

Medical Reserve Corps of Island County

Team Member Handbook



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About this handbook:

Medical Reserve Corps of Island County

Your enrollment and orientation are important first steps to an exciting, rewarding and complex organization, which offers a variety of opportunities to serve our community. The following pages describe the benefits to our volunteers, plus policies and procedures that provide a framework for the services we deliver.

The information in this handbook is extensive but not complete. Each position has policies and procedures specific to the function you will perform.

You will learn much of the information regarding your responsibilities on the job. If you have any questions along the way, contact us at 360-679-7370 or MRC@islandcountywa.gov

We wish you a rewarding experience as a Medical Reserve Corps volunteer.

Island County Department of Emergency Management
P.O. Box 5000
Coupeville, Washington 98239



Foreword:

Dear Team Member,

This handbook was created to give you pertinent information that will maximize your volunteer experience. While you are a valuable volunteer to our community, all reference to your volunteer status will be as a "*team member*" throughout this document and within our unit. Please take the time to read through this handbook and refer back to it as questions arise.

As many of you have experienced, Island County has had its' share of wild and wet weather over the seasons. Combine these weather patterns with power outages, the multiple earthquake fault lines crossing the islands and the potential for tsunamis, difficult transportation options, potential fires, pandemic outbreaks, terrorism targets and you will understand the need for qualified and trained medical emergency relief persons to assist in aiding our communities.

Emergency preparedness and response is a highly coordinated effort that allows communities to maximize their capabilities during times of extraordinary disorganization and stress.

You may already know how to perform some of the medical and health functions we so desperately need. In most cases, your training as an MRC team member will focus primarily on learning your local emergency and health procedures, trauma response techniques, use of specialized equipment, and other methods to enhance your effectiveness as a member. We will also be able to actively participate in helping our community with the Surgeon Generals' Health Initiatives. In addition, it is strongly recommended to have Citizen Emergency Response Team (CERT) training.

Perhaps the most important part of your training will be learning to work as part of a team. An organized, well-trained MRC unit will be familiar with its community's response plan, will know what materials are available for use, will know the community response partners, and will know where your skills can be put to best use and in a coordinated manner.

Medical Reserve Corps of Island County

Finally, we cannot do this without you. We need your hands, your heart and your head. It will take all of us to make this Medical Reserve Corps unit function as a team. We value your suggestions, comments and professionalism to improve the coordination and response of our members to emergencies and public health issues as they arise. We encourage you to actively recruit co-workers, friends and family to help those who cannot help themselves. We will provide you with the necessary training and support to ensure your safety and to build a true community of caring medical professionals within our county.

Sandy Ziemer
Medical Reserve Corps Coordinator
Island County



Letter of Interest:

Dear Prospective Team Member,

Thank you for your interest in the Medical Reserve Corps of Island County. We are a group of professional medical and non-medical personnel dedicated to supporting our communities during both an emergency / non-emergency situations and locally addressing health disparities within our local communities.

Please review the attached documents, fill them out and return them to our office for review. After the processing of these required documents, you will be notified when the unit is meeting and the current status of any situations including training sessions and other related events.

Please note that all of your certifications and licenses must be current to practice in your discipline (with the exception of retired medical persons or non-medical professions). All members are required to have a security background check along with professional and personal references. Upon clearance, you will be assigned a DEM # and will be able to participate for training, community exercises, drills, community service projects and "as needed" basis for emergencies in our local communities.

For those that are asking to be able to deploy, if and when there is an opportunity to assist in Disaster situations outside our local communities, there are additional requirements that must be met. The current process for all members are; MRC orientation class, MRC core competencies are met (see Training section). There will additional training for those wishing to be available for deployment outside of our local area per National MRC requests. You will also be required to register with the WA State ESAR-VHP program for medical volunteers. It seems like a lengthy process but goes smoothly once your documents are in order. Keep in mind, not all personnel will be dispatched to other areas in the event of an emergency.

All documents may be returned via regular mail. They may also be emailed to begin the "in processing", but the original signed documents must accompany you to the orientation meeting to finalize the process.

For more information on the National Medical Reserve Corps and Island County MRC, please visit the web site at <https://mrc.hhs.gov/HomePage> or <https://www.islandcountywa.gov/DEM/Pages/IslandCountyMRC.aspx>

We look forward to adding you to our Medical Reserve Corps, building a solid and effective Corps to support Island County and surrounding communities.

Sincerely,
Sandy Ziemer
Medical Reserve Corps Coordinator
Island County



History of Medical Reserve Corps



History of Citizen Corps/Medical Reserve Corps

Uniting Communities - Preparing the Nation

In his 2002 State of the Union Message, President Bush called on all Americans to make a lifetime commitment to serve their communities, the nation and the world. President Bush announced the creation of **USA Freedom Corps** to help Americans answer the call to service and to foster a culture of service, citizenship and responsibility.

The **Citizen Corps** is the component of USA Freedom Corps that creates local opportunities for individuals to volunteer to help their communities prepare for and respond to emergencies.

The **Medical Reserve Corps** is the component of the Citizen Corps that will bring together local health professionals and others with relevant health related skills to volunteer in their community. They will assist local, existing community emergency medical response systems as well as provide a group of readily trained and available resources to help our community deal with pressing public health needs and improvements.

Why in Island County?

