

MRC 101

Core Competencies

May 15, 2007

Berkshire MRC

*Berkshire County Boards of Health
Association*

You can download MRC 101 at

www.wmmrc.org

Basics

- **What is the BMRC?**
- **Who should join?**
- **What are MRC Volunteer requirements?**
- **What is the Role of the MRC?**

What is the Medical Reserve Corps (MRC)?

The MRC program, part of Citizen Corps, was proposed by President George W. Bush during his 2002 State of the Union Address in response to the overwhelming number of medical professionals and others who sought to volunteer their services following the terrorist attacks on September 11, 2001. Notwithstanding their desire to help, many volunteers were unable to do so because they had not been identified, credentialed, or trained in advance. With a Medical Reserve Corps program in place, local emergency response agencies and hospitals have access to an organized group of willing community volunteers during emergencies or for other community needs. Everybody is welcome and needed. You need not be a citizen to join.

What is the BMRC structure?

- **Department of Health and Human Services / Surgeon General**
- **U.S. Freedom Corps** Includes all national and international volunteer programs
- **Citizen Corps**
 - **CERT** Community Emergency Response Team
 - **Fire Corps**
 - **MRC** Medical Reserve Corps
 - **VIPs** Volunteers in Police Service
 - **National MRC Program** www.medicalreservecorps.gov
- **Massachusetts Department of Public Health** www.mass.gov/dph and the **Massachusetts MRC Program** Currently there are more than 50 MRC programs in Massachusetts
- **Western Mass Public Health Coalition** Berkshire, Hampshire, Hampden, and Franklin counties
- **Regional MRC - Western Mass MRC** www.wmmrc.org
 - **MRC Team Leaders**
 - **MRC Volunteers**

What is MSAR?

- Currently the Massachusetts System of Advance Registration (MSAR) is only for doctors and nurses with a current license. MSAR is especially interested in unaffiliated, part-time or retired doctors and nurses. MRC units support this program and encourage all our doctors and nurses to dual register.

What about liability?

- **Federal Volunteer Protection Act**, 42 U.S.C. § 14501 et seq. Provides *immunity from liability for negligence* for people who volunteer for a government entity or a non-profit organization. The volunteer is not liable to a person they harm, **BUT** the organization that the volunteer is working under may still sue the volunteer personally for negligence. Volunteers must be properly licensed, certified, or authorized, and must act within the scope of his/her authority in the organization. Negligence arising from operation of a motorized vehicle is NOT covered. Protection only extends to UNPAID volunteer. ***There is NO Workers' Compensation protection*** for MRC volunteers.

More on liability...

- **Good Samaritan Laws** This Massachusetts law ***now only protects the general public from liability*** when rendering ***emergency care or treatment*** for no compensation. **Coverage depends on there being an emergency.** EMS personnel are now ***only protected when they are on duty***. The emergency need not be declared but it is not clear whether the concept of “emergency” extends beyond an immediate, urgent need. Care must be provided in good faith. ***There is NO Workers’ Compensation protection in most situations.***

And more liability...

- **Massachusetts Tort Claims Act** M.G.L. c. 258: Public employees are ***protected from liability for negligent acts or omissions if they acted within the scope of their employment.*** Ask your Selectboard or Mayor to appoint you and all the other MRC Volunteer members as **Special Municipal Employees**. This will provide additional liability coverage for MRC Volunteers when acting under the direction and control of the MRC during a an emergency exercise or response. MRC Volunteers should contact their towns to explain the benefits of this protection for them.

Finally....

- **State Emergency Declarations:** During a large scale emergency, there will most likely be special legislation or Executive Orders to help assure volunteers that they will have liability protection, but not likely Workman's Compensation Insurance.

MRC Core Competencies

- 1. Personal Protection Protocols (PPP)**
- 2. Personal/Family Protection Plan**
- 3. Chain of Command**
- 4. Role of MRC in emergencies**
- 5. MRC Communication protocols**
- 6. Mental/Behavioral Health**
- 7. Volunteer Activation and De-Activation**
- 8. Personal Limitation Awareness**

Practice Healthy Habits

During Flu Season:

- **Eat, drink, sleep and exercise, appropriately.**
- **Avoid caffeine, alcohol and other drugs.**
- **Avoid crowds. Stay 3 feet away from people.**
- **Don't kiss, shake hands or share food.**
- **Avoid drinking fountains, salad bars and other open cold food sources**
- **Regularly sanitize door knobs, sink handles, telephones, etc.**
- **Practice proper cough etiquette - into an elbow or new tissue/**
- **Practice proper hand washing procedures often or use a hand sanitizer.**
- **Don't touch your face, nose, or eyes**
- **Wear a properly sized N95 NIOSH approved mask, goggles, and disposable gloves when in close proximity to those who may be ill. Facial hair interferes with proper fit.**
- **Change clothes and thoroughly wash hands before coming home.**
- **Consider distancing yourself from stay-at-home family members.**
- **STAY home when you are sick. Keep sick children home**
- **Get an annual flu shot. Get a pneumonia vaccination.**

1. Personal Protection Protocols (PPP) Personal Protection Equipment (PPE)

- Take care of yourself first
- Ask for appropriate Personal Protection Equipment (PPE) training
- Know the proper way to put on and take off masks, gloves and goggles. (Generally masks go on first and come off last.)

