Maryland Responds Medical Reserve Corps

Volunteer Management Guide

Version 4.0

2019

TABLE OF CONTENTS

ACRONYM AND TERM LIST

This list reflects the most commonly used acronyms and terms throughout this Guide. Other acronyms are utilized and spelled out as they appear in the document.

ABMS	American Board of Medical Specialties
Administrator Protocols	Administrator protocols for the volunteer Registry
AERT	Animal Emergency Response Team
AOA	American Osteopathic Association
ASCP	American Society for Clinical Pathology
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
DEA	Drug Enforcement Administration
MDH	Maryland Department of Health
ECL	Emergency Credential Level
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EPTF	Emergency Preparedness Task Force
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FCVS	Federation Credentials Verification Service
HAN	Maryland Health Alert Network
ICS	Incident Command System
JITT	Just in Time Training
LHDs	Local Health Departments
MDA	Maryland Department of Agriculture
MDRMRC	Maryland Responds Medical Reserve Corps
MDRMRC Network	Includes State Program, local MDRMRC Units, volunteers, and Advisory Council
MDRMRC Response Team	MDRMRC specialized response team
MDRMRC State Program	MDRMRC program administered at the state level
MDRMRC Unit	MDRMRC Unit administered at the county or city level, also known as local MDRMRC Unit
MEMA	Maryland Emergency Management Agency
MRC	Medical Reserve Corps
NACCHO	National Association of County and City Health Officials
National MRC Program	The federal program that oversees all MRC Units in the United States and territories
OCME	Maryland state Office of the Chief Medical Examiner
OIG	Office of Inspector General
OP&R	Office of Preparedness and Response
RRT	Radiation Response Team
State Administrator	OP&R staff member who administrators the MDRMRC State Program
SUVs	Spontaneous, unaffiliated volunteers
The Guide	MDRMRC Volunteer Management Guide (this current document)
The Registry	MDRMRC Volunteer Registry-Maryland's ESAR-VHP; also known as the Volunteer Management System
Unit Administrator	Person who leads an MDRMRC Unit
VRC	Volunteer Reception Center

CHAPTER 1: INTRODUCTION

A. Purpose

This document was developed by the Maryland Department of Health (MDH), Office of Preparedness and Response (OP&R), Maryland Responds Medical Reserve Corps (MDRMRC) State Program, to strengthen the capacity of the MDRMRC Network. The information contained in this document includes Maryland specific information and serves as a supplement to national Medical Reserve Corps (MRC) Program information and resources. This document is designed to provide MDRMRC Unit Administrators with guidance on building local volunteer management capacity and infrastructure.

This document should be used to assist Unit Administrators in the development of their MDRMRC Unit volunteer management plan and operating procedures. A **MDRMRC Unit Volunteer Management Plan − Template** was created to further assist Unit Administrators in this process. Use of this template is not required, but recommended. Additionally, the **Volunteer Registry − Administrator Protocols** provides the operational protocol for the Maryland Responds Volunteer Registry (the Registry) to complement this Guide.

Throughout this document you will also find information on activities conducted by the MDRMRC State Program, such as statewide recruitment and training activities. Statewide volunteer activities are designed to supplement and support MDRMRC Units and are not intended to replace or diminish the need for MDRMRC Unit Administrators. Unit Administrators have specialized resources and local knowledge to effectively manage a local MRC Unit. The MDRMRC State Program aims to assist MDRMRC Unit Administrators by providing them with technical assistance and resources to help them meet local volunteer management priorities.

This document does not provide an exhaustive list of all necessary information needed to successfully establish, operate, and manage an MDRMRC Unit. Rather, it provides a framework for aligning state and local volunteer management goals, protocols, and planning.

B. Distribution

The latest version of this document and supporting materials including the **MDRMRC Unit Volunteer Management Plan − Template** are available on the MDRMRC website at https://mdr.health.maryland.gov/Pages/VMG_Home.aspx. The document is also available for download from the document libraries of the Registry and the Maryland Health Alert Network (HAN). Future versions of this document will be added to these document libraries as they become available.

To ensure that you have the most recent version and are notified when new versions become available, it is highly recommended that you click "WATCH" on the "Unit Administrator Resources" folder within the Registry or the "Maryland Responds MRC" folder within HAN. This will automatically notify you through email anytime a new or revised document is added to these folders. We will not send out separate notifications each time a new or revised document is added. To ensure that your profile is watching the folder, please follow the steps below:

The Registry

1. Log in to the Registry at: https://mdresponds.health.maryland.gov
2. Select the "Documents" tab near the top of the screen to open the Document Library
3. Click on the plus sign to the left of the "Unit Administrator Resources" folder to open the subfolders
4. Click on the plus sign to the left of the "Volunteer Management Guide" folder to open the folder details
5. On the right-hand side of the screen, click "Watch" (there is a star next to this button)
   a. Note that you must click watch for this specific event folder
   b. Watching the larger "Unit Administrator Resources" folder will not provide you with updates for the "Volunteer Management Guide"

HAN

1. Log in to the HAN System at: https://han.health.maryland.gov
2. Select the "Documents" tab near the top of the screen to open the HAN Document Library
3. Click on the plus sign to the left of the "Maryland Responds MRC" folder to open the subfolders
4. Click on the plus sign to the left of the "Volunteer Management Guide" folder to open the folder details
5. On the right-hand side of the screen, click "Watch" (there is a star next to this button)
   a. Note that you must click watch for this specific event folder
   b. Watching the larger "Maryland Responds MRC" folder will not provide you with updates for the "Volunteer Management Guide"

C. Revisions

This Guide is a work in progress and will be updated as resources, guidance, and activities change. We value your feedback and strive to make this information as useful and relevant as possible. Suggestions for revision and additional information are welcomed via the "Request for Changes Form" (**Appendix A**). Please submit completed forms to the MDRMRC State Program as indicated on the form.

D. Record of Changes Table

DATE	DESCRIPTION	VERSION
12.14.12	Initial Plan	1.0
05.06.13	2nd Edition	2.0
03.11.14	3rd Edition	3.0
05.16.14	3.1 Version Updates	3.1
02.15.19	4th Edition	4.0

E. Contact Information

For more information about this Guide, the MDRMRC State Program, or Network, please email the State Program at mdresponds.health@maryland.gov.

F. Acknowledgements

The MDRMRC State Program would like to acknowledge and thank MDRMRC's Unit Administrators and the National MRC Network leadership for their information, input, and assistance in the development of this Guide. We would also like to thank the Florida MRC Network for the template and concepts that greatly assisted in the format of the original Guide.

CHAPTER 2: MDRMRC NETWORK

A. National MRC Network

The national MRC Program was formed following the September 11, 2001, terrorist attacks on the World Trade Center and Pentagon. Following these attacks, thousands of spontaneous volunteers, many of them health care workers, offered their services in support of the response and recovery operations, but because there was no way for emergency managers to verify these individual's background, training, licenses, and credentials, many of them were not utilized. During the anthrax incidents of October and November 2001, it was realized that large numbers of health and medical volunteers would be needed to assist with dispensing of medication in the event of a large-scale bioterrorism incident or disease outbreak.

In his January 2002 State of the Union Address, President George W. Bush called on all Americans to volunteer in their communities. Shortly thereafter, USA Freedom Corps and Citizen Corps were created. The MRC was created as a part of these organizations, housed in the Office of the Surgeon General in the U.S. Department of Health and Human Services. The MRC Program was officially launched in July 2002.

In 2006, the Pandemic All-Hazards Preparedness Act authorized, in law, the MRC program. The national MRC Program functions as the national program office of the MRC and supports local efforts to establish, implement, and sustain MRC Units. In 2013, Congress reauthorized the Pandemic All-Hazards Preparedness Act, placing the MRC Program under the purview of the Office of the Assistant Secretary for Preparedness and Response (ASPR).

B. MDRMRC Network

MDH established the Maryland Health Care Professional Volunteer Corps in 2004. In 2006, the Maryland OP&R was formed and assumed management of the volunteer corps, renaming it the Maryland Professional Volunteer Corps (MPVC). In 2009, OP&R launched the state Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) and incorporated the existing MPVC volunteer base into the system - the result was the MDRMRC, named "MD Responds." In 2013, the MDRMRC transitioned to a coordinated state and local volunteer management model with the launch of the "Local MDRMRC Unit Initiative," in which local health departments (LHDs) were invited to utilize the state ESAR-VHP, the Registry, for local volunteer management. The purpose of this initiative was to provide local jurisdictions with a mechanism for notifying, engaging, and managing MDRMRC volunteers in their jurisdiction. In 2014, the MDRMRC State Program established the MDRMRC Network to better coordinate statewide efforts to support MDRMRC Units in the state. In 2015, the program rebranded and officially became the "Maryland Responds Medical Reserve Corps."

Vision: The vision of the MDRMRC is a strong and collaborative network of MRC Units in every local jurisdiction in Maryland that consist of dedicated volunteers who build resilient communities and reduce disaster risks for a prepared Maryland.

Mission: The mission of the MDRMRC is to establish a statewide volunteer network of medical and public health professionals which is integrated into established community emergency systems to facilitate a coordinated approach to volunteer management.

Goal: Enhance Maryland's emergency preparedness and response capabilities by augmenting local- and state-level public health and medical services with a source of pre-identified, credentialed, and trained volunteers.

The MDRMRC State Program is responsible for the development of a statewide system of MDRMRC Units to facilitate a coordinated approach to volunteer management. Based on the Centers for Disease Control and Prevention's (CDC) *Public Health Emergency Preparedness and Response Capabilities*, volunteer management is the ability to:

1. Recruit, coordinate, and train volunteers
2. Notify, organize, assemble, and deploy volunteers
3. Conduct or support volunteer safety and health monitoring and surveillance
4. Demobilize volunteers

Figure 1: MDRMRC Network

Housed within MDH OP&R, the MDRMRC State Program aims to support MDRMRC Units in each of these functional areas by providing resources, guidance, and technical assistance to meet local needs, build capacity, and strengthen response capabilities.

As shown in Figure 1, the MDRMRC Network consists of the MDRMRC State Program, local MDRMRC Units, MDRMRC Response Teams, an Advisory Council, and MDRMRC volunteers.

For a contact list of all primary and backup Unit Administrators for the local MDRMRC Units, visit our website at https://mdr.health.maryland.gov/Pages/LocalUnitContacts.aspx.

Local MDRMRC Units

In September 2013, the "Local Maryland Responds Unit Initiative" was launched to encourage inclusion of the MDRMRC in local- and state-level public health, preparedness, and response activities. Continuing efforts to support the integration of local MDRMRC Units into both public health and emergency response activities further advances a unified and systematic approach to improve the health, safety and resilience of local communities and the state.

MDRMRC Units are an extension of the MDRMRC State Program. Local MDRMRC Units are housed within the 24 LHDs in Maryland. The Unit Administrators work in conjunction with the State Administrators to manage the day-to-day operations of the local MDRMRC Units. This includes tasks, such as maintaining ongoing contact with current volunteers, welcoming new volunteers, arranging local training and exercise opportunities, and tracking volunteer data in the Registry.

MDRMRC Response Teams

The MDRMRC Response Teams are state-level groups designed to prepare volunteers of a similar professional background or training to fill a specific response function in support of local, state, or federal authorities in the event of a public health emergency. There are currently three MDRMRC Response Teams: Animal Emergency Response Team (AERT), Emergency Preparedness Task Force (EPTF), and the Radiation Response Team (RRT).

Animal Emergency Response Team (AERT)

The Maryland Department of Agriculture (MDA) is the state agency responsible for animals in emergencies in Maryland. Animal emergencies that MDA responds to include:

- Animal disease outbreaks
- Emergency animal evacuation
- Emergency animal sheltering
- Animal loss from natural or man-made disasters

To assist in responding to emergencies, in 2018 the MDA Animal Health Section requested support from the MDRMRC State Program to recruit animal health professionals to be available during emergencies. Members of the Maryland AERT can assist in responding to various emergencies involving animals. Members may assist with animal care and treatment, evacuation, vaccination, specimen collection, decontamination, euthanasia, necropsy, collecting epidemiological information, supervisory, or office support. The AERT can be activated as a whole by the MDRMRC State Program; however, individual members may also be activated by the local jurisdiction in which they are registered as a volunteer.

