

MRC Core Competencies Training

October 13, 2007



MRC Core Competencies Intercontinental West Miami - Florida

Developed by the Institute for Disaster and Emergency Preparedness (IDEP) and supported in part by funds from the Office of the Assistant Secretary of Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services.



Miami-Dade County Health Department

Public Health Preparedness



medical
reserve
corps



Miami-Dade

Medical Reserve Corps Training



Forging Partnerships



The Florida Medical Reserve Corps Network



Focus of Presentation

Discuss the partnerships that are vital for
Effectively Mobilizing Volunteer Health Care
Professionals and Support

National

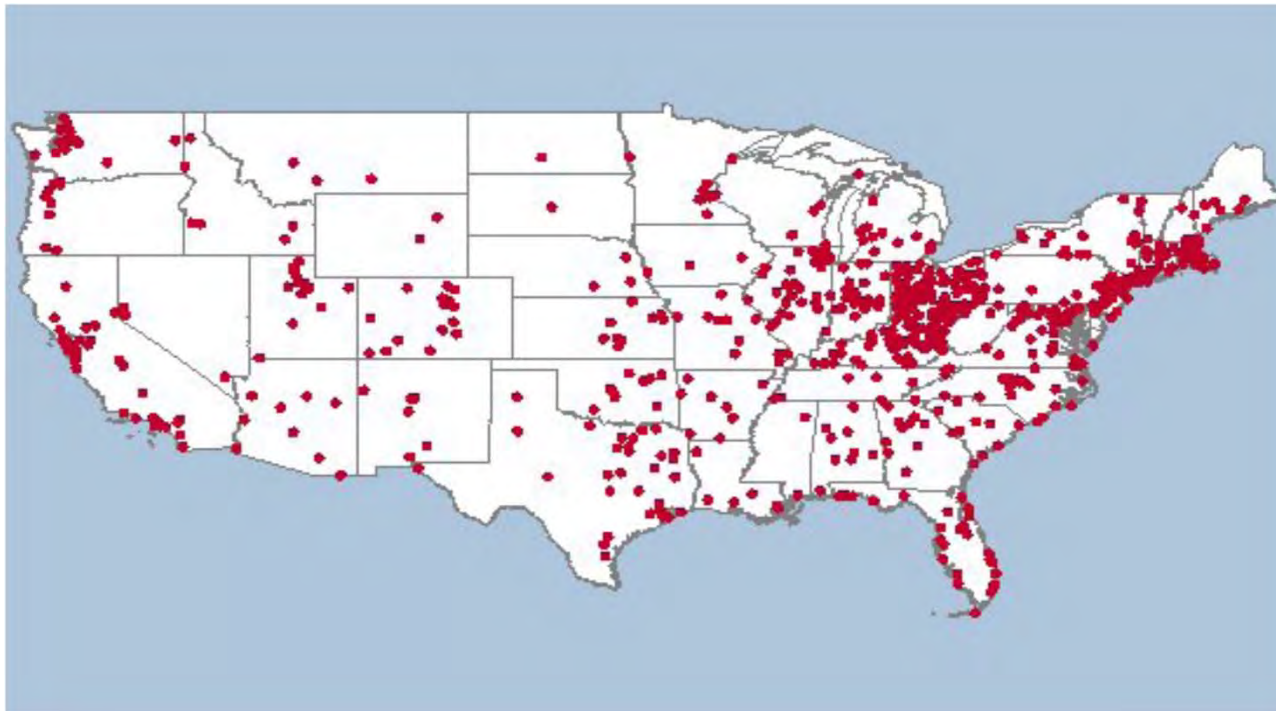
Local



State



Medical Reserve Corps National Effort



Florida Department of Health

Mission:

Promote and protect the health and safety of all people in Florida

Emergency Management Philosophy:

- All Disasters are Local
- Closest Appropriate Responder
- State Supports Local Response
- State Coordinates Federal Support for Local Response



Florida's Domestic Security Strategy

- ***Prevent***, pre-empt & deter acts of terrorism
- ***Prepare*** for response missions
- ***Protect*** Florida citizens, visitors & critical infrastructure
- ***Respond*** focused on victims
- ***Recover*** quickly & restore our way of life



Delivery of Public Health Services

- Disease surveillance & investigation
- Environmental inspections
- Special needs shelters
- Mass immunization/prophylaxis
- Strategic National Stockpile
- Quarantine



Emergency Support Function 8

- Coordinates the State's Health & Medical Resources, Capabilities & Response in an “All Hazards” Event During Natural or Man-Made Disasters.
- Develops a Comprehensive System



ESF 8 Functions

- Assess Health/Medical Needs
- Identify and Deploy Needed Health/Medical Personnel & Supplies
- Assist with Patient Evacuation
- Identify Emergency Medical Services
- Mental Health & Crisis Counseling for Responders
- Coordinate Special Needs Shelters (SpNS)



Public Health Preparedness

- Prepare and respond to emergencies
- Protect health from predictable threats
- Prevent complications of chronic diseases
- Endemic infectious diseases
- Environmental threats

Emergencies are part of Public Health Practice



All Hazards Preparedness



Coordination of Health & Medical

- Assessment of health/medical needs
- Health/medical personnel & supplies
- Patient evacuation
- Emergency Medical Services
- Mental health & crisis counseling for responders
- Victim identification/mortuary services



MRC Volunteers

- Build what is needed locally
- May include those in training, in active practice, or retired
- Medical and public health professionals
- Persons who support communications, administration, logistics, and other essential functions



Medical Reserve Corps- Volunteers Building Strong, Healthy, and Prepared Communities

- Medical and public health professionals
- May include those in training, in active practice, or retired
- Includes non-medical volunteers to support communications, administration, logistics, and other essential functions



Supporting Emergency Resources





Opportunities for to Serve

MRC members can impact the health and safety of their community by:

- Providing medical care, administering vaccines and dispensing medications
 - Providing administrative, logistical and communications
 - Counseling victims, families and responders
 - Supporting PODS and more



Miami-Dade MRC in Action



MRCs Supporting Public Health

- Assisting with health education as part of a local public health initiative
- Supporting special event public health activities
- Fostering health education as part of a local public health initiative
- Promoting preparedness



Leaders Volunteer and Support Communities



Important Partners

- Community Health Centers
- Universities and Community Colleges
- Volunteer Organizations
- Police, Fire and Emergency Management
- Medical, Health Professional and Specialty Societies
- Senior Centers
- Chamber of Commerce
- Business Organizations
- Who is missing from this list?



Partnerships = Teamwork



Benefits of Membership

- Training and continuing education coursework
- Part of a coordinated, response team
- Support with liability protection and worker's compensation during an emergency response and public health activity



State and Local Volunteer Registry



Website live and ready for
volunteer management.



Contact Information

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“Through the work and service provided in towns, cities, and counties across the United States, MRC volunteers have made an immediate and lasting effect on the health and safety of their neighbors. With each American you help, you help the Nation.”

- *Kenneth P. Moritsugu, M.D., M.P.H.
RADM, U.S. Public Health Service
Acting Surgeon General*



Mission of the Medical Reserve Corps

Sponsored by the Office of the U.S. Surgeon General, the mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers.



This training is designed to meet the State Guidelines for the Florida Medical Reserve Corps (MRC) Network, as developed in October 2007.



MRC units are provided by the U.S. Surgeon General with specific areas to target that strengthen the public health infrastructure of their communities. The overarching goal is to improve health literacy and to work towards increasing disease prevention, eliminating health disparities, and improving public health preparedness.



MRC volunteers can choose to support communities in need nationwide. When the Southeast was battered by hurricanes, MRC volunteers in the affected areas and beyond helped communities by filling in at local hospitals, assisting their neighbors at local shelters, and providing first aid to those injured by the storms.



Core Competencies

Created by the National Association of City and County Health Officers (NACCHO)

- ✓ Represent the baseline level of knowledge and skills of ALL MRC volunteers
- ✓ May be expanded upon to train at a more advanced level
- ✓ Provide a “Common Language” to communicate skill capacity



Health, Safety and Personal Preparedness

Roles and Responsibilities of Volunteers

Public Health Activities and Incident
Management



Matrix of Core Competencies

Organized in domains related to certain topics:

- Specific competencies
- Knowledge, Skills, and Attitudes
- Suggested trainings/Tools
- Assessment





Learning Objective: (Competency #7 – Demonstrated ability for assignment, activation, reporting, and deactivation)

- **Understand role of public health and who has authority to activate unit**



Promote the U.S. Surgeon General's Priority Areas

The U.S. Surgeon General encourages MRC volunteers to work toward increasing disease and injury prevention, improving public health preparedness, and responding as an integral team during an all-hazards event.



HEALTH, SAFETY AND PERSONAL PREPAREDNESS



Do you have a plan?



Learning Objectives: (Competency #1 - Steps to protect health and safety of family, team and community. Personal/family preparedness plan)

- **Describe the procedures and the steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.**



Learning Objectives: (Competency #6 - Describe the impact of an event on the mental health of the MRC member responders and others.)



Identify and prepare a personal and family preparedness plan. Promote personal, family, and work life preparedness.



Personal Inventory

- EMOTIONALLY PREPARED?
- NON-TRADITIONAL SETTINGS?
- UNPREDICTABLE ENVIRONMENT?
- FLEXIBLE?
- WILL I PUT MYSELF AT RISK?
- CULTURALLY DIVERSE POPULATIONS?
- PHYSICAL HEALTH?
- RECENT SIGNIFICANT LOSS OR LIFE CHANGE?

Family Inventory

- IS YOUR FAMILY PREPARED FOR YOUR ABSENCE?
- DO YOU HAVE A SUPPORT SYSTEM IN PLACE WHILE YOU ARE AWAY?
- DO YOU HAVE UNRESOLVED FAMILY ISSUES THAT WILL DISTRACT YOU?



Employment

- EMPLOYER SUPPORT?
- WILL YOU BE ALLOWED 'LEAVE TIME'?
- CAN YOU RESPOND WITHIN 24-48 HOURS?
- SUPPORTIVE CO-WORKERS?
- WILL YOUR ABSENCE AFFECT YOUR CLIENTS?





**Basic steps? Emergency supplies?
Evacuations? Food and water?
Extreme heat? Hazards?**



Planning for Your Family

- How do I plan for family communications before and during an emergency?
- Why do I need an emergency disaster plan for home, work, and community?
- What are the steps in planning for an emergency situation?
- Does your plan address worst-case scenarios?

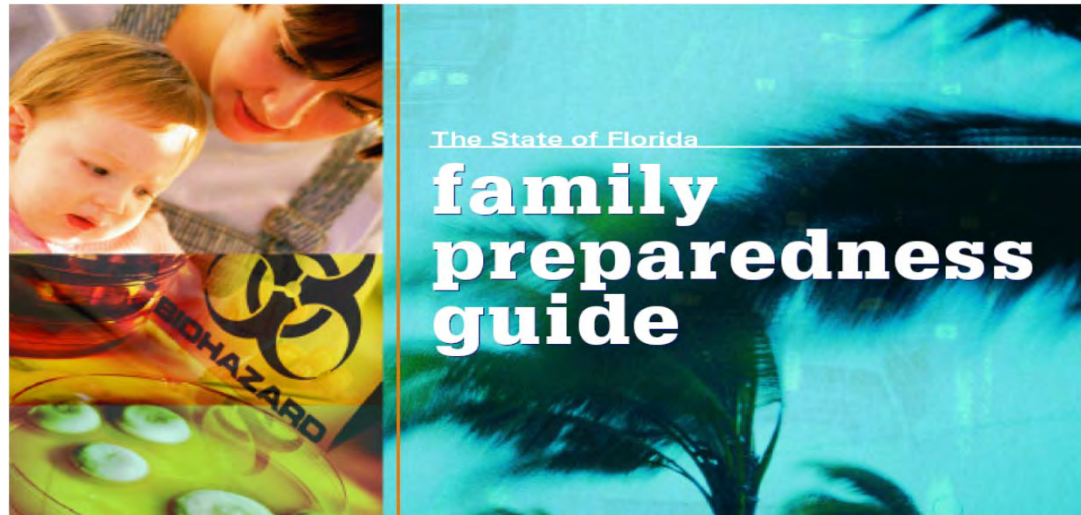


Personal Emergency Communication

- **Where are you planning to go?**
- **Do all family members carry important phone numbers?**
- **Who else outside your immediate family needs to know how to contact you?**
- **What about out-of-town contacts?**



STEP 1: Be Informed about What Might Happen



Does your neighborhood have an emergency coordinator or leader?



STEP 2: Make a Plan for What You Will Do in an Emergency

Depending on your circumstances and the nature of the disaster, the first important decision is whether to shelter-in-place or evacuate.



STEP 3: Have Emergency Supplies



**Fresh water,
food, warmth,
and essential
medications**

Essential Items



Disaster Planning at Home



- Put together an evacuation kit for each family member
- Don't forget your essential medications
- Be prepared to improvise and use what you have on hand



Financial Planning

- Have extra cash in supply kits (enough for at least two weeks of essentials)
 - Electronic transactions, ATMs may not be available
- Carry account numbers, contact addresses and telephone numbers for all important persons and institutions



Securing Your Home



Family Readiness

- *Talk to your children's schools and to your employer about emergency plans.*
- *Stay together.*
- *Pet arrangements*
- *Choose several destinations in different directions so you have options.*



How Do You Decide to Stay or Evacuate?

- You might want to evacuate just for the peace of mind in being safe.
- Follow local authority advice.



Aftermath

- Fire departments to begin grid street-to-street searches
- Turn on your radio to receive information
- Secure safe shelter
- Make your address visible
- Call your primary contact person, and then, minimize phone use



Home Reentry





More people are injured or killed during recovery and the clean-up phase than the actual event.



Disaster Planning at Work

Is your workplace required to operate during an emergency?



Does Your Business Have a Plan?

- Determine a post-event assessment plan and mode of communication.
- How will you communicate with employees?



Do you have your webpage and email on a server outside of the state?



Storage for Business Records



Have you made arrangements to back up files?



Community Involvement



Lessons Learned

- Public is not prepared
- May be worse than expected
- Response is NOT right around the corner
- Family concerns affect responders
- Communications and logistics inadequate
- Impact affects healthcare, infrastructure, and economics



Disaster Preparedness

**is a continuing exercise
for every citizen.**



HOMework



COMPLETE EMERGENCY PLAN.

<http://www.floridadisaster.org/>

www.Ready.gov



PSYCHOLOGICAL FIRST AID



- ✓ **Learning Objectives:**
(Competency #6 – Impact of event on MRC members, responders, and others.)
 - **Identify the range of anticipated stress reactions** experienced by disaster survivors, MRC members, responders and others in the early aftermath of a disaster.



Identify when, how and where to refer disaster survivors, MRC team members, responders and others for additional mental health support and care

Identify and offer psychological first aid to disaster survivors, MRC team members, and others.



Disaster stress relates to an unexpected loss of control and is a normal response to an abnormal situation.

Mild to moderate stress is highly prevalent, but a portion of people will suffer more serious, persistent symptoms.





