



CENTRAL GEORGIA MEDICAL RESERVE CORPS

Volunteer Handbook

Updated July 2017



Georgia Department of Public Health

North Central Health District

TABLE OF CONTENTS

TABLE OF CONTENTS	ii
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INTRODUCTION

Welcome	1
Overview	2
Preamble.....	3
Mission	3
Roles/Purpose	3
Code of Conduct	4

ORGANIZATION AND COMPOSITION

I. Executive Committee.....	5
II. Steering Committee	6
III. Credentials Committee.....	6
IV. CGMRC Coordinator	6
V. CGMRC Unit Organization and Composition	7
VI. CGMRC Position Descriptions	9

VOLUNTEER INFORMATION

I. Volunteer Recruitment and Selection	13
II. Application Process.....	13
III. Identification	14
IV. Volunteer Resignation	14
V. Reassignment or Suspension of a Volunteer	14
VI. Dismissal of a Volunteer	14
VII. Volunteer Safety	14
VIII. Liability	14
IX. Training.....	15
X. Newsletter.....	16

POLICIES

I. Harassment-Free Workplace	17
II. Drug-Free Workplace	17
III. Violence-Free Workplace	17
IV. Confidentiality	17

MEDICAL RESERVE CORPS OPERATIONS

I. Activation.....	18
II. Volunteer Response	19

III. Staging Area	19
IV. Medical Operations.....	19
V. Public Health Operations	20
V. Communication	20
VI. Demobilization.....	20

APPENDICES

Appendix A: Glossary of Terms and Abbreviations.....	22
Appendix B: Department of Public Health Volunteer Agreement	24

Welcome

Dear Central Georgia Medical Reserve Corps Volunteer,

On behalf of the Central Georgia Medical Reserve Corps (CGMRC) Executive Committee and the North Central Health District, I would like to extend you a warm welcome and thanks for joining our organization.

We value your time and commitment to the health and well-being of our Central Georgia communities. Working together, we can improve our preparedness and response to any large-scale emergency or disaster.

This handbook is intended to provide you important information about the CGMRC, so you will understand its role in the community and your role as a CGMRC volunteer. Please take time to familiarize yourself with this handbook.

The members of the CGMRC look forward to meeting and working with you as we strive to create a stronger, safer and more resilient Central Georgia. Please feel free to contact me if you have any questions or concerns, and thank you again for your service!

Sincerely,

Laurice Bentley
Emergency Preparedness Director
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Overview of the Medical Reserve Corps

The Central Georgia Medical Reserve Corps (CGMRC) is a locally-based, health care personnel resource whose purpose is to augment, assist, and support the existing medical and public health systems during disasters and public health emergencies.

The CGMRC was created through a partnership with the North Central Health District (NCHD), one of eighteen public health districts in Georgia, and the support of many individuals and organizations within the community. The Central Georgia Medical Reserve Corps recruits from the following thirteen counties that make up the North Central Health District: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson.

The CGMRC consists of health care professionals from many different disciplines, as well as non-health care volunteers. CGMRC volunteers can be called upon to assist the community in the event of a major disaster or large-scale public health emergency, including natural or man-made disasters, or acts of terrorism.

The CGMRC may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations or in smaller incidents involving a single jurisdiction or agency. Organization personnel and resources may be assigned to area hospitals, public health agencies or mass care facilities to augment and assist the staff of these health care facilities.

The CGMRC unit will not replace or supplant existing emergency medical response systems or their resources. During emergencies, volunteers may provide an important "surge" capability to perform some functions usually performed by emergency health staffs that have been mobilized. They can also augment medical and support staff shortages at local medical or emergency facilities.

Central Georgia Medical Reserve Corps

Preamble

The founders of the Central Georgia Medical Reserve Corps (CGMRC) envisioned an organization to enhance the emergency capabilities of Central Georgia through advanced registration, organization, and training of volunteer health professionals who can be readily mobilized to respond to a major emergency/disaster, whether man-made or natural, when the existing health care infrastructure is overwhelmed and unable to provide needed medical care in a timely manner.

Mission

The mission of the Central Georgia Medical Reserve Corps is to assist and supplement our communities with health care volunteers in response to situations that overwhelm available resources.

Roles/Purpose

The role of CGMRC will vary based upon the individual needs of our communities and is intended to supplement our communities within the North Central Health District's existing emergency response systems. CGMRC volunteers may include: physicians, nurses, pharmacists, dentists, other allied health professionals, and additional volunteers with administrative and other support qualifications.

The main roles/purposes of CGMRC are to:

- A. Recruit, enroll, and maintain a corps of medical and non-medical volunteers
- B. Train volunteers through simulation exercises, classroom training, and access to online education resources
- C. Maintain a database of volunteers' credentials, contact information, and other relevant information so, during times of critical need, volunteers may be rapidly deployed to assist the community's response, matching volunteers' skills with the community's needs
- D. Coordinate deployments, as needed, for the following possible scenarios: surge capacity to backfill community needs, Strategic National Stockpile medication distribution/administration, mass immunization clinics, and emergency mental health needs. Implicit in preparing for deployments will be procedures to ascertain the situation, develop teams able to respond to the need, team leadership designation, and maintenance of communication with the coordinating Incident Command System (ICS) and CGMRC
- E. Create and maintain a sustainable funding plan

Code of Conduct

All volunteers will hold themselves to the highest professional and ethical standards in the treatment of patients, their families, and all individuals with whom they interact as a member of the Central Georgia Medical Reserve Corps.