The Medical Reserve Corps of Island County was created to provide surge support to local hospitals and EMS in disaster events that overwhelm the local response capability.

MRC units are community-based and function as a way to locally organize and utilize volunteers who want to donate their time and expertise to prepare for and respond to **emergencies and promote healthy living throughout the year. MRC volunteers** supplement existing emergency and public health resources.

National Medical Reserve Corps Mission Statement

The mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers.

Medical Reserve Corps of Island County Mission Statement

The mission of the Medical Reserve Corps of Island County is to ***Develop Disaster Resistant Communities*** through effective coordination of medical and support personnel in the planning, mitigation, response and recovery efforts before, during and after an emergency or disaster, to include surge capacity support for our medical communities.

Goals of Island County MRC:

The goals for Island County Medical Reserve Corps are to:

- Recruit sufficient team members to support each area of population.
- Train team members in disaster medical relief and personal disaster preparedness.
- Create core leaders for our communities.
- Inspire future medical professionals through leadership and mentoring
- Support the Surgeon Generals health initiatives to increase disease prevention, eliminate health disparities, and strengthen public health preparedness
- Support the Health Department during Pandemic events.

Who Qualifies?

Membership

Medical Reserve Corps volunteers may include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists as well as those medical professionals who have retired from an active practice. Many community support members—interpreters, chaplains, office workers, legal advisors, and others—can fill key support positions.

The Medical Reserve Corps of Island County reserves the right to refuse membership based upon background check failure, credentialing and licensure issues of concern and those with a non-disclosed criminal history.

Pledge

The medical Reserve Corps Oath of Island County

"I pledge to serve faithfully in the Medical Reserve Corps Program as a volunteer and team member, I will attend meetings regularly, participate in unit activities, follow the Incident Command System for direction and activation, and advance my education and training rapidly to prepare myself to be of service to my community, state, and nation."

Emergency Worker Card

In order to become a member of the Medical Reserve Corps of Island County you are required to have filled out an Emergency Worker Card to be kept on file. This card provides valuable information for personal contacts, skills and work related information. Without all of the items on the card filled out, we can't process you quickly nor contact you quickly for activation. If you move or change work places, phone numbers, email address or your point of contact in case of emergency, it is your responsibility to notify us of any changes that must be made to your card.

Island County Emergency Worker Number

This identification number will be assigned to you by the Island County Department of Emergency Management and activates your status as an approved Emergency Worker in Island County. This number will be on your emergency worker card that is kept on file at the county.

Supplemental Information Form

This document is for additional information that we feel is necessary to assign you to the position or job that you are best suited and qualified for. This form also asks you if you have a "pet project" that you would like to participate in, such as; Aids Walk, Cancer support projects, MS, safety concerns for the elderly or children. We would like to incorporate some of the listed projects that you are interested in within our community as a way of giving back to you for volunteering your time.

Documentation

Everything is documented with the Medical Reserve Corps. The member must fill out all documents that are presented for membership application before the member is considered an active member of the Medical Reserve Corps. Your attendance to every meeting and drill is documented as well as training courses.

Licensure

Those professions that have licenses held with Washington State Department of Health must provide a copy of their current professional license(s) to the unit coordinator for placement in their files. All licenses will be verified at the State Level to ensure legitimacy.

Credentialing

Credential verification will be performed at the unit level for licensed professionals. Additional credentialing may be performed through the ESAR-VHP program at the state level.

Background Check

Background checks will be performed on all membership applications for the Medical Reserve Corps.

Results are held in secure files. Those that have less than satisfactory background clearances shall have the opportunity to discuss the issue with senior staff for a waiver.

Confidentiality Statement

A signed statement of agreement to confidentiality by the team member is required. There will be times when information will be of a sensitive nature and should not be disclosed or discussed outside of approved staff members or area.

Photo Consent Form

Photo consent forms must be signed by the team member for photos and videos. We take a lot of photos for publication, documentation and for media presentation. Your signed Photo Consent allows us to publish them on the newsletter, local media and at the national level. We agree to only use these photos in good taste and not to embarrass any team member. A required photo is necessary for your identification card.

ID Cards

An identification card shall be issued to all team members who meet the requirements for activation in the Medical Reserve Corps of Island County. The Department of Emergency Management will ensure that carefully controlled individual photo ID badges are prepared and issued to each volunteer. These are to be carefully guarded for

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security purposes. The Identification Cards are not to be “loaned or borrowed” to any other individual and will be surrendered by the team member upon request of the Unit Coordinator or MRC Senior Staff. These ID cards will have your name, your job title and color coded for discipline or position held.

Uniforms

Current uniform policy is under review. It is suggested that a uniform appearance is appropriate for the Medical Reserve Corps event or training opportunity. For events and activities volunteers will wear their MRC Vests and I.D. Cards. MRC patches are to be placed on your personal clothing.

Equipment

Any equipment that may be necessary for your training will be supplied by the Medical Reserve Corps as determined by the training coordinator.

However, you may use your own equipment in exercises with prior authorization by the training coordinator or unit leader. The Medical Reserve Corps of Island County shall not be liable for any loss or repairs to your personal equipment.

Supplies

Any disposable supplies (such as gauze, hand cleaner, etc.) shall be provided to the team members during training exercises. During activation, all supplies shall also be provided to the team members by the appropriate agency. Restocking of your personal supplies from unit supply cache is NOT allowed without prior written authorization from the training officer or the unit coordinator.

