

The Medical Reserve Corps and American Red Cross Partnership Building Blocks



CONTENTS

Introduction.....	2
HOW TO GET STARTED.....	2
REACH OUT! BREAKING DOWN THE SILOS	3
GET TO KNOW EACH OTHER!	4
American Red Cross/Medical Reserve Corps Frequently Asked Questions	4
SCOPE OF PRACTICE and LIABILITY ISSUES.....	7
Investigate Your Local and State Laws and Statutes!.....	7
STORIES FROM THE FIELD.....	14
McLean County MRC, Illinois—H1N1 Vaccination Clinic	14
Miami County MRC, Ohio—Volunteer Reception Centers.....	14
Massachusetts—Joint Exercises	14
Maine—Integrated Delivery of Care	15
San Luis Obispo, California—A Red Cross-Housed MRC.....	15
TRAINING ISSUES AND OPPORTUNITIES	17
Go Out and Play Together	17

INTRODUCTION

In spring 2009, national leaders of the Medical Reserve Corps (MRC) and the American Red Cross signed a Joint Letter outlining the value of the relationship between the two volunteer response entities and detailing how they might work together. Local Red Cross chapters and MRC units were encouraged to work alongside one another and formalize this partnership. But how does this happen? What is the best way to achieve an effective partnership between the organizations?

The goal of this resource is to provide the building blocks necessary to assist local leaders of these distinct organizations in collaborating and planning for joint operations in a realistic manner. This document addresses how to get started, break down silos, and attend to liability and workers' compensation issues faced by Red Cross chapters and MRC units alike. Among the hot button topics explored that reach across both organizations are collaborative roles in emergencies (declared vs. non-declared), training, and other ongoing volunteer activities. Real-world examples and stories from the field will also be discussed. Ultimately, this guide will help local MRC units and Red Cross chapters move further in their cooperative efforts to build capacity, capability, and integration for preparedness, response, recovery, and resiliency.

HOW TO GET STARTED

MRC units are housed within a variety of local organizations, including health departments, emergency management agencies, hospitals, volunteer centers, academic institutions, healthcare organizations, and other nonprofit settings. Red Cross chapters can be located in a city, state, region, or general area that covers multiple jurisdictions. For more information, please refer to the organizations' Web sites:

- **MRC:** <http://www.medicalreservecorps.gov>
- **Red Cross:** <http://www.redcross.org>

Each of the 10 U.S Department of Health and Human Services (HHS) regions has an MRC Regional Coordinator, who serves as a member of the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC), which is in the MRC program office at the national level and is headquartered in the Office of the Surgeon General. Most states have an MRC State Coordinator, who is typically appointed by and housed within the state health department.

The Red Cross also has a state and regional system of disaster oversight that includes state disaster officers and area directors. A network of State Health Service Advisors was initiated in 2010, and in 2011 Disaster Mental Health will follow suit with their state-level field network.

Contact information for state and regional points of contact for both organizations is available on the Web sites listed above. You are encouraged to call or e-mail these individuals to arrange a meeting and begin working with one another. This action puts you on the path towards building a more resilient community. In addition, communities may have volunteers that belong to both entities, and you can use those contacts and connections to reach across the table to begin the partnership.

REACH OUT! BREAKING DOWN THE SILOS

Because each MRC unit and Red Cross chapter has its own internal organizational structure and approach to carrying out volunteer activities, you may want to gain an understanding of what that structure looks like in your particular community. Please review the following list of possible questions to ask before moving forward:

- Who are the decision makers?
- What is the leadership structure?
- Who is the coordinator, chair, or disaster operation lead?
- Who activates a response, and how is this accomplished?
- Does each unit have a leadership team or a unit operation lead?
- Is there a medical director or nurse lead involved in the operations?
- Does the chapter/unit have an all-volunteer staff, or is paid staff involved?
- How many volunteers belong to the chapter/unit, and what types are in each entity?
- Where are the volunteers staged; how are they identified?
- Do the local disaster plans incorporate these volunteers?
- What local entity sponsors the organization?
- Are there regular disaster meetings of health groups?
- Are healthcare procedures in place?
- What types of liability protections are in place?
- Where is the coordination with the emergency management agency (state or local)?
- What types of training are required, and what types of training have the members completed?

GET TO KNOW EACH OTHER!

American Red Cross/Medical Reserve Corps Frequently Asked Questions

To encourage partnerships between MRC units and Red Cross chapters, the following FAQ section was developed by the OCVMRC and the Red Cross. We expect this portion of the Building Blocks document to remain “living,” and we will add to it as new questions arise.

Memorandum of Understanding

Our Red Cross chapter normally does things by “handshake” agreements. We cover several municipalities and have been involved with the MRC program since its inception. How do we go about formalizing partnership agreements?

We encourage Red Cross chapters and MRC units to enter into a Memorandum of Understanding (MOU) when possible. While there have already been a number of MOUs signed by Red Cross chapters and MRC units, we have found that some localities or sponsoring organizations do not authorize MOUs. The inability to formalize the partnership with an MOU should not stand in the way of developing the functional relationship between the two organizations.