Additionally, no volunteer shall:

- a. Authorize the use of, or use, for the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the CGMRC
- b. Accept or seek on behalf of themselves or any other person, any financial advantage or gain, of other than nominal value, that may be offered because of the volunteer's affiliation with the CGMRC
- c. Publicly utilize any CGMRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official positions of the Citizen Corps
- d. Disclose any confidential information that is available solely as a result of the volunteer's affiliation with the CGMRC to any person not authorized to receive such information
- e. Knowingly take any action or make any statement intended to influence the conduct of the CGMRC in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation
- f. Operate or act in any manner that is contrary to the best interests of the CGMRC

ORGANIZATION AND COMPOSITION

The Central Georgia Medical Reserve Corps' housing agency is the North Central Health District (NCHD), which is one of eighteen public health districts in Georgia. The NCHD supports the CGMRC by providing personnel and equipment. The NCHD and CGMRC cover thirteen counties in Central Georgia, with a population of over a half a million people, in communities that range from rural to urban. To create a structure that represents the interests of the Central Georgia communities, yet remains manageable and efficient, a Central Georgia Medical Reserve Corps Executive Committee governs the CGMRC. To ensure the CGMRC is meeting the needs of the communities served, a larger Steering Committee provides input and feedback from the community to the Executive Committee and CGMRC Coordinator.

I. Executive Committee

- A. The Executive Committee is comprised of stakeholders from various health care organizations, volunteer service agencies, community members, and other key agencies designed to provide service to the community.
- B. The Executive Committee has the responsibility of representing the interests of the community regardless of their respective organizational affiliation or role.
- C. The Executive Committee provides leadership for the CGMRC and as such:
 - 1. Represents the interests of the Steering Committee and partner organizations in meeting the needs of the community
 - 2. Clarifies the vision, mission, and roles of the CGMRC
 - 3. Provides oversight of the fiscal operation of the CGMRC
 - 4. Develops and supports policies that facilitate the purpose of the CGMRC
 - 5. Develops plans that respond to needs and maximize resources
 - 6. Ensures alignment of CGMRC work with purpose and mission
 - 7. Ensures accountability of CGMRC work and resources
- D. The Executive Committee meets at least quarterly throughout the year with the specific purpose of setting direction and reviewing the progress of the organization. The Executive Committee empowers the CGMRC Coordinator to carry-out the day-to-day leadership and operation of the organization.

II. Steering Committee

- A. The CGMRC Steering Committee is comprised of stakeholders from various organizations with a vested interest in the community and the healthcare system. The purpose of the Steering Committee is to ensure broad-based input and support for the CGMRC and to:
 - 1. Provide advice about the needs of the community
 - 2. Offer input/feedback that helps shape and assess CGMRC activities
 - 3. Serve as advocates by raising awareness about the CGMRC mission and activities
- B. The Steering Committee meets as needed with the specific purpose of providing input and feedback to the Executive Committee and CGMRC Coordinator.

III. Credentials Committee

- A. The Credentials Committee is responsible for reviewing volunteer applications.
- B. The Credentials Committee consists of no less than three individuals with at least one member being a licensed physician.
- C. At least two members of the Credentials Committee must review each application to the CGMRC. An applicant will be accepted after being approved by the Credentials Committee. If the Credentials Committee is undecided about an applicant, the applicant will be referred to the Executive Committee for a final decision.

IV. CGMRC Coordinator:

- A. The CGMRC is a complex entity and the Executive Committee is comprised of busy individuals with other employment and community commitments. Therefore, the Executive Committee has empowered a Director and/or Coordinator to act on decisions, lead the work, and facilitate CGMRC activities to ensure on-going progress towards its mission and purpose. The Coordinator:
 - 1. Provides day-to-day management of operations for the CGMRC
 - 2. With Executive Committee guidance, develops policies, protocols and procedures necessary for efficient operation of the CGMRC
 - 3. Organizes and facilitates meetings and training
 - 4. Champions the vision for the CGMRC
 - 5. Reports to the Executive Committee on the CGMRC operations and activities

V. CGMRC Unit Organization and Composition

The Central Georgia Medical Reserve Corps is composed of two divisions; the Medical Operations Division, which is responsible for the clinical operations and the Support Services Division, which is responsible for all non-clinical support functions. Each division is headed by a Division Chief.

- A. Medical Operations Division: The Medical Operations Division is directed by the Chief of Medical Operations, a physician who oversees clinical operations, and is comprised of eight units:
1. Medical Unit: Physicians, physician assistants, medical students and physician assistant students. The unit leader must be a physician.
 2. Nursing Unit: Registered nurses, nurse practitioners, licensed practical nurses, nursing assistants and nursing students. The unit leader must be a registered nurse.
 3. Dental Unit: Dentist, dental hygienists, dental students and other dental personnel. The unit leader must be a dentist.
 4. Allied Health Unit: Physical therapists/assistants, respiratory therapists/assistants, occupational therapists/assistants, radiology technicians, laboratory personnel, and all other allied health care disciplines. The unit leader must be a member from the unit.
 5. Veterinary Unit: Veterinarians and veterinary technicians. The unit leader must be a veterinarian.
 6. Pharmacy Unit: Pharmacists and pharmacy technicians. The unit leader must be a pharmacist.
 7. Emergency Medical Services (EMS) Unit: Paramedics and Emergency Medical Technicians (EMT). The unit leader must be a paramedic or EMT.
 8. Mental Health Unit: Psychiatrists, psychologists, mental health counselors and other mental health practitioners. The unit leader must be a member of the unit.
- B. Support Services Division: The Support Services Division is directed by the Chief of Support Services who oversees support operations and is comprised of two units:
1. Administrative/Finance Unit – Non-clinical personnel with expertise in administration, clerical and financial areas. The unit leader must be a member of the unit.
 2. Logistics Unit – Non-clinical personnel with expertise in supply, communications, and transportation. The unit leader must be a member of the unit.

