

_____ Medical Reserve Corps



"Volunteers Building Strong, Healthy, and Prepared Communities"

**Standard Operating Guidelines
(SOG's)
Team Handbook**



WELCOME

Dear Medical Reserve Corps Volunteer,

My name is _____. I am the local MRC Unit Coordinator. On behalf of the _____ Health Department, I welcome you and thank you for joining KHELPS as a Medical Reserve Corps (MRC) Volunteer. We recognize that trained, organized, and motivated medical and non-medical volunteers are essential to meeting the public health needs of our community should a disaster or public health crisis arise.

This handbook was created to provide information and define guidelines for MRC volunteers. Please take time to read the information. If you have any questions feel to contact me at _____.

Once again welcome and thank you for your interest in becoming an MRC volunteer. I look forward to meeting and working with you.

Sincerely,

_____, MRC Coordinator
_____ County Health Department

Standard Operating Guidelines

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October 2007

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Signature Date

Signature Date

Revision Record

REVISION	DATE	PERSON RESPONSIBLE	DESCRIPTION OF CHANGE
1			
2			
3			
4			
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6			

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DRAFT

Kentucky MRC Standard Operating Guidelines

Team Handbook

The Standard Operating Guidelines Team Handbook provides Medical Reserve Corps (MRC) volunteers with guidance and direction. This handbook is intended to serve as a reference for the volunteer.

MRC Unit Locations & Contact Information

- Log on to www.medicalreservecorps.gov.
- Choose “Find MRC Units” from the left hand side of the screen
- Follow directions to locate the local unit or any other unit across the U.S.

MRC Coordinator:

State MRC Coordinator:

Rebecca Gillis, MPH, CHES
433 George Road
Betsy Layne, KY 41605
Office: 606-478-5454
Email: rebeccal.gillis@ky.gov

Region IV MRC Coordinator:

Regional MRC Coordinator:

Elizabeth H. Fitch, MPA
Region IV (AL, FL, GA, KY, MS, NC, SC, TN)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Suite 5B95
Atlanta, GA 30303
Office: (404) 562-4276
Email: Elizabeth.fitch@hhs.gov

Team Mission

Click to insert local mission statement.

Team Goals (Insert local goals here)

- “To do the greatest good for the greatest number of people.”
- Strengthen the community response to emergency situations through development of a Medical Reserve Corps composed of community volunteers including health professionals and support staff.

- Identify, train, and credential volunteers for response in identified areas of expertise enabling them to work efficiently and competently in a disaster (natural or man-made) as a team.
- Engage volunteers in community involvement in non-disaster related activities.

County Risks

MRC Volunteers may be activated to respond to identified county risks. These include:

- Earthquakes (the Madrid Fault)
- Severe Weather (thunderstorms, tornadoes, winter storms, floods)
- Contagious Disease Outbreaks
- Transportation Accidents
- Emergency Related Hazards and Emergency Shortages/Outages (natural gas/petroleum products, electrical transmission, power outages/shortages)
- Water Shortages
- Hazardous Materials Accidents
- County Specific Hazards from local industries
- War Related Incidents
- Weapons of Mass Destruction, Terrorism, Civil Disturbances, B-NICE (Biological, Nuclear, Incendiary, Chemical, Explosive)

Role of MRC Volunteers

The _____ County MRC is a volunteer group. MRC volunteers support emergency response systems in the community. Volunteers are medical and non-medical volunteers trained to assist in an emergency. MRC volunteers may be activated to assist the _____ Health Department and other agencies respond to an event that involves a county risk listed above. Thank you again for volunteering. Keep in mind your family comes first in an emergency. Because you signed up as a volunteer does not mean you will be able to respond.

This handbook describes specific public health response areas you may be asked to assist with in an emergency. Examples include:

- Supporting the receipt and distribution of emergency supplies (Strategic National Stockpile/SNS)
- Supporting community Mass Medication Clinics (antibiotics/vaccine)
- Staffing a special needs shelter
- Assisting with public health outreach information/activities

_____ County has a Spanish speaking population. In time of need you may need to assist someone that speaks Spanish. A Spanish Quick Reference List that includes common phrases and key words has been included in this handbook (Appendix H).

K HELPS Defined



In times of need, Kentucky helps.

The Kentucky Health Emergency Listing of Professionals for Surge (K HELPS) is a web based system used to register & train volunteers interested in volunteering to offer assistance during public health emergencies or disasters. The Kentucky Department for Public Health created & operates K HELPS.

This system allows public health officials to streamline the registration of health professionals and apply emergency credentialing standards to prospective volunteers. Pre-registration does not require someone to respond if contacted but it does provide a way to quickly reach potential volunteers when a disaster strikes.

The MRC is a group in KHELPS. MRC is divided into two groups: MRC Medical Group and MRC Non-Medical Group. The MRC Medical Group is for individuals with a professional license to practice in the medical field (physicians, nurses, dentists, pharmacists, etc). The MRC Non-medical Group is for individuals with a non-medical background. Other volunteer groups are also included in K HELPS including: Kentucky Community Crisis Response Team (KCCRT), Disaster Behavioral Health and Emergency Support Function (ESF-8) Teams. In the future the Community Emergency Response Team (CERT) may be added as a group.

K HELPS / MRC volunteers supplement existing local emergency & public health resources in responding to emergencies. Volunteers can register with K HELPS online at <https://khelps.chfs.ky.gov> or contact their local MRC Coordinator for a paper application.

After registering, applicants are assigned to the MRC unit associated with their geographical area. The local MRC unit will verify license (if applicable), complete a criminal record check, provide orientation and training, and issue an identification badge.

Volunteers who have been with a MRC unit prior to the release of the K HELPS system in July 2007 are strongly urged to register with K HELPS. Volunteers willing to serve in other counties or states will have to be registered to receive activation notifications for disasters occurring outside of their home county.

GENERAL INFORMATION

Citizen Corps



In his 2002 State of the Union Address, President Bush called on all Americans to make a lifetime commitment of at least 4,000 hours—the equivalent of two years of their lives—to serve their communities, the nation and the world. President Bush announced the creation of USA Freedom Corps to help Americans answer his call to service and to foster a culture of service, citizenship and responsibility.

This Address followed the terrorist attacks of September 11, 2001. After 9/11 America witnessed a wellspring of selflessness and heroism. People in every corner of the country asked, "What can I do?" and "How can I help?" Citizen Corps was created to help all Americans answer these questions through public education and outreach, training, and volunteer service.

The Citizen Corps is a component of USA Freedom that creates local opportunities for individuals to volunteer to help their communities prepare for and respond to emergencies. **Citizen Corps Councils** help drive local citizen participation by coordinating Citizen Corps programs, developing community action plans, assessing possible threats and identifying local resources.

The MRC is one program under the Citizen Corps umbrella. The Citizen Corps umbrella and other programs that may be available in your area are located below. Regional Citizen Corps Councils exist to support local programs. Information on your local Citizen Corps Council can be found at www.citizencorps.gov.



Medical Reserve Corps (MRC) Background

The MRC is a specialized component under the Citizen Corps Umbrella. In Kentucky, MRC volunteers sign up in the KHELPS database. The MRC is comprised of medical & non-medical individuals who are willing to volunteer their time and expertise to supplement existing public health and local resources during times of emergencies and other times of community need. The community recognizes MRC volunteers to be responsible, trustworthy and a resource in time of disaster.

The MRC is housed in the Office of the Surgeon General at the Federal Level. The United States & its territories (Virgin Islands, Puerto Rico & Guam) are divided into 10 MRC Regions. Kentucky is in Region IV. Region IV also includes the states of Tennessee, Alabama, Florida, Georgia, Mississippi, North Carolina and South Carolina. Other MRC units may be located on the MRC website: www.medicalreservecorps.gov.

Most Kentucky MRC units are sponsored by local health departments and emergency management agencies. _____ County MRC is sponsored by _____.

National Incident Management System (NIMS)



FEMA

The National Incident Management System is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It allows organizations (public & private) to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

NIMS includes a core set of concepts, principles, and terminology. It consists of six (6) parts that address command and control, resource management, communications,

technology, planning, and maintenance. It also mandates the use of the Incident Command System to manage all emergencies, large or small.

 County MRC and Health Department recognizes NIMS and is NIMS compliant.

Incident Command System (ICS) – Overview

Persistent wildfires in California led to the development of Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE) as a way to manage incidents. FIRESCOPE, along with issues raised during the 9/11 incident, highlighted the need for a multi-purpose incident management system to deal with common issues during emergency response.

Following 9-11-01, Homeland Security Presidential Directive (HSPD-5) mandated the use of the Incident Command System, or ICS, to prevent, prepare for, respond to, and recover from terrorist attacks, major disasters and other emergencies. ICS provides an organized method of commanding and controlling resources and agencies involved in responding to an emergency to ensure coordination and effective planning in the emergency response process.

