[Word](#) (88 KB)

Medical Director Job Description

Medical Director Job description developed by the Central Nebraska MRC.
[Word](#) (37 KB)

Medical Evaluation Job Action Sheet

Medical Evaluation Job Action Sheet developed by the Shawnee County MRC (KS).
[Word](#) (38 KB)

Medical Screener Job Action Sheet

Medical Screener Job Action Sheet developed by the Shawnee County MRC (KS).
[Word](#) (38 KB)

Medical Treatment Nurse Job Action Sheet

Medical treatment nurse job action sheet developed by the Shawnee County MRC (KS).
[Word](#) (36 KB)

Medicine Dispenser Job Action Sheet

Medicine dispenser job action sheet developed by the Shawnee County MRC (KS).
[Word](#) (37 KB)

Medicine Preparer Job Action Sheet

Medicine preparer job action sheet developed by the Shawnee County MRC (KS).

[Word](#) (42 KB)

Mental Health Team Leader

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (21 KB)

Operations Section Chief Job Action Sheet

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (24 KB)

Pharmacist Job Description

Pharmacist Job Description developed by the Orange County MRC (NC).

[Word](#) (44 KB)

Pharmacy Technician Job Description

Pharmacy technician job description developed by the Orange County MRC (NC).

[Word](#) (60 KB)

POD Position Descriptions

POD Position Descriptions developed by the Dallas County MRC (TX).

[Word](#) (42 KB)

Public Information Liaison Job Action Sheet

Public Information Liaison job action sheet developed by the Shawnee County MRC (KS)

[Word](#) (42 KB)

Registration Job Action Sheet

Registration Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (36 KB)

Resource Unit Staff

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (21 KB)

Safety Officer Job Action Sheet

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (17 KB)

Security (Internal) Job Action Sheet

Security (Internal) Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (37 KB)

Security (Perimeter) Job Action Sheet

Security (Perimeter) Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (38 KB)

Security Section Chief

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (22 KB)

Site Safety Officer Job Action Sheet

Site Safety Officer Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (37 KB)

Social Worker Job Description

Social Worker job description developed by the Orange County MRC (NC).

[Word](#) (53 KB)

Special Needs Clinical Staff

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (19 KB)

Special Needs Supervisor

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (21 KB)

Supply Assistant-Runner Job Action Sheet

Supply Assistant-Runner Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (36 KB)

Supply Manager Job Action Sheet

Supply Manager Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (36 KB)

Traffic Control Staff

Position description developed by the Metro Atlanta Health District submitted by the East Metro Health District MRC (GA).

[PDF](#) (18 KB)

Triage Job Action Sheet

Triage Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (38 KB)

Vaccinator (General) Job Action Sheet

Vaccinator (General) Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (38 KB)

Vaccinator (Smallpox) Job Action Sheet

Vaccinator (Smallpox) Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (38 KB)

Vaccinator Assistant (General)

Vaccinator Assistant (General) Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (40 KB)

Vaccinator Assistant (Smallpox) Job Action Sheet

Vaccinator Assistant (Smallpox) Job Action Sheet developed by the Shawnee County MRC (KS).

[Word](#) (38 KB)

MD RESPONDS

Maryland's Medical & Public Health Volunteer Corps



Disaster can strike at a moment's notice and your knowledge, skills and talents can save lives. Are you willing to help your community prepare for and respond to such emergencies? Be a difference-maker. Be **ONE** with us.

MD Responds—Maryland's Medical and Public Health Volunteer Corps.

About MD Responds

Administered by the Maryland Department of Health & Mental Hygiene, Office of Preparedness & Response, MD Responds is the State Medical Reserve Corps (MRC) of Maryland. Our mission is to augment, assist and support Maryland's existing medical and public health systems during disasters and public health emergencies. To achieve this mission, MD Responds coordinates the recruitment, registration, training, activation and deployment of volunteer physicians, pharmacists, nurses and other allied health professionals, as well as civilian volunteers from several different disciplines who are willing to assist with emergency response and recovery efforts in the event of a major disaster or large-scale public health emergency.

What MD Responds Volunteers Do

During and immediately following a disaster or public health emergency, MD Responds volunteers may deliver a variety of necessary medical and public health services, such as providing direct care to individuals seeking medical attention at relief shelters and assisting with mass medication distribution efforts. MD Responds volunteers may also serve a vital role by assisting their communities with ongoing public health needs (e.g., immunizations, screenings, health and nutrition education, volunteering in community health centers and local hospitals).

Being an MD Responds Volunteer

Membership with MD Responds is open to anyone over 18 years of age who is able and willing to assist in the event of an emergency, participate in annual exercises and drills, and support ongoing public health outreach initiatives. A decision to register does not require or imply 24 hour availability; volunteers can choose to respond to an incident based on their availability. During deployments, MD Responds volunteers are provided state of Maryland workers' compensation and liability coverage. As an MD Responds volunteer, you will gain access to a comprehensive emergency response and preparedness training program, both on-site and Web-based. In addition, you will be able to track your trainings, skills, missions and deployment preferences in your online volunteer profile in the MD Responds Volunteer Registry.

Join MD Responds Today!

Register Online at:

mdresponds.dhmh.maryland.gov

The initial registration process will take approximately 5 minutes to complete.

Be sure to visit us on the Web at mdr.dhmh.maryland.gov and on Facebook at facebook.com/MDResponds.

For additional questions, email the State MD Responds program office at mdresponds.dhmh@maryland.gov.



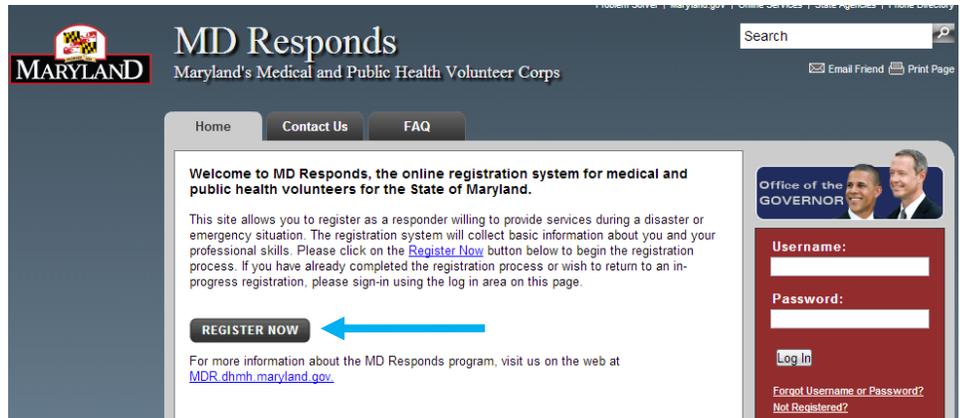
MD RESPONDS

Maryland's Medical & Public Health Volunteer Corps



How to Register with MD Responds:

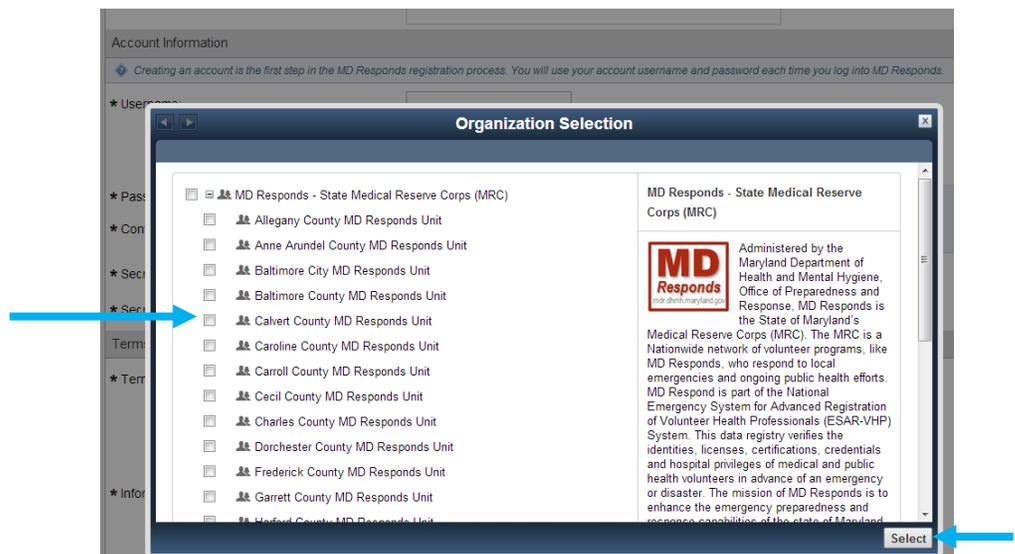
1. Visit the MD Responds Volunteer Registry Website at <https://mdresponds.dhmh.maryland.gov/>.
2. Click the **REGISTER NOW** button.



3. From the top of the registration page, click **Select Organizations** button to open the organizations drop down menu.

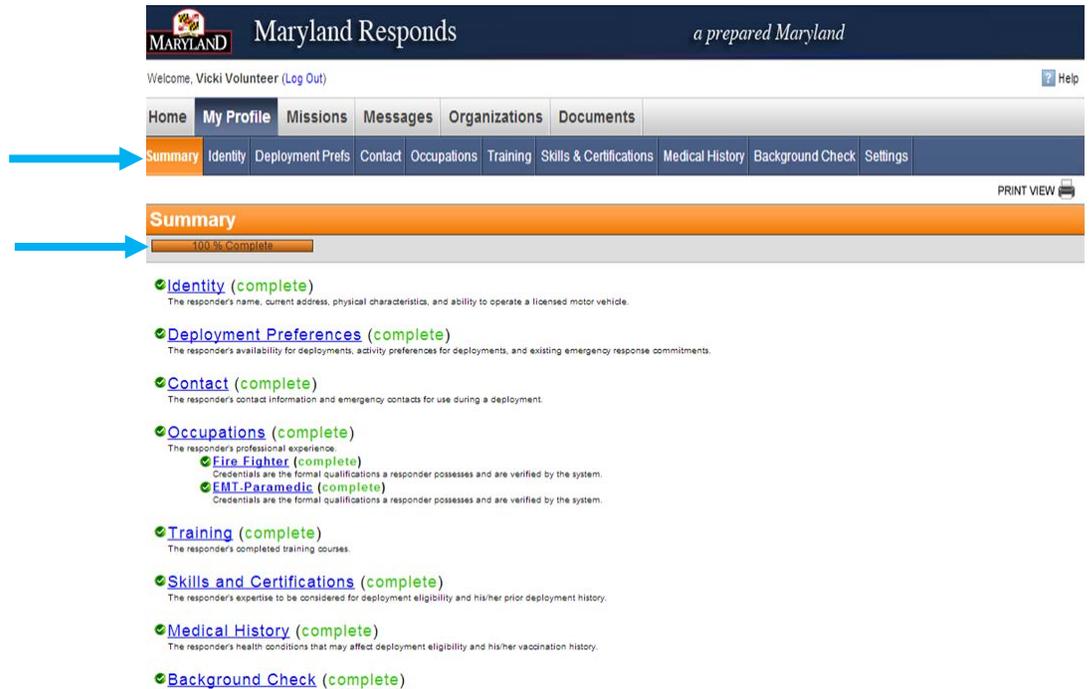


4. From the organizations drop down menu, check the **box** next to your **County's MD Responds Unit**.



Organizations represent the County MD Responds Unit that you are affiliated with based on your county of residence. County MD Responds Units are an extension of the State MD Responds MRC. Select an organization based on your county of residence. You may select only one County MD Responds Unit. You will receive notifications regarding regional, state-wide or national deployments from the State MD Responds MRC and you will receive notifications regarding local volunteer opportunities and deployments from your County MD Responds Unit. If you live outside the State of Maryland, please select the "Out of State" organization.

5. Click **Select** to complete the rest of the registration form.
6. Before logging off, return to your **Profile Summary** page to ensure all sections of your profile are complete. The **summary indicator bar** should read **100% Complete**.



Be sure to visit us on the **Web** at mdr.dhnh.maryland.gov and on **Facebook** at facebook.com/MDResponds.

If you have additional questions, please contact your local MD Responds Unit Administrator. You may also email the State MD Responds program office at mdresponds.dhnh@maryland.gov for assistance.

FOR IMMEDIATE RELEASE:**[Insert LHD Name] Health Department
Recruits Volunteers for MD Responds Program**

Disaster can strike at any time. Community members can help make a difference by registering as MD Responds volunteers.

The [Insert County] Health Department is working to recruit new volunteers — both health care professionals and community members — who would be willing to respond to local emergencies and support ongoing public health efforts.

[Optional: Include a quote from your MRC administrators, health department representatives, or a supporter who is well-known to the community. Quotes should advance the story, provide a call to action, or spotlight successful activities.]

MD Responds, the Medical Reserve Corps for the state of Maryland, is administered by the Maryland Department of Health and Mental Hygiene's Office of Preparedness and Response. The program has over 3,000 registered volunteers, including [insert number] local volunteers in [insert county].

Membership is free and open to anyone 18 years of age or older. New volunteers must complete the MD Responds Volunteer Orientation Training, now available online. Volunteers should be able and willing to assist in the event of an emergency, participate in annual exercises and drills, and support public health outreach projects.

For more information, visit <http://mdr.dhmh.maryland.gov> or call [insert local MD Responds admin phone number]. To register for the program, visit <https://mdresponds.dhmh.maryland.gov>. MD Responds is also on Facebook at www.facebook.com/MDResponds.

###

[DATE]

Media Contact: [insert name and contact info]

Cumberland Times-News

July 31, 2013

Health department helping recruit volunteers for Maryland Responds

For the Cumberland Times-News
Cumberland Times-News

— CUMBERLAND — When disaster strikes, community members can be an essential part of “A Prepared Maryland” by registering as a Maryland Responds volunteer.

MD Responds is administered by the Maryland Department of Health and Mental Hygiene’s Office of Preparedness and Response. The Allegany County Health Department is working to recruit at least 75 new registered volunteers — both health care professionals and community members — who would be willing to respond to local emergencies and support ongoing public health efforts.

The volunteers may deliver a variety of necessary public health services during a crisis. They may also assist with providing ongoing public health needs such as screenings, health and nutrition education, and public health clinics. Volunteers are needed to assist with logistical issues such as transportation, security, traffic direction, clinic setup, patient tracking, greeting/guiding clients and public information services such as hotline staffing.

Membership is open to anyone 18 or older, and the Web-based registration system allows volunteers to designate whether they wish to respond only to local public health efforts or also regionally or nationally. Registering as a volunteer does not mean that individuals are required to respond to every situation. If a public health concern arises, MD Responds will have a way to contact registered volunteers to see if they are available.

New volunteers are re-quired to complete orientation training and should be able to assist in the event of an emergency, participate in annual exercises and drills, and support ongoing public health outreach projects.

Prospective volunteers can visit the website www.mdresponds.dhmh.maryland.gov/ to complete a registration form and volunteer profile.

For more information about the program, visit MDR.dhmh.maryland.gov or call 410-767-7772.

Cumberland Times-News

September 16, 2013

County, state agencies offering overview of Maryland Responds

Volunteers will help prepare for public health emergencies

For the Cumberland Times-News
Cumberland Times-News

— CUMBERLAND — A session for residents who would be willing to help prepare for and respond to public health emergencies will be held Sept. 19 at 6 p.m. at the Willowbrook Office Complex.

An overview of the Maryland Responds volunteer [database](#) is being offered by the Allegany County Health Department and the Department of Health and Mental Hygiene's Office of Preparedness and Response in Conference Room 2. Space is limited so anyone interested in attending is asked to call 301-759-5015.

The Web-based volunteer registry allows volunteers to be alerted when their assistance might be needed in a public health event.

MD Responds volunteers may deliver a variety of necessary public health services during a crisis. They may also assist their communities with ongoing public health needs including screenings, health and nutrition education, and public health clinics. Non-health-care volunteers can assist with logistical issues such as transportation, security, traffic direction, clinic setup, patient tracking, greeting/guiding clients and hotline staffing.

Membership is open to anyone 18 or older, and the registration system allows volunteers to designate whether they wish to respond only to local public health efforts or also regionally or nationally. [Registering](#) as a volunteer does not mean that individuals are required to be available in every situation.

It simply means that if a public health volunteer need arises, MD Responds will have a way to quickly contact registered volunteers to see if they are available.

The Sept. 19 session will provide an overview of the MD Responds program and the registration process, information on upcoming training opportunities, and a question and answer period. Prospective volunteers will have the opportunity to register for the program.

To [register online](#), go to <https://mdresponds.dhmh.maryland.gov/>.

For more information, visit MDR.dhmh.maryland.gov or call 410-767-7772.

SAMPLE TARGETED RECRUITMENT LETTER/ EMAIL

This is a sample recruitment letter targeted for physicians. This letter can be easily adapted for other targeted recruitment efforts.

Dear Colleague:

As we move into the hurricane season, it is time for physicians to prepare their practices and community. The [insert housing organization name] sponsors the MD Responds Medical Reserve Corps (MRC) volunteers in our area. With over [insert number] physicians and other health care volunteers registered to serve during disaster events, we invite you to join our MRC team.

We understand your patients and your hospital responsibilities are your first priorities, however, we found that many physicians are able to donate time whether volunteering to serve in this county, other areas of Maryland or the nation. The choice to serve in any particular disaster is always your decision at the time of the event. The key is to sign up **before** an event so you are credentialed and registered as a medical reserve corps volunteer.

By registering as a MD Responds MRC volunteer physician you will:

- Have access to a comprehensive disaster preparedness and emergency response training curriculum with opportunities for CME
- Have full control in deciding when, where, and how much time you volunteer
- Be covered by state liability and workers compensation protections as a State MRC Volunteer
- Have special MRC travel privileges during disaster curfew period
- Make an important contribution to our community when you are needed the most
- Be recognized for your volunteerism
- Know that you will not be turned away to help other during a disaster event

Please join the MD Responds MRC team today and make a difference.

For more information on the MD Responds MRC and to register, visit www.mdr.dhmh.maryland.gov, or contact [insert local MRC Unit Administrator contact information- name, address, phone number, email, etc.]

Sincerely,

[insert signature]

Adapted from the Florida MRC Network Guidance. Find additional templates from the MRC Toolkit for recruiting letters at <https://www.medicalreservecorps.gov/promisingpracticestoolkit.asp?mode=ResourceDetails&ResID=222&RefID=Category&Category=25>

What is the MD Responds MRC?



Medical Reserve Corps (MRC):

- National network of Local groups of volunteers
- Committed to improving the
 - Public health,
 - Emergency response, and
 - Resiliency of their communities



MD Responds:

- MD's MRC
- Augment and support existing medical & public health systems
- Recruitment, registration, training, activation, and deployment

MD Responds: What We Do



State Shelter Operation



Dispensing



Mass Vaccination



Emergency Call Center



Federal Deployment- Katrina



Field Hospital- Katrina

MD Responds: Who We Are

- Nurses
- Social Workers
- Public Health practitioners
- Counselors
- Psychologists
- Veterinarians
- Pharmacists
- Physicians
- Acupuncturists
- Dentists
- Morticians
- And more!



<http://www.medicalreservecorps.gov/volunteerFldr/AboutVolunteering>

How to Register

Register Online at:
[MDResponds.dhmfh.maryland.gov](https://mdresponds.dhmfh.maryland.gov)

Download step-by-step instructions
on how to register at:
<http://bit.ly/MDRreghow>

MD RESPONDS
Maryland's Medical & Public Health Volunteer Corps

How to Register with MD Responds:

1. Visit the MD Responds Volunteer Registry Website at <https://mdresponds.dhmfh.maryland.gov/>.
2. Click the REGISTER NOW button.
3. From the top of the registration page, click Select Organizations button.
4. Click the + sign next to MD Responds – State Medical Reserve Corps (MRC) to open the organizations drop down menu.

The image shows three screenshots of the MD Responds website. The first screenshot shows the 'REGISTER NOW' button highlighted with a blue arrow. The second screenshot shows the 'Select Organizations' button highlighted with a blue arrow. The third screenshot shows the 'Organization Selection' dropdown menu with the '+ MD Responds - State Medical Reserve Corps (MRC)' option highlighted with a blue arrow.

Training Documentation

Already Registered?

Add this course to your MD Responds Volunteer Profile.

Link to download instructions:

<http://bit.ly/MDRupdtr>

MD RESPONDS

Maryland's Medical & Public Health Volunteer Corps



How to Update Your Training Courses in Your MD Responds Profile

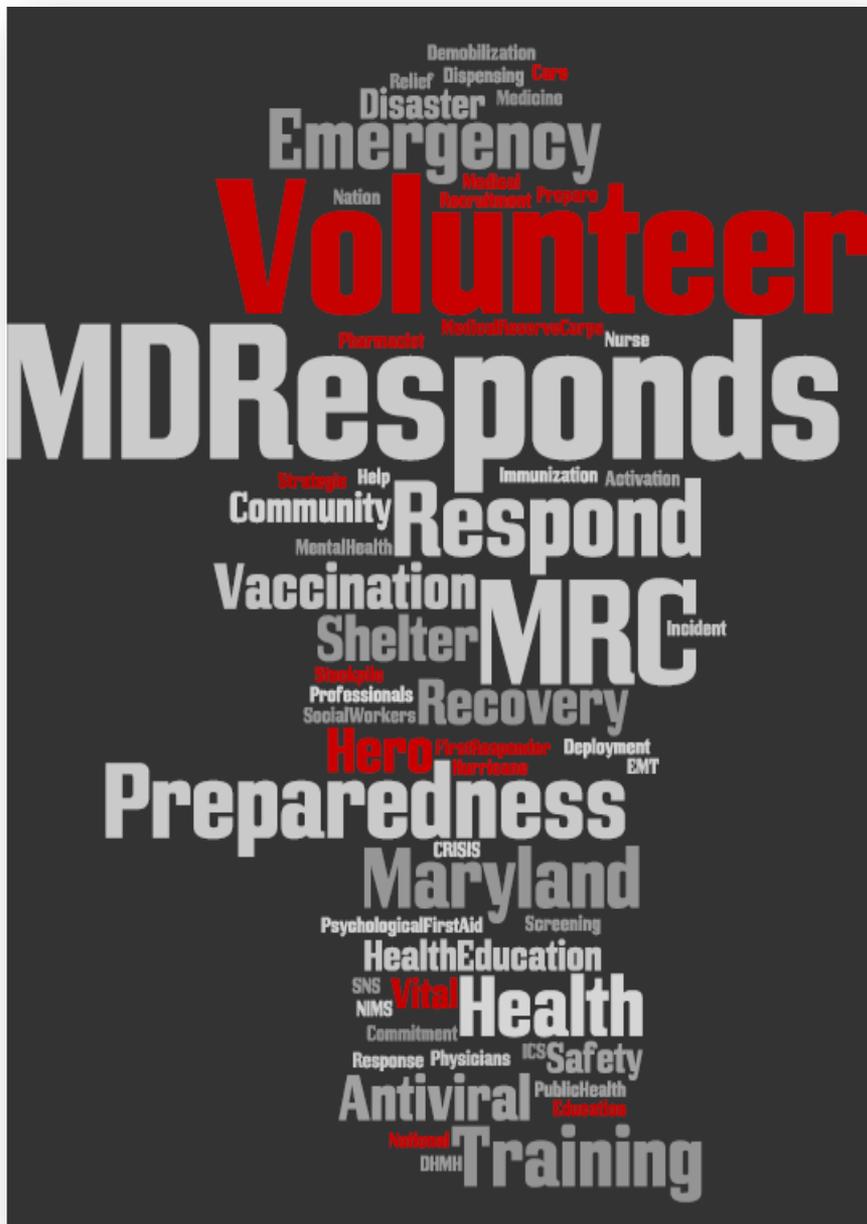
A list of approved MD Responds training courses can be found at <http://mdr.dhmh.maryland.gov/SitePages/Training.aspx>. Once you have completed an approved training course, update your training information in your MD Responds Volunteer Profile by following the directions below:

1. Log into the MD Responds Volunteer Registry at <https://mdresponds.dhmh.maryland.gov/>

2. From your home screen, click on the **My Profile** tab

3. Click on the **Training** sub tab

4. Click on the **Add Training Course** button in the upper left corner

MD Responds Program Links:

E-mail:

mdresponds.dhmh@maryland.gov

Registration:

mdresponds.dhmh.maryland.gov

Website:

mdr.dhmh.maryland.gov

Facebook:

facebook.com/mdresponds

LinkedIn:

<http://bit.ly/LinkedInMDResponds>

**THANK
YOU**

RECRUITMENT ACTION PLAN - MDRMRC STATE PROGRAM

This table shows state level partnerships for volunteer recruitment activities and projected activities for 2014-2015. Statewide recruitment activities are intended to supplement and support local recruitment efforts. This information will be updated as needed with the most recent version saved to the document libraries in MD Responds Volunteer Management System and HAN.

MDRMRC NETWORK RECRUITMENT OBJECTIVE: To increase the number of MDRMRC Network volunteers by 20% annually.

