



Guide to Emergency Operations for MRC Units

A Guide for Local MRC Units



Guide to Emergency Operations for MRC Units

Background

Most Medical Reserve Corps (MRC) units were formed to supplement the existing public health, medical, and emergency services infrastructure within their communities in the event of an emergency or disaster. MRC units may be utilized in a wide variety of emergency operations, such as mass dispensing, mass vaccinations, or support for Strategic National Stockpile operations; shelter operations and support, including staffing special needs shelters; supporting hospital surge capacity or staffing alternate care facilities; mass casualty incident response; decontamination; first responder “rehab”; and many others, depending on the specific needs of their communities. Although the types of emergency operations in which MRC units are utilized are diverse, there are principles and considerations common to all of them that should guide the actions of MRC units and their members.

The Incident Command System and the National Incident Management System

MRC units should adopt the Incident Command System (ICS) as the management system for response to emergencies and disasters, and all MRC members should have a basic understanding of ICS (i.e., *awareness* level), regardless of their position or employment status (i.e., paid or volunteer) within an MRC unit (see [http://www.medicalreservecorps.gov/
NIMSGuidance](http://www.medicalreservecorps.gov/NIMSGuidance) for more information on required ICS training for MRC members). ICS contains the attributes necessary for efficient, well-coordinated emergency operations. It allows MRC units to be integrated into the emergency response system used by emergency services agencies, local public health departments, and healthcare institutions nationwide. Many emergencies involve response from multiple disciplines and may involve multiple jurisdictions. ICS, because of its standardized organizational structure and common terminology, provides a useful and flexible management system adaptable to incidents involving multiple jurisdictions and agencies.

The primary features of ICS include the following:

- It provides the flexibility to rapidly activate and establish an organizational form around the functions needing to be performed to efficiently and effectively mitigate an emergency.
- It can be used 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.
- It allows agencies throughout a community and at all government levels (and nongovernmental and private-sector organizations) to communicate using common terminology and operating procedures.
- It allows for the timely acquisition of a combination of resources during an emergency.
- It develops its organizational structure modularly, based on the type and size of the incident.

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- The organization’s staff builds from the top down. Five sections can be developed, each with several units established as needed.
 - The specific organizational structure established for any given emergency will be based on the incident’s management and resource needs.

Similarly, MRC units should adopt the principles and concepts of the National Incident Management System (NIMS). NIMS provides a consistent nationwide mechanism for federal, state, tribal, and local governments, and private sector and nongovernmental organizations to effectively work together to prepare for, respond to, and recover from emergency incidents. Hallmarks of NIMS include a unified approach to incident management; standard command and management structures; and an emphasis on preparedness, mutual aid, and resource management.

Although most incidents are generally managed daily by a single jurisdiction at the local level, there are important instances in which successful domestic incident management depends on the involvement of multiple jurisdictions and multiple functions and/or agencies from all government levels, nongovernmental organizations, and the private sector. These instances require effective and efficient coordination with these organizations and activities. NIMS uses a systems approach to integrate the most effective processes and methods into a unified national framework for incident management. This framework forms the basis for interoperability and compatibility to enable a diverse set of public and private organizations to conduct well-integrated and effective domestic incident management.

Activation

In order to be utilized in an emergency, an MRC unit must be activated by the appropriate authority in the community. MRC units should consider the following regarding activation:

- Determine who may activate the MRC unit, such as local government elected officials, emergency management directors, public health directors, and hospital chief executive officers. In most cases, the head of the MRC unit’s sponsoring/housing agency should serve as the activation authority because this person is responsible for the operation of the MRC unit. Other agencies or individuals may *request* the use of the MRC unit or volunteers with certain skill sets, much as other types of resources are requested. The difference between these concepts should be clearly understood.
- Activation procedures, including determining who may activate an MRC unit, should be developed and should be an integral part of the MRC unit’s policies and procedures manual, volunteer handbook, or similar document. These procedures should also be included in the community’s emergency operations plan (EOP), standard operating guidelines, or similar documents.
- Officials requesting the activation of an MRC unit should provide *at least* the following information to the MRC unit leader:
 - The nature and scope of the emergency