Responses

- Stress responses are age-specific
- May evolve over a period of time
- Need to gain a sense of control



Stressors

- Physical injury/death
- Threat of isolation or quarantine
- Lack of medical care
- Disruption of routine
- Fear of the unknown
- Loss of possessions/home
- Uncertainty about future threats



Stressors

- Relocation
- Loss of control/
independence
- Family
disorganization/
separation
- Missing loved ones
- New roles and
responsibilities
- Job loss

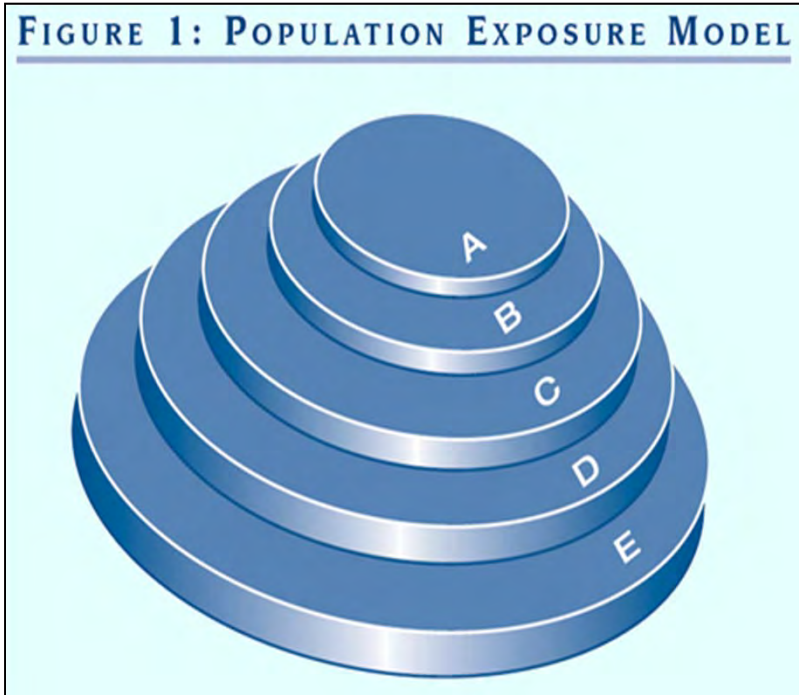


Stressors

- **Multiple losses or events (retraumatization)**
- **Media inundation**
- **Limited resources**



FIGURE 1: POPULATION EXPOSURE MODEL



A: Community victims killed and seriously injured

B: Community victims exposed to the incident and disaster scene, but not injured

C: Bereaved extended family members and friends

D: Mental health and crime victim assistance providers

E: Groups that identify with the target-victim group

Cognitive Symptoms

- Inability to concentrate and process new information
- Difficulty solving problems
- Poor memory
- Confusion



Emotional Symptoms



- Anxiety
- Depression
- Helplessness
- Irritability
- Anger
- Grief
- Mood swings

Behavioral Symptoms

- **Impulsiveness/
Risk taking**
- **Excessive
eating**
- **Alcohol/drug
use**
- **Withdrawal**
- **Family discord**
- **Career burnout**



Physical Symptoms



- Rapid heart rate
- Headaches
- Hyperventilation
- Muscle aches, spasms
- Sleep/appetite changes
- Fatigue/exhaustion
- Gastrointestinal (indigestion, nausea, vomiting)

Spiritual Symptoms

- Crisis of faith
- Withdrawal from faith-based community
- Religious hallucinations or delusions



Responder Mental Health



PERSONAL STRESSORS

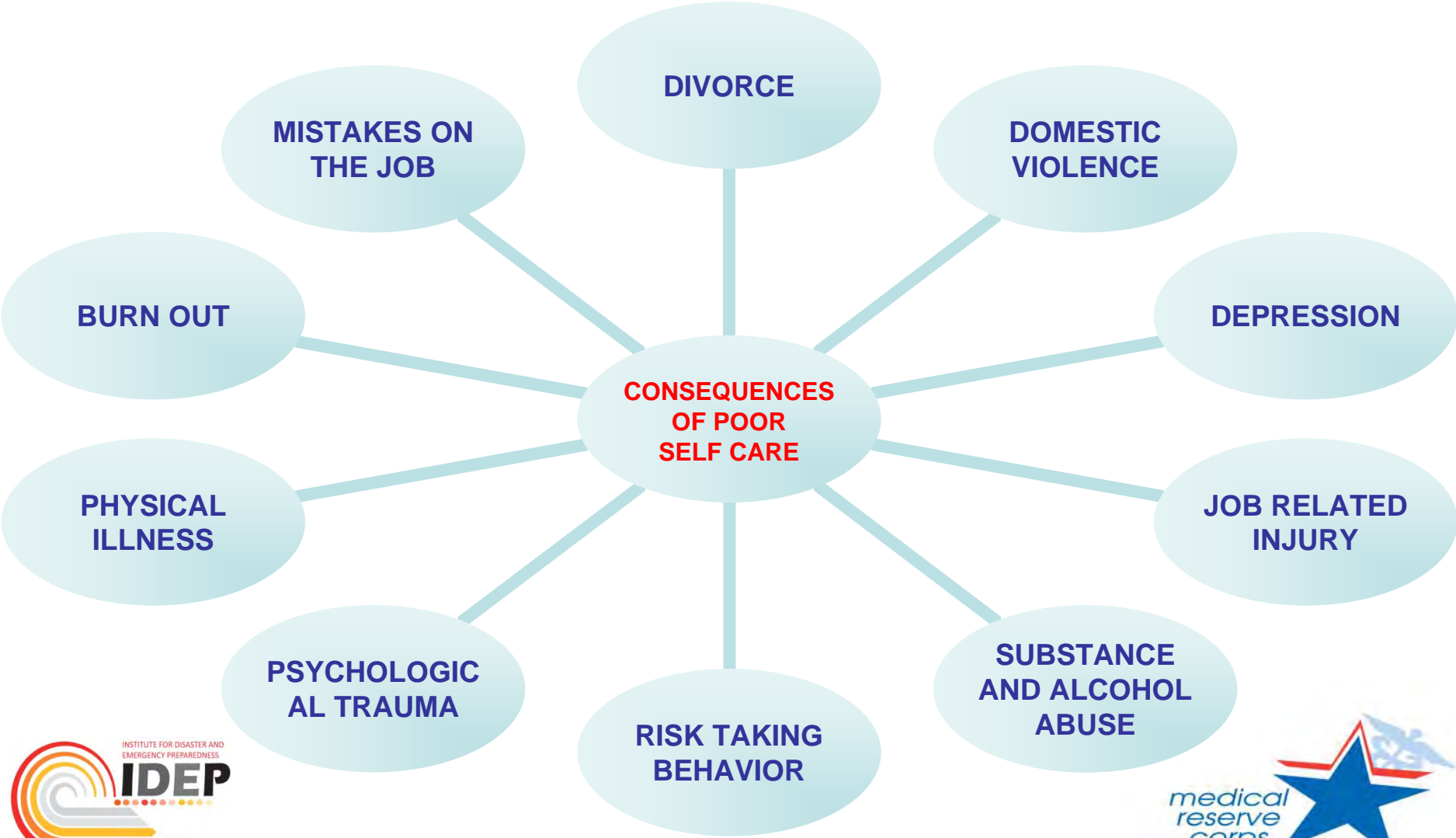
- Overwork/fatigue
- Change in eating/drinking
- Factors adversely impacting health
- Interpersonal conflict
- Highly emotional experiences
- Existential conflict
- Role conflict

JOB ROLE STRESSORS

- Long hours
- Unfamiliar conflict
- New challenges
- Time pressures
- Multiple/conflicting priorities
- Exposure to traumatic experiences
- Unclear duration
- Fear of death/injury/illness
- Bureaucracy/politics



Psychological First Aid



Responder Stress

BEFORE DEPLOYMENT

- Anxiety about family members left behind

DURING DEPLOYMENT

- Fatigue over added responsibilities

AFTER DEPLOYMENT

- Balancing family re-entry



Responder Reactions



- Physical, emotional, cognitive and spiritual symptoms
- Career burnout
- Denial
- May be resistant to assistance



Referral to Specialists

- **Disorientation**
- **Anxiety/panic attacks**
- **Dissociation**
- **Major depression**
- **Psychosis, hallucinations**
- **Inability to care for self**
- **Suicidal/homicidal revenge**
- **Domestic violence/child or elder abuse**
- **Substance abuse**



Referral to Specialists



- **Post Traumatic Stress Disorder (PTSD)**
- **Acute medical/mental condition**
- **Worsening pre-existing condition**
- **Medication needed**
- **Religious counseling**
- **Survivor request**

- ✓ **Learning Objective: (Competency #6 - Impact of the event on MRC members, responders, and others.)**
 - Identify the basic elements of **Psychological First Aid** and the key ways to assist with emotional care and comfort to disaster survivors, MRC members and others in the early aftermath of a disaster



Psychological First Aid (PFA)

- Evidence based approach to help children, adolescents, adults, families, and responders in the immediate aftermath of disaster and terrorism
- Designed to reduce initial distress to foster short- and long-term coping



Delivering PFA

- **Don't intrude; respectful questioning**
- **Practical assistance**
- **Be calm**
- **Simple, slow speech**
- **Acknowledge positive strategies**
- **Give information on immediate goals/needs that is accurate and is age-appropriate**



Behavior to Avoid

- **DO NOT**
 - Assume survivor experiences
 - Assume everyone will be traumatized
 - Label reactions as pathologies
 - Talk down/patronize
 - Assume everyone will want to talk
 - Ask about traumatic details
 - Speculate or give inaccurate information



Contact and Engagement

- **GOAL**: to respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate and helpful way
- **Importance of first contact**
 - Introduce yourself
 - Ask about immediate needs
 - Confidentiality
- **Culture and diversity**



Safety and Comfort

- **GOAL**: to enhance immediate and ongoing safety and assist with physical and emotional comfort
- Can be supported by helping survivors in several ways
 - Active, practical and familiar activities
 - Current and accurate information
 - Connect with resources



Safety and Comfort

- Ensure physical safety
- Offer information about disaster response activities and services
- Attend to physical comfort



Safety and Comfort

- **Promote social engagement**
- **Set up a child-friendly space and attend to separated children parents/caregivers**
- **Protect from additional trauma**
- **Help survivors who have missing family members**



Safety and Comfort

- **Help survivors who had a loved one die or who have received a death notification**
- **Attend to grief and spiritual issues**
- **Offer information about casket and funeral issues**
- **Support survivors involved in body identification**



Stabilization

- **GOAL**: to calm and orient emotionally overwhelmed or disoriented survivors
- **Stabilize and orient emotionally overwhelmed survivors and responders**
- **Role of medications**



Information Gathering

- **GOAL**: to gather additional information and tailor PFA interventions
 - Nature and severity of disaster experience
 - Concerns about post disaster circumstances
 - Separation/death from loved ones
 - Physical illness/mental health conditions
 - Losses
 - Social support
 - Prior alcohol or drug use



Practical Assistance

- **GOAL**: to offer practical assistance in addressing immediate needs and concerns



Connection with Social Supports

- **GOAL**: to help establish brief or ongoing contact with primary support persons and other sources of support, including family members, friends and community resources
 - Support connections
 - Special populations
 - Children and adolescents
 - Frail elderly



Information on Coping

- **GOAL**: to offer information on stress reactions and coping to reduce distress and promote adaptive functioning
 - Talk with children about physical and emotional responses
 - Offer information for personal and family coping
 - Address negative emotions and anger management
 - Sleep problems
 - Alcohol and substance abuse



IS-100 Introduction to the Incident Command System (ICS)

IS-700 Introduction to the National Incident Management System (NIMS)





- ✓ **Learning Objective: (Competency #3 – Describe chain of command (e.g., Emergency Management System, ICS, NIMS), the integration of the MRC, and its application.)**

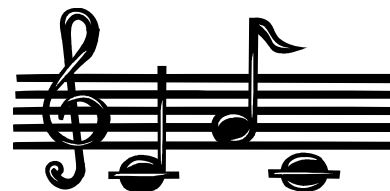
Incident Command System (ICS) An Overview

Overview Objectives:

- Understand the concepts of the Incident Command System
- Preparation for the online training and testing
- Know the reasons behind the National Incident Management System



Incident Command System

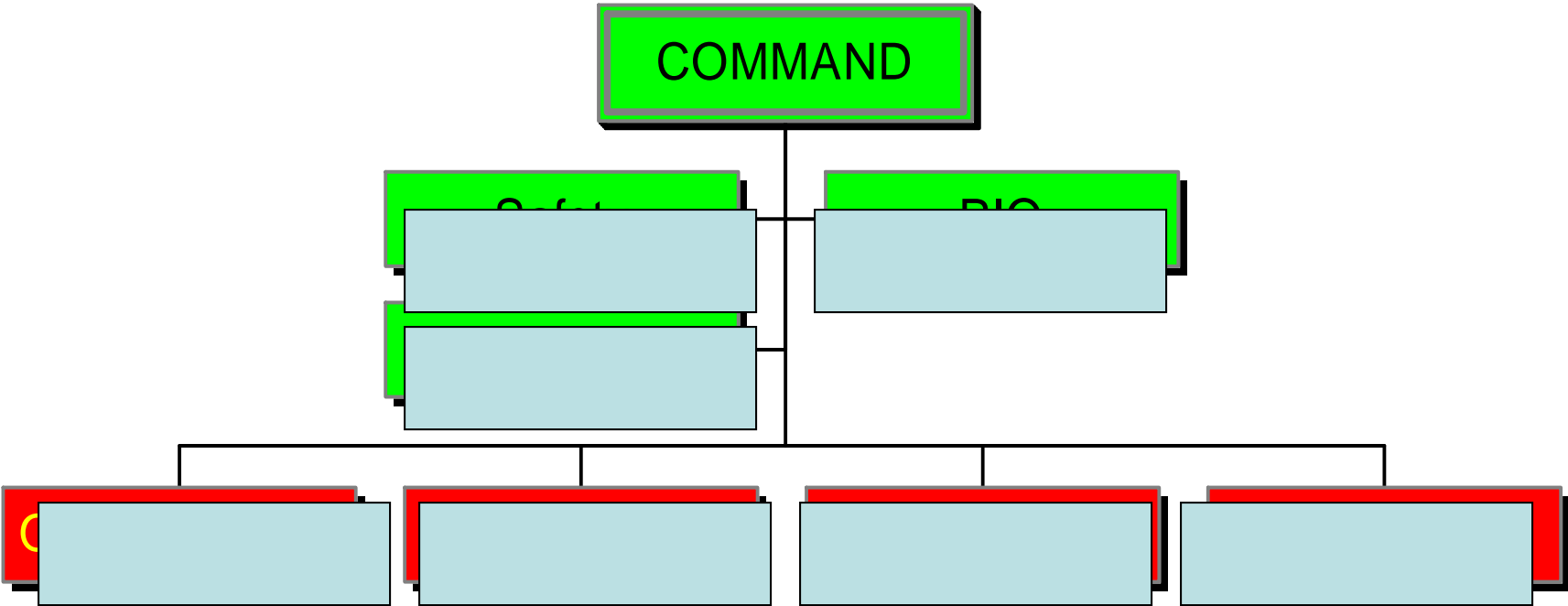


FIVE MAJOR FUNCTIONS OF COMMAND

- **COMMAND**
- **OPERATIONS**
- **LOGISTICS**
- **PLANNING**
- **FINANCE**



COMMAND



- ICS IS BOTH A BUSINESS AND MILITARY MODEL



INCIDENT COMMANDER

- **Determines strategic goals and tactical objectives**
- **Formulates an Incident Action Plan**
- **Develops the ICS Organizational Structure**
- **Determines resource needs**