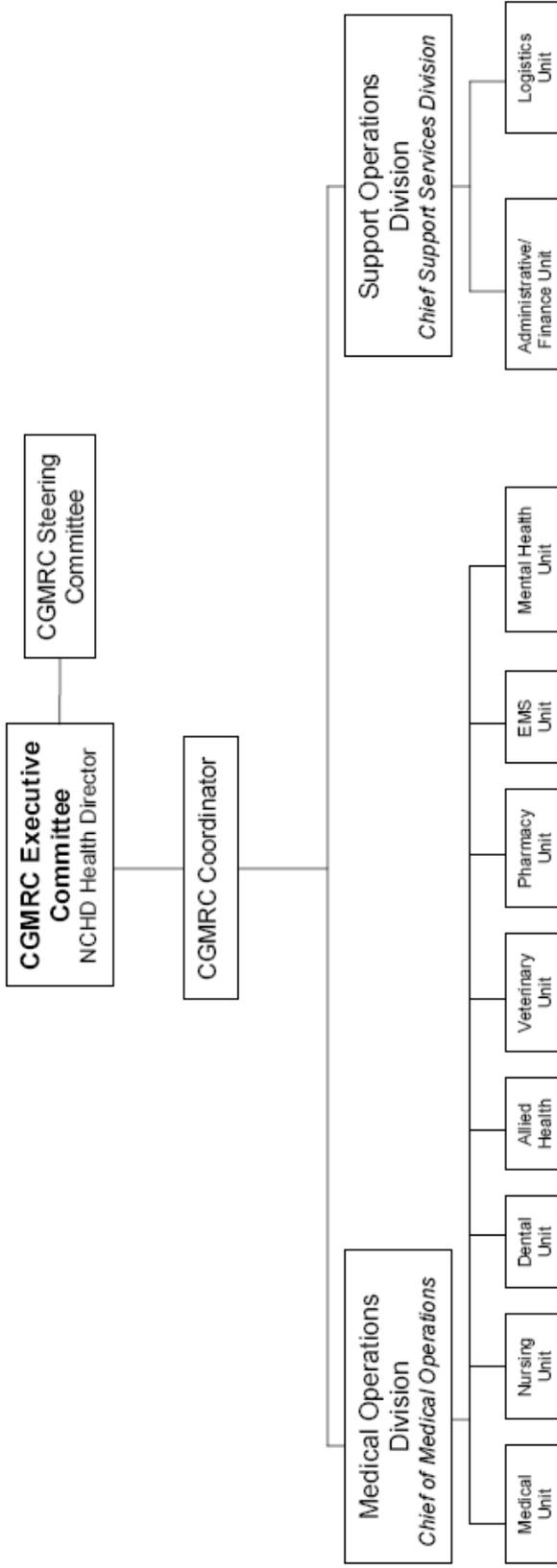


Figure 1: Organizational Structure of MRC*

* During deployment, activated units will become part of the ICS at the scene or healthcare facility they are assigned to.

VI. CGMRC Position Descriptions

Many Medical Reserve Corps position descriptions are based on the Department of Health and Human Services Health and Medical Response System “*Response Teams Description Manual*”, May 1999. Medical Reserve Corps personnel will normally be integrated into an incident management structure in the field or in a health care facility. Volunteers will assist primary responders or medical personnel with emergency medical and medical support operations. Medical Reserve Corps personnel will be trained in the Incident Command System (ICS) so that they may assume positions and duties commensurate with their training, experience, licensure, and certifications.

A. Medical Operations Division Positions

1. Chief of Medical Operations - The Chief of Medical Operations is responsible for the management of all unit medical and/or medical support operations directly applicable to the primary missions of the unit. The Chief of Medical Operations, a physician, licensed in Georgia, will:
 - a. Oversee and direct medical elements of the unit in accordance with requests for medical assistance
 - b. Facilitate the operation of the unit to ensure quality patient care and optimal support to Incident Commanders, public health agencies, or healthcare institutions
 - c. Determine the unit’s medical staffing and logistical needs during an emergency and request additional resources as necessary
 - d. Ensure Universal Precautions for all personnel to prevent exposure to communicable diseases
 - e. Coordinate operational actions with appropriate medical officials of other agencies and healthcare facilities
 - f. Receive briefings and situation reports, and ensure that all Medical Operations Division personnel are kept informed of mission objectives and status changes
 - g. Provide situation updates to the individual identified at the incident as next in the chain of command and maintain records and reports of unit medical and medical support activities
2. The Medical Unit Leader manages the operation of the Medical Unit, reports to the Chief of Medical Operations, and is a physician licensed in Georgia. The Medical Unit Leader will:
 - a. Supervise the overall flow of victims and medical care provided by the unit
 - b. Identify conditions requiring urgent medical intervention and makes referral for patient care
 - c. Counsel medical personnel on difficult cases
 - d. Supervise the diagnosis and treatment of patients
 - e. When necessary, refer patients for further consultation and treatment
 - f. Recommend methods and procedures for coordination of medical services with other medical activities
 - g. Perform major medical care that requires a licensed physician
 - h. Supervise medical treatment administered by other unit professionals and technical personnel to assure that appropriate medical services are provided to patients

- i. Supervise and account for all unit personnel during deployment
3. The Nursing Unit Leader manages the operation of the Nursing Unit, reports to the Chief of Medical Operations, and is a registered nurse licensed in Georgia. The Nursing Unit Leader will:
 - a. Provide leadership, direction and supervision of unit nursing care operations
 - b. Identify and assess needs, trends, issues and developments that may impact nursing services
 - c. Serve as the focal point for the identification and analysis of problems and issues affecting nursing services and recommend actions to overcome them
 - d. Ensure compliance with established procedures and protocols, including maintaining professional nursing standards
 - e. If required, provide direct nursing services, including the assessment of injuries and illnesses, performing or assisting in life support procedures and conducting required diagnostic tests
 - f. Perform other related duties as required to facilitate essential nursing care
 - g. Supervise and account for all unit personnel during deployment
4. The Dental Unit Leader manages the operations of Dental Unit, reports to the Chief of Medical Operations, and is a dentist licensed in Georgia. The Dental Unit Leader will:
 - a. Provide leadership, direction and supervision of unit dental care operations
 - b. Identify and assess needs, trends, issues and developments that may impact dental services
 - c. Serve as the focal point for the identification and analysis of problems and issues affecting dental services and recommends actions to overcome them
 - d. If required, provide direct dental services, including the assessment of any dental problems
 - e. Perform other related duties as required to facilitate efficient dental care
 - f. Perform x-rays of remains to identify deceased
 - g. Supervise and account for all unit personnel during deployment
5. The Allied Health Unit Leader manages the operations of the Allied Health Unit, reports to the Chief of Medical Operations, and is a health care professional in the unit licensed in Georgia. The Allied Health Unit Leader will:
 - a. Provide leadership, direction, and supervision of Allied Health Unit personnel
 - b. Coordinate the clinical services of the unit personnel at the direction of the Chief of Medical Operations
 - c. Serve as the focal point for the identification and analysis of problems and issues affecting any services provided by allied health personnel and recommends actions to overcome them
 - d. Supervise and account for all unit personnel during deployment
6. The Veterinary Unit Leader manages the operations of the Veterinary Unit, reports to the Chief of Medical Operations, and is a veterinarian licensed in Georgia. The Veterinary Unit Leader and will:
 - a. Identify veterinary issues affecting the health of the community in a disaster or emergency
 - b. Provide direction and support on issues pertaining to the health, care, and disposition of animals affected by a disaster