2. Personal/Family Protection Planning

What to have in your:

- **HEAD**
- **HANDS**
- **HOME**

HEAD

- **Prepare yourself first!**
 - Can't help others if you aren't ready yourself.
- **Family Emergency Plans**
- **Child Care Plans**
- **Caring Networks** of friends and family
- **Be a good neighbor**
- **Learn** about local emergency plans
- **Volunteer** to help

HANDS

“Go Kit” that includes family health and financial information, emergency radio, flashlight, snacks, space blankets, supplies and funds to provide basic support for you and your family (including pets) for several days if you must leave home

HOME

- **Emergency Supplies to last 3 to 12 weeks.**
- **Every week add some canned goods and paper products to your pantry or box under your bed.**
- **Rotate your supplies as needed.**

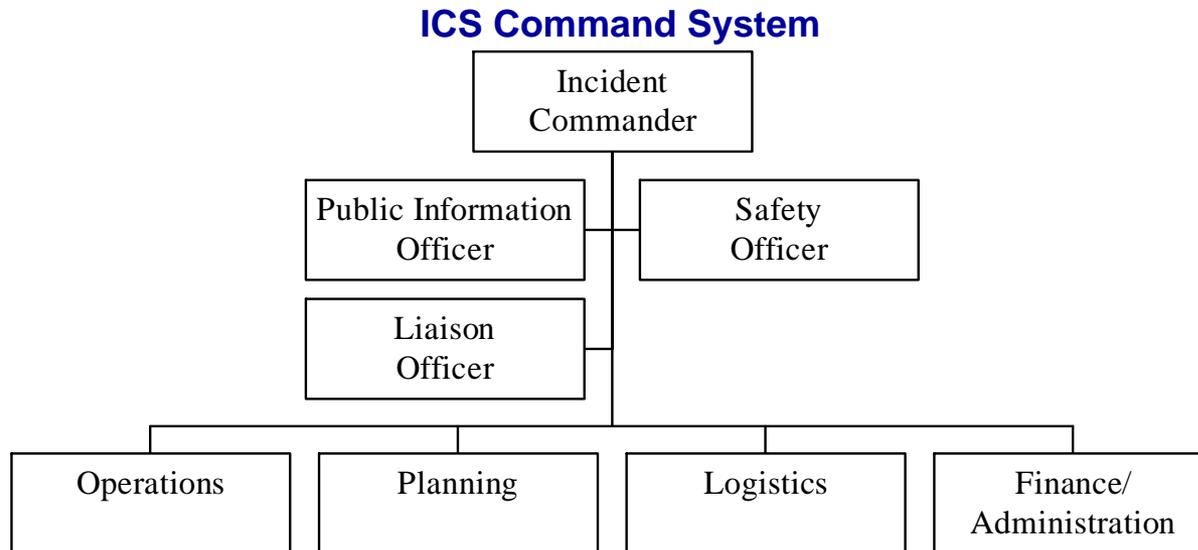
3. Chain of Command

- **Governor**
- **Massachusetts Emergency Management Agency (MEMA)**
- **City or Town Chief Elected Official (CEO)**
- **City or Town Emergency Management Director (EMD)**
- **Incident Commander or Unified Command**

Community Emergency Responders and Support Services

- **Emergency Medical Services (EMS)** Medical stabilization and transport
- **Police** Civil Order and Criminal Acts, including terrorism
- **Fire** Fires, Spills and Explosions
- **Board of Health** – Infectious diseases, food, water, housing, Public Health
- **VNA or Public Health Nurse** Infectious Diseases, Home Care
- **DPW** Provide support and equipment
- **Other Town or City Employees** Provide support
- **HAZMAT and DEP Rapid Response Teams**
- **Hospitals**
- **Citizen Corps**
 - **CERT** Community Emergency Response Teams
 - **MRC Team Leaders** Medical Reserve Corps
 - **Fire Corps** and **VIPS** Volunteers in Police Service
 - **Search and Rescue, etc.**
- **Volunteer Organizations** like American Red Cross (ARC) and others.
- **Community Partners** like Schools - Churches - Businesses – Individuals

Incident Command System



Incident Command System

- Unity of Command – one leader
- Modular – expands and contracts as needed
- Life Safety Code:
 - First, responders must protect themselves and other responders
 - Then protect lives of victims
 - Then control the Incident
 - Finally, protect property and the environment
- Span of Control – each person is in charge of no more than 5 to 7 people and reports to only 1 person.
- Use of Common Terminology – for positions, procedures and equipment

Incident Management Standard Operation Procedures (SOP)