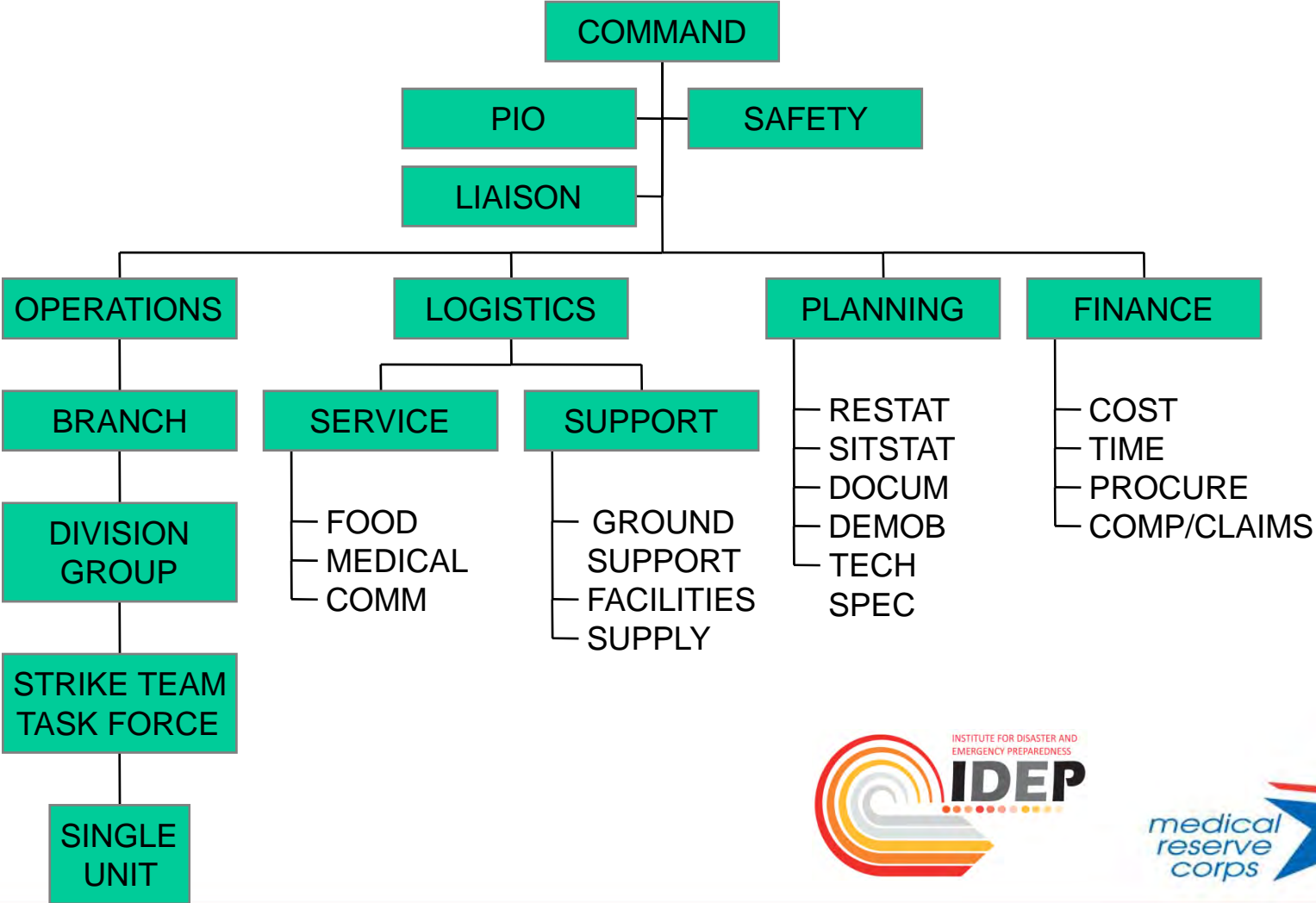


INCIDENT COMMANDER

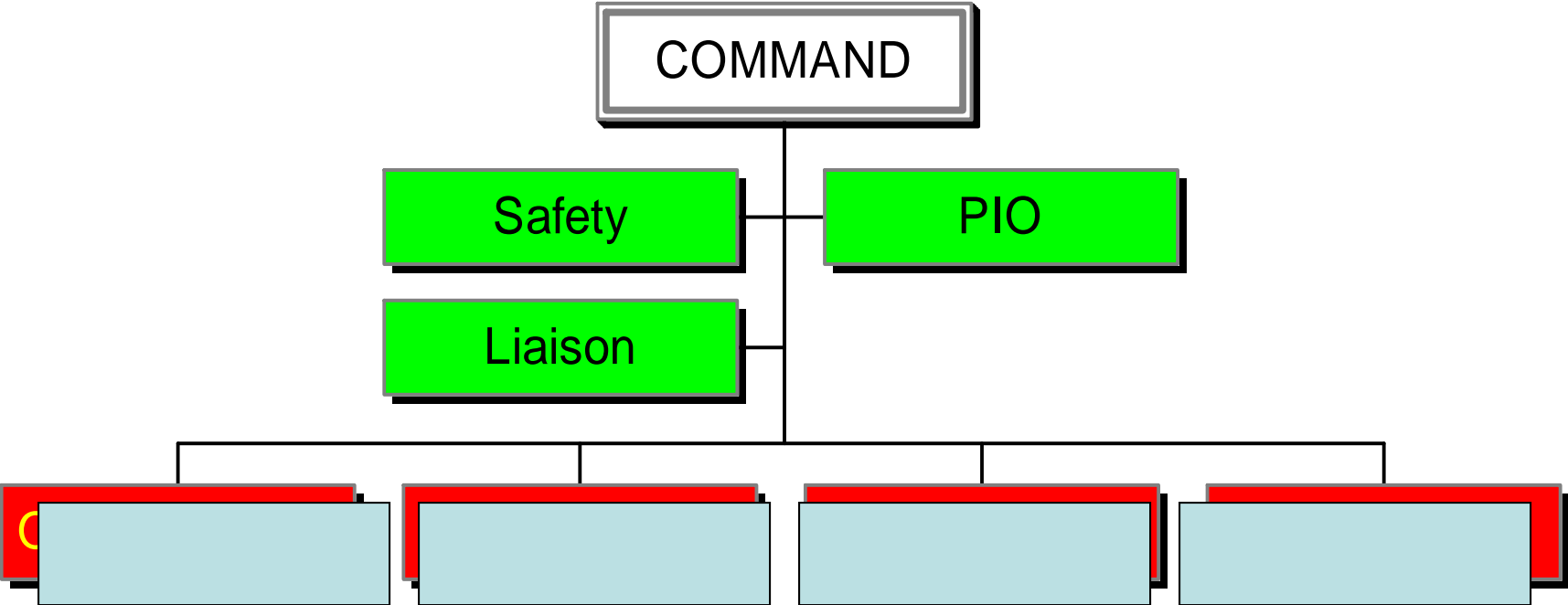
- Coordinates all emergency activities
- Coordinates the use of outside agency resources
- Authorizes the release of information
- Serves as the ultimate Incident Safety Officer



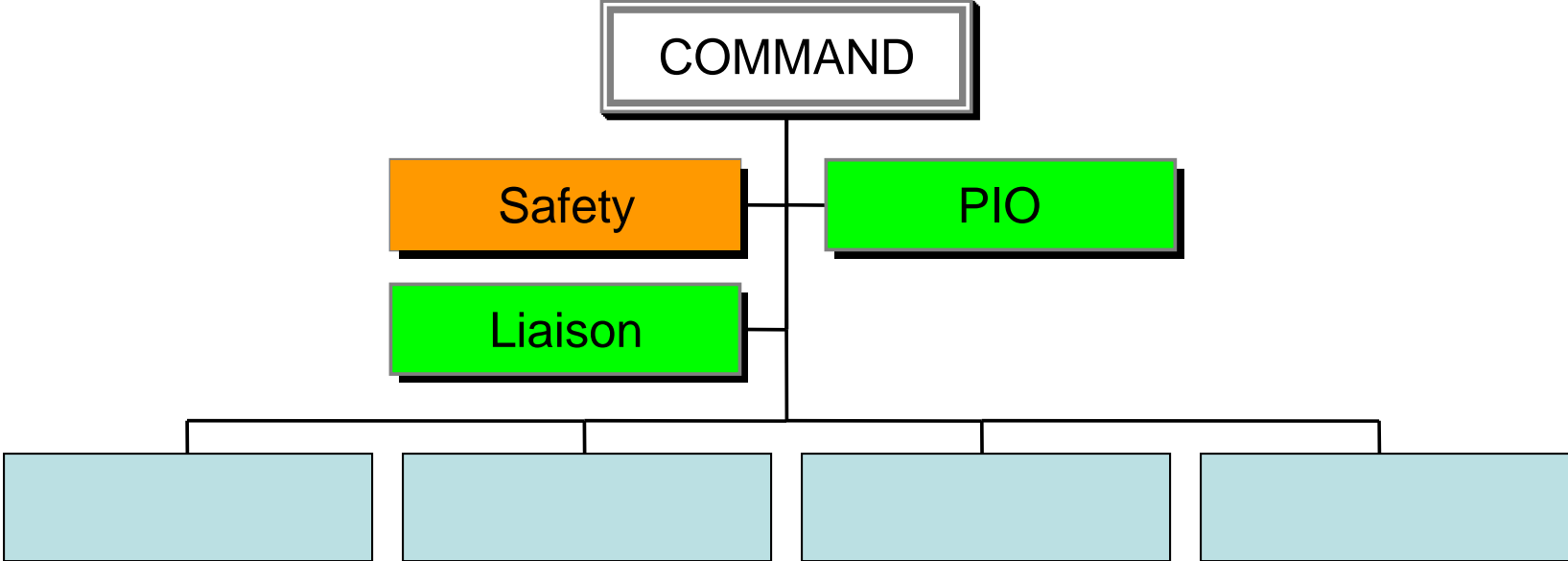
LARGE SCALE SYSTEM



COMMAND STAFF



COMMAND STAFF

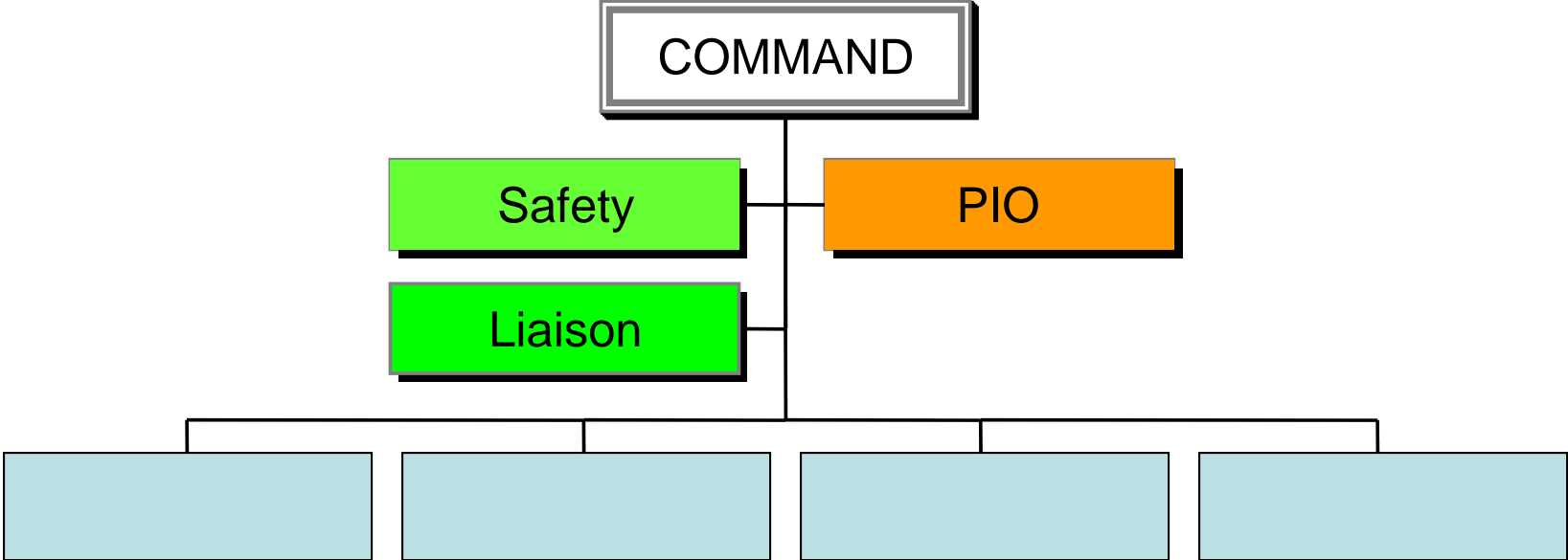


SAFETY OFFICER

- **Assess hazardous and unsafe situations**
- **Develop measures to assure safety**
- **Has authority to stop / prevent unsafe acts**
- **May have assistants**



COMMAND STAFF

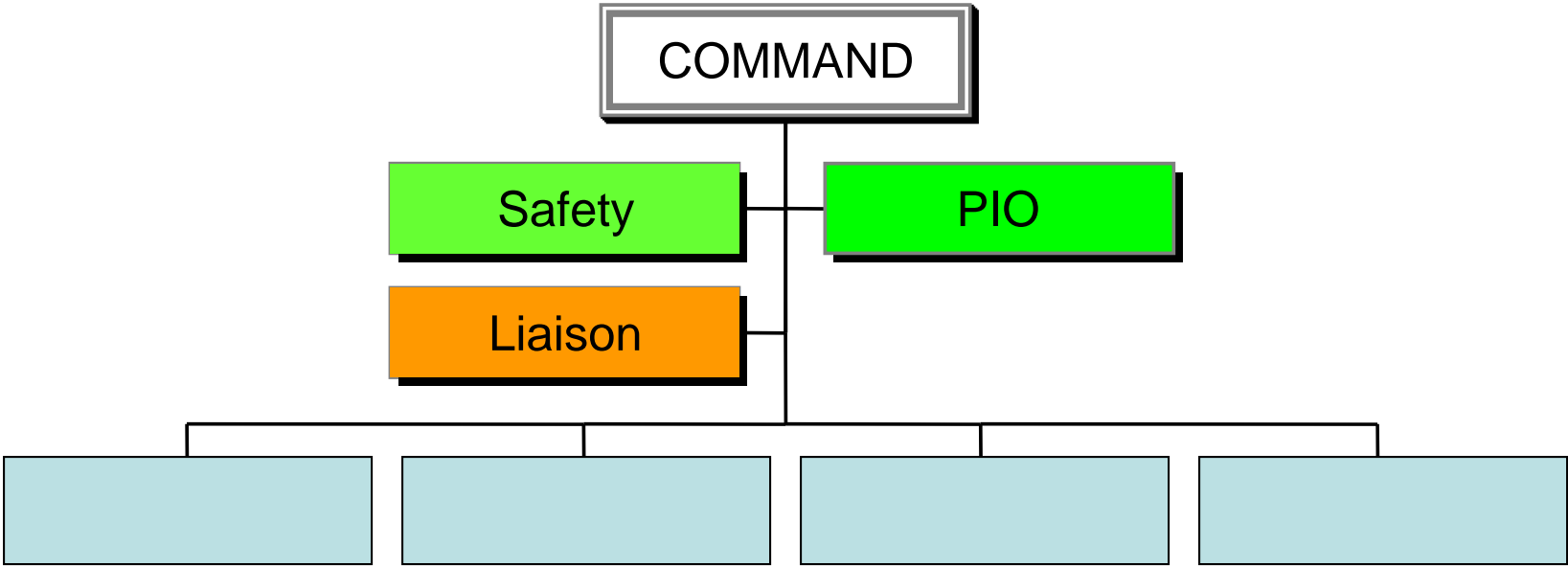


INFORMATION OFFICER

- Develop accurate and complete information regarding incident
- Point of contact for media, governmental agencies and Agency Administrators
- Release of information must be authorized by the IC
- May have assistants