- c. Perform other related duties as required to facilitate efficient veterinary care
 - d. Supervise and account for all unit personnel during deployment
7. The Pharmacy Unit Leader manages the operations of the Pharmacy Unit, reports to the Chief of Medical Operations, and is pharmacist licensed in Georgia. The Pharmacy Unit Leader will:
- a. Compound and/or dispense prescriptions requested by physicians and other licensed practitioners at the site of an emergency or disaster
 - b. Maintain responsibility for the distribution and accountability of pharmaceuticals utilized by the Medical Reserve Corps at the incident site
 - c. Maintain required controls on the dispensation of all pharmaceuticals
 - d. Make judgments concerning drug effects, especially adverse effects, and bring potentially serious situations to the attention of medical personnel
 - e. Prepare detailed reports and records involving inventories, requisitions, and issuance of drugs according to applicable laws and regulations
 - f. Resolve problems in the area of biopharmaceutical effectiveness, including problems concerning solubility, stability, incompatibility, etc.
 - g. Suggest alternative medications to avoid incompatibilities, alleviate side effects, overcome adverse drug combinations, and prevent antagonistic reactions
 - h. Provide clinical pharmacology consultation to medical personnel
 - i. Develop and implement plans to secure any controlled substances utilized by the unit
 - j. Supervise and account for all unit personnel during deployment
8. The EMS Unit Leader manages the operations of the EMS Unit, reports to the Chief of Medical Operations, and is a Georgia licensed EMT or paramedic. The EMS Unit Leader will:
- a. Ensure the application of the full range of ALS and BLS functions for patients
 - b. Provide treatment according to established protocols
 - c. Recognize symptoms that require referrals and make recommendations to unit physicians
 - d. Perform medical procedures as allowed by law, including resuscitations, insertion of airways and intravenous lines, etc.
 - e. Ensure unit EMS activities are coordinated with medical personnel in the identification and management of disaster patients in accordance with established protocol
 - f. Supervise and account for all unit personnel during deployment
9. The Mental Health Unit Leader manages the operations of the Mental Health Unit, reports to the Chief of Medical Operations, and is a mental health professional licensed in Georgia, e.g., a psychiatrist, clinical psychologist, mental health counselor, or related professional. The Mental Health Unit Leader, in collaboration with local mental health programs and services, implements and coordinates mental health services for disaster victims, first responders, and CGMRC volunteers. As needed, the Mental Health Unit Leader will:
- a. Assist with the implementation of mental health/psychological first aid for on-site first responders and medical personnel, including Medical Reserve Corps volunteers

- b. Identify appropriate intervention and prevention techniques and counseling for early identification of victims at risk of mental health and related problems
- c. Consult with unit volunteers, mental health providers, and family members to identify needed clinical testing and evaluation procedures for disaster victims
- d. Plan for and arrange professional assistance and consultation regarding treatment planning and other interventions efforts
- e. Supervise and account for all unit personnel during deployment

B. Support Services Division Positions

1. Chief of Support Services Division - The Chief of the Support Services Division is responsible for the management of the logistics and administrative support operations and, as such, must have a background in these areas. The Chief of the Medical Support Services Division will:
 - a. Oversee and direct the operation and administration of unit support elements and functions
 - b. Ensure medical and support personnel receive necessary training and equipment
 - c. Coordinate unit support services through appropriate channels
 - d. Manage a database to maintain accountability of unit support equipment
2. The Administration/Finance Unit Leader is responsible for the administrative support functions of the CGMRC. The Administrative/Finance Unit Leader is generally a non-clinician with experience in the administrative areas such as personnel management, budget, and finance. The Administration/Finance Unit Leader reports to the Chief of Support Services Division and will:
 - a. Maintain volunteer records and correspondence
 - b. Coordinate training, exercises and drills
 - c. Support all fund raising, CGMRC meetings, training and functions
 - d. Train and supervise other members of the unit
 - e. Supervise and account for all unit personnel during deployment
3. The Logistics Unit Leader is responsible for the logistics operations support for the CGMRC. The Logistics Unit Leader is generally a non-clinician with experience in logistics management. The Logistics Unit Leader Reports to the Chief of Support Services Division and will:
 - a. Participate in the planning, procurement, storage, maintenance and inventory of all medical supplies and equipment
 - b. Participate in the planning, procurement, storage, maintenance and inventory of all CGMRC communication equipment
 - c. Manage and coordinate transportation of CGMRC supplies and personnel
 - d. Train and supervise other members of the unit
 - e. Supervise and account for all unit personnel during deployment

VOLUNTEER INFORMATION

I. Volunteer Recruitment and Selection

- A. Recruitment - Membership in the CGMRC is open to any active, inactive, or retired medical, nursing, allied health, dental, EMS, public health, mental health, or veterinary medicine volunteer. Non-healthcare volunteers wishing to serve in specific support roles, such as administration, finance, and logistics may also apply. Applicants will be screened by members of the Central Georgia Medical Reserve Corps Credentials Committee.
- B. Selection - Criteria for selection of applicants shall include:
 - 1. Possession of specialized skills, experience, licenses and/or certifications, as required by a unit position
 - 2. Satisfactory verification of an applicant's professional credentials and criminal background check. Any volunteer may be disqualified for, but not limited to, the following: conviction of a felony, a crime involving moral turpitude, or a DUI or drug offense within the past five years. All applications will be reviewed by the Executive Committee or Credentials Committee and applicants will be notified of the decision by the CGMRC Coordinator
 - 3. CGMRC members who are licensed and/or certified healthcare professionals, and who fill unit positions utilizing their specialized medical skills, must ensure their medical training, licenses and/or certifications are current for the duration of their Medical Reserve Corps appointments

II. Application Process

- A. Volunteers are encouraged to apply online using SERVGA, the volunteer registration and coordination site for the state of Georgia. The website can be found at www.servga.gov. Volunteers should follow the instructions on the site, making sure to choose Central Georgia Medical Reserve Corps under the list of volunteer organizations.
- B. Alternately, the CGMRC Coordinator can supply a hard copy of the application to any volunteer who prefers to fill out the information by hand.
- C. After an applicant completes an application, submits copies of any professional license and/or certification, and background checks are performed, the application shall be reviewed by the Credentials Committee.