STATE LICENSING BOARDS		
Partner	Activity	Time Frame
Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists	MDRMRC recruitment message posted: http://dhmh.maryland.gov/boardsahs/professionals/SitePages/Home.aspx .	Post completed, ongoing
Chiropractic & Massage Therapy	Work with board to post MDRMRC recruitment message on their website	June 2014
Dental Examiners	Work with board to post MDRMRC recruitment message on their website	June 2014
Dietetic Practice	Work with board to post MDRMRC recruitment message on their website	June 2014
EMT/ Paramedic	Work with board to post MDRMRC recruitment message on their website	June 2014
Morticians and Funeral Directors	MDRMRC recruitment message posted: http://dhmh.maryland.gov/bom/SitePages/mdresponds.aspx	Post completed, ongoing
Nursing	MDRMRC recruitment message posted: http://www.mbon.org/main.php?v=norm&p=0&c=volunteer/index.html <i>Note: the information posted on the BON website is outdated. The board has been notified and will update their information.</i>	Post completed, ongoing
Occupational Therapy	Work with board to post MDRMRC recruitment message on their website	June 2014
Optometrist	Work with board to post MDRMRC recruitment message on their website	June 2014
Pharmacy	<ul style="list-style-type: none"> MDRMRC recruitment message posted: http://dhmh.maryland.gov/pharmacy/SitePages/emergency-preparedness-information.aspx MDRMRC State Program Staff sits on the Board of Pharmacy Emergency Preparedness Taskforce and attends their monthly meeting MDRMRC recruitment message is published in the board's quarterly newsletter Attend conferences, meetings, and trainings sponsored by the BOPh to recruit new pharmacist and pharmacy tech volunteers 	Post completed, ongoing Monthly Quarterly Ongoing
Physicians	MDRMRC recruitment message posted: http://dhmh.maryland.gov/physicians/SitePages/emergency_prep.aspx	Post completed, ongoing

Podiatry	Work with board to post MDRMRC recruitment message on their website	June 2014
Physical Therapy	Work with board to post MDRMRC recruitment message on their website	June 2014
Professional Counselors and Therapist	Work with board to post MDRMRC recruitment message on their website	June 2014
Psychologist	Work with board to post MDRMRC recruitment message on their website	June 2014
Social Work Examiners	MDRMRC recruitment message posted: http://dhmh.maryland.gov/bswe/SitePages/Home.aspx	Post completed, ongoing
Veterinary Board	Work with board to post MDRMRC recruitment message on their website	June 2014

PROFESSIONAL ORGANIZATIONS

Partner	Activity	Expected Outcome	Time Frame
MD Nurses Association (MNA)	<ul style="list-style-type: none"> Host a recruitment table, provide onsite registration, give a short recruitment presentation at the MNA Annual Conference Run full-page, front cover recruitment ad in the annual MNA Annual Convention Yearbook 	Recruit nurse volunteers	Every October
MD Nurses Association (MNA)	Run a half-page recruitment ad in the MNA quarterly newsletter	Recruit nurse volunteers	Ongoing
MD Pharmacists Association (MPhA), MD Society of Health-System Pharmacists (MSHP), MD Association of Senior Care Pharmacists (MDASCP), and MD Pharmaceutical Society (MPhS)	Host a recruitment table, provide onsite registration, give a short recruitment presentation at the MPhA Joint Mid-Year Meeting	Recruit pharmacist and pharmacy technician volunteers	Every February
Maryland Public Health Association (MdPHA) and the Metropolitan Washington Public Health Association (MWPH)	Host a recruitment table, provide onsite registration, give a short recruitment presentation at the MdPHA and MWPHA Joint Annual Meeting	Recruit public health volunteers	Every September
National Association of Social Workers, Maryland Chapter	Host a recruitment table, provide onsite registration, give a short recruitment presentation at the Annual NASW, MD Conference	Recruit social work volunteers	Every September
Maryland Academy of Family Physicians	Run website recruitment ad on the MAFP website	Recruit physician and physician assistant volunteers	Ongoing (By April 2014)
Maryland Association of Osteopathic Physicians Annual Meeting	Host a recruitment table, provide onsite registration, give a short recruitment presentation at the Annual MD Association of Osteopathic Physicians Meeting	Recruit physician and physician assistant volunteers	Every December
Maryland Veterinary Medical Association	Host a recruitment table, provide onsite registration, give a short recruitment presentation at the MVMA Annual Conference	Recruit veterinary volunteers	Every June

MedChi			
--------	--	--	--

ACADEMIC INSTITUTIONS

Partner	Activity	Time Frame
Maryland Institute of Art, Center for Design Practice	The State MDRMRC is in the process of designing promotional materials with a unified message that can be tailored to each jurisdiction for use in their recruiting activities. Upon completion of these materials, MDRMRC Units will receive a recruitment materials packet and will be able to customize the materials to meet the needs of the local unit.	December 2014- Final concepts and designs will be ready for production.
University of Maryland Eastern Shore, School of Pharmacy and the Board of Pharmacy	Recruitment presentation and on-site registration for pharmacy students during their annual POD Exercise	Every June
Johns Hopkins School of Nursing	Provide public health nursing practicum students with a presentation on disaster preparedness and emergency response with the opportunity for on-site registration	Every October

STATE AGENCIES

Partner	Activity	Time Frame
DHMH OP&R, MEMA, MIEMSS	Attend conferences, meetings and trainings sponsored by DHMH OP&R, MEMA, and MIEMSS to recruit new volunteers	Ongoing
Department of Agriculture, Animal Health Program	Work with the Dept. of Agriculture, Animal Health Program to integrate their current list of animal response volunteers with the MD Responds Volunteer Registry and finalize the MD Responds Animal Emergency Response Corps MRC recruitment plan.	By June 2014
Office of the Chief Medical Examiner	Work with the Office of the Chief Medical Examiner to integrate their current list of volunteers with the MD Responds Volunteer Registry and finalize the MD Responds Medical Examiner Dental Identification Team recruitment plan.	By June 2014
Governor’s Office of Community Initiatives	Attend monthly meetings of the Disaster Spiritual Providers Cadre to formalize partnership for recruiting faith-based volunteers	Ongoing
Mental Hygiene Administration	Host a recruitment table, provide onsite registration, give a short recruitment presentation at the MHA Office of Special Needs Annual Conference	Every April

NON-GOVERNMENTAL ORGANIZATIONS

Partner	Activity	Time Frame
American Red Cross		

VolunteerMatch.com	Post job description for volunteers	Bi-annually, beginning summer 2014
HealthCareVolunteer.com	Post job description for volunteers	Bi-annually, beginning summer 2014
CharityGuide.org	Post job description for volunteers	Bi-annually, beginning summer 2014
Idealist.org	Post job description for volunteers	Bi-annually, beginning summer 2014
Emory Public Health Jobs	Post job description for volunteers	Bi-annually, beginning summer 2014

OTHER

Partner	Activity	Time Frame
MDRMRC County Units and Local Health Departments	Upon request and depending on staff availability, attend community health fairs to support local recruitment efforts by hosting recruitment tables and offering on-site registration	Ongoing
National MRC Network Website Profile	Update unit activities on unit’s online profile to emphasize program impact	Quarterly
MDRMRC Website	Posted links to all MDRMRC affiliated websites.	Completed post, ongoing
MDRMRC Facebook	Post recruitment icon/banner/postcard tailored to seasons or emergency preparedness topics with link to registration.	Monthly, to begin summer 2014
MDRMRC Newsletter	Include registration link on back page; Write short reminders about updating profile, training profile, and completing other deployment eligibility requirements.	Quarterly
MDRMRC LinkedIn	Refer any person who is not a registered volunteer but asks to join the MDRMRC LinkedIn group, to register https://mdresponds.dhmh.maryland.gov/	Ongoing

JOB ACTION SHEET TEMPLATE

[INSERT POSITION TITLE]

MISSION:

QUALIFICATIONS:

- License:
- Training:
- Other:

DEPLOYMENT:

Site: _____

Job Shift: _____

Report to: _____

EQUIPMENT:

- ID badge
- Vest
-
-
-

INITIAL ACTION:

- Put on ID badge and vest/uniform
- Check in with Unit Lead
- Read this entire Job Action Sheet
- Obtain orientation and familiarize with site layout
- Review site organizational chart
-
-
-
-

PRIMARY DUTIES:

-
-
-
-

DEACTIVATION PHASE:

- Assist with tear down and clean up of area
- Check out with Unit Lead
- Identify issues for debriefing report
- Participate in debriefing session at shift change/close of site

JOB ACTION SHEET EXAMPLE 1**LINE UNIT STAFF****MISSION:**

Maintain steady flow of clients throughout clinic process

QUALIFICATIONS:

- LICENSE:** None required
- TRAINING:** POD non-medical, or Just in Time
- OTHER:** Able to stand and walk for extended periods

SITE: _____

JOB SHIFT: _____

REPORT TO: _____

EQUIPMENT:

- ID badge
- Vest

INITIAL ACTION:

- Put on ID badge and vest/uniform
- Check in with Unit Lead
- Read this entire Job Action Sheet
- Obtain orientation and familiarize with site layout
- Review site organizational chart
- Assist with setting up crowd control systems (e.g. cones, ropes)
- Ensure evacuation/exit signals and routes are labeled correctly and clearly
- Understand identification system in place. Ensure only authorized personnel are allowed into restricted areas.

PRIMARY DUTIES:

- Assist with directing public forward – allow no one to move backgrounds through lines
- Pay attention to crowd control systems; repair/replace, as necessary.
- Assist with accident investigation and reporting, as necessary
- Notify security of any issues

DEACTIVATION PHASE:

- Assist with tear down and clean up of area
- Check out with Unit Lead
- Identify issues for debriefing report
- Participate in debriefing session at shift change/close of site

JOB ACTION SHEET EXAMPLE 2**SECURITY****MISSION:**

Ensure inside of site is safely secured and medications are safely secured

QUALIFICATIONS:

- LICENSE:** None required
- TRAINING:** Non-Medical POD; Just in Time
- OTHER:** Attentive; Assertive

SITE: _____

JOB SHIFT: _____

REPORT TO: _____

EQUIPMENT:

- ID badge
- Vest
- Radio communications
- Contact numbers

INITIAL ACTION:

- Put on ID badge and vest/uniform
- Check in with Unit Lead
- Read this entire Job Action Sheet
- Obtain orientation and familiarize with site layout
- Review site organizational chart
- Introduce self and review response plans with other units (Line, Dispensing)

PRIMARY DUTIES:

- Station at designated area
- Monitor crowd
- Assist staff with any internal emergencies
- Maintain communication with Lead
- Restrict access to restricted areas; grant access to those with appropriate ID badges
- Observe all packages or cases brought in by clients or staff
- Refer distressed, upset, or anxious clients to Lead

DEACTIVATION PHASE:

- Ensure medicines are safely secured
- Confirm status of the facility upon closure and note any damages or problems
- Assist with tear down and clean up of area
- Check out with Unit Lead
- Identify issues for debriefing report
- Participate in debriefing session at shift change/close of site

JOB ACTION SHEET EXAMPLE 3**DISPENSING UNIT STAFF****MISSION:**

To dispense the appropriate medication for each client

QUALIFICATIONS:

- LICENSE:** None required for non-medical POD model
- TRAINING:** Non-Medical POD; Just in Time Training
- OTHER:** Ability to follow algorithms; respond to patient questions

SITE: _____

JOB SHIFT: _____

REPORT TO: _____

EQUIPMENT:

- ID badge
- Vest
- Pens
- Pre-packaged medicine
- Information sheets

INITIAL ACTION:

- Put on ID badge and vest/uniform
- Check in with Unit Lead
- Read this entire Job Action Sheet
- Obtain orientation and familiarize with site layout
- Review site organizational chart
- Ensure that all supplies are appropriate for your area at the beginning and end of each shift
- Read and understand the screening form, dispensing algorithms, and informational sheets

PRIMARY DUTIES:

- Ensure screening of every person; use dispensing algorithms to identify contraindications
- Identify and direct any ill persons to First Aid
- Assure appropriate consent was obtained for each person
- Select an appropriate drug according to dispensing protocols; dispense
- Document on record/form
- Answer questions and give informational sheets
- Notify security of any issues

DEACTIVATION PHASE:

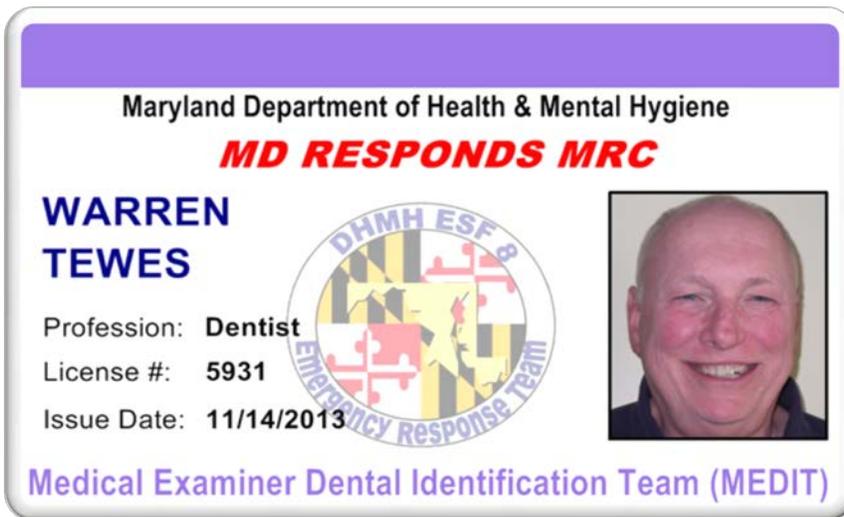
- Assist with tear down and clean up of area
- Check out with Unit Lead
- Identify issues for debriefing report
- Participate in debriefing session at shift change/close of site

MARYLAND RESPONDS MEDICAL RESERVE CORPS VOLUNTEER ID BADGE

Sample medical volunteer ID Badge:



Sample MEDIT MDRMRC Response Team ID Badge:



MD RESPONDS MRC

Maryland's Medical & Public Health Volunteer Corps

VOLUNTEER LIABILITY POLICY

Pursuant to the Annotated Code of Maryland, State Government Article, § 12-101(a)(3)(ii) and the Code of Maryland Regulations 25.02.01.02B(8), the Maryland Department of Health and Mental Hygiene recognizes the MD Responds MRC as a State Volunteer Program. As such, MD Responds Volunteers may perform any duties authorized by the Governor, the Secretary of the Department of Health and Mental Hygiene, the Boards, or their agents. When performing duties so authorized, the Volunteer qualifies as State personnel under the Maryland Tort Claims Act, Annotated Code of Maryland, State Government Article, § 12-105, and the Courts and Judicial Proceedings Article §5-522(b), meaning that the Volunteer is immune both from suit in the courts of the State and from liability for acts or omissions within the scope of the Volunteer's authorized duties that are performed without malice or gross negligence.

By signing this document, the Volunteer agrees to perform only those duties authorized by the Governor, the Secretary of the Department of Health and Mental Hygiene, the Licensing Boards, or their agents, as defined by MD Responds MRC at the time of deployment and understands that the Volunteer is immune from both suit and liability to the extent provided under the above referenced statutes. If the Volunteer wishes to obtain protection from suit or liability for acts performed that are not authorized by the Governor, the Secretary, the Board, or their agents, the Volunteer agrees and understands that it is the Volunteer's sole responsibility to obtain the necessary insurance coverage.

The Volunteer is a civil defense volunteer as defined under the Workers' Compensation Act, Annotated Code of Maryland, Labor and Employment Article, § 9-232.1(a)(2). As such, if the Volunteer is called upon by the Department to perform duties during scheduled emergency training or during an emergency, the Volunteer will be considered to be a civil defense volunteer under that statute and will be eligible for workers' compensation to the extent provided under the Workers' Compensation Act when volunteer services are provided during an emergency. The Volunteer understands and agrees that the Volunteer is solely responsible to obtain additional insurance to cover the Volunteer's injuries or illnesses that may not be covered by the Workers' Compensation Act.

Signature of Volunteer

Date

Printed Name

E-mail Address



Sign and return this form to the State MRC Coordinator via email at mdresponds.dhnh@maryland.gov, fax at 410-333-5000, or mail to 300 W. Preston Street, Suite 202, Baltimore, MD 21201.



MD RESPONDS MRC

Maryland's Medical & Public Health Volunteer Corps

The MD Responds Medical Reserve Corps (MRC) provides services to our community that may involve confidential health information. Per HIPAA (Privacy Act) regulations, we request that you sign and return the following document to the State MRC Coordinator for placement in your volunteer profile. This indicates that you will keep information you have access to confidential and will not discuss it with anyone other than the staff person with whom you are working.

MD Responds MRC Volunteer Confidentiality Agreement

By my signature below, I certify that I have read the following statement as listed below and agree to comply with its terms.

I understand that, as a medical and/or public health volunteer in the State of Maryland, the Department of Health and Mental Hygiene, Office of Preparedness and Response, for the MD Responds MRC, I may acquire knowledge of confidential information from patient files, case records, missions, conversations, etc. I agree that such information is not to be discussed or revealed to anyone not authorized to have the information.

I understand that a patient's privacy is to be protected at all times, and that a patient's private personal and health information is to be shared only with other health care and public safety providers who have a need to know such information in order to appropriately assist in or take over the care of said patient.

I understand that as a volunteer of the Maryland Department of Health and Mental Hygiene, I am prohibited from releasing to any unauthorized individual any confidential medical information which may come to my attention in the course of my volunteer duties. Moreover, I understand that any breach of patient confidentiality resulting from written or verbal release of information or records may provide grounds for legal action against me.

I hereby accept my ethical and legal responsibility to protect the privacy rights of patients for whom I provide or assist in medical or personal care. I will share a patient's medical and personal information only with those who must have that information to assist in or take over that patient's care.

Signature of Volunteer

Date

Printed Name

E-mail Address



Sign and return this form to the State MRC Coordinator via email at mdresponds.dhmh@maryland.gov, fax at 410-333-5000, or mail to 300 W. Preston Street, Suite 202, Baltimore, MD 21201.



LICENSE VERIFICATION CONFIGURATIONS TABLE

Automatic license verification is built into the MD Responds Volunteer Registry System for some State Licensing boards and their respective occupations. All other health care licence verifications are conducted manually by MDRMRC state administrators when issuing ID badges. Below is a listing of MD State Licensing Boards and the method used for verifying licensure with each.

State Licensing Board	Verification Method
Acupuncturist	Manual Verification: https://mdbnc.dhmh.md.gov/ACUPTVerification/default.aspx
Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists	Manual Verification: https://mdbnc.dhmh.md.gov/AUDVerification/Default.aspx
Chiropractic & Massage Therapy	Manual Verification: https://mdbnc.dhmh.md.gov/chiroverification/default.aspx
Dental Examiners	Automatic Verification (In-Progress) Manual Verification: https://maryland.mylicense.com/mdbodverif/Search.aspx
Dietetic Practice	Manual: https://mdbnc.dhmh.md.gov/dietVerification/Default.aspx
EMT/ Paramedic	Manual Verification: Call 1-800-762-7157: “Hi, I work with the DHMH Office of Preparedness and Response and would like to check the professional status of one of our volunteer EMTs—whether they’re active and in good standing. I have their license number and name available. Would you be able to help me this?”
Morticians and Funeral Directors	Automatic Verification
Nursing	Automatic Verification
Occupational Therapy	Manual Verification: https://maryland.mylicense.com/mdbotverif/
Optometrist	Manual Verification: https://mdbnc.dhmh.md.gov/optverification/default.aspx
Pharmacy	Automatic Verification
Physicians	Automatic Verification
Physical Therapy	Automatic Verification (In-progress) Manual Verification: https://mdbnc.dhmh.md.gov/bptverification/default.aspx
Professional Counselors and Therapist	Automatic Verification
Psychologist	Automatic Verification
Social Work Examiners	Automatic Verification
Veterinary	Automatic Verification (In-progress) Manual Verification: http://mda.maryland.gov/vetboard/Documents/current_vetsFY13.PDF

EMERGENCY SYSTEM FOR ADVANCE REGISTRATION OF VOLUNTEER HEALTH PROFESSIONALS (ESAR-VHP) COMPLIANCE REQUIREMENTS

(Revised February 2012. Adapted from the HPP-PHEP FOA, Appendix 12, pages 233-236.)

The ESAR-VHP compliance requirements identify capabilities and procedures that state ESAR-VHP programs must have in place to ensure effective management and inter-jurisdictional movement of volunteer health personnel in emergencies. Each state must meet all of the compliance requirements.

ESAR-VHP ELECTRONIC SYSTEM REQUIREMENTS

1. **Each state is required to develop an electronic registration system for recording and managing volunteer information based on the data definitions presented in the ESAR-VHP Interim Technical and Policy Guidelines, Standards and Definitions (Guidelines).**

These systems must:

- a. Offer Internet-based registration. Information must be controlled and managed by authorized personnel who are responsible for the data.
 - b. Ensure that volunteer information is collected, assembled, maintained and utilized in a manner consistent with all federal, state, and local laws governing security and confidentiality.
 - c. Identify volunteers via queries of variables as defined by the requester.
 - d. Ensure that each state ESAR-VHP system is both backed up on a regular basis and that the backup is not co-located.
2. **Each electronic system must be able to register and collect the credentials and qualifications of health professionals that are then verified with the issuing entity or appropriate authority identified in the ESAR-VHP Guidelines.**
 - a. Each state must collect and verify the credentials and qualifications of the following health professional occupations. Beyond this list of occupations, a state may register volunteers from any other occupation it chooses. The standards and requirements for including additional occupations are left to the states.
 - 1) Physicians (allopathic and osteopathic)
 - 2) Registered nurses
 - 3) Advanced practice registered nurses (APRNs) including nurse practitioners, certified nurse anesthetists, certified nurse-midwives, and clinical nurse specialists
 - 4) Pharmacists
 - 5) Psychologists
 - 6) Clinical social workers
 - 7) Mental health counselors
 - 8) Radiologic technologists and technicians
 - 9) Respiratory therapists
 - 10) Medical and clinical laboratory technologists
 - 11) Medical and clinical laboratory technicians
 - 12) Licensed practical nurses and licensed vocational nurses
 - 13) Dentists
 - 14) Marriage and family therapists
 - 15) Physician assistants

- 16) Veterinarians
 - 17) Cardiovascular technologists and technicians
 - 18) Diagnostic medical sonographers
 - 19) Emergency medical technicians and paramedics
 - 20) Medical records and health information technicians
- b. States must add additional professions to their systems as they are added to future versions of the ESAR-VHP Guidelines.
 - c. To increase ESAR-VHP functionality immediately after a disaster or public health emergency, states are encouraged to develop expedited ESAR-VHP registration and credential verification processes to facilitate the health response. (ASPR will provide further information in a separate guidance document.)
3. **Each electronic system must be able to assign volunteers to one of four ESAR-VHP credential levels. Assignment will be based on the credentials and qualifications that the state has collected and verified with the issuing entity or appropriate authority.**
 4. **Each electronic system must be able to record all volunteer health professional/emergency preparedness affiliations of an individual, including local, state, and federal entities. The purpose of this requirement is to avoid the potential confusion that may arise from having a volunteer appear in multiple registration systems, e.g., Medical Reserve Corps (MRC), National Disaster Medical System (NDMS), etc.**
 5. **Each electronic system must be able to identify volunteers willing to participate in a federally coordinated emergency response.**
 - a. Each electronic system must query volunteers upon initial registration and/or re-verification of credentials about their willingness to participate in emergency responses coordinated by the federal government. Responses to this question, posed in advance of an emergency, will provide the federal government with an estimate of the potential volunteer pool that may be available from the states upon request.
 - b. If a volunteer responds “Yes” to the federal question, states may be required to collect additional information, e.g., training, physical and medical status, etc.
 6. **Each state must be able to update volunteer information and re-verify credentials every 6 months. (Note: ASPR is reviewing this requirement regularly for possible adjustments based on industry standards and the experience of the states.)**

ESAR-VHP OPERATIONAL REQUIREMENTS

7. Upon receipt of a request for volunteers from any governmental agency or recognized emergency response entity, all states must: 1) within 2 hours query the electronic system to generate a list of potential volunteer health professionals to contact; 2) contact potential volunteers; 3) within 12 hours generate a list of willing volunteer health professionals; and 4) within 24 hours provide the requester with a verified list of available volunteer health professionals that includes the names, qualifications, credentials, and credential levels of volunteers.
8. Each state must develop a plan to recruit and retain volunteers.
9. ASPR will assist states in meeting this requirement by providing tools for accessing state registration sites and customizable materials and templates.

10. Each state must develop a plan for coordinating with all volunteer health professional/emergency preparedness entities to ensure an efficient response to an emergency, including but not limited to MRC units, NDMS teams, and the Federal Emergency Management Agency (FEMA) Citizen Corps.
11. Each state must develop protocols for deploying and tracking volunteers during an emergency (Mobilization Protocols):
 - a. Each state is required to develop written protocols that govern the internal activation, operation, and timeframes of the ESAR-VHP system in response to an emergency. Included in these protocols must be plans to track volunteers during an emergency and for maintaining a history of volunteer deployments. ASPR may ask for copies of these protocols as a means of documenting compliance. ASPR will include protocol models in future versions of the ESAR-VHP Guidelines.
 - b. Each state ESAR-VHP program is required to establish a working relationship with external partners, such as the local and/or state emergency management agency and develop protocols outlining the required actions for deploying volunteers during an emergency. These protocols must ensure 24 hour/7 days-a-week accessibility to the ESAR-VHP system. There are three areas of focus:
 - i. Intrastate deployment: States must develop protocols that coordinate the use of ESAR-VHP volunteers with those from other organizations, such as the MRC.
 - ii. Interstate deployment: States must develop protocols outlining the steps needed to respond to requests for volunteers received from another state. States that have provisions for making volunteers employees or agents of the state must also develop protocols for the deployment of volunteers to other states through the state emergency management agency via the Emergency Management Assistance Compact (EMAC).
 - c. Each state must have a process for receiving and maintaining the security of volunteers' personal information sent to them from another state and procedures for destroying the information when it is no longer needed.
 - d. Federal deployment: Each state must develop protocols necessary to respond to requests for volunteers that are received from the federal government. Further, each state must adhere to the protocol developed by the federal government that governs the process for receiving requests for volunteers, identifying available volunteers, and providing each volunteer's credentials to the federal government.

ESAR-VHP EVALUATION AND REPORTING REQUIREMENTS

12. Each state must test its ESAR-VHP system through drills and exercises. These exercises must be consistent with the ASPR Hospital Preparedness Program (HPP), Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Program (PHEP), and ASPR ESAR-VHP program requirements for drills and exercises.
13. Each state must develop a plan for reporting program performance and capabilities.
14. Each state will be required to report program performance and capabilities data as specified by the ASPR Hospital Preparedness Program (HPP), CDC Public Health Emergency Preparedness Program (PHEP), and/or the ASPR ESAR-VHP program.

MRC Core Competencies



BACKGROUND

Medical Reserve Corps (MRC) members come from a variety of backgrounds and enter the program with varying credentials, capabilities and professional experience. There is currently no standard training or core set of competencies for MRC members; hence, there is variation in what each MRC is able to do. This diversity is a strength of the program, but also makes standardization across the MRCs difficult. In order for an MRC to fulfill its mission in the community, members of the MRC need to be competent to carry out their responsibilities. Training needs to be geared toward a common set of knowledge, skills and abilities.

The development of MRC competencies provides several benefits. Competencies define a core or standard set of activities that each MRC member would be able to perform. They also provide a framework for the program’s training component and assist in describing what communities can expect of their MRCs. This ‘uniformity’ may allow for better interoperability between MRCs, making collaboration amongst MRC units and their external partners more efficient. The use of competencies has proven effective in public health worker training and assessment, and should translate well to the work of MRCs. The goal of this project is to develop a core set of competencies for MRC volunteers, laying the groundwork for future training and development activities of the program.



COMPETENCY STATEMENTS

Competency statements are descriptive of expected *behavior* on the part of an individual. A competency can be composed of a range of knowledge, skills, and attitudes, but must be described as an observable or measurable action. Every competency statement includes an action verb and the object of that verb. Broad competency statements are frequently used in position descriptions or role assignments; narrower competency statements (often described as the sub-competencies) are needed when planning curricula to teach those competencies. Broad competency statements are generally measurable only over time, or in complex situations; sub-competencies used for educational purposes are generally measurable within the time span of a single class or course.



CORE COMPETENCIES FOR MRC VOLUNTEERS

We encourage all active members of a Medical Reserve Corps unit, at a minimum, be able to:

1. Describe the procedure and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.
2. Document that the MRC member has a personal and family preparedness plan in place.
3. Describe the chain of command (e.g., Emergency Management Systems, ICS, NIMS), the integration of the MRC, and its application to a given incident.
4. Describe the role of the local MRC unit in public health and/or emergency response and its application to a given incident.
5. Describe the MRC member’s communication role(s) and processes with response partners, media, general public, and others.
6. Describe the impact of an event on the mental health of the MRC member, responders, and others.
7. Demonstrate the MRC member’s ability to follow procedures for assignment, activation, reporting, and deactivation.
8. Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s).

MRC Core Competencies Matrix



PROLOGUE

The Medical Reserve Corps Core Competencies Matrix is a suggested guide for training MRC volunteers at the local level.

Core Competencies represent the baseline level of knowledge and skills that *all* MRC volunteers should have, regardless of their roles within the MRC unit. Because the core competencies establish only a minimum standard, units may choose to expand on the competencies in order to train volunteers at a more advanced level. Units may also choose to link the MRC core competencies to other existing sets of competencies for health professionals.