COMMAND STAFF

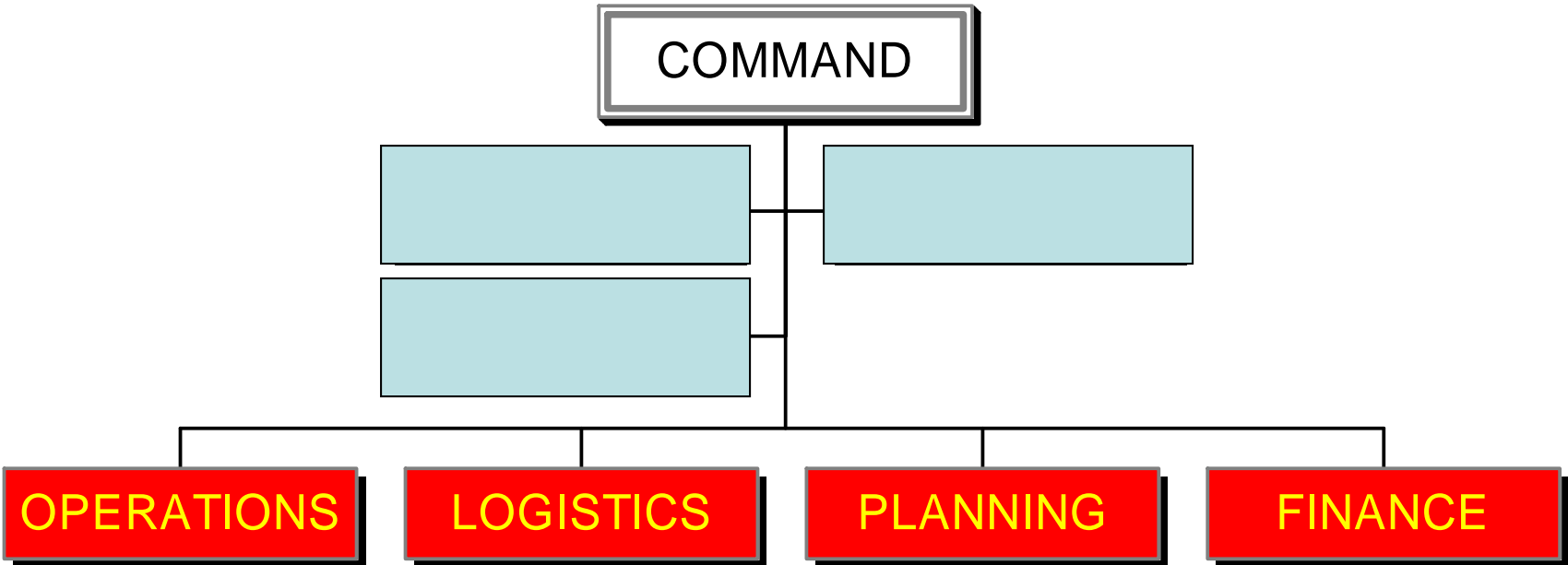


LIAISON OFFICER

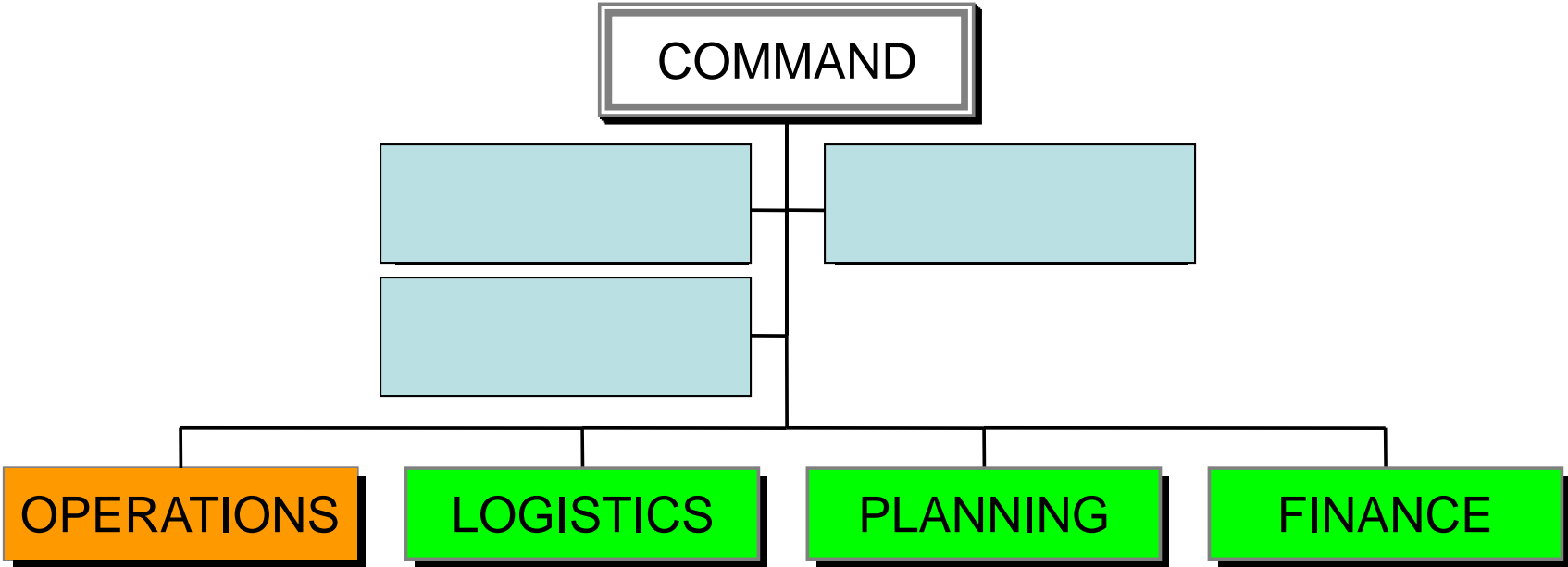
- Point of contact for representatives of other agencies involved with response
- Can be point of contact for victims
- May have assistants



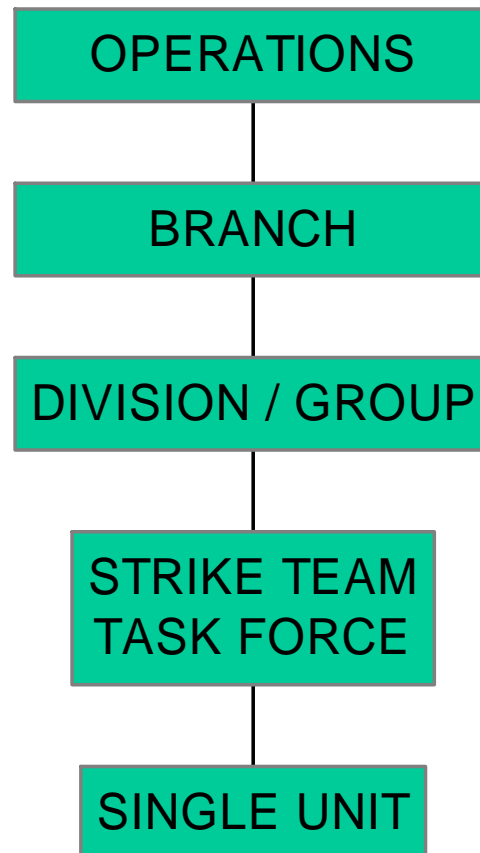
GENERAL STAFF



GENERAL STAFF



OPERATIONS SECTION

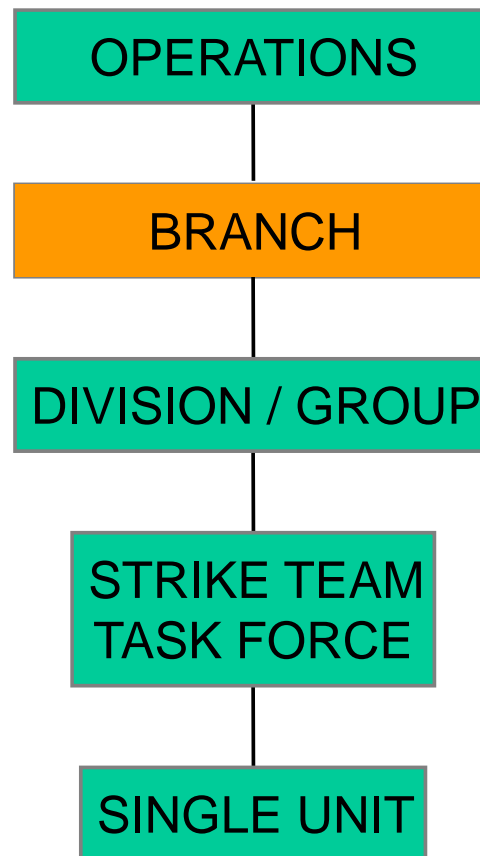


OPERATIONS SECTION

- Responsible for the direct management of all tactical functions
- Assist in the formulation of the Incident Action Plan
- May have Deputies (fully qualified)
- Supervises the Staging Areas
- Led by an OPERATIONS SECTION CHIEF



OPERATIONS SECTION

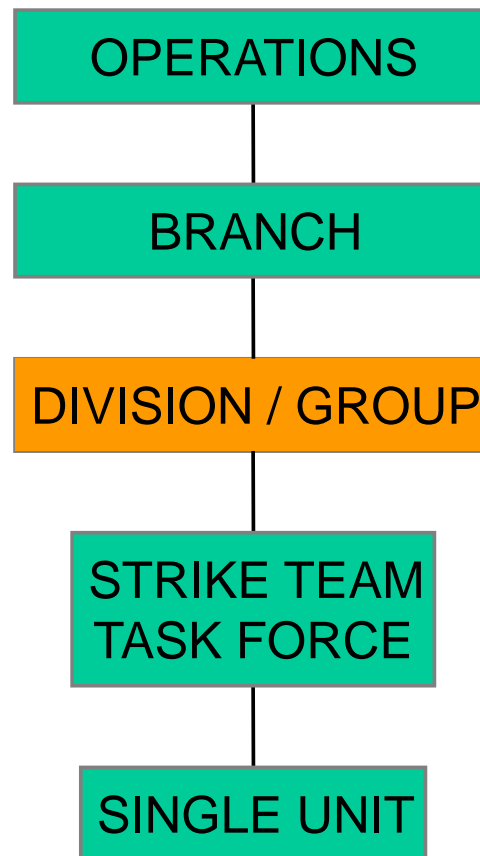


BRANCH

- An optional tool for the IC when the number of Divisions / Groups exceed the Span of Control
- Can be geographical, functional or jurisdictional
- Led by a **BRANCH DIRECTOR**



OPERATIONS SECTION



DIVISION

- An organizational level responsible for a specific *GEOGRAPHICAL* area
- Led by a *DIVISION SUPERVISOR*
- Responsible for all tactical activities in that area
 - i.e., West Division, ER Division, Division 3, etc.

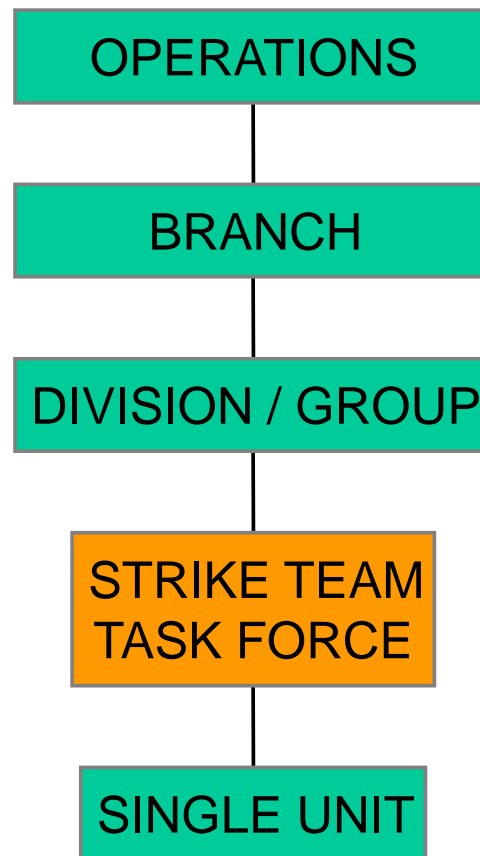


GROUP

- An organizational level responsible for a specific ***FUNCTION***
- Led by a **GROUP SUPERVISOR**
- Responsible for specific tactical activities in that area
 - i.e., Triage Group, Treatment Group, Inoculation Group, etc.



OPERATIONS SECTION



STRIKE TEAM

- Five of the same type and kind of unit
- Has a leader in a separate vehicle
- Has common communications
- Led by a **STRIKE TEAM LEADER**
 - i.e., Nurse Strike Team, Doctor Strike Team, Technician Strike Team, etc.

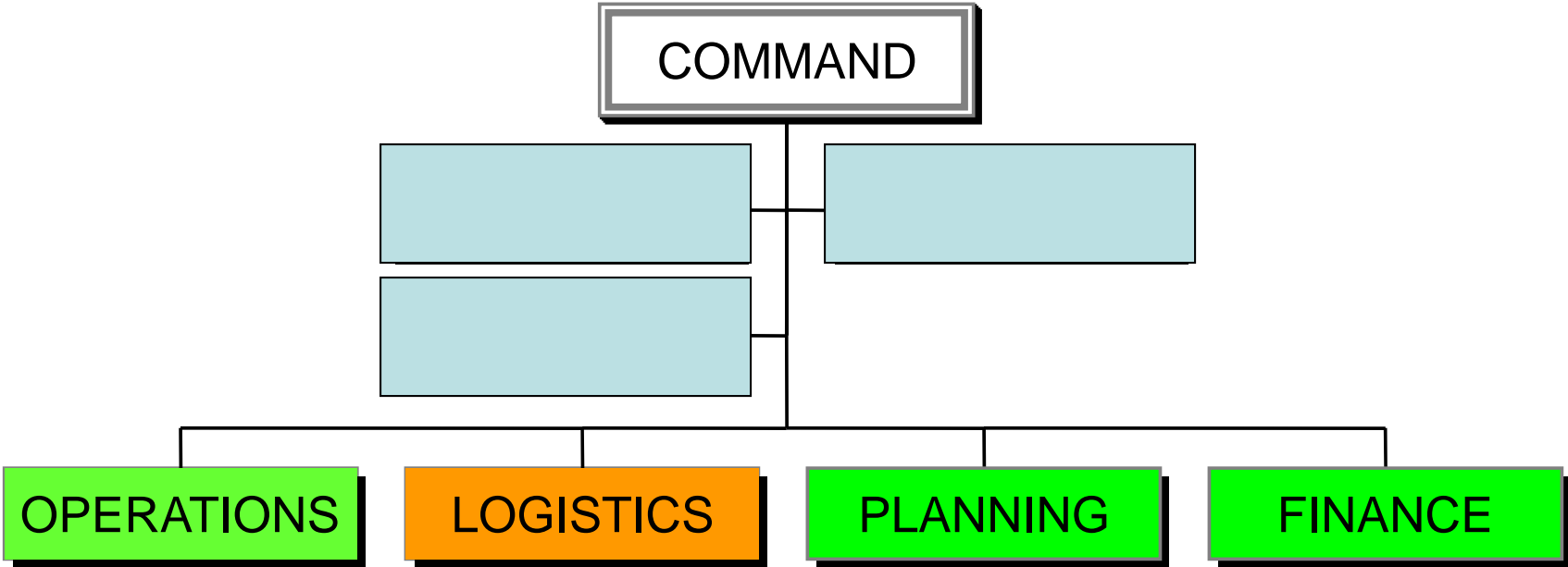


TASK FORCE

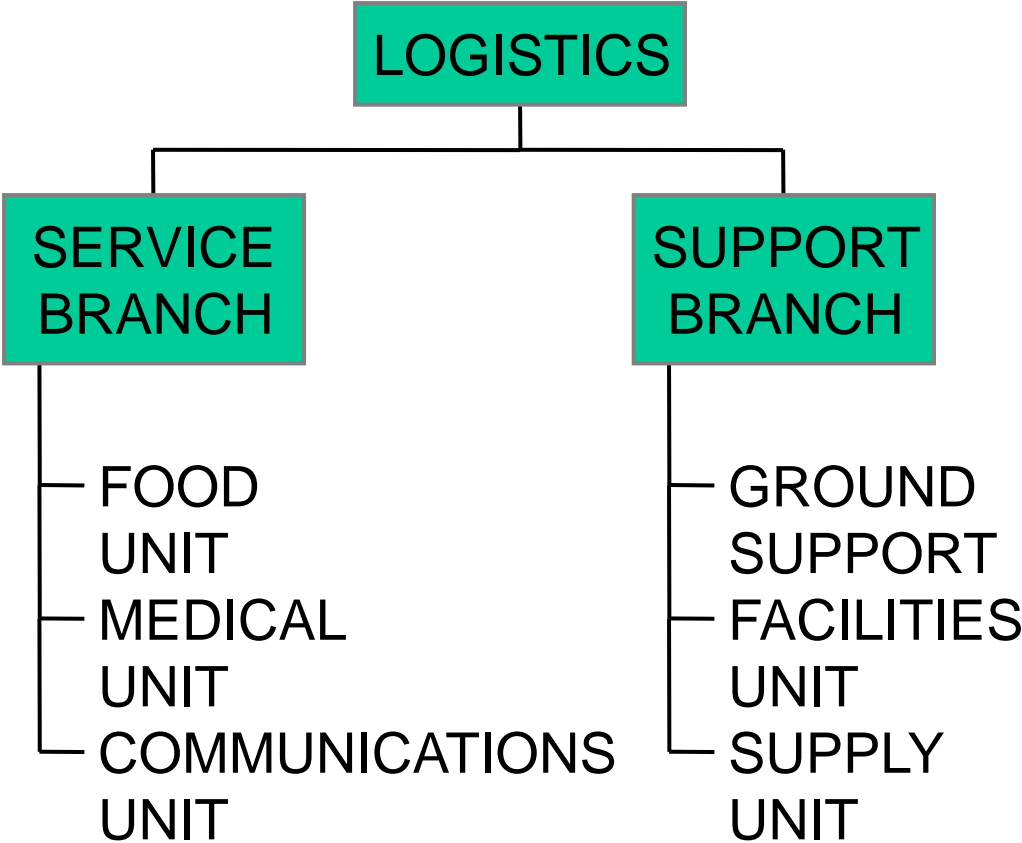
- Any combination of kind and type or less than five
- Has a leader in a separate vehicle
- Has common communications
- Led by a **TASK FORCE LEADER**
 - i.e., 2 Nurses/1 Doctor/1 Techs