III. Identification

- A. Georgia Medical Reserve Corps volunteers are provided with photo ID badges to:
 - 1. Identify volunteers as members of the CGMRC
 - 2. Provide volunteers access to an emergency scene during a deployment
 - 3. Document the license and credentials of volunteers to facilitate their deployment and use in an emergency situation
- B. ID badges are the property of the Central Georgia CGMRC and must be returned immediately to the CGMRC Coordinator upon the volunteer's resignation or termination.

IV. Volunteer Resignation

A volunteer may resign from the CGMRC at any time by notifying the CGMRC Coordinator. Any volunteer resigning from the CGMRC must return his/her badge and any other materials or equipment related to volunteer service.

V. Reassignment or Suspension of a Volunteer

A unit leader has the authority to restrict the actions of, reassign, or suspend a volunteer during a deployment for any reason he or she deems necessary. Any reassignment or suspension will be reported to the Executive Committee, through the CGMRC Coordinator, for further review and/or action.

VI. Dismissal of a Volunteer

The CGMRC values the professionalism, dedication, and skill that our volunteers bring to the organization. In order to maintain a commitment to excellence in service to the residents of Central Georgia, it may be necessary to dismiss a volunteer from the organization. Possible grounds for dismissal may include, but are not limited to, the following: failure to abide by CGMRC policies or Code of Conduct, engaging in illegal activities, theft or misuse of CGMRC property, gross misconduct, falsification of application, or failure to satisfactorily perform assigned duties. Dismissal is at the discretion of the Executive Committee.

VII. Volunteer Safety

The safety of all Central Georgia Medical Reserve Corps volunteers is a top priority and requires all members to accept the responsibility for notifying their supervisor of any physical conditions, medications, illness, or emotional strain that could affect their safety or performance. Additionally, volunteers are strongly encouraged to keep immunizations current, to include tetanus, influenza, and Hepatitis B.

VIII. Liability

- A. The Georgia Department of Public Health (DPH) provides volunteer liability coverage through the Department of Public Health volunteer agreement to

individuals who volunteer to assist in an emergency (as of Feb. 2012, the form is being revised and not currently available) . The DPH Volunteer Agreement policy covers volunteers who work without compensation in a volunteer program that is organized, controlled, and directed by a state DPH entity, such as a District Health Office.

- B. In order to obtain liability coverage through the DPH, a volunteer must complete and sign a DPH Volunteer Agreement (currently being revised, 2/3/12). The Volunteer Agreement is kept in the MRC volunteer's file at the North Central Health District.
- C. Volunteers are covered immediately upon signing and the period of coverage is one year from July 1 to June 30. The agreement will automatically renew unless terminated by either of the parties.
- D. Volunteers are not covered for:
 - 1. Personal or bodily injury/Workman's Compensation
 - 2. Damages resulting from any dishonest, fraudulent or criminal act or omission for which a criminal prosecution has been successfully made against any insured by verdict, plea of guilty or a pleas of nolo contendere
 - 3. Damage to the personal property of the volunteer to include, but not limited to, wearing apparel, prescription glasses, and automobiles

IX. Training

- A. Initial Training – to be completed within one year of acceptance into the unit or prior to deployment. Some of these will be offered as part of the annual CGMRC training schedule.
 - 1. Medical Reserve Corps Orientation Course – This course covers the following topics:
 - a. Background and history of the Medical Reserve Corps program
 - b. Mission and Roles of the Central Georgia Medical Reserve Corps National Incident Management System/Incident Command System
 - c. Overview of local and regional emergency service organizations and operations
 - 2. *One* of the following programs on personal/family preparedness:
 - a. CERT-Module 1, Lesson 2:Family and Workplace Preparedness
<http://www.citizencorps.gov/cert/IS317/basics/basics/index03.htm>
 - b. Ready.Gov at
http://www.ready.gov/america/downloads/Ready_Brochure_Screen_EN_20040129.pdf
 - c. FEMA Independent Study Program: IS-22 Are You Ready? An In-Depth Guide to Citizen Preparedness
<http://training.fema.gov/EMIWeb/IS/is22.asp>
 - 3. First Aid – For unlicensed/uncertified volunteers through the American Red Cross or the American Heart Association.
 - 4. Adult, Child and Infant CPR – For volunteers without current certification
 - 5. Bloodborne Pathogens – For unlicensed/uncertified volunteers through the American Red Cross or American Heart Association.
 - 6. Psychological First Aid – An on-site course will be offered annually.

