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WELCOME TO THE WEBER-MORGAN MEDICAL RESERVE CORPS!

Welcome to the Weber-Morgan County Medical Reserve Corps – we’re glad to have you join our team. This handbook is designed to provide you with an introduction to the Weber-Morgan County Medical Reserve Corps (WMMRC), including what to expect from the group and what is expected of you.

Your decision to join is a great contribution to the welfare of others. We hope that your membership will be a rewarding experience. You are to be commended for your willingness to give of your time and efforts in the protection and care of the ill and injured.

As with most volunteer organizations, Weber-Morgan County Medical Reserve Corps depends on its membership for its success – the organization is the sum of its membership's efforts and contributions. For the group to succeed and prosper, its members must have a sense of commitment and dedication to the purpose of the organization, which is to help others in distress.

Weber-Morgan County Medical Reserve Corps is dedicated to helping the community. Our mission is to help where assistance is needed, without regard for personal convenience. Our organization places a strong emphasis on serving.

This handbook will guide you in your general functions within the group. It is broken down into the following sections:

I. Section I
   a. Welcome to the Weber-Morgan Medical Reserve Corps
   b. Introduction and Overview of the MRC
   c. Surgeon General’s Priorities Workgroup

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   a. Organizational Structure
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   c. WMMRC Volunteer Policies
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III. Section III
   a. WMMRC Incident Command System
   b. About the National Incident Management System (NIMS)
c. Strategic National Stockpile (SNS)
d. Point-of-Dispensing (POD) Site
e. Potential POD Components

IV. Section IV

a. Commonly Asked Questions
b. Acronyms
c. Glossary
   i. General Policy
   ii. Media Policy
   iii. HIPAA Policy
   iv. Volunteer Confidentiality/Ethics Policy
   v. Release of Confidential Information Policy
   vi. Liability Statement

As a responsible organization, we must maintain uniformity in members. Contact with the public, and this guide will assist you in meeting the necessary standards. A volunteer should have a thorough knowledge of Weber-Morgan County Medical Reserve Corps and a commitment to this group’s mission and values. By understanding and appreciating the Weber-Morgan County Medical Reserve Corps policies and values, you will be better able to contribute in an effective and meaningful manner. Please read this handbook carefully and keep it handy for future reference. Again, welcome to the team and thanks for your willingness to serve.
Dear Medical Reserve Corps Volunteer,

On behalf of the Weber-Morgan Health Department (WMHD) and the Weber-Morgan Medical Reserve Corps (WMMRC), we welcome and thank you for joining our volunteer team.

WMMRC serves the Weber and Morgan Counties of Utah. Our goal is to use the talents and strengths within each of our communities to strengthen and better prepare for an emergency. We work out of and are sponsored by WMHD. Thank you for making the Medical Reserve Corps part of your volunteer activities.

This handbook was created to provide you pertinent information to maximize your volunteer experience. Please take the time to read it through and to refer to it as questions arise.

For additional information or to pass along suggestions or comments, contact the WMMRC Coordinator. Emily Thomas can be reached at 801-399-7121 or by email at ethomas@co.weber.ut.us.

Sincerely,

Brian Bennion
Weber-Morgan Health Department
Health Officer

ABOUT THIS BOOK

The information in this handbook is extensive but not complete. You will learn much of the information regarding your responsibilities as you attend training and/or respond as a volunteer.

Please take time to read this handbook. Keep it as a reference to use when you have questions or concerns. If you have any questions along the way, please contact Emily Thomas at 801-399-7121 or by email at ethomas@co.weber.ut.us.

We wish you a rewarding experience as a volunteer with the Weber-Morgan Medical Reserve Corps!
INTRODUCTION AND OVERVIEW OF THE MRC

The Medical Reserve Corps, or MRC, was founded after President Bush’s 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. At that time, President Bush announced the creation of USA Freedom Corps to help Americans answer his call to service and to foster a culture of service, citizenship and responsibility.

The Medical Reserve Corps (MRC) is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. Citizen Corps, along with AmeriCorps, Senior Corps, and the Peace Corps are all part of the President’s Freedom Corps, which promotes volunteerism and service throughout the nation.

People volunteer for many reasons, but some volunteer for the MRC for reasons which may include but are not limited to:

- Becoming adequately prepared to offer your skills to their community’s response efforts. As a member of a formal MRC, your skills and efforts will be better utilized.
- Providing benefits to communities. Skilled volunteers may offer services to augment existing public health efforts or to provide emergency backup to existing resources.
- Belonging to a group of like-minded individuals with a strong sense of mission and purpose.
- Qualifying for special incentives (e.g. free training).

Volunteers are the heart of the MRC. The existence of this nationwide, community-based movement is due to the willingness of volunteer medical and public health professionals to serve their communities in times of need. Without that generous offer of volunteer service, there would be no MRC.

MRC CORE COMPETENCIES

WMMRC encourages all volunteers and administrative staff to know and understand the MRC Core Competencies.

You may already know how to perform some of the medical and health functions we so desperately need. In most cases, your training as an MRC volunteer will focus primarily on learning your local emergency and health procedures, trauma response techniques, use of specialized equipment, and other methods to enhance your effectiveness as a volunteer.

The MRC Core Competencies represent the baseline level of knowledge and skills that all members should have, regardless of their roles within an MRC unit. Utilizing the Competencies makes interoperations between MRC units more efficient by providing a “common language” in which units can communicate their members’ capacities to each other and to partner organizations. The Competencies are as follows:
Competency 1 - Describe the procedures and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.

Competency 2 - Describe the impact of an event on the mental health of the MRC member and their family, team, and others.

Competency 3 - Describe the MRC member’s communication role(s) and processes with response partners, media, general public, and others.

Competency 4 - Demonstrate the MRC member’s ability to follow procedures for assignment, activation, reporting, and deactivation.

Competency 5 - Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s).

Competency 6 - Describe the chain of command (e.g., Emergency Management System, ICS, NIMS), the integration of the MRC, and its application to given incident.

Competency 7 - Describe the role of the local MRC unit in public health and/or emergency response and its application to a given incident.

Because the Core Competencies establish only a minimum standard, members may choose to expand on them in order to train at a more advanced level. Further information about the Competencies, including additional training options, can be found in Attachment A entitled “MRC Core Competency Matrix” or on the national MRC website: http://www.medicalreservecorps.gov/.

MISSION AND GOAL

The mission of the Weber-Morgan Medical Reserve Corps is “to organize and retain a volunteer force of medical and non-medical personnel for the purpose of community preparedness in the event of a disaster or public health threat.”

The Medical Reserve Corps was created to assist the local community during a public health emergency by providing rapid, coordinated and specific response using locally recruited and trained medical and non-medical volunteers.

The role of a local MRC is not to replace existing emergency response systems, but rather, to supplement these systems during emergency situations which affect public health.
ABOUT THE WEBER-MORGAN MEDICAL RESERVE CORPS

The Weber-Morgan Medical Reserve Corps Medical Reserve Corps (WMMRC) was officially registered with the Office of the U.S. Surgeon General in November 2004. It is a volunteer-based organization that relies on its volunteers to provide the needed infrastructure and personnel required to respond to an emergency. Volunteers may be needed to fill emergency response roles, such as Point-of-Dispensing (POD) clinic personnel, and ongoing administrative and planning roles to ensure that the WMMRC will always be prepared to respond in an emergency situation.

While the services performed by different MRC groups around the nation may vary, WMMRC and many other groups across the nation have agreed to support three critical Public Health and Homeland Security issues:

- Ensuring medical surge capacity, or the ability to increase the medical workforce during disasters.
- Supporting the deployment and dispensing of medications received from the Strategic National Stockpile (SNS) through Point-of-Dispensing clinics, or PODs. Volunteers may be a critical element in staffing these clinics during a disaster.
- WMMRC members may be requested to assist with hospital and/or clinics.

In addition, WMMRC has a commitment to assistance in special events and other incidents such as firefighter/police/FBI support. Specialized teams within the WMMRC are set up to provide this support.

BENEFITS TO THE COMMUNITY

Our MRC unit is made up of medical and support volunteers who can assist our community during an emergency. Major local emergencies can quickly overwhelm the capability of first responders, especially during the first 12-72 hours. Having citizens who are prepared to take care of themselves, their families and others during times of crisis will allow first-responders to focus their efforts on the most critical, life threatening situations.

INVITATION

Weber-Morgan Medical Reserve Corps needs volunteers with a variety of backgrounds and experience to assist WMMRC to fulfill their mission. We encourage volunteers, both medical and non-medical, to submit applications to join our team. If you know anyone who would be interested in participating as a member of WMMRC, please invite them to learn more by going to our website at www.webermorganhealth.org. Potential applicants may print and mail the application form and policies to our office. The preferable method, however, would be for the applicant to submit the application securely on-line. Upon request, the WMMRC Coordinator will mail or fax the application form and policies. All applicants will be required to register on the “Utah Responds” State Registry for Volunteers at https://www.utahresponds.org.
July 2008

Dear MRC Coordinators,

The U.S. Surgeon General has set forth four major priorities for the health of individuals and the nation. The Priorities create a foundation for activities that the Medical Reserve Corps can participate in. The National Program Office has created a workgroup to assist local units in generating ideas and methods for implementing the Surgeon General’s Priorities. This workgroup is currently meeting via conference calls to assist local unit leaders with these priorities.

The priorities are as follows:

1) Increase Disease Prevention

2) Eliminate Health Disparities

3) Public Health Preparedness

4) Improve Health Literacy

The four Priorities provide our MRC units with specific areas to target that will strengthen public health in our communities. Below you will find a description of the four priorities. The Surgeon General’s Workgroup will generate ideas for each throughout the upcoming year. Please check the two-way list serve for ideas about events that you can have in your local communities.

1) Educating the public on how to prevent disease is strongly encouraged. With 7 out of 10 Americans dying each year of a preventable chronic disease, it’s imperative to address problems like obesity, HIV/AIDS, tobacco use, birth defects, injuries and low physical activity. By involving your volunteer teams in activities such as diabetes screenings and exercise programs, MRC units can promote this priority. One thing we can do as a MRC Unit is set an example for our families and colleagues by eating healthy and exercising regularly.