The Competencies Matrix presents a “menu” of options to guide MRC unit leaders. Leaders may choose trainings from the matrix, use other trainings not listed in the matrix, or create their own unit-specific trainings based on the competencies.

Utilizing the competencies makes interoperations between MRC units more efficient by providing a “common language” in which units can communicate their volunteers’ capacities to each other and to partner organizations.



Core Competencies represent the baseline level of knowledge and skills that all MRC volunteers should have, regardless of their roles within the MRC unit.

CORE COMPETENCIES MATRIX

The Core Competencies Matrix is organized into the following categories:

Domains are groups of competencies related to a certain topics. The domains may help you conceptualize how the competencies relate to one another. One training may cover one or all of the competencies within a domain.

- *Specific Competencies* are the demonstrable skills an individual should have in order to be activated as an MRC volunteer.
- *Knowledge, Skills, and Attitudes* break the competencies down into measurable actions a volunteer should be able to perform in order to be considered “competent” in an area.
- *Suggested Trainings/Tools* are recommended trainings, most of which are available on-line, free of cost, that will enable volunteers to meet the competencies. These trainings are not required, nor is this list comprehensive; rather it is a starting point for unit leaders to consider available trainings.
- *Assessment* is a suggested method for unit leaders to assess whether a volunteer has fulfilled a competency. All competencies may be observationally assessed in the context of exercises or drills in which the unit participates.

MRC Core Competencies Matrix

Domain #1: Health, Safety, & Personal Preparedness

Specific Competency	Knowledge	Attitude	Suggested Trainings/Tools	Assessment	
<p>Describe the procedures and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.</p>	<ul style="list-style-type: none"> Identify the key components of a personal and family preparedness plan. Identify and recognize the potential barriers to executing the plans and identify contingencies Identify key components of a variety of preparedness kits (e.g., home kit, Go-Kit, work kit) Identify key components to keeping one's self, family, team and community safe from environmental and incident hazards and risks. 	<ul style="list-style-type: none"> Prepare a personal and family preparedness plan Review it with family, neighbors, and friends Set up occasions to implement the drill and measure its efficacy or need for revision. Utilize recognized methods of protection (e.g., hand washing hygiene, cough etiquette, masks and other personal protective measures) 	<ul style="list-style-type: none"> Embrace and promote the value of personal, family, and work life preparedness 	<ul style="list-style-type: none"> ARC Introduction to Disaster www.redcross.org/flash/course01_v01/ FEMA Independent Study Program: IS-22 Are you Ready? An In-Depth Guide to Citizen Preparedness http://training.fema.gov/EMIWeb/IS/is22.asp CERT-Module 1, Lesson 2: Family and Workplace Preparedness www.citizencorps.gov/cert/IS317/ Ready.Gov www.ready.gov/america/index.html Standard Precautions and Respiratory Hygiene MRC-TRAIN Course ID: 1007977 www.mrc.train.org 	<ul style="list-style-type: none"> Document that the MRC member has a personal and family preparedness plan in place. (Yes or No) Document that the MRC member possesses a disaster kit (Yes or No)

MRC Core Competencies Matrix

Domain #1: Health, Safety, & Personal Preparedness (continued)

Specific Competency	Knowledge	Attitude	Suggested Trainings/Tools	Assessment	
Describe the impact of an event on the mental health of the MRC member and their family, team, and others.	<ul style="list-style-type: none"> Identify the range of anticipated stress reactions experienced by disaster survivors, MRC members, responders, and others in the early aftermath of disaster. Identify when, how, and where to refer disaster survivors, MRC Team members, and others for additional mental health support and care. Identify the basic elements of Psychological First Aid and the key ways to provide emotional care and comfort to disaster survivors, MRC Members, and others in the early aftermath of disaster. 	<ul style="list-style-type: none"> Provide psychological first aid to disaster survivors, MRC team members, and others. 	<ul style="list-style-type: none"> Acknowledge that disasters and other public health emergencies are stressful events. Acknowledge that MRC members are in a unique role to provide emotional care and comfort to disaster survivors, MRC team members and others. Embrace the concept that providing emotional care and comfort in the early aftermath of disaster may mitigate short and long-term psychological consequences in disaster survivors, MRC team members and others. 	<ul style="list-style-type: none"> <i>Psychological First Aid: Field Operations Guide (MRC version)</i> www.medicalreservecorps.gov/File/MRC_Resources/MRC_PFA.doc <i>Psychological First Aid: Helping People Cope During Disasters and Public Health Emergencies</i> www.centerfordisastermedicine.org/disaster_mental_health.html <i>Nebraska Psychological First Aid Curriculum</i> www.disastermh.nebraska.edu/psychfirstaid.html <i>Psychological First Aid: Helping Others in Times of Stress</i> Contact your local American Red Cross Chapter <i>Introduction to Mental Health Preparedness for Local Health Department Staff and Community Volunteers</i> https://www.mrc.train.org/DesktopShell.aspx?tabid=62&goto=browse&browse=subject&lookfor=18&clinical=both&local=all&ByCost=0 	<ul style="list-style-type: none"> Document participation in a Psychological First Aid training (online or classroom)

MRC Core Competencies Matrix

Domain #2: Roles & Responsibilities of Individual Volunteers

Specific Competency	Knowledge	Attitude	Suggested Trainings/Tools	Assessment	
<p>Describe the MRC member's communication role(s) and processes with response partners, media, general public, and others.</p>	<ul style="list-style-type: none"> Understand the role of the Public Information Officer (PIO) or other authorized agent Understand an individual MRC member's role and responsibilities in communicating with response partners, media, general public, and others Understand legislative requirements related to the sharing of protected information (e.g., HIPAA, personal information, etc.) 	<ul style="list-style-type: none"> Perform your roles & responsibilities in the position you are assigned Communicate effectively with response partners, media, general public and others 	<ul style="list-style-type: none"> Respect privacy and confidentiality Promote consistent and approved messaging Embrace high ethical standards 	<ul style="list-style-type: none"> <i>IS 100: Introduction to the Incident Command System</i> <p>OR</p> <ul style="list-style-type: none"> <i>IS 100: Introduction to the Incident Command System for Healthcare Hospitals</i> <i>Hospital Incident Command System (HICS)</i> https://www.mrc.train.org/DesktopShell.aspx?tabid=62&goto=browse&browse=subject&keyword=HIPAA&keyoption=Both&clinical=both&local=all&ByCost=0 	<ul style="list-style-type: none"> Document the completion of <i>IS 100</i> or equivalent Document the completion of a HIPAA training or equivalent Document participation in a interpersonal communication skills training or equivalent
<p>Demonstrate the MRC member's ability to follow procedures for assignment, activation, reporting, and deactivation.</p>	<ul style="list-style-type: none"> Describe the local MRC's guidelines or procedures for assignment, activation, reporting, and deactivation 	<ul style="list-style-type: none"> Participate in a drill, exercise or public health activity 	<ul style="list-style-type: none"> Embrace the mission of the MRC Honor a sense of duty Develop a commitment to personal accountability 	<ul style="list-style-type: none"> Local unit-specific training Drill, Exercise, Training, or actual event Public Health activities (e.g., participating in health fairs, disease screenings, and community education events) 	<ul style="list-style-type: none"> Document completion of local unit-specific training Direct observation of compliance

MRC Core Competencies Matrix

Domain #2: Roles & Responsibilities of Individual Volunteers (continued)

<p>Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s).</p>	<ul style="list-style-type: none"> Identify the physical and emotional challenges for various types of duties, assignments and activities Identify personal and professional liability. Identify gaps in own knowledge-base & training needs 	<ul style="list-style-type: none"> Engage in a self-assessment Communicate limitations when appropriate or necessary 	<ul style="list-style-type: none"> Have realistic expectations Accept one's limitations Accept responsibility for personal or professional growth and development 	<ul style="list-style-type: none"> Local Unit Orientation Drill, Exercise, Training, or actual event 	<ul style="list-style-type: none"> Volunteer Screening
---	---	--	--	--	---

MRC Core Competencies Matrix

Domain #3: Public Health Activities & Incident Management

Specific Competency	Knowledge	Attitude	Suggested Trainings/Tools	Assessment	
Describe the chain of command (e.g., Emergency Management System, ICS, NIMS), the integration of the MRC, and its application to a given incident.	<ul style="list-style-type: none"> Understand NIMS & NIMS Compliance Understand the Role of the MRC in ICS Understand how ICS is interdisciplinary & organizationally variable Identify the 5 ICS Management Functions Understand the Principles of Span of Control Identify the Roles & Responsibilities of Key ICS Positions Identify the Key Facilities and Locations Described in ICS 	<ul style="list-style-type: none"> Operate within the structure of the incident command system Notify the Chain of Command when safety action is necessary 	<ul style="list-style-type: none"> Respect the command structure by relinquishing personal authority to operational authority 	<ul style="list-style-type: none"> <i>IS 100: Introduction to the Incident Command System</i> OR <ul style="list-style-type: none"> <i>IS 100: Introduction to the Incident Command System for Healthcare or Hospitals</i> <i>IS-700: National Incident Management System (NIMS), An Introduction</i> <i>Hospital Incident Command System (HICS)</i> 	<ul style="list-style-type: none"> Successful completion of <i>IS-700</i> or equivalent AND <ul style="list-style-type: none"> Successful completion of <ul style="list-style-type: none"> <i>IS 100: Introduction to the Incident Command System</i> OR <ul style="list-style-type: none"> <i>IS 100: Introduction to the Incident Command System for Healthcare or Hospitals</i> OR <ul style="list-style-type: none"> <i>Hospital Incident Command System (HICS)</i> OR <ul style="list-style-type: none"> Equivalent for one of the preceding 3 courses

MRC Core Competencies Matrix

Domain #3: Public Health Activities & Incident Management (continued)

Specific Competency	Knowledge	Attitude	Suggested Trainings/Tools	Assessment	
Describe the role of the local MRC unit in public health and/or emergency response and its application to a given incident.	<ul style="list-style-type: none"> Understand your community's public health system and the role of the MRC in local public health activities Understand the public health role of the MRC in emergency response. Understand who has the authority to activate & authorize the local MRC Unit 	<ul style="list-style-type: none"> Perform your roles and responsibilities in your MRC as they integrate within the public health or emergency response system 	<ul style="list-style-type: none"> Respect your role within your Unit's operation. 	<ul style="list-style-type: none"> Public Health 101 Online Pennsylvania & Ohio Public Health Training Center https://www.mrc.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&CourseID=1000546 Local unit-specific training 	<ul style="list-style-type: none"> Successful completion of a local Points of Dispensing (POD) or Strategic National Stockpile (SNS) training Successful completion of a public health training, where appropriate

All competencies may be observationally assessed in the context of drills and exercise in which your Unit participates.

TRAINING & EXERCISE ACTION PLAN – UNIT SAMPLE

*This sample MDRMRC Unit Training & Exercise Action Plan further details the training and exercise activities listed in your annual Volunteer Management Plan. An objective in any MRC Unit Plan is to ensure volunteer competencies through training and exercises. This requires a more detailed action-oriented training and exercise plan that includes implementation steps and expected outcomes. Many formats can be used for this purpose. MDRMRC Unit training plans are closely tied individual volunteer training records which are tracked through the MD Responds Volunteer Registry. The following is **an example** and is not intended as a plan to be followed by each MDRMRC unit. It includes some activities found to be effective in planning training for new volunteers and ongoing training to ensure readiness, skill development and skill enhancement. Each MDRMRC Unit will develop its plan based on local needs and resources. Once the plan is developed, perform regularly scheduled reviews to track progress and outcomes. This plan should be included as an appendix to your MDRMRC Unit Volunteer Management Plan.*

TRAINING & EXERCISE OBJECTIVE: Increase training capacity and ensure volunteer competencies through local training and educational opportunities

ACTIVITY 1: EVALUATE VOLUNTEER TRAINING NEEDS				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Conduct unit needs assessment to determine current skills and competencies of volunteers	Unit Administrator	Each June; Ongoing for new volunteers	Analysis of individual skills and needs and development of individual training plans	This can be done through the Volunteer Registry. See Administrator Guide for more information.
Compare current skills and competencies with skills and knowledge needed to accomplish MDRMRC mission	Unit Administrator	Each June Ongoing for new volunteers	Prioritize training opportunities to meet training needs	This will also help determine recruitment needs and plan
Compile and analyze results of unit needs assessment compared to required and desired skills and competencies	Unit Administrator	Each June	Determine and prepare report on training necessary to support MDRMRC Unit mission and goals	

ACTIVITY 2: ESTABLISH STANDARDIZED TRAINING PLAN				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Determine training objectives, skills to be learned, time requirements and necessary training activities	Unit Administrator	July 2014	Determine training needs	

Develop list of required and recommended trainings	Unit Administrator	July 2014	Determine training to meet requirements and need	See MDRMRC Volunteer Management Guide on required and recommended trainings
Develop list of special trainings determined necessary or desirable as a result of unit training needs assessment	Unit Administrator	July 2014	Fill gaps identified by unit training needs assessment	
Identify training resources and courses available through local, state and Federal entities	Unit Administrator	July 2014	Maximize funding and administrative capabilities by taking advantage of already available and tested trainings	
Develop partnerships to provide continuing education and continuing medical education credits for training	Unit Administrator	Ongoing	Encourage more volunteers to take training	This is an ongoing MDRMRC State Program objective as well
Develop list of training groups such as Orientation, Introduction to Incident Command	Unit Administrator	July 2014	Create training details	Add these training groups to the Groups section of unit's organization in the Volunteer Registry. See Administrator Guide for more information.
Determine size of group to be trained	Unit Administrator	August 2014	Create training details	
Determine training schedules, delivery methods and tools and materials needed for training	Consultant	September 2014	Begin training implementation	
Review curriculum for any locally developed training with MDRMRC, FEMA, CDC and Maryland DHMH guidelines	Unit Administrator	October 2014	Ensure curriculum meets national, state and local goals and objectives	
Develop training materials	Consultant	November 2014	Prepare all materials to support training	
Test and refine training materials	Consultant	November 2014	Ensure materials are useable and accomplish intended goals	
Determine evaluation criteria and how feedback will be obtained to evaluate training to ensure training objectives are achieved	Consultant	November 2014	Development of evaluation tools	

ACTIVITY 3: OFFER FLEXIBLE OPPORTUNITIES FOR TRAINING				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Offer required training online (<i>for example, create a Unit specific version of the MDRMRC Online Orientation Course and add it to the MDMRC Network Online Training Platform</i>)	Unit Administrator	December 2014 & ongoing	Ability to complete required training quickly	See MDRMRC Volunteer Management Guide for instruction on how to submit a course to the Online Training Platform
Offer required training in group sessions locally	Unit Administrator	Quarterly begin Dec 14	Meet volunteer training needs	
Facilitate opportunities by including training and educational information and links on the MDRMRC Network Web site	Unit Administrator	December 2014 and ongoing	Increase training opportunities	See MDRMRC Volunteer Management Guide for instruction on how to add a course to the MDRMRC Network online training calendar

ACTIVITY 4: COORDINATE PARTICIPATION IN LOCAL EXERCISES				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Conduct or participate in at least one local exercise annually	Unit Administrator	As available; at least annually	Maintain volunteer interest and skills. Enhance teamwork	

ACTIVITY 5: EVALUATE TRAINING AND EXERCISE PLAN EFFECTIVENESS				
Implementing Step	Lead	Time Frame	Expected Outcome	Status/ Notes
Develop and use pre and post tests as appropriate	Consultant	Ongoing	Ensure learning has occurred	
Develop or utilize existing evaluations for all training classes	Consultant	Ongoing	Find opportunities for improvement	See MDRMRC Volunteer Management Guide for template
Analyze individual training activity evaluations and pre/post test results	Unit Administrator	Ongoing	Make changes in curriculum as needed	
Measure percent of volunteers who participate in at least one training activity	Unit Administrator	June 2015	Increase over previous year participation	
Measure percent of persons trained who successfully complete and receive	Unit Administrator	June 2015	Meet established performance measure	Compare with previous year or benchmark

certification				
Evaluate volunteer competencies	Unit Administrator	Ongoing	Volunteers report or demonstrate increased skills and competencies	
Prepare training after action report with recommendations for training enhancements and future activities	Unit Administrator	Each June	Support and feedback from steering committee, county leaders, partners and the state. Improved future action and training plans	See MDRMRC Volunteer Management Guide for template

Specific implementing steps may need to be further broken down into a work plan or list of tasks. This sample represents a management tool for establishing an overall MDRMRC training plan. Other types of effective training plans include:

- A matrix of courses listing objectives, times, suggested trainees etc.
- An individual plan for each course to be offered describing the scope of the training, the objectives or expected results, a general description or overview of the curriculum, training requirements such as who is to be trained, time frames, trainers or presenters, training resources and materials, evaluation tools etc.
- An individual plan for each volunteer or classification including specific training competencies and goals, courses to be taken etc.

TRAINING & EXERCISE ACTION PLAN – STATE PROGRAM

This table shows projected statewide training and exercise activities for 2014. Statewide training and exercise activities are intended to supplement and support local efforts. This information will be updated as needed with the most recent version saved to the document libraries in Volunteer Registry and HAN.

MDRMRC NETWORK TRAINING & EXERCISE OBJECTIVE: To increase training capacity and ensure volunteer competencies through training and exercise opportunities

Required Courses			
Training/ Exercise Name	Proposed Locations	Proposed Date(s) of Training	Capability/ Expected Outcome
MDRMRC Orientation	Statewide	10/2014 to 12/2014	Volunteer Management: This full-day course prepares participants for their role as MDRMRC volunteers through an orientation session combined with the NIMS/ICS 700 and 100 courses. By attending this training, participants will learn about the requirements of MDRMRC membership, training and exercise opportunities and activation and deployment protocols.
	Online	Available 24/7	Disaster can strike at a moment's notice and your knowledge, skills and talents can save lives. This online training site is intended to prepare MDRMRC volunteers for deployments in the event of a public health emergency and to assist their communities with ongoing public health needs.
Introduction to Incident Command System [IS-100]	Statewide	10/2014 to 12/2014	(See MDRMRC Orientation- Statewide)
	Online	Available 24/7	ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).
National Incident Management System (NIMS), An Introduction [IS-700]	Statewide	10/2014 to 12/2014	(See MDRMRC Orientation- Statewide)
	Online	Available 24/7	This course introduces and overviews the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

Suggested Courses: National Incident Management Systems (NIMS)/ Incident Command System (ICS) Training

Training/ Exercise Name	Proposed Locations	Proposed Date(s) of Training	Capability/ Expected Outcome
-------------------------	--------------------	------------------------------	------------------------------

ICS for Single Resources and Initial Action Incidents [IS-200]	Statewide	3/2014	Emergency Operations Coordination: Increase the number of public health and healthcare professionals knowledgeable about the incident/event management process for supervisors.
	Online	Available 24/7	
National Response Framework, An Introduction [IS-800]	TBD	TBD	This independent study course introduces participants to the concepts and principles of the National Response Framework.
	Online	Available 24/7	
FEMA Emergency Management Institute (EMI) Courses	Online	Ongoing	A complete Emergency Management Institute course listing can be found at http://training.fema.gov/EMICourses/ .
FEMA classroom courses offered by Maryland Emergency Management Agency	In class	Ongoing	A list of courses offered by Maryland Emergency Management Agency can be found at http://mema.maryland.gov/Pages/ExercisesTrainingEvents.aspx .

Suggested Courses: Responder Safety & Emergency Response Trainings

Training/ Exercise Name	Proposed Locations	Proposed Date(s) of Training	Capability/ Expected Outcome
Basic Emergency Preparedness for Public Health Workers	Online	Ongoing	This online course uses the Columbia University developed emergency preparedness competencies to educate the public health workforce about the preparation for and response to disasters and other public health emergencies. It includes a self-study online learning component, while also requiring learners to demonstrate individual competencies within their public health occupational role. Participants who successfully complete the course will receive a completion.
Mobilizing Faith-Based Community Organizations in Preparing for Disasters*	Chestertown	10/ 2014	Training that provides instruction in the principles of a 'whole community approach' to emergency management as it seeks to utilize the resources and capacity of faith-based organizations in preparing for disaster. This FREE course also addresses the criteria listed in the National Disaster Recovery Framework, by enlisting FBCO leadership and integrating FBCO's into emergency plans and engaging them in the planning process.
Response Planning for Functional Needs Populations in Rural Communities	Garrett; Frederick	4/2014 (2 dates as options)	Community Preparedness, Healthcare Systems Preparedness & Emergency Operations Coordination: To educate planners from rural MD on the planning efforts needed to ensure the safety of those with functional needs living rural communities whose access to care and community support may be restricted during an emergency
RAPID Psychological First Aid	Region IV, III	5/2014 (2 dates as options)	Community Preparedness & Recovery, Responder Safety and Health & Volunteer Management: Concepts and skills training associated with Psychological First Aid. Utilizing the RAPID model (Reflective Listening, Assessment of needs, Prioritization, Intervention, and Disposition), this specialized training provides perspectives on injuries and trauma that are beyond those physical in nature.

Psychological First Aid in Radiation Disasters: (CDC PHEP)	Online	Ongoing	This training increases awareness of the unique psychological consequences of disasters caused by a radiological or nuclear event so that clinical and public health professionals and volunteers will be better prepared to respond radiation emergencies. The unique psychological aspects of mass casualty radiation disasters require an increased need for psychological first aid knowledge in the response community. Anyone who may respond to a radiation disaster, whether as a professional or as a volunteer must have an understanding of these aspects and how to best address them.
Think Inside the Box - Personal Emergency Preparedness Workshop	Prince George's	1/2014	An interactive workshop where participants will gain practical information on the importance of personal and family preparedness. The workshop includes game-based, hands-on activities to aid participants in starting an emergency preparedness kit and family communication plan, as well as to enhance awareness and skills for preparing for, responding to, and recovering from a variety of public health emergencies.
Personal Preparedness & Responder Safety Training	Statewide	6/2014 (multiple dates as options)	Community Preparedness & Recovery, Responder Safety and Health & Volunteer Management, Public Information (cultural competency)
AHA- Heart Savers First Aid, CPR, AED	Statewide	TBD	Heartsaver® First Aid CPR AED is a classroom, video-based, instructor-led course that teaches students critical skills needed to respond to and manage a first aid, choking or sudden cardiac arrest emergency in the first few minutes until emergency medical services (EMS) arrives. Students learn skills such as how to treat bleeding, sprains, broken bones, shock and other first aid emergencies. This course also teaches adult CPR and AED use.

Suggested Courses: Position and Discipline Specific Trainings

Training/ Exercise Name	Proposed Locations	Proposed Date(s) of Training	Capability/ Expected Outcome
Points of Dispensing (POD) Operations*	Online	1/2014, 3/2014	The DHMH POD Operations Training Webinars will provide a basic overview of PODs, and provide participants with a background to be familiar with the stations in a POD, what their role or responsibilities may be at a POD, and how to ensure POD flow is maintained. These webinars will increase the number of Maryland public health responders who are trained to work in a POD.
Immunization Techniques for RNs*	Baltimore	TBD	Immunization refresher offered by Johns Hopkins School of Nursing
State Shelter Training	Online	7/2014 (2 dates as options)	Community Preparedness & Recovery, Responder Safety and Health & Volunteer Management, Public Information (cultural competency)

Basic Disaster Life Support	Statewide	3/2014, 4/2014	This course aims to improve the care and coordination of response in disasters and other public health emergencies by developing a common approach and language among multiple disciplines in the health care community. This course targets emergency medical services personnel, hazardous materials personnel, public health personnel and other health care professionals. Reviews natural disasters, traumatic and explosive events, nuclear and radiological events, biological events and chemical events, health care professional's role in public health and incident management systems, community mental health and special needs of vulnerable populations.
-----------------------------	-----------	----------------	--

Suggested Courses: Unit Administrator Training

Training/ Exercise Name	Proposed Locations	Proposed Date(s) of Training	Capability/ Expected Outcome
MD Responds Volunteers – Administrator Training*	Online	2/2014; 5/2014; 9/2014; 12/2014	Volunteer Management: The purpose of this initiative is to provide LHDs with a mechanism for notifying and managing MRC volunteers in their county. In order to participate in this initiative, local health department staff must complete the MD Responds Local Administrator Training which teaches participants how to utilize the MD Responds volunteer registry system for local volunteer management.

Exercises

Training/ Exercise Name	Proposed Locations	Proposed Date(s) of Training	Capability/ Expected Outcome
MD Responds ESAR-VHP Exercise (Autumn Charge Exercise)	Online	10/2014	The exercise will provide public health officials and medical volunteers the opportunity to practice critical functions in response to a simulated large scale disaster. Public health officials across the nation will utilize Collaborative Fusions ESAR-VHP technology to notify, coordinate, and deploy thousands of volunteers.
State Shelter Exercise	TBD	8/2014 (2 dates as options)	This is an exercise to familiarize volunteers with the new shelter protocols and provide volunteers the opportunity for hands on learning through a table top exercise.

*DHMH Sponsored Training and Exercise Opportunities.

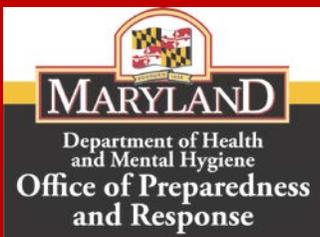


[Course Title]

[Insert MDRMRC Unit Name]

AGENDA

[Date]	09:00	Welcome
[Time] - [Time]	09:15	[Topic] [Presenter]
[Location]	10:00	Break
	10:15	[Topic] [Presenter]
	11:00	Break
	11:15	[Topic] [Presenter]
	12: 00	Lunch
	13:00	[Topic] [Presenter]
	13:45	Break
	14:00	[Topic] [Presenter]
	14:45	Break
	15:00	[Topic] [Presenter]
	15:45	Closing





MD Responds MRC

Maryland's Medical & Public Health Volunteer Corps

Orientation Training

[month] [year]

WELCOME!

