



CENTRAL GEORGIA MEDICAL RESERVE CORPS

Volunteer Handbook

Updated September 2022



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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
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History of The Medical Reserve Corps

The Medical Reserve Corps (MRC) program was officially launched as a national community-based movement in July 2002, in response to the terrorist attacks of September 11, 2001, and President Bush's subsequent call for all Americans to volunteer in their communities.

The National Medical Reserve Corps (MRC) Program is housed within Assistant Secretary for Preparedness and Response (ASPR) and supports state MRC networks and local units through regional networks.

MRC volunteers include medical professionals including doctors, epidemiologists, dentists, pharmacists, veterinarians, and nurses as well as non-medical professionals such as social workers, office workers, chaplains, legal advisors, computer technicians, and interpreters. The diverse backgrounds and skills of MRC volunteers strengthen the organization.

Overview of the Central Georgia Medical Reserve Corps

The 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 CGMRC 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 supplement 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 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 CGMRC is to assist and supplement our communities with health care and non-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 CGMRC.

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 because 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 CGMRC 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 CGMRC 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 CGMRC 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.

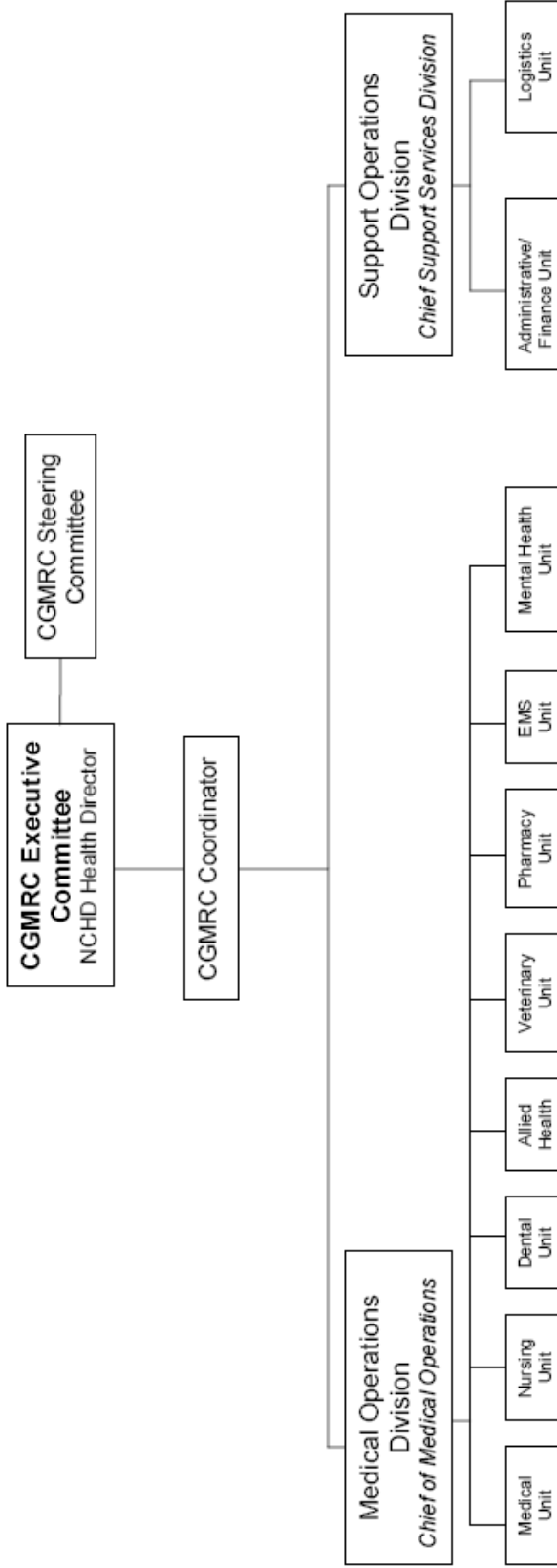


Figure 1: Organizational Structure of MRC*

* 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 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 CGMRC 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 CGMRC under the list of volunteer organizations. The CGMRC Coordinator will receive notification when process is complete.

- 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. Once the process is complete the CGMRC volunteer will receive an acceptance letter from the CGMRC Coordinator.