Medical Students – We will accept applications from medical students while they are still enrolled in a school. They will be in appropriate assigned positions to their skill level, where they will be supervised and have a mentor to assist them.

Benefits of Participation:

Training Opportunities

Medical Reserve Corps of Island County



Recruitment for the Medical Reserve Corps (MRC) will be community based and volunteer managed. The recruitment process will not be limited to physicians and nurses. It will be inclusive of all medical professionals both licensed and those in administrative roles. The MRC will offer flexibility and allow volunteers to establish “volunteer time limits” which cannot be offered in other types of programs such as Disaster Medical Assistance Teams (DMAT).

Training

Training modules for participation in the Medical Reserve Corps of Island County are as follows:

Local Response Volunteers (Basic) – Minimum Requirement

ICS 100, NIMS (IS-700), Blood Borne Pathogens

CPR, First Aid, HIPAA, Start Triage, MRC Core Competencies, Psychological First Aid
6 months to complete

Local Response Volunteers (Intermediate) –

ICS 100, 200, NIMS (IS-700), NRP (IS-800a)

CERT (IS-317) CPR, First Aid, AED, Start Triage, Psychological First Aid
Blood Borne Pathogens, HIPAA, MRC Core Competencies,
6 months to complete

Deployable Volunteers (Advanced) –

ICS 100, 200, NIMS (IS-700), NRP (IS-800a)

CERT (IS-317) CPR, First Aid, AED, eCDLS, Psychological First Aid,
Blood Borne Pathogens, HIPAA, Shelter Management, ESF #8, Start Triage
MRC Core Competencies
8 months to complete

Team Leaders –

ICS 100, 200, 300, NIMS (IS-700), NRP (IS-800a), CERT (IS-317)

CPR, First Aid, AED, eCDLS, BDLS, Shelter Management, Psychological First Aid,
Blood Borne Pathogens, HIPAA, EOC Orientation, ESF #8, Ham Radio, Start Triage,
MRC Core Competencies
8 months to complete

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Unit Coordinator –

ICS 100, 200, 300, 400, NIMS(IS-700), NRP(IS-800a)
CPR/First Aid/ AED, eCDLS, BDLS, Psychological First Aid, ESF #8, CERT (IS-317)
Blood Borne Pathogens, HIPAA, Shelter Management, EOC Orientation, Start Triage
FEMA – Professional Development Series (PDS) Volunteer Management,
Ham Radio Operator, Start Triage, NDMS, MRC Core Competencies
8 months to complete

Additional Training Opportunities

Additional coursework, while not required, is recommended. Applications to the National MRC Deployment teams have additional requirements set by the Office of Civilian Medical Reserve Corps. For additional information, contact your unit coordinator.

American Red Cross - Introduction to Disaster

<https://www.redcross.org/take-a-class/disaster-training>

FEMA Independent Study Program: IS-22 Are You Ready?

This is a facilitated course

Introduction to CERT (Community Emergency Response Team)

<https://training.fema.gov/is/courseoverview.aspx?code=IS-317>

Standard Precautions and Respiratory Hygiene

Orientation to HAZMAT for Medical Professionals

<https://training.fema.gov/is/courseoverview.aspx?code=IS-346>

Additional training and coursework will be developed throughout the year for applicable settings (POD, Bio-Terrorism, Chemical and Radiological Response). If you feel that there is a training opportunity that is not listed please bring it to the attention of the unit coordinator or the training officer for consideration.

Safety:

Safety

Safety is the number one concern for all team members. If a safety violation occurs during any time while on assignment or activation, the team member(s) involved shall have their membership suspended for a period of time that befits the violation or

expulsion from the Medical Reserve Corps unit. All volunteers will receive safety training that is appropriate to their function in the Medical Reserve Corps unit.

Training Safety

All Team members shall attend mandatory training in safety applications as appropriate to their position assignment and not to exceed their licensure and discipline. Failure to adhere to safety guidelines and / or endangering another team member or civilian shall be grounds for dismissal from the Medical Reserve Corps of Island County upon further review of any safety related incident.

Personal Health Statement

Pending review of an enactment of a Personal Health Statement by the National Program Office, it shall be the responsibility of each team member to be cognizant of their own health conditions and whether or not they are a liability or an asset to their team and unit as a whole. It is recommended that those who have contagious conditions to remain isolated from other team members until they have recovered from their illness.

Immunizations

It is recommended that all volunteers have current immunizations, including tetanus, influenza and hepatitis B. The team member shall be responsible for acquiring the recommended immunizations at their own costs.

Liability:

The Volunteer Protection Act

("VPA")(Codified at 42 U.S.C. § 14501 et. seq.) Provides qualified immunity from liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections that are stronger than those contained in the VPA.

The VPA defines a volunteer as "an individual performing services for a nonprofit organization or a governmental entity which does not receive compensation" (other than reasonable reimbursement or allowance for expenses actually incurred); or any other thing of value in lieu of compensation, in excess of \$500 per year...." 42 U.S.C. § 14506(6).

Under the VPA, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the

organization or entity if: (1) the act or omission was within the scope of the volunteer's responsibilities in the organization or entity; (2) if required, the volunteer was properly licensed, certified, or authorized by the appropriate state authorities for the activities or practice giving rise to the claim; (3) the harm was not caused by "willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer," and (4) the harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft, or other vehicle for which the state requires the operator to possess a license or maintain insurance. 42 U.S.C. § 14503(a).