- Agenda
- ID Badge Station
- Door Prize
- Uniform Size & Mailing Address Form
- MD Responds Course Evaluation



MD Responds Emergency Preparedness Kit

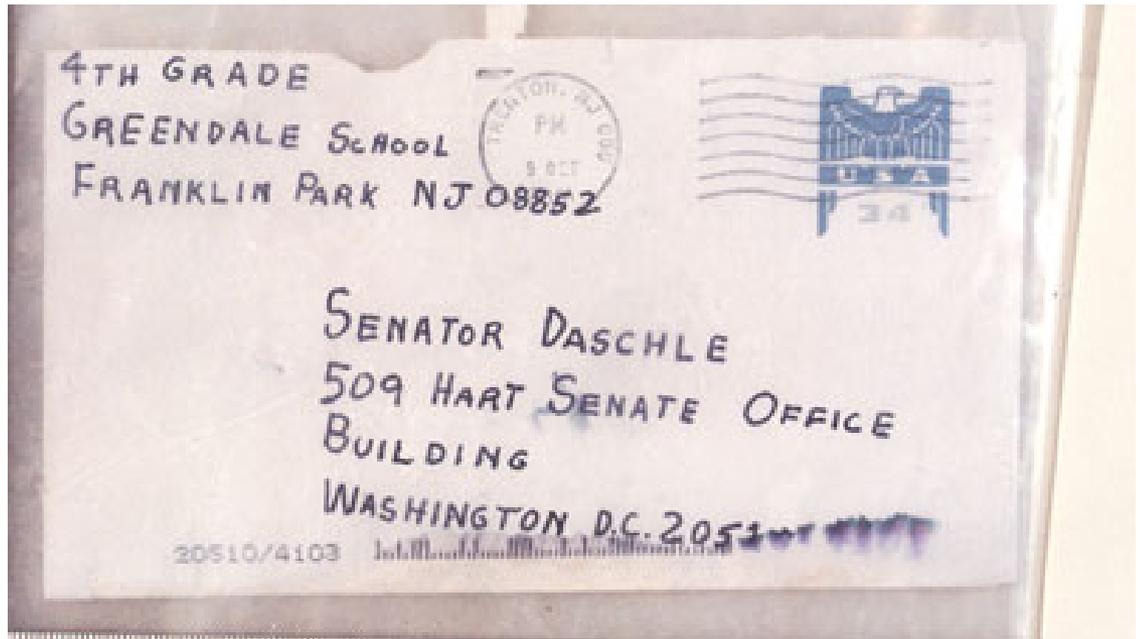
MD RESPONDS MRC OVERVIEW & MEMBERSHIP

[speaker name]

[speaker title]

MD Responds Orientation Objectives

- Describe the history, mission, and purpose of the MD Responds MRC
- Outline the role of the MD Responds MRC in public health and emergency response and its application to a given incident
- List the requirements for membership with the MD Responds MRC
- Locate where to find additional MRC resources, such as trainings and materials
- Follow the MD Responds MRC procedures for assignment, activation, deployment, and debriefing



2002

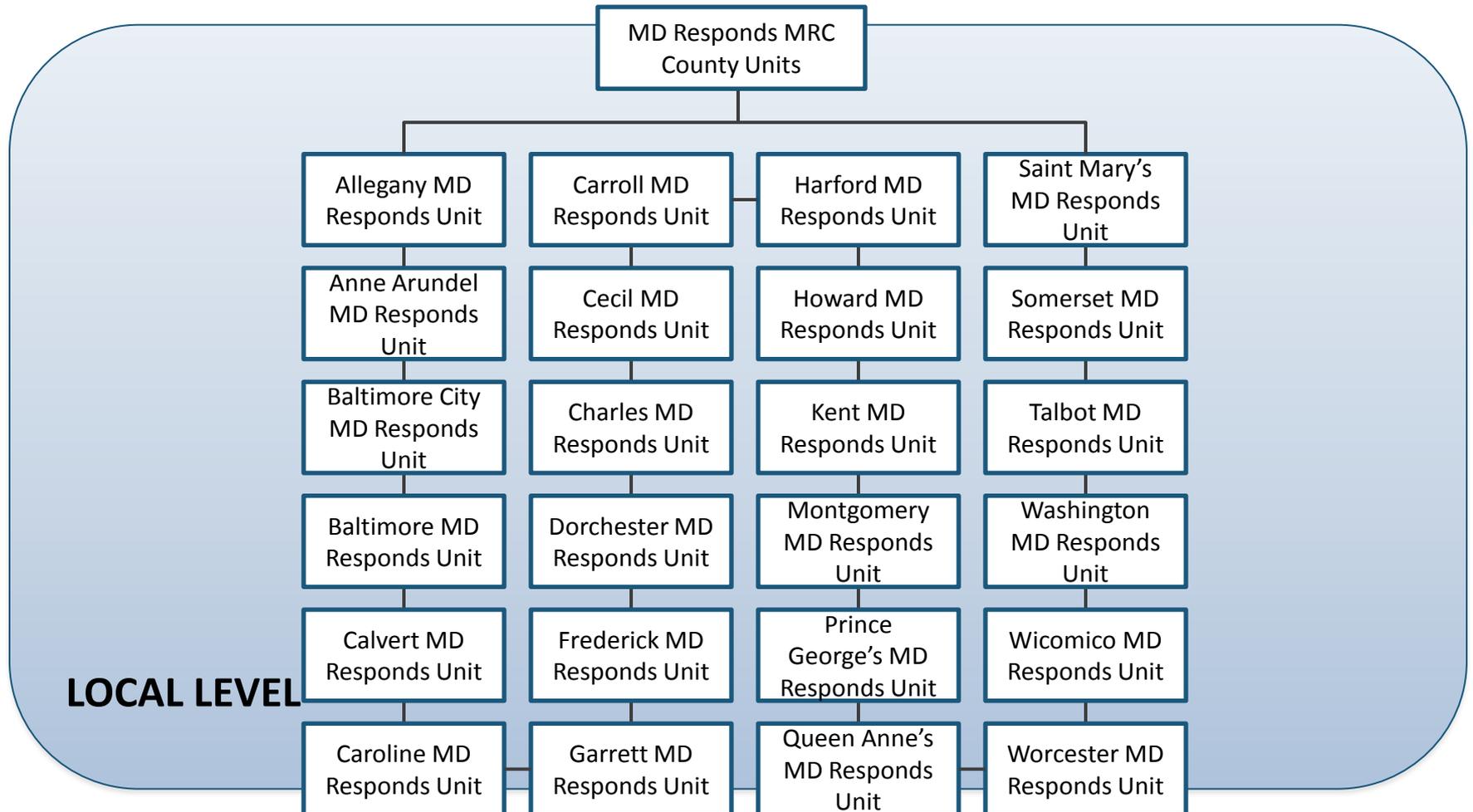
2013



2,964
Volunteers



Organization Structure



“Disasters strike at the local level first”

[name] MD Responds County Unit

Unit Leader:

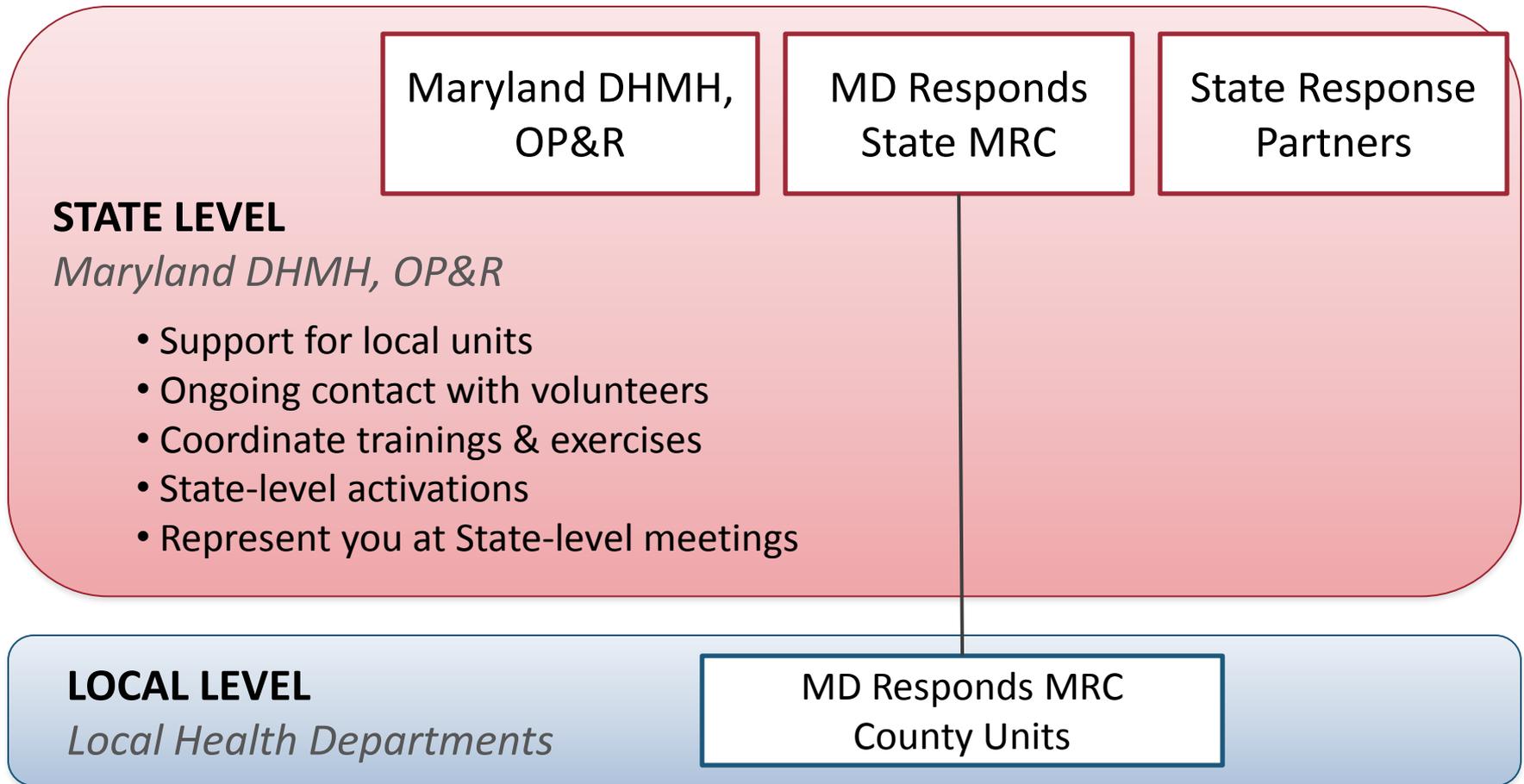
- [name]
 - [email address / number]

[name] MD Responds County Unit

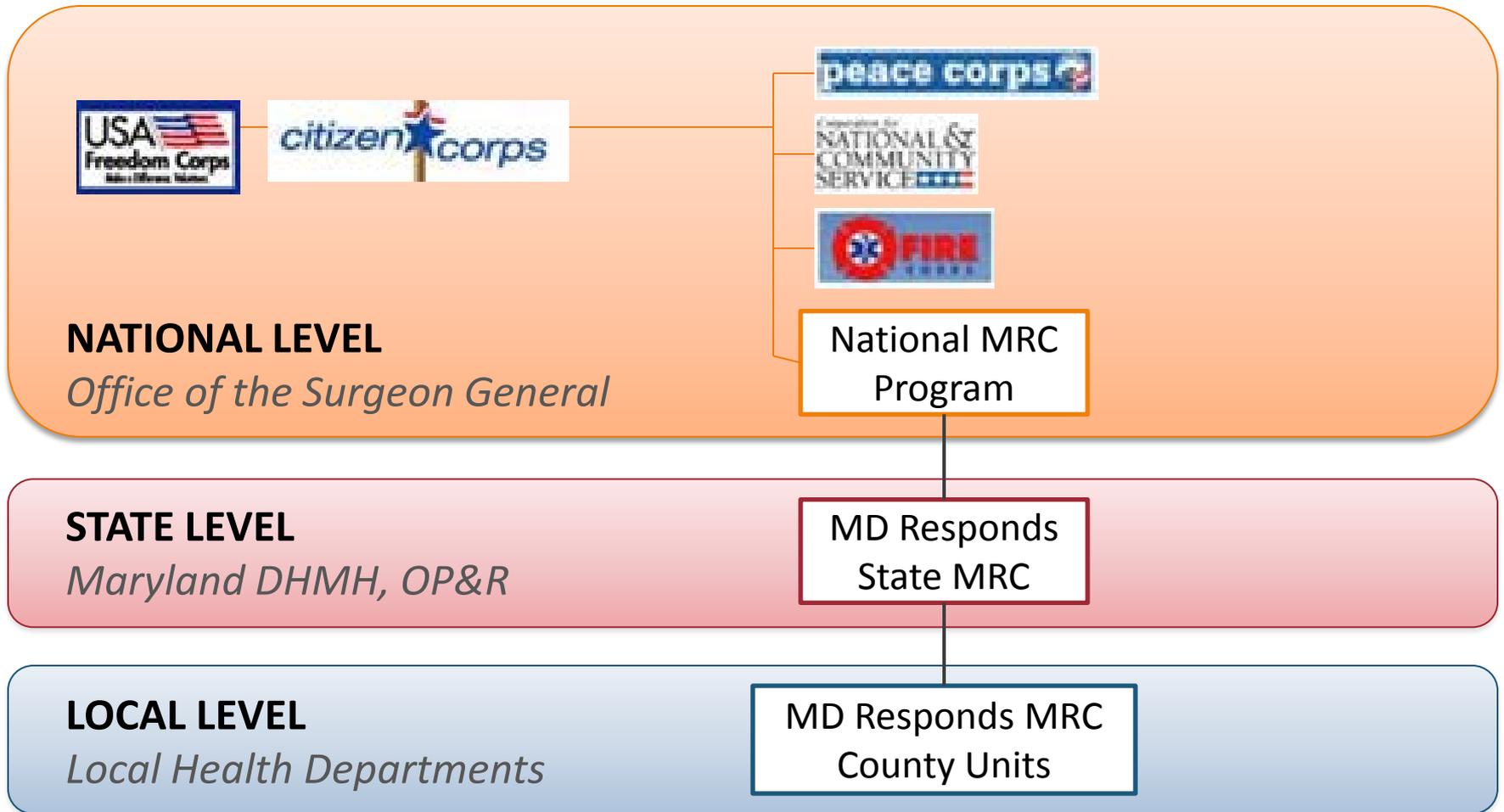
Unit Leader:

- [name]
 - [email address / number]

Organization Structure



Organization Structure



To augment and support Maryland's existing medical and public health systems during disasters and public health emergencies. To achieve this mission, MD Responds coordinates recruitment, registration, training, activation, and deployment of volunteers.

MDResponds

Maryland

*medical
reserve
corps*



Primary
medical and
public
health
resource to
support
existing
systems

A national Network of local groups of volunteers committed to improving the public health, emergency response, and resiliency of our communities

What We Do



State Shelter Operation



Dispensing



Mass Vaccination



Emergency Call Center



Federal Deployment- Katrina



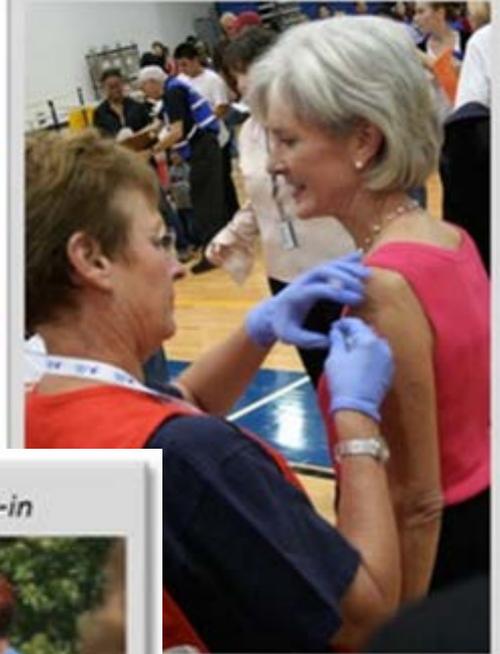
Field Hospital- Katrina

Find one of many ways to help!

Who We Are

- Nurses
- Social Workers
- Public Health practitioners
- Counselors
- Psychologists
- Veterinarians
- Pharmacists
- Physicians
- Acupuncturists
- Dentists
- Morticians
- And more!

Medical volunteer gives vaccination



Non-medical volunteer assists with check-in



<http://www.medicalreservecorps.gov/volunteerFldr/AboutVolunteering>

Membership Requirements

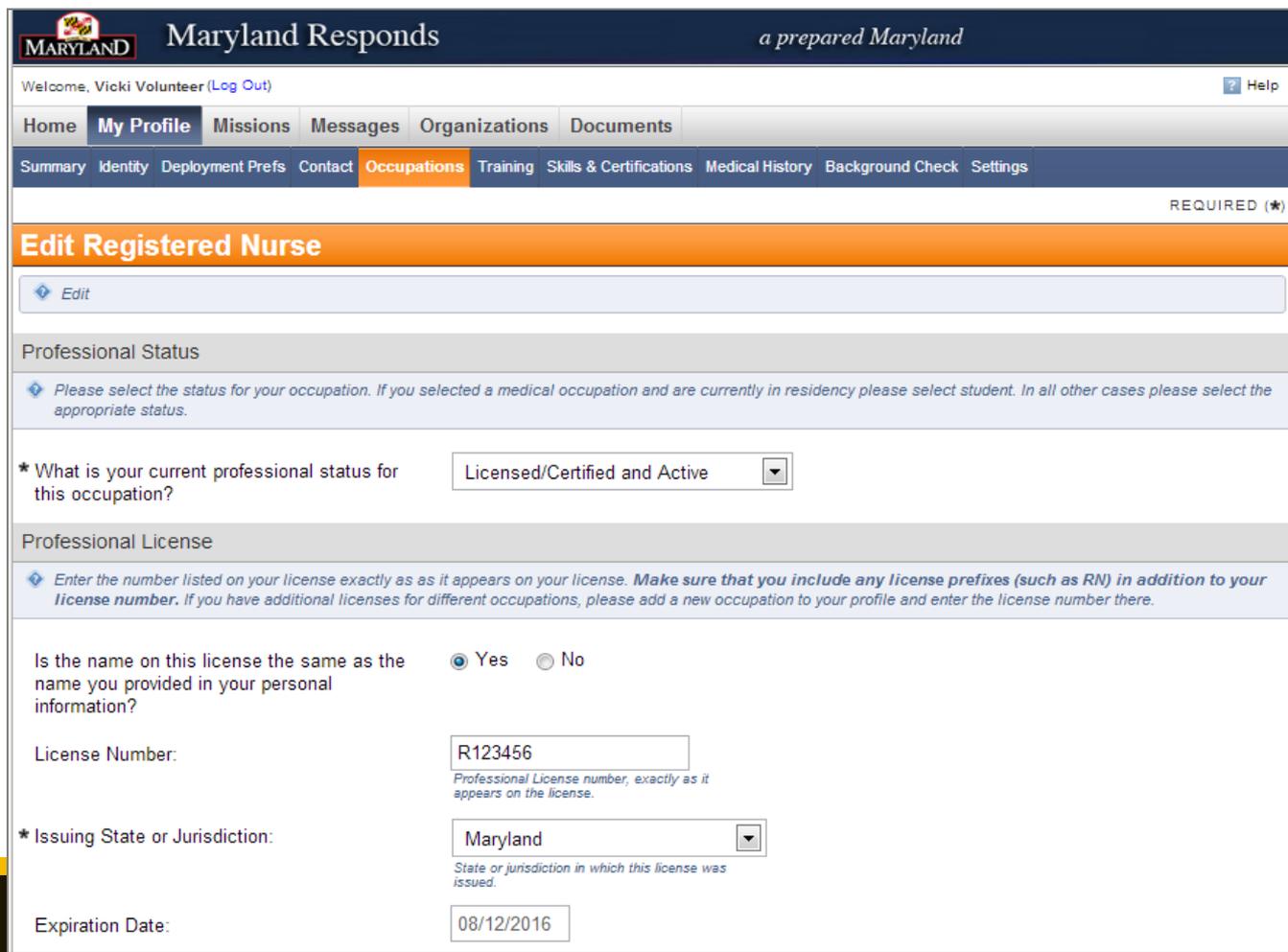
✓ 18+

- ✓ Free of felony and serious misdemeanor convictions
- ✓ Complete the MD Responds MRC orientation training

Continued on next slides...

Membership Requirements

- ✓ Register online through the MD Responds Volunteer Registry
- ✓ Maintain accurate contact and license information



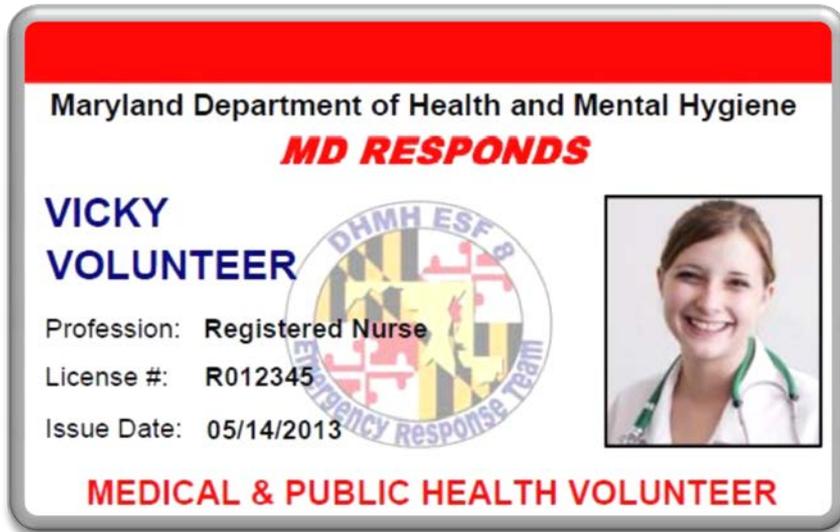
The screenshot shows the 'Edit Registered Nurse' page on the Maryland Responds website. The page header includes the Maryland state logo and the text 'Maryland Responds a prepared Maryland'. Below the header is a navigation menu with options: Home, My Profile (selected), Missions, Messages, Organizations, Documents, Summary, Identity, Deployment Prefs, Contact, Occupations (highlighted), Training, Skills & Certifications, Medical History, Background Check, and Settings. A 'Help' link is also present. The main content area is titled 'Edit Registered Nurse' and contains several sections:

- Professional Status:** A dropdown menu is set to 'Licensed/Certified and Active'. A note below reads: 'Please select the status for your occupation. If you selected a medical occupation and are currently in residency please select student. In all other cases please select the appropriate status.'
- Professional License:** A note reads: 'Enter the number listed on your license exactly as it appears on your license. Make sure that you include any license prefixes (such as RN) in addition to your license number. If you have additional licenses for different occupations, please add a new occupation to your profile and enter the license number there.'
- Is the name on this license the same as the name you provided in your personal information?:** Radio buttons for 'Yes' (selected) and 'No'.
- License Number:** Text input field containing 'R123456'. A note below reads: 'Professional License number, exactly as it appears on the license.'
- * Issuing State or Jurisdiction:** Dropdown menu set to 'Maryland'. A note below reads: 'State or jurisdiction in which this license was issued.'
- Expiration Date:** Text input field containing '08/12/2016'.

Membership Requirements

- ✓ Follow procedures to obtain MD Responds ID Badge

Are you ready for a MD Responds ID Badge?



1. 100 % complete profile
2. Update licensure info, if applicable
3. Verify your mailing address is accurate– your badge will be mailed here
4. Submit recent head shot

Get your photo taken today!!

Membership Requirements

✓ Agree to abide by and sign the Confidentiality and Liability agreements

MD RESPONDS MRC

Maryland's Medical & Public Health Volunteer Corps

The MD Responds Medical Reserve Corps (MRC) provides services to our community that may involve confidential health information. Per HIPAA (Privacy Act) regulations, we request that you sign and return the following document to the State MRC Coordinator for placement in your volunteer profile. This indicates that you will keep information you have access to confidential and will not discuss it with anyone other than the staff person with whom you are working.

MD Responds MRC Volunteer Confidentiality Agreement

By my signature below, I certify that I have read the following statement as listed below and agree to comply with its terms.

I understand that, as a medical and/or public health volunteer in the State of Maryland, the Department of Health and Mental Hygiene, Office of Preparedness and Response, for the MD Responds MRC, I may acquire knowledge of confidential information from patient files, case records, missions, conversations, etc. I agree that such information is not to be discussed or revealed to anyone not authorized to have the information.

I understand that a patient's privacy is to be protected at all times, and that a patient's private personal and health information is to be shared only with other health care and public safety providers who have a need to know such information in order to appropriately assist in or take over the care of said patient.

I understand that as a volunteer of the Maryland Department of Health and Mental Hygiene, I am prohibited from releasing to any unauthorized individual any confidential medical information which may come to my attention in the course of my volunteer duties. Moreover, I understand that any breach of patient confidentiality resulting from written or verbal release of information or records may provide grounds for legal action against me.

I hereby accept my ethical and legal responsibility to protect the privacy rights of patients for whom I provide or assist in medical or personal care. I will share a patient's medical and personal information only with those who must have that information to assist in or take over that patient's care.

Signature of Volunteer

Date

Printed Name

E-mail Address



Sign and return this form to the State MRC Coordinator via email at mdresponds.dhnh@maryland.gov, fax at 410-333-5000, or mail to 300 W. Preston Street, Suite 202, Baltimore, MD 21201.



MD RESPONDS MRC

Maryland's Medical & Public Health Volunteer Corps

VOLUNTEER LIABILITY POLICY

Pursuant to the Annotated Code of Maryland, State Government Article, § 12-101(a)(3)(ii) and the Code of Maryland Regulations 25.02.01.02B(8), the Maryland Department of Health and Mental Hygiene recognizes the MD Responds MRC as a State Volunteer Program. As such, MD Responds Volunteers may perform any duties authorized by the Governor, the Secretary of the Department of Health and Mental Hygiene, the Boards, or their agents. When performing duties so authorized, the Volunteer qualifies as State personnel under the Maryland Tort Claims Act, Annotated Code of Maryland, State Government Article, § 12-105, and the Courts and Judicial Proceedings Article §5-522(b), meaning that the Volunteer is immune both from suit in the courts of the State and from liability for acts or omissions within the scope of the Volunteer's authorized duties that are performed without malice or gross negligence.

By signing this document, the Volunteer agrees to perform only those duties authorized by the Governor, the Secretary of the Department of Health and Mental Hygiene, the Licensing Boards, or their agents, as defined by MD Responds MRC at the time of deployment and understands that the Volunteer is immune from both suit and liability to the extent provided under the above referenced statutes. If the Volunteer wishes to obtain protection from suit or liability for acts performed that are not authorized by the Governor, the Secretary, the Board, or their agents, the Volunteer agrees and understands that it is the Volunteer's sole responsibility to obtain the necessary insurance coverage.

The Volunteer is a civil defense volunteer as defined under the Workers' Compensation Act, Annotated Code of Maryland, Labor and Employment Article, § 9-232.1(a)(2). As such, if the Volunteer is called upon by the Department to perform duties during scheduled emergency training or during an emergency, the Volunteer will be considered to be a civil defense volunteer under that statute and will be eligible for workers' compensation to the extent provided under the Workers' Compensation Act when volunteer services are provided during an emergency. The Volunteer understands and agrees that the Volunteer is solely responsible to obtain additional insurance to cover the Volunteer's injuries or illnesses that may not be covered by the Workers' Compensation Act.

Signature of Volunteer

Date

Printed Name

E-mail Address



Sign and return this form to the State MRC Coordinator via email at mdresponds.dhnh@maryland.gov, fax at 410-333-5000, or mail to 300 W. Preston Street, Suite 202, Baltimore, MD 21201.



Follow and Support MD Responds!

Maryland Responds *a prepared Maryland*

Welcome, Vicki Volunteer (Log Out) Help

Home My Profile Missions Messages Organizations Documents

General Messages

General Messages

Compose

Inbox

Subject	Sender	Date
New Document Posted in MD Responds	MD Responds	7/12/2013 4:28 PM
Registration is CLOSED for the Bio...	MD Responds	7/8/2013 8:48 AM
Training Announcement - BioterrorL...	MD Responds	7/2/2013 10:04 AM
MD Responds Profile Update Reminde...	MD Responds	6/17/2013 3:02 PM
MD Responds - Weather Notification...	MD Responds	6/12/2013 2:49 PM
Training Announcement - Two New On...	MD Responds	6/12/2013 1:02 PM
Training Announcement - HACCHO's P...	MD Responds	6/12/2013 12:53 PM
Tropical Storm Weather Briefing, J...	MD Responds	6/6/2013 10:38 AM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARYLAND

MDRESPONDS | FAQ | TRAINING OPPORTUNITIES | RESOURCES

A-Z Index | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | I

MDResponds > Home

MD Responds Events Calendar

OP&R
DHMH

MD Responds

Maryland's Medical & Public Health Volunteer Corps

Disaster can strike at any time. Would you be willing to help your community prepare for and respond to such emergencies? If so, you can become an essential part of "A Prepared Maryland" by registering as an MD Responds volunteer.