Several examples of MOUs between Red Cross chapters and MRC units have been made available. In addition, Red Cross and OCVMRC leadership have developed an MOU template. Please refer to the following documents for more information:

- “Medical Reserve Corps and Red Cross Partnerships,” National Association of County and City Health Officials (PDF):
<http://www.naccho.org/topics/emergency/MRC/resources/upload/Copy-of-report-mrc-redcross.pdf>
- ARC-MRC MOU template: <http://www.medicalreservecorps.gov/JointMemoTemplate>

We are being told by our local MRC unit that it cannot enter into an MOU. Does the MOU apply nationwide?

No. The document signed by Red Cross and OCVMRC leadership in April 2009 was a Joint Letter—not a national-level MOU. Local Red Cross chapters and MRC units are encouraged to enter into agreements with one another as long as they do not face restrictions by their housing organizations. The inability to formalize the partnership with an MOU should not stand in the way of developing the functional relationship between the two organizations.

Dual Volunteer Membership

Why would someone serve as a dual volunteer with the Red Cross and the MRC?

Dual volunteer membership gives individuals more opportunities to make a difference. In addition to helping foster a close relationship between the organizations at the local level, it helps each organization achieve its distinct mission. Volunteers are given the flexibility to seek the

experience that will benefit them as individuals, whether it is the ability to respond locally and deploy nationally or the opportunity to engage in public health initiatives on a daily basis.

How will MRC volunteers work as Red Cross volunteers?

When MRC volunteers work as Red Cross volunteers, they are processed through Red Cross volunteer intake systems, which include criminal background checks. As Red Cross volunteers, they must adhere to Red Cross activity guidance, display Red Cross identification only, and work under Red Cross supervision. Local MRC units and Red Cross chapters should work together to process MRC volunteers through the Red Cross volunteer intake system in advance of any disaster.

How will Red Cross volunteers work as MRC volunteers?

When Red Cross volunteers work as MRC volunteers, they are processed through MRC volunteer intake systems. As MRC volunteers, they must adhere to MRC procedures and activity guidance, display MRC identification only, and work under MRC supervision. Local MRC units and Red Cross chapters should work together to process Red Cross volunteers through MRC volunteer intake systems in advance of any disaster.

If a volunteer is a member of the Red Cross and the MRC, and is completing tasks for both organizations in a shelter, must the volunteer demobilize and mobilize through the incident as he or she “changes hats”?

Volunteers should designate either the Red Cross or the MRC as the primary organization to which they are affiliated for the event. In a shelter situation, volunteers should only support the organization that they were activated to assist.

Letters of Support

Our local health department is submitting a grant proposal to help fund an MRC unit. May the Red Cross chapter provide a letter of support?

Yes, the Red Cross is one of many MRC partner organizations at the local level. Support from Red Cross chapters is critical to the MRC in helping it become more integrated into the local public health, preparedness, and response infrastructure. As a result of offering this support, you may find that the MRC will be willing to offer their volunteer and programmatic resources to your Red Cross chapter in return.

Co-Location of Acute Care Centers in Red Cross Shelters

How will MRC volunteers work alongside Red Cross volunteers (e.g., at shelters and emergency aid stations)?

When MRC volunteers are working as MRC volunteers in a facility where the Red Cross is also working, the MRC volunteers should identify themselves as such (and not as Red Cross volunteers). In this situation, MRC volunteers will work under MRC or public health agency procedures and supervision.

May a Red Cross chapter co-locate an acute care center that is operated by the public health department and the MRC unit in their shelter?

Yes, but such an arrangement may vary from one jurisdiction to the next. It is ultimately up to the parties to reach an agreement that outlines roles and responsibilities for each participating organization before the incident.

Will the Red Cross need a revised shelter agreement to co-locate with the MRC?

No, but if the MRC will be conducting a large operation in a distinct part of the facility, it may be advisable for the MRC to enter into its own agreement with the facility owner.

What are the roles, responsibilities, and liabilities with this cross-organization agreement?

Each participating organization is required to operate within its scope of volunteer practice and will abide by its (i.e., Red Cross or MRC) policies, procedures, and guidelines.

What are the pros and cons of this agreement for the community?

A major benefit to co-locating shelters is that comprehensive services can be provided in one setting. It is easier to carry out a well-executed, integrated response than to conduct multiple stand-alone and potentially fragmented responses. One possible challenge is that community members may be accustomed to a different model; as a result, they may be unclear as to who is in charge or whom they should seek certain services from. Multiple agency involvement can also lead to confusion without a clear delineation of each agencies roles, responsibilities, and liabilities.

SCOPE OF PRACTICE AND LIABILITY ISSUES

This section explores the scope of practice and legal protections for MRC and Red Cross health volunteers. Both Red Cross and MRC national viewpoints are included. These issues are often complex and subject to local and state variations.

Disclaimer: The following information is provided for information purposes only and does not constitute legal advice.

Investigate Your Local and State Laws and Statutes!

MRC Liability Protections

The issue of liability and legal protections for volunteer programs continues to be a challenge for members of MRC units. Local MRC units and their housing organizations often look to state and federal partners to help address challenges around legal protections by providing volunteers with the appropriate coverage when conducting activities on behalf of their MRC unit.