GENERAL STAFF



LOGISTICS SECTION

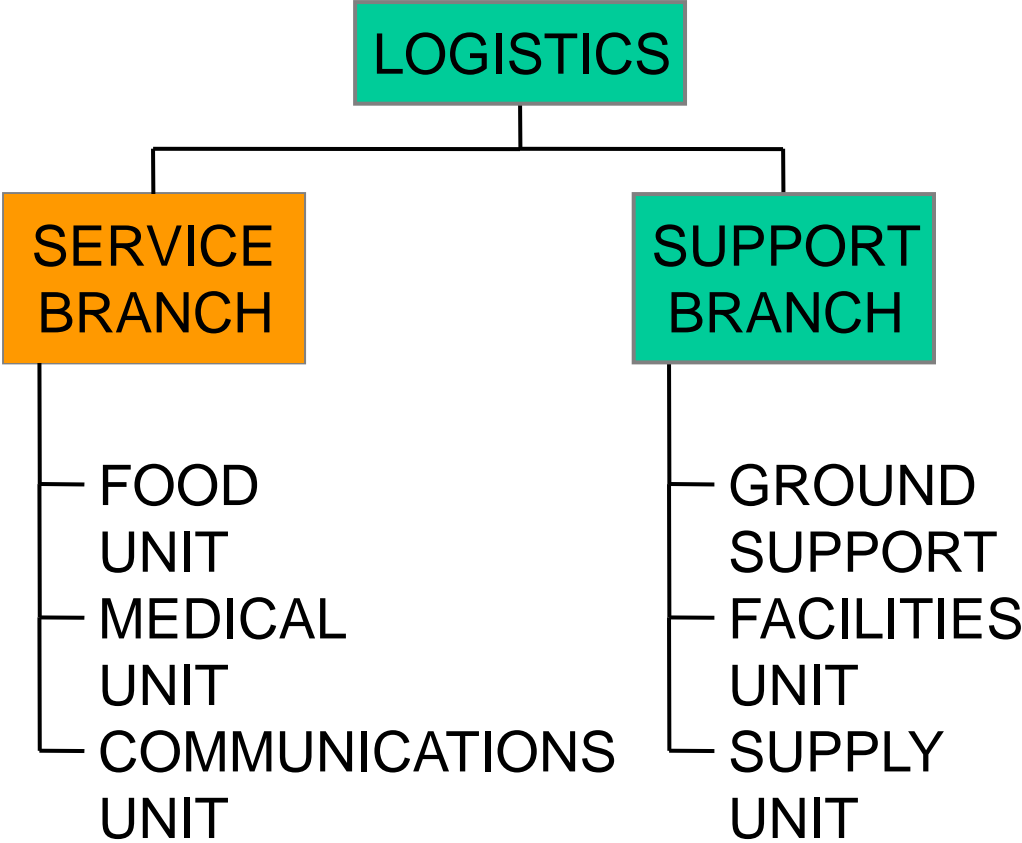


LOGISTICS SECTION

- Responsible for providing all support needs to the incident
- Acts as the “Supply Sergeant” for the incident
- Consists of two Branches – Service and Support
- Led by a **LOGISTICS SECTION CHIEF**



LOGISTICS SECTION

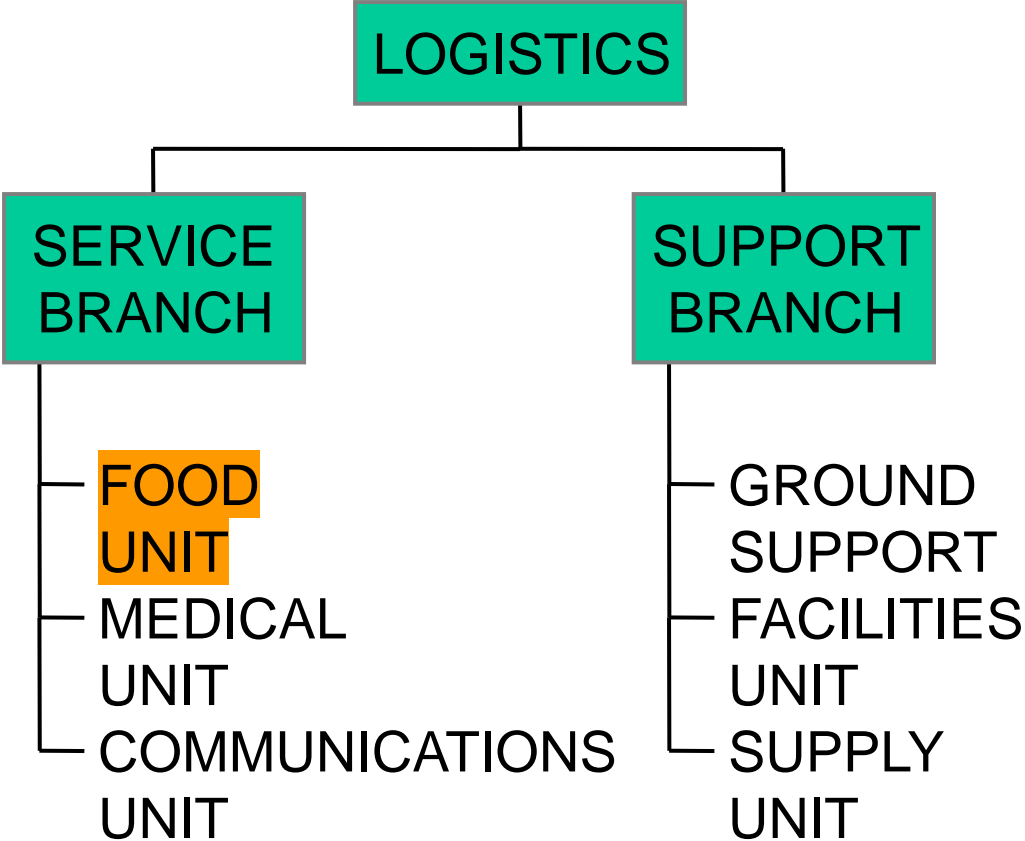


SERVICE BRANCH

- Consists of Food Unit, Medical Unit and Communications Unit
- Led by SERVICE BRANCH DIRECTOR



LOGISTICS SECTION

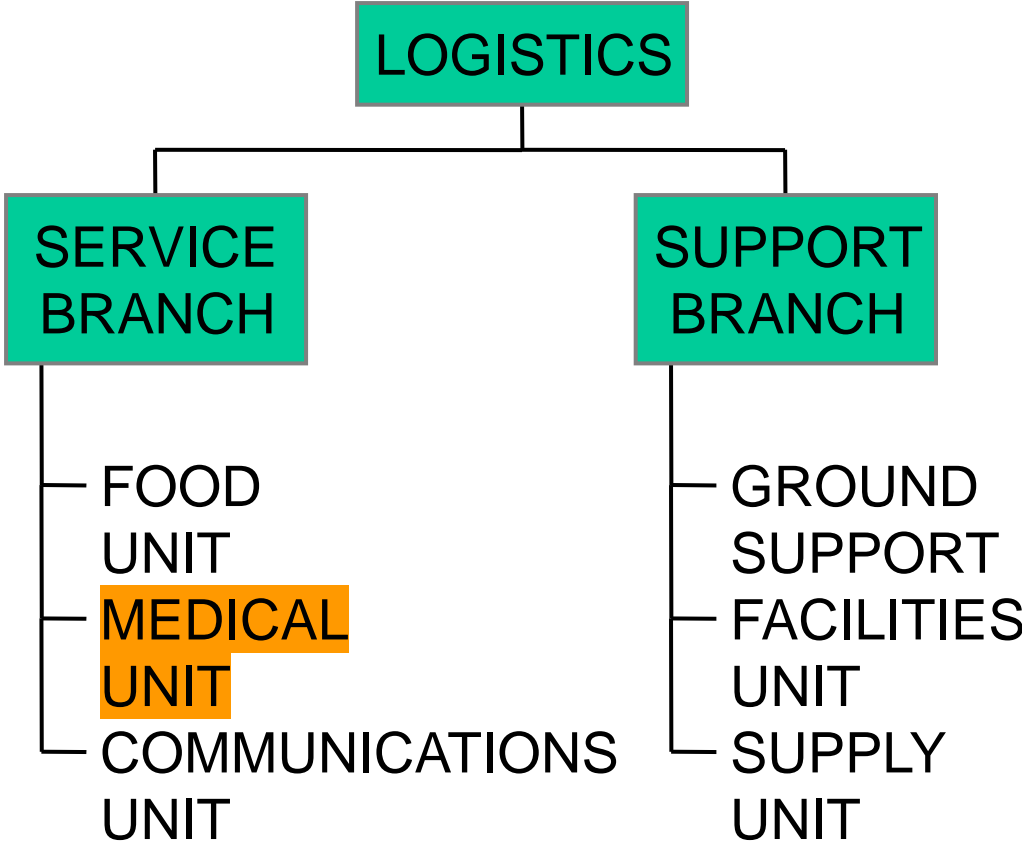


FOOD UNIT

- Determines food and water requirements for incident personnel
- Able to anticipate incident needs
- Handles any special feeding requirements
- Led by a **FOOD UNIT LEADER**



LOGISTICS SECTION

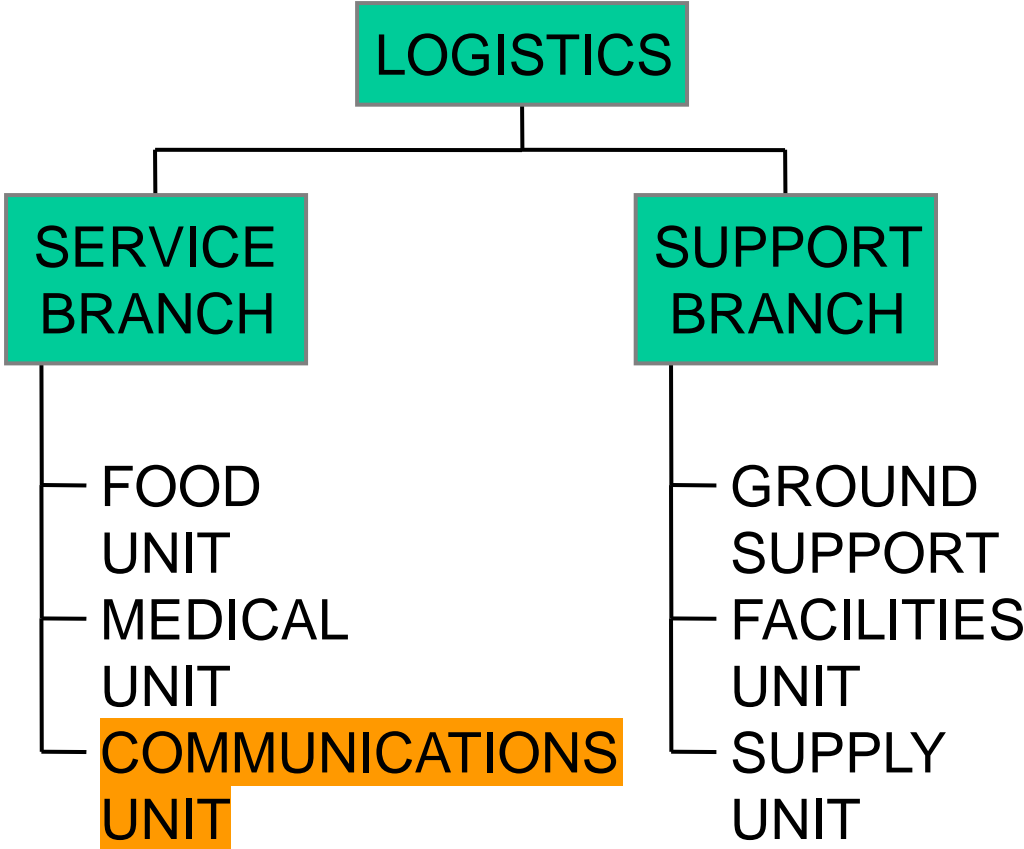


MEDICAL UNIT

- Develops procedures for handling any major medical emergency involving personnel
- Provides medical aid
- Provides transport to proper facilities
- Led by a **MEDICAL UNIT LEADER**