Click **HERE** to Register with MD Responds

MD Responds is the Medical Reserve Corps (MRC) for the State of Maryland. The MRC is a nationwide network of volunteer programs like MD Responds that respond to local emergencies and ongoing public health efforts. MD Responds, previously known as the Maryland Professional Volunteer Corps, is administered by the Maryland Department of Health and Mental Hygiene (DHMH), Office of Preparedness and Response (OP&R).

The MD Responds MRC consists of health care professionals and community members ready to assist with disaster and emergency response and recovery during a declared emergency. MD Responds coordinates the recruitment, training, activation, and retention of practicing and retired physicians, nurses and other health professionals, as well as long-term large-scale

MD Responds Quick Links

- FAQ
- Newsletters
- Fliers
- Training & Exercise

facebook

MD Responds
mdc.dhmh.maryland.gov

MD Responds - Maryland's Medical & Public Health Volunteer Corps

96 Likes · 2 talking about this

Disaster Relief - Government Organization

MD Responds consists of health care and community professionals ready to assist with a public health response during a disaster or emergency situation. Register online.

About Photos Likes Notes Events

Libs

- Washington County Health Department Medical & Health - Government Organization
- Fredrick County Health Department Medical & Health - Government Organization
- Haryland Emergency Management Agency (HEMA) - Government Organization
- Somerset County Health Department - Government Organization
- Caroline County Health Department - Maryland Government Organization - Public Service

MD Responds - Maryland's Medical & Public Health Volunteer Corps shared a link. July 19 '13

Training Announcement—Emergency Management of Radiation Accident Victims (REACT/V)

The Maryland Department of Health and Mental Hygiene, Hospital Preparedness Program is hosting a two-day training on the medical management of radiation emerg... See More

OP&R - Events

MD Responds Newsletter
SEPTEMBER 2012

New MD Responds Staff Member

Welcome Stephanie!

Stephanie will work closely with other program staff to help coordinate the MD Responds program. We're very happy to have her on board!

Stephanie can be reached by email at Stephanie.Presson@thehanigan.org or by phone at 410-767-9775. As a reminder, the general MD Responds program contact information is MDRespondsAdmin@thehanigan.org or 410-767-9861.

CDC Highlights MRC Program

The Medical Reserve Corps (MRC) is the focus of this month's CDC Public Health Partners Blog. As our managing director at National Preparedness Month, it is important to highlight the significant and powerful role of the volunteer in prevention, preparation, the response and recovery.

The MRC was formed in 2003 in response to the article of September 11th and the author states that National Community-based teams of 1000 MRC units across the United States and its territories will more than 200,000 volunteers. The national network of community-based individuals is committed to responding to the health and safety of all communities through the action of volunteers from medical and public health professions, as well as that of other community members.

used to strengthening local public health systems, improving response capabilities, and building community resilience.

Within Maryland, MD Responds is the state-wide MRC program. There are also local MRCs in Harford County, Prince George's County, Howard County, and Baltimore County, as well as a unit specifically for Johns Hopkins employees.

If you know someone who wants to get back, please do let them know what they can do. You can find an www.mrc.org. They may be your next volunteer, partner, or someone helping your community before AND after a disaster. Spread the word of your incredible work and let others know how to get involved.

TRAINING & DEPLOYMENT

Stephanie Parsons, MSPH

MD Responds MRC/ State ESAR-VHP Coordinator

MD Responds Training Overview

- Comprehensive disaster preparedness & response training program
- On-going, web-based training
- In-class, scheduled training

The collage features three overlapping images. On the left is a Facebook page for 'MD Responds - Maryland's Medical & Public Health Volunteer Corps' showing volunteers at a training event. On the right is a screenshot of the 'MD Responds - Training & Exercise' website, which includes a navigation menu and an overview of the training program. In the center is a screenshot of the 'MD Responds Events Calendar' for November 2013, listing various training sessions with dates and times.

Day	Event	Time
Monday, 11/18	MD Responds MRC Immunization Tech	9:00 am - 12:00 pm
Tuesday, 11/19	MD Responds MRC Immunization Tech	9:00 am - 12:00 pm
Wednesday, 11/20	MD Responds MRC Immunization Tech	9:00 am - 12:00 pm
Thursday, 11/21	MD Responds MRC	8:30 am - 4:00 pm
Friday, 11/22	MD Responds MRC	8:30 am - 4:00 pm
Saturday, 11/23	MD Responds MRC	8:30 am - 4:00 pm
Sunday, 11/24	MD Responds MRC	8:30 am - 4:00 pm
Monday, 11/25	MD Responds MRC	8:30 am - 4:00 pm
Tuesday, 11/26	MD Responds MRC	8:30 am - 4:00 pm
Wednesday, 11/27	MD Responds MRC	8:30 am - 4:00 pm
Thursday, 11/28	MD Responds MRC	8:30 am - 4:00 pm
Friday, 11/29	MD Responds MRC	8:30 am - 4:00 pm
Saturday, 11/30	MD Responds MRC	8:30 am - 4:00 pm

Access the MD Responds Training Calendar at <http://mdr.dhmh.maryland.gov>

Training Curriculum

1. Orientation
2. NIMS/ ICS
3. Emergency Preparedness & Responder Safety
4. Discipline and Position-Specific



Additional Training Resources

- National Incident Management System

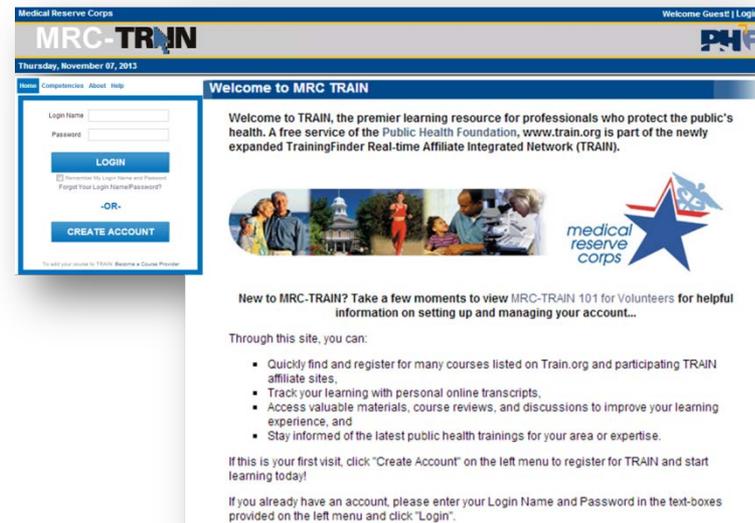
– training.fema.gov/IS/NIMS.aspx



The screenshot shows the FEMA Emergency Management Institute website. The header includes the FEMA logo and navigation links such as "EMI Courses & Schedule", "EMI Students & Instructors", "How to Apply", "Programs & Activities", and "FEMA Independent Study". A search bar is located in the top right corner. The main content area features a banner for the "Independent Study Program (ISP)" with a list of resources: "ISP Course List", "NIMS Courses", "Professional Development Series", "EMI Curriculum", and "Frequently Asked Questions". Below the banner, there is a "Distance Learning" section with a description of self-paced courses and a list of topics including Incident Management, Operational Planning, Disaster Logistics, Emergency Communications, Continuity Programs, Public Disaster Communications, Integrated Preparedness, and Hazard Mitigation. A "FEATURED TOPICS" sidebar on the right lists links for "ISP Transcript Request", "Name Change Request Form", "Independent Study Inquiries", "Independent Study Filter", "Independent Study Fact Sheet", "College Credits", "Continuing Education Links", "For Non-US Citizens", and "IAEM International Members".

- MRC-TRAIN

– www.mrc.train.org



The screenshot shows the MRC-TRAIN website. The header includes the "Medical Reserve Corps" logo and the "MRC-TRAIN" title. The date "Thursday, November 07, 2013" is displayed. The main content area features a "Welcome to MRC TRAIN" message and a description of TRAIN as a premier learning resource for public health professionals. A login form on the left includes fields for "Login Name" and "Password", a "LOGIN" button, and a "CREATE ACCOUNT" button. Below the login form, there is a section for new users: "New to MRC-TRAIN? Take a few moments to view MRC-TRAIN 101 for Volunteers for helpful information on setting up and managing your account...". A list of benefits is provided: "Through this site, you can:" followed by "Quickly find and register for many courses listed on Train.org and participating TRAIN affiliate sites.", "Track your learning with personal online transcripts.", "Access valuable materials, course reviews, and discussions to improve your learning experience, and", and "Stay informed of the latest public health trainings for your area or expertise." A note at the bottom states: "If this is your first visit, click 'Create Account' on the left menu to register for TRAIN and start learning today! If you already have an account, please enter your Login Name and Password in the text-boxes provided on the left menu and click 'Login'."

Training Documentation

MD RESPONDS

Maryland's Medical & Public Health Volunteer Corps



How to Update Your Training Courses in Your MD Responds Profile

A list of approved MD Responds training courses can be found at <http://mdr.dhmh.maryland.gov/SitePages/Training.aspx>. Once you have completed an approved training course, update your training information in your MD Responds Volunteer Profile by following the directions below:

1. Log into the MD Responds Volunteer Registry at <https://mdresponds.dhmh.maryland.gov/>



2. From your home screen, click on the **My Profile** tab



3. Click on the **Training** sub tab



4. Click on the **Add Training Course** button in the upper left corner



Exercise Opportunities

2013 Statewide SNS Exercise



MD Responds Pharmacy Volunteers practiced preparing antibiotics and antiviral medicals for distribution to state acute care centers.



Snapshots of some of the many players involved in the 2013 Statewide SNS Exercise



Family Emergency Plan

- ✓ Develop & assure your peace of mind
- ✓ Maintain a family disaster kit
- ✓ Be aware of public health threats





Ready.
Prepare. Plan. Stay Informed.

Family Emergency Plan



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place: _____ Phone: _____

Out-of-Neighborhood Meeting Place: _____ Phone: _____

Out-of-Town Meeting Place: _____ Phone: _____

Fill out the following information for each family member and keep it up to date.

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

<p>Work Location One</p> Address: _____ Phone: _____ Evacuation Location: _____	<p>School Location One</p> Address: _____ Phone: _____ Evacuation Location: _____
<p>Work Location Two</p> Address: _____ Phone: _____ Evacuation Location: _____	<p>School Location Two</p> Address: _____ Phone: _____ Evacuation Location: _____
<p>Work Location Three</p> Address: _____ Phone: _____ Evacuation Location: _____	<p>School Location Three</p> Address: _____ Phone: _____ Evacuation Location: _____
<p>Other place you frequent</p> Address: _____ Phone: _____ Evacuation Location: _____	<p>Other place you frequent</p> Address: _____ Phone: _____ Evacuation Location: _____

Name	Telephone Number	Policy Number

Dial 911 for Emergencies

ACTIVATION & DEPLOYMENT

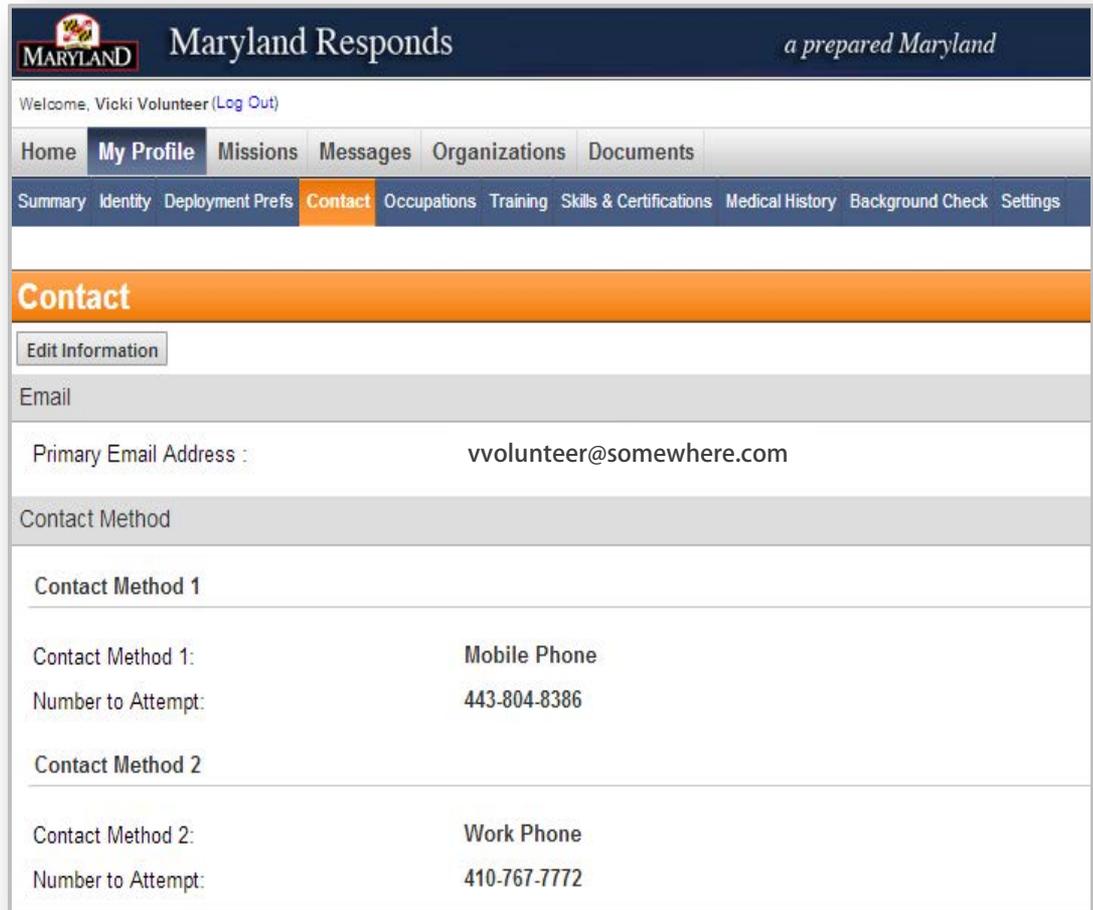
Stephanie Parsons, MSPH

MD Responds MRC/ State ESAR-VHP Coordinator

Activation Notification

Methods of Communication

- internal
- email
- phone
- text
- fax



The screenshot shows the 'Maryland Responds' user profile page for 'Vicki Volunteer'. The page is titled 'Contact' and displays the following information:

Contact	
Edit Information	
Email	
Primary Email Address :	vvolunteer@somewhere.com
Contact Method	
Contact Method 1	
Contact Method 1:	Mobile Phone
Number to Attempt:	443-804-8386
Contact Method 2	
Contact Method 2:	Work Phone
Number to Attempt:	410-767-7772

Activation Procedures

Non-Emergent Activation:



Flu Clinic

Emergent Activation:



Mass Care Shelter

Non-Emergent Activation

- **Respond To:**
 - Ongoing public health and preparedness needs throughout the year
- **Support:**
 - Public health education events
 - Disaster preparedness drills
 - Vaccination clinics
 - First aid stations

Local health fair



Disaster exercise



Emergent Activation

- **Respond To:**
 - Disasters
 - Public health emergencies
- **Support:**
 - POD operations
 - Mass sheltering operations
 - Family assistance centers
 - Special medical needs shelters
 - Medical or pandemic surge
 - Epidemiological investigations
 - Provide counseling and support for victims, families and responders



Emergent Activation Notification

- IMPORTANT: **DO NOT** self deploy
- Notification Methods
- Deployment Details

The screenshot shows the Maryland Responds website interface. The top navigation bar includes 'Home', 'My Profile', 'Missions', 'Messages', 'Organizations', and 'Documents'. The 'Messages' tab is selected. Below the navigation bar, there is a 'General Messages' section. A message titled 'Attention MD Responds RN's: Possible Shelter Deployment in Montg...' is displayed. The message details include the date sent (04/01/13 at 03:58 PM EDT), the sender (MD Responds), and the subject (Attention MD Responds RN's: Possible Shelter Deployment in Montgomery County). The message body contains information about a shelter deployment in Montgomery County, including the location (Gwendolyn Coffield Community Center) and the need for MD Responds Volunteer RN's to staff the shelter. It lists two shifts: Shift 1 (04/02/13, 1500 hours - 0500 hours) and Shift 2 (04/03/13, 0500 hours - 1500 hours). The message concludes with instructions on how to submit availability and a thank you note. At the bottom of the message, there are three radio button options for response: 'I am available for shift 1 (04/02/13, 1500 hours-0500 hours)', 'I am available for shift 2 (04/03/13, 0500 hours-1500 hours)', and 'I am not available for this deployment'. A 'Submit Response' button is located at the bottom right of the message content area.

Pre-Deployment Considerations

- **Deployment Details**

- ✓ Operational Hours
- ✓ Family members and pets
- ✓ Transportation
- ✓ Lodging
- ✓ Meals
- ✓ Scope



Deployment

- **What to bring:**
 - MD Responds ID Badge & another form of ID
 - Wear comfortable clothing (MD Responds Polo)
 - Personal “Go-Kit”
- **What to do upon arrival:**
 - **SIGN-IN**
 - Receive briefing/ Just-in-time training

Volunteer Sign-in Area



Public Information

- Confidentiality
- Media Relations
- Risk Communication



*“Providing information is just as important as providing medication.”
-Mike Montello, National Institutes of Health, 2001*

Post-Deployment

Volunteer

Demobilization:

- Brief replacement
- Return all equipment
- Complete all logs/forms
- **SIGN-OUT**

MD Responds MRC

Debriefing:

- Contact to assure safe return home
- Deployment feedback/ evaluation form
- Connect with support services if needed
- Record service in volunteer profile

Additional Resources

Documents Library

The screenshot shows the 'Maryland Responds' web application interface. At the top, there is a navigation bar with the Maryland state logo and the text 'Maryland Responds' and 'a prepared Maryland'. Below this is a user greeting 'Welcome, Vicki Volunteer (Log Out)' and a 'Help' link. A main navigation menu includes 'Home', 'My Profile', 'Missions', 'Messages', 'Organizations', and 'Documents'. A secondary menu under 'Documents' includes 'Document Library', 'My Documents', 'My Watched Documents', and 'Document Search'. The 'Document Library' section is highlighted in orange and contains a search box labeled 'Search Documents'. The main content area is divided into two columns. The left column lists several folders and documents, including 'Emergency Preparedness Info & Fact Sheets', 'Orientation Materials' (with sub-items like 'How to Register for MDResponds Orientation Training.docx' and 'Online Orientation Training Slides_All.pptx'), 'Volunteer Resources' (with sub-items like 'Confidentiality Agreement', 'Core Competencies for MRC Volunteers', etc.), and 'Weather Events'. The right column shows details for a selected document, including the creator 'Stephanie Parsons', creation date '08/12/2013 09:29 AM', and last modified date '08/12/2013 09:29 AM'. There are also links for 'Details' and 'Watch'. Four blue arrows with numbers 1, 2, 3, and 4 point to specific elements: 1 points to the 'Documents' menu item, 2 points to the 'Document Library' sub-menu item, 3 points to the 'Orientation Materials' folder, and 4 points to the 'Volunteer Resources' folder.

MD Responds MRC

State Points of Contact

Stephanie K. Parsons, MSPH

MD Responds, State MRC/ ESAR-VHP Coordinator
Office of Preparedness and Response
MD Department of Health and Mental Hygiene
Email: stephanie.parsons@maryland.gov
Office: 410-767-7772
Cell: 443-804-8386

Dorothy Sheu, MPH

MD Responds Program Assistant
Office of Preparedness and Response
MD Department of Health and Mental Hygiene
Email: dorothy.sheu@maryland.gov
Office: 410-767-0959
Cell: 443-388-6033

MD Responds Program Office

E-mail: mdresponds.dhmf@maryland.gov
Phone: 410-767-7772
Fax: 410-333-5000
Address: 300 W. Preston Street, Suite 202
Baltimore, MD 21201
Website: <http://mdr.dhmf.maryland.gov/>
Registration: <https://mdresponds.dhmf.maryland.gov/>
Facebook: www.facebook.com/mdresponds

MD Responds MRC Unit Points of Contact

[Name]

[Title]

[Physical address]

[Email:]

[Desk number]

[Work cell]

[Name]

[Title]

[Physical address]

[Email:]

[Desk number]

[Work cell]

Are you deployment eligible?? Have you...

- Obtained your ID badge
- Submitted your Liability & Confidentiality Policies
- Completed the MD Responds Orientation
- Received your uniform shirt

**THANK
YOU**



Maryland Department of Health & Mental Hygiene
Office of Preparedness & Response
MD Responds MRC Training Announcement



Course Title:

Description:

Audience:

Presenter:

Date/ Time:

Other Notes: [e.g., lunch will be provided, on-site directions to come, etc]

Registration: Registration is free, but advanced registration is required. To register, please **[your text here]**

Questions: For questions related to course registration, email **[your text here]** at **[your text here]** or call **[your text here]**.

For questions related to MD Responds MRC, contact your Unit Administrator **[Insert Unit Administrator Contact Information]**, or email the **MD Responds State Program Office** at mdresponds.dhmh@maryland.gov, or visit us on the web at mdr.dhmh.maryland.gov.

MD RESPONDS

Maryland's Medical & Public Health Volunteer Corps



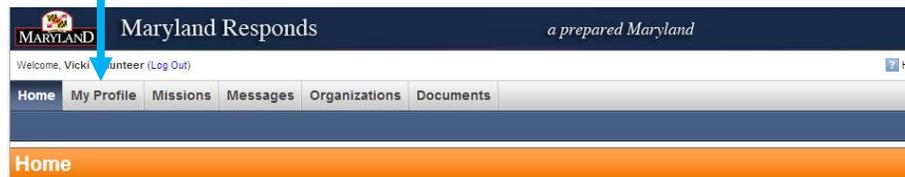
How to Update Your MD Responds Training Record

A list of approved MD Responds training courses can be found at <http://mdr.dhmh.maryland.gov/SitePages/Training.aspx>. Once you have completed an approved training course, update your training information in your MD Responds Volunteer Profile by following the directions below:

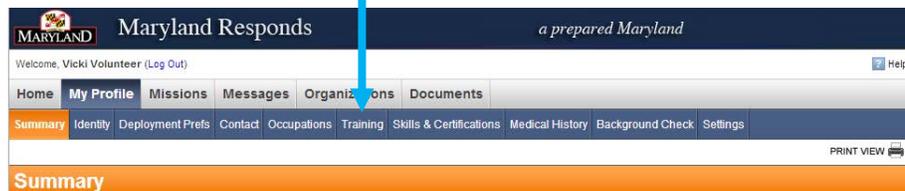
1. Log into the MD Responds Volunteer Registry at <https://mdresponds.dhmh.maryland.gov/>



2. From your home screen, click on the **My Profile** tab



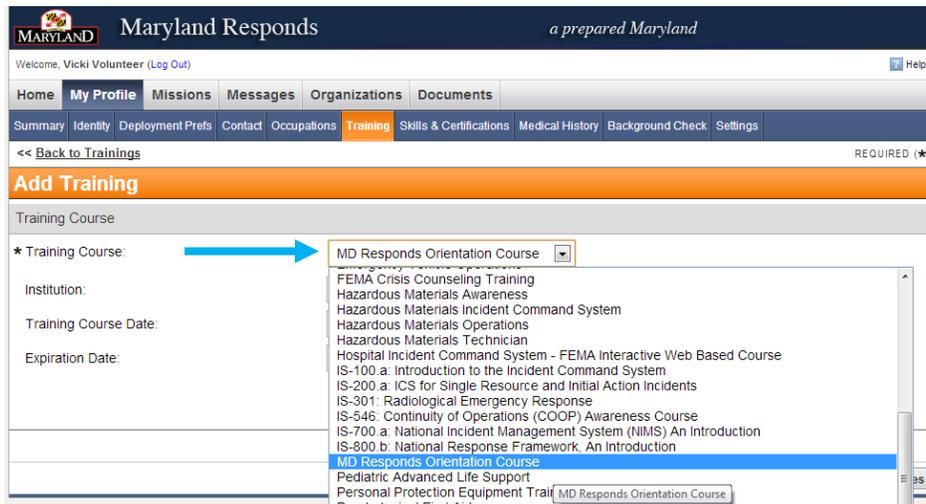
3. Click on the **Training** sub tab



4. Click on the **Add Training Course** button in the upper left corner



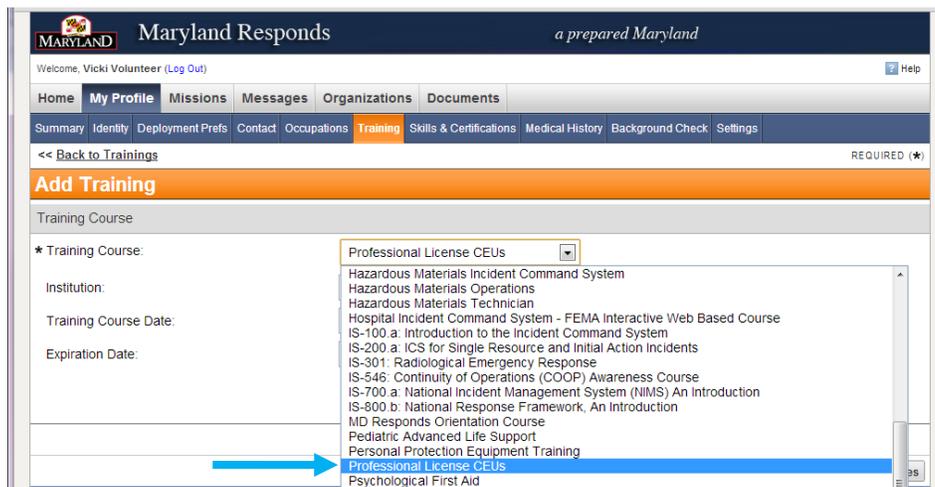
5. Select the training course from the drop down menu



➤ If the course you have completed is not listed, select **Emergency/ Disaster Preparedness Training**



➤ If the course you have completed is not listed in the course selection and was for receiving or maintaining medical licensure/ certification, select **Professional License CEUs**



6. Enter the name of the **Institution** that provided the course
7. For **Training Completion Date**, enter the date you completed the course
8. Enter the course **Expiration Date** (if applicable, i.e. CPR certifications expire after 2 years)
9. Click the **Choose File** button to upload training certificate (if applicable)
10. Click **Save Changes**

Maryland Responds *a prepared Maryland*

Welcome, Vicki Volunteer (Log Out) Help

Home My Profile Missions Messages Organizations Documents

Summary Identity Deployment Prefs Contact Occupations **Training** Skills & Certifications Medical History Background Check Settings

<< Back to Trainings REQUIRED (*)

Edit Training

Training Course

Training Course: MD Responds Orientation Course

Institution: DHMH, MD Responds MRC

Training Course Date: 07/01/2013

Expiration Date: mm/dd/yyyy

Check this box if your training course has no expiration date

Upload Certificate: Choose File No file chosen

Clear Add Another Certificate

Cancel Save Changes

11. After you have updated your training information, please return to your profile summary page to ensure the other sections of your profile are complete.