The County Health Department and the County MRC use the Incident Command System for all incident response operations and are expected to adhere to the chain of command. Volunteers are required to complete an introductory course on the NIMS. Further information on the NIMS can be found at www.fema.gov. The following resources are included in the appendix:

- Incident Command Structure (Appendix A)
- NIMS definitions (Appendix B)

Point of Dispensing Site—Overview

A point of dispensing site, or POD, is a large scale clinic designed to enable the public health agency to rapidly administer vaccinations or dispense medications to a large number of the civilian population. POD'S are activated when a normal public health response system must be supplemented due to the severity of the public health crisis.



They are established to provide the first 12 – 72 hours “surge” capacity necessary to distribute needed medication to a large population to prevent mass casualties.

During a public health crisis the speed with which medication is dispensed to the public is directly related to preventing illness and saving lives. Public Health agencies support the preparation and implementation of the PODs and provide the needed medication and staffing resources. However, public health does not have adequate numbers of employees to handle this alone. Because the required numbers are so large, members of the community, such as MRC volunteers, may actually staff the PODs during a large scale public health emergency.

The County Health Department practices setting up PODs in the county and will include volunteers whenever possible.

Strategic National Stockpile—Overview

The Center for Disease Control's (CDC) Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency severe enough that local supplies are insufficient. Once Federal and local authorities agree that the SNS is needed, medicines can be delivered to any state in the country within twelve (12) hours.

Medical Reserve Corps volunteers may be asked to assist local health department employees at a distribution node in receiving, taking inventory, and preparing the medicine/medical supplies for distribution out to the county level.



K HELPS MRC MEMBERSHIP PROCESS

Application

Membership is open to medical & non-medical volunteers who support the mission of the _____ MRC. To apply for membership volunteers must first register with K HELPS at www.khelps.chfs.ky.gov. Applicants that do not have internet access should contact the local MRC coordinator for a paper application. The application should be completed and returned to the unit coordinator.

Applicants are approved to K HELPS after the volunteer:

- Completes/returns to the unit coordinator:
 - Workers Compensation (KYEM Form 50), Form 1
 - Criminal Record Check Form, Form 2
 - Confidentiality, Code of Conduct, Standard Operating Guidelines Certification and Photo Authorization, Form 3B
- Criminal Record Check process is complete
- License information is verified (if applicable)
- Completes orientation and NIMS Training (Level I Training)
- Presents a current, valid, photo ID to the unit coordinator
- Is issued a K HELPS ID Badge recognized statewide

Required Training

MRC training is aligned with the Core Competencies established by the Office of the Surgeon General (Appendix C). Training is provided at no cost to MRC volunteers. MRC training is made up of four levels. Before being approved in the K HELPS database and activated for any incident, volunteers must complete the above application process and submit completion certificates from the Level 1 Trainings to the

local MRC Coordinator. Trainings may be completed on-line or face-to-face with the MRC unit coordinator. CE'S are available for some MRC trainings on KY TRAIN. Level I trainings are as follows:

- **KY DPH Medical Reserve Corps Orientation Training**
Course Description: Introduces MRC volunteers to activation, reporting and deactivation procedures and describes the role of the local MRC unit in a public health event or emergency response. Also helps MRC members identify limits to their own skills, knowledge and abilities as they pertain to MRC roles. (~60 minutes in length). TRAIN course ID # 1009215.
- **KY DPH Medical Reserve Corps – An Introduction to NIMS Training**
Course Description: “On February 28, 2003, President Bush issued Homeland Security Presidential Directive-5. HSPD-5 directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.” This course introduces NIMS, explains the purpose, principles, key components and benefits of NIMS. (~45-60 minutes in length). TRAIN course ID # 1009103.
- **ICS-100 Introduction to ICS**
This course is not required to complete Level 1 training, however, it is strongly recommended that volunteers complete it. This course must be completed prior to completing Level 2 trainings. This course is designed to give an introduction to the principles, common terminology and position responsibilities when responding to an event using the Incident Command System. The course specifically discusses major ICS functions and their primary responsibilities, ICS organizational units, span of control, major incident facilities and the function of each, what an Incident Action Plan is and how it is used, and the common responsibilities associated with incident assignments from the Federal disaster response workforce perspective. TRAIN course ID# 1002558.

Courses can be completed on-line at www.mrc.train.org (Appendix D: MRC TRAIN Instructions). For volunteers without internet access, an alternative face-to-face training plan is available.

Volunteers are encouraged to further their training beyond Level 1. A complete training matrix is included (Appendix E). Volunteers are encouraged to use the matrix to keep track of their training. Completion certificates on all trainings should be submitted to the MRC Coordinator. Courses will not be considered complete until certificates have been submitted to the local MRC Coordinator.

Just-In-Time Training

Just-In-Time training is provided to volunteers working at an incident. This pre-printed information describes the roles and responsibilities of the position the volunteer has been assigned to for the incident. It also details who the volunteer reports to.

OPERATIONS

Exercises

Exercises are a way to promote team preparedness. They promote teamwork and most importantly improve incident response. They identify gaps in response efforts. This

allows agencies to develop plans for improvement. MRC volunteers may have the opportunity to participate in exercises in other counties if they desire. Exercises may include the following:

- Call / E-mail Drills— Coordinated to check team availability at a specific time through email or team call down.
- Tabletop Exercises— Simulates an emergency situation in an informal environment. It is designed to elicit constructive discussion as participants respond to situations as presented in the role they would serve in.
- Functional Exercises— A fully simulated interactive exercise. It tests the capability of a jurisdiction to respond to a simulated emergency testing one or more functions of the jurisdiction's plan. It focuses on policies, procedures, roles and responsibilities of single or multiple emergency functions.
- Full Scale Exercises— This is as close to a real disaster as possible. It is a field exercise designed to evaluate the operational capability of emergency management systems in a high stress environment simulating actual response conditions. This exercise requires the mobilization and actual movement of emergency personnel, equipment and resources. Realism is achieved through on-scene actions, decisions and simulated victims, communication and actual resource allocation.

Volunteer Activation

A volunteer should never respond without being activated. Volunteers will be activated by the MRC Coordinator or other authorized person by the following:

- In a true **Emergency**
An automated call down system is used (depending on situation the media, e-mail & other methods may be utilized). If you cannot participate **no action** is necessary by you.
- In a **Non-emergency**
E-mail will be the primary means of volunteer activation. If you cannot participate **no-action** is necessary by you.

The MRC volunteer may be provided with current known information at time of call. This may include:

- Type / Location of incident
- Check in point with Incident Command
- Size-up of incident
- Number of people affected/severity
- General operational plan based on the situation / event
- Equipment / Gear suggested

_____ County MRC Volunteers will be activated through the _____ County Health Department most likely in conjunction with Emergency Management.

Authorized persons for MRC activation in _____ County:

Click to insert agency contact

Identification

Approved MRC volunteers are issued a K HELPS / MRC Photo ID Badge that is recognized statewide. Once activated to respond to an incident, volunteers should wear their K HELPS / MRC Photo ID at all times. It is the volunteer's responsibility to keep the badge in an easily accessible area.

MRC vests may be issued at the check in point and should be worn as another means of identification.

Valid Operator's License

Individuals operating a vehicle as a MRC Volunteer will be required to show proof of a valid operator's license prior to deployment. The license of the volunteer shall be checked at the Emergency Operation Center (EOC) prior to assignment. The _____ County EOC is located at _____. This is the area MRC volunteers will meet to be officially logged in and receive assignment.

Important: Volunteers are not considered on assignment until officially logged in. This is important and impacts workers compensation if injured and professional liability coverage. This is discussed in more detail in the Risk Management Section.

Declining An Assignment

Declining an assignment requires no action of behalf of the volunteer. Only those accepting an assignment should reply to the notification. Due to the numerous calls that would be made and received to coordinate a response effort, do not reply to the call or e-mail unless you are accepting an assignment.

Accepting An Assignment / Accountability

A volunteer must be officially logged in and receive assignment before they are considered activated. This is important and impacts workers compensation if injured and professional liability coverage. **A volunteer under the influence of alcohol or medication should not respond.**

MRC volunteers must:

- Have a family disaster plan and activate their individual plan
- Ensure that their family and home is secure before responding
- Report to the EOC/Incident Command and officially check-in
- Wear their MRC photo ID badge at all times while activated.
- Report as scheduled once an assignment is accepted. Do not accept the assignment if you are not able to respond.

Communications

MRC volunteers communicate their needs through their team leader or unit coordinator. Volunteers will not be issued individual communication equipment. Devices used during an incident for communication may vary depending on the situation and may include such devices as walkie talkies, satellite or cell phones.

Deactivation of Volunteers / Leaving an Incident

Deactivation of volunteers from an incident will be announced by Incident Command down through the chain of command. Volunteers will receive notice of deactivation from their supervisor.

Adhering to the chain of command within the Incident Command structure is extremely important. Incident Command is responsible for knowing who is working on the scene at all times. Should a volunteer need to leave an incident or exercise prior to being deactivated, it is the volunteer's responsibility to notify their supervisor through the proper chain of command and check out at Incident Command.