Emergency Preparedness Task Force (EPTF)

The EPTF is a state-level team, composed of pharmacists, pharmacist students, and pharmacy technicians, created in collaboration with the Maryland Board of Pharmacy. This team seeks to recruit and organize interested pharmacy personnel and train them to assist the state during an emergency. The team's primary area of focus is to provide subject matter expertise as well as staffing during Maryland emergencies requiring the distribution of Medical Countermeasures (MCM) such as antibiotics and vaccines to local partners. For more information, visit https://health.maryland.gov/pharmacy/Pages/emergency-preparedness-information.aspx.

Radiation Response Team (RRT)

The MDRMRC State Program and public health partners in Maryland's public health and medical Region III have joined forces to develop a RRT. This team will be comprised of volunteers prepared to assist local health partners with filling vital staff roles within a Community Reception Center (CRC) during a radiation response. This team will be managed by the MDRMRC State Program. Region III Unit Administrators will have the ability to call upon the MDRMRC State Program to activate this team of volunteers during a radiation emergency that may impact the population of Maryland. RRT members will be trained to provide support during a local- or state-level radiation incident that requires the opening of CRCs.

MDRMRC Volunteers

MDRMRC volunteers include medical and public health professionals, such as physicians, nurses, physician assistants, pharmacists, dentists, veterinarians, and epidemiologists. Many other non-medical community members also support the MDRMRC, such as interpreters, chaplains, office workers, and legal advisors.

Advisory Council

Although the MDRMRC State Program and local MDRMRC Units are responsible for the day-to-day management of volunteers, many activities may benefit from the involvement of individuals from the broader community. Thus the MDRMRC State Program brings partners to the table through the formation of the MDRMRC Advisory Council that engages state, local, and community response partners and representatives from our target audiences. Among other tasks, the Advisory Council evaluates ideas and offers suggestions for running broader MDRMRC activities.

Volunteers are an integral part of the Council, providing unique perspective and ideas. Participating in the development of the MDRMRC encourages Advisory Council members to see the long-term mission of the MDRMRC. Advisory Council members also carry the MDRMRC's message to their peers and communities thereby strengthening the MDRMRC's presence throughout Maryland.

C. MDRMRC Network Resources

There are several advantages to being part of the MDRMRC Network, such as access to volunteer profiles through the Registry, Unit activity promotion by the MDRMRC State Program, access to the MDRMRC online training platform, and opportunities to share best practices and upcoming events through the MDRMRC

newsletter and social media pages.

Maryland Responds Volunteer Registry

Each state is required by CDC's Public Health Emergency Preparedness and ASPR's Health Care Preparedness cooperative agreements to establish and maintain a state-based ESAR-VHP. The ESAR-VHP program is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters, public health incidents, and medical emergencies. For additional information, see "Integration of MRC and ESAR-VHP" (**Appendix B**). Maryland's ESAR-VHP is called the Maryland Responds Volunteer Registry (the Registry) and can be found at https://mdresponds.health.maryland.gov.

The MDRMRC State Program is responsible for administering and maintaining the Registry, and shares access to this system with MDRMRC Unit Administrators (see Chapter 3 for more information on accessing the Registry). The State Administrators provide Unit Administrators with training and technical assistance for utilizing the Registry, as needed.

MDRMRC Network Website

The MDRMRC State Program administers and maintains the MDRMRC Network website found at: https://mdr.health.maryland.gov. The website provides general information about the MDRMRC Network for both prospective and current volunteers. For suggestions or comments about the website, email mdresponds.health@maryland.gov.

Below is a summary of the information on the website.

- The Home page contains links to important information regarding the MDRMRC Program Network, a link to the MDRMRC Facebook page, and instructions on how to register with the program
- The Volunteer FAQ page addresses questions commonly asked about the MDRMRC
- The Training page lists both required trainings and recommended training courses
- The Local Unit Contacts page provides contact information for the local MDRMRC Units
- The News page offers MDRMRC program updates, relevant news articles and resources, and links to our current and archived newsletters

MDRMRC Units are encouraged to post the MDRMRC website link to their in-house website, if applicable. For sample website posts, see the **MDRMRC Identity Toolkit**.

MDResponds.MyiCourse.com

Administered by the MDRMRC State Program, MDResponds.MyiCourse.com is the MDRMRC Network's online training platform. The purpose of the site is to provide volunteers with access to online training courses that are intended to prepare them for local- and state-level deployments. The website is available 24/7 and gives volunteers the flexibility of completing trainings at their pace and leisure. MDRMRC Units are encouraged to upload Unit-specific training courses to this site by contacting mdresponds.health@maryland.gov. See Chapter 6, Section D for additional information.

MDRMRC Network Newsletter − The Pulse

The MDRMRC State Program publishes a quarterly volunteer newsletter containing emergency preparedness news, highlights from the field, volunteer spotlights, upcoming trainings, and other relevant information. The newsletter is distributed to all registered volunteers by email and is also posted on the MDRMRC website and Facebook page.

Unit Administrators are encouraged to submit articles or other content for inclusion in the newsletter. The

"Volunteer Spotlight" and "Highlights from the Field" sections in particular are great avenues for Unit Administrators to share stories and best practices from their jurisdiction or volunteers. Email reminders with submission guidelines are sent to all Unit Administrators prior to development of each quarter's newsletter. In general, please follow these guidelines when submitting stories and photos for consideration:

- Include contact information (e-mail and telephone number) for follow-up
- If photos are included, they should be high-resolution JPEG attachments
    ○ A signed "MDH Media Consent Release Form" (**Appendix C**) is required if the photo shows a volunteer's face
    ○ Photo submissions should also include a caption or description of the event
- Please anticipate that your article may be revised and may require your review for final approval
- Email all content to mdresponds.health@maryland.gov

Social Media

The MDRMRC State Programs maintains a Facebook page found at: https://www.facebook.com/MDResponds. Posting engaging content and information increases interactions with volunteers. The goal of the MDRMRC Facebook page is to engage current volunteers and recruit new volunteers through social networks. The MDRMRC Facebook page is a forum to communicate a range of information to volunteers, for volunteers to interact with other volunteers, to receive interest or feedback about the program via Facebook messaging, and for outreach.

In addition, the MDRMRC State Program posts training opportunities, weather alerts, and other preparedness information. Occasionally, the MDRMRC shares or re-posts pertinent information to volunteers from partner websites (e.g., LHDs, OP&R, FEMA, etc.). The information posted by the MDRMRC on Facebook is frequently seen and shared by volunteers with their social network. This in turn promotes both general outreach and community education.

Unit Administrators are encouraged to contribute articles, stories, and best practices to highlight their Unit's activities on the MDRMRC Facebook page, as well as to share the MDRMRC Facebook with their Unit's volunteers. To submit content, pictures or other media to the MDRMRC Facebook page, email submissions to mdresponds.health@maryland.gov.

MDRMRC Identity Toolkit

This toolkit serves as a resource to help promote and build awareness of the MDRMRC. It provides the information necessary for local MDRMRC Units to effectively communicate their roles and functions in the community. It also will help reinforce a consistent image and message about the MRC, both state- and nationwide. The Identity Toolkit includes the following types of information:

- Standard terminology
- Key messages
- Social media – tips for engagement with sample language
- Website text – sample text to promote MDRMRC on your website
- Resource catalog − materials available to MDRMRC Units to support recruitment and promotional activities

CHAPTER 3: UNIT ADMINISTRATION

A. Maryland Responds Volunteer Registry

The Registry is administered and maintained by the MDRMRC State Program. The MDRMRC State Program provides Unit Administrators with training and technical assistance for utilizing the Registry, as needed. This section provides a basic overview of the volunteer management functions of the Registry. Refer to the **Volunteer Registry − Administrator Protocols** and the Registry's online "Help Center" for more detailed instructions. Management of volunteers through the Registry is a shared responsibility between the MDRMRC State and local Unit Administrators and provides a unified mechanism for volunteer coordination and management.

Through the Registry, volunteers receive notifications from the MDRMRC State Program and local MDRMRC Units creating increased opportunities for involvement. Notifications for regional, statewide, or national deployment, training, or exercise opportunities will come from the MDRMRC State Program. Notifications regarding local deployment, training, or exercise opportunities will come directly from the local MDRMRC Units.

The Registry serves as an advanced registration database allowing Unit Administrators to quickly identify and activate volunteers during a public health emergency. In addition, the Registry allows for:

- The registration of both medical and non-medical volunteers
- Individual volunteer access via a password protected, secure website
- Management of licensure and credential information
- Collection of volunteer contact information, skills, professional, and training information
- Searching or filtering of volunteers by various domains (e.g., name, trainings, location, profession, etc.)
- Messaging for general communications, emergency activations, drills, and alerts
- Management of local MDRMRC Units ("Organizations")
- Document sharing
- Creation of volunteer groups
- Exporting data and generating detailed reports
- The ability to manage deployments and shifts via the Mission Manager and Schedule Manager functions
- Access to the system 24/7

Future plans include using the registry for verifying information on accreditation and privileges in hospitals or other medical facilities. The features and capabilities of the Registry continue to evolve. Registry system success is based on Unit Administrator use and input. Suggestions for Registry improvements can be sent to mdresponds.health@maryland.gov.

The State Administrators are your primary contacts for support or questions regarding the Registry. In the unlikely event that State Administrators are unavailable, and you require immediate emergency assistance with the Registry, contact the Registry vendor, Juvare Support Center. See "Juvare Support Center Contact Information" (**Appendix E**) for further details.

Unit Administrator Access to the Registry

To utilize the Registry for volunteer management, prospective Unit Administrators must complete the required steps set forward by the State Program. These steps ensure that all new Unit Administrators understand the roles and responsibilities of the State Program and the local Unit. See the "New Unit Administrator Registry Access" (**Appendix D**).

As part of these requirements, new Unit Administrators must complete the Maryland Responds New Unit Administrator Orientation training provided by the MDRMRC State Program. This training provides an overview

of the MDRMRC and covers how to use the Registry to manage, activate, and communicate with MDRMRC volunteers. Contact the MDRMRC State Administrators at mdresponds.health@maryland.gov for more information about the training.

Once a Unit Administrator completes the requirements for gaining access to the Registry, their account will be upgraded by a State Administrator from a "Responder" account (default), to a "Local Administrator" account, enabling them to view and access all the volunteer profiles registered with their Unit.

MDRMRC Unit Organization Details

In the Registry, an MDRMRC Unit is referred to as an organization. As such, the "Organizations" tab in the Registry allows you to organize and manage the volunteers registered with your MDRMRC Unit.

When a new volunteer completes the online application through the Registry, they are required to join an organization. Outside of recruitment, this may be your first and primary contact with volunteers. Thus, it is important to closely monitor and manage your Unit's organization in the Registry. In short, the "Organizations" tab on the registry allows Unit Administrators to:

- Edit organization details (e.g., states your Unit's mission, upload your Unit's logo, etc.)
- View membership status breakdown
- Quick access to view accepted, pending, and rejected volunteer memberships
- Run administrative reports

For detailed instructions on how to perform these tasks, please refer to the **Volunteer Registry − Administrator Protocols.** The Administrator Protocols cover instructions for main functions of Administrators but is not comprehensive of all tasks. For instructions or help on tasks not mentioned in the Administrator Protocols, sign into the Registry and access the "Help Center" by clicking the link in the upper right corner of the page. Questions can also be emailed to the State Administrators at mdresponds.health@maryland.gov.

Volunteer Notification Drill

MDRMRC Unit Administrators should conduct, at minimum, one volunteer notification drill annually (this is included in the LHD PHEP funding conditions of award; see Section D of this chapter). This drill will enable Unit Administrators to assess how many volunteers could be available to deploy locally in a real world emergency. See "Volunteer Notification Drill Instructions" (**Appendix F**).

