

Santa Barbara County

PUBLIC **Health**

D E P A R T M E N T



Policy and Procedure Manual

Version 1.5
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PROJECT NARRATIVE:

After the unprovoked and tragic events of September 11, 2001, thousands of Americans responded by volunteering to help in any way they could. Many more Americans asked, "What can I do to help?" Responding to President Bush's call for service, Michael Brown, County CEO, directed the Public Health Department (PHD) to sponsor the Santa Barbara County Medical Reserve Corps, providing an opportunity for citizen volunteers—health professionals and others—to supplement existing local medical, public health and emergency services resources across the County region. In order to be most effective during emergencies, volunteers must be organized and trained to work in emergency situations. The Medical Reserve Corps is designed to provide that organizational structure and promote appropriate training of medical volunteers for the county.

The Santa Barbara County Medical Reserve Corps has prepared this Operations and Policy Manual for use by its members, area hospitals, public health agencies, emergency services agencies and related organizations in our county. The purpose of this plan is to describe the organization, operation and capabilities of the Regional Medical Reserve Corps. The Medical Reserve Corps is designed to bring together local health professionals and others with relevant health-related skills to volunteer in their community. These volunteers will assist the local community emergency medical response system already in place as well as provide a group of readily trained and available resources (volunteers) to help the community deal with pressing public health issues, improvements and education.

This plan will be reviewed and updated at least annually to reflect changes in technology or operational procedures that affect the organization, operation, or capabilities of the Medical Reserve Corps.

The Santa Barbara County Medical Reserve Corps welcomes your comments, participation and suggestions for improving this plan. Please direct your comments and suggestions to the Santa Barbara County Medical Reserve Corps; Emergency Medical Services Agency, 300 North San Antonio Road, Santa Barbara, California, 93110.

Sincerely,

Nancy Lapolla, MPH Director,
Santa Barbara County EMS Agency
Medical Reserve Corps

John Eaglesham, Program Manager
Santa Barbara County EMS Agency
Medical Reserve Corps

Dr. Angelo Salvucci, Medical Director
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FORWARD

Dear Fellow Citizen:

The first response to any disaster is a local response. That has never been more true than at this moment in our nation's history.

Our nation changed forever on September 11, 2001. But the thousands upon thousands of volunteers who so selflessly helped others during this national tragedy inspired others to do the same.

Many of this nation's most respected organizations were ready to serve. And so many more people asked, "What can I do?"

President George W. Bush created the USA Freedom Corps to foster a culture of service, citizenship and responsibility. This effort builds on the outpouring of support in the days following September 11. The President has asked all Americans to make a lifetime commitment of at least two years to serving their neighbors and their nation.

The Medical Reserve Corps is one way in which health professionals can volunteer to strengthen both our communities and our nation. Medical Reserve Corps units will be locally-based health volunteers who can assist their own communities during large-scale emergencies, such as an influenza epidemic, a chemical spill, or an act of terrorism. Medical Reserve Corps volunteers can also work together to improve the overall health and well being of their neighborhoods and communities through education and prevention.

Local officials will develop their own Medical Reserve Corps units, because local officials best know their individual community needs.

Working together, we will strengthen our communities and, in turn, strengthen our nation.

Sincerely,

Tommy G. Thompson
Health and Human Services

Note: This letter from Tommy Thompson, Secretary of Health and Human Services, is from the *Medical Reserve Corps: A Guide for Local Leaders*, published by the U.S. Department of Health and Human Services and available at the Medical Reserve Corps website: <http://www.medicalreservecorps.gov>.

I. INTRODUCTION:

A. Purpose of the Operations and Policy Manual:

1. This manual will establish the necessary organizational, operational and administrative procedures for the effective operation of the Sacramento Medical Reserve Corps.
2. This manual will provide guidance to the Medical Reserve Corps volunteers, medical practitioners, public health officials, emergency services personnel and others for the effective employment of volunteers in emergency medical operations and public health activities.
3. The manual will enhance the community's knowledge of the Medical Reserve Corps and describe the process established to activate the unit and utilize its personnel and resources for emergency medical operations and public health activities.

b. Program Overview:

1. The Medical Reserve Corps is a component of the Citizen Corps that brings together local health professionals and others with relevant health-related skills to volunteer in their community. These volunteers will assist the local, existing community emergency medical response system, as well as provide a group of readily trained and available resources to help the community manage pressing public health needs, improvements and education.
2. The Medical Reserve Corps Unit sponsored by the Santa Barbara County Public Health Department shall be known as the Santa Barbara County Medical Reserve Corps (SBMRC).
3. The Medical Reserve Corps unit is intended to supplement the resources of the existing community emergency medical response system, as well as contribute to meeting public health needs of the community throughout the year. The Medical Reserve Corps unit **will not** replace or supplant the existing emergency medical response system or its resources. During emergencies, Medical Reserve Corps volunteers may also provide an important "surge" capability to perform some functions usually performed by emergency medical response teams who have been mobilized. SBMRC volunteers can also augment medical and support staff shortages at local medical or emergency facilities.
4. The Medical Reserve Corps volunteers are also a good resource for helping the community plan its response to numerous health-related situations. For example, they can assist with developing plans for vector control, animal care during disasters, distribution of pharmaceuticals and provide 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, man made or natural disaster.

5. The Medical Reserve Corps is primarily designed to assist and supplement the existing emergency medical response and public health systems in emergencies. However, unit personnel and resources may be utilized in non-emergency situations, depending on their availability and the approval of the Program Manager or Medical Director.