WAC 118-04-200

Personal responsibilities of emergency workers

(1) Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.

(a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.

(b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.

(c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.

(d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.

(e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter 46.29 RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180.

(f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state

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law to use special driving skills and equipment and who do so at the direction of an authorized official.

(2) Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services.

(3) When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.

(4) Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.

When coverage is in effect

Liability coverage through the Medical Reserve Corps is in effect **ONLY** when you have been activated or on approved training, when a Washington State mission number has been assigned for that activity. Liability coverage is **ONLY** in effect when you have completed your emergency worker card, supporting application documents and submitted them for approval as a team member and you have received your DEM number and ID card.

Retired Medical Professionals:

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1850
59th Legislature
2006 Regular Session
Passed by the House March 4, 2006
an emergency or disaster.

Insurance:

Personal

It is recommended that each team member review their personal insurance policy to ensure adequate coverage for both health and personal insurance.

Vehicle

Medical Reserve Corps unit volunteers may be subject to liability for acts not related to their professional activities, such as negligent motor vehicle operation during the course of responding to an emergency.

Incident Command System:

All team members of the Medical Reserve Corps of Island County shall train to and adhere to the Incident Command System. Training for this ICS system is mandatory. ICS is the system by which all command decisions are made, who reports to whom, and tells you where you fit into the big picture.

Activation

Activation shall be approved and/or directed by the Department of Emergency Management of Island County, the Public Health Officer of Island County and the Medical Reserve Corps Coordinator of Island County with direction from the Department of Emergency Management of Washington State and the Surgeon General's Office.

When are you activated?

Activation will happen only when the Department of Emergency Management receives a "mission number" for the event. The MRC director and coordinator shall be notified of activation request and we will begin the Call Down process for ALL Hands Activation.

Self-Deployment

Self-Deployment is when you decide on your own, that you will go to the disaster or event without prior permission or authorization to activate. If a team member "self-activates", it is grounds for dismissal from the MRC of Island County. Only in cases of Catastrophic Events, you are in the immediate vicinity of the event or you are part of the event itself, the grounds for dismissal may be reviewed for waiver status.

Deployment within local area is the primary focus for all levels of membership, particularly Level 1 and Level 2 members who have designated that level of participation on their Supplemental information document.

Deployment outside local area will be available only to those who have requested that option on their supplemental information document, completed all of the required

documents for their personnel file, completed all of the required training for Level 3 membership prior to being activated, unless a waiver is granted by the Unit Coordinator.

Debriefing

Debriefing is a required portion of your activation for **ALL** team members and staff when the event has subsided. MRC team members who have not completed a satisfactory debriefing from a qualified supervisor shall not be activated again until an appropriate debriefing has been completed and signed off by the Unit Coordinator.

Mental Health:

Who will be in the Mental Health Teams? Every Medical Reserve Corps unit should have mental health professionals as part of their unit. They may be trained as a separate team or as integrated members of existing teams. Those medical professions that have specialized training for mental health such as, but not limited to: psychiatrist, psychologists, social workers and chaplains may be part of the Mental Health teams. Others may be assigned to this team in support functions as well.

Critical Incident Stress Management is a technique designed to assist victims of trauma work through the period immediately following the event. These techniques are used to aid victims of crime and tragedy, front-line emergency service providers, military personnel, and members of many other professions.

While there are varying schools of CISM practice, all work towards assisting the victim to restore a normal life as soon as possible, while reducing the chances they will suffer long-term post-traumatic stress disorder (PTSD).

The Mental Health Teams will be assigned additional training for disaster related events.

Pandemic Events:

Points of Dispensing – PODS

Predetermined points of dispensing have been identified by the Island County Health Department and the Department of Emergency Management. These locations will not be disclosed to MRC team members in advance of a pandemic event to avoid release of critical information to the general public before the health department has received supplies and is ready to actively dispense medications, ensuring the safety of team members and the public alike. Simulated POD training events may be held in similar environments as the selected POD sites.

Notification of POD activation

Activation shall be approved and/or directed by the Department of Emergency Management of Island County, the Public Health Officer of Island County and the Medical Reserve Corps Coordinator of Island County with direction from the Department of Emergency Management of Washington State and the Surgeon General's Office.

Meetings:

Quarterly Meetings

Will be scheduled

Annual Unit Exercise

An annual unit exercise will bring all volunteers together to practice what you have learned. Place, time, type of event will depend on weather, budget and location availability. We will also participate in POD activation with the health department if so invited.

Special Events

We will have opportunities to participate in special events, whether for training or for providing medical care on site. Some of these events are local while others may be in Washington State or outside the state. These will be on a voluntary basis only. If you wish to participate in these types of events, please let your team leader know in advance.

Calendar

A calendar of upcoming events, meeting dates and training schedules will be posted in the newsletter.

Communications:

Who are you going to call?

In the event of a disaster, you will want to know if it will impact you or your family first. You may get a call from your team leader or a designated point of contact, informing you of your teams' status and the potential of being activated. You may call your point of contact for instruction or information, but keep in mind that lines of communication will be extremely busy and should be kept free for emergency related calls.