B. MDRMRC Unit Volunteer Management Plan

All MDRMRC Units should have a volunteer management plan to steer their annual activities (this is included in the LHD PHEP funding conditions of award; see Section D of this chapter). This plan should address the following topics:

- Unit organization
- Recruitment
- Registration, screening and selection
- Training and exercise
- Volunteer utilization
- Recognition and retention
- Volunteer protections

The MDRMRC State Program provides Unit Administrators with guidance for developing their MDRMRC Unit's volunteer management plan throughout this Guide. For a template, see **MDRMRC Unit Volunteer Management**

Plan – Template. Unit Administrators are not required to use this specific template. To better coordinate, state, jurisdictional, and local volunteer management efforts, all MDRMRC Units should update their volunteer management plan and submit it to the MDRMRC State Program on an annual basis.

C. Local MDRMRC Unit Organizational Structure

Each Maryland county and Baltimore City is has a local MDRMRC Unit. Local MDRMRC Units are administered by the LHD in that jurisdiction and operate under the authority of the local Health Officer. Under the local Health Officer's authority, Unit Administrators determine when the Unit will deploy locally and which activities warrant volunteer activation. The overall management of the local MDRMRC Unit is usually determined by the public health emergency planner who may assume the role of the MDRMRC Unit Administrator or appoint a qualified staff member to this position.

D. LHD PHEP Funding Conditions of Award

Every fiscal year, OP&R publishes the LHD conditions of award for the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Conditions of award for the MDRMRC Units will be included to fulfill the requirements for PHEP Capability 15: Volunteer Management. These conditions may change from fiscal year to fiscal year. Contact the MDRMRC State Program at mdresponds.health@maryland.gov if you are unsure what the MDRMRC conditions of award are for the current fiscal year.

E. Register with the National MRC Network

MDRMRC Units are encouraged to register with the National MRC Network. Registration gives MDRMRC Units eligibility for funding opportunities (when available) relating to MRC capacity building based on a competitive awards process. In the past, these awards have ranged from $5,000 to $20,000. To register and potentially receive funding, there are certain programmatic procedures and regular reporting requirements with which Units must comply. Among other requirements, MDRMRC Units registered with the National MRC Network must update their Unit activities at least quarterly on their Unit's online profile.

If you are interested in registering with the national MRC Program, email the State Administrators at mdresponds.health@maryland.gov. State Administrators will provide you with an introduction to Maryland's national MRC Program Regional Liaison.

For additional information on registering your MDRMRC Unit with the national MRC Network, visit https://mrc.hhs.gov/leaderFldr/Lead.

For instructions on updating your MRC Unit profile, visit https://mrc.hhs.gov/leaderFldr/NewMemberResources#Unit.

F. Local MDRMRC Unit Activity Reporting

The MDRMRC State Program requires that all Units report their Unit's activities quarterly via one of two mechanisms:

    A. If your Unit is registered with the national MRC Program, submit your quarterly activity reports by accessing your Unit's online account on the national MRC Program website at: https://mrc.hhs.gov/Account/Login.aspx. For assistance completing the activity report, please contact Maryland's national MRC Regional Liaison, Melissa Watt, at melissa.watt@hhs.gov or at 312-353-3563.

    B. If your Unit is not registered with the national MRC Program, reference "Instructions for Reporting MDRMRC Unit Activities" (**Appendix G**) to submit your quarterly activity reports. If you have any

questions, concerns, or suggestions, please contact the MDRMRC State Program at
mdresponds.health@maryland.gov.

CHAPTER 4: RECRUITMENT

A. Recruitment Plan

MDRMRC Units should develop a plan to recruit volunteers whose training, licenses, credentials, and backgrounds support and foster the Unit's mission and purpose. The plan should be based on community needs, goals, and resources and should be included in the **MDRMRC Unit Volunteer Management Plan – Template**. Unit recruitment plans should address issues, such as determining volunteer needs, how and where to find potential volunteers, how to get your message out, and how you can motivate potential volunteers to register.

B. Recruitment Needs Assessment

The first step for developing a volunteer recruitment plan is to conduct a needs assessment. The needs assessment will help identify how volunteers could be utilized and determine the appropriate types and amounts of volunteers needed. For more information, see the national MRC Program guidance on conducting a volunteer needs assessment under Factor for Success 1.2 "Assess Community Needs" at https://mrc.hhs.gov/FactorsForSuccess#FactorsForSuccess/PurposeAndScope.

Volunteer Activities

When planning for recruitment, consider how your MDRMRC Unit will utilize volunteers. In addition to deploying in response to public health emergencies, volunteers can play vital roles in public health initiatives and community emergency preparedness activities. See Chapter 7, Section B for example activities.

Types of Volunteers

Once you have identified and determined your local volunteer needs and activities, you can define the specific roles you are seeking to fill and what types of volunteers you need to fill these roles. Although the main focus of the MDRMRC is on medical operations and public health activities, health care experience is not a requirement for membership. Below are some of the types of volunteers whom you may wish to consider in your recruitment efforts:

Active, Licensed Medical Volunteers

Examples include physicians, nurses, pharmacists, mental health professionals, respiratory therapists, emergency medical technicians and paramedics, dentists, pharmacists, veterinarians, and other health professionals. These volunteers usually provide direct services on the scene of an event or during a public health activity.

Retired or Non-licensed Health Care Volunteers

These are persons who have retired and have not maintained their license or health professionals from other states and are not currently licensed in Maryland. While these volunteers cannot legally provide direct medical services as part of the MDRMRC, they are still valuable members as they can be used in an advisory capacity or perform supervised activities that do not require licensing. Retired health care professionals can be especially valuable as they may have more time to participate in local events and may not be called up to a hospital or clinical practice during an emergency event.

Non-medical Volunteers

Volunteers, such as clerks, administrators, translators, interpreters, legal advisors, or spiritual leaders often work behind the scenes to support the efficient operation of the MDRMRC. These "public health volunteers" can assist with record keeping, data entry, information technology, inventory, communications, and more.

<u>*Spontaneous, Unaffiliated Volunteers (SUVs)*</u>

These are people who did not pre-register but want to help during an emergency. Through the Registry, these people may be quickly registered and credentialed. Caution should be taken, however, since they may not have completed required training or background screening. SUVs should not work with special populations (children, the elderly, or persons with disabilities) until a full screening is completed. See Chapter 7, Section G for additional guidance on managing SUVs.

C. Recruitment Message

Position Descriptions and Job Actions Sheets

It is important to have written descriptions for the volunteer positions for which you are recruiting. Position descriptions are written statements that include a title, expected duties or roles and responsibilities, sample activities, required qualifications, and competencies. The position description will depend on local needs, goals, and expectations. The written descriptions should contain enough information to provide the volunteer an understanding of duties and expectations.

Further, detailed job action sheets can help clarify the functional roles and responsibilities of volunteers during an exercise or deployment. These are usually written in checklist format and used to outline the tasks and duties of a particular volunteer role. Volunteers should be provided with a job action sheet and informed of expectations during event briefings or preparation sessions. See **Appendix M** for a "Job Action Sheet − Template."

Recruitment Materials

MDRMRC Units should develop a recruitment message that reflects their mission and community needs. Unit Administrators are encouraged to utilize the **MDRMRC Identity Toolkit** as a resource guide for promoting the MDRMRC Network identity. No matter the format, recruitment messages should contain the following elements:

- An engaging opening
- A statement of need or a gap to be addressed
- A statement of how volunteering with your MDRMRC Unit will address a need or solve a problem
- Requirements for membership
- Benefits for the volunteer
- Link to register through the Registry at https://mdresponds.health.maryland.gov
- Unit Administrator contact information

Media Consent Release Form

If you want to use volunteer names, pictures or voice on your website, in publications, in press releases, etc., it is required that prior permission be obtained from the volunteer to record, use, or reproduce the media. MDRMRC Units should use the "MDH Media Consent Release Form" (**Appendix C**) for obtaining this permission.

D. Recruitment Strategies

There are multiple strategies that can be used to recruit new volunteers. Because every community is different, what works as an optimal recruitment method in one jurisdiction may not be effective in another. Listed below are some examples of recruitment strategies to consider.

Multimedia

For examples of language and templates to use for the following recruitment methods, see the **MDRMRC Identity Toolkit**.

- Work with your housing organization's webmaster to create a dedicated webpage for your MDRMRC Unit. Be sure to email the link to this page to the MDRMRC State Program so it can be posted to the MDRMRC Network website
- Issue a press release to local media outlets to inform them of your local MDRMRC Unit
- Community bulletin boards, such as those in hospitals and clinics, can be used to post recruitment flyers
- Create local radio and television spots to promote your MDRMRC Unit
- Write a newspaper article to promote your MDRMRC Unit's activities
- Register with the national MRC Program by visiting https://mrc.hhs.gov/leaderFldr/HowToStartAnMRC and keep your Unit profile up-to-date
- Create a social media page or group for your volunteers or post your MDRMRC unit's recruitment messages to LHD social media accounts.
- "Like" the MDRMRC Facebook page from your Unit's page
- Use direct mail/email to recruit volunteers
- Coordinate recruitment efforts with other local volunteer organizations (e.g., Citizens Corps, Community Emergency Response Teams (CERT), American Red Cross, etc.)

Community Outreach Events

- Promote your Unit by giving a recruitment presentation at trainings, conferences, or professional meetings
  - For a recruitment presentation template, see "Recruitment Presentation − Template" (**Appendix L**)
  - Providing registered volunteers with training in how to recruit at an event or conduct a recruitment presentation can expand your recruitment efforts
- Host a recruitment table at trainings, conferences, meetings, community events, health fairs, community service events, etc.

Additional Sources of Volunteers

Discuss potential partnerships with other community organizations to promote emergency preparedness and your MDRMRC Unit. The following is a list of agencies that may be sources of volunteers:

- Aging services
- Amateur radio groups
- Local American Red Cross chapters
- Clinics and hospitals
- Colleges and universities
- Local health department offices
- Local government agencies
- Large employers
- Local sorority and fraternity chapters
- Medical facilities
- Nonprofits
- Professional organizations
- Places of worship and other religious organizations
- School systems

E. MDRMRC State Program Recruitment Activities

Statewide recruitment activities conducted by the MDRMRC State Program are intended to supplement and

support MDRMRC Unit recruitment efforts. Unit Administrators should not solely rely on State Program recruitment efforts to increase the numbers of volunteers in their Unit. Statewide recruitment efforts will focus on recruiting volunteers through state-level organizations, such as professional licensing boards, professional organizations, other state agencies, and large private organizations with regional or statewide memberships. There may be limited opportunities for State Administrators to recruit at local events; however, Unit Administrators should make every effort to attend local events before contacting the State Program. State support to attend a recruitment event can be requested by using the online form found at:
https://goo.gl/forms/QeL6KoUpwHnLc2nk2.

CHAPTER 5: REGISTRATION, SCREENING, AND SELECTION

A. Requirements for Membership and Deployment Eligibility

All volunteers, regardless of professional background, must meet the following requirements for membership and to become eligible for deployment.

Membership Requirements:

1. Must be 18 years of age or older
2. Must complete the online registration application through the Registry

Road to Readiness − Deployment Eligibility Requirements*:

The Road to Readiness (R2R) initiative was developed to help Maryland Responders complete the steps required for volunteer deployment. All Maryland Responders, regardless of professional background, must complete the R2R steps to be eligible for participation in Maryland Responds deployments and to be protected by state liability and workers' compensation coverage during deployments. The R2R steps for volunteers are to:
1. Register to volunteer through the Registry
   a) Complete all sections of the "Responder" profile
   b) Include information about professional license, if applicable
2. Complete the "Maryland Responds MRC Orientation" course
3. Digitally sign and submit the online "Liability Policy and Confidentiality Agreement Form"
4. Submit a photo for Responder ID Badge
5. Submit a shirt size for the Responder uniform
6. Email mdresponds.health@maryland.gov to let the State Program know all the steps on the R2R have been completed

For instructions on deployment eligibility requirements to distribute to volunteers, see "Road to Readiness Checklist Flier" (**Appendix FF**)

*Exceptions may be made based on situational need during emergency response activations (See Chapter 7, Section G for more information). Please contact the State Program with any questions regarding what requirements must be completed for a specific activation or deployment of volunteers.