- B. Position Specific Training- is required by all Medical Reserve Corps volunteers served by the CGMRC.
1. National Incident Management System (NIMS) IS 100 – “Introduction to the Incident Command System” at <http://training.fema.gov/emiweb/is/is100b.asp>
 2. National Incident Management System IS 700 – “Introduction to NIMS” at <http://training.fema.gov/EMIweb/IS/is700.asp>
- C. Optional Continuing Education - Additional training programs will be developed and offered throughout the year by the unit. Training will be offered on-site and other recommended training may be obtained online or through other organizations. Some sources for training are:
1. MRC-TRAIN, www.MRC.train.org , an online training program that offers courses in disaster preparedness, some with free Continuing Medical Education (CME) or Continuing Education Unit’s (CEU). Volunteers completing online training through MRC TRAIN can have training automatically tracked and recorded at the CGMRC.
 2. Free on-site training with travel, lodging, and meal expenses paid can be obtained through the Center for Domestic Preparedness in Anniston AL. For more information, contact your CGMRC Coordinator and visit <http://cdp.dhs.gov/>
- D. Exercises - All CGMRC volunteers are asked to periodically participate in one of the following types of exercises that are held throughout Central Georgia by many CGMRC partner organizations, such as public health and local hospitals:
1. Full-Scale Exercises - These exercises are the most complex and are centered on a realistic scenario designed to evaluate response plans, methods and procedures
 2. Functional Exercises - Functional exercises are designed to evaluate specific components of an emergency response. These exercises involve a simulated incident with agency personnel performing and managing various components of the event, and may occur in a classroom setting or in the field
 3. Tabletop Exercises - Tabletop exercises involve a discussion and problem-solving session with agency personnel to determine if adequate policies, procedures and resources exist to manage an emergency
 2. Drills - Drills are usually “practice sessions” for specific skills, functions, or procedures. An example of a drill would be nurses or paramedics practicing intubations

X. Newsletter

All volunteers will be able to access a North Central Health District Emergency Preparedness quarterly newsletter from the North Central Health District website at www.northcentralhealthdistrict.org. This newsletter usually features some of the CGMRC activities as well as other emergency preparedness initiatives.

POLICIES

I. Harassment-Free Workplace

The Central Georgia Medical Reserve Corps believes that all individuals should work in an environment free of harassment or intimidation. To this end, the CGMRC is committed to providing an open atmosphere that will not tolerate any verbal or physical harassment or any discrimination based on race, color, religion, age, gender, sexual orientation, or national origin. Any volunteer, who has concerns about their treatment as a member of the CGMRC, or that of any CGMRC volunteer, is asked to report this to the CGMRC Coordinator. All such reports will be thoroughly reviewed and promptly resolved.

II. Drug-Free Workplace

All CGMRC volunteers are expected to report to training, meetings, or deployments, free of drug and/or alcohol impairment and to remain so for the length of any period that they represent the CGMRC. Volunteers must abide by the provisions of this policy as a condition of volunteer service.

III. Violence-Free Workplace

The Central Georgia Medical Reserve Corps is committed to the safety of its volunteers and does not tolerate any acts or threats of violence by or against a volunteer or staff member. The CGMRC prohibits the possession of weapons by volunteers at any training, meeting, function, or deployment of the unit, regardless of whether a person is licensed to carry a weapon. This policy applies to all volunteers, clients, customers or visitors at CGMRC sponsored functions. The only exceptions to this policy are for police officers, security guards, or military personnel, employed by state or federal government, who are engaged in official duties.

IV. Confidentiality

Due to the nature of the CGMRC's mission, volunteers may acquire confidential information from files, case records, conversations, or other sources. All volunteers are required to keep privileged information confidential and refrain from discussing or disclosing this information to anyone without proper authorization.

MEDICAL RESERVE CORPS OPERATIONS

I. Activation

- A. Activation Criteria – The Central Georgia Medical Reserve Corps may be activated for disasters or public health emergencies, man-made or natural, at the discretion of the North Central Health District Director. The main missions of the CGMRC are to:
1. Improve the community’s “surge capacity” (influx of ill or injured)
 2. Support mass distribution of medication from the Strategic National Stockpile
 3. Support mass immunizations in the event of a public health emergency or bioterrorist event
 4. Provide emergency mental health support in a major emergency or disaster
 5. Support the operation of Special Medical Needs Shelters
 6. As the CGMRC is comprised solely of volunteer members, a request for activation does not guarantee availability or deployment of the CGMRC
- B. Activation Authority
1. The CGMRC may be activated by the North Central Health District Health Director, or his or her designated representative, in the event of a district or state declared disaster or public health emergency
 2. The CGMRC may be activated in its entirety or by specific units (i.e. Physician Unit, Nursing Unit, Pharmacy Unit, etc)
- C. Activation Process - The North Central Health District Director, or his or her designated representative, will contact the CGMRC Coordinator and provide the following information:
1. The nature and scope of the emergency
 2. The location of the emergency
 3. The estimated number of patients and their injuries
 4. The staging area(s) or location(s) to which the CGMRC unit should deploy
 5. Specific medical skills and/or resources needed, i.e., physicians, nurses, etc.
 6. A contact phone number and/or radio frequency
 7. Some emergencies will require rapid activation of the CGMRC. However, when circumstances permit, there will be three stages to the activation process:
 - a. Alert – Notification that a situation has occurred which may require activation of the CGMRC
 - b. Standby - Expect activation within twenty-four hours to forty-eight hours and make all necessary preparations to report when directed
 - c. Activate - Follow activation directions to report as instructed
 8. The notification of CGMRC volunteers shall be accomplished by whatever means possible depending on the circumstances and operability of various means of communications.
 - a. Primary: Telephone, cell phone, pager, email
 - b. Secondary: Public notification via broadcast media (radio, TV)
 - c. Tertiary: If all electronic means of communication are inoperable, a “Comm-out” recall system will create a geographical contact tree, so that volunteers may be contacted in person, at home, with activation information. This system may be augmented by HAM radio operators, if available

II. Volunteer Response

- A. All volunteers available to respond will communicate this to the CGMRC unit and will report to the designated staging area at the time specified with any equipment they are directed to bring.
- B. Volunteers will never self-report to an incident scene.
- C. For a lengthy operation, multiple shifts may be required. CGMRC volunteers will be assigned to shifts as necessary and available.

III. Staging Area

- A. The staging area will serve as the primary location for all CGMRC volunteers to:
 - 1. Assemble and sign in
 - 2. Verify identity and credentials
 - 3. Sign DCH Volunteer Agreement for volunteer liability protection, if not already on file
 - 4. Be briefed on the incident/deployment activities
 - 5. Receive assignments
 - 6. Receive “just-in-time” training, as necessary
 - 7. Receive equipment, supplies, and site specific security badges if needed and available
 - 8. Receive any additional instruction regarding mobilization/demobilization
 - 9. Assemble post-event or post-shift to sign-out for volunteer accountability and safety
- B. The exact location of the staging area will be dependent on the incident and will be provided with the activation information.
- C. In a large public health emergency, volunteers may be dispersed to multiple locations such as hospitals, alternative health care facilities, mass dispensing sites, special medical needs shelters or other field locations.
- D. Once on scene, volunteers will check in with the appropriate personnel and will be integrated into the response effort and operate within the ICS.