2) The goal of eliminating health disparities is to rid minority communities of the greater burden of death and disease from illnesses such as breast cancer, prostate cancer, cervical cancer, cardiovascular disease and others. All Americans—regardless of race, heritage, or gender—need access to good healthcare, information, and insurance. In support of this priority, MRC units can increase public awareness of health disparities through programs such as Take a Loved One for a Checkup Day. Additionally, MRC units can support efforts such as health fairs, blood pressure screenings, and immunization clinics.
3) Public health emergency preparedness is a special concern because Americans count on a strong public health system capable of meeting any emergency be it man-made, weather-related, or an emerging infectious illness. **MRC volunteers are a crucial resource in our public health system and developing partnerships between the MRC and law enforcement, public health, and public safety agencies at all levels of government is an important step in allowing every community to better respond to emergencies.** MRC teams can partner, prepare and practice for emergencies with local OEM, CERT teams, Red Cross, VOAD/COAD groups, hospitals, school nurses, and other health departments and healthcare facilities. By doing this, we are strengthening the public health infrastructure in our local communities. As our MRC volunteers participate in local efforts to educate the public about emergency preparedness, we are helping our community be prepared.

4) Improving health literacy of all Americans is essential because it involves the ability of an individual to access, understand and use health-related information and services to make appropriate health decisions. Increasing awareness within the medical community and among the general public about the importance of health literacy and the challenges presented by low health literacy is an activity that MRC can assist with in conjunction with our public health partners.

Because the MRC Program is based in the Office of the U.S. Surgeon General, we are truly in a great position to promote these four priorities for public health and simultaneously strengthen the health of the nation—one community at a time.
Weber-Morgan
Medical Reserve Corps
Volunteer Handbook
Section II

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ORGANIZATIONAL STRUCTURE

The MRC is organized with a paid coordinator and a paid assistant coordinator employed by the Weber-Morgan Health Department, and a volunteer advisory board with representation from various partner organizations and medical professionals. The board will help oversee the MRC’s operations.

**WMMRC Coordinator**
The Weber-Morgan Medical Reserve Corps Coordinator is responsible for the overall management of this branch of the MRC.

**WMMRC Assistant Coordinator**
The Assistant Coordinator is responsible for day-to-day management of the MRC including working with the WMMRC Advisory Board, coordinating information with MRC members, upkeep of MRC personnel records, recruitment and training etc.

Our contact information is as follows:

Cathy Bodily  
477 23rd Street  
Ogden, Utah 84401  
Office Phone: 801-399-7120  
Email: cbodily@co.weber.ut.us

Emily Thomas  
477 23rd Street  
Ogden, Utah 84401  
Office Phone: 801-399-7121  
Email: ethomas@co.weber.ut.us
Weber-Morgan Medical Reserve Corps Advisory Board

The WMMRC Advisory Board is made up of individuals with knowledge and expertise in subject matter required to run a successful MRC. The Advisory Board members are as follows:

Charles Chandler, office phone 801-626-6042, and email cchandler@weber.edu. Charlie is an expert in the mental health aspects of emergency response and mass trauma.

Tammy Folkman, office phone 801-778-6686, email is tfolkman@co.weber.ut.us. Tammy is our liaison with the Community Emergency Response Team (CERT) and works at the Weber County Sheriff's Office.

Valerie Gooder, office phone 626-6137, email is Valeriegooder@weber.edu. Valerie worked as a critical care nurse for 15 years in Utah, Washington, and Wyoming. She completed her PhD in 2001 and serves as an Assistant Professor of Nursing at Weber State University. She teaches a disaster course for registered nurses in the baccalaureate nursing program at WSU.

Gwen Hadley, office phone 801-399-7120, email is ghadley@co.weber.ut.us. Served with the 328th Army Reserve Medical Corp. for 5 years and was activated during the Gulf War. Gwen was stationed in Heidleberg Germany at a field hospital serving as the equivalent of a Head Nurse on a surgical floor. Gwen was honorably discharged as an Army Captain in 1992. Since then, Gwen has served as the Assistant Nursing Director for the Weber-Morgan Health Department.

Marge Haviland, cellular phone 801-391-0561, email is mlhaviland@q.com. Marge worked in the emergency room (ER) as an RN for 21 of the 35 years she was at McKay Hospital. Marge started the triage program that was implemented in the ER. Currently, Marge volunteers with the Red Cross in disaster health. She also volunteers on-call at the Rescue Mission's free clinic as a nurse.

Karlene Marshall, office phone 801-479-2994, email is Karlene.marshall@mountainstarhealth.com. Karlene serves as a MRC liaison for the Ogden Regional Medical Center.

Lance Peterson, cellular phone 801-940-7255, email is lpeterso@co.weber.ut.us. Lance serves at the Emergency Manager for Weber County.

Deanna Wolfe, cellular phone 801-721-7258 and email is deanna.wolfe@mountainstarhealth.com. Deanna is the Team Lead for the Responder Support Team.
Team Leads

- Auxiliary Medical Team Lead – *Colleen Allen*
- Doctors Team Lead – *Dr. Bruce Hunter*
- Responder Support Team Lead – *Deanna Wolfe*
- Logistics Team Lead – *Russel LeBarron*
- Nurse Team Lead – *Evelyn Draper*

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<th>Home Phone Number</th>
<th>Work/Cell Phone Number</th>
<th>Email</th>
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<tr>
<td>Auxiliary Med. Lead</td>
<td>Colleen Allen</td>
<td>801-479-8557</td>
<td>C: 801-648-8557</td>
<td><a href="mailto:colleenallen@mountainstarhealth.com">colleenallen@mountainstarhealth.com</a></td>
</tr>
<tr>
<td>Aux Med Asst.</td>
<td>Sheila Hunter</td>
<td>801-814-8640</td>
<td>801-814-8640</td>
<td><a href="mailto:Sheila1hunter@gmail.com">Sheila1hunter@gmail.com</a></td>
</tr>
<tr>
<td>Doctors</td>
<td>Bruce Hunter</td>
<td>801-814-8640</td>
<td>801-814-8640</td>
<td><a href="mailto:Sheila1hunter@gmail.com">Sheila1hunter@gmail.com</a></td>
</tr>
<tr>
<td>Doctor Asst. Lead</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RST</td>
<td>Deanna Wolfe</td>
<td>801-985-9530</td>
<td>W: 801-479-2318</td>
<td><a href="mailto:dwolfe@aspenmp.com">dwolfe@aspenmp.com</a>; <a href="mailto:dwolfe@mountainstarhealth.com">dwolfe@mountainstarhealth.com</a></td>
</tr>
<tr>
<td>RST Assistant</td>
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<td>C: 801-391-4139</td>
<td><a href="mailto:delta.quan@hotmail.com">delta.quan@hotmail.com</a></td>
</tr>
<tr>
<td>Logistics</td>
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<td>C: 801-726-1946</td>
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</tr>
<tr>
<td>Logistics Assistant</td>
<td>Jessica Deters</td>
<td>307-679-4929</td>
<td></td>
<td><a href="mailto:cop422emt@gmail.com">cop422emt@gmail.com</a></td>
</tr>
<tr>
<td>Nurse Lead</td>
<td>Evelyn Draper</td>
<td>801-745-0521</td>
<td></td>
<td><a href="mailto:ja.draper@hotmail.com">ja.draper@hotmail.com</a></td>
</tr>
<tr>
<td>Nurse Assistant</td>
<td>Sonja Roberts</td>
<td>801-682-7986</td>
<td></td>
<td><a href="mailto:robertss@owatc.edu">robertss@owatc.edu</a></td>
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TEAM DESCRIPTION

**Auxiliary Medical Team:** Emergency Medical Technician, Paramedic, Social Worker, Respiratory Therapist, Environmental Health

- Depending on their license/certification, those on this team could be called upon to help at mass clinic dispensing, aid stations at special events, to assist in triage at casualty collection points in a disaster, and to counsel at Family Assistant Centers for Fatality Management, etc.

**Physician Team:** Advanced Practice Registered Nurse, Physician Assistant, MD, Veterinarian, Dentist

- Those on this team could be called upon to help in mass clinic screening and dispensing, aid stations at special events, and to assist in triage at casualty collection points in a disaster, etc.

**Logistics Team:** Non-medical personnel

- Those on this team could be called upon to help at Strategic National Stockpile distribution sites, points of dispensing sites, and transportation, security, and handling materiel at any site, etc.

**Nursing Team:** Registered Nurse, Licensed Practical Nurse, Medical Assistant, Advanced Practical Nurse, Certified Nursing Assistant

- Those on this team could be called upon to help at mass clinic screening and dispensing, aid stations at special events, to assist in triage at casualty collection points in a disaster, and to provide nursing services at Red Cross shelters, etc.

**Responder Support Team (RST):** Anyone interested whose goal is to assist first responders in a large scale emergency

- Those on this team may be called for up to a four hour shift to work to rehabilitate EMS personnel, firefighters, and law enforcement with hydration, cooling, warming, etc, when a scene is involved, dangerous, large, or of long duration. At least one RN must be present on each shift.
WMMRC VOLUNTEER POLICIES

Safety

Members Shall:

- Put safety first in all volunteer activities.
- Respect and use all equipment appropriately.
- Follow all procedures to the best of your ability at all times.
- Promote healthy and safe work practices.
- Recognize and congratulate those volunteers who follow safe and caring practices.
- Take care of self and others.
- Report all injuries, illnesses and accidents to the appropriate staff member.
- Recognize that training is fundamental to everyone’s safety.

Respect

Members Shall:

- Respect the cultures, beliefs, opinions and decisions of others although you may not always agree.
- Treat each other with courtesy, sensitivity, tact, consideration and humility.
- Accept the chain of command and respect each other regardless of position.

Note: Participation as a volunteer is limited to those persons age 18 and above.

Dress Code

When responding to an emergency situation, WMMRC members need to be dressed in the approved WMMRC uniform/vest. The uniform is to be clean and in good repair at all times. It shall consist of the following:

- ID Badge - The ID Badge is to be worn visibly at all times while wearing the WMMRC uniform and at any other time while representing WMMRC.
- Shirt - Volunteer shirts as previously distributed or purchased as available.
- Vest - Yellow vest with the MRC lettering over the left chest.

All other items of clothing should be clean, neat and without tears or rips. They should be appropriate for the work environment and not contain offensive material (slogans or graphics). These items include:

- Pen - A black-ink or blue-ink pen to be kept with volunteer at all times in order to fulfill report writing duties.
- Pants - No specific guidelines
- Socks - No specific guidelines
- Shoes - Close-toed shoes
- Hat - No specific guidelines. An exception to this will include team leads and other administrative staff for purpose of identification.
- Watch - A watch, preferably with a second hand, for time keeping and assessing vital signs
- Jewelry - Wearing jewelry is highly discouraged, as it may be used by others to harm the individual wearing the jewelry.
Whether in uniform or not, volunteers representing WMMRC should be neat in appearance and appropriately dressed for their activities.

**MEMBER RESPONSIBILITIES**
The following are policies employed by WMMRC. These policies are found at the end of this handbook. Please read through these policies as they are required for your role as a volunteer. Please submit signed copies to the WMMRC Coordinator before making a commitment to be a WMMRC volunteer.