- Establish Command
- Ensure Responder Safety
- Assess Incident Priorities
- Determine Operational Objectives
- Develop and Implement an Incident Action Plan (IAP)

Incident Command Staff

- **Incident Commander** or Unified Command
- **Public Information Officer** - provides communications and public information services
- **Safety Officer** – responsible for Responder safety only.
- **Liaison Officer** – responsible for coordinating with other Responder Agencies
- **Intelligence Officer** – responsible for coordinating sensitive information

Command Staff

- **Operations** Section Chief – in charge of the actual response
- **Planning** Section Chief – in charge of planning for the next operational periods
- **Logistics** Section Chief – in charge of obtaining needed men and supplies
- **Finance/Administrative** Section Chief – in charge of expenses and keeping records

4. Role of MRC in emergencies

- Provide support and assistance to Incident Commander (IC) – Volunteers will be assigned duties and task as the IC or Section Chiefs decide.
- **Surge Support for CBRNE: Chemical - Biological – Radiological – Nuclear – Explosive - Natural Disasters**
- Mass Casualty, Mass Dispensing, Mass Sheltering Operations.

Four Stages of an Emergency

1. Planning/Preparation

- Update the strategic and operational plans
- **MRC** units should be advocates and partners in the planning for All Hazards

2. Response

- Emergency Operations Center (EOC)
- Control the Incident – **MRC Roles**
 - Provide a community reservoir of trained, credentialed volunteers
 - Staff Emergency Dispensing Sites (EDS)
 - Staff Influenza Specialty Care Units (ISCU)
 - Support Local Board of Health (LBOH)
 - Support Sheltering Efforts including Medical and Animal Care Units

3. Recovery

- Bring things back to normal
 - **MRC** may have a role in this phase

4. Mitigation

- Reduce the effects of an emergency by reducing the number of people and places that will be affected. Example - raising bridges so that they don't flood.
- **MRC** Units and members should be community advocates for mitigation work.

5.MRC Communication Protocols

- **Never** talk to the media while deployed unless authorized by the Incident Commander.
- Know the communication protocols at the scene and follow them exactly.
- When authorized to speak to anyone, “Be right, be first, be credible.” Never say “NO COMMENT.” DO Say, “How can I get back to you with that information?”
- Learn radio and other communication protocols before using communication equipment.
- Take time to communicate calmly, clearly and completely with everyone, especially your team members.
- If uncertain, ask for clarification.
- Accurate, timely and complete communications are the most difficult part of an emergency response
- Know the HIPPA laws and protect the medical privacy of others

6. Mental/Behavioral Health

- Critical Incident Stress happens to responders as well as victims.
- Stress is normal. Stress is a normal person's normal reaction to an abnormal situation.
- Exercise, take care of yourself, take breaks, eat right,
- Stress can often lead to substance abuse (food, alcohol, drugs, cigarettes, etc.). Don't use "a little something to take the edge off."
- Behavioral Health First Aid. – Take additional trainings
 - Be calm, considerate and compassionate. Giving someone a drink of water can be important and just what they need.
 - Never tell a victim that you know just how they feel. Acknowledge their problems and when possible, give them something constructive to do.
 - Be aware that in a serious crisis, all affected people take in, process, and act on information differently. It is normal to see behavioral extremes and have difficulty communicating

7. MRC Volunteer Activation and De-Activation Procedures

➤ Activation procedures

- Volunteers requested by State, Board of Health, Emergency Management Director, or Hospitals
- Volunteers contacted by phone, email, HHAN (Health and Homeland Alert Network)
- Keep your contact info up-to-date
- Check the websites www.wmmrc.org and www.bcboha.org

Reporting

- Report when and where instructed.
NEVER self-deploy.
- Ask about getting through security and parking
- Carry proper photo I.D., including a current MRC Badge if available
- Bring along some basic supplies like a change of clothing, food and water - just in case supplies are limited.

Sign in and out.

- ALWAYS sign-in with the Volunteer Coordinator at the Command Post or Staging Area. This is necessary for many reasons including your safety and the safety of the other responders. It is also necessary for the IC to know what his resources are and the Finance people to know for record keeping requirements.
- Know who you report to and follow instructions. You could be assigned any job, but please be aware that no matter what it is, it is important and needs doing.
- Always sign-out with the Volunteer Coordinator before you leave or go off duty. Again, this is necessary for safety, record keeping and resource management.

8. Personal Limitation Awareness

- Know your physical and emotional limits. If you collapse, you become part of the problem instead of the solution.
- Know your training limits – you must stay within the scope of your training and skills. Just-in-time (on the job) training will be used for many critical tasks during an emergency. As long as you stay within the scope of your training and skills, you are better able to protect yourself and others.
- If you are unsure, ask.
- Remember, you are responsible for protecting yourself first and then others.

Questions?

- www.medicalreservecorps.gov
- www.pandemicflu.gov
- www.mamedicalreservecorps.org
- www.wmmrc.org
- Call your local MRC unit.