State Legal Protections

States address volunteer liability issues in various ways, and every state's liability laws differ. Some provide specific protections for free clinic volunteers, while others provide indemnification of volunteers acting as agents of the state. Some laws have been created to protect public immunization volunteers, and other laws specifically name MRC volunteers. Many states have Emergency Management Acts, which are laws that protect volunteers who respond to an emergency as part of an established response. Local MRC units should seek legal advice on this matter, because in some states volunteers must be pre-registered with the division of emergency management or another state or local agency.

In some states, volunteers (particularly volunteers registered with a state governmental agency) may be eligible for workers' compensation, which would compensate them or their families if they are injured or killed during their service. If it is determined that MRC volunteers are not covered by workers' compensation, the MRC unit needs to determine what compensation, if any, can be provided if a volunteer is injured or killed. The agency that houses an MRC unit may require these volunteers to sign a liability waiver.

Additionally, most states have some form of the Good Samaritan Act, which protects an individual who provides emergency care. However, each state's legislation varies. In some states, the act only protects an individual who spontaneously assists at the scene of an accident or other emergency and does not protect organized volunteer groups. The act places licensure or training requirements on volunteers who provide medical aid and may restrict the protection to specific categories of volunteers.

For more information on state liability laws regarding volunteers, see the Public Entity Risk Institute publication "State Liability Laws for Charitable Organizations and Volunteers—4th Edition" (http://nonprofitrisk.org/store/pub_detail.asp), or visit The Centers for Law and the Public's Health (<http://www.publichealthlaw.net/>).

Federal Legal Protections

Because liability issues are primarily handled at the state level, there is little Federal legislation that protects volunteers. The Volunteer Protection Act (VPA) was passed in 1997 and provides some limited immunity to volunteers.

As it is currently written, the VPA contains the following limitations:

- Does not include acts of willful or wanton misconduct
- Requires that the volunteer be properly licensed, certified, or otherwise authorized to perform the act
- Requires that the volunteer act in the scope of his/her duties as a volunteer
- Does not cover the operation of motorized vehicles
- Covers volunteers for nonprofit organizations and government agencies, and it does not cover the organization or agency itself
- Does not prohibit lawsuits; rather, it provides a potential defense for the volunteer if he/she is sued
- Defines “volunteer” as someone who does not receive compensation (or anything of value exceeding \$500 in lieu of compensation) for his/her services
- Allows states to place additional conditions on immunity for volunteers
- Does not specifically include or exclude medical or health volunteers

OCVMRC continues to work with partners in HHS to strengthen this legislation so that MRC volunteers nationwide receive more legal protections when augmenting public health, preparedness, and response activities in their local communities and beyond.

MRC Federal Deployment Legal Protections

The Deployment Operations arm of OCVMRC focuses on issues related to the Federal deployment of MRC members. Its task is to develop procedures that will be used to deploy willing, able, and approved MRC volunteers outside their local jurisdiction as part of the Federal response to large-scale national emergencies. The goal is to ensure that MRC members who deploy are fully and seamlessly integrated as part of the Federal response for public health and medical disasters.

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 appoint MRC 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

MRC volunteers who are activated as intermittent Federal employees are covered by the Federal Tort Claims Act. Some features of this act include:

- Covered employees are not personally liable for negligent acts committed within the scope of Federal employment.
- The United States is the only defendant that may be held liable for negligent acts or omissions, not the individual employee.
- The claimant cannot sue without first seeking administrative determination of liability.
- Suits are permitted only in Federal court, not state court.
- Suits can only be tried before a judge, not a jury.
- Punitive damages are not permitted.

MRC 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. Occupational injury or illness suffered while acting within the scope of appointment of the deployment is deemed "in the performance of duty" for the purposes of FECA, as long as volunteers are engaged in work that is in furtherance of duties and responsibilities of the scope of appointment.

Additional information can be found on the MRC Federal Deployment page of the national MRC Web site (<http://www.medicalreservecorps.gov/MRCDeployment>).

The Importance of Risk Management

Although protection from legal liability is important, other aspects of volunteer management are also important. Risk management activities can help protect the MRC and its volunteers while providing a safe, supportive working environment as volunteers serve the program's mission.

It is important to remember the following two points regarding risk management and liability issues:

- Within certain limits, anyone can file suit against anybody at any time. Laws can give volunteers a defense, and insurance policies can help pay for legal defense and for loss or damages, but they do not replace a commonsense approach to protecting volunteers and those they protect from harm.
- Regardless of whether one thinks that his or her organization and volunteers are sufficiently protected from legal liability for unintended harm, other assets, such as an organization's reputation and partnerships, are irreplaceable and cannot be protected. A comprehensive risk management program can help protect these assets.

Risk management is identifying the potential risks an organization is challenged with and seeking ways to remove or mitigate them. All activities involve risk, and the activities undertaken by MRC volunteers involve specific risks, such as the risk of unintended harm to an individual treated by an MRC volunteer. Although an MRC unit cannot remove all its risks and accomplish its mission, it can reduce the risk involved while protecting the unit, its volunteers, and those they serve.

The basic purpose of any volunteer program's risk management plan is to reduce the following risks:

- The risk of harm (intended or unintended) to the volunteers and the individuals they serve
- The risk of financial loss to the volunteers and the agency that they volunteer for
- The potential for damage to the agency's intangible assets, such as its reputation, its partnerships, and its ability to recruit volunteers and raise funds

Many aspects of risk management in volunteer programs may include activities that MRC units are already involved in, such as screening volunteers to ensure that they are a good fit. The best way to incorporate effective risk management practices into an MRC unit is to view every interaction with a volunteer as a chance to manage risk.