B. Registration Process Steps

The following is a summary outline of the steps a volunteer must take to register with MDRMRC and the actions Unit Administrators should take to screen and approve a new volunteer membership request. For more detailed information on the registration process, refer to the **Volunteer Registry − Administrator Protocols**.

Step 1:   **Potential volunteer completes and submits their online application through the Registry.**

a. Registration Application: All prospective volunteers must register online through the Registry. Unit Administrators have the ability to register persons unable to use or access the site. Prior to submitting their registration applications, volunteers are asked to select one local MDRMRC Unit to be affiliated with based on residence. This selection will determine which Unit receives their completed application and membership request.

b. Credential Verification: If the occupation and licensure information entered by the volunteer can be verified by the Registry, the system will automatically conduct a search to verify the volunteer's

credentials. Credential verification is discussed in more detail below.

    c.   <u>Emergency Credential Level (ECL) Assignment:</u> Once credentials are verified, an ECL is automatically assigned. ECLs are discussed in greater detail below.

Step 2:   **MDRMRC Unit Administrator screens new membership requests for selection.**

    a.   <u>Screen Registration Application:</u> The Unit Administrator receives a "pending membership request" notification and screens the new volunteer registration application. To ensure the applicant selected the correct affiliation, open their pending volunteer profile and scroll down to the "Identity" section to verify residence. Screening and selection procedures are discussed in greater detail below.

    b.   <u>Accept or Mark Membership Request as Researching:</u> After screening the new volunteers' registration application, the Unit Administrator selects the appropriate membership status from the "Status" drop down menu.
- Accepted: Volunteer is part of and can view Unit details and receive Registry messages
- Pending: Administrator has not taken any action on volunteer's request to join
- Rejected: The Administrator denied the responder's request to be a member of the organization – this option should not be used, instead the Unit Administrator should contact a State administrator before rejecting a new volunteer
- Researching: Administrator is gathering information to determine if volunteer qualifies

Step 3:   **Volunteer registration application is accepted and volunteer receives information on additional steps they are required to take to be eligible for activation.**

    a.   <u>Welcome Email:</u> Unit Administrator sends the Unit's welcome email to the new volunteer, which provides instructions on how to complete the R2R steps and any Unit specific information that the Unit Administrator wishes to share with the volunteer. Unit Administrators can use the general welcome email which is saved as a template in the Messages module of the Registry to create their own version of the email (message name "_Welcome Message for New Responders"). Unit specific welcome emails can also be saved as a template message in the Registry.

    b.   <u>Eligible for Training and Correspondence:</u> Upon approval of application, volunteers become eligible for training programs and can receive messages that are sent through the Registry system.

Step 4:   **Volunteer completes additional requirements for becoming eligible for activation and deployment (R2R).**

    a.   <u>Eligible for Activation and Deployment:</u> Volunteers must complete the minimum requirements for becoming eligible for activation and deployment as outlined in Chapter 5 Section A.

    b.   <u>Unit Specific Eligibility Criteria:</u> If applicable, additional requirements based on MDRMRC Unit housing organizational policies must be included in the **MDRMRC Unit Volunteer Management Plan – Template**. MDRMRC Units who are affiliated with LHDs should check with their legal and human resources departments to see if there are additional local policies or forms that may be necessary for volunteers to complete.

C. Credential Verification

Credential verification is the process of collecting information for evaluating and documenting the qualifications of licensed professionals including information about a person's current license or degree; training or experience; and competence or certification. Below is a description of each credential verification method used by the Registry.

State Licensing Boards

Automatic license verification is built into the Registry for some health care occupations regulated by state licensing boards. Credential verification for the health care licenses that are not automatically verified by the Registry are conducted manually by the MDRMRC State Administrators when issuing ID badges. For a listing of Maryland state licensing boards and the method used for verifying licensure with each, see "License Verification Configurations Table" (**Appendix P**).

U.S. Drug Enforcement Administration (DEA) Pharmaceutical License Database:

Medical professionals who dispense or prescribe controlled drugs must hold a DEA license. The DEA Pharmaceutical License Database is a federal database that is used to verify that a medical professional's pharmaceutical license is valid. A verified DEA license is required to reach Emergency Credential Level (ECL) 1 and 2 for advanced practice registered nurses (APRNs), dentists, physicians, physician assistants, psychologists, and veterinarians.

Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE):

The OIG has the authority to exclude individuals and entities from federally funded health care programs due to a civil or criminal conviction in the federal or state court, or due to any adverse federal or state licensing actions. The OIG maintains a list of all currently excluded individuals and entities via the LEIE. The OIG LEIE is used to verify that a volunteer is not listed as excluded from participation in federally subsidized medical programs and response events. Volunteers who appear in the 'excluded individuals' database cannot be assigned an ECL, which is an indication that a more in-depth background check be conducted.

D. Emergency Credential Levels

Credential verifications are used by the Registry to determine a medical volunteer's ECL. ECLs establish common personnel definitions that help organizations best utilize and manage volunteer personnel during an emergency or disaster. ECL assignment describes the medical volunteer's ability to meet a nationally accepted minimum standard as defined by the ASPR. ASPR has developed a system of classifying and assigning health professionals registering with ESAR-VHP systems, like the Registry, into one of four credential levels in accordance with these standards. Level 1, 2, 3, or 4 is automatically assigned by the Registry based on the verified credentials for each medical volunteer registered. Most medical MDRMRC volunteers are assigned to ECL 3 as more in depth investigation is required to bring volunteers to an ECL 1 or 2. In general, ECLs are defined as:

- ECL 1: Verified health care license, clinically active in a hospital
- ECL 2: Verified health care license, clinically active
- ECL 3: Verified health care license
- ECL 4: Healthcare student or non-licensed retiree

ASPR guidelines determine requirements for each ECL and how volunteers assigned to each level may be used during a disaster. See **ESAR-VHP Interim Technical and Policy Guidelines** which contains the required credentials and associated credential verification elements that apply to assigning ECLs.

E. Background Checks

Health care credential verifications are conducted through the various methods listed above. However, the Registry does not currently offer a method for conducting a background check. This functionality is scheduled to be added to the Registry by the end of June 2019 with the addition of the new Background Check module. This will enable State Administrators to initiate background checks and share the detailed online reports with Unit Administrators.

The MDRMRC State Program is currently working with a group of Unit Administrators to develop a method for determining which volunteers will require a background check. In general, a background check should be performed for all volunteers assigned to positions of special trust, responsibility or sensitive location, as well as for those who have direct contact with children, the elderly, or persons with disabilities.

In addition, certain health care occupations and facilities regulated by the MDH require background checks as part of the professional or facility license. This information will be considered when determining whether an additional background check through the Registry will be needed. The following is a list* of health care professions, regulated by the Maryland state licensing boards that require a criminal history background check:

- Psychologist
- Registered Nurse
- Chiropractor
- Pharmacist
- Physicians

*This list is not all inclusive and will be updated when additional information is available.

F. Screening and Selection

When a potential volunteer submits their registration application through the Registry, the status of their volunteer profile will be labeled "Pending." A weekly summary email notice is automatically sent to Unit Administrators indicating the number of pending membership requests they have in their Unit. The Unit Administrator can then view the pending volunteers profile and choose to accept that person into their Unit.

If a new volunteer selects your Unit, but does not meet its requirements (e.g., lives in a different county), Unit Administrators should notify the State Program via email of this volunteer. The State Program will then work with the volunteer to determine which Unit where the volunteer should be assigned. Please do not reject volunteer membership requests. The Unit Administrator can classify the volunteer profile to "Researching" status during the application review process if necessary. If you believe a volunteer poses a reason for concern and should not be accepted into your MDRMRC Unit, kindly contact [mdresponds. health@maryland.gov](mailto:mdresponds.health@maryland.gov). Do not reject volunteers from your organization without conferring with State Administrators.

In most cases, the pending volunteer membership request should be accepted. The MDRMRC Unit Administrator should then send the newly accepted volunteer a welcome message which should always include a link or attachment for the R2R steps. To maintain the potential volunteer's interest, Unit Administrators should send the welcome email as soon as possible, but no later than two weeks after receiving the membership request. State Administrators will accept volunteers who have been pending for longer than two weeks into Unit's. The only criteria State Administrators look for to determine the correct Unit is residency.

G. Liability and Confidentiality Policies

Volunteers are required to sign and submit the online "Liability Policy and Confidentiality Agreement Form" (**Appendix O**), to be eligible for deployment. Completion of the form fulfills the requirement for R2R Step 3.

The MDRMRC Liability Policy states that the state of Maryland will provide liability and worker's compensation protection during an authorized MDRMRC activity. MDRMRC volunteers may receive protection if they perform authorized duties within their scope of practice. See Chapter 9, Sections A and B for more information.

Volunteers may have access to confidential health information during MDRMRC deployments that involve direct patient care. As per Health Insurance Portability and Accountability Act (HIPAA) regulations, volunteers must read and sign the MDRMRC Confidentiality Agreement; here, the volunteer agrees to protect the privacy of any

patient health information with which they may come in contact.

Volunteers submit the completed Liability Policy and Confidentiality Agreement to the MDRMRC State Program via the online Google Form at https://goo.gl/forms/Iz9AMX7arw8p9cU13. Upon receiving a completed form, State Administrators will verify that this step has been completed by adding it to the Responder profile under the "Training" tab and marking its verification status as "Success."

H. Ready Responder Kits

The MDRMRC State Program issues Ready Responder kits to those that have completed all the steps on the R2R, (see Chapter 5, Section A). The kits are sent out in batches every month. Kits include MDRMRC identification (ID) badge, uniform, field guides, first-aid kit, lanyard, and more.

MDRMRC Identification Badges

The MDRMRC State Program issues ID badges to volunteers that are designed for use during authorized events and activations to identify volunteers as members of the MDRMRC. Volunteers must have their ID badge on them at all times during deployment. The ID badges document the following: name, profession, ECL, type of volunteer, Unit name, and picture. For a sample, see "Responder ID Badge − Example" (**Appendix N**).

To obtain an ID badge, volunteers must submit a recent headshot and follow these requirements:

- Photo taken within the past six months
- Full face, front view
- Color
- Solid background
- No hats or headgear (other than for religious purposes) obscuring the hair or hairline

Volunteers can submit a photo for their ID badge by uploading it to their Responder profile as a certificate for the training course, "R2R Step 4: Photo for ID Badge." If the volunteer is unable to upload their photo to their profile, they should contact State Administrators at mdresponds.health@maryland.gov.

MDRMRC Uniform

The State Program issues a polo shirt so volunteers can be identified MDRMRC members during authorized activities. Volunteers are encouraged, but not required, to wear their MDRMRC polo during deployments.

Volunteers can submit a shirt size by choosing the training option that corresponds with their size in the "Training" tab of their Responder profile. If the volunteer is unable to do this, they should contact State Administrators at mdresponds.health@maryland.gov.

Volunteer Deployment Guide

The Volunteer Deployment Guide is a quick reference guide that will help volunteers prepare for deployment with the MDRMRC. This guide is intended to augment, not replace, training and preparation for deployment.

Responder Resource Guide

This guide is a disaster preparedness and basic first aid manual that volunteers can use to both to prepare for and respond to an emergency.

CHAPTER 6: TRAINING AND EXERCISE

A. Training and Exercise Plan

MDRMRC volunteers come from a variety of backgrounds and enter the program with varying credentials, capabilities, and professional experience. In addition, there is variation in what each MDRMRC Unit needs and is able to do. This diversity makes standardization across the MDRMRC Network difficult. As such, it is recommended that training and exercise activities be planned to fulfill local needs as identified in a needs assessment and are in alignment with the MRC Core Competencies. Developed by the national MRC Program, the MRC Core Competencies cover minimum basic skills and knowledge that all MRC volunteers should have regardless of their role. For more information on core competencies, see **MRC Core Competencies**.

Unit Administrators should develop a training and exercise plan to prepare volunteers to support the Unit's mission and purpose. The plan should be based on community needs, goals, and resources and should be included in the **MDRMRC Unit Volunteer Management Plan – Template**.