IV. Medical Operations

- A. The Medical Reserve Corps normally will not act as a free-standing medical resource at incident scenes. Rather, unit personnel shall be integrated into the existing health care response system and, to the extent of their training and capabilities, provide medical assistance as needed.
- B. The Medical Reserve Corps may support and assist local hospitals and other healthcare institutions in emergency medical operations, consistent with the training and availability of unit personnel.
- C. If assigned to a local hospital, Medical Reserve Corps personnel shall be

integrated into the facility's emergency medical organization. Unit personnel, depending on their specialty, could be used in a variety of assignments, from triaging patients in an emergency department to crisis counseling of victims and their families.

- D. In a hazardous materials or related incident with casualties, Medical Reserve Corps personnel may be utilized for post-decontamination triage, stabilization and patient care prior to transfer to hospital emergency departments. Such activities shall be confined to the "cold zone" of a hazardous materials incident and shall generally be in support of EMS resources at the scene.

V. Public Health Operations

- A. For mass immunization operations conducted by the North Central Health District and county health departments, volunteer medical personnel will be needed to augment the public health staff in the following areas: administration of vaccines, patient education and screening, maintaining medical records, emergency medical response to potential vaccine reactions, and other activities that must be conducted in support of direct medical activities.
- B. In operations involving the deployment of the Strategic National Stockpile (SNS), CGMRC volunteers will participate in various roles depending on their profession, licensure, and training such as triage, patient evaluation, and dispensing of medication. In the event of an SNS deployment, Medical Reserve Corps personnel will operate in accordance with procedures set forth in the North Central Health District's emergency plans.
- C. Medical Reserve Corps personnel will support and assist local public health agencies in other emergency operations for which they are properly trained and equipped, such as staffing Special Medical Needs Shelters.

VI. Communications

- A. As a volunteer organization without its own communications equipment, the Medical Reserve Corps must rely on the communications resources of other organizations during emergency operations.
- B. Medical Reserve Corps personnel may be assigned portable radios from a cache at the scene of an emergency, or the unit may acquire communication equipment. Unit personnel may also use wireless telephones or other communications resources, such as amateur radio organizations, if available, in an emergency.

VII. Demobilization

- A. Medical Reserve Corps personnel will support emergency medical, public health, or hospital operations for the duration of an incident or as long as their assistance is required and personnel are available. It is possible that some unit personnel and resources will be demobilized before others as their assignments are completed.

- B. The Unit Leader should confer with the next individual in the chain of Command in any setting, to determine whether additional Medical Reserve Corps assistance is required. The Unit Commander will report this information to the CGMRC Division Chief.
- C. Unit personnel will demobilize along with resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.
- D. Unit leaders may hold a debriefing at the time of demobilization to discuss "lessons learned," if the unit is demobilized simultaneously from the same location, or may schedule a meeting of the unit for this purpose at a future date.

APPENDIX A

GLOSSARY OF TERMS AND ABBREVIATIONS

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention is an agency of the United States Department of Health and Human Services, based in Atlanta, Georgia. The CDC's mission is "to promote health and quality of life by preventing and controlling disease, injury, and disability."

Central Georgia Medical Reserve Corps (CGMRC)

The Central Georgia Medical Reserve Corps is a locally based volunteer organization created to supplement the disaster response capabilities of the health care system in Central Georgia when it is overwhelmed by a man-made or natural disaster.

Citizens Corps

Citizen Corps, coordinated nationally by the Department of Homeland Security, is a vital component of USA Freedom Corps, and was created to help coordinate volunteer activities that will make our communities safer, stronger, and better prepared to respond to any emergency situation. It provides opportunities for people to participate in a range of measures to make their families, their homes, and their communities safer from the threats of crime, terrorism, and disasters of all kinds.

Federal Emergency Management Agency (FEMA)

The Federal Emergency Management Agency (FEMA) is a part of the U.S. Department of Homeland Security (DHS). The primary mission of the Federal Emergency Management Agency is to reduce the loss of life and property and protect the Nation from all hazards, including natural disasters, acts of terrorism, and other man-made disasters, by leading and supporting the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation.

Georgia Department of Public Health (DPH)

The Georgia Department of Public Health (DPH) was created in 2011 to serve as the lead department entrusted by the people of the state of Georgia with the ultimate responsibility for the health of communities and the entire population. At the state level, DPH is divided into numerous branches, sections, programs and offices, and at the local level, DPH functions via 18 health districts and 159 county health departments.

Incident Command System (ICS)

The Incident Command System (ICS) is a standardized, on-scene, all-hazard incident management concept. It is a management protocol originally designed for emergency management agencies and later federalized. ICS is based upon a flexible, scalable response organization providing a common framework within which people can work together effectively. These people may be drawn from multiple agencies that do not routinely work together, and ICS is designed to give standard response and operation procedures to reduce the problems and potential for miscommunication on such incidents. ICS has been summarized as a "first-on-scene" structure, where the first responder on a scene has charge of the scene until the incident is resolved or the initial responder transitions incident command to an arriving, more-qualified individual.

MRC-TRAIN

The MRC Training Finder Real-Time Affiliate Integrated Network (TRAIN) is a learning resource for professionals who protect the public's health. A free service of the [Public Health Foundation](http://www.train.org), www.train.org is part of the newly expanded Training Finder Real-time Affiliate Integrated Network (TRAIN). The site is intended to quickly find and register for many courses listed on Train.org and participating TRAIN affiliate sites, track individual learning with personal online transcripts, access valuable materials, course reviews and stay informed of the latest public health trainings. It can be accessed at www.mrc.train.org.

North Central Health District (NCHD)

The North Central Health District is part of the Georgia Department of Human Resources Division of Public Health and serves thirteen counties in Central Georgia: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson. The goal of the North Central Health District is optimal health for all Georgians. The NCHD strives to obtain this goal through preventing disease, promoting health and protecting communities. The NCHD website is www.northcentralhealthdistrict.org.