American Red Cross Liability Protections

Uniform Emergency Volunteer Health Practitioner Act (UEVHPA)

The primary purpose of the UEVHPA is to establish a system to quickly and efficiently facilitate the deployment and use of licensed practitioners to provide health and veterinary services in response to declared emergencies. The act 1) establishes a system for the use of volunteer health practitioners capable of functioning autonomously even when routine methods of communication are disrupted; 2) provides reasonable safeguards to ensure that volunteer health practitioners are appropriately licensed and regulated to protect the public's health; 3) allows states to regulate, direct, and restrict the scope and extent of services provided by volunteer health practitioners to promote disaster recovery operations; 4) provides limitations on the exposure of volunteer health practitioners to civil liability to create a legal environment conducive to volunteerism; and 5) allows volunteer health practitioners who suffer injury or death while providing services pursuant to this act the option to elect workers' compensation benefits from the host state if such coverage is not otherwise available.¹

The Red Cross supports the UEVHPA because it wants to ensure that during times of disaster, the organization will be able to supply an adequate and effective force of health care volunteers, including volunteers licensed in other states. The UEVHPA establishes the concept of a volunteer health practitioner registration system, to be operated by a government entity, licensing board, health facility, or disaster relief organization. A volunteer health practitioner who is registered with such a system, and licensed and in good standing in one state, may volunteer to provide health care in an emergency in another state. The passage of UEVHPA will help clarify the licensure status of Red Cross health professionals who are deployed across state lines, particularly if the Red Cross' Disaster Services Human Resource (DSHR) System is recognized as a registration system under the act.

For the Red Cross and its volunteers, the civil liability and workers' compensation provisions are particularly important. The model UEVHPA contains provisions that provide immunity from civil liability for health practitioners who are deployed in accordance with the system established

¹ <http://www.uevhpa.org>

by UEVHPA, and for the entities that deploy them. Liability protection is important due to the risk of malpractice claims that exists whenever a health practitioner provides services. The workers' compensation provision, however, is often difficult to enact due to the fiscal impact for the state.

Therefore, while the UEVHPA has been enacted in 10 states during the past 3 years (see UEVHPA map: <http://www.uevhp.org/DesktopDefault.aspx?tabindex=2&tabid=67>), the provisions vary greatly; most notably those that address civil liability and workers' compensation. All 10 states have enacted the parts of the bill that create a system for interstate licensure, but the laws in Indiana, Kentucky, Nevada, and Oklahoma do not include any provisions for civil liability protection or workers' compensation. Please see the UEVHPA Web site for the current status of participants (<http://www.uevhp.org>).

Current Liability Coverage Provided to Red Cross Volunteers (inclusive of Health Professionals in Disaster Health Services (HS) and Disaster Mental Health (DMH))

HS and DMH volunteers frequently ask whether they need to carry their own professional liability insurance coverage and/or whether the Red Cross provides such coverage during their volunteer efforts. Red Cross DMH and HS workers are not required to obtain their own professional liability insurance coverage to practice within their Red Cross scope of practice and assigned duties. Personal professional liability coverage is, of course, always an individual choice.

When DMH and HS workers are engaged in assigned disaster relief activities (i.e., performing their official duties as agents of the Red Cross), they are covered by the Red Cross corporate insurance policy when the following conditions are met:

- The professional license or certification used by the worker to qualify for the activity and register for the operation is valid during the time period during which he or she was deployed.²
- The DMH or HS worker engaged in the activity while under the control and supervision of an authorized Red Cross employee or volunteer.
- The HS worker provided services within Red Cross and HS policy as described in the HS Activity Guidance.
- The DMH worker provided services within Red Cross and DMH policy, as described in the DMH Activity Guidance.
- The DMH or HS worker did not act in an illegal, unethical, or grossly negligent manner.

In addition to commercial liability coverage, the Red Cross Corporate Indemnification Policy provides coverage for HS and DMH in certain other situations. For further information on the Corporate Indemnification Policy, Red Cross volunteers can refer to *The Corporate Risk*

² All licenses and certifications must be verified before assigning a worker to HS to ensure that the license or certificate has not expired, been withdrawn, or contains restrictions. The license information is recorded on an HS Personnel Roster.

Management and Insurance Program, available on CrossNet, the Red Cross intranet (<https://crossnet.org/manual/549.pdf>).

Box 1.

Definitions of Some Common Tort Terms

Collateral-source benefits: Amounts that a plaintiff recovers from sources other than the defendant, such as the plaintiff's own insurance.

Economic damages: Funds to compensate a plaintiff for the monetary costs of an injury, such as medical bills or loss of income.

Joint-and-several liability: Liability in which each liable party is individually responsible for the entire obligation. Under joint-and-several liability, a plaintiff may choose to seek full damages from all, some, or any one of the parties alleged to have committed the injury. In most cases, a defendant who pays damages may seek reimbursement from nonpaying parties.