Volunteers should be assessed to determine their particular needs and to develop their individual training plans. Health professional volunteers often have numerous responsibilities and are interested in training independently during non-traditional business hours. Others prefer the chance to complete the training in a classroom or field setting. Training plans that incorporate options for online, classroom, and field study may be the most effective. Unit training and exercise plans should include:

- Required training
- Recommended training
- Method for assessing training needs
- Method for advertising training and exercise opportunities
- Method for tracking and documenting volunteer training records
- Evaluation plan for measuring the effectiveness of training activities

B. Required Training

The MDRMRC State Program requires that volunteers complete the "Maryland Responds MRC Orientation" training to be eligible for activation and deployment. The orientation covers the following topics:

- The history, mission, and purpose of the MDRMRC
- The role of the MDRMRC in public health and emergency response
- The requirements for membership and deployment eligibility with the MDRMRC
- The MDRMRC procedures for activation, reporting, assignment, and demobilization
- Describe the National Incident Management System (NIMS)/Incident Command System (ICS) and the concepts of chain of command and unity of command during an emergency event
- Where to find additional MRC resources, such as trainings and materials

MDRMRC volunteers have two options for taking the "Maryland Responds MRC Orientation" course:

- Online: The online orientation is a shorter version of the in-class session and can be completed at https://mdresponds.myicourse.com/user/login
  - o Instructions for registering for the online orientation can be found in "Instructions for Taking the Online Orientation Course" (**Appendix W**)
- In-class: The in-class version of this course presents a comprehensive overview of MDRMRC, as well as a subsequent session on IS 100 and 700
  - o In-class orientations are offered on an annual basis in limited sessions throughout the state

Unit Administrators are encouraged to develop a Unit-specific orientation course for their volunteers. The MDRMRC State Program's orientation presentation can be used as a template and be tailored to meet Unit needs. Unit Administrators may add information to the template; however, should not subtract from the template as the information included reflects minimum knowledge required of all volunteers. Additional topics may include communications, safety and risk reduction, overview of the local response plans, and department public health and medical responsibilities.

For templates of the orientation agenda and presentation, see "Orientation Agenda − Template" (**Appendix Q**) and "Orientation Presentation − Template" (**Appendix R**).

C. Recommended Training

In addition to required training, MDRMRC Units should provide volunteers with additional training opportunities based on the identification of local needs. A variety of training opportunities and exercises are recommended to ensure the best preparation of volunteers. Recommended trainings may include, but are not limited to:

IS 100 and 700

The national MRC Program requires MRC Units to be NIMS compliant. All MRC Units should adopt ICS as the management system for response to emergencies and disasters and all MDRMRC volunteers should have a basic understanding of ICS, regardless of their position within a Unit. ICS contains the attributes necessary for efficient, well-coordinated emergency operations. It allows MRC Units to be integrated into the emergency response system used by emergency services agencies, LHDs, and health care institutions nationwide. As such, it is recommended that all MDRMRC volunteers and Unit Administrators complete the following courses:

- ICS 100: Introduction to the Incident Command System (ICS 100), or equivalent
    - Introduces the ICS and provides the foundation for higher level ICS training
    - Describes the history, features and principles, and organizational structure of the Incident Command System
    - Explains the relationship between ICS and NIMS
- IS 700: National Incident Management System, An Introduction, or equivalent
    - Provides an overview of NIMS
    - Describes the key concepts, principles, scope, and applicability underlying NIMS
    - Explains Emergency Operations Center (EOC) functions, common models for staff organization, and activation levels
    - Explains the interconnectivity within the NIMS Management and Coordination structures: ICS, EOC, Joint Information System (JIS), and Multiagency Coordination Groups (MAC Groups)
    - Identifies and describes the characteristics of communications and information systems, effective communication, incident information, and communication standards and formats
    - Describes the purpose of the National Integration Center

MDRMRC volunteers can take the IS 100 and 700 courses online through the FEMA Emergency Management Institute. To access these courses, visit https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c and https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b, respectively.

NIMS/ICS Additional Training

- ICS 200: Basic ICS for Single Resources and Initial Action Incidents, or equivalent − https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b
- ICS 300: Intermediate ICS for Expanding Incidents
- ICS 400: Advanced ICS

- IS 800: National Response Framework, An Introduction −
  https://training.fema.gov/is/courseoverview.aspx?code=IS-800.c
- FEMA Emergency Management Institute Courses or FEMA classroom courses offered by Maryland
  Emergency Management Agency − https://mema.maryland.gov/Pages/learning.aspx

Responder Safety and Emergency Response Training

Unit Administrators may also wish to provide responder safety and health training. Some suggested topics are:

- Psychological First Aid
- Personal Emergency Preparedness Training
- Responder Safety Training
- American Heart Association - Heart Savers First Aid, Cardiopulmonary Resuscitation (CPR), Automated
  External Defibrillator (AED)

Position and Discipline Specific Training

Unit Administrators may also wish to provide position and discipline specific training. Some suggested topics are:

- Points of Dispensing Operations − Online version available at: https://mdresponds.myicourse.com
- Immunization Techniques
- Mass Care/Shelter Health Training
- Basic Life Support (BLS)
- Basic Disaster Life Support (BDLS)
- Advanced Disaster Life Support (ADLS)

Just in Time Training (JITT)

In the event of a public health emergency requiring volunteer involvement, it may be impossible to provide training to volunteers according to the processes described above. In this situation, volunteers should receive JITT in the most efficient, yet effective, manner possible. JITT is a critical piece of the management of spontaneous volunteers and serves as a refresher for experienced MDRMRC volunteers. This training is usually developed in advance and can be presented in multiple formats, including Microsoft PowerPoint, DVD/CD, or via the web.

It is recommended that Unit Administrators develop JITT materials based on their Unit's mission and pre-identified types of emergency response operations their Unit may be activated for (see Chapter 7 for guidance on pre-identified emergency response operations). Unit Administrators are also encouraged to contact their response partners for sources of JITT and consider building a local library of JITT as part of an all-hazards approach.

If JITT needs to be developed on demand, PowerPoint presentations or handouts are relatively portable. Work to develop an accurate presentation using simple language, and avoid jargon that may not be understood by new volunteers. Remember to include a brief orientation that highlights proper check-in/check-out procedures, the importance of safety, to whom to report, and expectations or codes of conduct. JITT can be incorporated into the volunteer staging area (see Chapter 7, Section E) and led by an experienced MDRMRC volunteer.

D. Additional Training Resources

MDResponds.MyiCourse.com

As previously mentioned, MDResponds.MyiCourse.com is the MDRMRC Network's online training platform. The purpose of the site is to provide volunteers with access to online training courses that are intended to prepare them for state and local deployments. The website is available 24/7 and gives volunteers the flexibility of

completing trainings at their pace and leisure.

Currently, the "Maryland Responds MRC Orientation" and "Point of Dispensing (POD) for Maryland Responds Volunteers" training are the courses administered through the online training platform. The State Program is looking to add additional trainings to this or another learning management platform in the future.

MDRMRC Units are encouraged to upload Unit-specific training courses to this site, which will enable them to offer trainings online, set restrictions on who can take the course or open it up to all volunteers, track volunteer progress through the course, create course exams and evaluation surveys, and automatically generate and send certificates of completion. To submit a MDRMRC Unit training course to be offered online through the MDRMRC online training platform, complete the "Online Training Course Request Form" (**Appendix S**) and submit the request to the MDRMRC State Program as indicated on the form.

MRC TRAIN

MRC TRAIN is a learning management system with a centralized, searchable database of courses relevant to public health that is available to all MRC volunteers. The national MRC Program manages MRC TRAIN and has been an affiliate partner of the TRAIN network since 2006. This is an optional resource that MDRMRC Unit Administrators can use to supplement the trainings they offer. Through MRC TRAIN, volunteers can:

- Access hundreds of public health courses from nationally recognized course providers, which are offered in the form of web-based learning, on-site learning, and satellite broadcasts
- Browse this course listing or search by keyword, subject area, course provider, or competency

To help you learn more about the MRC TRAIN program and how to best navigate the system, MRC TRAIN resources are available at https://www.train.org/mrc/help.

E. Exercise Participation

Exercises should be designed to provide hands-on experience to prepare volunteers and the community for potential incidents and events. During exercises, volunteers have the opportunity to test their ability to respond to emergencies, fill requested roles in a disaster, and perform needed tasks.

As is the case with other MDRMRC activities, exercise participation is not mandatory for volunteers, but highly recommended. Exercises may include, but are not limited to, the following:

- Mass distribution of medical countermeasures
- Mass casualty/fatality incidents
- Radiation exposure events
- Patient evacuation/transportation scenario
- Field hospital deployment
- Mass care/shelter operations

Unit Administrators can coordinate with local response partners to identify additional exercise opportunities for volunteers. In addition, actual operations that simulate mass prophylaxis for a community, such as an annual flu vaccination or immunization clinic, may be treated as an exercise for potential disaster operations because such operations may include providing services to a large number of community members. Further, exercises are often conducted in partnership with state and local response agencies and may also be part of deliverables required for preparedness funding.

F. Training and Exercise Announcements

Information about upcoming trainings or exercise opportunities should be captured in an announcement. Training or exercise announcements give a short description of the event, location, date/time, point of contact, and registration/sign-up information.

Flier Announcement

Unit Administrators can create and post/publish training announcement fliers to promote and encourage registration for a training. See "Training Announcement – Template" (**Appendix T**).

Maryland Responds Volunteer Registry Announcement

Unit Administrators can also use the Registry to notify volunteers about upcoming training and exercise opportunities. See the **Volunteer Registry − Administrator Protocols** for instructions on sending out messages through the Registry.

MDRMRC Network Newsletter Announcement

Unit Administrators are encouraged to promote their Unit-specific or local training and exercise opportunities through the MDRMRC Network Newsletter to increase volunteer participation. To submit a training or exercise announcement to the MDRMRC Network Newsletter, follow the guidance below:

- Description of the training or exercise (under 150 words)
- Prerequisites, if applicable
- Intended audience (e.g., all volunteers or certain professions only)
- Logistical information (e.g., date, time, location)
- Contact information (e.g., e-mail and telephone number) for questions regarding the training
- Registration instructions (e.g., link to registration site or online form)
- If possible, a picture related to the training or exercise would help attract volunteer attention
- Email all content to mdresponds.health@maryland.gov
- Please anticipate that your announcement may be revised and may require your attention for final approval

G. Training and Exercise Tracking and Documentation

Unit Administrators should encourage volunteers to update their training record in their volunteer profile following the completion of a new training. This enables Unit Administrators to filter activation notifications by completed training courses to ensure only qualified volunteers are contacted for deployments.

Updating a volunteer training record includes adding the training course to their profile and uploading training certificates, when applicable. For instructions on how a volunteer can add a new training course to their profile, refer to "How to Update Your Training Record Flier" (**Appendix U**). It is recommended that this flier be distributed to volunteers during training courses.

After a volunteer adds a new training course to their profile, it must be verified by a Unit Administrator. For a Unit Administrator to verify that a volunteer completed training, they must have some form of record such as the training sign-in sheet or uploaded training certificates. See **Appendix X** for a "Training Sign-in Sheet − Template."

The State Administrators will verify and approve training records for trainings conducted by the MDRMRC State Program (e.g., MDRMRC Orientation Course). Unit Administrators are requested to verify and approve training

records for trainings that they conduct locally. Refer to the **Volunteer Registry − Administrator Protocols** for instructions on how to verify and accept training records.

To verify volunteer participation in an exercise, attendance should be tracked in the Registry. Unit Administrators can record volunteer exercise participation by creating a group in the Registry for a particular exercise activity and then adding volunteers who participated to that group. See the **Volunteer Registry − Administrator Protocols** for instructions on creating a group.