- Media Release Policy
- HIPAA
- Volunteer Risks Policy
- Volunteer Confidentiality Policy
- Release of Confidential Information Policy

Other expectations are as follows and include but are not limited to:

- Create a family and personal emergency plan
- Maintain high standards of moral and ethical conduct that includes self-control and responsible behavior. A volunteer must consider the physical and emotional well-being of others and display courtesy and good manners.
- Maintain an appropriate dress code (See the subsection “Dress Code” for details).
- Avoid profane and abusive language and disruptive behavior including behavior that is dangerous to self and others including acts of violence, physical or sexual abuse, or harassment.
- Abstain from the use of county equipment/resources for personal use.
- Abstain from transport, storage and/or consumption of alcoholic beverages and/or illegal substances when performing volunteer duties.
- Abstain from transport, storage and/or use of weapons when performing volunteer duties.
- Abstain from attending volunteer duties under the influence of alcohol or illegal substances.
- Abstain from illegal activity.
- Abstain from the dispensing of handbills or solicitations.
- Avoid conflict of interest situations and refrain from actions that may be perceived as such. Volunteers should reveal any potential or actual conflicts of interest as they arise.
- Abstain from the use of audio or video recording equipment, unless authorized.
- Report medications taken prior to or during volunteer duties to the MRC Coordinator, or designee.
- Acknowledge that duty assignments can be dismissed or refused by Weber-Morgan Medical Reserve Corps.
Acknowledged that Weber-Morgan Medical Reserve Corps benefits are not automatically provided to volunteers.

**WMMRC RESPONSIBILITIES IN A DEPLOYMENT**

According to the ICS procedures, members should respond according to the following:

- Receive your incident assignment from the MRC; probably through the coordinator or team leader. This should include, at a minimum: reporting location and time, expected length of assignment, brief description of your role, route information, and designated communications link if necessary.
- Bring any specialized supplies or equipment required for the job. Be sure you have adequate personal supplies to last for the duration of the assignment.
- Sign in upon arrival, at the check-in location for the given assignment.
- Use clear text (no codes) during radio communication. Refer to incident facilities by incident names. Refer to personnel by ICS title, not by numeric or code name.
- Obtain a briefing from your immediate supervisor. Be sure you understand your assignment.
- Acquire necessary work materials, then locate and set up your work station.
- Organize and brief any subordinates assigned to you.
- Brief your relief at the end of your shift, and at the time you are demobilized from the incident.
- Track your volunteer hours.
- Complete required forms and reports, delivering them to your supervisor or the Documentation Unit before you leave.
- Demobilize according to the plan.

**TRAINING INFORMATION**

All members must complete each component of WMMRC basic training. This training consists of the following components:

- Orientation
- MRC Core Competency Training done through the Core Disaster Life Support Course (an American Medical Association Course w/ CME/CEU hours)

WMMRC offers training opportunities and resources to complete each component. However, we encourage members to complete MRC Core Competency Training and Basic First-aid and CPR on their own. If members complete MRC Core Competency Training and Basic First-aid and CPR through a source other than WMMRC, please provide documentation of the course completion to the WMMRC Coordinator or Assistant Coordinator. We also invite you to register for: UTrain (the Utah Training Network). This is your training resource.
U-Train is the premier learning resource for professionals in Utah who protect the public’s health! U-TRAIN is the Utah Affiliate site for TRAIN (TrainingFinder Real-time Affiliate Integrated Network) and is a service of the Public Health Foundation in partnership with the Utah Department of Health.

Through this site, you can:

- Quickly find and register for many courses listed on Train.org and participating TRAIN affiliate sites
- Track your lifelong learning with personal online transcripts - even track non-TRAIN courses!
- Access valuable materials, course reviews, and discussions to improve your learning experience
- Stay informed of the latest public health trainings for your area or expertise
- Become a course provider and manage your own courses!

Register for U-TRAIN - AS EASY AS 1, 2, 3...

1. Go to www.utah.train.org
2. Click on "Create Account"
3. Complete the registration information

TRAINING RESOURCES

Following are resources to introduce MRC volunteers to the following: the Medical Reserve Corps, the National Incident Management System (NIMS), the Incident Command System (ICS), Point-of-Dispensing (POD) sites, and the Strategic National Stockpile (SNS).

**Basic First-Aid and Cardio-Pulmonary Resuscitation:**

Basic First Aid, CPR & AED training classes are offered through the American Red Cross and the American Health Association should be taken by those who are either non-medical personnel or by those who are medical personnel who have either not participated in direct patient care or whose patient care has not been active for at least five years.
**MRC Core Competency Training**

At present, the Core Disaster Life Support Course is the only required Core Competency Course required to be a member of the WMMRC. However, the Weber-Morgan Medical Reserve Corps Emergency Response recommends that all MRC members complete the following FEMA Independent Study Courses to gain a better understanding of NIMS and ICS:

**IS-700: NIMS - An Introduction**

This is an awareness level course designed to explain NIMS components, concepts and principles. The Web-based version of this course may be downloaded at: [http://training.fema.gov/EMIWeb/IS/is700.asp](http://training.fema.gov/EMIWeb/IS/is700.asp)

**IS-100.HC: Introduction to ICS for Healthcare/Hospitals**

This course is designed to introduce the Incident Command System. It describes the history, features and principles, and organizational structure of ICS. The course also explains the relationship between ICS and the National Incident Management System (NIMS). The Web-based version of this course may be downloaded at: [http://training.fema.gov/EMIWeb/IS/is100HC.asp](http://training.fema.gov/EMIWeb/IS/is100HC.asp)

After completing IS-700 and IS-100, it is recommended that you also complete the following courses to become more familiar with NIMS:

**IS-800: The National Response Framework - An Introduction**

This is a comprehensive, interactive Web-based introduction to the Federal protocol for responding to incidents.

**IS-200: Basic ICS**

IS-200 is designed to enable emergency response personnel to operate efficiently during an incident or event within ICS. This course provides training on and resources for personnel who are likely to assume a supervisory position within the ICS. IS-100 is a pre-requisite to the IS-200 course.

**POD Training**

WMMRC members practice set-up, throughput, and demobilization (take down) of a Point-of-Dispensing (POD) site.

**Note:** MRC members who wish to pursue a leadership role (Team Leader, Coordinator, etc.) will be required to attend additional training in their specific area of interest and a leadership course or demonstrate experience in this area.
ACTIVATION OF MRC

Weber and Morgan Counties are located in the Northern Utah Homeland Security Region. WMHD is the lead agency for county public health response and recovery activities. The WMHD will coordinate all public and environment health needs in the community. After the decision has been made to activate the WMMRC, response actions may be implemented in the following three-phase process. Phase I – Activation; Phase II - Response; and Phase III - Demobilization.

PHASE I - ACTIVATION

Activation may take place following a large mass casualty incident, a natural or man-made disaster, a disease outbreak/epidemic, or other special event/incident. The Weber-Morgan Department Operations Center (DOC) may activate. The WMHD Health Officer (HO) or designee may direct the WMMRC Coordinator (or designee) to activate the Weber-Morgan Medical Reserve Corps to assist in the response activities already taking place.

Registered WMMRC members with ID badges will be called out and sent to the staging area. Here they will receive a situation briefing, training, and a specific duty assignment. MRC members must never self-deploy. Before deploying, proper personal protective equipment (PPE) and communication equipment will be issued to WMMRC volunteers as indicated by the situation.

PHASE II - RESPONSE

The WMMRC may assist in responding to healthcare needs in the following areas:

- **Points of Dispensing (POD)** - Following a biological terrorism attack, a pandemic illness, or an emergency involving an infectious disease, it may become necessary for the Weber-Morgan Health Department to open one or more PODs to provide mass vaccinations or medication and education to members of the community.
- **Medical Hotline** – The WMMRC may be called upon to direct or assist with a public health medical hotline.
- **Surge** – Members of the WMMRC may receive requests from local hospital and/or clinics to assist during an emergency or a shortage of staff due to an emergency or communicable disease.
- **Special Events/Incidents** - If requested by officials of the appropriate department (i.e. fire chief, etc.), the Responder Rehab Team (RST) of the MRC may be deployed to serve as support for special events or incidents such as fires, FBI or police special deployments, etc.
- **Animal Health** – Veterinarians, Veterinarian technicians and other animal health volunteers may be requested to assist with animal rescue, recovery, treatment, testing and emergency sheltering activities.
- **Specialty Team** – WMMRC has a specialized team, the Responder Rehab Team (RST) trained to provide health evaluations to first responders. WMMRC is currently considering the formation of a team specializing in mental health crisis counseling as well.
PHASE III – RECOVERY/TERMINATION/DEBRIEF

The Health Officer, in coordination with county leadership, will recommend termination or scaling down of WMMRC operations and will be communicated to WMMRC volunteers through the chain of command or one of the notification systems. However, WMMRC activation may be extended for long periods of time. Whenever possible, shifts may be conducted in 8-12 hour shifts, 24 hours a day.

Debriefing is required for all personnel. Debriefing shall be conducted by Weber Human Services staff trained in Critical Incident Stress Debriefing (CISD). The CISD is designed to achieve the goal of psychological closure subsequent to a critical incident or traumatic event.
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ABOUT THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

The Incident Command System is built around basic principles that govern both the table of organization and the management of decisions, resources and personnel during an emergency.

The National Incident Management System (NIMS) was formalized after September 11, 2001 when agencies used different forms of communication and chain of command. The benefits of NIMS include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid, and resource management.

The reporting channels are simple and clearly delineated, so that all participants know to whom they will report, and to whom they must convey received information. Under a typical ICS, the emergency response plan is broken down into five key areas, including Command (with the Command Staff positions), and four key functional management sections: Planning/Intelligence, Operations, Logistics and Finance/Administration.

The WMMRC incident command system will function under the guidelines provided in the National Incident Management System (NIMS). Included will be the basic principles of unity of command and span of control, but the organizational charts may not look the same, or certain key functions such as Planning and Operations may be combined. Additionally, there may be only a few volunteers activated based on their specialty. For example, in an animal health emergency, the Veterinarian Team may be the only team activated.
The WMMRC ICS structure will fall within a larger overall ICS structure. Because of the WMMRC will be activated based on need or specialty, it will most likely fall under the operations section of the Weber-Morgan Health Department.

In the recent past, ICS was used in the public health response for outbreaks such as SARS, Meningitis, West Nile Virus, and in medical emergencies, such as the 2001 Anthrax attacks, and mass casualty incidents. The use of ICS is vital in establishing disease control measures, communications with the public, and Point-of-Disposition (POD) operations in public health emergency situations.