Malpractice: "Failure of one rendering professional services to exercise that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable member of the profession with the result of injury, loss or

damage to the recipient of those services or to those entitled to rely upon them."¹

Negligence: A violation of a duty to meet an applicable standard of care.

Noneconomic damages: Damages payable for items other than monetary losses, such as pain and suffering. The term technically includes punitive damages, but those are typically discussed separately.

Punitive damages: Damages awarded in addition to compensatory (economic and noneconomic) damages to punish a defendant for willful and wanton conduct.

Statute of limitations: A statute specifying the period of time after the occurrence of an injury—or, in some cases, after the discovery of the injury or of its cause—during which any suit must be filed.

1. Bryan A. Garner, ed., *Black's Law Dictionary*, 6th ed. (St. Paul, Minn.: West Group, 1990), p. 959.

Red Cross Background Checks and Partner Organizations

The Red Cross respects its partner agencies and recognizes that those persons affiliated with them are working in conjunction with us, but remain under the rules and procedures established by their agency. There are times when a partner agency volunteer, for a variety of reasons and circumstances, will identify themselves jointly as both a partner agency and a Red Cross volunteer, and wear the symbol of the American Red Cross. If a partner agency volunteer wears or carries Red Cross identification, we as an organization have the right and the obligation to require compliance with our background check procedures.

In addition, volunteers who are either loaned or working in cooperation with the Red Cross who wear Red Cross identification must have undergone and cleared background checks that meet or exceed Red Cross minimum standards (i.e., verification of Social Security number and a search of the National Criminal File for the past 7 years).

Registration of Volunteers

The MRC and the Red Cross depend on their local units to register and track volunteers. Since 2006, the HHS Assistant Secretary for Preparedness and Response has held the responsibility for managing the registration of healthcare disaster volunteers. The system for registration is labeled Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). This is a state-based program, and individual MRC units and Red Cross chapters may or may not participate.

The Red Cross Disaster Services Human Resources (DSHR) System enables the provision of prompt and efficient disaster relief services to the American people. It is an integrated and consistent approach to managing the workforce over the long term using a common set of competencies that are linked to business strategies and results. Units of affiliation at all levels are responsible for entering member information into the electronic database. With the single exception of spontaneous volunteers who come forward at the time of a disaster, all employees and volunteers who meet the criteria for enrollment and who wish to take part in a Red Cross disaster relief operation may be included in the DSHR System, whether or not they are available for assignment to relief operations beyond their unit of affiliation. Enrollment in the DSHR System ensures that the worker is willing and able to carry out the activities necessary to provide appropriate and timely service to respond to the needs of disaster victims and other disaster response staff, understands the way a relief operation is organized, and has training opportunities to match his or her interests.

DO SOME MORE INVESTIGATION ON YOUR OWN—PARTNER!

STORIES FROM THE FIELD

The following stories are a compilation of promising practices from across the United States, offering insight into how MRC units and Red Cross chapters can function together in everyday activities and in times of crisis. Find an example below that can be incorporated into your local situation.

McLean County MRC, Illinois—H1N1 Vaccination Clinic

While planning to staff an H1N1 vaccination clinic, the McLean County MRC unit discovered that it was in need of an additional source of credentialed volunteers to augment the MRC volunteer staffing. The unit reached out to its local Red Cross partners to make them aware of the volunteer opportunities. In turn, the Red Cross Emergency Response Manager recruited volunteers, who later arrived to the vaccination clinic with their own vests and badges and signed in using their own volunteer roster. Just in Time training was provided to the Red Cross volunteers, and they were assigned to work alongside an MRC staff member or a more experienced volunteer until they felt confident in their duties.

From the beginning of the event, both sets of volunteers worked as one team. MRC and Red Cross volunteers trained one another, Red Cross volunteer hours were tracked, and both groups managed volunteer performance issues. A total of 150 volunteers were recruited, with 46 from the MRC and 33 from the Red Cross. The cooperative effort was successful because of the partnership established between both organizations leading up to the H1N1 response. This partnership has led to large-scale community support.

Miami County MRC, Ohio—Volunteer Reception Centers

The Miami County Red Cross chapter supports the Miami County MRC with planning and support for Volunteer Reception Centers (VRC). The VRC serves as a staging area for volunteers in times of disaster. The Red Cross is an expert in dealing with volunteers, so it incorporated several of its ideas and forms into the VRC plan. The Red Cross provided food for the VRC staff during the opening of a VRC during the H1N1 clinics. In addition, the Miami County MRC unit planned an exercise that will include the Red Cross, Emergency Management Agency, United Way of Troy, United Way of Tipp City, and the Troy Senior Citizen Center.

Massachusetts—Joint Exercises

The Massachusetts Region 4b MRC has had many positive experiences working with the local Red Cross. Since the 2008 ice storms, the Region 4b MRC has partnered with the Red Cross and invited the chapter to oversee and administer all MRC Shelter Operation and Shelter Simulation classes.

The MRC and Red Cross collaborated to set up a full-scale shelter drill with the Watertown Health Department. A planning committee was developed with the health department, MRC, Red Cross, and other local stakeholders. The Red Cross liaison provided the MRC unit with insight on the services that the chapter could provide if a shelter was needed.