LOGISTICS SECTION

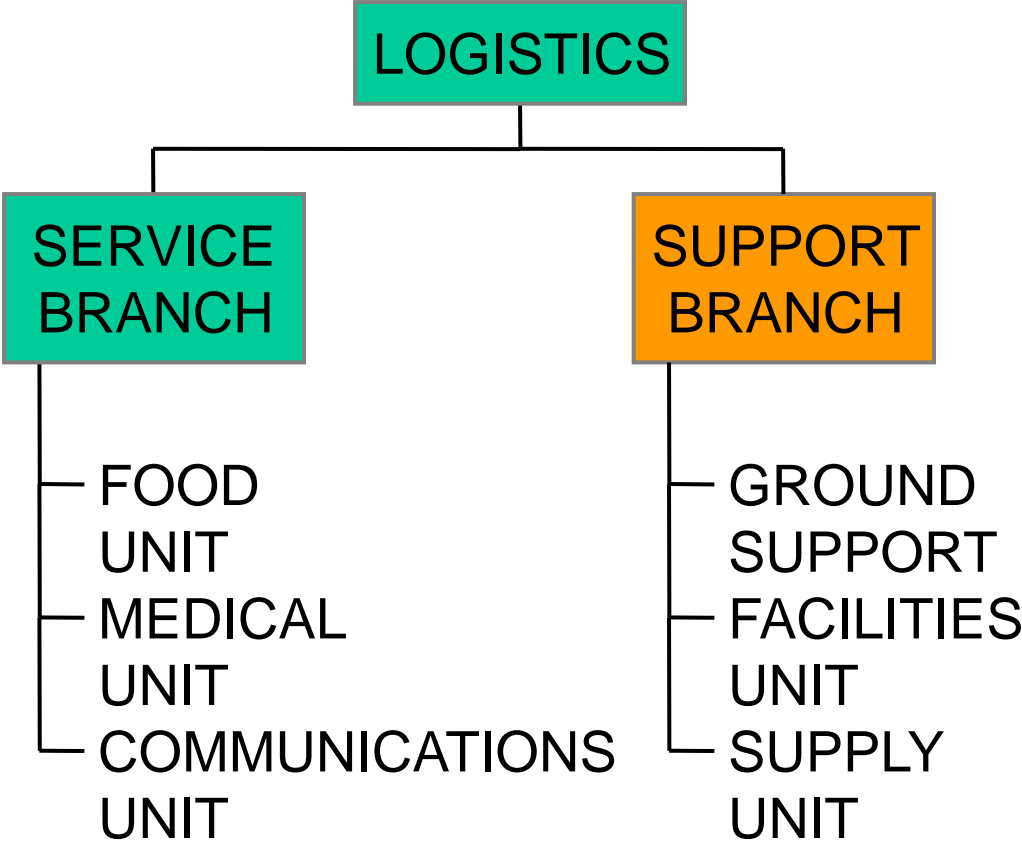


COMMUNICATIONS UNIT

- Plans for the most effective use of radios and frequencies on an incident
- Provides testing and repairing of radios
- Supervises the Incident Communications Center
- Led by a **COMMUNICATIONS UNIT LEADER**



LOGISTICS SECTION

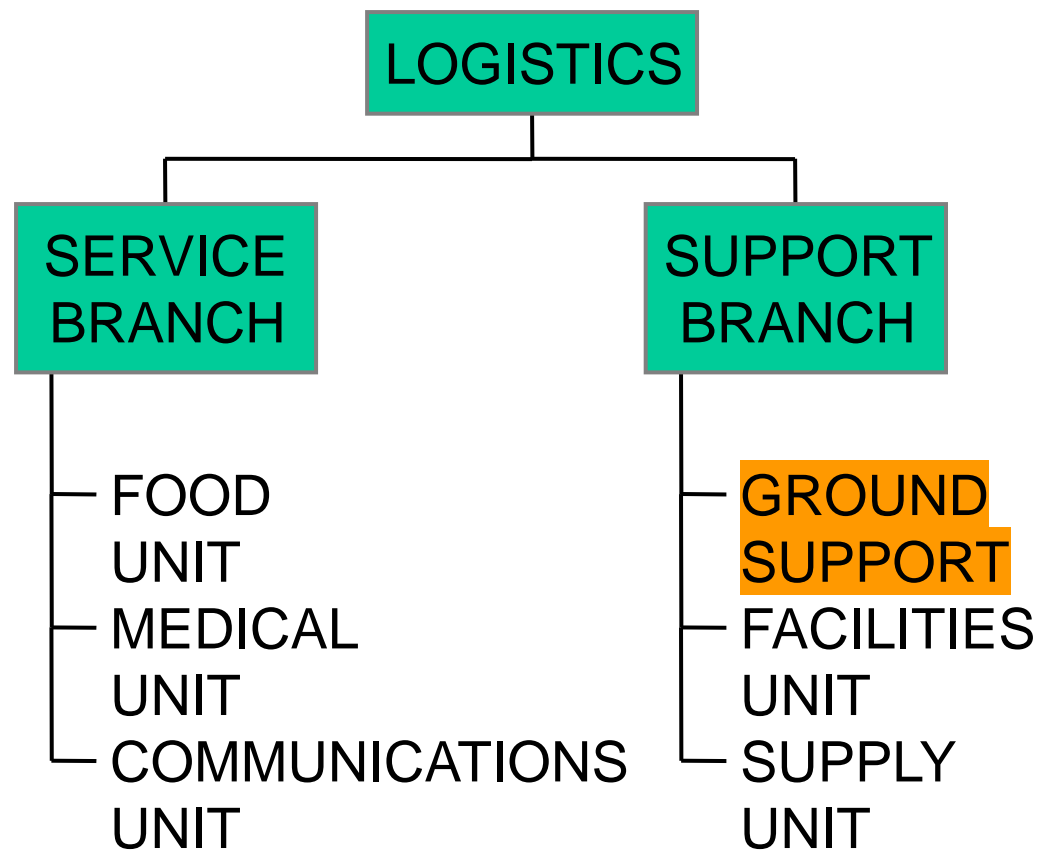


SUPPORT BRANCH

- Consists of Ground Support Unit, Facilities Unit and Supply Unit
- Led by **SUPPORT BRANCH DIRECTOR**



LOGISTICS SECTION

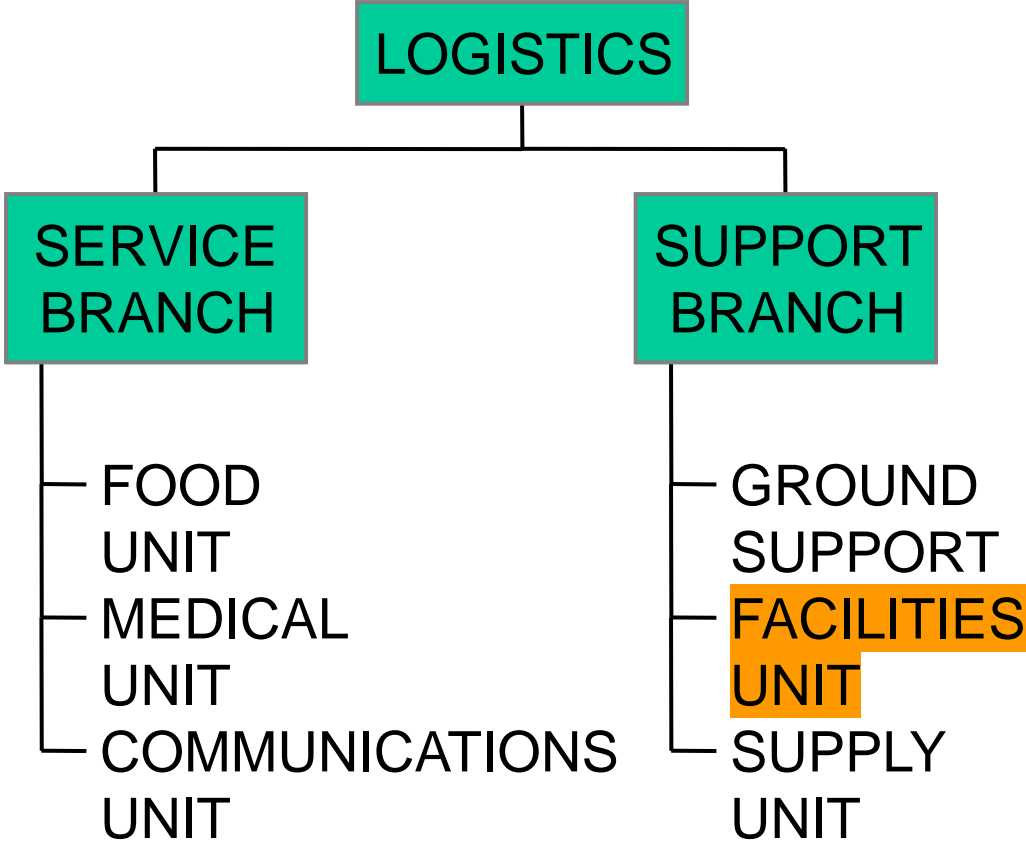


GROUND SUPPORT UNIT

- Responsible for the maintenance and repair of primary tactical equipment
- Provides transportation services
- Provides for fueling of vehicles
- Led by a **GROUND SUPPORT UNIT LEADER**



LOGISTICS SECTION

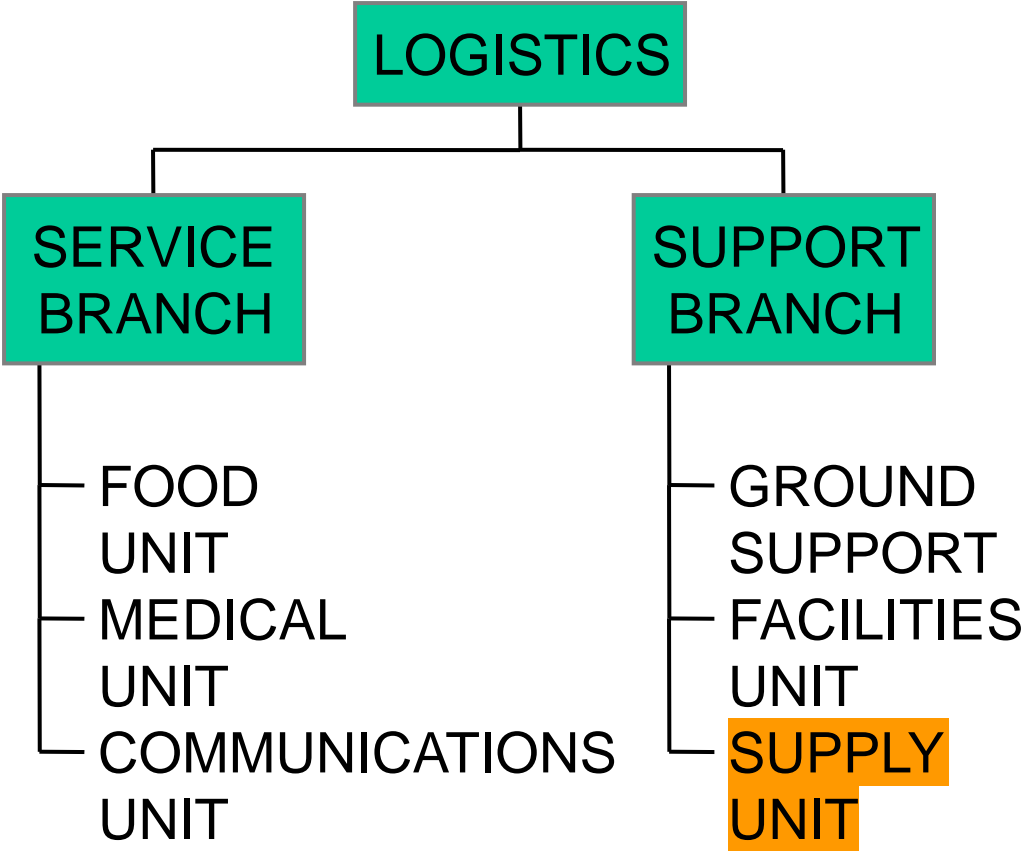


FACILITIES UNIT

- Responsible for establishing, setting up, maintaining and demobilizing all facilities
- Includes lodging, command post, and staging areas
- Led by a **FACILITIES UNIT LEADER**



LOGISTICS SECTION

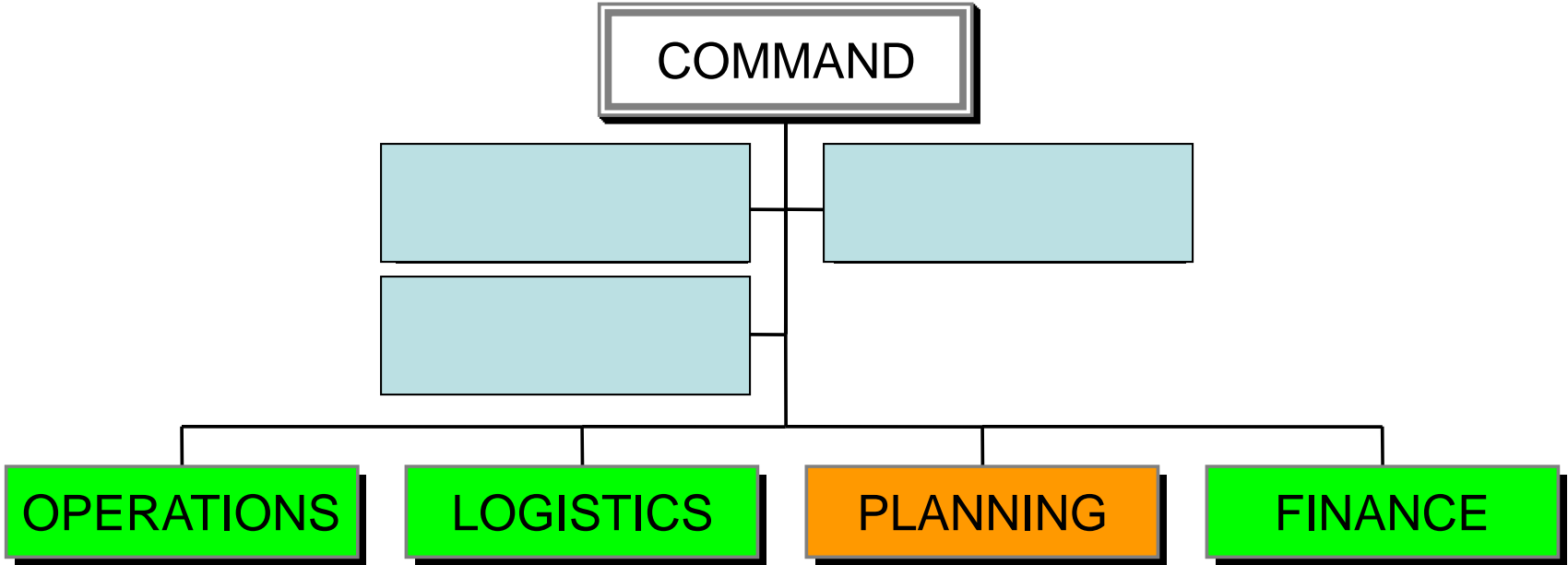


SUPPLY UNIT

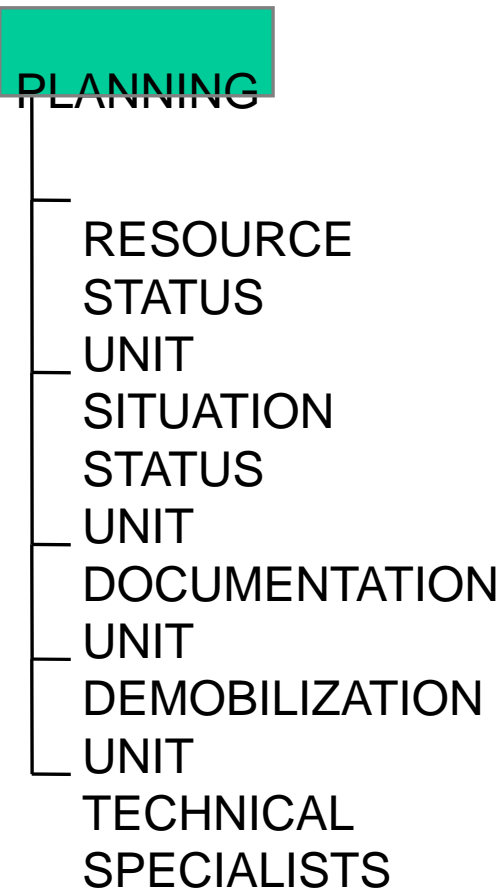
- Responsible for developing procedures for ordering of supplies
- Responsible for the delivery of supplies
- Responsible for maintaining records of supplies used
- Led by a **SUPPLY UNIT LEADER**