C. **Purpose:**

1. The purpose of the Santa Barbara County Medical Reserve Corps (SBMRC) is:
 - a. Organize and train healthcare professionals to respond to the specific needs of the community, thereby enhancing local emergency response efforts, especially during large-scale local emergencies.
 - b. Provide reserve capacity at the community level to respond to local public and community health needs and education.
 - c. Create a framework to match medical volunteers' skills with the community's needs.
 - d. Draw health professionals into volunteer service.
2. This manual describes the following operational and administrative elements associated with the Medical Reserve Corps:
 - a. Purpose, objectives, mission, scope, assumptions and coordination.
 - b. Organization and unit composition.
 - c. Unit activation, deployment and demobilization.
 - d. Emergency operations.
 - e. Communications
 - f. Training, Credentialing and Exercises.
 - g. Uniforms and equipment.
 - h. Volunteer recruitment and selection.
 - i. Unit administration.
 - j. Liability protection for volunteers.

D. Mission Statement:

The mission of the Santa Barbara County Medical Reserve Corps is to develop partnerships with the medical profession (active and retired) that aid in the education, training and deployment of citizen volunteers and resources in the event of a large scale, local emergency.

Vision Statement:

*The vision of the Santa Barbara County Medical Reserve Corps (SBMRC) is to enlist citizen volunteers to assist in the establishment of an organized pool of resources capable of being deployed to support Emergency Management Systems already in place in the event of a major emergency. The goal of the SBMRC will be that of a **support** role in providing volunteer medical professionals and resources to augment those services in the community that are engaged in the health and welfare of the citizenry.*

E. Program Objectives:

- 1.0 Aid the community in disaster management through education, preparation and voluntary service.
- 1.1 Determine the educational needs of the community in relation to emergency preparedness.
- 1.2 Provide training to the local community related to emergency preparedness.
- 1.3 Recruit health care professionals to participate in volunteer activities that support emergency relief groups and community safety organizations.
- 1.4 Provide the community with access to existing resources before, during and after an emergency in an effort to decrease the overall effects of the emergency.
- 2.0 Create and implement an emergency action plan that compliments and is an integral part of the community's existing emergency response plans.
- 2.1 Identify the needs of local law, health and emergency organizations present during an emergency situation.
- 2.2 Establish and maintain a partnership with local hospitals, medical service providers, healthcare organizations and emergency response organizations.
- 2.3 Obtain a working knowledge of the community's current response plans as it pertains to local emergencies.
- 2.4 Identify the role of the SBMRC in relation to the local government's emergency operation plans.
- 2.4.1 Identify how SBMRC will fit into the existing PHD and County Disaster Plans.

- 2.4.2 Design a plan on how best for the SBMRC to respond as a support structure for first responders.
- 3.0 Provide reserve support to local emergency agencies in an effort to enhance local emergency response efforts.
 - 3.1 Identify available resources for use by the SBMRC before, during and after a local emergency.
 - 3.2 Identify specific organizations that have partnered with the SBMRC for relief during a local emergency.
 - 3.3 Identify specific skills needed during a local emergency utilizing them in a coordinated manner to their best advantage.
- 4.0 Train and prepare volunteers to effectively respond to a local emergency in an effort to minimize disability, death and emotional trauma resulting from a local emergency.
 - 4.1 Identify the specific skills of each volunteer.
 - 4.2 Determine how each volunteer can best assist the community before, during and after a local emergency.
 - 4.3 Identify any training that may be needed by each volunteer.
 - 4.4 Conduct bi-annual exercises in an effort to provide on-going training for each volunteer.
- 5.0 Recruit volunteers in an effort to adequately provide support to hospitals, medical service providers, healthcare organizations and / or emergency response organizations before, during and after a local emergency.
 - 5.1 Conduct activities geared toward the recruitment of volunteers.
 - 5.2 Recruit and train 50 volunteers by January 31, 2007; with an additional 50 new volunteers by June 30, 2007 to reach a total of 100 active volunteers.
 - 5.3 Maintain active volunteers through community activities, continued education and training exercises.

F. Scope:

- 1. The Medical Reserve Corps (SBMRC) has been established as a **local** emergency medical and public health resource for the communities served by SBMRC.
- 2. As a local resource, the Medical Reserve Corps will **not** normally be deployed outside the County Region. However, should the need arise, the unit may be used

outside the area served by the SBMRC, if requested, as a Region I mutual aid resource during a large-scale emergency.

3. The primary area served by the Medical Reserve Corps is depicted in Figure 1.



Figure 1: This map demonstrates the areas of coverage for the Medical Reserve Corps. Surrounding counties may be served by mutual aid request.

G. Description of local situation:

1. There are numerous emergency medical services (EMS) providers, both public and private, in Santa Barbara County that provide Basic Life Support (BLS) and Advanced Life Support (ALS) services.
2. There are **five (5)** acute care hospitals in Santa Barbara County serving a population of nearly **430,000 thousand people**. A large-scale emergency with mass casualties has the capability of severely taxing the resources of our local healthcare facilities.
3. When a large-scale emergency takes place, the local Disaster Medical Assistance Team (DMAT) within Santa Barbara County, CA-9 DMAT, will be utilized as an Out-of-area emergency medical resource. Other State or Federal teams may take anywhere from 12-72 hours to respond and deploy to our region.
4. Historically, medical personnel spontaneously volunteer to assist in emergencies or disasters. Spontaneous volunteers may not be familiar with the organization and structure of the existing local emergency response system and, therefore, may not be as effective and efficient in the provision of emergency medical services as members of organized response groups.
5. The Public Health Department does not have adequate staffing to execute large-scale mass immunization or prophylaxis operations and will need assistance from volunteer medical and other support personnel in these and other public health operations.