Most emergency situations are handled locally. However, when there is a major incident, help may be requested from other counties, jurisdictions, state, and federal government. The National Incident Management System (NIMS) was developed so that responders from different jurisdictions and disciplines can work together better to respond to natural disasters and emergencies, including acts of terrorism.

For additional information on NIMS and Incident Command, refer to the Training portion of this handbook.
The CDC’s Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, severe weather, etc.) severe enough to cause local supplies to run out. Once local, State and Federal authorities agree to deploy, medicines and supplies should be delivered to any state in the U.S. within 12 hours. WMMRC volunteers may be asked to assist with receiving, taking inventory, and preparing the medication or supplies for distribution.

Weber-Morgan Health Department’s Strategic National Stockpile Distribution Plan will serve as the guide for setting up and operating an SNS receiving site and distribution to PODs. This plan contains Job Action Sheets (JAS) for most of the positions needed at the receiving site and the PODs. Information from the plan will be made available to all personnel that have been activated and requested to staff a POD site.
POINT-OF-DISPENSING SITE

A point-of-dispensing site, or POD, is a large scale clinic designed to enable the public health agency to rapidly administer vaccinations or provide prophylactic medications to a large number of the population. POD sites are activated when a normal public health response in not able to meet the demand of the public due to the severity of the crisis. They are established to provide the first 12 to 72 hours “surge” capacity necessary to distribute needed medication to prevent the spread of disease or mass casualties. During a public health crisis the speed with which medication is dispensed to the public will help to minimize illness and save lives.

One extraordinary example of the need for PODs happened on October 24, 2001. The potential exposure of U.S. postal workers to anthrax prompted the U.S. Postmaster General, in consultation with the Centers for Disease Control and Prevention (CDC), to recommend initiating anthrax prophylaxis at mail distribution centers in several locations, including New York City. Within 18 hours, the Office of Emergency Preparedness Disaster Medical Assistance Teams had assembled in the basement of the James Farley mail processing center in midtown Manhattan to screen New York City postal workers and distribute medication from Strategic National Stockpile (SNS). Over a 68-hour period, 7,076 patients were evaluated and offered medical prophylaxis, representing all postal employees in the 6 major postal facilities in New York City believed to be at risk for anthrax exposure. This POD, staffed primarily by government employees, saw an average of 161 postal employees per hour.

In an event prompting the prophylaxis of all residents in the Weber-Morgan Health Department jurisdiction, volunteers may be asked to help health department staff screen and offer a vaccination or pills. Public health agencies rarely have enough employees to staff multiple PODs. In a large scale event, volunteers may make the difference in the support, preparation, and implementation of the community’s PODs.
POTENTIAL POD COMPONENTS INCLUDE

- Public information
- Traffic management
- Greeting
- Screening
- Triage
- Forms distribution
- Registration
- Security
- Medical management
- Date Entry
- Patient Education
- Behavioral Health
- Segmented operations
- Inventory/supplies
- Communications
- Transportation
- Staffing
- Patient tracking
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Attachment A - Core Competencies
COMMONLY ASKED QUESTIONS

HOW DO I BECOME A MEMBER OF THE WEBER-MORGAN MEDICAL RESERVE CORPS?

Before your file can be deployed, you must have:

- Proof of completed the Core Disaster Life Support (CDLS) training
- Completed and signed the application and accompanying policies
- Have passed a criminal background check
- Had verification of licensure or certificate in good standing within the last 10 years
- Received written verification of the activation of your membership

Ongoing membership is determined by you. If you find you are no longer able to volunteer with the Weber-Morgan Medical Reserve Corps, let us know and we will inactivate your file.

WMMRC also reserves the right to inactivate the file of volunteers who have not participated in any way with the WMMRC for 12 months. This is at the discretion of the Coordinator.

You may re-activate your file by contacting the WMMRC Coordinator. All documentation must be reviewed and updated before you can be fully activated.

IS MY INFORMATION SECURE?

Every precaution has been taken to ensure that confidential database and hard copy information is not accessible to persons who are not authorized to see it. Your contact information will be provided to your Team Lead and Advisory Board members. A copy of volunteer contact information is also kept by the Weber County Human Resources Department. Criminal background checks will be done using a valid driver's license number.

WMMRC request all MRC volunteers to register with the Utah Healthcare Volunteer Registry. This secure registry may require your Social Security number.

AS A WMMRC VOLUNTEER, WHAT WILL BE EXPECTED OF ME?

As a member of the WMMRC, expectations may include but are not limited to:

- Being dependable, reliable, and professional including returning phone calls, letters or emails from the WMMRC administration or your team leader.
- Abiding by the policies of the WMMRC.
- Creating a family and personal emergency plan.
• Dressing appropriately for the setting and the task at hand.

• Carrying out duties in a safe, responsible way.

• Maintaining the confidentiality of information revealed to you regarding clients and co-workers.

• Being non-discriminatory in serving all people regardless of race, gender, age, religion, sexual orientation or disability.

• Accepting supervision and working within the guidelines of your job description.

• Offering feedback and suggestions.

• Being prepared for any regularly scheduled meetings, training classes and/or exercises

• Representing the WMMRC appropriately at all time in the community.

• Notifying supervisor if you are under the influence of any prescription or other drugs or alcohol which may render you impair, unfit, or unable to carry out their emergency assignment.

• Never self deploy or attempt to deploy volunteers without authorization. Doing so could be grounds for dismissal.

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**WHAT KIND OF LICENSING OR CREDENTIALING DO I NEED?**

Current licensure is not a requirement for medical professionals to volunteer with WMMRC. Inactive and active medical professionals will be asked to provide a license number(s) on the application. Credentials/licenses will be verified annually. All volunteers will be required to have a background check completed.

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**WHAT IF MY LICENSE IS INACTIVE AND THERE IS AN EMERGENCY?**

WMMRC will determine the scope of practice for members who held professional licenses in good standing within the past 10 years, but no longer maintain those licenses. Emergency licensing can be activated during a national, state or locally declared emergency.
WHAT HAPPENS IF THE MRC IS ACTIVATED?

**Members of the WMMRC unit must not self-deploy.** When volunteer opportunities arise, the WMMRC Coordinator or designee will notify volunteers via phone, e-mail and/or regular post (if time allows). Notification will include a description of the incident, the shift schedule/dates, what volunteers will be requested to do, and contact information of the person to whom you are to report.

WMMRC can be fully or partially activated (depending upon incident) by WMHD upon:

- A declaration by the governor of the State of Utah indicating that there is a state of emergency, public health or otherwise.
- A declaration by the county executive(s) of Weber and/or Morgan counties that there is a county emergency—public health or otherwise.
- A declaration of the WMHD Health Officer or designee that the WMMRC is needed for emergency or non-emergency activities.

WMMRC volunteers will be registered with the Utah Responds system. In the event of deployment, volunteers may initially be notified through this system which will initiate with a phone call to the main telephone number you provided on your application form. When you answer, there will be a recording of the voice of the MRC Coordinator or designee telling you of deployment and providing required information. There are some circumstances where you may be notified by Weber County Dispatch. This system may also be used to place WMMRC members on alert of a possible emergency.

Never deploy unless you receive official notification to do so.

CAN I VOLUNTEER FOR MORE THAN ONE GROUP?

Yes. The MRC program does not discourage volunteers from supporting other groups. MRC Unit Coordinators determine prospective volunteers' availability and whether they have other obligations that are particularly related to other disasters or response situations. Membership in both a Disaster Medical Assistance Team and an MRC unit or in an MRC unit and a Red Cross volunteer group could prove problematic unless there is proper coordination and integration between these organizations. These issues should be discussed with WMMRC Coordinators.

HOW WILL I IDENTIFY MYSELF AS AN MRC VOLUNTEER?

The WMMRC Coordinator will issue photo ID badges prepared and issued to WMMRC volunteers who have met the requirements. Badges will include name and photo, position/assignment, certifications and licenses. You MUST have this identification with you or you will not be allowed to participate in the response.
WHAT HAPPENS IF I AM INJURED OR CAUSE AN INJURY?

Liability protection will be provided as outlined by federal and state law. The following is an overview of laws pertaining to liability and Workman’s Compensation for MRC volunteers. It is the responsibility of the volunteer to look up and understand details of these laws. Following is an overview:

1. No volunteer of a non-profit organization or governmental entity shall be liable for harm caused by an act of omission of the volunteer on behalf of the organization or entity if
   a. The volunteer was acting within the scope of the volunteer’s responsibilities in the nonprofit organization or governmental entity at the time of the act or omission;
   b. The volunteer was properly licensed, certified, or authorized to engage in the activity or practice (if applicable);
   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; and
   d. The harm was not caused by the volunteer.

LIABILITY PROTECTION

MRC volunteers are given certain protections under the following Federal or Utah State laws.

Liability protection is provided to MRC members through a variety of formats, including but not limited to the federal Volunteer Protection Act, the Utah Good Samaritan Act, and the Utah Association of Counties Liability Risk Pool. On February 1, 2008, The Utah Legislative General Council approved **S.B. 66 1st Sub. (Green) (SB0066S01*)**, “UNIFORM EMERGENCY VOLUNTEER HEALTH 2 PRACTITIONERS ACT”

General Description:

This bill enacts provisions governing licensed practitioners from outside of the state who come to Utah to provide health and veterinary services in response to declared emergencies in Utah.

Highlighted Provisions:

This bill defines terms; provides for the registration and regulation of volunteer health practitioners from outside of Utah; authorizes Utah to regulate, direct, and restrict the scope and extent of services provided by volunteer health practitioners; provides limitations on the civil liability exposure of volunteer health practitioners; and allows volunteer health practitioners who suffer injury or death while providing services receive Workman’s Compensation benefits.

For more information on this bill, go to: [http://bb.utahsenate.org/perl/bb/bb_docdisplay.pl?SB0066S01_text](http://bb.utahsenate.org/perl/bb/bb_docdisplay.pl?SB0066S01_text)
Other laws include but are not limited to:

- Federal Volunteer Protection Act of 1997 states
- Utah Code 26A-1-126 Medical Reserve Corps
- Utah Code 67-20-3 “Volunteer Government Workers Act”
- Utah Code 78-19-2 Utah Volunteer Protection Act
- Utah Code 78-11-22 Good Samaritan Act

**Workers Compensation**

Once activated by the Weber-Morgan Health Department, MRC members will be covered under the Utah’s Workers Compensation Fund.

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**WILL I BE REQUIRED TO DEPLOY OUTSIDE OF WMMRC JURISDICTION?**

Deployment outside the WMHD jurisdiction is your choice. Some WMMRC volunteers may opt to be registered as “deployable” to areas outside of the district. During large disasters/emergencies outside the district, such as Hurricane Katrina, a determination may be made that volunteers need to be brought in from other areas to assist in response and recovery. Notification of a need for volunteers will generally come from the National Medical Reserve Corps office (for out-of-state emergencies) or from a government entity within the state of Utah (for in-state emergencies).