Prior to leaving an incident or following deactivation, volunteers should ensure that all equipment is returned to the appropriate agencies.

Rehabilitation

Rehabilitation (rehab) is to ensure the physical and mental condition of volunteers operating at the incident does not deteriorate to a point which affects their abilities or may jeopardize their safety and/or the integrity of the operation. Volunteer needs (i.e. food, water, medication, physical/mental rest) are of utmost importance. Rehab areas will be established for volunteers.

Post Incident Evaluation

The purpose of the post-incident evaluation is to improve future response by evaluating what worked, what didn't, and what needs to change. After an incident, the lead agency should provide a formal / informal critique of the incident. This evaluation is conducted by a lead response agency following any incident or exercise and includes:

- Review of incident and of the operational plan used during the incident
- Evaluate volunteer response to the incident
- Evaluate volunteer / first responder agency roles

Based on the results of the evaluation, corrective action will be implemented. Corrective action may include altering training requirements, providing further volunteer training, revising Standard Operating Guidelines, implementing changes to improve communication and/or addressing equipment failures / needs.

Deployment Outside of County

The MRC's primary role is in its own community. MRC volunteers, who are willing, able, and have identified a response area outside of the local county on K HELPS have the opportunity to serve other communities in Kentucky or in another state if a large scale emergency occurs. Activation of volunteers would occur in the same manner as listed previously. The decision to activate ____ County MRC volunteers will only be made

after verification of the appropriateness of the deployment to the affected areas needs & that the volunteer can conduct their mission effectively with minimal risk.

RISK MANAGEMENT **LEGAL & LIABILITY ISSUES**

MRC Volunteers must only work within the normal scope of practice of their medical license.

Volunteers MUST:

- Work under the buddy system, or within a team, and never alone,
- Wear personal protective equipment (i.e. hard hats, gloves, goggles, mask) as indicated,
- Observe Standard Precautions at all times (Appendix F),
- Maintain basic measures of sanitation and hygiene (Appendix G: “Clean Hands Save Lives”).

Volunteer Risk

_____ County MRC intends to minimize and prevent risks to volunteers. Attempts to reduce risks to volunteers include training, education, and use of universal precautions. Volunteers will be matched accordingly to positions for which they have the skill and qualifications.

Some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient care. Medical Reserve Corps volunteers agree to assume their own risk as a volunteer. Any incidents, accidents, or injuries should be reported to the _____ County MRC Unit Coordinator immediately.

Confidentiality

This addresses Kentucky Statute and HIPAA Regulations regarding Confidentiality, Security and Protected Health Information.

During a volunteer’s involvement with the MRC, he/she may be privy to sensitive confidential information. Health information that must be kept secure is called Protected Health Information (PHI). The Health Insurance Portability & Accessibility Act (HIPAA) of 1996 establishes in Federal Laws the basic principle that an individual’s medical records belong to that individual and cannot be reused, released or disclosed without the explicit permission of that individual or legal guardian. Protected health, confidential and sensitive information is either information that is protected by law or is of such a personal nature that it is not treated as public record and must be safeguarded.

All information pertaining to personal facts, medical records and/or circumstances seen, obtained and/or overheard in conversation is confidential. All information that may lead to the identification of an individual must also be protected as Patient Health Information. This includes information that can be linked to a specific person through name, identifying number such as social security number, address or phone number. Information may be in the form of a person’s medical records, excerpts from the medical

record or conversations that identify an individual. We also identify response activities specifically related to an individual. All are considered confidential.

The identities of individuals a volunteer may see and specific information a volunteer may learn from conversation or observations while responding with MRC are confidential. This includes patient identifying information as noted above.

Volunteers understand that accessing or releasing confidential information and/or records or causing confidential information and/or records to be accessed or released to themselves or another individual would constitute a violation of the confidentiality agreement. This may subject the volunteer to civil and criminal liability for disclosure of confidential information to unauthorized persons.

MRC volunteers agree to abide by the terms of confidentiality as stated above and certify their agreement to these terms by signing and returning Form 3B to the MRC Coordinator.

Criminal Record Check

Criminal record checks are conducted on K HELPS/MRC volunteers in Kentucky. All volunteers are expected to act under the direction of the organization requesting volunteers and/or Emergency Management.

Local policies apply to any conviction noted on a criminal record check. A conviction does not automatically disqualify an individual from becoming an approved volunteer. A decision to accept or reject an individual with a conviction is at the discretion of the individual unit local policy. See _____ County Health Department Criminal Record Check Policy & Procedure # _____, page _____.

Code of Conduct

All volunteers of the _____ County Medical Reserve Corps shall meet the standards of conduct.

As a MRC volunteer I shall:

Ethical Conduct

- Maintain and abide by the standards of my profession, including licensure, certification and / or training requirements to support my MRC role.
- Not act in the capacity of a MRC responder, nor present myself as a MRC volunteer, at any given site without prior authorization / deployment from the _____ County Health Department.
- Dress for the environment. Wear closed toe shoe-wear if activated.
- Avoid profane and abusive language and disruptive behavior including behavior that is dangerous to self and others including acts of violence, physical or sexual abuse, or harassment.
- Avoid situations that could be interpreted as a conflict of interest as a MRC volunteer.
- Abstain from the use of county equipment / resources for personal use.

- Abstain from transport, storage and / or consumption of alcoholic beverages and / or illegal substances while performing volunteer duties.
- Abstain from responding for duty under the influence of alcohol or illegal substances or under the influence of prescription / non-prescription medication that may influence my ability.
- Abstain from the use of audio or video recording equipment, unless authorized.
- Keep contact information current with KHELPS

Safety

- Put safety first in all volunteer activities.
- Respect and use all equipment appropriately.
- Promote healthy and safe work practices.
- Take care of self and others.
- Report injuries, illnesses, and accidents to the appropriate staff member.

Respect

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

As a MRC volunteer **I shall not:**

- Comment, answer questions or divulge any information to the media.
- Accept or seek on behalf of myself or any other person, any financial advantage or gain as a result of the volunteer's affiliation with the Medical Reserve Corps.
- Publicly use any Medical Reserve Corps affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue.
- Disclose or use any confidential Medical Reserve Corps information that is available solely as a result of the volunteer's affiliation with the Medical Reserve Corps to any person not authorized to receive such information.
- Knowingly take any action or make any statement intended to influence the conduct of the Medical Reserve Corps 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.
- Authorize the use of or use for the benefit or advantage of any person, the name, emblem, services, or property of the Medical Reserve Corps, except in conformance with Medical Reserve Corp policy.

Media Relations

Volunteers should not provide any information to the media nor answer any media questions. All media inquiries should be directed to the appointed Public Information Officer (PIO) (see NIMS definitions, Appendix B). Your supervisor will know who the PIO is.

Volunteers should be aware that media might intercept personal two-way radio signals. Care should be exercised to protect patient confidentiality when using two-way radios.

Volunteer Insurance

Volunteers are encouraged to check the limitations of their own insurance policies related to coverage in volunteer service. The Kentucky Commission on Community Volunteerism and Service offers volunteer insurance. The cost is approximately \$17.00 per year. Go to <http://chfs.ky.gov/dhss/kccvs/insurance.htm> for more information or call (502) 564-7420 or (800) 239-7404.

Kentucky Good Samaritan Law

Kentucky's *Good Samaritan Law* states in KRS 411.148 that no physician, nurse, EMT, person CPR certified or any board of education employee shall be liable in civil damages for administering emergency care or treatment at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment excluding house calls, for acts performed at the scene of such emergency, unless such acts constitute willful or wanton misconduct.(2) Nothing in this section applies to the administering of such care or treatment where the same is rendered for remuneration or with the expectation of remuneration. (<http://www.lrc.ky.gov/KRS/411-00/148.PDF>)

However, volunteers should be aware that in 1979 the Office of the Attorney General gave an advisory opinion and questioned the constitutionality of this law under the Kentucky Constitution. (<http://kbn.ky.gov/practice/goodsam.htm>)

Information on the Kentucky Good Samaritan Act of 2007 can be found at: <http://www.lrc.ky.gov/record/07rs/hb287.htm>

Professional Liability Coverage

Professional liability coverage may be extended to volunteers through local county agency policy *but only while acting at the direction of, and within the scope of their duties for the agency*. Many government agencies such as local health departments and emergency management have professional liability through Kentucky Association of Counties (KACo). This coverage is limited to nurses, paramedics and emergency medical technicians. It does **not** cover physicians. Your MRC Coordinator has information about liability coverage in your county.

Worker's Compensation Coverage

All MRC volunteers complete an enrollment form (Form 1) with KY Division of Emergency Management before approval in the K HELPS Database. The MRC Unit Coordinator gives a copy of your form to the Regional & County Emergency Management Directors. This form certifies your participation and eligibility for Worker's

Compensation. Remember: You are not considered under coverage until you have signed in and received an official assignment at the volunteer mobilizations site. The volunteer mobilization site in _____ County is _____ (Workers Compensation Coverage Limitations, Appendix I).