During the drill, MRC members served as the people operating the shelter and used other regional MRC volunteers as “clients” of the shelter. “Client” volunteers even brought in pets to incorporate animals into the shelter and drill. Again, the Red Cross representative provided the unit with guidance and feedback to implement a successful shelter plan. Consequently, the Massachusetts Region 4b MRC is now better equipped to open and operate a shelter independently.

Maine—Integrated Delivery of Care

The Northeastern Maine MRC unit and the Pine Tree Chapter of the Red Cross have devised plans to work collaboratively in an alternate care site/medical shelter or residential shelter at an Air Guard Base during a large-scale disaster. MOU’s are being developed between both entities to staff and implement a single site shelter. Shared trainings are encouraged, as well as volunteer opportunities with the Red Cross and MRC.

San Luis Obispo, California—A Red Cross-Housed MRC

The San Luis Obispo County MRC (SLOMRC) unit is sponsored by the San Luis Obispo Chapter of the Red Cross.

SLOMRC volunteers are recruited, screened, credentialed, and trained as both American Red Cross Disaster Services Volunteers and Health Department Disaster Services Worker Volunteers. When services are requested by the San Luis Obispo County Office of Emergency Services or the San Luis Obispo County Health Officer (or designee) for utilization in a public health emergency, volunteers are activated under the MRC as Disaster Services Worker Volunteers and fall under the policies and protections of San Luis Obispo County and the State of California.

The SLOMRC is intended to supplement the resources of the existing community emergency medical response system and contribute to meeting the public health needs of the community throughout the year. The MRC will not replace or supplant the existing emergency medical response system or its resources. During emergencies, MRC volunteers may provide an important “surge” capability to perform some functions usually performed by emergency medical response teams who have been mobilized. SLOMRC volunteers can also augment medical and support staff shortages at local medical or emergency facilities.

MRC volunteers are also a good resource for helping the community plan its response to numerous health-related situations. For example, they can assist with the development of plans for animal care during disasters, distribute pharmaceuticals, and conduct numerous tasks to help the community manage public health issues when there is a shortage of regular healthcare providers or healthcare support staff because of a local, manmade, or natural disaster.

The MRC is primarily designed to assist and supplement the existing emergency medical response and public health systems in emergencies. However, volunteer personnel and resources may be utilized in non-emergency situations, depending on their availability and the approval of the Program Coordinator or San Luis Obispo County Health Officer or designee. Examples of

activities that volunteers may participate in include influenza vaccination clinics, tuberculosis exposure follow-up, and community education.

**Note: At this time, the Red Cross does not routinely encourage the placement of MRC oversight within Red Cross units. The San Luis Obispo example, however, is included to detail what a full integration model may look like in practice.*

TRAINING ISSUES AND OPPORTUNITIES

Co-located and collaborative MRC and Red Cross training and exercising will help build a cohesive network of preparedness and contribute to the resilience of our communities. This section will highlight training modalities available from both organizations and examples of cooperative training events and models.

Go Out and Play Together

Training Opportunities

The MRC and the Red Cross have structured training programs within each organization. Each healthcare professional is encouraged to complete the core classes or competency based trainings offered as part of each program. A health professional might question why he or she would want to join two health care professional groups that provide similar services during all-hazards events. To answer this question, some basic information about the organizations is provided below:

Medical Reserve Corps	American Red Cross
Responds to local all-hazard incidents and supports routine public health activities.	Can be deployed nationwide to all-hazards incidents in addition to local incidents.
Blended learning available (both online through MRC-TRAIN and other mechanisms; others are instructor-led programs) without national model.	Currently, most training is offered as instructor-led, but there is a growing availability of distance-based training. Just In Time training is offered on Disaster Relief Operations. A new Learning Management System will be released in 2011.
Core programs are developed by each MRC unit based on a local needs assessment.	Core programs are developed by national committee and are re-evaluated yearly.

Dual membership provides many advantages to volunteers. Individuals have the opportunity to become familiar with both MRC and Red Cross capabilities, policies, procedures, and membership. Through resource sharing and economies of scale, cooperation and effectiveness is enhanced and the community is strengthened. Each entity may offer greater familiarity or expertise on certain subject matters. In short, dual membership can present many opportunities for complementary actions.

Training and Education

MRC Training and Education

As the MRC program has developed, each MRC unit has adopted a different approach to training. Some units work closely with their housing organization to create and adapt localized trainings that best enhance the supplemental role they play in their communities. Others have collaborated with local partners to share existing training resources. Training programs vary among MRC units.

Each MRC unit adjusts its training to the requirements set forth by their housing organization, which are usually dictated by the needs of its community or partners. Certain trainings are strongly encouraged, like the Federal Emergency Management Agency-sponsored IS-100, IS-200, and IS-700 courses. The OCVMRC encourages training MRC units to meet the MRC Core Competencies. Other training guidelines may be set forth by the state once the MRC network within the state reaches consensus on a statewide curriculum.

MRC-TRAIN

The OCVMRC also supports local MRC units in their training initiatives by providing them with a learning management system known as MRC-TRAIN. The TRAIN system is a centralized, searchable database of courses relevant to public health. MRC-TRAIN (<https://www.mrc.train.org/DesktopShell.aspx>) is an optional resource that MRC unit coordinators can use to manage their training program locally. Through MRC-TRAIN, users have access to 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. MRC unit leaders can take advantage of developing their own TRAIN training plan to assign to their MRC volunteers. The training plan guides their volunteers to the trainings available that would be appropriate for the MRC unit and meet MRC Core Competencies.