WMMRC volunteers will only be notified of outside needs if it can be reasonably assumed that there will be no need for a local WMMRC response during the time that the volunteers would be deployed.

WMMRC volunteers who wish to deploy outside of the WMMRC jurisdiction will need to register on the Utah Healthcare Volunteer Registry (UHVR).

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**WHAT TRAINING WILL I NEED AS A WMMRC VOLUNTEER?**

Emergency preparedness and response is a highly coordinated effort that allows communities to maximize their capabilities during times of extraordinary disorganization and stress. Volunteers may already know how to perform some of the necessary medical and health functions. In most cases, training as an MRC volunteer focuses primarily on learning local emergency and health procedures, trauma response techniques, use of specialized equipment, disaster specific issues, and other methods to enhance volunteer effectiveness.

Perhaps the most important part of training is learning how to work as a team member. An organized, well-trained MRC unit is familiar with its community’s response plan, knows what materials are available, knows its response partners, and knows where its skills can be put to best use in a coordinated manner.
WHAT TYPE OF TRAINING IS AVAILABLE TO WMMRC VOLUNTEERS?

Weber-Morgan Medical Reserve Corps (WMMRC) offers the A.M.A. CME/CEU Core Disaster Life Support (CDLS) training, training on working at medication distribution sites and others. WMMRC also supports ongoing training through resources which will be further discussed in our “Training” section.

All MRC volunteers will be given the opportunity to attend some form of orientation to the MRC. WMMRC’s orientation includes an overview of the system in which all MRC activities occur, and how WMMRC’s activities occur in relation to emergency response or public health, or both.

We may be asked to participate in practice drills with other community partners and volunteers. Overall, the training includes support skills training, communications, public speaking, and Incident Command System, or other local command systems.

WHAT DOES WMMRC VOLUNTEERS WITH A NON-MEDICAL BACKGROUND DO?

Individuals with a non-medical or healthcare background typically serve their community by assisting with administrative and other essential support functions. Possible types of administrative and other support volunteers include but are not limited to:

- Administrators and business managers
- Administrative assistants, secretaries, and office support staff
- Drivers
- Certified heavy equipment operators
- Security
- Chaplains
- Training directors
- Trainers
- Man phone banks
- Information technology
- Volunteer coordinators
- Fundraising professionals
- Supply and logistics managers
- Interpreters/translations
WHAT ARE SOME OF THE THINGS WMMRC VOLUNTEERS WILL BE DOING?

Weber-Morgan Health District’s role in an emergency is to minimize or eliminate negative health effects. WMMRC may be asked to augment WMHD services through the following activities, which may include but is not limited to:

**Medical**

- Mass vaccination or prophylaxis
- Mass medical care
- Communicable disease control
- Animal health
- Disease investigation
- Manning phone medical triage
- Health needs of special populations
- Targeted public awareness campaigns
- Community health education
- Clinic preparation (fill syringes, measure medications etc.)
- Interviews for patient history
- Initial assessment and vital signs
- Basic first aid
- Phone screening and consulting
- Location and distribution of medication from the Strategic National Stockpile (SNS)
- Integrations with local, regional, and statewide initiatives
- Shelter care
- Other needs as they arise
Non-medical

- Patient intake (basic data forms)
- People movers (hosts)
- Translators
- Ham radio operators
- Administrative tasks
- Record keeping
- Comforting and consoling
- Support to set up and take down
- Logistical support
- Security

Non-emergency

- Coordinate and evaluate training programs
- Assist in community health programs
- Support public awareness campaigns
- Promotion and public relations
- Organize drills and exercises
- Focus group involvement (for issues of special interest)
WHAT RISKS OR HAZARDS COULD I ENCOUNTER?

WMMRC volunteers responding to disasters should be aware of possible hazards and increased risk of injury and illnesses.

**Food and Water:** Unsanitary living conditions, damage to sewage systems, flooding, and limited supplies of clean drinking water, may increase the risk of diarrheal illnesses. Reliable sources of bottled water may not be available and water purification may be necessary.

**Vector-Borne diseases:** In areas of flooding or standing water, there is a risk for outbreaks of endemic mosquito borne diseases. Although this type of outbreak has not been typical of events that have occurred in the USA, avoiding mosquito bites is recommended.

**Vaccination advice:** All MRC volunteers should be up-to-date with their routine immunizations. Volunteers should also consider getting the Tetanus and Hepatitis B vaccinations. Although transmission of Hepatitis A has not been a problem during recent disasters in the US, this vaccine may be considered for those traveling in affected areas, particularly areas with flooding. Combination A-B vaccine is available. Volunteers should also get their yearly flu shot.

WMMRC volunteers may be able to get these vaccinations free or at a reduced cost. Talk to your MRC Coordinator for more information. In the past, MRC members have been given the flu shot free of charge. This decision is made on a year to year basis.

**Other health risks:** The risk of injury after a natural disaster is high. Hazards such as downed power lines, structural damage to buildings and roads, and interruptions to basic services all pose a risk.

Toxic industrial chemicals and hazardous waste may be released during an incident and are a concern.

Wild animals are often displaced from their natural environment and could pose a risk. So could frightened or injured domestic animals.

Extremes of temperatures may pose additional risks such as heat stroke or exhaustion, sunburn, hypothermia, and frostbite. Dress appropriately in layers – and keep an eye on your fellow volunteers. Work within your personal physical limits. Always lift properly using bent knees and with another person if necessary. Always walk facing traffic.

In emergency situations, first responders and volunteers have been known to suffer psychological trauma. Let your coordinator know if you believe response to certain situations may be detrimental to your psychological health. Attend the debriefings following a response and seek additional counseling if needed.

DO WM MMRC VOLUNTEERS HELP ONLY IN AN EMERGENCY?

Although the MRC volunteers are trained and ready to respond to disasters or emergencies, part of the MRC program's mission is to foster community awareness through participation in disaster
preparedness programs or assisting with public health initiatives. MRC volunteers also are called to help during non-emergency times. WMMRC may be asked to assist with a first aid station at a local event or assist in a free blood pressure clinic.

During non-emergent times, MRC volunteers strengthen the overall health of Americans by participating in general public health initiatives such as flu vaccination clinics and diabetes detection programs. MRC units may help improve health literacy, promote disease prevention, work towards eliminating health disparities, and participate in public health preparedness activities.

**WHAT IF I AM NOT AVAILABLE ALL THE TIME?**

Volunteer availability should be discussed during the MRC volunteer application process. MRC volunteers are not required to be available all the time. Some volunteers may only be interested in helping with specific community needs. These preferences are respected, given that they can be accommodated by the MRC unit’s mission and work plan.

The WMMRC Coordinators will attempt to match community needs with volunteer capabilities. MRC volunteer’s availability and prior commitments and obligations will be taken into consideration. Different people will have different amounts of time to give. Some may not be available year-round, and others may need to be utilized throughout the year to remain engaged with the MRC.

**WHAT IS THE DIFFERENCE BETWEEN THE MRC REGIONS, STATES, AND UNITS?**

The United States is divided into 10 MRC regions, which contain any number of local MRC units. Personnel at the state level coordinate with the 10 MRC Regional Coordinators and those at the local level. MRC units represent those at the local level, as they are responsible for implementing volunteer capabilities for emergency medical response and public health initiatives to match specific community needs. Currently, there are 990 MRC Units in the United States and territories with 206,249 volunteers!

Utah has 14 MRC Units. Those units are located in: Box Elder County, Cache County, Rich County, Central (serving Juab, Millard, Piute, Sanpete, Sevier, and Wayne counties), Davis County, Salt Lake Valley, Southeastern (serving Carbon, Emery, Grand, San Juan, and Wayne counties), Southwest (serving Beaver, Garfield, Iron, Kane, and Washington counties), Summit County, Tooele County, Tri-County (serving Daggett, Duchesne, and Uintah counties), Utah County, Wasatch County, and Weber-Morgan Counties.

**HOW WILL MY VOLUNTEER HOURS BE TRACKED?**

Each volunteer will be responsible for tracking his/her own hours and reporting them to the WMMRC Coordinator or designee upon completion of assignment.
WILL THERE BE COMPENSATION FOR MY TIME?

All MRC volunteer time is uncompensated. However, supplies and other support during a disaster may be provided.

HOW WILL I KEEP CONNECTED WITH MY MRC UNIT?

Non-emergency communications will be achieved primarily by email. Phone and postal system communication will be provided upon request of the volunteer. It is the responsibility of the volunteer to keep the WMMRC Coordinator apprised of changes in contact information, including name, address, phone numbers and email address. It is also the responsibility of the volunteer to keep their Utah Responds account up-to-date.

WMMRC periodically receive newsletters as time and resources allow. This newsletter will be distributed to all volunteers via internet or mailed upon request. This newsletter will keep you up to date on what’s happening in the volunteer program. The newsletter may contain statistics, volunteer profiles, new volunteer opportunities, and upcoming events. It may also include an article from our Medical Director, recognize recent volunteer efforts, announce upcoming trainings and events, and provide some personal preparedness tips.

Your Team Lead may also send messages or call for information that is specific to your team.

At anytime, you are welcome to the WMMRC Coordinator with questions or concerns.
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<td>Emergency Medical Services</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>HAZMAT</td>
<td>Hazardous Materials</td>
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<tr>
<td>HO</td>
<td>Health Officer</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>JAS</td>
<td>Job Action Sheet</td>
</tr>
<tr>
<td>LHD</td>
<td>Local Health Department</td>
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<tr>
<td>ME</td>
<td>Medical Examiner</td>
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<tr>
<td>MI</td>
<td>Managed Inventory</td>
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<tr>
<td>MRC</td>
<td>Medical Reserve Corps</td>
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<tr>
<td>MRE</td>
<td>Meals Ready to Eat</td>
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<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
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<tr>
<td>NRF</td>
<td>National Response Framework</td>
</tr>
<tr>
<td>PIO</td>
<td>Public Information Officer</td>
</tr>
<tr>
<td>POD</td>
<td>Point-of-Dispensing</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>RSS</td>
<td>Receiving, Staging, Storing</td>
</tr>
<tr>
<td>RST</td>
<td>Responder Support Team</td>
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<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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<tr>
<td>SNS</td>
<td>Strategic National Stockpile</td>
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<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
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<tr>
<td>UDOH</td>
<td>Utah Department of Health</td>
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<tr>
<td>UNIS</td>
<td>Utah Notification and Information System</td>
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<tr>
<td>UPHL</td>
<td>Utah Public Health Laboratory</td>
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<td>WMHD</td>
<td>Weber-Morgan Health Department</td>
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<tr>
<td>WMMRC</td>
<td>Weber-Morgan County Medical Reserve Corps</td>
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</table>
**GLOSSARY**

**After Action Report (AAR):** The AAR presents observations and recommendations based on the data collection and analysis completed by an evaluation team following an exercise or real event.