Denial of Membership

An applicant may be denied membership in the _____ County Medical Reserve Corps for, but not limited to, the following:

- Submitting false information in the K HELPS / MRC registration process.
- Result of a Criminal Record Check (See Criminal Record Check Policy & Procedure policy # _____ page _____)

Dismissal from MRC Team

A volunteer may be dismissed from service in the _____ County Medical Reserve Corps for, but not limited to, the following:

- Violation of confidentiality
- Violation of the Code of Conduct
- Criminal activity as defined by the local Criminal Record Check Policy

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SAMPLE POLICY & PROCEDURES

Woodford County
Medical Reserve Corps/Community Emergency Response Team
MRC/CERT Criminal Record Check Policy
Valid Operator's License DRAFT August 20, 2007

The Mission of the MRC/CERT Team is to strengthen community preparedness and response to emergency situations through the formation of trained volunteers to assist the people of Woodford County. Volunteers have medical and non-medical backgrounds. The community should recognize volunteer MRC/CERT Team members to be responsible, trustworthy and a resource in time of disaster.

This policy addresses the KY Department for Public Health recommendation for criminal record checks on team members as well as addressing the requirement of a valid operator's license. Record checks protect the citizens in the community as well as team integrity. It is the policy of the Woodford County MRC/CERT Team that criminal record checks shall be done.

Purpose

This policy defines guidelines that prevent membership in the Woodford County MRC/CERT Team. Record check information is confidential. The services of a potential volunteer shall be evaluated on a case-by-case basis for violations that may show on a criminal record check. The services of a potential volunteer shall not be accepted if the criminal record check shows:

1. Registration as a sex offender
2. Conviction of a felony
3. Conviction of a misdemeanor in the past 5 years
4. Conviction of a criminal violation in the past 2 years
5. Conviction of DUI in the past 5 years
6. Current EPO or DVO in place

Case-by-Case Review

Evaluation will determine if past conduct is compatible with working as a MRC/CERT volunteer. Consultation may include MRC/CERT Program Coordinator, Woodford County Health Department Director, Emergency Management Director and the Woodford County Attorney. The volunteer shall be given the opportunity to provide evidence of mitigating circumstances prior to a decision being made concerning qualifications to serve.

Appeal

Any volunteer whose services are rejected as a result of information received from the criminal record check may appeal such decision if the volunteer believes the decision was based on inaccurate information.

Valid Operator's License

Individuals operating a vehicle as a MRC/CERT Team volunteer shall be required to show proof of valid operator's license prior to deployment. The license of the volunteer shall be checked at the Emergency Operation Center (E.O.C.) prior to assignment. MRC/CERT volunteers are not operating as a team member until officially registered with Emergency Management at the E.O.C.

Montgomery County Medical Reserve Corps Criminal Record Check

Effective Date:

Policy

The Montgomery County MRC will complete a criminal record check on all applicants to the MRC Team. Record check information is confidential.

Purpose

To comply with the KY Department for Public Health's recommendation for criminal record checks on team members and to define guidelines that constitute denial of team membership. Record checks protect the citizens in the community as well as team integrity.

Procedure

1. All applicants/potential volunteers shall be provided with a criminal background check request form for completion as part of the application process and return it to the MRC Coordinator.
2. The services of a potential volunteer shall be evaluated on a case-by-case basis for violations that may show on a criminal record check.
3. The following violations constitute grounds for denial of membership of applicants to the team. The services of an applicant **shall not** be accepted if the criminal record check shows :
 - a. Registration as a sex offender
 - b. Conviction of a felony
4. The following violations will be reviewed on a case-by-case basis as outlined below in #5. The services of an applicant **may not** be accepted if the criminal record check shows:
 - a. Conviction of a misdemeanor in the past 5 years
 - b. Conviction of a criminal violation in the past 2 years
 - c. Conviction of DUI in the past 5 years
 - d. Current EPO or DVO in place
5. **Case-by-Case Review:** Evaluation will determine if past conduct is compatible with working as a MRC volunteer. Consultation may include Montgomery County MRC Coordinator, Montgomery County Health Department Director, Montgomery County Health Department Director of Community Health Nursing, Emergency Management Director and the Montgomery County Attorney. The volunteer shall be given the opportunity to provide evidence of mitigating circumstances prior to a decision being made concerning qualifications to serve.
6. **Appeal:** Any volunteer whose services are rejected as a result of information received from the criminal record check may appeal such decision if the volunteer believes the decision was based on inaccurate information.

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APPENDIX A

Incident Command

Incident Command System

Incident Command

Has responsibility for managing the overall response. The PHD will advise the County Judge Executive on pandemic influenza issues. The Woodford County Health & Medical Coordinator is the PHD. The Health & Medical Coordinator sets incident objectives, strategies, and priorities and has overall responsibility of the operation.

ICS Positions use distinct titles:

Incident Commander (The person who will lead)

This person manages the overall response effort including the other functions listed below.

Command Staff Positions Include:

Public Information Officer

Coordinates all incident related public information and works with the media. The Public Information Officer (PIO) is responsible for getting information out to medical providers/ the public and participates in the Joint Information System (JIS).

Liaison Officer

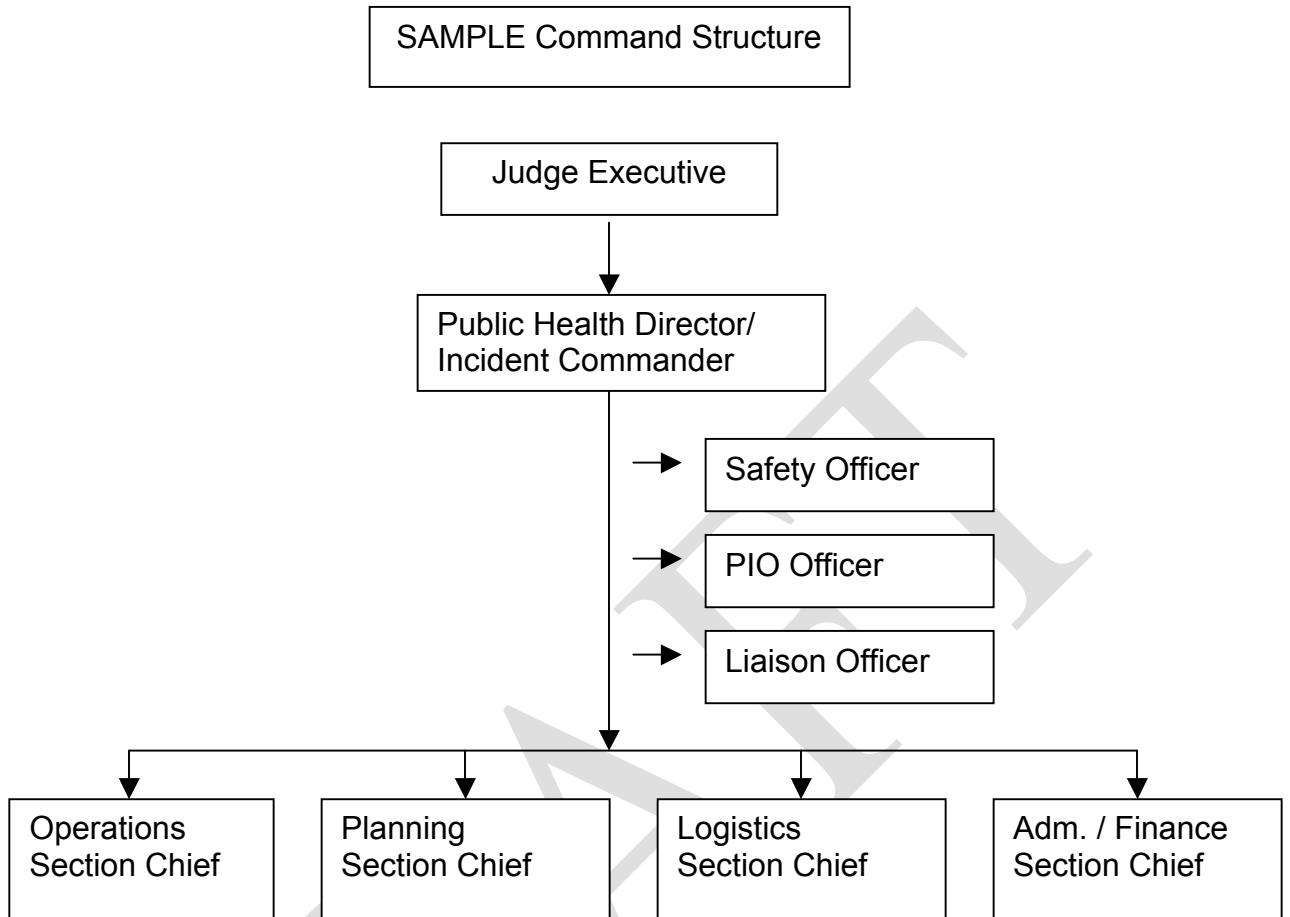
This position serves as the contact person for other agencies involved in the response. The Liaison Officer is responsible to work with community agencies and may represent health and medical at the County Emergency Operations Center (EOC).