Through MRC-TRAIN, users can:

- Browse course listings or search by keyword, subject area, course provider, or competency.
- Query the learner records database to generate tailored reports regarding course rosters and individual learning. In this way, TRAIN is a valuable tool for managing public health workforce/volunteer development.

MRC-TRAIN offers the following benefits:

- Training is offered in 42 public health-related subject areas.
- Volunteers can build skills and competencies.
- Course providers nationwide can post their courses on TRAIN, making hundreds of learning opportunities available.
- Varied modalities of training are accessible.
- Each registered user has a personal transcript.

Through MRC-TRAIN, MRC coordinators can:

- Establish a training plan specific to their MRC unit using existing courses
- Post online training opportunities
- Capture participation in MRC competency-based training
- Use pre- and post-test measures
- Share resources with other TRAIN states and affiliates
- Avoid duplication of training by using pre-existing courses, saving time, money, and additional resources
- Send rapid announcements to all registered learners in their MRC unit
- Post tailored announcements to MRC volunteers
- Generate reports that detail MRC volunteer training history/progress

To learn more about MRC-TRAIN and how to best manage the system, refer to the MRC Training Resources page (<http://www.medicalreservecorps.gov/TRAINResources>) on the MRC Web site.

MRC Core Competencies

MRC members come from various backgrounds and have varying credentials, capabilities, and professional experience. There is no standard training for MRC members and therefore, how MRC units incorporate training varies. This diversity is one of the program's strengths, but it is challenging to standardize MRC units. For an MRC to fulfill its mission, MRC members need to be competent to conduct their responsibilities. Training needs to be focused on a common set of knowledge, skills, and abilities.

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 MRC units. By defining a set of uniform standards, MRC units can collaborate more efficiently with each other and with external partners. The use of competencies has proven effective in public health worker training and assessment, and should translate well to the work of the MRC. 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. To ensure that MRC units nationwide reach a certain level of proficiency and effectiveness at the local, state, regional, and Federal levels, all MRC members should:

1. Describe the procedure and steps necessary to protect the health, safety, and overall well-being of themselves, their families, the team, and the community.
2. Document that they have an existing personal and family preparedness plan.
3. Describe the chain of command (e.g., Emergency Management Systems, Incident Command System, National Incident Management System), MRC integration, and its application to a given incident.
4. Describe the local MRC unit's role in public health and/or emergency response and its application to a given incident.
5. Describe their communication role(s) and processes with response partners, media, the general public, and others.

6. Describe an event's impact on the mental health of volunteers, responders, and others.
7. Demonstrate their ability to follow procedures for assignment, activation, reporting, and deactivation.
8. Identify limits to their own skills, knowledge, and abilities as they pertain to the MRC.

MRC units also participate in exercises to test their ability to respond to emergencies and perform needed tasks and fill requested roles in a disaster. These types of exercises may simulate a Mass Dispensing Operation, Mass Casualty Operation, Radiation Exposure Event, or Patient Evacuation Scenario. Exercises are usually conducted in partnership with local response agencies and may also be part of grant deliverables required for preparedness funding. Frequently, actual operations that simulate mass prophylaxis for a community, such as an annual flu vaccination or immunization clinic, are also treated as an exercise for potential disaster operations because such operations may include providing services to a large number of community members at once.

Red Cross Health Professional Training and Education

Health is an integral part of Red Cross Disaster Services, which include both Disaster Health Services (HS) and Disaster Mental Health Services (DMH). The Red Cross Health and Safety Services is the organization's education arm for preparedness and offers longstanding courses such as First Aid and CPR/AED. The Red Cross supplements the existing health care service delivery system for community health care prior to and in times of disaster and coordinates its efforts with the local health authorities, medical, and nursing communities.

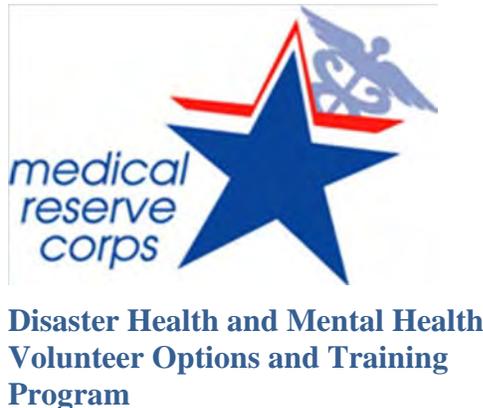
The team of health professionals at the American Red Cross National Headquarters developed the HS volunteer education program. All Red Cross health professional volunteers should have current CPR and First Aid training and certification. There are two required classes for the Red Cross HS volunteers who are preparing to respond to a disaster. Training begins with an online course or 3-hour instructor-led course, *Fulfilling Our Mission*, followed by the 6-hour *Disaster Health Services Response Workshop* for HS workers. Continuing education credit is included as part of this training. DMH volunteers are required to take *Fulfilling Our Mission* and the 6-hour *Foundations of Disaster Mental Health* for DMH workers.