H. Presumptions:

1. Emergencies, especially those that are large-scale, may require medical response operations in unconventional or hostile environments for extended periods of time.
2. Medical Reserve Corps personnel should have adequate personal protective equipment (PPE) and supplies to operate for at least 72 hours.
3. Mutual aid agreements exist between political subdivisions and agencies across the county region.
4. Adequate supplies of required medical equipment and pharmaceuticals may not be immediately available to medical personnel due to logistical disruptions or other limitations caused by an emergency situation.
5. Medical Reserve Corps volunteers will be well versed in the Incident Command System (ICS) as well as the new National Incident Management System (NIMS) and can be readily integrated into the existing emergency medical response system.

6. Area hospitals, emergency services organizations and public health agencies are aware of the organization and capabilities of the Medical Reserve Corps and may request the unit's assistance in emergencies.
7. In a large-scale mass casualty event, it is assumed that emergency rooms in many of the area's acute care hospitals will be quickly overwhelmed and the traditional "treat and transport" mechanism may not be sufficient to minimize loss of life. Due to the potential delay in treatment at emergency rooms, patients may need to be properly triaged, periodically re-assessed and receive life-saving care at the scene of an emergency event. The Medical Reserve Corps personnel will be able to assist with field medical operations.

I. Local Plan Coordination:

1. The operational procedures in this manual are consistent with, and complementary to, local emergency operations.
2. The Medical Reserve Corps' operational procedures shall be coordinated with local medical, emergency services and public health services organizations, including, but not limited to:
 - a. The Public Health Department (PHD).
 - b. County Medical Society.
 - c. Citizens Corp.
 - d. California Emergency Medical Services Authority
 - e. Santa Barbara County EMS Agency.

II. UNIT ORGANIZATION AND COMPOSITION:

A. Organizational Structure:

The Medical Reserve Corps' organizational structure is composed of the following functional areas:

1. Command Staff:

Program Manager

Assistant Program Manager

Program Coordinator

SBMRC Board of Directors

2. **Medical Operations Division:**

Physician Unit

Nursing Unit

Paramedic/EMT's Unit

Mental Health Unit

Medical Support Unit

3. **Support Services Division:**

1) Recruiting

2) Training

3) Records

1. The organizational structure of the Medical Reserve Corps is depicted in Appendix A. **(To be developed)**

2. Unit position descriptions are contained in Appendix B. **(To be developed)**

B. **Unit Composition:**

1. **Command Staff:**

The Medical Reserve Corps shall be composed of the following:

a. Program Manager –

b. Deputy Program Manager North –

c. Deputy Program Manager South –

- Work with the Medical Reserve Corps (SBMRC) Steering Committee to create the vision, goals and implementation plan for the SBMRC.
- Assist with recruitment of experts and volunteers.
- Organize and coordinate all meetings, materials, minutes, presentations, trainings, and operating systems.
- Research specific aspects of SBMRC program including qualifications of the volunteer medical personnel and the existing emergency response systems
- Prepare a sustainability plan for the continuation of the program at the end of the grant term.
- Responsible for reporting required information to granting agency.

- Attend relevant meetings including but not limited to: Medical Reserve Corps, Citizens Corps Council, Critical Incident Stress Management meetings, etc.
- d. *Secretary* – An elected member of the Medical Reserve Corps shall be designated as the SBMRC Secretary. No specific professional background shall be required for this position.
- e. *Treasurer* – An elected member of the Medical Reserve Corps shall be designated as the SBMRC Treasurer. No specific professional background shall be required for this position.

2. **Medical Operations Division:**

Medical Director – A physician is required for this position, since he/she will oversee clinical / medical operations. This person will coordinate and oversee medical operations as it relates to the involvement of the SBMRC personnel.

- a. *Physician Unit* – Physicians and physician assistants are required for this unit. A team leader who is a physician shall lead this unit. This position will also fulfill the duties of the Director of Medical Operations in his or her absence.
- b. *Nursing Unit* – Registered nurses, nurse practitioners, licensed practical nurses and nursing assistants are required for this unit. A team leader who is a registered nurse shall lead the unit.
- c. *EMS Unit* – Paramedics and EMT's are required for this unit. A team leader who is a Paramedic shall lead the unit.
- d. *Mental Health Unit* – Psychologists, psychiatrists, social workers, mental health counselors and related mental health practitioners are required for this unit. This unit focuses on mental health services for victims and their families.
- e. *Medical Support Services Unit* – This unit will consists of medical support services personnel such as lab techs, respiratory tech, x-ray tech, ect. The team leader in this unit shall possess experience in one of these fields of expertise.

III. **OPERATIONS CONCEPT:**

A. **Incident Command System:**

1. The Medical Reserve Corps will operate under the Incident Command System (ICS). The use of this system allows the SBMRC to be readily integrated into the emergency response system used by local emergency services agencies throughout the region. Below is a description of the basic philosophy behind ICS.
2. National Incident Management System (NIMS) Basic Concepts.