Safety Officer

This position is responsible for making sure all response personnel are working under safe conditions.

General Staff include:

- **Operations Section Chief** (*The person who will do the work / carries out the plan*) has responsibility for whatever the agency does in an emergency to respond to community needs. Directs the carrying out of initial response functions, some of which may be delegated to other staff.
- **Planning Section Chief** (*The person who writes the plan & determines options available*) gathers facts and provides current information on the agency situation. Projects short and long term needs for client and agency recovery.
- **Logistics Section Chief** (*The person to provide support and get the resources*) responsible for getting everything operations needs (supplies, personnel) to function to ensure the health and safety of clients, staff and volunteers.
- **Administration/Finance Section Chief** (*The person who will track costs and keep records*) oversees the processing and documenting of all disaster related costs.



Appendix B

National Incident Management System (NIMS) Definitions

- Command: The act of directing or controlling resources under the authority of explicit legal or agency authority or delegated authority. May also refer to the Incident Commander.
- Command Post: An area where the *Incident Commander* can optimally see at least two sides of the incident and where on scene personnel can find and communicate face to face with the Incident Commander.
- Command Staff: Consists of the Public Information Officer (PIO), Safety Officer (SO) and Liaison Officer (LNO). They report directly to the Incident Commander.
- Emergency: Absent a Presidentially declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an 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, or to lessen or avert the threat of a catastrophe in any part of the United States.
- Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place.
- General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of Operations, Planning, Logistics, Finance/Administration. Each area is managed by a Section Chief.
 - Operations Section: Directs all incident tactical resources to accomplish goals and objectives developed by Command. Includes Branches, Divisions and/or Groups, Task Forces, Strike Teams, Single Resources, and Staging Areas.
 - Planning Section: Collects, evaluates and disseminates information related to the incident, and prepares and documents the Incident Action Plan. The Section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident.
 - Logistics: Provides services and supplies needed to support incident tactical operations.
 - Finance/Administration: Responsible for managing all financial aspects of an incident
- Hazards: Any situation or substance that can harm the health, property, environment, or system operation of persons involved in an incident.
- Incident: Any 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, wildland 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 Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident.
- 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 Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed.
- Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is 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. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.
- Incident Management Team (IMT): The Incident Commander and appropriate Command and General Staff personnel assigned to an incident.
- Incident Types: Incidents are categorized by five types based on complexity. Type 5 incidents are the least complex and Type 1 the most complex.
- Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident.
- Leader: The ICS title for an individual responsible for a Task Force or Strike Team.
- Liaison Officer: Serves as a point of contact between the Incident Commander and the Agency Representatives of the assisting and cooperating agencies supporting the incident.
- Logistics: Providing resources and other services to support incident management.
- National Incident Management System (NIMS): A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector; and nongovernmental 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 Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology.
- Public Information Officer (PIO): A member of the command staff that offers information relevant to the incident to the public and media or with other agencies with incident-related information requirements.
- Rehab: Safe area near the incident site that provides a means for personnel to break from the action, replenish equipment, and rest.
- Safety Officer: Person responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety. The Safety Officer may have Assistants.

- Sector: An area of operations assigned by the *Incident Commander* or *Operations Officer* responsible for strategy and tactics of a special area of the incident.
- Single Resource: an individual, a piece of equipment and its personnel complement, or a team with an identified work supervisor that can be used on an incident. (i.e. three dump trucks, each with a driver could be considered a single resource).
- 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: A designated area for apparatus and personnel to locate and maintain a state of readiness.
- Strike Team: a specific combination of the same kind and type of resources with common communications and a leader (i.e. a team of nurses)
- Team Leader: MRC volunteer in charge of a group of volunteers for call trees or in response to an incident.
- Task Force: a combination of single resources assembled for a specific tactical need with common communications and a leader (i.e. an epi, two environmentalists, two nurses, clerk)

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Appendix C

MRC Core Competencies

In partnership with the National Association of City and County Health Officials, the MRC Program Office has identified eight core competencies for MRC volunteers. Although these core competencies are not a requirement, they are recommended for all units because they establish a minimum baseline for volunteers that will help them function effectively. These core competencies are appropriate for all volunteers, regardless of background. Competencies for specific medical and health volunteers have not been established at this time.

All active members of a MRC unit, at a minimum, are encouraged to be able to:

1. Describe the procedure and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.
2. Document that the MRC member has an existing personal and family preparedness plan.
3. Describe the chain of command (e.g., Emergency Management Systems, ICS, NIMS), the integration of the MRC, and its application to a given incident.
4. Describe the local MRC unit's role in public health and/or emergency response and its application to a given incident.
5. Describe the MRC member's communication role(s) and processes with response partners, media, general public, and others.
6. Describe the impact of an event on the mental health of the MRC member, responders, and others.
7. Demonstrate the MRC member's ability to follow procedures for assignment, activation, reporting, and deactivation.
8. Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s).

APPENDIX D



Prepared. On track. Online.



A Learning Management System for Public Health

Initial Registration Instructions to Become a T.R.A.I.N. Learner

How to Create Your Own Learner Record

1. Type "ky.train.org" into the address field of your browser to get to the **KY TRAIN** site. (Remove the http:// and/or www)
2. Click on "Create Account" which appears underneath the login on the left hand side of the screen. (Should only do this once. If login name or password has been misplaced contact Hardin Stevens at 502-564-4990 Ex 3639 or by email at: hardin.stevens@ky.gov).
3. Fill out all the necessary information on the subsequent pages. Required fields are indicated with a red asterisk (*). **Do not hit the "Back" button at any time during the registration process.**
4. Answer the secret question at the bottom of the page with an easy-to-remember, one-word answer. In the event that you forget your password, this question will be posed as a security measure during the password retrieval process. Click "Next" when finished.
5. On the resulting page, you will be asked to provide your location, job role and additional professional information. Please select up to 3 professional roles that best match your job description. Some roles may require you to select a specialization from the adjacent drop down menu. If you select "Other," please type your specialization in the space provided. Click "Next" when finished.
6. MRC Member – Leave this unchecked unless you are a member and Click "Next".
7. On the resulting page, please select the 3 settings that best fit your work environment. Click "Next" when finished.
8. On the resulting page, additional demographic information will be requested. This information is not required for registration. Click "Continue" to finish registering for **TRAIN**. You are now free to enter the site.

Note: Learner information can be edited at any time after registration under "My Account" of the My Learning Record. **It is important to keep this information current.**

A screenshot of the TRAIN Kentucky website's login and registration interface. At the top, it says "Member Login" in blue. Below that are labels for "Login Name:" and "Password:". There is a "Login" button. A link for "Forgot Password?" is shown with a right-pointing triangle. A horizontal line separates this from the "Create an Account" section, which also has a right-pointing triangle. Below the line, it says "To take advantage of TRAN click on 'Create Account':" followed by a "Create Account" button.

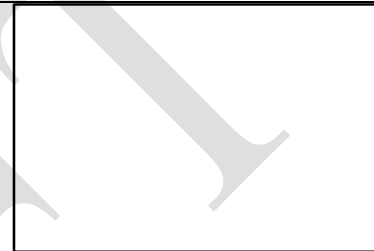


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1. Log on to the TRAIN site.
2. From the home page, click “My Account” from the “My Learning Record” box located on the right hand side of the page.
3. On the resulting pages, update information as needed (including your password, if desired) by clicking on either the “Details” or “My Profile” tab.



**HOW TO REGISTER FOR COURSE, COMPLETE EVALUATION
AND RECEIVE CONTACT HOUR(S) OR CERTIFICATE OF ATTENDANCE**

- Logon to: ky.train.org (remove the http:// and/or the www)
- Enter the Login Name and Password that you established as you registered as a T.R.A.I.N. learner.
 - **(If you have not registered as a T.R.A.I.N. learner click the Create Account and follow the Becoming an Initial User instructions that are attached.)**
 - **If an account has been set up, but have misplaced Login Name or Password contact: Hardin Stevens at 502-564-4990 Ex 3639, E-Mail: hardin.stevens@ky.gov**
- **Click the Login button**
- **Enter the Course ID Number in the “Search By Course ID” box on the right side of the Homepage**
 - **This number should be provided to you by the Course Provider.**
- **Click the title of the course/offering**
- **Click the Registration Tab**
- **Select from the Credit Type dropdown the appropriate credit type (Do not choose “None”).**
- **Click on the Register button to the right of the session location. (Screen will refresh)**
- **Click on the Home Tab**
- **Click on My Learning under the My Learning Record to confirm that registration went through.**
(Course(s) you are currently registered for will appear in center of page.)

TO MARK COURSE AS COMPLETE:

After completion of course/offering return to your TRAIN account.