Personnel Records

Personnel records are files with all of your documents , certificates and awards that pertain to the Medical Reserve Corps. Since this is considered "private" information, they must be in a secure location. These files will be kept in hard copy format within a secure Department of Emergency Management location. Access to these files is limited to senior authorized staff only. As you gain training and certification for coursework accomplished, copies of certification need to be placed in your personnel file.

Newsletter

Almost every organization has a newsletter. And just like most organizations it can become boring and repetitive. Team members are encouraged to submit articles, news worthy events and interesting medical or personal preparedness segments. Each team will be required to submit one article about the team's activities, meeting dates and topics, etc. to a quarterly newsletter.

Web Site

The Medical Reserve Corps of Island County web page will be undergoing continual change and updating. If you are interesting in assisting in the maintenance of the web site, please let your team leader know.

Families:

This is the most important topic in this entire handbook. If your family is not safe and taken care of, then we cannot expect you to perform well in the stressful environment of a disaster. As this unit continues to grow, there will be discussions regarding how we are going to take care of our families in all hazards.

Personal Preparedness Plan

This is a plan for you and your loved ones that is done BEFORE any event occurs. It will help ease your mind about the safety of your family while you are at work or assisting others in distress. This personal preparedness plan for you is a requirement and part of your core competencies. You will get specialized training to help you prepare this plan for you and your home. Practice making this part of your life and even the worst of disasters will be a little easier to bear.

Family Involvement

It is not easy to work long days and then run in and then out to yet another meeting. Your family will feel left out and not want you to go. Our unit is a family friendly unit, this means that we want to include your family whenever possible. Hopefully in the event of a disaster, each team member will aid and assist other team members because they have gotten to know each other.

Spouses are welcomed and encouraged to become members of our unit. They do not have to be medical professionals to participate. We will find a spot for them in the organization. Eventually, there will be a team group for older teenagers as well

Military:

So much of what we do in Emergency Preparedness and Disaster Medical Relief has been refined by our military doctors, nurses and medics through extreme field experiences. We owe the military medical professions for their sacrifices so that we may benefit from their hard work. Many of the techniques and protocol that we use are taken directly from these professionals.

Active Duty Military

Active military are wonderful volunteers. Due to the nature of their professions, their first obligation is to the position they hold in the service of our country. Active duty military are welcome to join our unit providing they have written permission from their commanding officers. Team leaders must also be willing to accept these highly trained professionals into their team, knowing that during an event of catastrophic proportions, these team members will not be able to participate in our team but must return to their duty post for assignment. The same training requirements for all team members will be required of military participants as well.

Surge Capacity:

Surge Capacity will be the primary focus of the Medical Reserve Corps of Island County. Medical and health systems in the United States face the increasing probability of major emergencies or disasters involving human casualties. Such events will severely challenge the ability of healthcare systems to adequately care for large numbers of patients (surge capacity) and/or victims with unusual or highly specialized medical needs (surge capability). The first step in addressing medical surge is to implement management systems that establish a methodology for managing medical and health response, as well as the development and maintenance of preparedness programs.

The Medical Surge Capacity and Capability (MSCC) Management System describes a management methodology based on valid principles of emergency management and the Incident Management System (IMS). Medical and health disciplines may apply these principles to coordinate effectively with one another, and to integrate with other response organizations that have established IMS and emergency management systems (fire service, law enforcement, etc.). This promotes a common management system for all response entities—public and private—that may be brought to bear in an emergency. In addition, the MSCC Management System guides the development of health and medical response that is consistent with the new National Incident Management System (NIMS).

Stay at work, go to work or go to designated site?

This is easier than it sounds. If you are at work, stay at work unless it is unsafe to stay there. Take care of the people around you. If this is your normal work shift and you are a paid employee, stay at your job until your employer lets you go. If you are at home and a disaster happens, take care of yourself and your family first, try to check in with your employer to see if you are needed, if they are operating and on what scale or if you can travel safely to your job. If you have tried all of the above, and you are not required to go to your place of employment, then report to your assigned team leader for activation orders and assignment.

Remember:

- 1) Your safety and your family's safety come first.
- 2) If you are at work, stay at work to the end of your assigned shift.
Your paid job comes before the Medical Reserve Corps.
- 3) If you are able, report to your assigned Point of Contact for your team, usually your team leader.

Dual Volunteers:

Medical Reserve Corps of Island County

The Medical Reserve Corps of Island County does not prohibit members from belonging to more than one volunteer organization. Although each member will have to decide which organization will take priority in the event of an emergency. Hopefully, those members who are medical professionals will choose to stay with the MRC in an event.

Awards & Recognition:

Good leadership recognizes the hard work and dedication of those that support their organizations. The Medical Reserve Corps of Island County will make every effort to recognize members for the following;

- Recruiting
- Years of Service
- Hours of Service
- Awards Dinner
- Letters of Recommendation

One of the best reasons for participating in the Medical Reserve Corps is the recognition of your peers for your outstanding commitment to your communities. We encourage this recognition as often as possible. If you have articles that you would like to see published or to present on an approved topic for one of the groups, please let the unit coordinator know and all effort will be made to showcase your topics. We frequently submit articles written by local medical professionals as best practices and publication to the national program newsletter. Yours could be one of them.

Closing Statement:

I hope that many of your questions regarding the Island County Medical Reserve Corps have been answered in this volunteer handbook. I wish to thank each and every one of you for your dedication to your community in advance, by volunteering in the Medical Reserve Corps.