H. Training and Exercise Evaluation

Unit Administrators are encouraged to develop evaluation measures prior to administration of training or conducting an exercise, as well as to conduct evaluations during and after a training or exercise. To see a template evaluation form for trainings, see "Training Evaluation Form – Template" (**Appendix V**). An after action survey can be used to evaluate an exercise, see "After Action Survey for Activation – Template" (**Appendix DD**) for a template survey that can be adapted to evaluate an exercise. Evaluation findings can help improve training and exercise experiences for volunteers, trainers, and Unit Administrators.

I. MDRMRC State Program Training and Exercise Activities

Statewide training and exercise activities are intended to supplement and support local efforts. Statewide trainings and exercises will focus on providing the required orientation training, as previously described, state level exercise opportunities, and other recommended training courses as available.

In addition, the MDRMRC State Program will work to seek state level training and exercise opportunities for volunteers. Specifically, the MDRMRC State Program will:

- Subscribe to distribution lists to collect information on relevant training and exercise opportunities for volunteers
- Administer in-person training for the required orientation course annually
- Maintain a list of additional training resources on the MDRMRC Network website
- Continue to work on gaining continuing education credit approval for MDRMRC required training courses from licensing boards and professional organizations
- Verify and approve records for MDRMRC State Program sponsored trainings and exercises
- Conduct evaluations following MDRMRC State Program sponsored trainings and exercises

CHAPTER 7: VOLUNTEER UTILIZATION

A. Volunteer Utilization Plan

MDRMRC Units are designed to supplement the existing local public health, medical, and emergency services in the event of an emergency and to support ongoing public health initiatives within their communities. Although the types of activities in which MDRMRC Units are utilized are diverse, there are principles and considerations common to all of them that should guide their actions. As such, it is recommended that Unit Administrators develop a volunteer utilization plan that clearly defines the scope and authority for volunteer activation. The plan should be based on community needs, goals, and resources and should be included in the **MDRMRC Unit Volunteer Management Plan – Template.** Unit volunteer utilization plans should address the following:

- Volunteer activities
- Activation authority
- Activation procedures
- Mobilization procedures
- Demobilization procedures
- SUVs

B. Volunteer Activities

Emergency Response Operations

Emergency response operations involve activities that address the direct effects of an incident. Incidents can include major disasters and emergencies such as terrorist attacks, natural disasters (e.g., floods, hurricanes, etc.), hazardous material spills, nuclear accidents, aircraft accidents, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

During an emergency, a jurisdiction will activate its local emergency operations plan which defines how they will respond to the incident. MDRMRC Units should develop a plan for how they will support the local emergency response operations. This plan should be consistent with (and ideally, included in) local emergency operations plans. It important for MDRMRC Units to be linked to the local emergency operations plans as this will ensure that the Unit's role is clearly defined.

As such, it is highly recommended that Unit Administrators pre-identify the types of emergency response operations their Unit may be activated to support so that protocols can be developed for each type of operation. Below is a list of example emergency response operations the Unit could be activated to support. This list is not exhaustive. Unit Administrators are encouraged to tailor emergency response activities to the needs of their community.

- Alternate care sites
- Comfort/first-aid stations
- Field hospital operations
- Hospital surge response
- Mass care/shelter operations
- Mass casualty/fatality incidents
- Mass distribution of medical countermeasures
- Pandemic flu response
- Patient evacuation/transportation operations
- Point of Dispensing (POD) operations
- Psychological first aid/disaster behavioral health

- Radiation exposure events

In addition, Unit Administrators should consider the following when planning for emergency response activations:

- Determine the Unit's capabilities to address the emergency response operation activity, as identified through a needs assessment and in coordination with local response partners
- Develop emergency activation, mobilization, and demobilization procedures*
- Ensure that every volunteer's participation in emergency operations is properly documented and recognized
- Develop plans and procedures for managing SUVs as appropriate*
- Develop and implement procedures for conducting after action surveys following Unit activations*
- Ensure volunteers have access to mental health counseling during and immediately following emergency operations, if necessary*
- Conduct after action reviews in-house and with community response partners. Document recommendations, lessons learned, and corrective actions from these after action surveys in AARs to improve emergency response operations*
- Ensure that emergency response operations procedures are detailed in the Unit's volunteer management plan (see **MDRMRC Unit Volunteer Management Plan – Template**)

*See guidance below.

Non-Emergency, Public Health Activities

Non-emergency public health activities are planned events scheduled in advance. Such activities have a public health focus and foster the resilience and health of the community. As with emergency response operations, Unit Administrators should also pre-identify the types of public health activities their Unit may be activated for so that protocols can be developed for each type of activity. Below is a list* of example public health activities that the Unit could be activated to support. This list is not exhaustive. Unit Administrators are encouraged to tailor public health activities to the needs of their community.

- Community outreach (e.g., health fairs)
- Disease detection/screening (e.g., diabetes, hypertension)
- Emergency operations exercise participation (e.g., full-scale, tabletop)
- Health clinic support/staffing
- Health education initiatives
- Health promotion/disease prevention initiatives
- Immunization clinics (e.g., back to school)
- MDRMRC Unit administrative support
- MDRMRC Unit recruitment event support
- Planned community events (e.g., sporting event, concert, parade, marathons, etc.)
- Seasonal flu vaccination clinics
- Smoking prevention/cessation initiatives

In addition, Unit Administrators should consider the following when planning for public health activities:

- Determine the Unit's capabilities to address the public health need, as identified through the needs assessment and in coordination with local response partners
- Develop non-emergency activation, mobilization, and demobilization procedures
- Ensure that volunteers' participation in public health activities are properly documented and recognized
- Include public health preparedness in your Unit's mission

- Seek existing public health preparedness opportunities for volunteers within your community
- Ensure that your volunteers have their own family emergency preparedness plan. See "Family Emergency Plan − Template" (**Appendix Y**)
- Develop a calendar of local preparedness events in which volunteers can participate
- Use the weekly and monthly preparedness themes to promote both the MDRMRC Unit in the community and the importance of preparedness (FEMA's Ready.gov website has a calendar of weekly and monthly themes that can be used to encourage and promote civic engagement, public safety, preparedness, resilience, and volunteerism)

C. Activation Authority

MDRMRC Units may be activated to support a wide variety of local emergency response operations as well as ongoing public health initiatives. However, to ensure volunteers are protected by state liability protections and workers' compensation coverage if injured during a deployment, the Unit must be activated by the appropriate authority. It is an important to include information about the Unit's activation authority in the Unit's volunteer management plan.

*Local MDRMRC Units**

The decision to activate a local MDRMRC Unit to support a local emergency or a local public health activity will be made locally.

The local Health Officer should serve as the MDRMRC Unit's activation authority. The local Health Officer has activation authority because they direct the overall operation of the LHD (and the local MDRMRC Unit as an extension of the LHD).

It is strongly recommended that the Unit Administrator, in cooperation with appropriate local officials, pre-identifies the types of incidents and activities that warrant activation of its volunteers and obtain prior approval from their local Health Officer, or designee, for all such activities. This will ensure volunteer protections and streamline the activation process during an emergency response.

To qualify for state liability and workers' compensation coverage, a volunteer activity (emergency or public health) must meet the following requirements:

- The activity has a specific need that MDRMRC volunteers can meet
- The Unit has volunteers with the necessary skills to match the requirements of the activity
- The activity is aligned with the mission of the LHD and the local Unit
- The local Health Officer has approved of this activity as a public health or emergency activity
- The Unit Administrator, or knowledgeable designee, will supervise MDRMRC volunteers during this activity

*These guidelines apply to local activations only. For multi-jurisdictional or statewide activation, refer to Section H of this chapter.

D. Activation Procedures

Activation Request

MDRMRC Units work in conjunction with local and state response partners who may request support from the Unit, similar to how other types of resources are requested through the local emergency operation center. As such, it is important to determine who may request activation of the MDRMRC Unit, how the request should be made, and what information will be needed from the requestor for successful activation and deployment of MDRMRC

volunteers.

At a minimum, an activation request from a partnering or outside organization should provide the following information:

- Volunteer point of contact
- Nature and scope of the activity (emergency response/public health)
- Estimated number of patients and their injuries/symptoms, if applicable
- Location/county(ies) affected
- Staging area/check-in location
- Deployment date/time
- Professions/qualifications needed (and number of each needed)
- Expected work conditions and possible hazards
- Clothing and equipment requirements
- Lodging, food, and parking details

It is recommended that Unit Administrators develop a standardized activation request form for collecting all necessary information for a particular deployment. This will save time during an emergency and will enable Unit Administrators to easily create and send an activation notification message to qualified volunteers. Unit Administrators may use the "State Activation Request Forms" (**Appendix Z**) as a template for creating their version of the activation request form.

Activation Notification

Properly informing volunteers and managing expectations can help ensure a successful response. In activation notifications, as well as other communications with volunteers, Unit Administrators should provide as much detailed information as possible regarding the deployment and what volunteers should expect. This information will reduce stress and facilitate operations.

Unit Administrators can create and send an activation notification message to qualified volunteers through the Registry's "Messages" tab or through the Mission Manager module.* The Mission Manager module allows Unit Administrators to create mission profiles, record deployment details, poll volunteer availability, and to notify confirmed volunteers. To view a sample activation notification message, see "Activation Notification Message – Example" (**Appendix H**). Refer to the **Volunteer Registry − Administrator Protocols** for instructions for creating and sending activation notifications and messages through the Registry.

*At this time, activation notifications through the Registry's Mission Manager module can only be made for one shift at a time. By June 2019, the Registry will include a new Schedule Manager module, which will allow for management of multiple shifts through Mission Manager. Until then, Unit Administrators can schedule multiple shifts by either creating separate activation notifications per shift, or by using an online scheduling site to poll volunteer availability (Doodle, SurveyMonkey®, Google Forms, etc.). Once the scheduling poll is created, the link can be included in messages sent to volunteers for them to enter availability for shifts.

E. Mobilization Procedures

Once volunteers' responses to the activation notification have been collected, they can be assigned roles. If more volunteers respond than are needed, contact the extra volunteers to let them know accordingly. After volunteers have been activated, the next step is mobilization.

Deployment Packet

Some deployments may require that volunteers receive additional information to review prior to arriving on site

or before beginning their assignment. Such information should be given to volunteers in a deployment packet. A deployment packet expands on the activation notification message with more in-depth information. Additional information may include, but is not limited to:

- Location of and contact information for deployment site
- Incident-specific precautions and hazards
- Deployment go-kit checklist
- Job action sheets
- JITT materials
- List of supplies provided on-site to volunteers

Volunteer Staging/Reception Area

The volunteer staging area is the location designated for the assembly of activated MDRMRC volunteers. A staging area should be identified for all deployments, whether emergency response operations or non-emergency public health activity. The staging area must be accessible and clearly marked for volunteers to find and to avoid confusion. To see a sample plan submitted by Talbot County, refer to "Volunteer Reporting Center Plan – Talbot County Example" (**Appendix AA**). Upon arriving on the scene, activated MDRMRC volunteers should be instructed to report to the volunteer staging area to complete the following procedures:

- Assemble pre-event or pre-shift to sign-in*
- Have their state and/or MDRMRC ID badge checked and verified*
- Receive incident briefing
- Receive JITT
- Receive supplies and personal protective equipment
- Receive instructions regarding demobilization procedures
- Assemble post-event or post-shift to sign-out*

*This procedure is required for all deployments.

The volunteer staging area can also serve as a central location for managing SUVs (otherwise known as a volunteer reception center (VRC). See Section G of this chapter for more information on managing SUVs.