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- The location of the emergency
 - The estimated number of patients and their injuries or symptoms, if applicable
 - The staging area(s) or location(s) to which the MRC unit should deploy
 - Specific medical skills and/or resources needed (e.g., physicians, nurses)
 - A contact phone number and/or radio frequency
- The MRC unit should designate a location for the assembly of its personnel and resources prior to deployment to an emergency scene.
 - It may be necessary for elements of an MRC unit or volunteers with specialized skills to deploy in support of emergency medical response efforts, rather than the entire unit.
 - Once on scene, MRC members should check in with the appropriate officials (usually at a staging area) so that unit personnel may be integrated into the incident management system as appropriate.
 - MRC units or members should never *self-deploy* to an incident without being requested and activated.

Emergency Operations

In addition to adopting the principles and concepts of ICS and NIMS in emergency operations, MRC units should consider the following:

- Develop a concept of operations (i.e., how the MRC unit will support the community's emergency operations). This should be consistent with (and ideally, included in) the community's EOP. It should also be included in the MRC unit's policies and procedures manual, volunteer handbook, or similar document.
- Ensure that your MRC unit's roles, responsibilities, and capabilities are clearly delineated in the community's EOP (and other local emergency plans, as appropriate) and fully coordinated with your response partners. Ensure that your MRC volunteers are familiar with the community's EOP and the MRC unit's role and responsibilities under this plan (this should be addressed in an orientation course for new volunteers).
- For MRC units that have members who wish to deploy out-of-area, develop policies and procedures associated with these types of deployments. Although MRC units are primarily intended to serve a local community's needs, there may be occasions when MRC volunteers may be requested to serve other communities in their state or elsewhere in the nation. Before considering any opportunity to deploy your volunteers outside the local area, consider the following:
 - **Mission:** Is there a specific identified need that MRC volunteers can appropriately meet?
 - **Local Situation:** Have the needs of the local community been met before MRC volunteers are permitted to deploy out-of-area?

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- **Licensure:** Will the volunteers' licenses be recognized in another state?
 - **Liability:** Are the volunteers protected from liability for unintended harm?
 - **Worker's Compensation:** How will volunteers be compensated if they are injured during deployment?
 - **Health and Well-being:** How will the volunteers' physical and emotional health be protected?
 - **Food, Lodging, Supplies, Transportation, and Security:** What will be provided for the volunteers and what will they need to provide for themselves?
 - See the guidance document on federal deployment for more information on mechanisms for out-of-state deployment during a national emergency. MRC volunteers will not automatically be requested or deployed in a national emergency. Federal deployment of MRC volunteers will depend on the missions required to meet the needs of the affected area.
- Ensure that your MRC members are properly trained, credentialed, and licensed, as appropriate, for any positions or tasks prior to allowing them to engage in emergency operations.
 - MRC members must always work under the supervision of individuals who are also properly trained, credentialed, and licensed.

Demobilization and Deactivation

Consider the following principles and procedures regarding demobilization and deactivation of MRC members following an emergency:

- MRC members should 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 will be demobilized before others as their assignments are completed.
- MRC members should demobilize with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.
- When demobilizing, unit personnel should ensure that the following actions are accomplished:
 - Ensure that all assigned activities are completed.
 - Determine whether additional assistance is required:
 - The MRC unit leader should confer with the Incident Commander or designated representative to determine whether additional MRC assistance is required.
 - Unit personnel should ask their immediate on-scene supervisor if additional assistance is required.

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- Account for any unit equipment.
 - Clean up any debris or trash associated with unit assignments.
 - The MRC unit leader should ensure the availability of transportation for the trip home for MRC members.
 - Notify the Incident Commander or designated representative when MRC unit members and resources depart the scene.
 - Develop and implement procedures for conducting after-action reviews of MRC unit emergency operations. Conduct after-action reviews in-house and with your community response partners. Document and review recommendations, lessons learned, and corrective actions from these after-action reviews to improve emergency operations.
 - Ensure that MRC volunteers have access to mental health counseling during and/or following emergency operations, if necessary. Examples of these types of counseling include psychological first aid, grief counseling, and post-traumatic stress counseling.