Medical Reserve Corps of Island County

Sandy Ziemer
Medical Reserve Corps Coordinator
Island County

Glossary:

Although lengthy, you might enjoy reading about the complex concepts involved with Crisis Management. The glossary was adapted from a federal website.

Actual Event: A disaster (natural or man-made) that has warranted action to protect life, property, environment, public health or safety. Natural disasters include

earthquakes, hurricanes, tornadoes, floods, etc.; man-made (either intentional or accidental) incidents can include chemical spills, terrorist attacks, explosives, biological attacks, etc.

All Hazards: Any incident caused by terrorism, natural disasters, or any chemical, biological, radiological, nuclear, or explosive (CBRNE) accident. Such incidents require a multi-jurisdictional and multi-functional response and recovery effort.

Area Command, Unified (UAC): An organization established (1) to oversee the management of multiple incidents that are each being handled by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multi-jurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an incident command post.

Assignments: Tasks given to resources within a given operational period that are based on operational objectives defined in the IAP.

Available Training Facilities: locations that are readily and immediately available to be utilized for NIMS training.

Available Resources: Staging area resources assigned to an incident, checked in, and available for a mission assignment.

CDC: The Centers for Disease Control is part of the US Public within the US Department of Health and Human Services, Washington, DC.

Community Emergency Response Training: Emergency Management training of non-medical community members in crisis response. Like, SCMRC, this is a part of the Citizens Corp, Federal Emergency Management Agency.

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

Check-In: The process through which resources first report to an incident. Check-in locations include the incident command post, Resources Unit, incident base, camps, staging areas, or directly on the site.

Command Staff: In an incident management organization, the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Communications Unit: An organizational unit in the Logistics Section responsible for providing communication services at an incident or an EOC. A Communications Unit may also be a facility (e.g., a trailer or mobile van) used to support an Incident Communications Center.

Coordinate: To advance systematically an analysis and exchange of information among principals who have or may have a need to know information to carry out specific incident management responsibilities.

Critical Infrastructure: Systems and assets, whether physical or virtual, so vital to the county that the incapacity or destruction of such systems and assets would have a debilitating impact on security, economic security, and/or public health.

Disciplines: A group of personnel with similar job roles and responsibilities. [e.g. law enforcement, firefighting, Hazardous Materials (HazMat), Emergency Medical Services (EMS)].

Dispatch: The ordered movement of resources to an assigned mission or an administrative move from one location to another.

Emergency: any incident(s), human-caused or natural, that requires responsive action to protect life or property. A Presidential emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety.

Emergency Incident: An urgent need for assistance or relief as a result of an action that will likely lead to grave consequences.

Emergency Operations Plan The plan maintained by various jurisdictional levels for managing a wide variety of potential hazards.

Emergency Public Information (EPI): Information that is disseminated in anticipation of, or during an emergency. It provides situational information or directs actions to be taken by the general public.

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

Event: A planned, non-emergency activity.

Exercise: Exercises are a planned and coordinated activity allowing homeland security and emergency management personnel from first responders to senior officials to demonstrate training, exercise plans, and practice prevention, protection, response, and recovery capabilities in a realistic but risk-free environment. Exercises are a valuable

tool for assessing and improving performance, while demonstrating community resolve to prepare for major incidents.

Federal Emergency Management Agency (FEMA) part of Department of Homeland Security.

Flexibility: A principle of the NIMS that provides a consistent, flexible, and adjustable national framework within which government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location, or complexity. This flexibility applies across all phases of incident management: prevention, preparedness, response, recovery, and mitigation.

Grantee: A person/group that has had monies formally bestowed or transferred.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Improvement Plan: The After Action Report documents the performance of exercise related tasks and makes recommendations.

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

Incident Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

Incident Command System (ICS): A standardized on-scene emergency management system which provides for the adoption of an integrated organizational structure. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies, and is applicable to small as well as large and complex incidents.

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

Incident-Specific Hazards: Anticipated events that may or may not occur that require coordinated response to protect life or property, e.g., pandemic flu, avian flu, etc.

Interoperability & Compatibility: A principle of the NIMS that holds that systems must be able to work together and should not interfere with one another if the multiple jurisdictions, organizations, and functions that come together under the NIMS are to be effective in domestic incident management. Interoperability and compatibility are achieved through the use of such tools as common communications and data standards, digital data formats, equipment standards, and design standards.

Lessons Learned: Knowledge gained through operational experience (actual events or exercises) that improve performance of others in the same discipline.

Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Major Disaster any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts of non-federal entities.

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, flood plain buy-outs, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

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

National Incident Management System (NIMS): A system that provides a consistent nationwide approach for state, local, and tribal governments; the private-sector, and non-governmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among state, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. **NIMS Standard Curriculum:** A curriculum designed to provide training on the NIMS. This curriculum will be built around available

federal training opportunities and course offerings that support NIMS implementation. The curriculum also will serve to clarify training that is necessary for NIMS-compliance and streamline the training approval process for courses recognized by the curriculum. Initially, the curriculum will be made up of NIMS awareness training and training to support the Incident Command System (ICS). Eventually it will expand to include all NIMS training requirements including training established to meet national credentialing standards. newsletters, letters, etc.), email, or other established methods (e.g., broadcast media).