Volunteer Supervision and Tracking

When deployed locally, the Unit Administrator is responsible for identifying a health department staff member, or designee, to supervise volunteers during a deployment. The volunteer supervisor's responsibilities include, but are not limited to, the following tasks:

- Tracking volunteer attendance using a sign-in/sign-out sheet
    - See **Appendix BB** for a "Responder Check-in/Check-out Log – Template"
- Verifying volunteer identification upon arrival (state ID and MDRMRC ID badges).
    - See **Appendix N** for a depiction of the "Responder ID Badge − Example"
- Ensuring volunteers receive all necessary information for completing their assigned role (e.g., incident briefing, JITT, equipment and personal protective equipment, etc.)
- Reporting any changes in the situation or the response operation to the Unit Administrator (e.g., shelter closing early, additional volunteers needed, etc.)
- Monitoring safety hazards and reporting any injuries involving volunteers using the "Responder Injury Reporting Packet" (**Appendix JJ**)
    - See Chapter 9 for more information on reporting volunteer injuries
- Evaluating volunteer performance if desired
    - See **Appendix HH** for a "Responder Evaluation Form – Template"

- Documenting any issues or concerns related to volunteer conduct or performance
    - Any issues that require corrective action or that should restrict a volunteer from future deployments should be reported to the MDRMRC State Program as soon as possible by using the "Incident Report Form" (**Appendix CC**)
- Ensuring volunteers have safely arrived home after the deployment

Volunteer Code of Conduct

The following is the definition of the MDRMRC Volunteer Code of Conduct:

- During all MDRMRC events volunteers are expected to adhere to this Code of Conduct:
    - Abide by all local, state, and federal laws at all times
    - Practice applicable safety standards and precautions
    - Work within the scope and guidelines of your job description
    - Project a professional manner and appearance
    - Follow chain of command
- Based on their discretion, Incident Commanders (IC) of a specific response/event can deactivate volunteers from the response/event for behavior that goes against the Code of Conduct. ICs should work with either the Unit Administrator or designated volunteers supervisor to deactivate volunteers for Code of Conduct violations. Unit Administrators should review incidences of volunteer violations of the Code of Conduct with their supervisors and the MDRMRC State Program for appropriate action, which may include removal from the MDRMRC. The "Incident Report Form" (**Appendix CC**) can be used for this purpose. Examples of behaviors that violate the Code of Conduct include but are not limited to:
    - Violation of any local, state, or federal law
    - Consumption of alcoholic beverages while on duty or any display of public drunkenness
    - Possession, use, or selling of any illegal drugs or substances
    - Sexual harassment
    - Lack of adherence to all laws and regulations that provide equal opportunity for all regardless of race, color, religion, sex, national origin, age, or disability
    - Theft of property or misuse of equipment and supplies
    - Gross negligence, inattention to duty, carelessness, insubordination, refusal to follow orders or directives, dishonesty, or willful misconduct in the performance of one's duties
- Contact the MDRMRC State Program with any issues. Each incident will be reviewed and a determination made on a case by case basis.

F. Demobilization Procedures

MDRMRC volunteers should demobilize with other on-scene personnel and resources, in accordance with the Incident Action Plan (IAP) or the IC's instructions. The Unit Administrator, or designee, should ensure the following procedures are completed to properly demobilize volunteers:

Volunteer Debriefing

Volunteer supervisors should make every effort to provide a debriefing process following a deployment; during this debriefing, supervisors should ensure that volunteers have access to mental health counseling during and/or following emergency operations, if necessary. Examples of these types of counseling include psychological first aid, grief counseling, and post-traumatic stress counseling. It is recommended that MDRMRC Units work with their local core services agencies to develop appropriate screening questionnaires to determine who may need follow-up. In certain incidences, it may be prudent to additionally follow-up with volunteers to ensure they arrived home safely.

After Action Survey

Following a deployment, volunteers should be contacted to obtain feedback about their experience. One recommendation for collecting such information is through an after action survey that gives volunteers the opportunity to voice their evaluation of the overall response and provide suggestions for improvement.

One suggestion for making the survey accessible, is to create an online after action survey (e.g., SurveyMonkey®, Google Forms) and email the survey link to volunteers following their deployment. See "After Action Survey for Activation − Template" (**Appendix DD**).

Results from the after action survey will help improve deployment experiences for volunteers, response partners, and Unit Administrators. This information is best captured and utilized in an AAR. See **Appendix EE** for an AAR template.

G. Spontaneous, Unaffiliated Volunteers (SUVs)

SUVs are an unavoidable yet can be an important part of the emergency response and recovery spectrum. It is vital to plan for their participation; otherwise, they could cause an overwhelming disruption to emergency response efforts.

Planning for SUVs will also prevent Unit Administrators from having to turn down potential volunteers. An important aspect of community recovery (both physical and psychological) is engaging those citizens who feel the need to help. After an event occurs, SUVs can be recruited to join the MDRMRC and provided with further training.

To facilitate this effort, the MDRMRC Unit should work with local partners to develop strategies for managing SUVs. Strategies for managing spontaneous volunteers include volunteer coordination teams, volunteer reception centers, JITT, position descriptions, job action sheets, and pairing experienced MDRMRC volunteers with spontaneous volunteers.

Strategies for Managing SUVs

- Volunteer reception/reporting centers (VRCs) are sites that can act as a point of referral to support disaster and emergency response activities
  - The VRC should instruct unaffiliated people who want to help to register with MDRMRC online at: https://mdresponds.health.maryland.gov
  - See "Volunteer Reporting Center Plan – Talbot County Example" (**Appendix AA**)
- A volunteer coordination team (VCT) can be comprised of representatives from the MDRMRC, be integrated into the EOC structure, and act as the primary coordination entity for unaffiliated volunteers (as well as affiliated volunteers)
- JITT is a critical piece of the management of SUVs and serves as a refresher for affiliated volunteers
- Position descriptions and job action sheets (**Appendix M**) are also critical for successful SUV management − additional guidance is available in Chapter 4

SUV Timeline − Example

Unit Administrators and other response partners should follow the guidance below to register an SUV during an emergency:

1. SUV sees disaster coverage on the news or is in proximity to the disaster
2. SUV is referred to the VRC or directly to the Unit Administrator
3. SUV registers as an MDRMRC volunteer online through the Registry

      a. Volunteer is instructed to complete profile to include licensure information if applicable

      b. If the Registry is unavailable for any reason (e.g., internet connectivity is down), SUVs can register using the "MDRMRC Paper Registration Form" (**Appendix GG**)

          i. As soon as the system is back online, the volunteer coordinator, supervisor, or Unit Administrator can manually enter the volunteer's information into the system and then forward the volunteer's profile information (username and temporary password) to them so that they can complete the remainder of their profile

4. If applicable, verify volunteer licensure, and request a background check, if possible
5. Volunteer reports to the volunteer staging area to sign-in, receive incident briefing, job action sheet, and JITT
6. Volunteer is placed in a role immediately or scheduled to work at a later date
7. Volunteer supports operations (be flexible in scheduling and shifts to accommodate a volunteer's other commitments and to avoid burnout)
8. At the conclusion of their shift, volunteer reports to the volunteer staging area to sign-out, return equipment, and complete other debriefing procedures, if necessary
9. Volunteer provides feedback on the deployment by completing the after action survey sent to them by the Unit Administrator
10. Volunteer completes R2R requirements for obtaining their Ready Responder Kit including uniform and badge and becomes eligible for future activation and deployments
11. Volunteer is recognized for their service (e.g., certificate, letter, newspaper article, commemorative item, recognition event)

H. Regional, Statewide, and Federal Activation

Although MDRMRC Units are primarily intended to serve local needs, there may be occasions in which volunteers may be requested to serve other communities in the state or elsewhere in the nation. MDRMRC Unit Administrators will be contacted prior to regional, statewide, or federal activation of the MDRMRC to ensure that the needs of the local community are met before MDRMRC volunteers are permitted to deploy out-of-area.

Regional and Statewide Activation

If local resources have been exhausted and additional volunteers are needed, a request may be made to the MDRMRC State Program to activate volunteers regionally or statewide. Request for regional or statewide activation can be made by following the steps listed below:

1. Fill out the appropriate state activation request form, see **Appendix Z**
2. Submit completed State Activation Request Form
      a. Submit completed online form to the MDRMRC State Program. The State Administrators can be reached via cell phone 24/7 at 443-934-5849, or 443-865-7802.
      b. If the State Emergency Operations Center (SEOC) has been activated, send a copy of the form for situational awareness to the MDH desk at the SEOC via email at mdh.mema@maryland.gov.
3. Once received, the MDRMRC State Administrators will:
      a. Contact the Unit Administrators of the designated jurisdictions to discuss the request, ensure that local needs are met, and that there are no conflicts for deploying volunteers from their jurisdiction
      b. Forward the request to the OP&R Director or designee for approval
4. If approved by both the appropriate Unit Administrators and the OP&R Director, the MDRMRC State Program will assume responsibility for:
      a. Initiating procedures to ensure that the appropriate number and type of volunteers are activated, at the necessary skill levels
      b. Notifying qualified volunteers through the Registry, with instructions based on that particular incident
      c. Working with requesting entity to schedule volunteer deployment shifts (for events of long-term duration)

d. Ensuring volunteers respond to the appropriate locations (such as a predefined staging area) with the appropriate gear and instructions
e. Monitoring responses and staffing levels with direction from the IC
f. Maintaining contact with volunteers or monitoring their involvement, as needed
g. Verifying that reporting and demobilization procedures are followed

Federal Activation

In the case of a national disaster, the MDRMRC may be requested for an out-of-state or federal deployment through the Emergency Management Assistance Compact (EMAC) system. EMAC can be used to request resources from a member state that can be shared with another member state. Resources can include MRC volunteers. So long as there is a Governor-declared state of emergency in the region requesting resources, EMAC can be called to action and used.

Activation of the MDRMRC through EMAC would require an official resource request to be submitted to the Maryland Emergency Management Agency (MEMA), who would then forward the request to the MDRMRC State Administrators. Once received, the MDRMRC State Administrators will contact the Unit Administrators of the affected jurisdictions to discuss the request and ensure local needs are met and then forward the request to the OP&R Director or designee for final approval. If approved by both the Unit Administrators and the OP&R Director, the MDRMRC State Program will assume responsibility for initiating procedures to ensure that the appropriate number and type of volunteers are activated, at the necessary skill levels. For additional information about EMAC, visit: http://www.emacweb.org.

CHAPTER 8: RETENTION AND RECOGNITION

A. Volunteer Retention

Volunteers who are utilized primarily during emergencies may lose interest during periods between emergency activations. This can cause a "revolving door" effect in which the Unit loses seasoned volunteers as fast as it recruits new volunteers. There are several ways to approach this challenge. For example, Unit Administrators can use trainings, exercises, and non-emergency public health events to keep volunteers engaged. While these strategies are beneficial to the Unit, they demand time and resources that may not always be available. Fortunately, there are also other ways of retaining volunteers that do not require the same investment of time and resources.

Creating a Positive Volunteer Experience from Start to Finish

To ensure that volunteers have a positive experience, Unit Administrators should examine their Unit from the volunteer's perspective and consider the aspects of the volunteer experience that might affect participation. To optimize the volunteer experience:

1. Ensure a good first impression by handling the registration process in a timely, efficient, and professional manner
2. Create a Unit specific course of required training that is helpful and relevant to the volunteer (see Chapter 6 for guidance)
3. Offer optional training courses that enhances the volunteers' experience and assists them with professional development
4. Demonstrate professional accountability regarding establishing and following policies that reduce the overall risk of harm for the volunteer and others
5. Ensure that the volunteers feel well-utilized and that they are making a satisfying contribution; some volunteers may only wish to serve during an emergency; while others may wish to be involved in ongoing public health initiatives throughout the year (see Chapter 7 for guidance)
6. Provide for the volunteers' emotional needs during and after activation
7. Give volunteers the opportunity to participate in after action activities; show the MDRMRC Unit's commitment to caring for volunteers' well-being by taking their feedback seriously (see Chapter 7 for guidance)

Understanding Volunteer Motivation

In addition to having a positive experience, volunteers may have other, more personal motivations for volunteering. There are several reasons why people volunteer − these reasons can be loosely grouped into three categories:

1. Achievement
2. Recognition
3. Power/Leadership

Most volunteers have a combination of reasons why they volunteer. Ensuring that the volunteer experience is rewarding means ensuring there are opportunities where volunteers' motivations can be fostered.

Retaining the Achievement-Motivated Volunteer:

Following any MDRMRC Unit activity (emergency response or public health activity), notify all volunteers of what was achieved and the impact their work had on the community. Maintain records of the volunteer activity and its impact, and remind your volunteers that they are the reason for the Unit's successes.