Maryland Responds *a prepared Maryland*

Welcome, Vicki Volunteer (Log Out) Help

Home My Profile Missions Messages Organizations Documents

Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

PRINT VIEW

Summary

77% Complete

In order to make you eligible for potential deployments, all profile information must be complete. Please take the time to fill out each section below.

- Identity (incomplete - required fields missing)**
Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.
- Deployment Preferences (incomplete - required fields missing)**
Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.
- Contact (incomplete - required fields missing)**
Your contact information and emergency contacts for use during a deployment.
- Occupations (complete)**
Your professional experience.
 - Social Scientist or Related Worker, All Other (needs attention - Credential information incomplete)**
Credentials are the formal qualifications you possess and are verified by the system.
 - Public Health Administration (needs attention - Credential information incomplete)**
Credentials are the formal qualifications you possess and are verified by the system.
- Training (complete)**
Your completed training courses.
- Skills and Certifications (complete)**
Your expertise to be considered for deployment eligibility and your prior deployment history.
- Medical History (incomplete - required fields missing)**
Your health conditions that may affect deployment eligibility and your vaccination history.
- Background Check (complete)**
Your background check may affect deployment eligibility.

If you have additional questions, please contact your local MD Responds Unit Administrator. You may also email the State MD Responds program office at mdresponds.dhmh@maryland.gov for assistance.



MD Responds Medical Reserve Corps

Training Evaluation Form

[Insert Course Title]

[Insert Date]

Course Information

Course Title	MD Responds MRC Orientation Training	Date	
---------------------	--------------------------------------	-------------	--

Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Course Content	<input type="checkbox"/>				
<i>Comments</i>					
Instructor(s) Presentation & Delivery	<input type="checkbox"/>				
<i>Comments</i>					
Instructor(s) Knowledge & Command of Subject	<input type="checkbox"/>				
<i>Comments</i>					
Length of Presentation	<input type="checkbox"/>				
<i>Comments</i>					
Audio/Visuals & Printed Materials	<input type="checkbox"/>				
<i>Comments</i>					
Opportunity for Participation & Interaction	<input type="checkbox"/>				
<i>Comments</i>					
Overall Rating & Comments					

Evaluation

Do you understand your role as a MD Responds MRC Volunteer? Circle YES or NO
 If no, what concerns or uncertainties do you have?

What follow-up measures would be helpful to you following this training?

What could the MD Responds MRC do to improve future orientation trainings?

Additional Comments and Recommendations

If you'd like to elaborate further on your comments or have MD Responds contact you, please include your name and contact information here:

Please turn in your completed evaluation form to the registration desk before leaving. Thank you!

Maryland Responds Medical Reserve Corps 2013 Orientation

After-Action Report/Improvement Plan

1-14-14

The After-Action Report/Improvement Plan (AAR/IP) aligns training objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Training information required for preparedness reporting and trend analysis is included; template was modified to meet organizational needs.

TRAINING OVERVIEW

Exercise Name	Maryland Responds Medical Reserve Corps (MDRMRC) 2013 Orientation
Exercise Dates	11/5/13, 11/8/13, 11/12/13, 11/15/13, 11/21/13
Scope	The MDRMRC orientation training was delivered on 5 separate dates in November 2013 and in each Region of Maryland. This 6 hour course consisted of two content areas: first, MDRMRC Orientation (1.5 hours); second, National Incident Management System (NIMS) and Incident Command System (ICS) 700 and 100 (4 hours). This modified AAR/IP addresses the MDRMRC orientation portion only.
Mission Area(s)	Protection, Response, and/or Recovery
Core Capabilities	‘Planning’, ‘exercises, evaluations, & corrective actions’, ‘training’, ‘personnel’, and ‘equipment and systems’
Objectives	<ul style="list-style-type: none">• Objective 1: Provide Volunteers with an overview of MDRMRC• Objective 2: Utilize engaging presentation and delivery by instructors• Objective 3: Convey knowledge and command of subject by instructors• Objective 4: Time presentation appropriately to content scope• Objective 5: Provide Volunteers with audio/visuals & printed materials• Objective 6: Give Volunteers opportunities for participation and interaction• Objective 7: Solicit feedback from Volunteers for future program development
Sponsor	MDRMRC Maryland Department of Health and Mental Hygiene (MDHMH) Office of Preparedness and Response (OP&R) 300 West Preston Street, Suite 202, Baltimore MD 21201
Participating Organizations	Training Participants: 175 Training Participants who completed the evaluation: 130 (74%) Trainers/Observers: 3 Johns Hopkins Center for Public Health Preparedness Region I Garrett County Health Department

1025 Memorial Drive, Room 107, Oakland MD 21550

Region II
Frederick County Health Department
350 Montevue Lane, C, Frederick MD 21702

Region III
Springfield Hospital Conference Center
6655 Sykesville Road, Sykesville, MD 21781

Region IV
Talbot County Department of Emergency Services
605 Port Street, Easton, MD 21601

Region V
Montgomery County Emergency Operations Center Training Room
1300 Quince Orchard Blvd, Gaithersburg, MD 20878

Stephanie Parsons
MDRMRC Program Coordinator
Stephanie.Parsons@Maryland.gov
410-767-7772

Dorothy Sheu
MDRMRC Program Assistant
Dorothy.Sheu@Maryland.gov
410-767-0959

Point of Contact

Michael Mannozi
MDHMH OP&R Emergency Operations Manager
Michael.Mannozi@Maryland.gov
410-767-6434

Artensie Flowers
MDHMH OP&R Planning Program Manager
Artensie.Flowers@Maryland.gov
410-767-5765

Clifford Smith
MDHMH OP&R Training Coordinator
Clifford.Smith@Maryland.gov
410-767-5266

ANALYSIS OF OBJECTIVES

Table 1 includes the training objectives and performance ratings as observed during the training and determined by the evaluation team.

Table 1. Summary of Core Capability Performance

Objective	Rating
1. Provide Volunteers with an overview of MDRMRC.	S
2. Utilize engaging presentation and delivery by instructors.	S
3. Convey knowledge and command of subject by instructors.	P
4. Time presentation appropriately to content scope.	S
5. Provide Volunteers with audio/visuals & printed materials.	S
6. Give Volunteers opportunities for participation and interaction.	See #2
7. Solicit feedback from Volunteers for future program development.	S
<p>Ratings Definitions:</p> <ul style="list-style-type: none"> • Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. • Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). 	

A Guide to the Subsequent Section

Objective

Critical Tasks

1. Steps needed to meet objective
2. Steps needed to meet objective
3. Steps needed to meet objective

Strengths

- **Strength 1:** Observation statement about strength(s) of task
- **Strength 2:** Observation statement about strength(s) of task
- **Strength 3:** Observation statement about strength(s) of task

Areas for Improvement

- **Area for Improvement 1:** Observation statement about area for improvement of task
 - **Analysis:** Root cause analysis or summary
- **Area for Improvement 2:** Observation statement about area for improvement of task
 - **Analysis:** Root cause analysis or summary
- **Area for Improvement 3:** Observation statement about area for improvement of task
 - **Analysis:** Root cause analysis or summary

Areas of Comment

- Area of Comment 1:** Observation statement not directly addressed by task, but relevant to task.
- **Analysis:** Root cause analysis or summary

The following sections provide an overview of the performance related to each training objective, highlighting strengths and areas for improvement.

Objective I: Provide Volunteers with an overview of MDRMRC

Critical Tasks

4. Identify MRC objectives.
5. Define MDRMRC goals and mission.
6. Create MDRMRC curriculum. The MDRMRC orientation curriculum covered the following Deliverables:
 - I. Describe the history, mission, and purpose of the MDRMRC.
 - II. Outline the role of the MDRMRC in public health and emergency response and its application to a given incident.
 - III. List the requirements for membership with the MDRMRC.
 - IV. Locate where to find additional MRC resources, such as trainings and materials.
 - V. Follow the MDRMRC procedures for assignment, activation, deployment, and debriefing.
 - VI. Situate volunteers within the National Incident Management System and Incident Command System.

Strengths

- **Strength 1:** Utilized systematic research process to identify MRC objectives that apply to MDRMRC goals and mission.
- **Strength 2:** Participant evaluation feedback suggests that the MDRMRC objectives and their overall organization served as assets to the MDRMRC curriculum (e.g., “relevant”, “easy to follow”).
- **Strength 3:** Of evaluation respondents who answered the question about understanding their role as a volunteer, 100% reported that they understand their role as a MDRMRC volunteer (Appendix C); it should be noted that of those who completed evaluations, eight evaluation respondents did not select a response.

Areas for Improvement

- **Area for Improvement 1:** MDRMRC Curriculum (Deliverable II)
 - **Analysis:** Volunteer roles described include medical and public health for: mass-vaccination, patient care, points of distribution, call centers, and shelter operations. Roles were presented alongside types of events, such as local versus deployment (e.g., Katrina). Participant feedback requested more clearly delineated volunteer roles: “have specific orientations for nurses with panel who have volunteered in different emergent vs. non-emergent roles.”
- **Area for Improvement 2:** MDRMRC Curriculum (Deliverable VI)
 - **Analysis:** The MDRMRC portion of the orientation did not touch upon NIMS/ICS concepts. A Volunteer suggested to “use NIMS/ICS structure for all events to practice.”

Areas of Comment

- **Area of Comment 1:** MDRMRC Curriculum
 - **Analysis:** The training announcement advertised MDRMRC and NIMS/ICS trainings as one training; therefore, Volunteers may not have been aware of the option to leave before NIMS/ICS portion if they had already received those certificates: “Recommend separating MD Responds Orientation from NIMS/ICS for those who have already had the NIMS/ICS part”.

Objective II: Utilize engaging presentation and delivery by instructors

Critical Tasks

1. Identify, apply, and execute adult learning theory teaching methods (e.g., discussion, brainstorming) to MDRMRC orientation curriculum.
2. Real time adjustment to lesson plan based on students' learning needs and participation.
3. Invite Unit Administrators to attend trainings.
4. Trainers are approachable and accessible.

Strengths

- **Strength 1:** Trainers identified, applied, and executed adult learning theory teaching methods: brainstorm/discussion, group work, and case studies. Overall, Volunteers noted ample opportunity for participation. Participants found some adult learning theory methods (activities) to meaningfully increase their participation.
- **Strength 2:** Unit Administrators were invited and some attended orientation and met volunteers.
- **Strength 3:** “Stephanie and Dorothy were enthusiastic” ; Participants felt “welcome to ask questions”—“all instructors were receptive and non-threatening”

Areas for Improvement

- **Area for Improvement 1:** Implement adult learning theory.
 - **Analysis:** Demonstration could have been used in place of lecturing, at times. When explaining the online Registry, trainers used screen shots to explain how to navigate the website. Participant feedback suggests, rather, to “walk through website live.”
- **Area for Improvement 2:** Tailored to Volunteer learning needs and participation
 - **Analysis:**
 - *Group work.* Trainers instructed Volunteers to work in groups and review the organization and mission of MDRMRC. Participants analyzed the MDRMRC logo to explain these topics. Some Volunteers found this helpful while others did not.
 - *Brainstorming/ Discussion.* Discussion, or “brainstorming”, was used in two instances: 1) for introductions and Volunteer identification of learning goals; and 2) to solicit training recommendations. After a large group brainstormed training ideas, a Volunteer reports, “Less discussion—just take 3 or 4 suggestions for topics and collect cards.”

- *Case studies.* When describing volunteer roles, the facilitator asked for Volunteers to share any prior experiences they had volunteering. As elucidated by responses in one evaluation, this method could have been honed: “have specific orientation for nurses with panel who have volunteered in different emergent vs. non-emergent roles”.
- *Role-play.* Participants wanted to more actively practice or apply their new knowledge: “use NIMS/ICS structure for all events to practice (e.g., RMS) for volunteers to receive notification of and respond to trainings”
- **Area for Improvement 3:** Low Unit Administrator attendance
 - **Analysis:** Unit Administrators received an invitation to attend and represent their County Unit at the end of October. For those representing Regions whose training took place early November, this was less than a week’s notice.

Areas of Comment

- None identified.

Objective III: Convey knowledge and command of subject by instructors

Critical Tasks

1. Trainers review content.
2. Trainers practice presentation.

Strength

- **Strength:** Participants gave instructors 4.84/5 for knowledge & subject command—the highest rated measure: “Obviously expert in their disciplines” (Appendix C).

Areas for Improvement

- None identified.

Objective IV: Time presentation appropriately to content scope

Critical Tasks

1. Develop agenda and allot times per topic.
2. Start training on-time.
3. Monitor time and adjust lesson plans as appropriate.
4. Allot time for questions and answers.
5. Stop for breaks.

Strength

- While a handful of people remarked on adequate timing, most others stated timing as an area for improvement.

Areas for Improvement

- **Area for Improvement 1:** Agenda timing
 - **Analysis:** Participants noted: “suggest more realistic agenda times/planning to accommodate subject matter” and “increase time management of course. Ran over allotment.” Trainers ran behind schedule, leading to a later start of the NIMS/ICS portion and also a late lunch. Root causes for delays are described below.
- **Area for Improvement 2:** Time management
 - **Analysis:** During introductions, Volunteers shared their name and what they wanted to learn from the training. Larger groups required more time for introductions, as reflected in one comment: “I think the introduction was a little long but was still good!”
 - Some Volunteers reported that activities led to “too much participation”. Large classes especially took longer with activities. One Volunteer suggested that the logo activity could have been cut. Other Volunteers stated that the training identification activity was too drawn out and that it was not necessary for every individual to participate.
- **Area for Improvement 3:** Questions and Answers
 - **Analysis:** Facilitators took all questions and answers and at all times. Frequent opportunities for participation lengthened and at times derailed conversation.
- **Area for Improvement 4:** Participants commented on the length and timing of breaks.
 - **Analysis:** Fifteen minute breaks may have been at times superfluous. In some cases, the placement of breaks was an issue-- “No working through. Lack of adequate breaks affects concentration. Adult learners do best with breaks about every 45 minutes”.

Areas of Comment

- **Area of Comment 1:** Start training on-time
 - **Analysis:** Region III’s training started 10 minutes late. Participants had trouble finding the location and thus facilitators decided to delay start time until more Volunteers arrived.

Objective V: Provide Volunteers with audio/visuals & printed materials

Critical Tasks

1. Secure facilities for trainings; specify needs (e.g., audio).
2. Close registration and generate roster. Send facility roster.
3. Order food.
4. Prepare drinks.
5. Finalize power point.

6. Assemble MDRMRC backpack with handouts.

Strengths

- **Strength 1:** Facilities secured in kind and around Maryland. Inquiries about technology such as projectors and audio equipment were made prior to training.
- **Strength 2:** Facility administrators received roster in advance.
- **Strength 3:** Lunch was ordered and provided.
- **Strength 4:** Facilitators provided coffee.
- **Strength 5:** Power point was completed and presented.
- **Strength 6:** Each Volunteer received a MDRMRC backpack with handouts and other materials.

Areas for Improvement

- **Area for Improvement 1:** Facility
 - **Analysis:** Inquiries about technology such as projectors and audio equipment were made prior to training; however, no follow up occurred closer to training date. Only Regions I and III had a microphone prepared on the day of the training. Upon asking for microphones, Regions II and V also provided them. Region IV was unable to provide a microphone. Participants would like a microphone to be passed around during introductions.
- **Area for Improvement 2:** Roster
 - **Analysis:** Registration for trainings remained open. A reminder email was sent to Volunteers the week of the training. Trainers contacted facility representatives with the roster a day or two before training. Until the day of the training, the roster fluctuated greatly; Region III and V were very close to capacity.
 - Fluctuating rosters made several planning processes difficult: estimating how much food to order, how many materials to prepare, and seating/space.
- **Area for Improvement 3:** MDRMRC backpack with handouts
 - **Analysis:** Volunteers received in a folder: power point handouts, confidentiality and liability forms, the November 2013 newsletter, instructions on how to update your training profile, a personal preparedness checklist, agenda, raffle tickets, shirt order form, and evaluation.
 - Power point handouts were printed usually a day before the training. At times, the power points changed in minor ways after printing the handouts.

Areas of Comment

- **Area of Comment 1:** Facility
 - **Analysis:** A large percentage of Volunteers in Region V commented on the cold room temperature.
 - On-site directions to the facility were a major problem at Region III's training site; on-site directions to the facility were provided to Region V's Volunteers in anticipation of this issue.
- **Area of Comment 2:** Food

- **Analysis:** Lunch was provided by local caterers through program funding. In all but one Region (II), vegetarian options and non-vegetarian options were provided. However, as one Volunteer pointed out, not all dietary restrictions were met: “need gluten free lunches.” Snacks and breakfast were also requested by Volunteers.
- **Area of Comment 3:** Drinks
 - **Analysis:** Facilitators used personal funds to buy supplies for coffee. Participants further requested decaf, tea, bottled water, and other beverages.
- **Area of Comment 4:** Power point
 - **Analysis:** A few Volunteers expressed that font and screen shots were too small.
- **Area of Comment 5:** Handouts
 - **Analysis:**
 - Confidentiality and Liability forms: after signing and submitting forms, a handful of Volunteers asked for copies of the policies (of which there were no extras).
 - General resources: Participants requested a general community resources list.
 - Documentation/ sample protocol: To familiarize and prepare Volunteers, one or two Volunteers recommended “show[ing] us documentation we need to complete if we administer care as nurses.”
- **Area of Comment 6:** General logistics
 - **Analysis:**
 - During breaks, facilitators who were answering questions were distracted by Volunteers turning in papers.
 - Raffle ticket slips were hard to keep track of as they were pre-packed in the folders and not all folders were distributed.

Objective VI: Give Volunteers opportunities for participation and interaction

- See Objective II

Objective VII: Solicit feedback from Volunteers for future program development

Critical Tasks

1. Throughout presentation, solicit recommendations (e.g., during Q&A, training topics).
2. Give Volunteers evaluations to fill out.

Strengths

- **Strength 1:** Participants were very engaged in providing suggestions for program development (Appendix B).

Areas for Improvement

- **Area of Improvement 1:** Evaluations
 - **Analysis:** Encourage all Volunteers to complete and submit evaluations; only 74% of attendants completed and submitted evaluations.

Areas of Comment

- **Area of Comment 1:** Training topics
 - **Analysis:** During two trainings (Region II and III), the facilitator handed out flash cards for Volunteers to record suggestions for training topics. Accordingly, most program development suggestions have to do with training topics.
 - The top training topics of interest are listed in Appendix B.
 - Follow up trainings with exercises.
- **Area of Comment 2:** Training logistics
 - **Analysis:**
 - Schedule MDRMRC update training annually.
 - CEUs are currently not available.
 - Trainings almost all take place on weekdays.
 - It is unclear what trainings are required for each profession.
 - It is unclear which MRC Train trainings are relevant or recommended.
 - More trainings could be offered either both online and/or in class.
 - There tends to be a lack of diversity in location of training.
 - Trainings are not frequent enough.
 - More advanced notice needed for trainings: “sessions closed, even before we get a chance to see” and “1 month is not enough to get off work.”
 - “Send notification of acceptance in classes when signed up via online.”
- **Area of Comment 3:** Community Outreach
 - **Analysis:**
 - “Invite middle and high school students to participate as victims—students may earn community service hours. Welcome public, private, and home school population—our future responders”.
 - “Organizational trainings to better engage community”.
 - “Coordination with Red Cross and other CERT volunteers”.
 - Recruitment (e.g., JH Med School, UMD Med School, clerical communities).
- **Area of Comment 4:** Program Administration
 - **Analysis:**
 - “Emergency sheets with key words in other languages – especially Spanish. Cultural specific mores- including cultures in state – metropolitan, Appalachian”
 - “Foreign language skills identified among volunteers.”
 - “Forms to go out about what vaccines you need to be up to date on & clinics where volunteers can go to get it before needed”

- “Computer access to community resources that might be needed during an emergency”
- “Local Red Cross phone numbers”
- “Standardize all forms”
- Networking sessions quarterly

APPENDIX A: IMPROVEMENT PLAN

This improvement plan has been developed specifically for MDHMH OP&R’s MDRMRC as a result of the MDRMRC 2013 Orientation conducted during November 2013.

Objective I: Provide Volunteers with an overview of MDRMRC				
Sustainment/Area for Improvement	Corrective Action	Responsible Program/ POC	Start Date	Completion Date
1. Identify MRC objectives.	Continue to use MDRMRC objectives.	DS	-	-
2. Define MDRMRC goals and mission.	Continue with overall presentation of volunteer role - 100% reported that they understand their role as a MDRMRC volunteer.	DS/SP	-	-
	Include NIMS/ICS concepts in learning objectives and curriculum (Deliverable VI).	DS/SP	6/14	8/14
3. Create MDRMRC curriculum.	Continue to use overall organization of objectives, which served as an asset to the MDRMRC curriculum (e.g., “relevant”, “easy to follow”).	DS	-	-
	More clearly delineated volunteer roles (e.g., each profession’s role in each type of situation) (Deliverable II).	DS	7/14	8/14
4. (Area of comment) Be more specific in training announcement.	Advertise MDRMRC and NIMS/ICS as separate courses/ sessions.	SP	3 months prior to training date	3 months prior to training date

Objective II: Utilize engaging presentation and delivery by instructors Objective VI: Give Volunteers opportunities for participation and interaction				
Sustainment/Area for Improvement	Corrective Action	Responsible Program/ POC	Start Date	Completion Date
1. Identify, apply, and execute adult learning theory teaching methods to MDRMRC orientation curriculum (e.g., discussion, brainstorming).	Continue to apply adult learning theory and allow for Volunteer interaction.	DS	-	-
	Where possible, use demonstration in place of lecture (e.g., walk through the website live with Volunteers).	SP/DS	7/14	Implement at next training
2. Real time adjustment to lesson plan based on students' learning needs and feedback/responses.	Use group work on key issues and guide using precise questions.	DS	7/14	Implement at next training
	Control discussion/brainstorming by taking a sample of respondents (do not need full participation).	SP/DS	7/14	Implement at next training
	Pose questions to elucidate more detailed Volunteer examples from case studies.	DS	7/14	3/1/14
	Prepare detailed examples of case studies to share (e.g., nurses non-emergent versus emergent).	DS	7/14	8/14
	When describing activation, trainer should guide volunteers in a role-play situation. For instance, incorporate NIMS/ICS principles into MDRMRC curriculum (e.g., "sign in, sign out", trainer= incident commander).	SP	7/14	8/14
3. Invite Unit Administrators to attend trainings.	Continue to invite Unit Administrators to attend orientation and meet volunteers.	SP	-	-
	Send Unit Administrators invitation to attend and present, well in advance (e.g., at minimum, a month in advance).	SP	4 months in advance	4 months in advance

4. Trainers are approachable and accessible.	Continue to present enthusiasm and welcome questions.	DS/SP	-	-
--	---	-------	---	---

Objective III: Convey knowledge and command of subject by instructors				
Sustainment/Area for Improvement	Capability Element	Responsible Program/ POC	Start Date	Completion Date
1. Trainers review content.	Continue to review, update, and practice content.	DS/SP	-	-
2. Trainers practice presentation.				

Objective IV: Time presentation appropriately to content scope				
Sustainment/Area for Improvement	Corrective Action	Responsible Program/ POC	Start Date	Completion Date
1. Develop agenda and allot times per topic	Assess and adjust agenda to fit curriculum content.	DS/SP	8/14	9/14
2. Start training on-time.	Provide detailed on-site directions to training location.	DS	With reminder email	With reminder email
3. Monitor time and adjust lesson plans accordingly.	Adjust introduction sharing points based on group size.	DS	7/14	Implement at next training
	Gauge how much time to spend on activities (e.g., group work, discussion) based on: 1) Volunteer engagement/interest, and 2) remaining time.	DS/SP	7/14	Implement at next training

4. Allot time for questions and answers.	At introduction, request Volunteers to ask general questions that would benefit the group during the presentation and personal questions after the presentation.	SP	7/14	Implement at next training
	Open opportunities for questions at the end of major topics, not at all times.	DS/SP	7/14	Implement at next training
	If running out of time, request Volunteers write down questions and ask after presentation.	DS/SP	7/14	Implement at next training
5. Stop for breaks.	Take shorter breaks, but every 45 minutes.	DS	7/14	Implement at next training
6. (Area of comment): Start training on time.	Provide on-site directions to prevent delayed start time.	DS/SP	1 month prior to training	1 month prior to training

Objective V: Provide Volunteers with audio/visuals & printed materials				
Sustainment/Area for Improvement	Corrective Action	Responsible Program/ POC	Start Date	Completion Date
1. Secure facilities for trainings; specify needs (e.g., audio).	Continue to enlist help of health departments for in-kind facilities around Maryland. Continue to specify technological needs in advance.	SP	4 months prior to training date	4 months prior to training date
	Follow up on requests of facilities closer to training date to ensure availability of specified asks (e.g., confirm technology, ask about room temperature, on-site directions).	Clifford	2 weeks prior to training date	2 weeks prior to training date
2. Close registration and generate roster. Send facility roster.	Send registration reminder in advance to training (e.g., 1 full week).	Clifford	1 week prior to training	1 week prior to training

	Close registration in advance to training (e.g., 1 week) or when at capacity.	Clifford	1 week prior to training	1 week prior to training
	Continue to send facility administrators roster in advance.	Clifford	-	-
3. Order food.	Continue to provide lunch.	Tracy	Order 1 week prior to training	3 days before training (latest)
4. Prepare drinks.	Find funding to continue to provide coffee—find funding.	DS/SP	On-going	1 month prior to training
5. Finalize power point.	Continue to make power points in advance.	DS/SP	12/16/13	3/1/14
6. Assemble MDRMRC backpack with handouts.	Continue to provide a MDRMRC backpack and other materials to volunteers.	DS/SP	1 week prior to training	3 days prior to training
	Finish editing power points before printing power point handouts.	DS/SP	1 month prior to training	2 weeks prior to training
7. (Area of Comment) General logistics	Create labels or bins to tell volunteers where to turn in papers.	DS	2 months prior to training	2 months prior to training
	Purchase and use raffle tickets, to be handed out as Volunteers first arrive.	DS	3 months prior to training	3 months prior to training
8. (Area of Comment) Food	Ask Volunteers if they have dietary restrictions during registration / Caution Volunteers with dietary restrictions of limited options.	Clifford	1 week prior to training	1 week prior to training
	Provide vegetarian and non-vegetarian options.	-	-	-

	Find funding to provide snacks/breakfast.	DS/SP	On-going	1 month prior to training
	Where funding is unavailable for food, explicitly inform Volunteers during registration.	Clifford	1 week prior to training	1 week prior to training
9. (Area of Comment) Drinks	Find funding to provide bottled water, decaf coffee, tea, and other beverages.	DS/SP	On-going	1 month prior to training
	Where funding is unavailable for drinks, explicitly inform Volunteers during registration.	Clifford	1 week prior to training	1 week prior to training
10. (Area of Comment) Power point	Increase font size.	DS	3/1/14	4/1/14
	Zoom in on screen shots.	DS	3/1/14	4/1/14
11. (Area of Comment) Handouts	Upload Confidentiality and Liability policies to Registry Document Library; print out extra copies of policies to give to those who request on site.	DS	12/16/13	12/17/14
	Identify general state-level resources for volunteers; work with Unit Administrators to identify county-specific resources for volunteers.	DS/SP	1/1/14	2/1/14
	For each major discipline, provide sample protocol/ documentation.	DS/SP	1/1/14	2/1/14