**All-Hazards:** Describing an incident, natural or manmade, that warrants action to protect life, property, environment, and public health or safety, and to minimize disruptions of government, social, or economic activities.

**Assessment:** The evaluation and interpretation of measurements and other information to provide a basis for decision making.

**Assignment:** A task given to a resource to perform within a given operational period that is based on operational objectives defined in the Incident Action Plan.

**Cache:** A predetermined complement of tools, equipment, and/or supplies stored in a designated location, available for incident use.

**Catastrophic Incident:** Any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.

**Chain of Command:** A series of command, control, executive, or management positions in hierarchical order of authority.

**Chemical Stockpile Emergency Preparedness Program (CSEPP):** This program was developed to safeguard against increased hazards associated with critical infrastructure and hazardous materials (HazMat).

**Citizen Corps:** A community-level program, administered by the Department of Homeland Security, that brings government and private-sector groups together and coordinates the emergency preparedness and response activities of community members. Through its network of community, State, and tribal councils, Citizen Corps increases community preparedness and response capabilities through public education, outreach, training, and volunteer service.

**Command:** The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

**Command Staff:** An incident command component that consists of a Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander.

**Corrective Actions:** Implementing procedures that are based on lessons learned from actual incidents or from training and exercises.

**Countermeasure:** A countermeasure includes any vaccine or medication used to prevent a disease.
Debriefing: A meeting attended by pre-selected organization representatives (following the Hot Wash) where findings from the Hot Wash are discussed. This is where policy and procedures are reviewed and discussed. This meeting is used to generate the AAR and Improvement Plan (IP).

Demobilization: The orderly, safe, and efficient return of a resource to its original location and status.

Deploy: To spread out or use for a deliberate purpose. For example: if the MRC is called out to an event, this means that the MRC will have been “deployed”.

Emergency: Any incident, whether natural or manmade, that requires responsive action to protect life or property.

Emergency Management: As subset of incident management, the coordination and integration of all activities necessary to build, sustain, and improve the capability to prepare for, protect against, respond to, recover from, or mitigate against threatened or actual natural disasters, acts of terrorism, or other manmade disasters.

Emergency Manager: The person who has the day-to-day responsibility for emergency management programs and activities. The role is one of coordinating all aspects of a jurisdiction's mitigation, preparedness, response, and recovery capabilities.

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or some combination thereof.

Emergency Plan: The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public.

Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Fi Responders: Defined as all emergency response personnel, including police, fire, and emergency medical services at either a city or county level. Fi responders will also include all healthcare providers and volunteers involved in the implementation of the SNS Distribution Plan.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.
**Hot Wash:** This facilitated meeting allows all participants to participate in a self-assessment of an exercise and provides a general assessment of how the exercise or real event was performed. The information used at the Hot Wash is used during the debriefing and the After Action Report (AAR).

**Incident:** An occurrence or event, natural or manmade that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

**Incident Action Plan (IAP):** An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

**Incident Command:** Entity responsible for overall management of the incident. Consists of the Incident Commander, either single or unified command, and any assigned supporting staff.

**Incident Command Post (ICP):** The field location where the primary functions are performed. The ICP may be co-located with the incident base or other incident facilities.

**Incident Command System (ICS):** A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

**Incident Commander:** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

**Incident Management:** Refers to how incidents are managed across all homeland security activities, including prevention, protection, and response and recovery.

**Long-Term Recovery:** A process of recovery that may continue for a number of months or years, depending on the severity and extent of the damage sustained. For example, long-term recovery may include the complete redevelopment of damaged areas.

**Major Disaster:** Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a major disaster is defined as “any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States that, in the determination of the President, causes damage of sufficient severity and
magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

**Mass Casualty Disaster:** A mass casualty disaster, in application to this plan, refers to any disaster resulting in mass casualties and/or widespread property damage requiring the additional resources of the SNS. Mass casualty disasters include terrorist attacks with weapons of mass destruction, a major natural disaster, a widespread epidemic, or a technological accident.

**Mass Prophylaxis:** The rapid prophylaxis of large populations. One example was the vaccination of whole towns and cities against smallpox virus when a vaccine was discovered.

**Managed Inventory:** Unit shipments from caches of pharmaceutical and/or medical supplies that are shipped in response to a state's request for follow-on materials; they can be tailored to provide pharmaceuticals, supplies, and/or products specific to the medical needs produced by the emergency.

**Medical Reserve Corps:** The Medical Reserve Corps (MRC) is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. The Medical Reserve Corps assists the local community during a public health emergency by providing rapid, coordinated and specific response using locally recruited medical and non-medical volunteers.

**Mitigate:** Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

**Mobilization:** The process and procedures used by all organizations—Federal, State, tribal, and local—for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

**National Incident Management System (NIMS):** System that provides a proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

**Pre-Positioned Resources:** Resources moved to an area near the expected incident site in response to anticipated resource needs.

**Prevention:** Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and
testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

**Point-of-Dispensing (POD):** Pre-designated community location(s) where pharmaceuticals and other medications are distributed to end users; these facilities may support a range of methods of distributing drugs and medications to patients. Individuals who may have been exposed to a biological pathogen/infectious agent, but are not symptomatic, will utilize the PODs. Individuals who appear to be ill will be sent to the treatment centers.

**Prophylaxis:** Prevention of disease or prevention of a process that can lead to disease. Getting a seasonal flu shot provides “prophylaxis” against seasonal flu.

**Public Information:** Processes, procedures, and systems for communicating timely, accurate, accessible information on an incident’s cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).

**Public Information Officer (PIO):** A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements.

**12-Hour Push Packages:** A unit shipment from caches of pharmaceuticals, antidotes, and medical supplies designed to address a variety of biological or chemical agents that are positioned in secure regional warehouses ready for immediate deployment to the airfield closest to the affected area following the federal decision to release SNS assets.

**Recovery:** The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; postincident reporting; and development of initiatives to mitigate the effects of future incidents.

**Resource Management:** A system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management includes mutual aid and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols.

**Resources:** Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Under the National Incident Management System, resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an emergency operations center.
**Response:** Immediate actions to save lives, protect property and the environment, and meet basic human needs. Response also includes the execution of emergency plans and actions to support short-term recovery.

**Section:** The organizational level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance, etc.)

**Short-Term Recovery:** A process of recovery that is immediate and overlaps with response. It includes such actions as providing essential public health and safety services, restoring interrupted utility and other essential services, reestablishing transportation routes, and providing food and shelter for those displaced by a disaster. Although called "short term," some of these activities may last for weeks.

**Situation Report:** Document that contains confirmed or verified information and explicit details (who, what, where, and how) relating to an incident.

**Situational Awareness:** The ability to identify, process, and comprehend the critical elements of information about an incident.

**Span of Control:** The number of resources for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals. (Under the National Incident Management System, an appropriate span of control is between 1:3 and 1:7, with optimal being 1:5.)

**Special Needs Population:** Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.

**Stafford Act:** The Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended. This Act describes the programs and processes by which the Federal Government provides disaster and emergency assistance to State and local governments, tribal nations, eligible private nonprofit organizations, and individuals affected by a declared major disaster or emergency. The Stafford Act covers all hazards, including natural disasters and terrorist events.

**Staging Area:** Any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.

**Standard Operating Procedure (SOP):** Complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

**Status Report:** Relays information specifically related to the status of resources (e.g., the availability or assignment of resources).
**Strategic National Stockpile (SNS):** National repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous-administration and airway-maintenance supplies, and medical or surgical material for use in a declared biological or chemical terrorism incident or other major public health emergency.

**Surge Capacity:** The ability to incorporate the use of volunteers to assist during an emergency or shortage of staff.

**Terrorism:** As defined under the Homeland Security Act of 2002, any activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources; is a violation of the criminal laws of the United States or of any State or other subdivision of the United States in which it occurs; and is intended to intimidate or coerce the civilian population or influence or affect the conduct of a government by mass destruction, assassination, or kidnapping.

**Triage:** The screening and classification of sick, wounded, or injured persons to determine priority needs for efficient use of medical manpower and supplies.

**Unity of Command:** Principle of management stating that each individual involved in incident operations will be assigned to only one supervisor.

**Volunteer:** Any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed.
WMMRC POLICIES: VOLUNTEER RISK

Weber-Morgan Medical Reserve Corps intends to mitigate and prevent risks to volunteers. Attempts will be made to reduce risks to volunteers through training, education and use of universal precautions. In addition, volunteers will be matched accordingly to positions for which they have the skills and qualifications to fulfill safely.

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Weber-Morgan Medical Reserve Corps volunteers agree to assume their own risk as a volunteer. Any incidents, accidents or injuries should be reported to the Weber-Morgan MRC Coordinator immediately.

I have read the Weber-Morgan Medical Reserve Corps policy on Volunteer Risk. I understand its contents and have had the opportunity to ask questions regarding my risk as a volunteer. I agree to assume my own risk as a volunteer and will report any incidents, accidents, or injuries immediately to the WM MRC Coordinator.

__________________________________________________________  ________________
Signature of Volunteer                        Date

__________________________________________________________
Printed Name of Volunteer
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WMMRC POLICIES: VOLUNTEER CONFIDENTIALITY/CODE OF ETHICS

I understand that Weber-Morgan Health Department (WMHD), including its employees/volunteers/assignees/affiliates, has a legal and ethical responsibility to maintain the privacy and confidentiality of individual information, protected health information, or information related to or held by Weber-Morgan Health Department, including obligations to protect and safeguard the confidentiality and privacy of such information.

By signing this document, I understand and I agree that:

I shall maintain and safeguard the confidentiality of any personal access code(s), user identification(s), access key(s) and/or password(s) used to access computer systems or other equipment. Should I discover that the confidentiality of my access code(s), used identification(s), access key(s), and/or password(s) has been compromised, I will immediately notify the Medical Reserve Corps Coordinator.

I shall not access or view any information other than what is required to do my job. If I have question about whether access to certain information is required for me to do my job, I shall immediately consult the Weber-Morgan Medical Reserve Corps Coordinator.

I shall not use or disclose, orally, in writing, electronically or otherwise, any personal information including social security numbers, telephone numbers, street/e-mail addresses, etc. or information related to or held by Weber-Morgan Medical Reserve Corps.