- a. Most emergencies involve response from multiple disciplines and may involve more than one jurisdiction. The new National Incident Management System (NIMS) will address these issues and provide a standardized organizational structure and common terminology, providing a useful and flexible management system that is particularly adaptable to incidents involving multi-jurisdictional and multi-agency responses, particularly in the field. SBMRC members will be trained in this system once more training information is available at the local level.
- b. ICS provides the flexibility to rapidly activate and establish an organizational forum around the functions that need to be performed in order to efficiently and effectively mitigate an emergency.
- c. ICS can be utilized for any type or size of emergency, ranging from a minor incident involving only a few members of the emergency organization, to a major incident involving multiple agencies and/or jurisdictions.
 - 1) ICS allows agencies throughout the region, and at all levels of government, to communicate using common terminology and operating procedures.
 - 2) It also allows for the timely acquisition of a combination of resources during time of emergency.
- d. ICS organizational structure develops in a modular fashion based upon the type and size of the incident:
 - 1) The organization's staff is built from the top down. As the need arises, five separate sections can be developed, each with several units that may be established as needed.
 - 2) The specific organizational structure established for any given emergency will be based on the management and resource needs of the incident.

B. Overview of the SBMRC Project:

1. The Medical Reserve Corps is similar to a DMAT in organization and function. However, there are several key differences between the two organizations, including:
 - a. The Santa Barbara County Medical Reserve Corps is a local resource, i.e., it is primarily intended for use within our county, whereas a DMAT may be “federalized” and deployed away from its area of origin. Normally, the Medical Reserve Corps will not be deployed away from the county unless requested as a regional mutual aid resource.
 - b. When DMAT’s are federalized, their personnel become federal employees and are paid. Medical Reserve Corps personnel are volunteers and do not receive compensation.

2. The Medical Reserve Corps will serve as a local resource, augmenting, assisting and supporting the existing medical and public health systems in emergencies and disasters.
3. The Medical Reserve Corps is an “all-hazards” resource, i.e., the unit’s personnel and resources may be utilized in any type of natural, technological or man-made emergency. Unit personnel will only be used in functional areas or given assignments for which they are properly trained and equipped.
4. The Medical Reserve Corps may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. The unit’s personnel and resources may also be used in smaller incidents involving a single jurisdiction or agency.
5. The Medical Reserve Corps personnel and resources may also be assigned to area hospitals, public health agencies or mass care facilities to augment and assist the staff of these healthcare facilities.

C. SBMRC Teams:

1. The SBMRC is developing a team concept approach to response. Each team will be comprised of the following with additional personnel to support logistical concern: **(EXAMPLE)**
 - 2 - Physicians
 - 4 - Nurses
 - 4 - Paramedics
 - 4 - Emergency Medical Technicians / Medical Assistants
 - 2 - Ancillary personnel
2. The SBMRC has a goal to increase membership to build multiple teams in a manner that each area of the county can be covered by at least one initial team with support coming from additional teams as necessary.

D. Activation of the Santa Barbara County Medical Reserve Corps:

1. Activation Authority - As a local emergency medical resource, the Medical Reserve Corps may be activated by:
 - a. Local government elected officials, officials responsible for emergency management or public health, or their designated representatives.
 - b. Emergency Operations Center (EOC) or Departmental Operations Committee (DOC).
 - c. In the event of a National Deployment request, authority would come from either the County Operational Area Commander or Governor’s Office of Emergency Services.

2. Activation Procedure

- a. The Medical Reserve Corps may be activated by contacting the Program Manager or his/her designee. The contact information for the Program Manager is contained in Appendix C of this plan. **(To be developed)**
- b. Local officials requesting the activation of the Medical Reserve Corps must provide the following information to the Program Manager or his/her designee:
 - 1) The nature and scope of the emergency.
 - 2) The location of the emergency.
 - 3) The estimated number of patients and their injuries.
 - 4) The staging area(s) or location(s) to which the Medical Reserve Corps unit is being deployed.
 - 5) Specific medical skills and/or resources needed, i.e., physicians, nurses, etc.
 - 6) A contact phone number and/or radio frequency.
- c. The Medical Reserve Corps personnel will assemble at a pre-designated location and prepare for deployment to the emergency scene(s).
 - 1) It may be necessary for elements of the Medical Reserve Corps or volunteers with specialized skills to deploy in support of emergency medical response efforts, rather than the entire unit.
 - 2) In emergency medical operations, Medical Reserve Corps personnel may be deployed to an emergency scene in the field, to a hospital or other healthcare facility, or to any other location where their services are needed or directed by the EOC/DOC.
- d. Once on scene, Medical Reserve Corps volunteers will check in with the appropriate officials (usually at a staging area) and unit personnel will be integrated into the emergency medical response effort directed by the Incident Commander.

D. Field Medical Operations

1. The Medical Reserve Corps will not act as a freestanding medical resource at incident scenes. Rather, unit personnel shall be integrated into the field emergency medical response system and, to the extent of their training and capabilities, provide medical assistance and support as needed.

2. Depending on their availability, Medical Reserve Corps personnel may support and assist local EMS and other emergency response agencies in any field medical operation for which they are properly licensed, trained or equipped.

E. Public Health Operations

1. For mass immunization or prophylaxis operations conducted by the Public Health Department, volunteer medical personnel will be needed to augment the public health staff in administering vaccines, handling patient education, screening patients, maintaining medical records and other activities that must be conducted in support of direct medical activities.
2. In operations involving the deployment of the Strategic National Stockpile (SNS), the PHD Pharmacist will oversee and assist with reformulations and breakdown of bulk packages to smaller, patient-specific prescriptions.
3. The Medical Reserve Corps personnel may assist in staffing quarantine or isolation facilities, consistent with CDC and/or public health agency protocols and local plans.
4. Depending on their availability, the Medical Reserve Corps personnel may support and assist local agencies in other emergency operations for which they are properly licensed, trained or equipped.