III. Identification

- A. CGMRC volunteers are provided with photo ID badges and MRC Vest 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
- B. ID badges and vests are the property of the 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. 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 CGMRC 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. 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. To obtain liability coverage through the DPH, a volunteer must complete and sign a DPH Volunteer Agreement (updated 10/2020). The Volunteer Agreement is kept in the CGMRC 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 plea 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.
- B.
 - 1. 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:
 - 2. MRC-TRAIN, www.train.org/mrc/home, 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. A list will be given to you after the CGMRC Orientation.
 - 3. Free on-site training with travel, lodging, and meal expenses paid can be obtained through the Center for Domestic Preparedness in Anniston AL. cdp.dhs.gov
 - 4. Other training websites –
 - a. FEMA – www.training.fema.gov
 - b. Ready.Gov – www.ready.gov

- c. NACCHO – www.naccho.org/programs/public-health-preparedness/medical-reserve-corps
- d. National MRC Website - aspr.hhs.gov/MRC/Pages/index.aspx

C. 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
4. **Drills** - Drills are usually “practice sessions” for specific skills, functions, or procedures. An example of a drill would be nurses or paramedics practicing intubations

POLICIES

I. Harassment-Free Workplace

The CGMRC 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. Alcohol/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 CGMRC 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 CGMRC 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 Functional and Access 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 public health and other healthcare institutions in emergency medical operations, consistent with the training and availability of unit personnel.
- C. If assigned to a local healthcare institution, 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 if 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 CGMRC 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.

Ready.gov/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. 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. (ready.gov/citizen-corps)

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.train.org/mrc.

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, 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.

Functional and Access Needs Shelter (FANS)

In a disaster, Functional and Access Needs 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**

APPENDIX C

Acceptance

You are now part of a nationally recognized Central Georgia Medical Reserve Corps. We are proud to have you join us as we navigate the complexities of our ever-changing world. We look forward to building a strong relationship with you as we journey through public health together. We learn and grow each day and with your contributions we can achieve success for a healthy, happy, and vibrant Central Georgia.

We thank you from the bottom of our hearts for your volunteerism and your willingness to provide in times of need. We appreciate each one of you for the talents and gift of yourself that you bring to our great community. Your service and kindness will never be forgotten in our history.

This guide was created to provide information that will help you maximize your volunteer experience. Please take this time to read through it and use it as a reference as questions arise.

Thank you for all you do!

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



APPENDIX C

IMPORTANT TERMS

ASPR: Assistant Secretary for Preparedness and Response
AFN: Access and Functional Needs
ARC: American Red Cross
BT: Bioterrorism
CBRNE: Chemical, Biological, Radiological, Nuclear, Explosives
CERT: Community Emergency Response Team
CPHP: Centers for Public Health Preparedness
CWHP: Community Wellness and Health Program
EPI: Epidemiology
ESAR-VHP: Emergency System for Advance Registration Volunteer Health Professionals
ESF: Emergency Support Function
FAC: Family Assistance Center
FBO: Faith Based Organization
FSE: Full-Scale Exercise
GIS: Geographic Information Systems
IAP: Incident Action Plan
IC: Incident Commander
ICP: Incident Command Post
JAS: Job Action Sheet
JIC: Joint Information Center
Med/Clin: Medical/Clinician
MH: Mental Health
MPP: Mass Prophylaxis Plan
MRC: Medical Reserve Corps
NACCHO: National Association of County and City Health Officials
OPR: Office of Emergency Preparedness and Response
PHEP: Public Health Emergency Preparedness
GPHL: Georgia Public Health Laboratory
PHS: Public Health Service (Federal)
PIO: Public Information Officer
PPE: Personal Protective Equipment
POC: Point of Contact
POD: Point-of-Dispensing
Rad: Radiological
Sit Rep: Situation Report
SME: Subject Matter Experts
SOP: Standard Operating Procedure
SOW: Scope of Work

Surv/Epi: Surveillance/Epidemiology
TRG: Threat Response Guides
TTX: Tabletop Exercise
UCC: Unified Command Center