- Click on “My Learning” under the “My Learning Folder”.
- Click on the **M** to the right of the course title that you completed.
- Click on “Completed”
- Click “Start Evaluation “ to complete it
- Return to the Homepage
- Click on the “Certificate” folder
- Click on the title of the course and you may view/print the Certificate

If course provider verified your attendance before you mark yourself complete there will be the text “There Are Pending Evaluations” above the “My Learning Record”, click on it to access the evaluation.

TO WITHDRAW FROM A COURSE:

Login to T.R.A.I.N. and click on My Learning under the My Learning Folder.

Click on the **M** beside of the course that you wish to withdraw, click “Withdraw”, OK and Back.



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HOW TO LAUNCH AN ONLINE MODULE

- Logon to: ky.train.org (remove the http:// and/or the www)
- Enter the Login Name and Password that you established as you registered as a T.R.A.I.N. learner.
 - **(If you have not registered as a T.R.A.I.N. learner click the Create Account and follow the Becoming an Initial User instructions that are attached.)**
 - **If an account has been set up, but have misplaced Login Name or Password contact: Hardin Stevens at 502-564-4990 Ex 3639, E-Mail: hardin.stevens@ky.gov**
- Click the Login button
- Enter the Course ID Number in the “Search By Course ID” box on the right side of the Homepage
 - **This number should be provided to you by the Course Provider.**
- Click the title of the course/offering
- Click the Registration Tab
- Select from the Credit Type dropdown the appropriate credit type (Do not choose “None”).
- Click on the Launch button to the right. (Screen will refresh)
- Once the course appears an instructional screen will appear to assist you with navigation through the course module.

For assistance contact the Training Branch staff at: 502-564-4990 or by E-Mail:

Hardin.stevens@ky.gov; David Knapp–david.knapp@ky.gov; betsyl.mcdowell@ky.gov;
 VivEllen Chesser–vivellen.chesser@ky.gov; Steve Sieberts – steve.sieberts@ky.gov;
 Dawn Terry – dawn.terry@ky.gov; Danny Robinson – danny.robinson@ky.gov;
 Joa Harville – joa.harville@ky.gov; Patricia Brown – patricia.brown@ky.gov



Appendix E MEDICAL RESERVE CORPS / K HELPS TRAINING MATRIX

	TRAIN #	CEU'S	MRC-MEDICAL	MRC-NON MEDICAL	Date Completed	Core Competency met
Level 1 – Basic (RED)						
KY DPH MRC Orientation	1009215	1	M	M		4,7,8
KY DPH An Introduction to NIMS	1009103	1	M	M		3
ICS-100 Introduction to ICS	1002558	0.3	R	R		3
Level 2 – Intermediate (YELLOW)						
Complete Level 1 Requirements and:						
SNS 100 Introduction, Terms & Concepts Introduction to the Department Operations Center (DOC)	1010328	1.0	R	R		
SNS 110 Point of dispensing (POD) Staff Introductory Level Training	1010329	1.0	R	R		
SNS 120 Distribution Node (DN) Staff Introductory Level Training						
*KY DPH MRC Family Disaster Plan	1009110	0.5	R	R		1,2
Level 3 – ADVANCED (GREEN)						
Complete Level 2 Requirements and:						
MRC Infection Control	1004805	1	O	R		
KY DPH MRC Psychology of Disaster	1009534	1	R	R		6
MRC Category “A” Agents	1004807	1.4	R	R		
IS-200 Single Resources, Incident Action Plan	1005012	0.3	O	O		
IS-800 National Response Plan (NRP)	1002551	0.3	O	O		

SNS 210 Dispensing (Level 2 Jurisdictional)	Available soon		O	O		
SNS 220 Distribution Node (Level 2 Jurisdictional)	Available soon		O	O		
**Psychological Impact of Disasters & Catastrophic Events (2 parts: On-line + On-site)	1008507	2.5	O	O		
*KY DPH MRC Risk Communication	1009111	0.5	R	R		5
TEEX-WMD: Incident Command/Unified Command	***		O	O		
Level 4 – Leadership (Kentucky Blue)	Complete Level 3 Requirements and:					
ICS-300 Intermediate ICS for Expanding Incidents	***		O	O		
ICS-400 Advanced Incident Management System	***		O	O		
SNS-300 Management Considerations	Available soon		O	O		

*Family Disaster Plan and Risk Communication must both be taken to earn the total of 1.0 CEU.

**Two part course. The first part can be completed on line. For scheduling of the on-site portion in your area, see you MRC Coordinator.

***These courses are offered on occasion in the state. Check with MRC coordinator or visit <http://kyem.ky.gov/training/>

KEY: M = Minimum training an individual should complete to effectively assist during a community response to an event.

R = Recommended training for an individual that will enhance their ability to assist during a community response to an event.

O = Optional training for an individual that will maximize their ability to assist during a community response to an event.

NOTE: This matrix is to be used as a tool for state & local agency use. It is only a recommendation based on input from multiple agencies. Each agency should determine and set their own training requirements according to internal policies and procedures.

COURSE DESCRIPTIONS

LEVEL 2

SNS 100 Introduction, Terms & Concepts

This introductory level training will introduce the participant to the Strategic National Stockpile, federal repository of pharmaceuticals and medical supplies for emergencies/disasters.

Objectives: Define the Strategic National Stockpile (SNS), describe the concept for communities to receive the SNS, identify SNS contents. Estimated time of completion for this module: 30 minutes.

SNS 110 Point of Dispensing (POD) Staff Introductory Level Training

This introductory level training will introduce participants to Points of Dispensing (POD) Operations. The Point of Distribution (POD) module will introduce the participant to the concepts associated with distributing emergency supplies to communities. Objectives: Describe the purpose of a Point of Dispensing (POD), discuss when it may be necessary to open a POD, define the goal of a POD, recommend an Incident Command Structure (ICS) for the organization of POD staff, recommend minimum job functions for a POD, recommend job action sheets (JAS) for POD functions, identify a possible POD flow diagram. Estimated time of completion for this module: 30 minutes.

Kentucky Department of Public Health MRC Family Disaster Plan

This module describes the procedure and steps necessary for the MRC member to protect health, safety, and overall wellbeing of themselves, their families, the team and the community.

Different types of disasters and how individuals and families can better prepare are described.

The module takes approximately 30-45 minutes to complete. This course is a prerequisite for the MRC Risk Communication Training Module.

SNS 120 Distribution Node (DN) Staff Introductory Level Training

This introductory level course will introduce participants to the Distribution Node (DN) and its function in the distribution of emergency supplies. The Distribution Node (DN) module provides awareness level training on the receipt, storage, and distribution of SNS assets. Objectives: Describe a Distribution Node (DN), list events that could cause a DN to be utilized, summarize the purpose of a DN, describe job functions in a DN. Estimated time of completion for this module: 30 minutes.

Introduction to the Department Operations Center (DOC)

This introductory level training will introduce the participant to a Department Operations Center. The Department Operations Center (DOC) section will introduce the participant to the concept of managing an agencies response under the direction of a DOC and how the DOC fits into overall community response. Objectives: State the purpose and function of the Department Operations Center (DOC), describe the difference between the DOC and the Emergency Operations Center (EOC), describe the Incident Command Structure of a DOC and the duties of the staff, describe the operational phases of a DOC activation, state the requirements for DOC location, activation, operations, and deactivation, list the documentation requirements of DOC operations, including After Action Reports (AAR). Estimated time of completion for this module: 30 minutes.

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LEVEL 3

MRC Infection Control

The course helps MRC volunteers identify possible infection control hazards and safe practices when working in an environment where bloodborne or airborne pathogens are present.

Kentucky Department of Public Health MRC Psychology of Disaster

This module describes the impact of an event on the mental health of the MRC member, responder and others. This course introduces Psychology of Disaster and takes approximately 45-60 minutes to complete. This is an awareness level course.

Objectives: Describe the disaster and post-disaster emotional environment, describe the steps that responders can take to relieve their own stress and those of disaster survivors, identify "Psychological First Aid" concepts, describe Kentucky's Disaster Behavioral Health Assets-Emergency Support Function-8 (ESF-8).

MRC Category "A" Agents

The module identifies category "A" biological agents, their signs, symptoms and treatments. The module also discusses emergency infections and their possible threat. Objectives: Discuss three emerging infections and their possible threat, and identify Category A Biological agents, their signs/symptoms and treatments.

IS-200 Single Resources, Incident Action Plan

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

IS-800 National Response Plan (NRP)

The [National Response Plan](#), or NRP, specifies how the resources of the Federal Government will work in concert with State, local, and tribal governments and the private sector to respond to Incidents of National Significance. This course introduces you to the NRP, including the concept of operations upon which the plan is built, roles and responsibilities of the key players, and the organizational structures used to manage these resources. The NRP provides a framework to ensure that we can all work together when our Nation is threatened.

SNS 210 Dispensing (Level 2 Jurisdictional)

This course is currently under development and will be available soon.

SNS 220 Distribution Node (Level 2 Jurisdictional)

This course is currently under development and will be available soon.