Checklist for Emergency Operations

- Develop a concept of operations (i.e., how the MRC unit will support the community's emergency operations).
- Determine the MRC unit's capabilities to address the community's needs and challenges (as identified through a needs assessment and coordination with the MRC unit's response partners).
- Determine the geographic area that your MRC unit will serve.
- Address your MRC unit's roles, responsibilities, and capabilities in the community's EOP (and other local emergency plans, as appropriate) and coordinate them with your response partners.
- Ensure that the MRC unit uses ICS and that your volunteers have a basic understanding of NIMS. Ensure that your MRC volunteers are familiar with the community's EOP and the MRC unit's roles and responsibilities under this plan (this should be addressed in an orientation course for new volunteers).
- Develop activation and deactivation procedures, including who (or which organizations) may request activation of the MRC unit.
- Develop policies and procedures associated with out-of-area volunteer deployments, if appropriate. Although MRC units are primarily intended to serve a local community's needs, there may be occasions when MRC volunteers may be requested to serve other communities in their state or elsewhere in the nation. Before considering any opportunity to deploy your volunteers outside the local area, consider the following:
 - **Mission:** Is there a specific identified need that MRC volunteers can appropriately meet?

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- **Local Situation:** Have the needs of the local community been met before MRC volunteers are permitted to deploy out-of-area?
 - **Licensure:** Will the volunteers' licenses be recognized in another state?
 - **Liability:** Are the volunteers protected from liability for unintended harm?
 - **Worker's Compensation:** How will volunteers be compensated if they are injured during deployment?
 - **Health and Well-being:** How will the volunteers' physical and emotional health be protected?
 - **Food, Lodging, Supplies, Transportation, and Security:** What will be provided for the volunteers and what will they need to provide for themselves?
 - See the guidance document on federal deployment for more information on mechanisms for out-of-state deployment during a national emergency. Federal deployment of MRC volunteers depends on the missions required to meet the needs of the affected area.
- Ensure that emergency operations policies and procedures are detailed in the MRC unit's volunteer handbook, policies and procedures manual, operations plan, etc.
 - Develop and implement procedures for conducting after-action reviews of MRC unit emergency operations.
 - Conduct after-action reviews in-house and with your community response partners. Document and review recommendations, lessons learned, and corrective actions from these after-action reviews to improve emergency operations.
 - Ensure that MRC volunteers have access to mental health counseling during and/or following emergency operations, if necessary. Examples of these types of counseling include psychological first aid, grief counseling, and post-traumatic stress counseling.
 - Incorporate plans and procedures for managing spontaneous, unaffiliated volunteers, as appropriate, and ensure that they are coordinated with other community organizations (particularly if a Volunteer Reception Center will be established in the community during a large-scale emergency or disaster). Such plans are critical to prevent spontaneous volunteers from interfering with the response.
 - Ensure that MRC volunteers' participation in emergency operations is properly documented and recognized.

Additional Resources

IS-100.a, *Introduction to the Incident Command System*, ICS-100:
<http://training.fema.gov/EMIWeb/IS/IS100a.asp>

NIMS and the Incident Command System:
http://www.fema.gov/txt/nims/nims_ics_position_paper.txt

Incident Command System Primer for Public Health and Medical Professionals:

<http://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/appendixb.aspx>

FIRESCOPE Incident Command System Field Operations Guide:

<http://www.firescope.org/ics-8x11-fog.htm>

NIMSONline.com—The Incident Command System:

<http://www.nimsonline.com/incident-command-system-ics.html>

NIMS Incident Command System Emergency Responder Field Operations Guide:

<http://www.fema.gov/pdf/emergency/nims/erfog.pdf>

IS-102 Deployment Basics for FEMA Response Partners:

<http://training.fema.gov/EMIWeb/IS/IS102.asp>

IS-808 Emergency Support Function (ESF) #8—Public Health and Medical Services:

<http://training.fema.gov/EMIWeb/IS/IS808.asp>

Comprehensive Preparedness Guide 101—A Guide for All-Hazard Emergency Operations Planning:

<http://www.fema.gov/about/divisions/cpg.shtm>

FEMA National Response Framework (NRF) Resource Center:

<http://www.fema.gov/emergency/nrf/>

MRC Federal Deployment FAQ:

<http://www.medicalreserv корпус.gov/MRCDeployment/FAQ>