I shall not leave any information held by Weber-Morgan Medical Reserve Corps or WMHD insecure. Any time a workstation is left unattended; all documents should be inaccessible by others, e.g. computer systems logged off.

I shall not discuss or reveal any personal information or information related to or held by Weber-Morgan MRC or WMHD in an area where unauthorized individuals may hear or see such information, even if specifics, such as an individual’s name, are not used. I understand that possible areas to keep in mind include, but are not limited to, hallways, elevators, cafeteria, public transportation, restaurants, and social events.

I shall not make inquiries about any information for any person or party, including, but not limited to, any family member, a friend, a third party, an employee or associate of WMHD, who does not have proper authorization to access such information.

I shall immediately return all property, including, but not limited to, keys, documents, and ID badges to Weber-Morgan Health Department upon termination (with or without cause) of my volunteer assignment/affiliation with Weber-Morgan Medical Reserve Corps.

Any violation by me of this Agreement may result in disciplinary action, up to and including termination of any volunteer assignment/affiliation with Weber-Morgan MRC and/or suspension, restriction or loss of privileges, in accordance with Weber-Morgan MRC policies, as well as potential personal civil and criminal legal liabilities.
Any individual information or information and records related to or held by WMHD or WM MRC that I access or view at does not belong to me.

*By my signature below, I acknowledge that I have read and understand this Agreement in its entirety and I agree to comply with all of the above stated terms as a condition of my volunteer status.*

_______________________________________  __________________________
Signature of Volunteer  Date

__________________________________________________________
Printed Name of Volunteer
WMMRC POLICIES: MEDIA RELEASE AND PUBLIC SPEAKING

POLICY

The Public Information Officer, under the supervision of the Weber-Morgan Health Department’s Public Information Officer and the MRC Coordinator, will be responsible for writing news releases, coordinating interviews, and/or public speaking requests.

Requests from the media for information will be directed to the Public Information Officer. If not available, media questions would be addressed to the Emergency Response Coordinator.

Any staff member who is designated to speak to the media should collaborate with the Public Information Officer to establish a clear message that reflects Weber-Morgan Health Department’s position regarding the topic. No employee or volunteer of Weber-Morgan Health Department will represent the agency or provide information to the media without prior authorization from the Public Information Officer.

Because the Public Information Officer (PIO) is responsible for writing and distributing news releases, information related to a specific topic or a specific department should be provided to the Public Information Officer as soon as possible for development of media-related documents.

Any time a representative of the media is on-site or at a health agency clinic off-site where the agency is ultimately responsible, media representatives will not be allowed to interview or photograph patients without written permission for that individual.

If a photographer or camera operator wants to shoot random pictures of a clinic, an announcement must be made to all in the area in question before any pictures can be taken. These procedures ensure the clients’ confidentiality is protected.

Requests for interviews should be forwarded to the Public Information Officer who will coordinate the scheduling so that individuals will not be overburdened or asked to discuss a topic in which they are not well versed.

☐ Yes ☐ No I, ______________________, grant Weber-Morgan MRC permission to use my likeness in a photograph in any and all publications, including website entries, without payment or any other consideration.

I have read and understand the WMMRC Media Policy

__________________________________________________________
Signature

__________________________________________________________
Date
WMMRC POLICIES: RELEASE OF CONFIDENTIAL INFORMATION

This signed document authorizes Weber-Morgan Medical Reserve Corps to release any necessary contact information to members of the Medical Reserve Corps (MRC) for the purpose of contacting other MRC volunteers in the event of any alert of the Medical Reserve Corps.

By signing this release you are acknowledging that your name, phone numbers, e-mail and fax numbers will be released and made available to other MRC volunteers.

You also acknowledge and agree that as a member of the MRC, you will not use any contact information you receive about any other MRC volunteer for any purpose other than an official alert notification(s) to other MRC volunteers.

You are also granting permission for this information to be used by the MRC to contact you concerning issues of MRC training and other administrative subjects.

1. I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process my application with the Medical Reserve Corps.

2. I understand that I may withdraw this consent upon written notice.

3. I hold Weber-Morgan Medical Reserve Corps, including associated agencies, harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency.

4. I do hereby give Weber-Morgan Medical Reserve Corps permission to release my personal information as needed for training and/or deployment of the Medical Reserve Corps.

__________________________________________________  ______________________
Signature of Volunteer                                Date

__________________________________________________
Printed Name of Volunteer
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WMMRC Handbook Section IV

WMMRC POLICIES: HIPAA CONFIDENTIALITY

The following information explains and governs your use and exposure to confidential health information as a volunteer for the Weber-Morgan Medical Reserve Corps (WMMRC). If you have any questions regarding this information you should consult the WMMRC Coordinator.

As used herein, the following terms shall have the following meanings:

1. “Confidential Information” includes any information, regardless of the manner in which it is communicated or maintained (e.g., oral, paper, electronic), received by WMMRC or any of its agents that falls into one or more of the following categories:

   a. **Protected Health Information:** Information (e.g., medical records) relating to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Protected health information includes demographic information (e.g., address, telephone number, and employer, date of birth, next of kin, and identification numbers).

   b. **Personnel Information:** Information relating to a person’s status as a member of the WMMRC workforce, including but not limited to compensation, employment records, accommodations, performance reviews, and disciplinary actions.

   c. **Business Operations Information:** Information relating to the WMMRC or WMHD operations, including but not limited to financial and statistical records, strategic plans, internal reports, memos, contracts, pricing, staffing levels, supplier information, remote site information, peer review information, communications, proprietary computer programs, source code, and proprietary technology.

   d. **Third Party Information:** Information belonging to a third party utilized by WMHD or WMMRC for limited purposes pursuant to an agreement with the third party, including but not limited to computer programs, client and vendor proprietary information, source code, and proprietary technology.

2. “Receive,” “Receiving,” and “Receipt” means, with respect to Confidential Information, to come into possession, custody, or control; to perceive; to create; to gain the ability to come into possession, custody, or control; or to gain the ability to perceive Confidential Information in whatever form (oral, visual, written, electronic, or otherwise).

3. “Use” means, with respect to Confidential Information, accessing, reviewing, employing, applying, utilizing, or analyzing such information, or sharing or discussing such information with other members of the WMMRC volunteer workforce.
4. "Disclose" means, with respect to Confidential Information, the release, transfer, provision of access to, or divulging in any other manner such information to a person or entity who is not a member of the WMMRC volunteer workforce.

5. "Health Agency’s Workforce" includes employees and other persons (i.e., volunteers) whose conduct, in the performance of volunteer work for WMMRC, is under the direct control of Weber-Morgan Health Department whether or not they are compensated for such services. Independent contractors, dentists, and employers with which WMHD has entered into agreements are not part of its workforce.

6. "Computer Systems" includes computer files, computer hard drives, local area network, wide area network, mainframe, electronic mail, internet access, intranet access, electronic medical records, and electronic order entry.

In performing your volunteer duties, you may receive or create Confidential Information. As a condition of and in consideration of your receipt of Confidential Information, you agree to the following:

1. You understand that you have no right or ownership interest in any Confidential Information which you may receive. WMMRC may, at any time and for any reason, revoke your password, access code, or any other authorization you may have that allows you to receive Confidential Information in any form.

2. You understand that your obligations under this Agreement will continue after termination of your volunteer relationship with the WMMRC. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.

3. The use and disclosure of Confidential Information is governed by Federal and State laws and regulations as well as WMMRC policies and procedures. The purpose of these specific requirements is to guarantee that Confidential Information remains confidential, i.e., such information shall be used and disclosed only as necessary to accomplish the WMMRC mission. You shall be familiar with and adhere to all of these requirements concerning Confidential Information.

4. You shall actively participate in educational opportunities made available to you concerning proper safeguards for Confidential Information and uses and disclosures of Confidential Information as part of your volunteer duties.

5. If you have any questions concerning whether certain information constitutes Confidential Information, you shall bring the matter to the Weber-Morgan Medical Reserve Corps Coordinator for direction.
6. You shall use and disclose Confidential Information only to the extent necessary to perform your volunteer duties. Such use and disclosure shall be in a manner consistent with applicable WMMRC policies and procedures. Your use or disclosure of Confidential Information for any reason other than the performance of your volunteer duties or your failure to conform to applicable policies and procedures shall constitute misuse of Confidential Information may be grounds for removal from your volunteer position with the WMMRC and/or initiation of legal action against you.

7. Weber-Morgan Medical Reserve Corps is committed to protecting the privacy of those persons for whom it provides services. To fulfill its commitment, WMMRC prohibits members of its volunteer workforce from discussing any information relating to persons except as necessary to perform their specific volunteer duties. You shall not engage in conversations concerning the fact that a person is, or has been, a patient of Weber-Morgan Medical Reserve Corps concerning any information relating to such persons, e.g., diagnosis, procedures, outcome, payment.

8. If you have any questions concerning whether your volunteer duties permit you to use or disclose certain Confidential Information in a particular manner, you shall report to the person supervising your volunteer work or the WMMRC Coordinator for direction. If you have any question concerning the application of a particular policy or procedure to a particular use or disclosure of Confidential Information, you shall bring the matter to the WMMRC Coordinator as soon as possible.

9. You shall appropriately safeguard Confidential Information so as to prevent any inappropriate use or disclosure of such information. If you have reason to believe the confidentiality of information may have been compromised, you shall report such concerns to the WMMRC Coordinator as soon as possible.

10. In performing your volunteer responsibilities, you shall not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry. Nor shall you make or cause to be made any false, inaccurate, or misleading statement to any person. If you become aware of false, inaccurate, or misleading information contained in any record or report, or a false, inaccurate, or misleading statement, you shall report the matter to the person supervising your volunteer work and cooperate in taking all steps necessary to correct the record, report, or statement pursuant to Weber-Morgan Medical Reserve Corps policies and procedures.

11. You shall comply with WMMRC policies and procedures concerning the alteration, deletion, or destruction of Confidential Information in any form. If you have any question concerning such policies and procedures, you shall bring the matter to the person supervising your volunteer work for direction. If you have any reason to believe such policies and procedures have been violated, you shall report such concerns to the person supervising your volunteer work or the WMMRC Coordinator as soon as possible.
12. You shall understand that WMMRC may monitor each and every time its computer systems are accessed. You understand that any action you take in these computer systems may be tagged and such actions may be traced back to you.

13. You shall respect the ownership of proprietary software. For example, you shall not make unauthorized copies of any software for your own use, even if the software is not physically protected against copying, nor shall you operate any non-licensed software on any computer provided by Weber-Morgan Medical Reserve Corps.

By signing this document, you certify that you have reviewed the foregoing HIPAA Confidentiality Agreement, have been provided with an opportunity to ask questions concerning its terms, and understand the duties and obligations it imposes on you. You hereby agree to the duties and obligations as stated in this Confidentiality Agreement. You understand that this signed and dated document will become part of your volunteer file.