National Incident Management System (NIMS)

While most emergency situations are handled locally, when there is a major incident help may be needed from other jurisdictions, the state, and the federal government. The National Incident Management System (NIMS) was developed so responders from different jurisdictions and disciplines can more effectively respond to natural disasters and emergencies, including acts of terrorism. NIMS benefits include a unified approach to incident management, standard command and management structures; and emphasis on preparedness, mutual aid and resource management.

SERVGA

SERVGA is a web-based volunteer registration system that is administered by the Georgia Department of Public Health. SERVGA integrates local, regional, and statewide volunteer programs to assist emergency response and public safety organizations during a disaster. It is part of a national initiative to coordinate and mobilize volunteers to respond to all types of emergencies. It can be accessed at www.servga.gov.

Special Medical Needs Shelters (SMNS)

In a disaster, Special Needs Population Shelters are facilities that are equipped and staffed to care for certain medically dependent individuals who have been evacuated, but are not eligible for general shelters, due to their medical conditions.

Strategic National Stockpile (SNS)

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, earthquakes, etc.) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

APPENDIX B

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
EMERGENCY VOLUNTEER AGREEMENT**

This agreement sets forth the terms of service by which _____ (“Volunteer”) will provide assistance in support of emergency management activities undertaken by the State or its political subdivisions, either directly to the Georgia Department of Public Health (“DPH”), or to a County Board of Health, Health District, or a private organization (“Organization”) that supports emergency management activities under the direction and control of the State or its political subdivisions.

I. RELATIONSHIP OF PARTIES This Agreement is intended to allow volunteer health care providers and lay volunteers to assist in emergency management activities undertaken by the State or its political subdivisions. Volunteer understands that he or she may be called upon to participate in emergency activities, including preparedness exercises and public health emergencies, and will be shielded from liability under the provisions of O.C.G.A. § 38-3-35(b) except in cases of willful misconduct, gross negligence, or bad faith. Volunteer also understands that neither the State nor its political subdivisions shall be liable for personal injury or property damage sustained by Volunteer. Georgia laws, rules, and regulations directly or indirectly relating to state employment, worker’s compensation, unemployment, collective bargaining, hours of work, rates of compensation, leave time, or employee benefits shall not apply to the Volunteer.

II. VOLUNTEER STATUS Volunteer agrees to serve in the capacity as (*check one*):

- Lay Volunteer (no medical background)
- Volunteer Health Care Provider. Indicate type of applicable health care license or certificate:

III. RESPONSIBILITIES OF VOLUNTEER: Volunteer agrees to:

1. Have and maintain in good standing, if applicable, their Georgia license or certification during the performance of services under this Agreement.
2. Furnish the following limited services in the event of an emergency or during an emergency management activity at the direction of DPH or Organization:

Lay Volunteer Scope of Duties:

Volunteer Health Care Provider Scope of Duties:

3. If Volunteer is a Volunteer Health Care Provider, Volunteer agrees to only provide Services within the Volunteer’s expertise or scope of practice.

4. Report all Adverse Incidents that occur while providing services under this Agreement to the DPH or Organization contact listed in Section VI as soon as possible. An “adverse incident” is an incident of medical negligence, intentional or unintentional misconduct, and any other act, neglect, or default of the Volunteer that caused or could have caused injury to or death of a patient or person receiving assistance including, but not limited to, those incidents that are required by state or federal law to be reported to any governmental agency or body, and occurrences that are reported to or reviewed by any health care facility peer review, risk management, quality assurance, credentials, or other similar committee.
5. Ensure that the transfer of any patient to another health care provider does not violate the anti-dumping provisions of the Emergency Medical Treatment and Active Labor Act, 42 U.S.C.S. 1395dd.
6. Notify the DPH or Organization contact listed in Section VI of:
 - a. Change in address, telephone number, facsimile number, or e-mail; and
 - b. Change in the validity or status of the Volunteer’s license or certification, such as but not limited to, a change from active to provisional, limited, restricted, or probation
7. Successfully complete any training required by DPH or Organization.
8. All health information that should come to the attention and knowledge of a Volunteer is to be considered privileged and confidential and may not be disclosed to anyone other than authorized personnel. If Volunteer expects to have access to individual patients’ protected health information in the course of their duties, then Volunteer must comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and sign the DPH HIPAA agreement if requested.
9. Immediately inform the DPH or Organization contact listed in Section VI, in writing, of any complaints made by patients or individuals, and any actual or threatened legal action, whether the action is formal, informal, and administrative, mediation, arbitration, or civil litigation, brought against the Volunteer for work related to this Agreement.
10. Be subject to supervision and regular inspection by DPH or Organization as it pertains to patients and individuals receiving assistance, and provide access to records maintained on patients.

IV. DPH / ORGANIZATION RESPONSIBILITIES

- A. Notify Volunteer in the event of an emergency and provide guidelines, policies, and procedures applicable to the services which Volunteer will be tasked to perform.
- B. Ensure that Volunteers understand their duties and responsibilities and are aware of and follow all applicable health and safety rules, regulations, and procedures.

V. TERM This Agreement shall become effective on the date of last signature below and shall continue indefinitely unless terminated. Either Party may terminate this Agreement by providing thirty days' written notice to the individual listed in Section VI of this Agreement. DPH or Organization reserves the right to immediately terminate this Agreement where the volunteer commits any act which threatens the health, safety or welfare of another.

VI. NOTICE All notices under this Agreement shall be sent to these addresses:

For Volunteer:

For DPH or Organization:

VII. ENTIRE AGREEMENT This Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No amendment of this Agreement shall be binding upon either Party unless confirmed in writing by both parties.

Signature of Volunteer

**Department of Public Health or
Organization**

Print Name of Volunteer

**Print Name of DPH or Organization
Representative**

Central Georgia Medical Reserve Corps Contact Information

Central Georgia Medical Reserve Corps
c/o North Central Health District
201 Second Street, Suite 1100
Macon, GA 31201
Office Phone: (478) 751-3029
Website: www.northcentralhealthdistrict.org/mrc