F. Hospital Operations

1. The Medical Reserve Corps may support and assist local hospitals and other healthcare institutions in emergency medical operations, consistent with the training and availability of unit personnel.
2. If assigned to a local hospital, Medical Reserve Corps personnel shall be integrated into the facility's emergency medical organization. SBMRC personnel, depending on their specialty, could be used in a variety of assignments.
3. Hospitals in the area have adopted the Hospital Emergency Incident Command System (HEICS) for use during emergencies and disasters. Consequently, the Medical Reserve Corps personnel assigned to a hospital shall be prepared to operate within a hospital's HEICS organizational framework.

G. Demobilization

1. The Medical Reserve Corps personnel will support emergency medical, public health or hospital operations for the duration of an incident or as long as their assistance is required. It is possible that some unit personnel and resources are demobilized before others as their assignments are completed.
2. Unit personnel will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.

3. When demobilizing, unit personnel should ensure the following actions are accomplished:
 - a. Ensure all assigned activities are completed.
 - b. Determine whether additional assistance is required:
 - 1) The Unit Commander should confer with the Incident Commander (or similar official if operating within a hospital or public health agency setting) to determine whether additional assistance is required from the Medical Reserve Corps.
 - 2) Unit personnel should ask their immediate on-scene supervisor if additional assistance is required.
 - c. If within the scope of one's assignment, help ensure all injured personnel and fatalities are properly processed and transported to appropriate facilities.
 - d. Account for unit equipment.
 - e. Clean up any debris or trash associated with unit assignments.
 - f. Unit Commander and Transportation Officer should ensure availability of transportation home for unit personnel.
 - g. Notify the Incident Commander (or similar hospital or public health agency official if operating within those settings) when unit personnel and resources depart the site.

IV. COMMUNICATIONS

A. Equipment

1. As a new organization without its own communications equipment, the Medical Reserve Corps must rely on the communications resources of other organizations during emergency operations.
2. The Medical Reserve Corps personnel may be assigned portable radios from a cache at the scene of an emergency. Unit personnel may also use wireless telephones or the communications resources of amateur radio organizations in an emergency (i.e., Amateur Radio Emergency Services, or ARES).
3. The Medical Reserve Corps personnel shall become familiar with the emergency communications terminology used in the Santa Barbara Public Safety Dispatch Center.
4. As communications equipment is obtained by the Medical Reserve Corps, this plan must be updated to reflect the current status of unit communications capabilities.

5. The Communications Unit shall be responsible for the procurement, operation and maintenance of the Medical Reserve Corps' communications equipment.
6. The MRC will consider a plan to integrate members of ARES to assist with an overall communications plan during large-scale emergency situations.

B. Radio Procedures

1. If the need arises for MRC members to communicate via the county owned radio system, the Medical Reserve Corps volunteers shall follow the policies and procedures set forth by the Santa Barbara Public Safety Dispatch Center.
2. Medical Reserve Corps members shall keep communications on the radio system at a minimum to keep the channels clear for emergency radio traffic.

V. TRAINING AND EXERCISES

A. Required Training

1. Once applicants have been screened and accepted for membership in the Medical Reserve Corps, each applicant must complete an orientation program prior to participating in any deployments or issued EMS Agency identification.
2. The initial training program will be administered by the EMS Agency. Advanced training classes will also be developed and administered by the SBMRC Training Unit.
3. The list of required initial training courses for the Medical Reserve Corps volunteers is contained in Appendix E. **(To be developed)**

B. Sources of Training

1. Many sources of medical, emergency management and weapons of mass destruction (WMD) response training are available to Medical Reserve Corps personnel at little or no cost.
2. A list of sources of training for Medical Reserve Corps volunteers is contained in Appendix F. **(To be developed)**
3. Specialized courses may be developed "in house" by the MRC personnel.

C. Exercises

1. Exercises are methods of evaluating local and regional responses to emergency incidents. Exercises should be designed to assess the readiness and training level of responding personnel and organizations.
2. Exercises should include organizations potentially affected by the type of scenario or response being exercised, i.e., agencies at all levels of government, businesses and charitable and community organizations.

3. The Medical Reserve Corps shall periodically participate in five types of exercises:
 - a. Full-Scale Exercises
 - 1) These exercises are the most complex and are centered around a realistic scenario designed to evaluate response plans, methods and procedures.
 - 2) Full-scale exercises involve:
 - a) An extensive planning process.
 - b) Actual deployment and movement of personnel and equipment.
 - c) Activation of an emergency operations center (EOC) or the use of a field command post in which policy-level decisions are made.
 - d) A critique or debriefing period.
 - b. Functional Exercises -
 - 1) Functional exercises are designed to evaluate specific components of an emergency response.
 - 2) These exercises involve a simulated incident with agency personnel performing and managing various components of the event, and may occur in an EOC or in the field.
 - c. Tabletop Exercises -
 - 1) Tabletop exercises involve a discussion and problem-solving session with agency personnel to determine if adequate policies, procedures and resources exist to manage an emergency.
 - d. Drills - Drills are usually “practice sessions” for specific skills, functions or procedures. An example of a drill would be paramedics practicing intubations.
 - e. Orientations -
 - 1) Orientations involve just what the name implies, i.e., orienting personnel to a plan, procedure or concept.
 - 2) In an orientation, the focus is on training and familiarization with roles, procedures, responsibilities and personalities in an organization or jurisdiction’s emergency management system.