__________________________________________________  ______________________
Signature of Volunteer                                          Date

__________________________________________________
Printed Name of Volunteer

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Last updated May 2014
Utah is one of a few states that explicitly references MRC units via statutes that afford protection to volunteer health practitioners during an emergency.

Under Title 58, Chapter 13 Utah Code Annotated 1953 As Amended by Session Laws of Utah 2007 As Issued April 30, 2007, the Health Care Providers Immunity from Liability Act 58-13-1 states, "(1) A person licensed under Title 58, Occupations and Professions, to practice as any of the following health care professionals, who is under no legal duty to respond, and who in good faith renders emergency care at the scene of an emergency gratuitously and in good faith, is not liable for any civil damages as a result of any acts or omissions by the person in rendering the emergency care. (http://www.dopl.utah.gov/laws/58-13.pdf)"

I have read the Weber-Morgan Medical Reserve Corps policy on Volunteer Legal Liability Protection Statement. I understand that I can access Title 58 via Internet for more detailed information or request a copy from the Weber-Morgan MRC Coordinator and understand that I am responsible to be familiar with this document.

__________________________________________    ____________________________
Signature of Volunteer                        Date

__________________________________________
Printed Name of Volunteer

AUTHORIZATION TO CONDUCT AN INVESTIGATIONAL BACKGROUND CHECK

I authorize the Weber County Sheriff’s Office to conduct an investigation into my background and share that information with the Weber-Morgan Health Department for the purpose of allowing me to enroll in the Weber-Morgan Medical Reserve Corps.

____________________  ______________________________
Print Full Name   Date

____________________________
Signature

____________________  ______________________________
Utah Driver’s License Number   Date of Birth

* WMHD is committed to protecting your security. Your files are kept confidential
PROLOGUE

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

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

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

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

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

CORE COMPETENCIES MATRIX

The Core Competencies Matrix is organized into the following categories:

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

- **Specific Competencies** are the demonstrable skills an individual should have in order to be activated as an MRC volunteer.

- **Knowledge, Skills, and Attitudes** break the competencies down into measurable actions a volunteer should be able to perform in order to be considered “competent” in an area.

- **Suggested Trainings/Tools** are recommended trainings, most of which are available on-line, free of cost, that will enable volunteers to meet the competencies. These trainings are not required, nor is this list comprehensive; rather it is a starting point for unit leaders to consider available trainings.

- **Assessment** is a suggested method for unit leaders to assess whether a volunteer has fulfilled a competency. All competencies may be observationally assessed in the context of exercises or drills in which the unit participates.
### Domain #1: Health, Safety, & Personal Preparedness

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Knowledge</th>
<th>Attitude</th>
<th>Suggested Trainings/Tools</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Describe the procedures and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community. | • Identify the key components of a personal and family preparedness plan.  
• Identify and recognize the potential barriers to executing the plans and identify contingencies.  
• Identify key components of a variety of preparedness kits (e.g., home kit, Go-Kit, work kit).  
• Identify key components to keeping one’s self, family, team and community safe from environmental and incident hazards and risks. | • Prepare a personal and family preparedness plan  
• Review it with family, neighbors, and friends  
• Set up occasions to implement the drill and measure its efficacy or need for revision.  
• Utilize recognized methods of protection (e.g., hand washing hygiene, cough etiquette, masks and other personal protective measures). | • ARC Introduction to Disaster  
[www.redcross.org flash/course01_v01/](http://www.redcross.org flash/course01_v01/)  
• FEMA Independent Study Program: IS-22 Are you Ready? An In-Depth Guide to Citizen Preparedness  
[http://training.fema.gov/EMIWeb/IS/is22.asp](http://training.fema.gov/EMIWeb/IS/is22.asp)  
• CERT-Module 1, Lesson 2: Family and Workplace Preparedness  
• Ready.Gov  
• Standard Precautions and Respiratory Hygiene  
MRC-TRAIN Course ID: 1007977  
[www.mrc.train.org](http://www.mrc.train.org) | • Document that the MRC member has a personal and family preparedness plan in place. (Yes or No)  
• Document that the MRC member possesses a disaster kit (Yes or No) |
## Domain #1: Health, Safety, & Personal Preparedness (continued)

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Knowledge</th>
<th>Attitude</th>
<th>Suggested Trainings/Tools</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the impact of an event on the mental health of the MRC member and their family, team, and others.</td>
<td>• Identify the range of anticipated stress reactions experienced by disaster survivors, MRC members, responders, and others in the early aftermath of disaster.</td>
<td>• Acknowledge that disasters and other public health emergencies are stressful events.</td>
<td>• Psychological First Aid: Field Operations Guide (MRC version) <a href="http://www.medicalreservecorps.gov/File/MRC_Resources/MRC_PFA.doc">www.medicalreservecorps.gov/File/MRC_Resources/MRC_PFA.doc</a></td>
<td>• Document participation in a Psychological First Aid training (online or classroom)</td>
</tr>
<tr>
<td></td>
<td>• Identify when, how, and where to refer disaster survivors, MRC Team members, and others for additional mental health support and care.</td>
<td>• Acknowledge that MRC members are in a unique role to provide emotional care and comfort to disaster survivors, MRC team members and others.</td>
<td>• Psychological First Aid: Helping People Cope During Disasters and Public Health Emergencies <a href="http://www.centerfordisastermedicine.org/disaster_mental_health.html">www.centerfordisastermedicine.org/disaster_mental_health.html</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify the basic elements of Psychological First Aid and the key ways to provide emotional care and comfort to disaster survivors, MRC Members, and others in the early aftermath of disaster.</td>
<td>• Embrace the concept that providing emotional care and comfort in the early aftermath of disaster may mitigate short and long-term psychological consequences in disaster survivors, MRC team members and others.</td>
<td>• Nebraska Psychological First Aid Curriculum <a href="http://www.disastermh.nebraska.edu/psychfirstaid.html">www.disastermh.nebraska.edu/psychfirstaid.html</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide psychological first aid to disaster survivors, MRC team members, and others.</td>
<td></td>
<td>• Psychological First Aid: Helping Others in Times of Stress Contact your local American Red Cross Chapter</td>
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</tbody>
</table>
# MRC Core Competencies Matrix

## Domain #2: Roles & Responsibilities of Individual Volunteers

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Knowledge</th>
<th>Attitude</th>
<th>Suggested Trainings/Tools</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Describe the MRC member’s communication role(s) and processes with response partners, media, general public, and others. | • Understand the role of the Public Information Officer (PIO) or other authorized agent  
• Understand an individual MRC member’s role and responsibilities in communicating with response partners, media, general public, and others  
• Understand legislative requirements related to the sharing of protected information (e.g., HIPAA, personal information, etc.) | • Perform your roles & responsibilities in the position you are assigned  
• Communicate effectively with response partners, media, general public and others | • IS 100: Introduction to the Incident Command System OR  
• IS 100: Introduction to the Incident Command System for Healthcare Hospitals  
• Hospital Incident Command System (HICS) [https://www.mrc.train.org/DesktopShell.aspx?tabid=62&goto=browse&browse=subject&keyword=HIPAA&keyoption=Both&clinical=both&local=all&ByCost=0](https://www.mrc.train.org/DesktopShell.aspx?tabid=62&goto=browse&browse=subject&keyword=HIPAA&keyoption=Both&clinical=both&local=all&ByCost=0) | • Document the completion of IS 100 or equivalent  
• Document the completion of a HIPAA training or equivalent  
• Document participation in a interpersonal communication skills training or equivalent |
| Demonstrate the MRC member’s ability to follow procedures for assignment, activation, reporting, and deactivation. | • Describe the local MRC’s guidelines or procedures for assignment, activation, reporting, and deactivation | • Participate in a drill, exercise or public health activity | • Local unit-specific training  
• Drill, Exercise, Training, or actual event  
• Public Health activities (e.g., participating in health fairs, disease screenings, and community education events) | • Document completion of local unit-specific training  
• Direct observation of compliance |
## Domain #2: Roles & Responsibilities of Individual Volunteers (continued)

| Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s). | Identify the physical and emotional challenges for various types of duties, assignments and activities | Engage in a self-assessment | Have realistic expectations | Local Unit Orientation | Volunteer Screening |
| --- | --- | --- | --- | --- |
| • Identify personal and professional liability. | • Identify gaps in own knowledge-base & training needs | • Communicate limitations when appropriate or necessary | • Accept one’s limitations | • Drill, Exercise, Training, or actual event | • |
| • Accept responsibility for personal or professional growth and development | | | | | |
### Domain #3: Public Health Activities & Incident Management

<table>
<thead>
<tr>
<th>Specific Competency</th>
<th>Knowledge</th>
<th>Attitude</th>
<th>Suggested Trainings/Tools</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| Describe the chain of command (e.g., Emergency Management System, ICS, NIMS), the integration of the MRC, and its application to a given incident. | • Understand NIMS & NIMS Compliance  
• Understand the Role of the MRC in ICS  
• Understand how ICS is interdisciplinary & organizationally variable  
• Identify the 5 ICS Management Functions  
• Understand the Principles of Span of Control  
• Identify the Roles & Responsibilities of Key ICS Positions  
• Identify the Key Facilities and Locations Described in ICS | • Operate within the structure of the incident command system  
• Notify the Chain of Command when safety action is necessary | • IS 100: Introduction to the Incident Command System  
OR  
• IS 100: Introduction to the Incident Command System for Healthcare or Hospitals  
• IS-700: National Incident Management System (NIMS), An Introduction  
• Hospital Incident Command System (HICS) | • Successful completion of IS-700 or equivalent  
AND  
• Successful completion of IS 100: Introduction to the Incident Command System  
OR  
• IS 100: Introduction to the Incident Command System for Healthcare or Hospitals  
OR  
• Hospital Incident Command System (HICS)  
OR  
• Equivalent for one of the preceding 3 courses |
### Domain #3: Public Health Activities & Incident Management (continued)

<table>
<thead>
<tr>
<th>Specific Competency</th>
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</tr>
</thead>
</table>
| Describe the role of the local MRC unit in public health and/or emergency response and its application to a given incident. | • Understand your community’s public health system and the role of the MRC in local public health activities  
• Understand the public health role of the MRC in emergency response.  
• Understand who has the authority to activate & authorize the local MRC Unit | • Perform your roles and responsibilities in your MRC as they integrate within the public health or emergency response system | • Respect your role within your Unit’s operation.  
• Local unit-specific training | • Successful completion of a local Points of Dispensing (POD) or Strategic National Stockpile (SNS) training  
• Successful completion of a public health training, where appropriate |