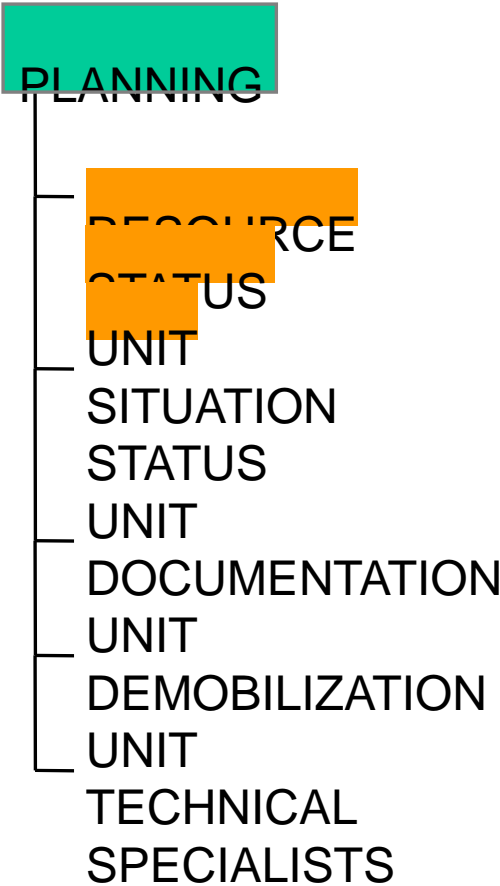
GENERAL STAFF



PLANNING SECTION



PLANNING SECTION

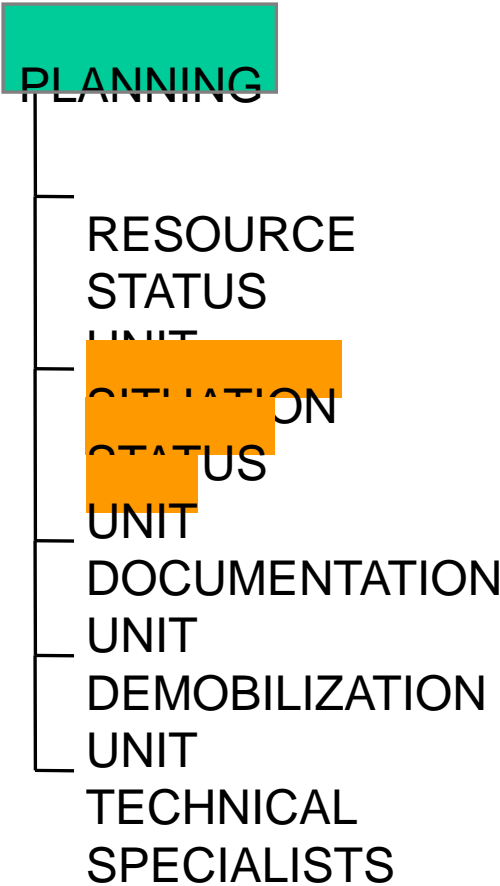


RESOURCE UNIT

- Responsible for maintaining the status of all resources
- Oversees check-in of all resources
- Maintains a status keeping system indicating current location
- Led by a **RESOURCE UNIT LEADER**



PLANNING SECTION

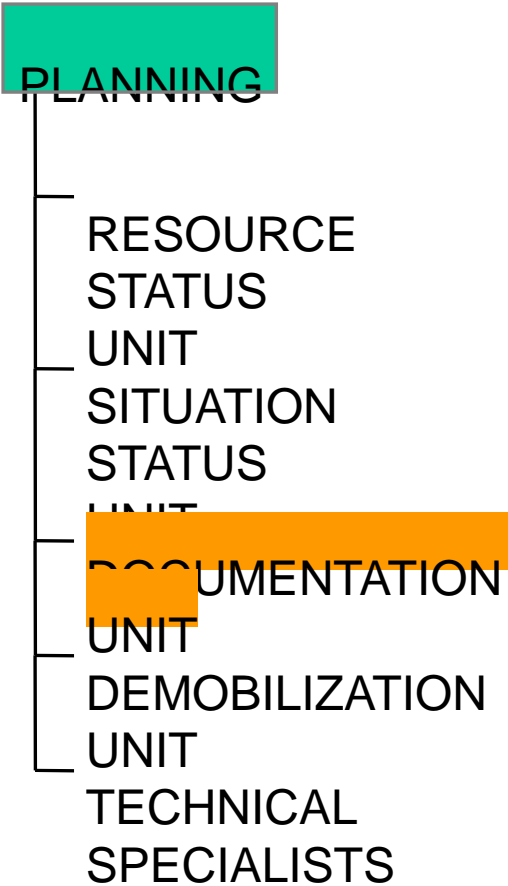


SITUATION UNIT

- Responsible for the collection, processing and organizing of all incident information
- Prepares projections of future incident growth
- Maintains maps and intelligence information
- Led by a **SITUATION UNIT LEADER**



PLANNING SECTION

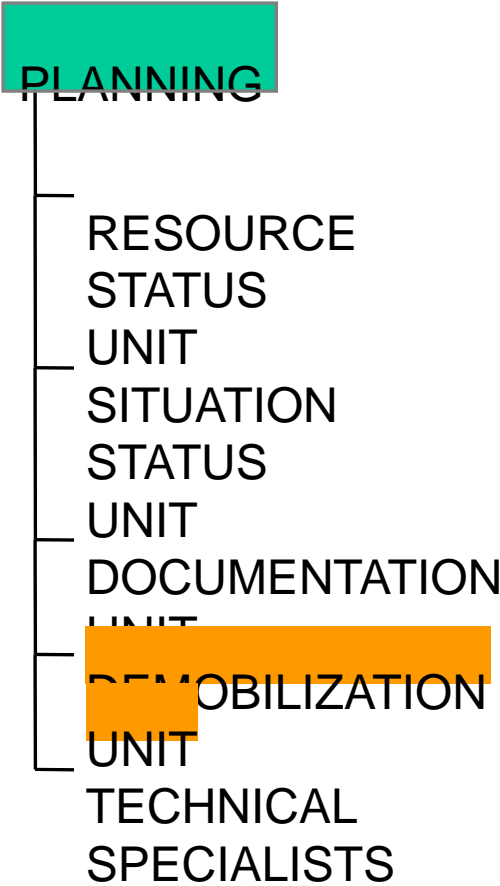


DOCUMENTATION UNIT

- Responsible for the maintenance of accurate, up-to-date incident files
- Provides duplication services
- Stores files for legal, analytical and historical purposes
- Led by a **DOCUMENTATION UNIT LEADER**



PLANNING SECTION

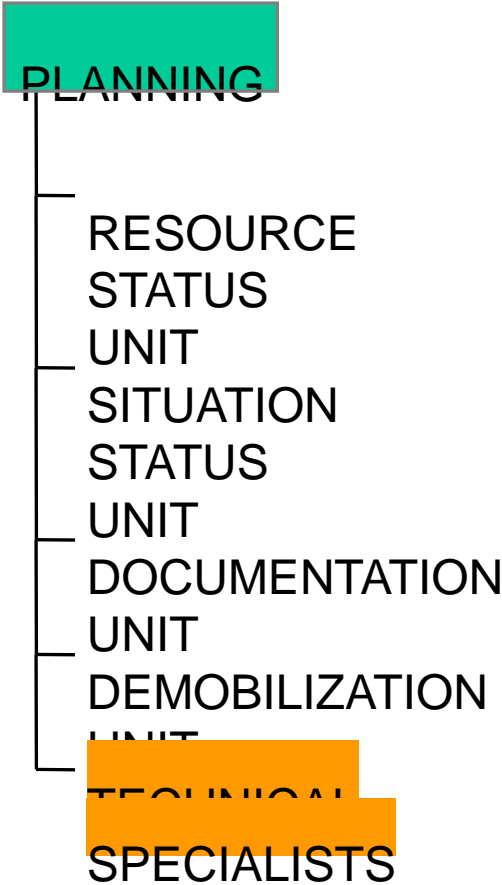


DEMOBILIZATION UNIT

- Responsible for developing an incident demobilization plan
- Coordinates with agency representatives
- Develops an incident check-out procedure for the incident
- Led by a **DEMObILIZATION UNIT LEADER**



PLANNING SECTION

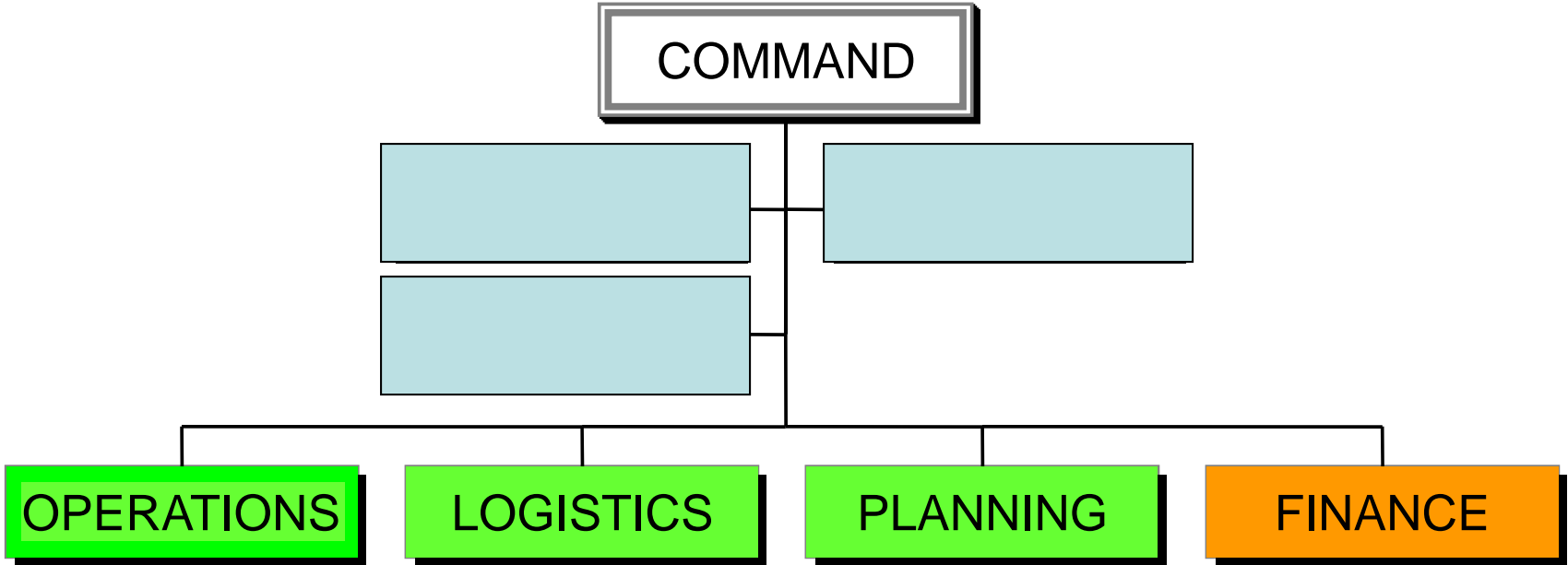


TECHNICAL SPECIALIST

- Provides specialized, technical information to the Planning Section
- Can include:
 - Hazardous Materials
 - Diagnosis Specialist
 - Other medical Specialties



GENERAL STAFF



FINANCE SECTION

FINANCE

COST

UNIT

TIME

UNIT

PROCUREMENT

UNIT

COMP/CLAIMS

UNIT



FINANCE SECTION

FINANCE

COST
UNIT

TIME
UNIT

PROCUREMENT
UNIT

COMP/CLAIMS
UNIT



- THE COST UNIT



COST UNIT

- Responsible for providing incident cost analysis
- Ensures proper identification of all equipment and personnel requiring payment
- Records all cost data and maintains accurate records
- Led by a **COST UNIT LEADER**



FINANCE SECTION

FINANCE

COST
UNIT

TIME
UNIT

PROCUREMENT
UNIT

COMP/CLAIMS
UNIT

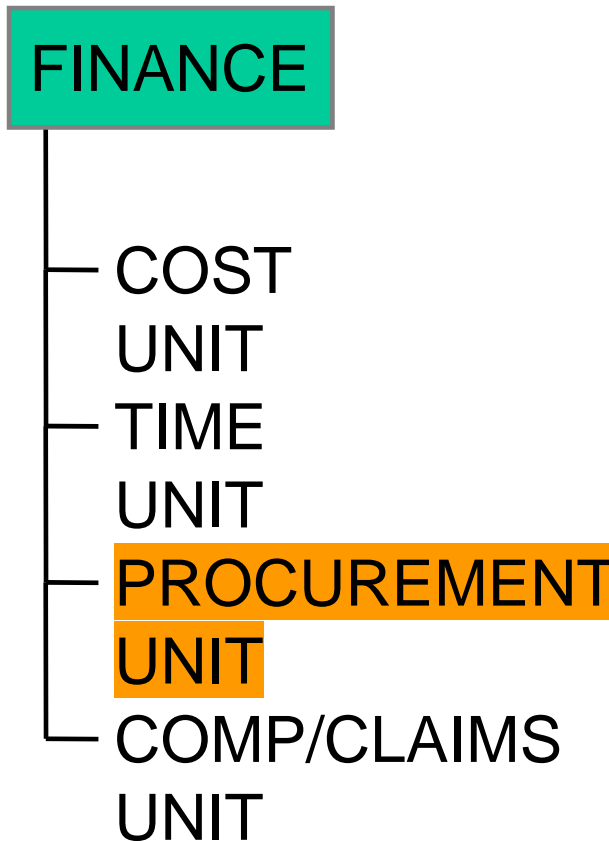


TIME UNIT

- Responsible for ensure the accurate recording of daily personnel time
- Maintain compliance of agency time recording policies
- Collect and process time records for each operational period
- Led by a **TIME UNIT LEADER**



FINANCE SECTION

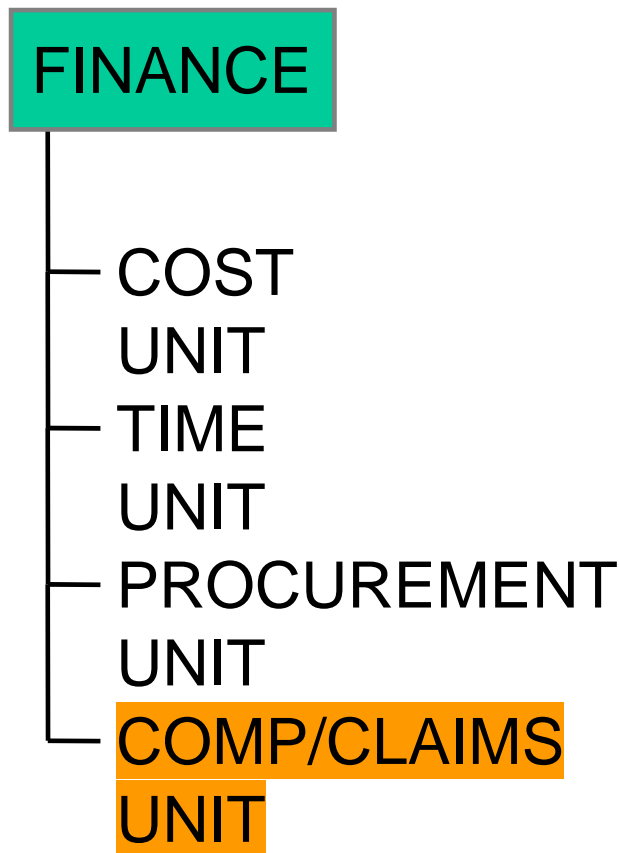


PROCUREMENT UNIT

- Responsible for all financial matters pertaining to vendor contracts
- Establishes local sources for equipment and supplies
- Signs and processes all rental agreements
- Led by a **PROCUREMENT UNIT LEADER**