Psychological Impact of Disasters & Catastrophic Events

This is a 2 part course. The first part must be completed on-line on TRAIN. The second part is in the classroom. The ON-LINE COURSE and EVALUATION MUST be completed BEFORE attending a FACE-TO-FACE training. You MUST bring your certificate from the module to be admitted to the face-to-face training.

This training will include information on the following topics: types of trauma caused by disaster, phases of disaster, and risk factors that make disasters and terrorist events psychologically toxic for survivors and responders. Participants will learn the factors and situations that influence psychological response; assessment of community needs; effects of terrorism before, during and after impact; types of terrorist agents (CBRNE) and the

psychological reactions likely with each. Participants will learn the types of crisis intervention and mental health services applicable in the aftermath of disaster and terrorism, and will practice numerous interventions. Recent innovations in service delivery as a result of mass terrorism and disaster will be presented. The Oklahoma City bombing, the September 11, 2001 attacks, Hurricane Katrina, Pandemic Influenza, and Severe Acute Respiratory Syndrome (SARS) will be used as case studies, and students will participate in a variety of small group learning exercises and scenarios.

Kentucky Department of Public Health MRC Risk Communication

This module describes the MRC member's communication role(s) and processes with response partners, media, general public and others. This awareness level course defines Risk Communication, "The Seven Cardinal Rules of Risk Communication" and "The 10 Deadly Sins of Communication". This course should take approximately 30 minutes to complete.

Objectives: The overall objective of risk communications is to establish and maintain the public confidence by providing information, identify the purpose of Risk Communication, define the role of the Public Information Officer, list the 10 Deadly Sins of communication.

TEEX-WMD: Incident Command/Unified Command

This 8 hour course trains emergency responders and their supervisors and managers in the skills necessary to effectively plan for and manage a WMD/terrorism incident by adapting the existing Incident Command System (ICS) to the unique challenges posed by the integration of local, state, and federal agencies and departments into a unified command structure. The course uses a multidiscipline, jurisdictional teambuilding approach to accomplish the learning objectives. Upon course completion, participants will possess a working knowledge of local, state, and federal agency roles and responsibilities and their integration into a unified command system for crisis or consequence management.

This course is brought to Kentucky by request. Please ask your MRC Coordinator if you are interested in attending this course. (<http://teexwmdcampus.com>.)

LEVEL 4

ICS-300 Intermediate ICS for Expanding Incidents

ICS-300 and ICS-400 courses are courses conducted in a classroom. Both the Emergency Management Institute and the National Fire Academy sponsor NIMS compliant ICS-300 and 400 training. Please contact your local or State's Emergency Management Agency or State Fire Academy for details about when and where these courses will be available.

(<http://kyem.ky.gov/training/>)

ICS-400 Advanced Incident Management System

ICS-300 and ICS-400 courses are courses conducted in a classroom. Both the Emergency Management Institute and the National Fire Academy sponsor NIMS compliant ICS-300 and 400 training. Please contact your local or State's Emergency Management Agency or State Fire Academy for details about when and where these courses will be available.

(<http://kyem.ky.gov/training/>)

SNS-300 Management Considerations

This course is currently under development and will be available soon.

Appendix F

STANDARD PRECAUTIONS

Standard Precautions are basic infection control guidelines for preventing the spread of diseases. These “work practices” should be used in the care of ALL patients ALL of the time—even if they don’t seem sick! Using standard precautions reduces your risk of getting an infection from someone else, whether you know they are ill or not.

Standard Precautions should be used with every patient AND when you have contact with:

- Blood
- All other body fluids, secretions and excretions (except sweat), even if you don’t see blood
- Broken skin
- Mucous membranes (like the inside of the eyelids, nose or mouth)
- Dried blood and body fluids, including saliva

Preventing Disease Transmission

When you follow standard precautions, you reduce your risk of getting a disease or infection. Whenever possible, you should:

- Avoid contact with blood and other body fluids.
- Avoid touching objects that may be soiled with blood or other body fluids.
- Cover any cuts, scrapes or sores before you put on protective equipment, such as gloves.
- Remove jewelry such as rings and watches before giving care.
- Avoid eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, or touching your mouth, nose or eyes when you may be exposed to infectious materials.
- Place barriers between you and a person’s blood or other body fluids using such items as:
 - Disposable gloves
 - Protective eyewear (goggles, glasses, face shield)
 - CPR breathing barriers (CPR mask or face shield)

Hand Washing is the single most important thing you can do to prevent the spread of infection!! Wash your hands following contact with blood & body fluids (liquid or dried), broken skin, mucous membranes. (See following page for general information on hand washing and proper hand washing technique).



Remember:

- Assume that all patients have a disease or illness that can be spread to you. You cannot tell if a person is infected with a bloodborne disease by their appearance.
- Assume that all blood or body fluids are possibly infected with germs that can make you sick.
- After coming into contact with a patient, avoid touching your mouth, nose, or eyes until you have washed your hands thoroughly. Hand sanitizer may be used.
- If you are involved in any situation involving blood or other potentially infected materials, make sure to avoid getting another person's blood or body wastes on your skin or mucous membranes by wearing protective equipment.



*****To learn more about how to protect yourself while helping others, call your local health department and enroll in a First Aid course.***

Appendix G

Clean Hands Save Lives: Emergency Situations

After an emergency, finding running water can be difficult. However, keeping your hands clean helps you avoid getting sick. It is best to wash your hands with soap and water for 20 seconds. However, when water is not available, you can use alcohol-based hand products made for washing hands (sanitizers).

When should you wash your hands?

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after caring for someone who is sick
- After handling uncooked foods, particularly raw meat, poultry, or fish
- After blowing your nose, coughing, or sneezing
- After handling an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound

Using alcohol-based hand sanitizers

When your hands are visibly dirty, you should wash them with soap and water when available. However, if soap and water are not available, use alcohol-based hand sanitizers.

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until your hands are dry.

Note: the volume needed to reduce the number of germs on hands varies by product.

Washing with soap and water

1. Place your hands together under water (warm water if possible).
2. Rub your hands together for at least 20 seconds (with soap if possible). Wash all surfaces well, including wrists, palms, backs of hands, fingers, and under the fingernails.
3. Clean the dirt from under your fingernails.
4. Rinse the soap from your hands.
5. Dry your hands completely with a clean towel if possible (this helps remove the germs). However, if towels are not available it is okay to air dry your hands.
6. Pat your skin rather than rubbing to avoid chapping and cracking.
7. If you use a disposable towel, throw it in the trash.

Remember: *If soap and water are not available, use an alcohol-based hand sanitizer.*

For more information, visit www.bt.cdc.gov/disasters, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

Also visit
www.cdc.gov/cleanhands

Appendix H Spanish Quick Reference

English	Spanish (Español)	Pronunciation
My name is	Mi nombre es _____	(Mee 'nohm-breh es _____)
What is your name?	¿Cual es su nombre?	(kwahl es soo 'nohm-breh)
We're going to help.	Vamos a ayudar	('vah-mohs ah ah-yoo-dahr)
Are you in pain?	¿Tiene dolor?	(tee-'eh-neh doh-'lohr)
Where does it hurt?	¿Donde le duele?	('dohn-deh le 'dweh-leh)
Point to where it hurts	Señale donde le duele	(seh-'nyah-'leh 'dohn-deh le 'dweh-leh)
Do you have a family?	¿Tiene usted familia?	(Tee-eh-neh oo-'stehd fah-'mee-lee-ah)
Where are they?	¿Donde están?	('dohn-deh 'ehs-tahn)
How many in your family?	¿Cuántos hay en su familia?	('kwahn-tohs hi en soo fah-'mee-lee-ah)
What is happening?	¿Que pasa?	(keh 'pah-sah)
Are you tired?	¿Está cansado/a	('ehs-tah kahn-'sah-doh)
Are you thirsty?	¿Tiene sediento?	(Tee-eh-neh seh-dee-'ehn-toh)
Are you hungry?	¿Tiene hambre?	(Tee-eh-neh 'ahm-breh)
Are you cold?	¿Tiene frio?	(Tee-eh-neh free-oh)
Do you need a telephone?	¿Necesita usted el telefono?	(Neh-seh-'see-tah oo-'stehd ehl the-'leh-fon-noh)
Do you need a bathroom?	¿Necesita usted el bano?	(Neh-seh-'see-tah oo-'stehd ehl 'bah-nyoh)
Do you take medicine?	¿Toma usted medicina?	('toh-meh oo-'stehd meh-dee-'see-nah)
Do you have medicine with you?	¿Tiene usted su medicina aqui?	(Tee-eh-neh oo-'stehd soo meh-dee-'see-nah ah-kee)
Does medicine need to be in the refrigerator?	¿Necesita la medicina estar en el refrigerador?	(Neh-seh-'see-tah lah meh-dee-'see-nah ehs-'tahr en el reh-free-heh-rah-'dohr)
Do you need help?	¿Necesita usted ayuda?	(Neh-seh-'see-tah oo-'stehd ah-'yoo-dah)
Are you sick?	¿Puede usted enfermo?	('Pweh-deh oo-'stehd ehn-fehr-'moh)
Can you move?	¿Puede moverse?	('Pweh-deh oo-'stehd moh-'behr-seh)
Does it hurt?	¿Le duele?	(le 'dweh-leh)
Can you breathe?	¿Puede usted respirar	('Pweh-deh oo-'stehd rehs-'pee-rah)
Can you see?	¿Puede usted ver?	('Pweh-deh oo-'stehd behr)
Can you hear?	¿Puede usted oír?	('Pweh-deh oo-'stehd oh'-eer)
Can you talk?	¿Puede usted hablar?	('Pweh-deh oo-'stehd ah-'blahr)
Can you walk?	¿Puede usted caminar?	('Pweh-deh oo-'stehd