D. Training Records

1. The Medical Reserve Corps shall maintain training records on all unit members. The Records Unit is responsible for the administration of training records for unit

- members.
2. Unit personnel must ensure their training records are current. Training records must be updated to reflect the completion of individual and unit training, exercises and deployments.
 3. Training records will be stored by the EMS Agency.

E. Continuing Medical Education

Continuing Education is mandated for many of our medical practitioners as such, continuing education requirements will be monitored by the Training Section Leader. The Training Section Leader shall have the following duties:

- a. Plan, implement, coordinate and promote ongoing continuing education to ensure that all of our medical practitioners are in compliance with State and local mandates. This includes:
 1. Identify educational needs of the medical staff.
 2. Develop clear objectives to meet training mandates.
 3. Assess effectiveness of training program.
 4. Develop training corps to evaluate best practice teaching methods and faculty.
 5. Maintain records of training and attendance for each training session.
- b. Make recommendation for purchase and selection of appropriate training materials and equipment.
- c. Maintain liaison with the MRC Medical Director to assist in the identification of training needs for the medical staff.

VI. UNIFORMS AND EQUIPMENT

A. Uniforms

1. The Medical Reserve Corps volunteers have established a uniform while participating in SBMRC events. The wearing of uniforms by unit volunteers serves several purposes:
 - a. Clearly identifies volunteers as official members of the Medical Reserve Corps.
 - b. Enhances esprit de corps of unit volunteers and facilitates a professional appearance.
 - d. Establishes a “visual link” between the Medical Reserve Corps unit, Federal DMAT Teams and other rescue personnel.
2. The official Santa Barbara County Medical Reserve Corps uniform will consist of the following:
 - a. Polo shirt, baseball cap or other attire with the County seal and MRC logo of a color and style that clearly identifies the worker as a MRC team member.

- b. Blue or black pants (jeans OK if not faded or worn). **Note:** Navy blue EMT multi-pocket pants are the preferred uniform pants.
- c. Photo ID badge provided by the EMS Agency.

B. Individual Equipment

1. Though not required, it is recommended that the Medical Reserve Corps members carry the following individual equipment items when deploying to the field to support emergency medical operations (including deployments to hospitals or local public health agencies):
 - a. Holster belt, suspenders and/or butt pack (“web gear”)
 - b. Canteen with 1 quart of water and canteen cover
 - c. Canteen cup
 - d. Leather work gloves
 - e. Eye and ear protection
 - f. Rain gear (rain suit or poncho)
 - g. Penlight
 - h. Camp knife or “Leatherman” multi-tool
 - i. Lighter or matches in waterproof case
 - j. Notepad, pen and pencil
 - k. Santa Barbara County Medical Reserve Corps identification card, driver’s license, money and/or credit card.
 - l. Sunglasses
 - m. Sunscreen
 - n. Insect repellent with DEET
 - o. Handkerchief
 - p. Over-the-counter medications, such as Chapstick, aspirin, Tylenol, decongestants, etc.
 - q. Snacks

2. In addition to the individual equipment listed above, Medical Reserve Corps volunteers occupying medical positions should consider carrying the following items (if necessary to accomplish their medical duties):

- a. Stethoscope
- b. Hemostat
- c. Sphygmomanometer (blood pressure cuff)
- d. Bandage scissors
- e. HEPA filter mask (medical personnel only)
- f. CPR Pocket mask
- g. Disposable exam gloves (medical personnel only)
- h. Waterless alcohol hand wash (medical personnel only)
- i. 4" x 4" gauze sponges (multiple)
- j. Triangular bandages (2)
- k. 4" and 6" kling (2 each)
- l. Band-Aids (dozen)
- m. Moleskin
- n. 1" tape (2 rolls)

E. SBMRC Medical Equipment

1. At the present time, the Medical Reserve Corps does not maintain its own cache of medical equipment and supplies. Consequently, organizations requesting assistance from the Medical Reserve Corps should be prepared to provide the unit with necessary medical equipment and supplies.
2. The Medical Logistics Section will be responsible for coordinating and obtaining medical equipment and supplies for use by the Medical Reserve Corps.

F. SBMRC Pharmaceuticals

1. The Medical Reserve Corps does not maintain its own cache of pharmaceuticals. Consequently, organizations requesting assistance from the Medical Reserve Corps should be prepared to provide the unit with necessary pharmaceuticals.

2. The Pharmacy Unit will be responsible for coordinating and obtaining pharmaceuticals for use by the Medical Reserve Corps.
3. If used, pharmaceuticals will be stored, managed and accessed **ONLY** by a licensed pharmacist in accordance with state and federal laws and regulations pertaining to controlled substances.

VII. VOLUNTEER RECRUITMENT AND SELECTION

A. Recruitment

1. Volunteers will be recruited to fill vacancies in the Medical Reserve Corps unit organizational structure.
2. A recruiting program shall be developed and will include:
 - a. Determination of positions to be filled and identification of required specialties.
 - b. Identification of groups and organizations that may be a source of volunteers (i.e., County Medical Society, retired professional organizations, nursing and EMS training programs).
 - c. Development of a county website
 - d. Recruiting and marketing materials.
 - e. Development and implementation of recruiting events and activities.
3. A recruiting and selection plan shall be developed and implemented by the Medical Reserve Corps. This recruiting and selection plan may be modified by the unit as necessary.