To further enhance disaster knowledge and skills, HS and DMH volunteers are strongly encouraged to take additional Red Cross courses such as *Psychological First Aid*, *Serving People with Disabilities*, and *Shelter Operations*. Red Cross health professionals also have access to the Red Cross intranet, known as CrossNet. In June 2009, *Red Cross Ready RN* was released. This course, a 20-module online disaster preparedness curriculum with continuing education credit, is a comprehensive training package offered exclusively to Red Cross volunteers.

While training and education are a large part of volunteer preparation, exercise participation also serves as a valuable teaching tool for volunteers. Red Cross chapters frequently participate in all-hazards training exercises.

Training and Exercise Examples from the Field

The following is an example of training paths available to the members of the San Luis Obispo County Red Cross Chapter, including Red Cross DMH and HS volunteers and MRC volunteers.



Training will familiarize volunteers with American Red Cross and San Luis Obispo County emergency policies and procedures. This will allow volunteers to serve as a Red Cross and/or San Luis Obispo County MRC volunteer.

Red Cross Volunteer Requirements for HS and DMH Volunteers:

- Orientation to American Red Cross (2 hours)
- Introduction to Disaster Services (1 hour)
- Health Services Response Workshop (7 hours) or Foundations of Disaster Mental Health (7 hours)
- First Aid/CPR Certification (6 hours)
- Client Casework: Providing Emergency Assistance (8 hours)—strongly recommended

Red Cross Volunteer Requirements for Disaster Action Team Members:

- Orientation to American Red Cross (2 hours)
- Introduction to Disaster Services (1 hour)
- Mass Care Overview (1 hour)
- Shelter Operations (4 hours)
- Shelter Simulation (4 hours)
- Client Casework: Providing Emergency Assistance (8 hours)
- Fundamentals of Disaster Assessment (8 hours)
- First Aid/CPR Certification (6 hours)

Medical Reserve Corps Training Recommendations:

- Orientation to Medical Reserve Corps and Emergency Management (3 hours)
- ICS 100: available online at <http://training.fema.gov/IS/NIMS.asp>
- ICS 700: available online at <http://training.fema.gov/IS/NIMS.asp>

- Working in a POD (Point of Dispensing): available online at <http://www.ualbanycph.org/learning/default.cfm>

Training schedules are available at <http://slo-redcross.org/TakeAClass>.

For more information, please contact the San Luis Obispo County Chapter of the American Red Cross at (805) 543-0696, ext. 16 or mersone@slo-redcross.org, or visit the MRC page on the chapter's Web site at <http://www.slo-redcross.org/MRC>.

Other training examples include the following:

Dakota County MRC, Minnesota

The Dakota County MRC unit has partnered with the Red Cross Twin Cities Area Chapter to offer training to orient health professionals in the roles and responsibilities of a Red Cross Health Services volunteer.

MRC volunteers who attend this training will learn the skills necessary to support a mass care response operation, both as an MRC volunteer and a Red Cross volunteer, depending on the needs of the situation.

The successful joint responses to recent events of the Red Cross and the MRC unit have highlighted the value of the growing partnership between these two organizations. They also show the importance of working together throughout the year on training activities and public health initiatives to make communities healthier, safer, and more prepared.

Defiance County MRC, Ohio

The Defiance County MRC unit encourages its volunteers to take advantage of the training opportunities offered through each program. The MRC unit contracts with the Red Cross to conduct First Aid training and also encourages MRC, Red Cross, and Community Emergency Response Teams volunteers to cross-train so that they can serve in different capacities. The organizations share trainings with each other, including those sponsored by other programs. The MRC unit encourages volunteer participation when it has secured continuing education and guest speakers— this ensures that all volunteers have the opportunity to earn continuing education credits and avoids wasting resources. MRC volunteers can assist in staffing shelters, first aid stations, and outreach efforts. The MRC finds that volunteers' loyalties are not divided because the events that call for a Red Cross volunteer are not the same as those that require the support of an MRC volunteer.

Worcester Regional MRC, Massachusetts

After a formal MOU was signed between the Worcester Regional MRC and the local Red Cross chapter, MRC volunteers began cross-training, holding meetings, and collaboratively identifying and meeting requests for assistance. The local community offered its first large-scale flu clinic at a local senior center, and the MRC and Red Cross worked alongside one another. Fifty volunteers responded and assisted with dispensing site operations and provided refreshments to community members waiting in line to receive vaccines.

The operation was seamless. Each organization noted that it was never about which organization was running the event; instead, it was about two groups working together to achieve a common mission. This activity has provided a foundation for future collaborative work between the MRC and Red Cross. Both parties indicated that knowing what each group's limitations are makes them a stronger team. Upon arriving at an incident, the organizations already have an awareness of each other's roles, and they find this to be incredibly helpful in their partnering relationship.

Template for MRC-ARC Memorandum of Understanding

The following link will connect MRC units to the ARC-MRC MOU template:

<http://www.medicalreservecorps.gov/JointMemoTemplate>

Red Cross chapters can access the same template on the Red Cross intranet, CrossNet:

https://crossnet.redcross.org/news/chapters/090420_MRCMOU_Template.asp

CONTINUE TO BUILD YOUR PARTNERSHIP *TODAY!*