Plain Language: Common terms and definitions that can be understood by individuals from all responder disciplines. The intent of plain language is to ensure the clear and accurate communication of information during an incident.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

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

Public Information Officer (PIO): A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements. The processes, procedures, and systems for communicating timely and accurate information to the public during crisis or emergency situations.

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

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.

Safety Officer: A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

"SPAN" Disaster teams. If you have an interest and opportunity to bring preparedness to the attention of your neighbors, this will help you be available for the broader SCMRC needs in emergencies. Your neighbors may wish to consider basic preparation for:

- Communications. Take advantage of amateur radio operators to establish links between the neighborhood and the city emergency operations center.
- Damage Assessment. Assess and document damage.
- First Aid. Establish a neighborhood first aid station to provide basic first aid.
- Safety and Security. Check for fires, turn off natural gas, rope off downed electrical lines, remove debris.
- Light Search and Rescue. Perform simple searches of homes and rescues or gets help for neighbors who may be trapped.
- Sheltering Special Needs. Establish a care center for children whose parents may not be home and for anyone who may need extra care, including seniors and people with special needs. Your family and neighbors can also check the web for "SPAN Disaster Teams" which describe neighborhood preparation.

Span of Control: The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

Standard Operating Procedures (SOPs): A complete reference document that details the procedures for performing a single function or a number of independent functions.

Standardization: A principle of the NIMS that provides a set of standardized organizational structures such as the Incident Command System (ICS), multi-agency coordination systems, and public information. It also provides requirements for processes, procedures, and systems designed to improve interoperability among jurisdictions and disciplines in various area, including: training; resource management; personnel qualification and certification; equipment certification; communications and information management; technology support; and continuous system improvement.

Standardized Terminology: commonly accepted language that is consistent with policies, plans, or procedures in the NIMS and NRP to facilitate multi-agency, multi-disciplinary or multi-jurisdictional communications during an incident.

Strategic: Strategic elements of incident management are characterized by continuous long-term, high-level planning by organizations headed by elected or other senior officials. These elements involve the adoption of long-range goals and objectives, the setting of priorities; the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness.

Strike Team: A set number of resources of the same kind and type that have an established minimum number of personnel.

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

Threat: An indication of possible violence, harm, or danger.

Training: Specialized instruction and practice to improve performance and lead to enhanced emergency management capabilities.

Training Curriculum: A course or set of courses designed to teach personnel specific processes, concepts, or task-oriented skills.

Tribal: Any Indian tribe, band, nation, or other organized group or community (including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act) that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Unified Area Command (UAC): A Unified Area Command is established when incidents under an Area Command are multi-jurisdictional. (See Area Command.)

Unified Command (UC): An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single IAP. Unit: The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

Unity of Command: The concept by which each person within an organization reports to one and only one designated person. The purpose of unity of command is to ensure unity of effort under one responsible commander for every objective.

Volunteer: For purposes of the NIMS, a volunteer is any individual accepted to perform services by the lead agency, which has authority to accept volunteer services, when the individual performs services without promise, expectation, or receipt of compensation for services performed.

WASERV: Washington State Registry for Volunteers. This differs from SCMRC.

APPENDIX A:

Island County Medical Reserve Corps

Code of Conduct

The Medical Reserve Corps of Island County, (hereinafter referred to as "MRC") believes in building a positive reputation by upholding a value standard based upon professionalism and integrity. The basic values forming the foundation for MRC are trust, honesty, commitment and respect. It is essential that all volunteers use these values as guides for individual actions, as this will instill the confidence of the public when they will need us the most.

The success of our MRC unit reflects the training and dedication of its volunteers. As professionals, we are judged by our conduct, and this requires both a careful observance

Medical Reserve Corps of Island County

of legal regulations and a scrupulous regard for high standards of conduct and personal integrity. The leadership has full confidence that volunteers will conduct themselves in a manner that will reflect positively upon them and the Medical Reserve Corps.

The Medical Reserve Corps continued growth requires that volunteers maintain a sense of pride in the MRC, their communities and themselves as professional leaders. This pride should be conveyed through both word and action to each other, to our peers, and to our communities. The conduct of each individual is expected to reflect this commitment.

Responsibility

All paid staff, team leaders and volunteers of the MRC of Island County need to be aware of the importance of meeting the standards expressed in this Code of Conduct and are responsible for following and promoting compliance with this Code. While the Code is intended to present general guidelines, each individual must accept responsibility to recognize and respond to specific situations as they may arise. Adherence to these principles is an essential part of each individual's responsibilities.

Volunteers are encouraged to discuss questions of interpretation and applications of the provisions of the Code of Conduct with their Unit Coordinator or any Unit Team Leader. Questions that are not resolved in this manner may be referred to the Medical Reserve Corps of Island County Advisory Committee, which shall have the ultimate authority to resolve questions of interpretation and applications of the provisions of the Code of Conduct. Situations involving a possible violation of the Code are to be reported to the Unit Coordinator, the Advisory Committee or the Medical Reserve Corps Regional Coordinator. Such reporting will offer an opportunity for volunteers to express concerns confidentially and anonymously, with the communication being safeguarded as much as possible. All reports will be reviewed, however such review does not necessarily imply that a violation exists or will exist. Furthermore, any individual making such report will be treated with respect. Retaliation against the volunteer in any manner will not be tolerated.