APPENDIX D

| 2022 Training Roster | | |
|--|--|--|
| LEVEL | If you take any classes, please forward copy of Certificate to Coordinator | |
| Tier 1 Basic/Core | Application Process Completed in ServGA | |
| | MRC Orientation (One Time) - Photo for ID Badge/Vest | |
| | Child Abuse/Neglect – State Approved - Mandated Reporter Training https://oca.georgia.gov/training/mandated-reporting | |
| | CPR/First Aid (Adult, Child, Infant) – Optional | |
| | Stop The Bleed Training | |
| | HIPPA | |
| | Bloodborne Pathogens | |
| | Psychological First Aid (or equivalent) - non-Medical | |
| | Stress First Aid – Medical | |
| | IS – 100c Intro to Incident Command System (ICS) – https://training.fema.gov | |
| | IS – 700b Intro to National Incident Management System (NIMS) - https://training.fema.gov | |
| | Personal/Family Preparedness – Choose one – | |
| | a. Community Emergency Response Team (CERT) - https://www.ready.gov.training b. IS-909 - Implementing Simple Activities for Everyone – http://training.fema.gov | |
| Tier 2 Intermediate | IS – 200c Basic Incident Command System for Initial Response - https://training.fema.gov | |
| | IS – 800 National Response Framework - https://training.fema.gov | |
| | Targeted | Basic Disaster Life Support (BDLS) or Core Disaster Life Support (CDLS)- (online or didactic) |
| | | American Red Cross (ARC) Disaster Health Service or |
| | | Disaster Medical Shelter Training provided by Emergency Preparedness annually at the District Office |
| Cultural Competency- (online or didactic) | | |
| Advanced For skill sets and response capabilities | IS – 300 Intermediate Incident Command for Expanding Incidents (didactic only) | |
| | ICS – 808 ESF 8 – Public Health & Medical Services | |
| | Advanced Disaster Life Support (ADLS) | |
| | Shelter Response, Mental Health, Hospital, County Health Department, or Animal Response Specific Training | |
| Leadership | ICS – 400 Advanced ICS – Command & General Staff (didactic only) | |

| | |
|--|---|
| Supervisory Response Role | ICS – 240 Leadership & Influence |
| | ICS – 241 Decision Making & Problem Solving |
| | Shelter Management |
| | Dispensing Site Management |
| | Additional ICS Position Specific Training |

APPENDIX E

MRC Core Competencies

[National Association of County Health Officials \(NACCHO\) - https://www.naccho.org/uploads/downloadable-resources/2019-MRC-Core-Competencies-and-Training-Plan.pdf](https://www.naccho.org/uploads/downloadable-resources/2019-MRC-Core-Competencies-and-Training-Plan.pdf)

[NACCHO - www.naccho.org/programs/public-health-preparedness/medical-reserve-corps](http://www.naccho.org/programs/public-health-preparedness/medical-reserve-corps)

Other websites

[FEMA - https://training.fema.gov](https://training.fema.gov)

[MRC Train- www.train.org/mrc](http://www.train.org/mrc)

[Georgia Emergency Management and Homeland Security Agency Training - https://gema.georgia.gov/what-we-do/training](https://gema.georgia.gov/what-we-do/training)

[The National MRC website - https://aspr.hhs.gov/MRC/Pages/index.aspx](https://aspr.hhs.gov/MRC/Pages/index.aspx)

[National Weather Service - www.weather.gov](http://www.weather.gov)

[Public Health Preparedness Resources - https://www.cdc.gov/cpr/readiness/resources.htm](https://www.cdc.gov/cpr/readiness/resources.htm)

APPENDIX F

Steps to Personal Preparedness

Disasters can strike quickly and without warning. They may force you to evacuate your neighborhood or require that you shelter in place inside your home. Disasters can also interrupt basic services like water, gas, electricity, and telephones. Local officials and relief workers may not be able to assist everyone who needs help in the aftermath of disaster. Families can cope with disaster by preparing in advance and working together as a team.

Follow the steps listed here to create your family's disaster plan. For additional preparedness information, visit <https://www.ready.gov/>.

Knowing what to do is your best protection and your responsibility!

Prepare a Plan—prepare your disaster plan and review it with family members and contacts

- Meet with your family to discuss why you need to prepare for disaster. Plan to share responsibilities and work together as a team if a disaster occurs.
- Discuss the types of disasters that are most likely to happen in your community and how you will respond (e.g., evacuate; shelter in place; or drop, cover, and hold on). Explain to children the dangers of fire, severe weather, earthquakes, etc.
- Familiarize yourself with disaster response and recovery services available in your community such as healthcare facilities, CERT, the American Red Cross, etc.
- Familiarize yourself with your work and children's school emergency plans.