Objective VI: Give Volunteers opportunities for participation and interaction				
Sustainment/Area for Improvement	Corrective Action	Responsible Program/ POC	Start Date	Completion Date
<i>Please see Objective II.</i>				

Objective VII: Solicit feedback from Volunteers for future program development				
Sustainment/Area for Improvement	Corrective Action	Responsible Program/ POC	Start Date	Completion Date
1. Throughout presentation, solicit recommendations (e.g., during Q&A, training topics).	Continue to solicit volunteer feedback, especially about trainings.	DS/SP	12/16/13	On going
2. Give Volunteers evaluations to fill out.	Volunteers filled out evaluations.	DS/SP	-	-
	Encourage all Volunteers to complete and submit evaluations; only 74% of attendants completed and submitted evaluations.	DS/SP	During training	During training
3. (Area of Comment) Training topics	Schedule trainings on top topics (<i>Appendix B</i>).	DS/SP/ Artensie	12/13	On going
	Follow up trainings with exercises.	DS/SP/ Artensie	12/13	On going
4. (Area of Comment) Training Logistics	Schedule MDRMRC update training annually.	DS/SP/ Artensie	12/13	On going
	Obtain CEU Approval.	DS/SP/ Artensie	12/13	On going
	Offer training/exercise opportunities outside of business hours (e.g., Saturdays).	DS/SP/ Artensie	12/13	On going
	Outline trainings by profession.	SP	12/13	2/14

	Organize trainings by tiers of involvement.	SP	12/13	2/14
	Send out training announcements for trainings on the MRC Train site.	SP	12/13	On going
	Continue to offer trainings online and in class.	DS/SP	12/13	On going
	Pick locations around Maryland for trainings.	DS/SP/ Artensie	12/13	On going
	Hold trainings at greater frequency.	-	-	-
	Send training announcements earlier (more than a month ahead).	DS/SP	12/13	On going
	Send Volunteers confirmations immediately after registration.	Clifford	12/16/13	On going
3. Community outreach	Involve community in emergency preparedness education and exercises.	SP/DS/ LHDs	On going	On going
	Continue to recruit clerical communities and medical students as MDRMRC volunteers.	-	-	-
4. Program Administration	Promote updating "skills" section of profile (e.g., language skills).	SP/DS	ongoing	ongoing
	Create and disseminate worksheet with key words in common languages (e.g., Spanish).	DS	1/16/14	2/1/14
	Create and disseminate a list of vaccines and where to attain them.	SP	1/16/14	2/1/14
	Create and disseminate list of contacts for county and state community resources.	SP	1/16/14	2/1/14
	Standardize forms.	SP	1/16/14	2/1/14

APPENDIX B: TOP TRAINING TOPICS

1. Exercises, drills, simulations
2. CPR/AED/ General first aid
3. Biological/chemical disaster training or BDLS
4. Shelter training
5. Updates
6. Psychological first aid/ mental health
7. Pediatric/maternal health
8. Disaster training
9. FEMA courses locally
10. Special population-specific trainings
 - a. Autism, PDD, Developmental delay
 - b. Communication with victims, including deaf/hard of hearing and situationally deaf (e.g., after explosion)
 - c. Language assistance
 - d. Cultural diversity
11. Emotional preparedness/ Empathy without self-harm
12. Mindfulness (what is listening, how to stay calm and listen)
13. Climate impact/ simulation of loss of power and transportation

APPENDIX C: EVALUATION ATTENDANCE & QUANTITATIVE FINDINGS

Region	# Registered	# Attended (%)
I	21	14 (67)
II	33	26 (79)
III	71	51 (72)
IV	39	28 (72)
V	84	56 (67)
	248	175 (71)

Region	# Evaluations (%)	Content	Presentation	Command	Length	Materials	Participation	Role
I	14 (100)	4.78	4.78	4.92	4.64	4.71	4.85	100*
II	16 (61)	4.85	4.81	4.87	4.56	4.75	4.81	100
III	38 (74)	4.34	4.55	4.73	3.86	4.44	4.60	100**
IV	23 (82)	4.78	4.86	4.91	4.68	4.73	4.78	100*
V	39 (69)	4.74	4.82	4.87	4.53	4.69	4.71	100**
	130 (74)	4.65	4.74	4.84	4.37	4.63	4.72	100***

* 1 no response
 ** 3 no response
 *** 8 no response

APPENDIX D: ACRONYMS

Acronym	Meaning
MDRMRC	Maryland Responds Medical Reserve Corps
HSEEP	Homeland Security Exercise and Evaluation Program
AAR/IP	After Action Report/ Improvement Plan
MDHMH	Maryland Department of Health and Mental Hygiene
OP&R	Office of Preparedness and Response
NIMS	National Incident Command System
ICS	Incident Command Structure

MD RESPONDS MRC

Maryland's Medical & Public Health Volunteer Corps



How To Register for the MD Responds MRC Online Orientation Training

All MD Responds volunteers are required to successfully complete the MD Responds Orientation training as the minimum training required to be eligible to participate in deployments. This training is delivered in two formats: in-class and online. We highly recommend new volunteers take the online orientation immediately following their registration, and then, depending upon their schedule, register for the in-class orientation training.

To check our calendar for the next in-class orientation course, visit the MD Responds website at mdr.dhmh.maryland.gov and click the "Calendar" tab (for best results, use [Internet Explorer](#)).

To take the MD Responds MRC Online Orientation Training, go to mdresponds.mycourse.com and click "New User" in the top right corner of the page to create your account. Once you are registered and logged in, follow the instructions below to access the course.

To enroll in the course:

1. Select "Course Catalog" from the side menu bar
2. Check the "Enroll" box next to the MD Responds MRC Online Orientation Training Multicourse Module
3. Click "Order Now"

Name	Module Details	Price	Enroll
MD Responds MRC Online Orientation Training	All MD Responds MRC volunteers are required to successfully complete the MD Responds Orientation as the minimum training required to be eligible to participate in deployments. This training is delivered in two formats: online and in-class. You are currently taking the online orientation which is a condensed version of the in-class orientation training that is intended to provide volunteers with basic information about MD Responds MRC. The full length, in-class orientation is offered throughout the year at multiple locations and provides volunteers with more in-depth information about the MD Responds MRC, in addition to the NIMS/ICS 100 & 700 courses. We highly recommend new volunteers take the online orientation immediately following their registration, and then, depending upon their schedule, register for the in-class orientation training.		<input type="checkbox"/>

To begin the course:

4. Select "My Enrolled Courses" from the side menu bar
5. Click "View Course" to start the course

Course Information	Attributes/Progress	Deadline	View Course
Module: MD Responds MRC Online Orientation Module Course 1: 1. Introduction to the MD Responds Medical Reserve Corps (MRC) View/start other courses Location: mdresponds.mycourse.com	Time Required: 0 Minutes Time Earned: 0 Minutes Time Remaining: 0 Minutes	NO DEADLINE	<input type="button" value="View Course"/> <input type="button" value="Delete module from list"/>

If you have additional questions, please contact your local MD Responds Unit Administrator. You may also email the State MD Responds program office at mdresponds.dhmh@maryland.gov for assistance.



Prepare. Plan. Stay Informed.

Family Emergency Plan



FEMA



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place: _____

Phone: _____

Out-of-Neighborhood Meeting Place: _____

Phone: _____

Out-of-Town Meeting Place: _____

Phone: _____

Fill out the following information for each family member and keep it up to date.

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One

Address: _____

Phone: _____

Evacuation Location: _____

School Location One

Address: _____

Phone: _____

Evacuation Location: _____

Work Location Two

Address: _____

Phone: _____

Evacuation Location: _____

School Location Two

Address: _____

Phone: _____

Evacuation Location: _____

Work Location Three

Address: _____

Phone: _____

Evacuation Location: _____

School Location Three

Address: _____

Phone: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone: _____

Evacuation Location: _____

Name	Telephone Number	Policy Number

Dial 911 for Emergencies



FEMA

Ready®

Family Emergency Plan

Prepare. Plan. Stay Informed.



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES 

< FOLD HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES 

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES 

< FOLD HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES 



MD Responds MRC Activation Request Form
Maryland Department of Health and Mental Hygiene
Office of Preparedness and Response



REQUESTOR INFORMATION

Date of Request:

Name

Position/Title

Organization

Phone

Email

Alt. Phone

Fax

VOLUNTEER POINT OF CONTACT (if different from above)

Same as Above?

If no, complete this section. If yes, skip to Deployment Information

Name

Position/Title

Organization

Phone

Email

Alt. Phone

Fax

DEPLOYMENT INFORMATION

Nature/Scope of

Emergency:

Estimated # of patients and
their injuries/symptoms:

Location/County(s)

Affected:

Staging areas/Check in

Location for volunteers:

Deployment Date(s):

Start Time:

End Time:

VOLUNTEER REQUEST INFORMATION

Profession/ qualifications	# Needed	Projected Duties

ADDITIONAL INFORMATION

Expected work conditions:

Clothing requirements:

Equipment requirements:

Possible Hazards:

Meal(s) Provided (y/n):

Lodging Details:

Pet Friendly (y/n):

Parking:

Special Instructions or

Precautions for Volunteers:

(i.e. dress code, exposure to hazmats, working with children, internet access, vaccinations available, no electricity)

SUBMISSION INSTRUCTIONS

Submit completed MD Responds Activation Form to the MD Responds Program Office via email at mdresponds.dhmm@maryland.gov. A MD Responds Program staff can be contacted 24 hours/day at 443-804-8386 or 443-388-6033 for questions relating to activation and deployment.

NOTE: *For emergent activation requests only-* If the MD Responds Program Office is unavailable or for any reason cannot be reached, the request can be submitted to the DHMH desk at the SEOC via email at dhmm.mema@maryland.gov, or fax at 410-517-3680. The phone number for the DHMH desk at the SEOC is 410-517-3655

ADDITIONAL CONTACT & PROGRAM INFORMATION

- MD Responds Program Office: (ph) 410-767-7772; (email) mdresponds.dhmm@maryland.gov; (fax) 410-333-5000.
- Website: <http://mdr.dhmm.maryland.gov/>
- Online Registration: <https://mdresponds.dhmm.maryland.gov/>
- Facebook: www.facebook.com/mdresponds

This section is for DHMH OPR use only.

Approved By: _____

Date: _____

Event Classification: Emergency Response Drill/ Exercise Other

Volunteer Reporting Center (VRC)

**Talbot County Department
Of Emergency Services**

Easton, Maryland

June 3, 2014

Fourth Draft

VOLUNTEER REPORTING CENTER

These are the policies and procedures to be used for the implementation and deployment of volunteers for Talbot County at a Volunteer Reporting Center (VRC) during a major disaster.

Purpose

A working document developed to identify the steps required to set up and operate a VRC when deemed necessary for Talbot County, Maryland.

Scope

This document provides VRC personnel with the information required to set-up the center, identify and check in personnel, brief the volunteers on the disaster situation and deploy qualified, affiliated volunteers to the disaster site, as well as to screen and deploy spontaneous, unaffiliated volunteers as needed.

Topics

Overview of the VRC

Steps Involved in Establishing a VRC

VRC personnel:

Manager

Intake

Assessment

Registration

Deployment

Appendices:

A: Go Kit Checklist

B: Forms

C. Supplemental Supplies

D: Suggested Floor Plan/VRC Set-Up Checklist

E: Site Selection

F: Abbreviations & Acronyms List

Overview of the Volunteer Reporting Center

The main purpose of such a center is to process citizen volunteers, both affiliated and spontaneous, who seek to assist government authorities in response to a disaster. The VRC is structured to efficiently process volunteers for deployment to a disaster site, to redirect them to auxiliary functions, or to defer them from participation altogether, as appropriate.

The VRC will be set up in a pre-selected site (see Appendix: Site Selection) and staffed by volunteer personnel. A function of the VRC is to distinguish between two distinct volunteer groups. They are (1) Affiliated: VOAD, Department of Emergency Services volunteers (DES), and Health Dept. volunteers (MRC), all of whom are pre-screened and trained, and (2) Spontaneous: Unaffiliated citizens who spontaneously make themselves available to the VRC following a disaster.

Affiliated volunteers:

VOAD volunteers will be referred to the appropriate agencies. DES and MRC volunteers will proceed to Intake. Intake will verify credentials and send the MRC volunteers to the Health Department Table. DES volunteers will proceed to Registration for processing. Once checked in, the volunteer will either be sent home to be recalled for a later shift or proceed to Deployment assembly area, where his/her skills may be used **to meet** disaster area requirements. Deployment will work in conjunction with Registration to capture the time and location of the volunteer deployment. This activity will allow for the individual's breaks, shift changes and other requirements.

Spontaneous volunteers:

Spontaneous volunteers also proceed to Intake. They may be sent home or directed to other agencies if appropriate. Spontaneous volunteers desiring to work at the disaster site will complete a Registration Form (see Appendix) received from Intake to document the volunteer's experience and skills for Assessment. Assessment will interview these spontaneous volunteers and attempt to ascertain the skills and experience they bring to the site. If Assessment feels the volunteer may be used at this time, the volunteer will be sent to Registration. If the spontaneous volunteer possesses a skill which may be used in the future, their Registration Form will be passed to Registration and the volunteer will be dismissed from the VRC to be contacted later. Registration will record the contact information and skills for future use. Spontaneous volunteers, needed at this time, will be sent to Deployment. Deployment will use spontaneous volunteers as required. The spontaneous volunteer's deployment will be coordinated with Registration to ensure an individual's breaks, shift changes and other requirements are accommodated.

Steps Involved in Establishing the VRC

1. Event occurs that calls for the establishment of a VRC.
2. Official from Talbot County will contact the Volunteer Resources Coordinator, or designee, and provide essential information.
3. Talbot County DES will determine the location for the VRC from the available sites and notify the appropriate individual(s).
4. The DES designee is notified to deliver the “Go Kit” to the VRC site.
5. Volunteer Resources Coordinator, or designee, implements the volunteer notification system (Connect CTY) to the VRC staff and the Talbot County Health Department.
6. VRC Manager arrives and sets up the VRC. As other DES volunteers arrive, assignments are made for the other staffing positions required (see position descriptions).
7. Communication channels between the VRC and relevant parties are established.
8. Other volunteers are alerted to the situation via the volunteer notification system.
9. Affiliated and spontaneous volunteers begin arriving, are met by Intake and directed to the appropriate area (see Appendix: Suggested Floor Plan/VRC Set-Up Checklist).

VRC Staffing Overview

A minimum of five personnel will be needed to operate the VRC.

1. VRC Manager is responsible for the overall operation of the VRC.
2. Intake is responsible for greeting incoming volunteers. DES volunteers are directed to Registration; MRC volunteers are directed to the Health Dept. representative. Spontaneous volunteers who desire to be deployed to the site are given a Registration Form to complete and then directed to Assessment.
3. Assessment is responsible for evaluating spontaneous volunteers' abilities and skills, directing them to Registration, to other agencies, or home to be contacted later.
4. Registration is responsible for recording information on all volunteers then directing them to the Deployment waiting area.
5. Deployment is responsible for sending volunteers to the incident staging area or other locations as directed. They will keep a record of who has been sent, duration of assignment, location and rotational requirements.

It is probable that several people will be working within the various VRC functions. When this occurs, the VRC manager will appoint one of them as the function coordinator.

If a scenario develops whereby the VRC assumes a larger role in crisis management, including multiple jurisdictions, then one or more of the following positions will be added: Briefer, Communications, Interpreter, Runner and Traffic.

The VRC manager is an essential position; therefore, the Volunteer Resources Coordinator has pre-selected a volunteer for this position. The manager's responsibilities include setting up the VRC, being responsible for the overall operation of the center and overseeing volunteers within the VRC.

Depending on the disaster scenario, the VRC manager may deploy a volunteer to the incident site to assist Deployment in tracking volunteers who may be re-deployed by Incident Command.

Assistance In Disaster

Position Title:	VRC Manager
Purpose:	To assist the Volunteer Resources Coordinator by setting up and managing an activated VRC.
Description:	The Manager will be responsible for the overall operation of the center and overseeing volunteers within the center.
Qualifications:	Management or supervisory experience. Ability to take and follow directions. Good interpersonal skills. Ability to interact well with all levels of authority.
Training:	Appropriate VRC training.
Time Commitment:	8 to 12 hour shifts per day during disaster.
Responsible to:	Volunteer Resources Coordinator

Assistance In Disaster

Position Title:	Intake
Purpose:	The intake function of the VRC is the first formal contact with volunteers. Intake is responsible for directing everyone to appropriate processing areas.
Description:	<p>Intake is responsible for greeting volunteers, issuing a Registration Form and directing to appropriate VRC processing areas or referring to other agencies. Volunteers will fall into one of the following groups:</p> <p>Referrals – Those who want to work with relief agencies (VOAD) will be provided with contact information and dismissed.</p> <p>Spontaneous volunteers – Those who wish to assist, but are not vetted and trained. They will be provided with a registration form and directed to Assessment.</p> <p>Affiliated volunteers - DES and MRC volunteers. Verify credentials, send DES to Registration for check-in, MRC to Health Dept. representative, and VOAD to agencies.</p> <p>Assist with other duties as assigned.</p>
Qualifications:	<p>Ability to take and follow directions. Good interpersonal skills. Ability to work under pressure. Ability to accurately relay information.</p>
Training:	Appropriate VRC training.
Time Commitment:	8 to 12 hour shifts per day during disaster.
Responsible to:	Intake Coordinator or VRC Manager

Assistance In Disaster

Position Title:	Assessment
Purpose:	Provide assessment of spontaneous volunteers who report to an activated VRC.
Description:	<p>Assessment insures that only qualified volunteers are allowed access to the site of the disaster. Assessment reviews the Registration Forms completed by the volunteers to determine if they are qualified. If it is determined they can be used, they will be directed to Registration to be checked in. Once checked in, they are sent to Deployment if needed immediately. If they are not needed immediately, they will be sent home and told they will be called when needed. Volunteer who are not qualified will be sent home.</p> <p>Assist with other duties as assigned.</p>
Qualifications:	<p>Ability to take and follow directions. Good interpersonal skills. Good interview skills. Ability to work under pressure.</p>
Training:	Appropriate VRC training.
Time Commitment:	8 to12 hour shifts per day during disaster.
Responsible to:	Assessment Coordinator or VRC Manager

Assistance In Disaster

Position Title:	Registration
Purpose:	To verify and document all volunteers reporting for Deployment.
Description:	Registration documents all volunteers reporting to the VRC. DES Volunteers will show up with their photo IDs and be checked in by Registration, then referred to Deployment. Spontaneous Volunteers will show up with their completed registration forms and be checked in by Registration to be used as appropriate. If a Volunteer's skills are needed, they will be sent to Deployment. If not, they will be sent home and told they will be called when needed or given a specific date/time to return. Spontaneous volunteers will be processed and sent to deployment as appropriate. Assist with other duties as assigned.
Qualifications:	Ability to take and follow directions. Good interpersonal skills. Good organizational skills. Good computer skills.
Training:	Appropriate VRC training.
Time Commitment:	8 to 12 hour shifts per day during disaster.
Responsible to:	Registration Coordinator or VRC Manager.

Assistance In Disaster

Position Title:	Deployment
Purpose:	To assist the VRC Manager in determining the assignment and deployment of volunteers at an activated center.
Description:	<p>Deployment determines the assignment, deployment, and tracking of volunteers. When the Briefer position is not filled, Deployment will brief on the necessary site and liability aspects of the volunteers' deployment. Deployment will record the names of those being deployed and issue each person the "wristband of the day." DES volunteers must have DES photo ID. Any spontaneous volunteers being deployed will be given a credential holder into which their own photo I.D. will be inserted. The volunteers will be deployed to the appropriate staging area. The "wristband of the day" authorizes volunteers' access to the disaster site.</p> <p>Assist with other duties as assigned.</p>
Qualifications:	<p>Ability to take and follow directions, as well as make assignments. Ability to interact well with all levels of authority. Good interpersonal skills. Management or supervisory experience.</p>
Training:	Appropriate VRC training.
Time Commitment:	8 to 12 hour shifts per day during disaster.
Responsible to:	Deployment Coordinator or VRC Manager

Assistance In Disaster

Position Title:	Briefing
Purpose:	Brief volunteers on the disaster and direct them back to Deployment.
Description:	Explain the nature of the disaster site and liability aspects of the volunteers' deployment. Direct them back to Deployment. Assist with other duties as assigned.
Qualifications:	Ability to take and follow directions. Ability to interact well with all levels of authority. Good interpersonal skills. Ability to work under pressure. Ability to accurately relay information.
Training:	Appropriate VRC training.
Time Commitment:	8 – 12 hour shifts per day during disaster.
Responsible To:	VRC Manager

Assistance In Disaster

Position Title:	Communications
Purpose:	To assist the VRC Manager with incoming and outgoing telephone traffic at an activated VRC.
Description:	Communications will answer incoming telephone calls, relay appropriate information and initiate outgoing calls as directed. Assist with other duties as assigned.
Qualifications:	Ability to take and follow directions. Good interpersonal skills. Good telephone etiquette. Endurance to sit for long periods of time. Ability to accurately relay information.
Training:	Appropriate VRC training
Time Commitment:	8 to 12 hour shifts per day during disaster.
Responsible to:	VRC Manager

Assistance In Disaster

Position Title:	Interpreter
Purpose:	To assist the VRC Manager with language interpreting.
Description:	Interpreter will be responsible for language interpreting as required in the VRC. Will assist various stations in greeting and directing volunteers and will assist with the phones as needed.
Qualifications:	Ability to take and follow directions. Good telephone skills. Good interpersonal skills.
Training:	As appropriate.
Time Commitment:	8 to 12 hour shifts per day during disaster.
Responsible to:	VRC Manager

Assistance In Disaster

Position Title:	Runner
Purpose:	Deliver documents, messages, supplies and other items needed by staffed areas within the VRC.
Description:	Deliver documents as required between staff areas within the VRC. Assist with other duties as assigned.
Qualifications:	Ability to take and follow directions. Ability to be mobile for long periods of time.
Training:	As appropriate.
Time Commitment:	8 – 12 hour shifts per day during disaster.
Responsible to:	VRC Manager

Assistance In Disaster

Position Title:	Traffic
Purpose:	Assist volunteers in the VRC parking area and direct them to the entrance.
Description:	Direct volunteers to available parking slots and to the VRC entrance.
Qualifications:	Ability to take and follow directions. Ability to work under pressure. Ability to accurately relay information. Ability to stand for long periods of time.
Training:	As required.
Time Commitment:	8 – 12 hour shifts per day during disaster.
Responsible To:	VRC Manager

Appendix

A. Site Selection Criteria

B. VRC Set-Up Checklist

C. Suggested Floor Plan

D. Go Kit Checklist

E. Forms

F. Supplemental Supplies

G. Abbreviations & Acronyms List

A. Site Selection Criteria

Easy public access
Ample parking
Adequate daylight External or Natural Lighting
Adequate furniture
Controllable exits/entrances
Room for volunteers to wait
Room for briefings
Network capabilities
Kitchen facilities
Adequate restrooms

Suggested sites: Community centers, schools, churches, armories. The choice of which to use will depend on the location of the disaster site. Ideally, the center will be set up in the facility's cafeteria or multi-purpose room.

Questions regarding site selection

In the case of an emergency, do you have any type of agreement with anyone like Red Cross for the use of your facilities?

Do you have a cafeteria or food preparation facility?

Do you have anything like a computer room where we can hook up our computers?

Does the facility have any requirements of us if we use the facilities?

Do you already have a contingency plan in place for your membership should a crisis arise?

Do you have a power generator that you use when the power goes down?

Do you have a security person on site or someone we could contact to allow us into the facility or school?

Can you provide us with a site map of the facility so we can plan our layout in advance?