B. Selection

1. Criteria for selection of applicants shall include:
 - a. Completion of the Disaster Service Worker application.
 - b. A possession of specialized skills, experience, licenses and/or certifications, if required by a unit position.
 - c. Successful completion of a background check.
 - d. Satisfactory completion of a Live Scan background check.
 - e. Completion of the Orientation course. **(To be determined...2, 4 hours?)**.
2. Volunteer Applicants will be screened and selected by a committee appointed by the Program manager.

VIII. ADMINISTRATION

A. Unit Bylaws

1. The Medical Reserve Corps shall be governed by a set of bylaws adopted by the MRC membership.
2. The unit's bylaws are contained in Appendix J. **(To be developed)**

B. Membership

1. Membership in the Medical Reserve Corps is open to anyone with a desire to serve their community and Santa Barbara County. Although the focus of the Medical Reserve Corps is on emergency medical operations and public health activities, healthcare experience is not an absolute prerequisite for service with the unit. Volunteers with no healthcare experience can assist with administrative and other essential support functions.
2. There are three categories of membership in the Medical Reserve Corps. These categories are (1) active, (2) associate and (3) sponsor.
 - a. Active members are those volunteers who have:
 - 1) Completed all requisite training requirements.
 - 2) Attended a minimum of two **(2)** team meetings and one **(1)** training session per year.
 - 3) Been approved by SBMRC Director's selection committee.
 - 4) For healthcare professionals, active membership also requires current medical licensure or certification in their profession.
 - b. Associate members are those individuals who have not satisfied the requirements for active membership. In accordance with the unit bylaws, associate members shall become active members once these requirements are met. Associate members may participate in all unit activities except actual emergency medical response operations (unless authorized by the Program Manager or SBMRC Director).
 - c. Sponsors are individuals, organizations or businesses that have made financial or material contributions to the Medical Reserve Corps. Sponsors may attend all unit meetings and activities. However, sponsors may not participate in emergency medical response efforts.
 - d. Unit membership is addressed in detail in Section V of the bylaws contained in Appendix J. **(To be developed)**

C. Credentialing

1. *Physician:*

- a. Must possess a current license issued by the California Medical Board.

2. *Registered Nurse/Nurse Practitioner/Physician Assistant:*

- a. Must possess a current California nursing license issued by the California Board of Registered Nursing.
- b. Must possess a current CPR card
- c. Must possess a current first aid card

3. *Licensed Vocational Nurse:*

- a. Must possess a current California nursing license issued by the Board of Vocational Nursing and Psychiatric Technicians.
- b. Must possess a current CPR card.
- c. Must possess a current first aid card.

4. *Physical Therapist:*

- a. Must possess a current physical therapist certification.
- b. Must possess a current CPR card.
- c. Must possess a current first aid card.

5. *Paramedic:*

- a. Must possess a current Paramedic license and/or certification in Santa Barbara County.
- b. Must possess a current CPR card
- c. Must possess a current First Aid card.

6. *Emergency Medical Technician, Medical Assistant and other Certified personnel:*

- a. Must possess a current EMT-I certification in Santa Barbara County.
- b. Must possess a current CPR card
- c. Must possess a current first aid card.

Verification of Licensure:

All medically licensed volunteers will be responsible for keeping their respective license, CPR and First Aid cards current. Current copies of respective license must be on file with the MRC. Licensure will be verified annually for currency through the Advanced Registration of Volunteer Health Professionals (ESAR-VHP)

<https://medicalvolunteer.ca.gov/>

and following agencies:

Physicians: Medical Board of California: <http://www.medbd.ca.gov/Lookup.htm>

Registered Nurses: Board of Registered Nursing: <http://www.rn.ca.gov>

Licensed Vocational Nurses: Licensed Vocational Nursing and Psychiatric Technicians: <http://www.bvnpt.ca.gov>

Physical Therapists: Physical Therapy Board of California: <http://www.ptb.ca.gov>

Emergency Medical Technicians: <http://www.emsa.cahwnet.gov>

All medically licensed or certificated personnel are responsible for practicing within their respective scope of practice. All medical care and treatment provided by any health care personnel must fall within the guidelines outlined by their respective governing board.

D. Identification Cards

1. The Medical Reserve Corps volunteers will be issued photo identification cards for use at the scene of an emergency. These identification cards will:
 - a. Identify unit volunteers as members of Santa Barbara County Medical Reserve Corps.
 - b. Provide unit volunteers with access to the scene of an emergency as part of the county's emergency medical response system.
 - c. Document the licenses, credentials, skills and training of unit volunteers, thereby facilitating their deployment in an emergency.
 - d. Facilitate the tracking and disposition of unit volunteers at the scene of an emergency.
2. The EMS Agency will coordinate the issuance of identification cards to unit volunteers. Identification cards will be provided through the EMS Agency Administrative Office - Room #A-112, 300 N. San Antonio Road, Santa Barbara Ca. 93110.
3. Identification cards will be issued to unit volunteers upon their completion of requirements for active membership in the Medical Reserve Corps. SBMRC identification and badges issued by the SBMRC are designed for the use during

authorized SBMRC functions. **Display of these items during non-sanctioned or unauthorized activities could lead to the confiscations of these items by the Santa Barbara County EMS Agency.**

4. All volunteer identification and badges are the property of the Santa Barbara County Public Health Department EMS Agency. All identification and badges must be returned to the department under the following conditions.
 - a. Determined the volunteer used the identification in an inappropriate, unsanctioned or unauthorized manner.
 - b. Decides to leave or resign from the MRC program.
 - c. Does not participate or complete minimum volunteer obligations to the program.