		kah-mee-‘nahr)
More slowly!	¡Más despacio!	(mahs dehs-‘pah-see-oh)
Again	Otra vez	(‘oh-trah behs)
Hello	Hola	(‘oh-lah)
Do you speak English?	¿Habla Inglés?	(ah-blah een-glehs)
I don’t understand!	¡No entiendo!	(noh ehn-tee-‘ehn-doh)
I speak little Spanish	Hablo poquito Español.	(‘ah-bloh poh-‘kee-toh ehs-pah-‘nohl)

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Key Words		
What	Qué	(keh)
When	Cuándo	(‘kwahn-doh)
Where	Donde	(‘dohn-deh)
Who	Quién	(kee-‘ehn)
Which	Cual	(kwahl)
Why	Por qué	(pohr keh)
Because	Porque	(pohr-keh)
How old?	Cuántos años tiene?	(‘kwahn-tohs ‘ah-nyohs tee-‘eh-neh)
How many?	Cuántos tiene?	(‘kwahn-tohs tee-‘eh-neh)
Please	Por Favor	(pohr fah-‘bohr)
Want to	Quiere	(kee’eh’reh)
Head	La Cabeza	(lah kah-‘beh-sah)
Arm	El brazo	(ehl ‘brah-soh)
leg	La Pierna	(lah pee-ehr-nah)
chest	El pecho	(ehl ‘peh-choh)
stomach	El Estomago	(ehl ehs-‘toh-mah-goh)
back	La espalda	(lah ehs-‘pahl-dah)
knee	La Rodilla	(lah roh-‘dee-yah)
foot	El pie	(ehl ‘pee’eh)
shoulder	El hombro	(ehl ‘ohm-broh)
Water	El agua	(ehl ‘ah-gwah)
Food	La Comida	(lah koh-‘mee-dah)
Blanket	La Colcha or Cobija	(lah kohl-chah) (lah koh-‘bee-hah)
Medicine	La Medicina	(lah meh-dee-‘see-nah)
Glass	El Vaso	(ehl ‘bah-soh)
Coffee	El café	(ehl kah-feh)
A glass of water	Un vaso de agua	(oon ‘bah-soh day ‘ah-gwah)
Grandfather	El abuelo	(ehl ah-‘bweh-loh)
Grandmother	La abuela	(lah ah-‘bweh-lah)
Mother	La madre	(lah ‘mah-dreh)
Father	El padre	(lah ‘pah-dreh)
Boy, Child	El Niño	(ehl ‘nee-nyoh)
Teenage male	El Muchacho	(ehl moo-‘chah-choh)
Teenage female	La Muchacha	(lah moo-‘chah-chah)
Son	El Hijo	(ehl ‘ee-hoh)
Daughters	Las Hijas	(lahs ‘ee-hahs)
Baby	El Bebe	(ehl beh-‘beh)
Yes	Sí	(see)
No	No	(no)
Thank you	Gracias	(‘grah-see-ahs)

Appendix I

39C.110 WORKERS' COMPENSATION COVERAGE—Limitations

Local emergency management agencies, including local directors or their deputies, and other local emergency management agency staff personnel and workers, and local emergency management agency-supervised operating units or personnel officially affiliated with the local disaster and emergency services organizations pursuant to KRS 39B.070, paid or volunteer, for the purposes of receiving workers' compensation benefits paid by the division, shall be covered by those benefits when performing emergency assessment, mitigation, preparedness, response, or recovery functions, with the following limitations:

- (1) The local emergency management agencies, including local directors or staff personnel and workers, and local emergency management agency-supervised operating units or personnel, shall not be covered when performing fundraising functions, unless all proceeds of the function are to be dedicated to the administration or operation of the local emergency management agency or operating unit.
- (2) No person shall be covered when performing hazardous materials emergency response operations defined in 29 C.F.R. 1910.120 which are above the first-responder operations level, on-scene incident commander level excluded, except as provided in subsection (3) of this section.
- (3) A volunteer hazardous materials response team as defined in 29 C.F.R. 1910.120 which meets all provisions of 29 C.F.R. 1910.120(q), operates on a regional basis, and is supervised by a local emergency management agency may, by action of the director pursuant to administrative regulations, be provided Kentucky emergency management workers' compensation coverage. Such hazardous materials response teams shall take no actions involving environmental clean-up, removal, or transportation of hazardous substances or materials except as may be essential for initial emergency control or initial emergency stabilization when there is a clear and evident risk of harm to people.
- (4) No personal shall be covered unless enrolled on a workers' compensation enrollment form that is filed with the area manager of the division, except when the magnitude of an emergency, or a preparedness exercise activity, is so great that a local director must solicit additional workers. At these times, the local director may develop and maintain a list of workers, to include names, Social Security account numbers, missions assigned, and dates covered, and submit a copy of the list to the area manager within twenty-four (24) hours of the conclusion of the emergency, or the preparedness exercise activity.

Effective: July 15, 1998

History: Created 1998 Ky. Acts ch. 226, sec. 50, effective July 15, 1998.



Kentucky Division of Emergency Management

WORKERS' COMPENSATION ENROLLMENT FORM

New Member

Updated Enrollment

Name (Last) _____ (First) _____ (Middle) _____

Street / P.O. Box / Route # _____

(City) _____ (Zip Code) _____ (County) _____

Social Security Number _____ DOB _____

Phone: Home _____ Work _____

Sex Male Female

Height _____ Weight _____ Hair Color _____ Eye Color _____

Emergency Services Organization _____

List any Special Training _____

Are you presently any of the following?

1. Volunteer Firefighter Yes No 2. Auxiliary Policeman Yes No

3. Water Rescue Member Yes No 4. Cave Rescue Member Yes No

5. Other: _____

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Date Received in Area Office _____

Criminal Record Check

INSERT RECORD CHECK FORM HERE. The information below does not go to VOLUNTEERS

(Agency Specific-most use AOC or KSP)

Note to Coordinators: *Criminal Record Checks can be done one of 2 ways:*

- 1. Administrative Office of the Courts: Free to government entities. Goes back to 1978. Does not provide Sex Offender Registry information. Form can be obtained at pretrialrecords@kycourts.net.*
- 2. Kentucky State Police: \$10.00 fee unless you can do through your local EM Director. Goes back 80 years. Provides Sex Offender Registry information. Jennifer Gulley in Montgomery County is now also working with her local EM Director on this process. If you would like further information, you may call her.*

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FORM 3A: Volunteer Copy



**Medical Reserve Corps
Confidentiality, Code of Conduct, Standard Operating Guidelines
Certification & Photo Authorization**

I, _____ certify that I have read & understand the _____
(print name)

MRC Standard Operating Guidelines / Team Handbook, have had the opportunity to ask questions and agree to comply with the terms set forth therein, including, but not limited to, Confidentiality & Code of Conduct. I will utilize the Incident Command System and will be accountable to my supervisor / team leader during a response event.

If, for any reason, my membership ceases with the MRC, I agree to return to the MRC Coordinator any equipment issued to me for use in my volunteer service including my MRC name badge.

I understand that photos of me may be taken during training classes, exercises and other events involving MRC. I give permission to use any photograph of me in the advertisement / promotion of the local MRC unit. Photos may be used, but not limited to use, in the following ways: MRC newsletter, local newspaper, _____ website or in other publications.

I understand that this signed and dated document will become a part of my volunteer file.

Signature

Date

FORM 3B: Sign and Return to MRC Coordinator



**Medical Reserve Corps
Confidentiality, Code of Conduct, Standard Operating Guidelines
Certification & Photo Authorization**

I, _____ certify that I have read & understand the _____
(print name)
MRC Standard Operating Guidelines / Team Handbook, have had the opportunity to ask questions and agree to comply with the terms set forth therein, including, but not limited to, Confidentiality & Code of Conduct. I will utilize the Incident Command System and will be accountable to my supervisor / team leader during a response event.

If, for any reason, my membership ceases with the MRC, I agree to return to the MRC Coordinator any equipment issued to me for use in my volunteer service including my MRC name badge.

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I understand that this signed and dated document will become a part of my volunteer file.

Signature

Date

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