Adherence to the policies and guidelines contained in the Code of Conduct do not constitute an expressed or implied employment contract between the Medical Reserve Corps of Island County and its volunteers. All volunteers may resign or be discharged at any time without notice and without cause. Violations of the guidelines in the Code of Conduct may be grounds for dismissal.

The following paragraphs are set forth to assist all volunteers and senior leadership in determining what is appropriate personal and professional conduct and how their conduct affects relationships with the Medical Reserve Corps and its community members.

Conduct Standards

Generally, we rely on our personal values and integrity to guide each of us in making decisions. We must keep in mind how our actions will affect the credibility of our MRC unit. Our personal and professional ethics must reflect the values and standards of conduct outlined in this Code of Conduct. If you encounter a situation that causes you to be unsure of the best solution, ask yourself the following questions:

- Are my actions legal? If legal, are they also ethical?
- Am I working within my scope of training and job description?
- Will my actions cause unnecessary harm to another individual?
- Am I acting as an asset or a liability to my unit?
- Am I being fair and honest?
- Will my actions stand the test of time?
- Can I defend my action with a clear conscience?
- Would I be proud to read about my action in the newspaper?
- Is it the right thing to do? What would I tell my child to do?
- How would my friends, family, customers, other volunteers, and community react to my actions?

If your answers to these questions are troubling in any respect, it may be that whatever you are considering is the wrong course of action. You are encouraged to seek guidance and to express any concerns that you may have until you are certain that you are doing the right thing. When in doubt, contact a senior staff member.

Conflicts of Interest

Volunteers are expected to conduct their private business and personal activities in a manner that avoids conflict with the interest of the MRC and its mission.

It is the policy of Medical Reserve Corps of Island County that volunteers shall limit outside conflict which:

- Adversely affects the quality of work performed;
- Involves any use of units' equipment, supplies, or facilities outside of approved training or exercise during non-emergent situations
- Adversely affects the good name of the Medical Reserve Corps.

Medical Reserve Corps Assets

Volunteers and their immediate families, whether acting individually or in a fiduciary capacity, are not permitted to sell assets to or purchase assets from the Medical Reserve Corps of Island County without prior consent from the appropriate Senior Staff.

Payments

It is unethical and inappropriate for any volunteer, officer, director or agent to solicit or withhold necessary lifesaving treatment of a person(s) while volunteering for the Medical Reserve Corps for financial or personal gain. Any such conduct will be grounds for immediate removal from the Units Roster.

Confidential Information and HIPPA Compliance

Medical Reserve Corps Volunteers and staff have an obligation to maintain the confidentiality of information entrusted to them by patients, customers, suppliers and others related to the business of MRC. Confidential information is considered to be all oral and/or written communications acquired during activation or training that relates to MRC, its customers, suppliers, shareowners, media or other volunteers, which is not otherwise available to the general public. In no case shall such information be transmitted to persons outside the Medical Reserve Corps of Island County, including family or associates.

All volunteers and staff are expected to conduct themselves in a manner which is in full compliance with all applicable laws, rules and regulations, as well as with all of the Medical Reserve Corps of Island County's policies and procedures, when acting on the MRC behalf. All persons - whether patients, community members, prospective volunteers, suppliers, volunteers or otherwise - will be treated without regard for race, sex, religion, national origin, marital status, age or related criteria. The Medical Reserve Corps of Island County provides a work environment in which harassment is not permitted and where the dignity and individuality of each staff member must be respected by other staff.

In no case shall a volunteer, staff or unit director use illegal (theft, bribery, misrepresentation, or espionage) or unethical means or methods when acting on behalf of the Company. Volunteers convicted of felony violations committed outside the workplace may be subject to dismissal. Volunteers arrested or under investigation for any felony violation or misdemeanor charges involving medical malpractice, dishonesty or breach of trust, or moral turpitude may be suspended without compensation during the course of the investigation.

Accountability for Compliance with the Code of Conduct

The requirements of medical professionals, where the confidentiality of patient's affairs must remain inviolate, makes it absolute that this Code of Conduct be observed. A violation of the Code of Conduct may not only jeopardize the integrity of the Medical Reserve Corps of Island County and its affiliates, but may result in unusual liability to individual volunteers as well as to the MRC. Therefore, it is the responsibility of each individual to protect the MRC's reputation by ensuring compliance with the Code. Situations involving a possible violation of the Code are to be reported to the Unit Coordinator, the advisory board or the Medical Reserve Corps Regional Coordinator supervising the unit.

Training Matrix and Links:

Basic

- **National Incident Management System (NIMS):**
<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>
- **Incident Command System 100 (ICS 100)**
<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
- **HIPPA:**
 - <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html>
 - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>
 - <https://www.hhs.gov/hipaa/for-professionals/patient-safety/guidance/index.html>
- **Blood Borne Pathogens:** <http://bit.ly/BloodBornePathogen>
- **1st Aid / CPR:** classroom only
- **START Triage:** classroom only
- **Psychological First Aid:** classroom only
- **IS 22 Personal Preparedness:** facilitated class
- **MRC Orientation:** classroom only

Intermediate

- **National Response Framework IS-800c:**
<https://training.fema.gov/is/courseoverview.aspx?code=IS-800.c>
- **ICS 200:** <https://training.fema.gov/is/courseoverview.aspx?code=IS-200.c>
- **CERT:** classroom only
- **Shelter Operations:** classroom only
- **eCDLS:** <https://www.ndlsf.org/ecdls>