<u>*Retaining the Recognition-Motivated Volunteer:*</u>

Although annual awards dinners are a great way to thank volunteers, the real work of volunteer recognition occurs on a daily basis. There are various ways to recognize volunteers' contributions, ranging from the simple, personal "thank you" letter, to more public forms of recognition such as newspaper articles, community awards, and notes to their families and/or employers. Not all volunteers want to be publicly recognized, but each volunteer needs to know that he or she is valued by the organization (see below for guidance on volunteer recognition).

<u>*Retaining the Power/Leadership-Motivated Volunteer:*</u>

There should be opportunities for volunteers to assume leadership roles within the Unit. When appropriate, delegate responsibilities to volunteers who have appropriate skills and have expressed interest in working on new projects − these leadership-motivated volunteers can be your greatest spokespeople if you provide them with the opportunity. Volunteer leadership roles may include, but are not limited to, the following:

- Council Member
  - Serve on the MDRMRC Advisory Council to represent the volunteer base and help guide future development of the MDRMRC Network
- Volunteer Management Assistant
  - Assist with volunteer recruitment, registration, record keeping, and recognition efforts
- Disaster Preparedness Presenter
  - Educate individuals and groups on disaster preparedness topics
- First-Aid Team Leader
  - Help organize and lead a Unit first aid and CPR team that is deployed to staff community events throughout the year
- Interpretation Team
  - Volunteers who speak a second language can help organize and lead a Unit interpretation team that assists on deployments throughout the year
- Grant Researching/Writing
  - Utilize qualified volunteers to assist the Unit Administrators as they research, write, and execute grants
- Speakers
  - Provide recruitment presentations at local events or to prospective partners
- Social Media
  - Be an online advocate for the MDRMRC Unit
- Clerical/Staff Support
  - Assist the Unit Administrators with administrative tasks such as volunteer communications, newsletter articles, and planning events
  - Help with routine maintenance duties such as stocking deployment supplies and checking inventories
- Special Events
  - Support recruitment efforts and community health events

Specific Activities for Keeping Volunteers Engaged

<u>*Community Preparedness*</u>

Engaging volunteers in community preparedness activities is a great strategy to keep them involved. Preparing the community for emergencies can mitigate an emergency's effect on the community's health. Rather than creating new activities from scratch, seek existing community preparedness initiatives with which to partner. Look for activities to:

- Help meet crucial community needs

- Improve community preparedness for emergencies
- Help demonstrate responsiveness to community needs, resulting in an enhanced public perception of the MDRMRC Unit

Example community preparedness activities include, but are not limited to, the following:

- Safety and preparedness expositions or exhibits at health fairs and other events
- Informational sessions with emergency management professionals
- Press briefings and other public information efforts to disseminate preparedness information
- Dispensing exercises
- Family emergency planning
- Personal preparedness education

September is National Preparedness Month and is an ideal time to involve your MDRMRC Unit in community preparedness activities. Visit http://www.ready.gov for more information on community and family preparedness and National Preparedness Month activities.

Public Health Priorities

Because local MDRMRC Units are administered by LHDs, they can promote various public health priorities set forth by the state and local government. By supporting these priorities, the MDRMRC will strengthen the state's health one community at a time. Unit Administrators can perform a formal or informal survey of their health department offices to see if volunteers can be utilized for public health activities that can support the LHD as a whole. Such priorities can be promoted through various public health activities including, but not limited to, the following:

- Health education
- Immunization clinics
- Health screening campaigns
- Participation in community emergency planning efforts

B. Volunteer Recognition

Volunteering can be its own reward as it gives volunteers the opportunity to give back to their communities and to make a difference. However, many volunteers find motivation in the recognition they receive. Volunteer recognition can range from informal contact with volunteers (one-on-one or in groups) to formal recognition events that feature awards and public statements. Below is a list of suggested recognition strategies:

- Provide volunteers with regular updates on the impact of their efforts (e.g., via newsletter article or an email update)
- Following an emergency response activity, send volunteers who were deployed a "thank you" letter, email, and/or certificate of appreciation that describes what was accomplished by the deployment and the impact it had on the community
    - For an example, see "Thank You for Responding to Activation Request − Example" (**Appendix II**)
- Following a MDRMRC public health activity, send participating volunteers a "thank you" letter, email, and/or certificate of appreciation; describe what was accomplished by the activity and the impact it had on the community
- For MDRMRC Units that are registered with the national MRC Program:
    - Update your Unit's online profile with recent activities.
    - These activities are reported to the national MRC Program and shared with national MRC leadership and MRC Units throughout the country, giving volunteers the opportunity for national

      recognition

- Coordinate sending a letter or certificate of appreciation signed by a local public official (i.e. local Health Officer)
- Coordinate an appreciation reception, luncheon, or dinner for volunteers
- Give a plaque to volunteers who volunteer a pre-determined number of hours or pre-determined number of deployments
- Send a seasonal card or e-card to volunteers thanking them for their commitment
- Highlight individual volunteers or your Unit as a whole by submitting an article to the MDRMRC Newsletter
    - See Chapter 2, Section C for instructions
- Reach out to local media about MDRMRC activities to showcase volunteer contributions to public health
- Contact established volunteer recognition programs that provide an opportunity for volunteers to receive local, state, and/or national recognition, such as:
    - Governor's Office of Service and Volunteerism: https://gosv.maryland.gov/
        - Request a proclamation or citation to recognize a volunteer: https://governor.maryland.gov/mail/citations.asp
    - Daily Points of Light Awards: http://pointsoflight.org/recognition
    - President's Volunteer Service Award: http://www.presidentialserviceawards.gov

CHAPTER 9: VOLUNTEER PROTECTIONS

To receive the coverage detailed in this chapter, volunteers must first complete deployment eligibility requirements in Chapter 5 and be activated in accordance with Chapter 7.

A. Liability Protections

Liability coverage is provided for MDRMRC volunteers under the Maryland Tort Claims Act, Maryland Code Annotated, State Government Article, §§ 12-101 et seq. and COMAR 25.02.01.02.

Volunteers constitute "State personnel" under § 12-101(a)(3) of the State Government article for purposes of the State's Insurance Program and Maryland Tort Claims Act coverage because they satisfy the requirements for designation as State personnel under COMAR 25.02.01.02. The requirements are as follows:

1. Provide a service to or for the State
2. Are not paid in whole or in part by the State
3. Perform services to or for a Unit of State government, the employees of which are state employees
4. Are expected to be engaged in the actual performance of such services at the time of the incident giving rise to a claim
5. Participate in a formal volunteer program or before beginning the program are formally recognized by the Unit as volunteers

B. Federal Protections

In special circumstances, MDRMRC volunteers may be considered intermittent disaster-response personnel under the Pandemic All Hazards and Preparedness Act, 42 U.S. Code, § 300hh-15.

During a public health emergency, the Secretary of the U.S. Department of Health and Human Services may appoint selected volunteers to serve as federal intermittent disaster-response personnel, in which case certain protections under the National Disaster Medical System, 42 U.S. Code, § 300hh-11 may apply.

C. Workers' Compensation Coverage

Workers' compensation coverage is provided to Maryland Responds volunteers under the Maryland Workers' Compensation Act, Maryland Code Annotated, Labor and Employment Article, §§ 9-101 et seq.

Volunteers constitute "Civil defense volunteers" under § 9-232.1 (a) (2)(ii) of the Labor and Employment article for purposes of Workers' Compensation coverage. The definition includes "credentialed or registered member of a professional volunteer health corps established by a Unit of State government."

D. Instructions for Reporting Injuries to Volunteers

During MDRMRC authorized activities, volunteers are considered to be State employees and therefore have workers' compensation benefits. Injuries sustained during a MDRMRC authorized activity must be documented using the forms contained in "Responder Injury Reporting Packet" (**Appendix JJ**). Page numbers below refer to pages of the MDRMRC Injury Reporting Packet. All completed forms must be submitted to the MDRMRC State Program via email (mdresponds.health@maryland.gov) or via fax (410-333-5000).

1. Inform a MDRMRC State Administrator of a volunteer injury
2. The injury should be documented using the following forms:
   a. Injured volunteer completes the Employee's Report of Injury Form (page 2). If a volunteer is physically unable to fill out the Employee's Report of Injury Form, they can fill it out at a later

time, or have someone fill it out on their behalf
   b. MDRMRC State Administrator, Unit Administrator, or other responsible administrative official completes the Supervisor's Accident Investigation Form (page 3) and the Authorization for Examination or Treatment Form (page 5)
   c. Any witness to the accident completes the Accident Witness Statement (page 4)
3. Submit completed forms to the MDRMRC State Program via email (mdresponds.health@maryland.gov) or via fax (410-333-5000) within three days of the incident and a State Administrator will forward the forms to the appropriate authority
   a. The Unit Administrator and the volunteer should make and keep copies of these forms for files as completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' compensation hearing
4. If the volunteer requires treatment from a health care professional, they can be seen on a walk-in basis at any of the WorkPro Occupational Health or Occupational Medical Services (OMS) locations
   a. It is recommended that this be done within three days of the incident; for locations and office hours, see pages 6 and 7
   b. Contact the MDRMRC State Program to notify them of which WorkPro location the volunteer will be visiting for treatment so that the "Authorization for Examination or Treatment Form" (page 5) can be faxed to the WorkPro site prior to the volunteer's visit

REFERENCES

- A Guide to Developing and Managing a Local MRC Unit. Florida Medical Reserve Corps Network. Florida Department of Health, Office of Public Health Nursing. January 2011.
- Developing and Maintaining Emergency Operations Plans. Comprehensive Preparedness Guide 101. Version 2.0. FEMA. November 2010.
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- Introduction to the Incident Command System, ICS 100. Student Manual. FEMA. November 2018.
- MRC Unit Factors for Success. National MRC Program. Version 2.1. February 2017.
  - National MRC Network Website. Unit Leader Development Tools. Office of the Assistant Secretary for Health. URL: https://mrc.hhs.gov/FactorsForSuccess.
- Public Health Preparedness Capabilities: National Standards for State and Local Planning. U.S. Department of Health and Human Services. Center for Disease Control and Prevention.

APPENDIX LIST

Below is a list of appendices that provide additional information to support this guide.

A.   [Request for Changes Form](#)
B.   [Integration of MRC and ESAR-VHP](#)
C.   [MDH Media Consent Release Form](#)
D.   [New Unit Administrator Registry Access](#)
E.   [Juvare Support Center Contact Information](#)
F.   [Volunteer Notification Drill Instructions](#)
G.   [Instructions for Reporting MDRMRC Unit Activities](#)
H.   [Activation Notification Message − Example](#)
I.   [MDRMRC Program Overview Flier](#)
J.   [How to Register with Maryland Responds Flier](#)
K.   [Recruitment Letter − Example](#)
L.   [Recruitment Presentation − Template](#)
M.   [Job Action Sheet − Template](#)
N.   [Responder ID Badge − Example](#)
O.   [Liability Policy and Confidentiality Agreement Form](#)
P.   [License Verification Configurations Table](#)
Q.   Orientation Agenda – Template ***Coming Soon***
R.   Orientation Presentation – Template ***Coming Soon***
S.   Online Training Course Request Form ***Coming Soon***
T.   [Training Announcement − Template](#)
U.   [How to Update Your Training Record Flier](#)
V.   [Training Evaluation Form − Template](#)
W.   [Instructions for Taking the Online Orientation Course](#)
X.   [Training Sign-in Sheet − Template](#)
Y.   [Family Emergency Plan − Template](#)
Z.   [State Activation Request Forms](#)
AA.   [Volunteer Reporting Center Plan – Talbot County Example](#)
BB.   [Responder Check-in/Check-out Log − Template](#)
CC.   [Incident Report Form](#)
DD.   [After Action Survey for Activation − Template](#)
EE.   [After Action Report − Template](#)
FF.   [Road to Readiness Checklist Flier](#)
GG.   [MDRMRC Paper Registration Form](#)
HH.   [Responder Evaluation Form − Template](#)
II.   [Thank You for Responding to Activation Request − Example](#)
JJ.   [Responder Injury Reporting Packet](#)