School? Church? (Not sure they will want to do this)

B. VRC Set-Up Checklist

Set-up tables and chairs and rooms in accordance with designated floor plan diagram:

Set-up equipment

Open kit

Check on network connection with incident command

Computers ready (power, location established, use of facility equipment)

Communications ready

Phone lines and phone access established

Cell phone ready

Personal communicators ready for all areas

Parking lot, Intake, VRC Manager, Briefing, Deployment

Signage complete inside and outside (as time permits)

Once set-up

Brief team members

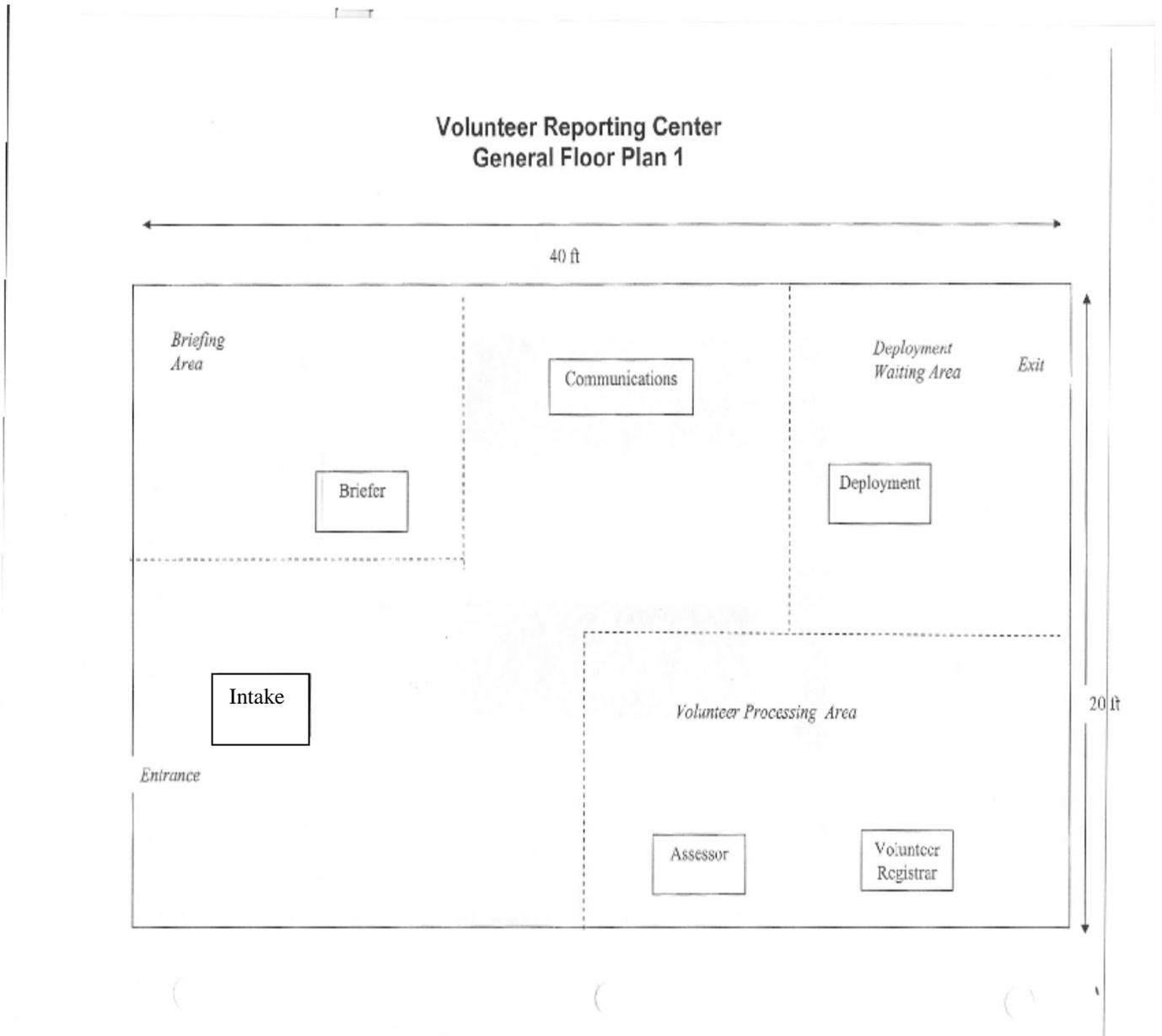
Review tasks and basic procedures

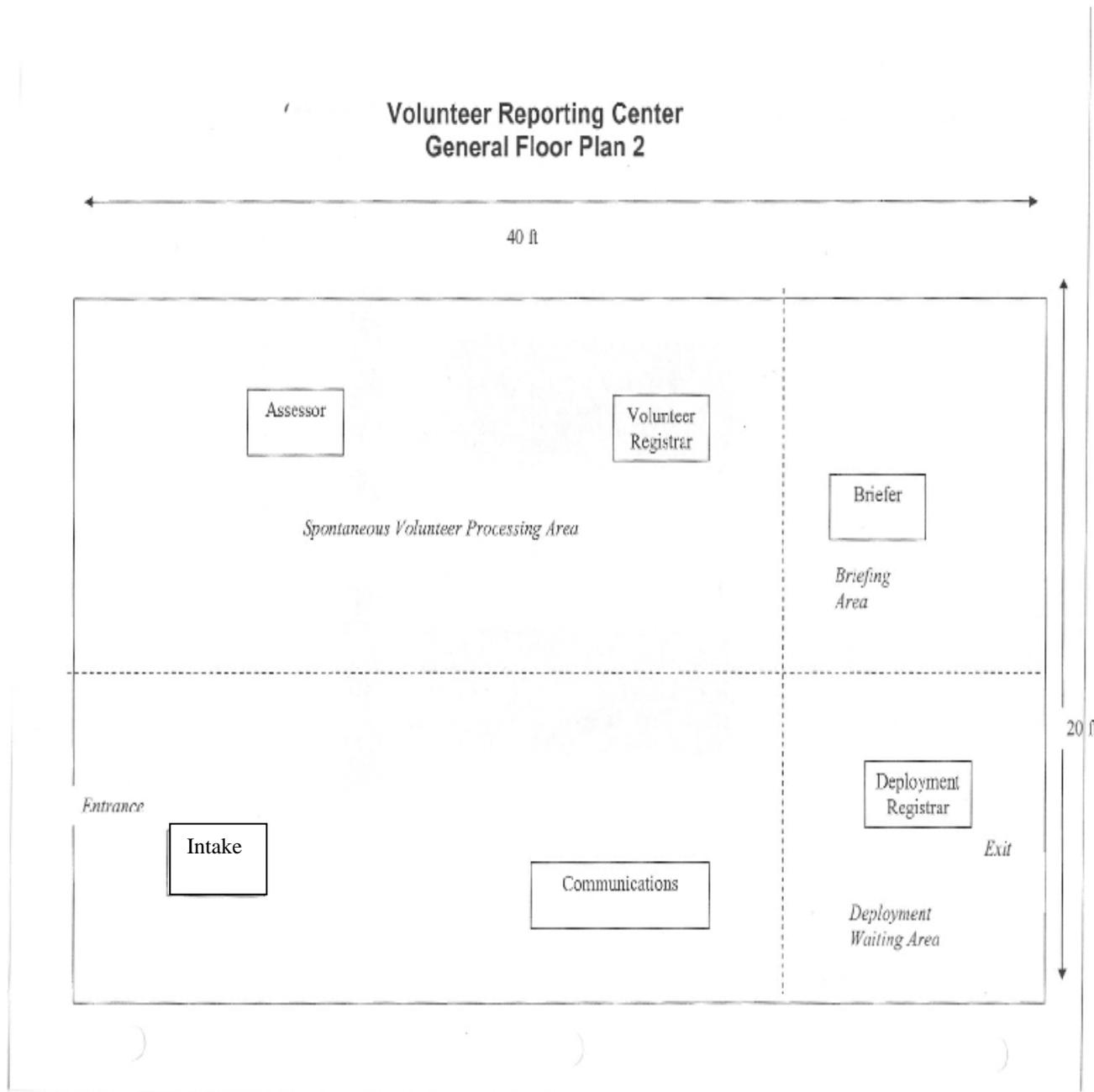
Open doors for business

VRC manager notify Volunteer Resources Coordinator that center is activated

Begin processing volunteers in accordance with VRC manual

C. Suggested Floor Plan





D. Go Kit Checklist

√	Item
	DES Volunteer Roster
	Md Responds Roster
	Emergency Personnel Listing
	Radio(s) with battery & charger
	AM/FM radio, battery operated
	Batteries for all essential items
	Writing paper
	Identification holders
	Wrist bands with multiple color inserts
	Registration Forms
	VRC Policies and Procedures
	Deployment Form
	Site Profile Forms
	Walkie Talkies
	Roll-up white boards
	White board erasers
	White board markers
	Paper towels
	Rubber bands
	Agency phone number's (i.e., Red Cross)
	Paper clips
	Pencil sharpener
	Pencils
	Pens
	Push pins

Template courtesy of the Talbot County Emergency Management Volunteer Coordinator & the Talbot County Health Department Emergency Preparedness Division.

√	Item
	Scotch tape
	Stapler
	Staples
	Water
	Flashlights with extra bulbs
	Headband lights (12) with extra bulbs
	Masking tape
	Scotch tape
	Duct tape
	Current, detailed, Talbot County map
	ID Hats
	ID Vests
	3x5 cards
	Clipboards
	Clock, wall, battery operated
	Extension Cords
	Power strips
	First aid kits

E. Forms

Registration and Deployment Form

Sign-up sheets for Affiliated and Spontaneous volunteers

Deployment Record

Name:		
Date:	Time Out:	Time In:
Team #:		
Location:		
Function:		

Redeployment

Time Out:	Time In:
Location:	
Function:	

F. Supplemental Supplies

Printer paper
Desk Lamps – battery powered
Signage materials – Exterior
Extension Cords and Power strips
Signage materials – Interior
Felt Pens
File Folders
Flip Charts & Pens
Forms - Message (TPD ones)
In/Out Trays
Labels

G. Abbreviations & Acronyms List

CERT	Community Emergency Response Team
DES	Dept. of Emergency Services Volunteers
EOC	Emergency Operations Center
ICS	Incident Command System
MRC	Health Dept. Volunteers
VRC	Volunteer Reporting Center
VOAD	Volunteer Organizations Active in Disaster

MD Responds MRC

INCIDENT REPORT FORM

Please use this form to document any incident or problems involving MD Responds volunteers. Completed forms may be submitted to the State MD Responds Coordinator via email (mdresponds.dhmf@maryland.gov) or fax (410-333-5000).

Date: _____ **Site/ Location:** _____

Time: _____ **Report Author:** _____

Incident: _____

Notified (date and time): _____

Action Taken: _____

Supervisors Signature: _____

Phone Number: _____

Email Address: _____



Submit completed form to the MDRMRC State Program via email at mdresponds.dhmf@maryland.gov, fax at 410-333-5000, or mail to 300 W. Preston Street, Suite 202, Baltimore, MD 21201.



Demographics

1. Please provide the following information:

Name:

Email Address:

Phone Number:

*2. What is your affiliation with the MD Responds Medical Reserve Corps (MRC)

Registered Volunteer

Local Unit Administrator

Not Affiliated

Other (please specify)

3. What is your primary profession?

Notification Message

4. How did you receive the availability request for the shelter deployment?

Email

MD Responds Internal Message

Other (please specify)

5. Did you experience any problems receiving the availability request message?

No

Yes (please explain)

6. Were you contacted by an MD Responds representative and scheduled for activation/deployment?

Yes

No

Activation/ Deployment

7. What shelter health station role were you assigned to?

- Medical Lead
- Medical Lead (On-Call)
- Mental Health Lead
- Mental Health Lead (On-Call)

8. Were you provided with clear instructions regarding your volunteer role?

- Yes
- No
- Other (please specify)

9. How many shelter occupants did you provide services to during your deployment?

- 10-15 patients
- 5-10 patients
- 1-5 patients
- None

10. Did you experience any problems or issues with patients or shelter staff during your deployment?

- No
- Yes (please describe)

11. As a result of your deployment experience, would you like to be connected to community or mental health services or resources?

- No
- Yes (please explain)

Final Comments

12. Based on the MD Responds' overall response to the PAX Winter Weather Event, please list any aspects of the program that worked well.

13. Based on the MD Responds' overall response to the PAX Winter Weather Event, please list any aspects of the program that needs improvement.

14. If you have any additional questions, suggestions or comments about the MD Responds MRC, please enter them here:

[Exercise Name]

After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

Exercise Name	[Insert the formal name of exercise, which should match the name in the document header]
Exercise Dates	[Indicate the start and end dates of the exercise]
Scope	This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
Mission Area(s)	[Prevention, Protection, Mitigation, Response, and/or Recovery]
Core Capabilities	[List the core capabilities being exercised]
Objectives	[List exercise objectives]
Threat or Hazard	[List the threat or hazard (e.g. natural/hurricane, technological/radiological release)]
Scenario	[Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)]
Sponsor	[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]
Participating Organizations	[Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.]
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)]

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Core capability]				
	[Core capability]				
[Objective 2]	[Core capability]				
[Objective 3]	[Core capability]				
<p>Ratings Definitions:</p> <ul style="list-style-type: none"> • Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. • Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). 					

Table 1. Summary of Core Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

[Objective 1]

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

[Core Capability 1]

Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

[Core Capability 2]

Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

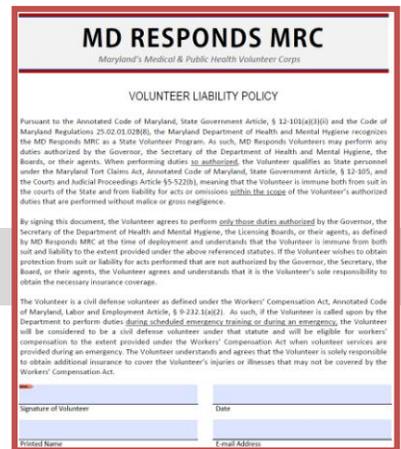
APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Federal	
State	
[Jurisdiction A]	
[Jurisdiction B]	

Am I Eligible for Deployment?

Q: Have I taken the required trainings?

- 1. MD Responds Orientation – Two options:
 - Online: Available 24/7: <http://bit.ly/OnlineMDR>
 - In class: Offered on an annual basis
- 2. IS-100 Introduction to ICS: 1.usa.gov/1f8xGj7
- 3. IS-700 NIMS, An Introduction: 1.usa.gov/Nx178p
- 4. Update your training profile: <http://bit.ly/MDRupdtr>
- 5. Notify the MD Responds MRC state administrators* that you've completed the trainings.



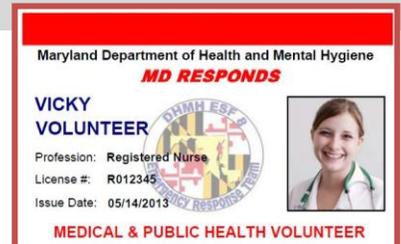
Q: Do I have liability coverage?

- 1. Read and sign the Confidentiality Policy:
- 2. Read and sign the Liability Policy:
- 3. Send the 2 signed policies to the MD Responds MRC state administrators*.



Q: Do I have my ID badge and uniform?

- 1. Complete 100% of your volunteer profile.
- 2. Take a headshot of yourself
- 3. Decide your shirt size preference, based on Men's sizes S to XXL.
- 4. Identify an address where you or a designee can sign for your package, which will be mailed by certified mail.
- 5. Email your recent headshot, shirt size preference, and address to the MD Responds MRC state administrators*.



MD Responds MRC state administrators:
mdresponds.dhmv@maryland.gov

Frequently Asked Questions

Trainings

Q: I've been a volunteer for years. Is there anything I need to do to be eligible for deployment?

A: All volunteers – seasoned or new – must complete deployment eligibility requirements. As you may observe, these requirements are

Q: What are the differences between online versus in class orientation?

A: The online orientation is available 24/7, serves as a brief overview of the MD Responds MRC, and requires roughly an hour to complete. The in class orientation is available on an annual basis, provides a comprehensive overview of the MD Responds MRC as well as NIMS and ICS training, and is a full day training.

Q: Where can I find training opportunities or the training calendar?

A: <http://bit.ly/MDRtrex>

Confidentiality and Liability forms

Q: Do I have to manually sign and then mail these forms to you?

A: No, you can use adobe to write an electronic signature on the forms.

Profile, ID badge, and uniform

Q: How do I know if my profile is 100% complete?

A: Sign into the Registry. In the top left of the screen, click the “My Profile” tab. This summary page has an orange bar that tells you what percentage of your profile is complete. The headings in red also inform you of what requires attention.

Q: What are the ID badge head shot requirements?

A: The photo must meet the following specifications: Recent photo taken within the past 6 months, showing full face, front view; in color with a plain, solid color background; no hats or headgear obscuring the hair or hairline. If the volunteer is unable to email their photo, they are directed to contact the program coordinator to make other arrangements.

Q: You said you sent me my ID badge, but I never received it. Why?

A: Your ID badge was sent via certified mail. Certified mail requires your signature or that of a designee. If you were unavailable at the time of delivery, the post office will try again or leave you a notice. If you were told that an ID badge was mailed to you but you never received it, please contact the MD Responds MRC state administrator. Because of the cost of certified mail, after two mailing attempts, you will be required to pick up the ID badge from the state office in Baltimore.

To contact the MD Responds MRC state administrators: mdresponds.dhnh@maryland.gov

MD Responds MRC

VOLUNTEER EVALUATION FORM

Name of Volunteer: _____

Assignment/Position: _____

Period Covered: _____ Date of Evaluation: _____

Position Goals:	Not met		Satisfactory		Well met	
1. _____	1	2	3	4	5	6
2. _____	1	2	3	4	5	6
3. _____	1	2	3	4	5	6
4. _____	1	2	3	4	5	6

Work Relationships:	Poor		Satisfactory		Excellent	
Relations with other volunteers	1	2	3	4	5	6
Relations with staff	1	2	3	4	5	6
Relations with clients	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Flexibility	1	2	3	4	5	6
Meeting Commitments	1	2	3	4	5	6

Supervisor's Comments:

Supervisor Signature _____

Date _____

Volunteer Signature _____

Date _____



Submit completed form to the MDRMRC State Program via email at mdresponds.dhnh@maryland.gov, fax at 410-333-5000, or mail to 300 W. Preston Street, Suite 202, Baltimore, MD 21201.



THANK YOU FOR RESPONDING TO ACTIVATION REQUEST-SAMPLE

Dear MD Responds Volunteer,

Please be advised that as of this morning, the Ritchie Coliseum shelter in College Park was closed and we no longer need volunteers to staff the Health Station.

The Department of Health and Mental Hygiene, Office of Preparedness and Response, and the State MD Responds MRC would like to thank you for your quick response to our availability request for medical and mental health volunteers during the PAX Winter Weather Event. We would like to express our gratitude for your dedication to the citizens of Maryland and hope that you will continue to volunteer with the MD Responds MRC. Your efforts are invaluable to our work. Because of your support, the residents of this state can continue to live in a Prepared Maryland.

Please complete our online after-action survey for the PAX Winter Weather Event which can be accessed here: <https://www.surveymonkey.com/s/MdrAAPAX2142014>. The purpose of the survey is to collect feedback on your experience during this response. We would appreciate your participation in the survey so that we can capture and address any concerns you may have.

Also, if you have not already, please continue to prepare for future activations:

- 1) Complete 100% of your profile <https://mdresponds.dhmh.maryland.gov/>
- 2) Take the MD Responds orientation <http://bit.ly/OnlineMDR>
- 3) Obtain your MD Responds shirt; email us your shirt size (S-XXL, adult men's sizing).
- 4) Obtain your ID Badge (email a recent headshot of yourself to mdresponds.dhmh@maryland.gov)
- 5) Read, sign, and send us your liability and confidentiality forms (<http://bit.ly/MDRLiabi> and <http://bit.ly/MDRConfi>, respectively).

Once more, we are sincerely grateful for your time and commitment to the MD Responds MRC and to the State of Maryland. We look forward to working with you again in the future.

Sincerely,
MD Responds MRC

How to use these important TOOLS

Includes:

Employee's Report
of Injury Form

Accident Witness
Statement Form

Supervisor's Accident
Investigation Form

*Forms may be copied
as needed.*

*Forms are also
available for printing
in pdf format online at
www.ceiwc.com.*

Need Help?

If you would like assistance in setting up supervisory training on how to use these forms, please contact your Chesapeake Claims Adjuster or Safety Management Consultant at 1-800-264-4943.

Accident investigation forms/statements **should be filled out by the** injured employee or **MD Responds MRC volunteer***, supervisor and any witness to the accident.

IMPORTANT - Train your supervisors to conduct the preliminary investigation as soon as possible. Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident ensures that you, the employer, have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims.

After I have these forms completed, what do I do with them?

Please send the completed forms to the **MD Responds MRC State Program office at mdresponds.dhnh@maryland.gov or fax to 410-333-5000**, who will forward the forms to the State Claims Adjuster. Also, make and keep copies of these forms for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing.

What if my injured employee is physically unable to fill out the Employee's Report of Injury?

Use common sense and good judgement. If the injury is severe, remember, your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the accident.

What if my employee refuses to fill out or sign an Employee's Report of Injury?

Of course, you cannot make an employee fill out the document. You can, however, stress the importance of getting his or her account of the accident to set the record straight and to help prevent the accident from happening again. Also, still obtain the supervisor's report as well as any witness statements.

What if my Employee has retained an attorney? Can I still ask the injured employee to fill out an Employee's Report of Injury?

Yes. You, the employer, as part of your company's accident management plan, can still ask the employee to fill out the report form.

**Note: This information has been tailored to reflect the protocol for reporting MD Responds MRC volunteer injuries.*



Employee's Report of Injury

or MD Responds MRC Volunteer's

Policyholder: _____
Policy #: _____

(To be completed by the employee only.)

Employee's name: _____ Male ___ Female ___
Last First Middle

Date of birth: ___/___/___ Home telephone # (___) _____

Marital status: M / D / W / S Height/Weight: _____" / _____ lbs. ___Right- or ___left-hand dominant

Home address: _____

City: _____ State: _____ Zip Code: _____

Current job position: _____ How long employed here: _____

Social Security No.: _____ - _____ - _____ Weekly salary: _____

Location of accident: _____
Address and location of accident (loading dock, bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring: _____

Name of supervisor: _____ Phone # _____
Last First

Name(s) of witness(es): _____ Phone # _____
(Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

To whom did you report the injury? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Name of your treating physician: _____ Phone # _____

Signature of employee: _____ Date: _____



Accident Witness Statement

Policyholder: _____
Policy #: _____

(To be completed by accident witness.)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Phone# _____
Last First Middle

Job title of witness: _____ How long employed here? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Is witness any relation to the injured employee? ___ Yes ___ No If yes, what relation? _____

Location of accident: _____
Address/name of building; area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

Name of witness' supervisor: _____ Ph # _____
Last First

Signature of witness: _____ Date: _____



Supervisor's Accident Investigation Form

Policyholder: _____
Policy #: _____

(To be completed by the employee's supervisor or other responsible administrative official.)

Location where accident occurred:		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of accident or illness:
		Job site: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who was injured?		Employee <input type="checkbox"/> Non-employee <input type="checkbox"/>	Time of accident a.m. <input type="checkbox"/>
		If non-employee, specify _____	p.m. <input type="checkbox"/>
Length of time with firm:	Job title or occupation:	Name of dept. normally assigned to:	How long has employee worked at job where injury or illness occurred?
What property/equipment was damaged?			Property/equipment owned by:
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?			
How did injury/illness occur? List all objects and substances involved.			
Was the accident the result of another party's negligence?		If so, name of the negligent party:	
Part of body affected/injured?		Any prior physical conditions? If so, what?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature and extent of injury/illness and property damaged (be specific):			
Do you have any concerns about this alleged accident or injury? If so, please specify:			

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

- | | | |
|---|--|--|
| <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inoperative safety device | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Improper dress | <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe equipment |
| <input type="checkbox"/> Improper guarding | <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Unsafe position |
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur: _____

Was employee trained in the appropriate use of Personal Protective Equipment/proper safety procedures? ... Yes No

Was employee using the appropriate Personal Protective Equipment/proper safety procedures at the time? Yes No

Did employee promptly report the injury/illness? Yes No

Is there modified duty available? Yes No

Supervisor's name	Supervisor's signature	Phone #	Date
-------------------	------------------------	---------	------

Cómo usar estas importantes HERRAMIENTAS

Incluye:

Formulario de informe de lesión del empleado

Formulario de declaración de testigo de accidente

Formulario de investigación de accidente del supervisor

Se pueden hacer copias de los formularios, según sea necesario.

Los formularios también están disponibles para imprimir en formato pdf en línea en www.ceiwc.com.



¿Necesita ayuda?

Si desea obtener ayuda para programar la capacitación de supervisión sobre el uso de estos formularios, por favor comuníquese con su Ajustador de Reclamaciones o Consultor de Gestión de Seguridad de Chesapeake llamando al 1-800-264-4943.

El empleado lesionado, el supervisor y todos los testigos

del accidente **deben completar** los formularios/declaraciones de investigación de accidente. Capacite a sus supervisores para que lleven a cabo la investigación preliminar tan pronto como sea posible.



IMPORTANTE: Se debe tener cuidado en cuanto a garantizar que la investigación determine los hechos, no las faltas. La obtención de declaraciones firmadas tan pronto como sea posible después de un accidente asegura que usted, el empleador, tenga un informe exacto de cómo ocurrió la lesión. Estas declaraciones completadas son importantes para ayudar a corregir los riesgos y evitar que el accidente se repita. También ayudan a detectar la posible responsabilidad de terceros, así como las posibles reclamaciones fraudulentas.

Después de completar estos formularios, ¿qué hago con ellos?

Por favor, envíe los formularios completados a su Ajustador de Reclamaciones y guarde una copia para sus archivos. Estos formularios completados pueden proporcionar información valiosa en la investigación de reclamaciones de una lesión y en el desarrollo de la defensa en caso de una audiencia de compensación laboral.

¿Qué sucede si mi empleado lesionado es físicamente incapaz de completar el Informe de lesión del empleado?

Use el sentido común y el buen juicio. Si la lesión es grave, recuerde que la salud y el cuidado de su empleado están en primer lugar. Si es posible, solicítele que complete el formulario en un momento posterior, más apropiado, cuando el empleado se encuentre en condiciones físicas que le permitan documentar el accidente.

¿Qué sucede si mi empleado se niega a completar o firmar un Informe de lesión del empleado?

Por supuesto, usted no puede obligar a un empleado a completar el documento. Sin embargo, puede hacer hincapié en la importancia de obtener su versión del accidente para determinar de manera precisa lo sucedido y ayudar a evitar que el accidente vuelva a ocurrir. Además, obtenga el informe del supervisor, así como las declaraciones de todos los testigos.

¿Qué sucede si mi empleado ha contratado a un abogado? ¿Puedo de todos modos pedirle al empleado lesionado que llene un Informe de lesión del empleado?

Sí. Usted, el empleador, como parte del plan de gestión de accidentes de su compañía, de todos modos puede pedirle al empleado que llene el formulario de informe.



Formulario de investigación de accidente del supervisor

Titular de la póliza: _____
N.º de la póliza: _____

(Debe ser completado por el supervisor del empleado u otro directivo administrativo a cargo).

Ubicación donde ocurrió el accidente		Instalaciones del empleador: Sí <input type="checkbox"/> No <input type="checkbox"/>	Fecha del accidente o enfermedad:
		Lugar de trabajo: Sí <input type="checkbox"/> No <input type="checkbox"/>	
¿Quién resultó lesionado?		Empleado <input type="checkbox"/> No empleado <input type="checkbox"/>	Hora del accidente a.m. <input type="checkbox"/>
		Si no es empleado, especifique _____	p.m. <input type="checkbox"/>
Antigüedad dentro de la compañía:	Puesto de trabajo u ocupación:	Nombre del departamento de asignación habitual:	¿Cuánto tiempo ha trabajado el empleado en el trabajo donde sufrió la lesión o contrajo la enfermedad?
¿Qué propiedades/equipos resultaron dañados?			Propiedades/equipos de propiedad de:
¿Qué estaba haciendo el empleado cuando sufrió la lesión/contrajo la enfermedad? ¿Qué máquina o herramienta estaba siendo usada? ¿Qué tipo de operación?			
¿Cómo sufrió la lesión/contrajo la enfermedad? Haga una lista de todos los objetos y sustancias involucrados.			
¿Fue el accidente el resultado de la negligencia de otra parte?		En ese caso, nombre la parte negligente:	
¿Parte del cuerpo afectada/lesionada?		¿Alguna condición de salud física anterior? En caso afirmativo, ¿cuál?	
		Sí <input type="checkbox"/> No <input type="checkbox"/>	
Naturaleza y magnitud de la lesión/enfermedad y propiedades dañadas (sea específico):			
¿Tiene inquietudes acerca de este supuesto accidente o lesión? En caso afirmativo, especifique:			

POR FAVOR, INDIQUE TODO LO SIGUIENTE QUE CONTRIBUYÓ A LA LESIÓN O ENFERMEDAD

- | | | |
|--|--|--|
| <input type="checkbox"/> No adhesión a cierre patronal | <input type="checkbox"/> Mantenimiento inadecuado | <input type="checkbox"/> Operaciones de orden y limpieza deficientes |
| <input type="checkbox"/> Sin asegurar | <input type="checkbox"/> Equipos de protección inadecuados | <input type="checkbox"/> Mala ventilación |
| <input type="checkbox"/> Juegos pesados | <input type="checkbox"/> Dispositivo de seguridad inoperante | <input type="checkbox"/> Arreglo o proceso poco seguro |
| <input type="checkbox"/> Indumentaria inadecuada | <input type="checkbox"/> Falta de capacitación o habilidad | <input type="checkbox"/> Equipos poco seguros |
| <input type="checkbox"/> Vigilancia inadecuada | <input type="checkbox"/> Operación sin autorización | <input type="checkbox"/> Posición poco segura |
| <input type="checkbox"/> Instrucción inadecuada | <input type="checkbox"/> Impedimento físico o mental | <input type="checkbox"/> Otro _____ |

Acción correctiva del supervisor para garantizar que este tipo de accidente no se repita: _____

¿El empleado recibió capacitación en lo que respecta al uso apropiado de equipos de protección personal/procedimientos de seguridad adecuados? Sí ___ No ___

¿Estaba el empleado usando los equipos de protección personal apropiados/procedimientos de seguridad adecuados en ese momento?Sí ___ No ___

¿El empleado informó oportunamente sobre la lesión/enfermedad?Sí ___ No ___

¿Hay tareas modificadas disponibles?Sí ___ No ___

Nombre del supervisor _____ Firma del supervisor _____ N.º de teléfono _____ Fecha _____