Be Prepared—learn how to respond and prepare your supplies in advance

- Teach children how and when to call 9-1-1 for emergency help.
- Have a fire extinguisher and know how to use it.
- Install smoke detectors on each level of your home, especially near bedrooms.
- Determine the best escape routes from your home. Know at least two ways out.
- Find the safe places in your home for each type of disaster that would require you to shelter in place.
- Inspect your home at least once a year and fix potential hazards. Hazards are things that could fall, break, or injure someone during a disaster or that could cause a fire.
- Get to know your utilities.
 - o Locate the main electric fuse box, water service main, and natural gas main.
 - o Ensure that each family member knows how and when to turn off these utilities.
 - o Keep necessary tools near gas and water shut-off valves.
- Ensure that you have adequate insurance coverage.
- Take a CPR/First Aid course.
- If applicable, know how you will take care of your pets in the event of a disaster.

Stock emergency supplies and assemble disaster supplies kit. Store supplies in a sturdy, easy-to-carry container such as a backpack, duffle bag, or plastic bin. Keep a smaller kit in the trunk of your car.

Recommended emergency supplies include:

- A three-day supply of water (one gallon per person per day) and non-perishable food
- One change of clothing and footwear per person (season appropriate)
- A first aid kit that includes your family's prescription medications
- Battery-powered or hand crank radio, flashlight, and extra batteries
- Emergency tools including wrench or pliers to turn off utilities
- Whistle to signal for help
- Dust mask or cotton t-shirt to help filter air
- Plastic sheeting and duct tape to seal windows, doors, etc.
- An extra set of car keys and a credit card, cash (small bills), or traveler's checks
- Personal hygiene items
- Sanitary supplies (disinfectant, moist towelettes, garbage bags, etc.)
- Special items for infants, seniors, or family members with special needs (if applicable)
- Pet supplies (if applicable)
- Important family documents such as health records, birth certificates, passports, and insurance policies (keep in a waterproof container such as a Ziploc bag).
- One blanket or sleeping bag per person
- Rain gear
- Paper and pencil
- Waterproof matches
- Tent
- Maps

Keep in Touch—plan how your family will stay in contact if separated by disaster

Pick two meeting places: 1) a location a safe distance from your home in case of a sudden emergency, like a fire and 2) outside of your neighborhood in case you cannot return home. Everyone must know the locations of both meeting places.

Choose an out-of-state friend or family member to be your "check-in contact" for everyone to call. After a disaster, it is often easier to call long distance than to call locally. Family members should call this person and tell them where they are. Everyone must know your check-in contact's phone number.

Post emergency telephone numbers by phones (i.e., fire, police, poison control, etc.).

Give everyone in the family a copy of emergency telephone numbers to keep with them and program into cell phones.

Assign the phone number of your emergency contact to the name "ICE" (In Case of Emergency) on your cell phone to make it easier for emergency responders to reach the right person if you are injured

Practice Your Plan—exercise and evaluate your plan every six months

- Hold emergency drills with all household members at least two times each year.
- Show each family member how and when to turn off the utilities (water, gas, electricity).
- Keep contact information current.
- Update emergency kits to reflect the changing needs of family members (e.g., replace changes of clothes for size or season appropriateness)
- Replace stored water and food supplies.
- Test fire extinguisher(s), smoke detectors, and batteries and recharge, refresh, or replace as needed.

Neighbors Helping Neighbors—working with neighbors can save lives and property

- Meet with your neighbors to plan how the neighborhood could work together until help arrives following a disaster.
- If you are a member of a neighborhood organization, such as a homeowners' association, introduce disaster preparedness as a new activity.
- Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as seniors or neighbors with a disability.
- Make plans for childcare in case parents cannot get home.

If Disaster Strikes

- Remain calm and patient. Put your plan into action.
- Check for injuries. Give first aid and get help for seriously injured people by calling 911.
- Listen to your radio for news and instructions.
- Evacuate immediately using specified travel routes if advised to do so by authorities.
- If evacuating, take your disaster supplies kit and lock your home.
- If instructed to shelter in place, do so immediately.
- Wear protective, seasonally appropriate clothing, and sturdy shoes.
- Shut off water, gas, and electricity if you suspect damaged lines or you are instructed to do so. If you turn the gas off, you will need a professional to turn it back on.
- Do not light matches or turn on electrical switches if you suspect damage to utility lines.
- If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- Clean up spilled medicines, bleaches, gasoline, and other flammable liquids immediately.
- Confine or secure your pets.
- Call your long-distance contact. Avoid using the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially seniors or neighbors with a disability.
- Make sure you have an adequate water supply in case service interrupted.
- Stay away from downed power lines.