F. Unit Meetings

1. The Medical Reserve Corps shall conduct **(monthly, quarterly??)** monthly meetings at a time and location to be determined by the unit.
2. Special meetings shall be held whenever called by the Program Manager or SBMRC Medical Director, or upon written request of at least one third of the members. The SBMRC Medical Director (or the Assistant Medical Director in the absence of the SBMRC Medical Director) shall preside over all regular meetings of the unit.
3. A minimum of fourteen days notice will be required for all meetings.

G. Plan Review and Maintenance

1. The Operations and Management Plan will be reviewed at least annually by the Medical Reserve Corps.
2. The operational procedures described in this plan may be modified as a result of post-incident analyses and/or post-exercise critiques:
 - a. Proposed changes shall be submitted in writing to the Medical Reserve Corps c/o Santa Barbara County EMS Agency, 300 N. San Antonio Road, Santa Barbara Ca. 93110.
 - b. Changes shall be published and distributed to all local organizations holding this plan.
3. This plan may also be modified any time there are changes in the organization, responsibilities, procedures, protocols, laws, rules or regulations affecting the management and operations of the Medical Reserve Corps.
 - a. Organizations responsible for plans or procedures referenced in this plan should inform the Medical Reserve Corps when changes to their plans or procedures occur or are imminent.

- b. These changes will be incorporated into this plan, published and distributed to holders of this plan.
4. Changes to this plan will be coordinated among the organizations represented on the Medical Reserve Corps Steering Committee and, if applicable, area hospitals, emergency services organizations and applicable human services agencies.
5. It is the responsibility of each recipient of this plan to post and record changes to it.

IX. LIABILITY PROTECTION

A. Introduction

1. The Medical Reserve Corps volunteers are protected from liability in varying degrees by state and federal laws.
2. The state and federal laws described below may not be the only laws addressing liability protection for volunteers; there may be other state and federal laws not listed in this plan.
3. The text of the aforementioned federal and state laws are contained in Appendix L.

B. Federal law

1. The federal Volunteer Protection Act (codified at 42 U.S.C. §14501 *et. Seq.*) provides qualified immunity for liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections stronger than those contained in the Volunteer Protection Act.
2. Under the Volunteer Protection Act, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:
 - a. The act or omission was within the scope of the volunteer's responsibilities in the organization or entity.
 - b. If required, the volunteer was properly licensed, certified or authorized by the appropriate state authorities for the activities or practice giving rise to the claim.
 - c. The harm was not caused by "willful or criminal misconduct, gross negligence, reckless misconduct or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer."
 - d. The harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft or other vehicle for which the state requires the operator to possess a license or maintain insurance.

C. California law

1. CALIFORNIA STATE DISASTER SERVICE WORKER VOLUNTEER PROGRAM

- a. The State of California, Disaster Service Worker Volunteer Program provides workers' compensation insurance coverage in the event a Disaster Service Worker volunteer is injured while performing assigned disaster duties (Cal. Code of Regulations, Title 19, § 2570-2573.3).
- b. In order to qualify for the DSW Program, all volunteers must register with an accredited Disaster Council, The Governor's Office of Emergency Service (OES), or an authorized State Agency.
- c. The DSW Program also provides volunteers assigned to disaster duties limited immunity from liability in the course of their disaster service duties.
- d. All Medical Reserve Corps members will be registered by the Santa Barbara County EMS Agency.
- e. "Disaster Service means all activities authorized by and carried on pursuant to the California Emergency Services Act, including approved training necessary or proper to engage in such (disaster) activities (Cal. Code of regulations, Title 19, § 2570.2 (3)(b)(1)).
- f. Convergent volunteers who come forward to assist during an emergency or disaster can become registered as a DSW for a single event. Those convergent volunteers not registered as DSW workers have limited liability protection from the "Good Samaritan Laws". Convergent volunteers are not covered to the extent of DSW volunteers and do not receive workers' compensations benefits through the DSW program.

DISASTER SERVICE WORKER



REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

ATTACH PHOTOGRAPH HERE	<p><i>This block to be completed ONLY by government agency or jurisdiction</i></p> <p>CLASSIFICATION: _____ SPECIALTY: _____</p> <p>AGENCY OR JURISDICTION: _____</p> <p>REGISTRATION DATE: _____ RENEWAL DATES: _____</p> <p>EXPIRATION DATE:* _____ DSW CARD ISSUED?: NO? YES? #: _____</p> <p>PROCESSED BY: _____ DATE: _____ TO CENTRAL FILES: _____</p>
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TYPE OR PRINT IN INK (HIGHLIGHTED AREAS REQUIRED BY PROGRAM REGULATIONS)

NAME: LAST FIRST MI			SSN:		
ADDRESS:		CITY:	STATE	ZIP:	
COUNTY:	HOME PHONE:		WORK PHONE:		
PAGER:	E-MAIL:		DATE OF BIRTH: (optional)		
DRIVER LICENSE NUMBER: (if applicable)		DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE:	
PROFESSIONAL LICENSE: (if applicable)		OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:			EMERGENCY PHONE:		
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

Government Code §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE SIGNATURE IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH

TITLE