FINANCE SECTION

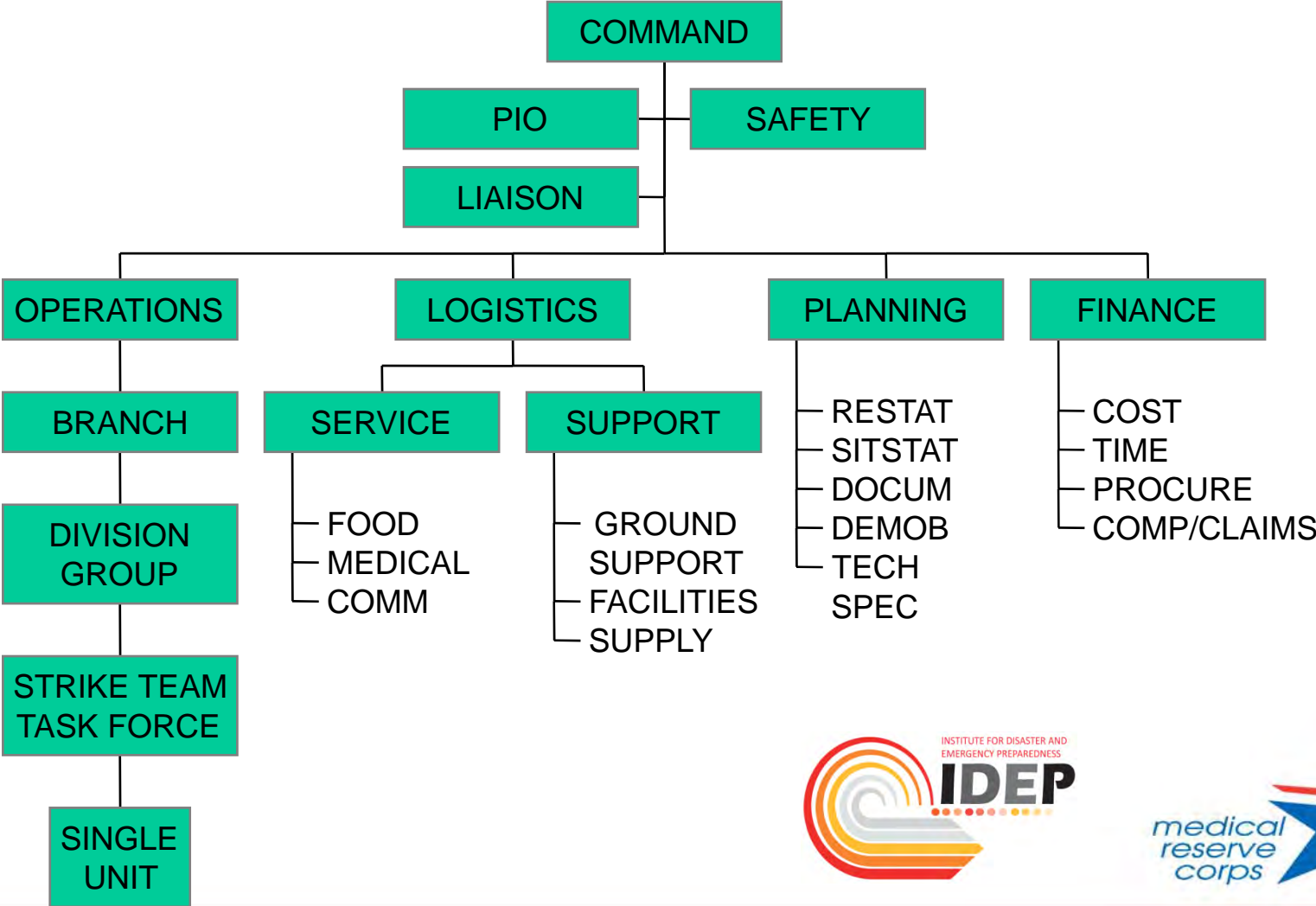


COMP/CLAIMS UNIT

- Responsible for all Compensation for Injury Claims
- Oversees the completion of all necessary forms for claims
- Responsible for investigating all claims involving property used for the incident
- Led by a **COMP/CLAIMS UNIT LEADER**



LARGE SCALE SYSTEM



HOW MANY PEOPLE???

• OPERATIONS CHIEF	1
• BRANCH DIRECTORS	5
• DIVISION/GROUP SUPERVISORS	25
• STRIKE TEAM LEADERS TASK FORCE LEADERS	125
• PEOPLE	625 !!!



National Incident Management System (NIMS) Website for test evaluation

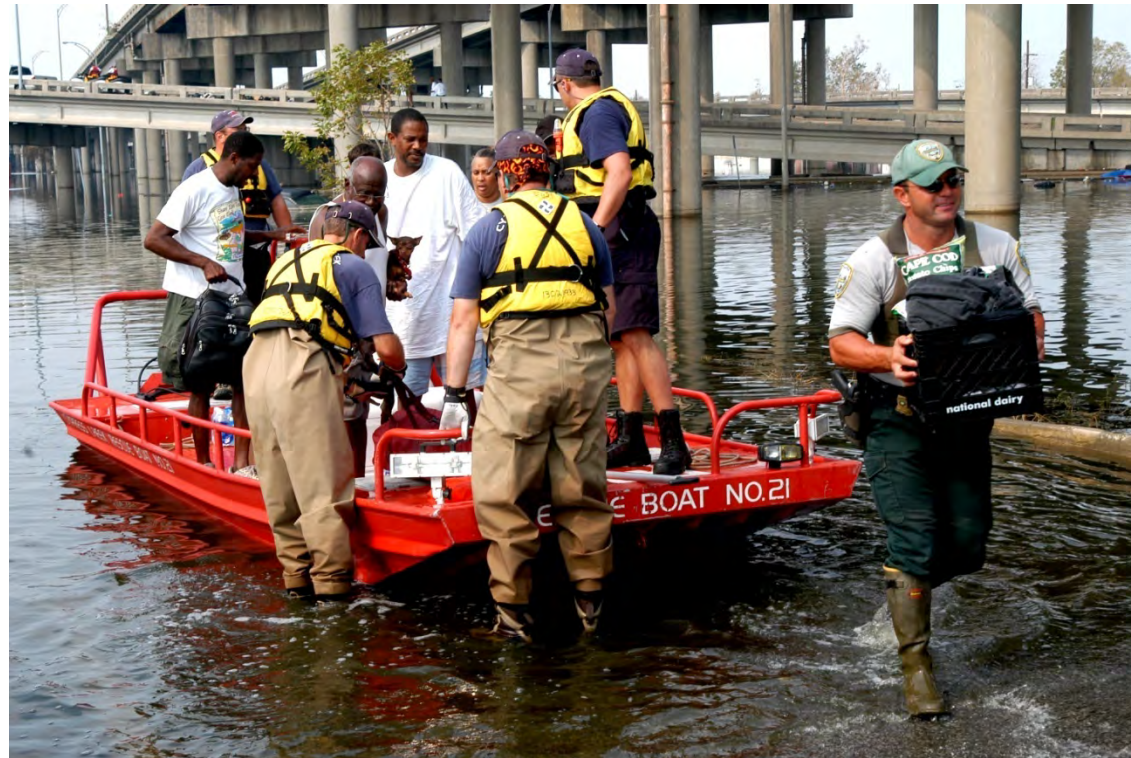
<http://training.fema.gov/IS>



LUNCH



Roles and Responsibilities of the MRC Volunteer



✓ Learning Objective: (Competencies # 1,3,4,5,7,8 – Health, Safety, Chain of Command, MRC role, skills, and assignment.)

- Understand an individual MRC member's role and responsibilities
- Understand legislative requirements related to sharing of protected information (e.g., HIPAA)
- Identify personal and professional liability



- **Knowledge of the MRC's guidelines for activation, reporting, assignment and deactivation.**
- **Knowledge of the limitations of volunteers individual skills while serving in the MRC.**



Vision of the MRC

**A nationwide network of
organized volunteers
strengthening the health and
safety of their communities**



Local Differences

Population Base
Geography
Health Needs
Surge Capacities



MRC Concept



- ✓ Organize groups of volunteers strengthening the local public health system
- ✓ Integrate with existing resources and other programs
- ✓ Identify, credential, train and prepare in advance

- *MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. **Many community members – interpreters, clergy, office workers, legal advisors, and others – can fill key support positions.***

Volunteers

- ✓ Types and number may be based on local needs
- ✓ May include those in training programs, active practice or retired



Be prepared for
Mission and Mobilization



Where and When

- Deployment locally: MRC members **typically** do not travel out of their service area, or to other states.
- The MRC member will **typically** return home after working their shift, to return for the next shift. This is **situation specific** and flexible.



M&M Approach



- MRC takes a role to coordinate with other response systems should they be available.
- Interdisciplinary diversity of work.
- Can be **local**, state, regional or national in focus if more resources are asked for.



MRC volunteers can serve in many different roles; these roles can be grouped into two broad categories, which include:

- Front-line/direct-service
- Support/administrative



Roles



- ✓ Provide health education as part of a local public health initiative
- ✓ Promote preparedness
- ✓ Participate in mass prophylaxis and vaccination exercises and community disaster drills

- ✓ Supplement shelter and special needs care
- ✓ Assist local hospitals and health departments with surge personnel needs
- ✓ Recognize systems and/or mental health issues and offer counseling for victims, families, responders

Roles



Roles



- ✓ Visit homebound patients
- ✓ Assist ambulatory services in community health centers and clinics
- ✓ Assist Emergency Response teams, FEMA and Red Cross



Roles - Chronic Illness

The MRC response will be knowledgeable in addressing chronic diseases such as asthma, cancer, dialysis, and diabetes.



All volunteers will receive an orientation to the mission and specific policies of their MRC unit



Preparing to Volunteer

Volunteers will be required to provide the following:

- An application which will include certifications and experience
- **Skills self assessment**
- Verification of licensure and credentials



Education - Training - Experience



*Each volunteer will receive a written **job description** of their position to include:*

- Key responsibilities
- Sample tasks/activities
- Qualifications (including required training)
- Support
- Purpose of the position
- Supervisor who they report to

Limitations

- Volunteers will be permitted or qualified to perform only certain types of activities compatible with the individual's training and education.
- Additional training may be indicated relevant to emergency response and/or public health activities (such as CPR)



Skills Assessment

Each volunteer comes to the MRC with a pre-existing skill set.

These qualifications will represent the volunteer's baseline of skills that can be utilized during an emergency or other public health incident.

An MRC volunteer's qualifications will be determined by your unit's mission, local laws and professional standards, and the requirements of your response partners.



Equipment



Volunteers will be given information regarding appropriate clothing, and equipment needed, or provided, for each mission.

Personal protective equipment will be provided to each MRC participant



HIPAA

- The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public law 104-191
- Covered entities must implement standards to protect and guard against the misuse of individually identifiable health information.



HIPAA includes:

- Access to medical records- patients may gain access
- Notice of Privacy Practices
- Limits on use of Personal Medical Information privacy rules
- Confidential Communications



Chapter 110 Program

The Department of Health encourages maximum participation in the Chapter 110 Volunteer Program.

This program is the only method to ensure sovereign immunity to volunteers as agents of the state of Florida.



Volunteer Benefits

- Volunteers shall be covered by **state liability protection** in accordance with the definition of a volunteer and the provisions of s.768.28
- Volunteers shall be covered by **workers' compensation** in accordance with Chapter 440



Volunteer Benefits

- Meals may be furnished
- Temporary lodging: if necessary and if available
- Transportation reimbursement-in some cases.



Liability Coverage

- Personal policy – scope of protection – check with your liability insurance policy provider
- Local 501 C3 volunteer agencies-policy options differ per agency



Florida Volunteer Protection Act

Chapter 768.1355

Applies to **documented participants** of non-profit organizations.

Removes volunteers from liability for negligent acts or omissions committed while **acting within the scope of their duties as volunteers**.

A volunteer is an individual performing services for a non-profit organization or governmental entity who does not receive compensation.



Good Samaritan Civil Liability Protection

Laws which immunize uncompensated volunteers, acting in good faith, in specific emergency settings.

Protect from civil liability volunteers who render **spontaneous** care.



Uniform Emergency Volunteer Health Practitioner's Act

- National Conference of Commissioners on Uniform State Laws
- Approved in July 2006 and recommended for enactment in all states
- Directed at volunteer licensed health practitioners



Summary

- Large area of concern
- New legislation in the works resulting from September 11 and Hurricane Katrina responses
- You are personally responsible to get information regarding your MRC, your license and your responsibilities



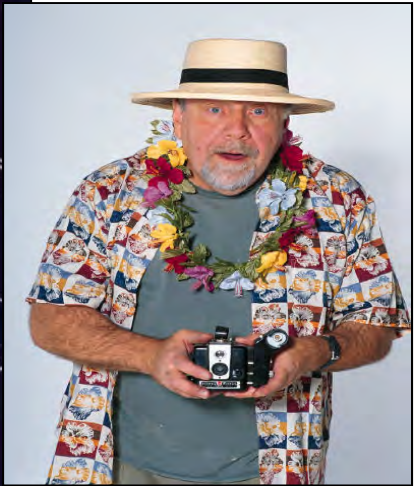
BREAK



Vulnerable and Hard-to-Reach Populations



MRC Core Competencies Training



Guiding Questions

- How is Florida different than other states?
- What resources can be used to communicate information to non-English speaking individuals?
- What factors make children more susceptible?
- How can we better serve the elderly?



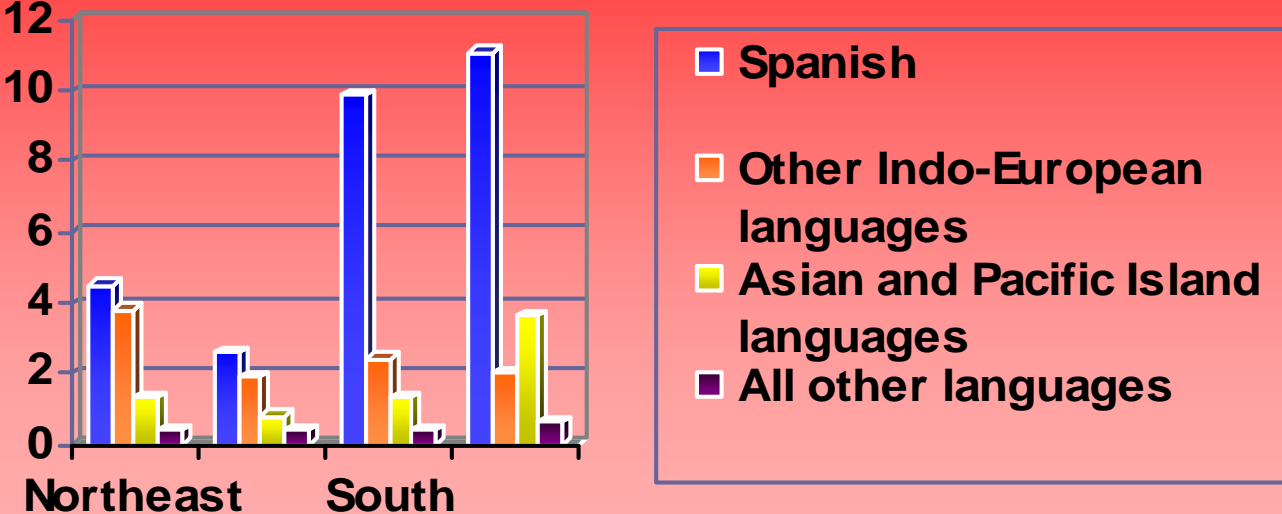
- ✓ **Learning Objectives: (Competency #1- Protecting the health, safety, and well-being of the community.)**
 - **Identify vulnerable populations and the unique measures necessary to be able to assist them with health services in the event of a public health emergency.**



Non-English Speaking Residents

Non-English Languages Spoken at Home, by Region:
2000

(Population 5 years and over, in millions.)



Source: U.S. Census Bureau, Census 2000 Summary File 3.



Non-English Speaking Residents



- Difficulty communicating
- Inability to understand appropriate information given by media
- Lack of informational brochures in appropriate languages



Basic Responses



- Appropriate translations of materials
- Recognize different cultural norms in order to meet the needs

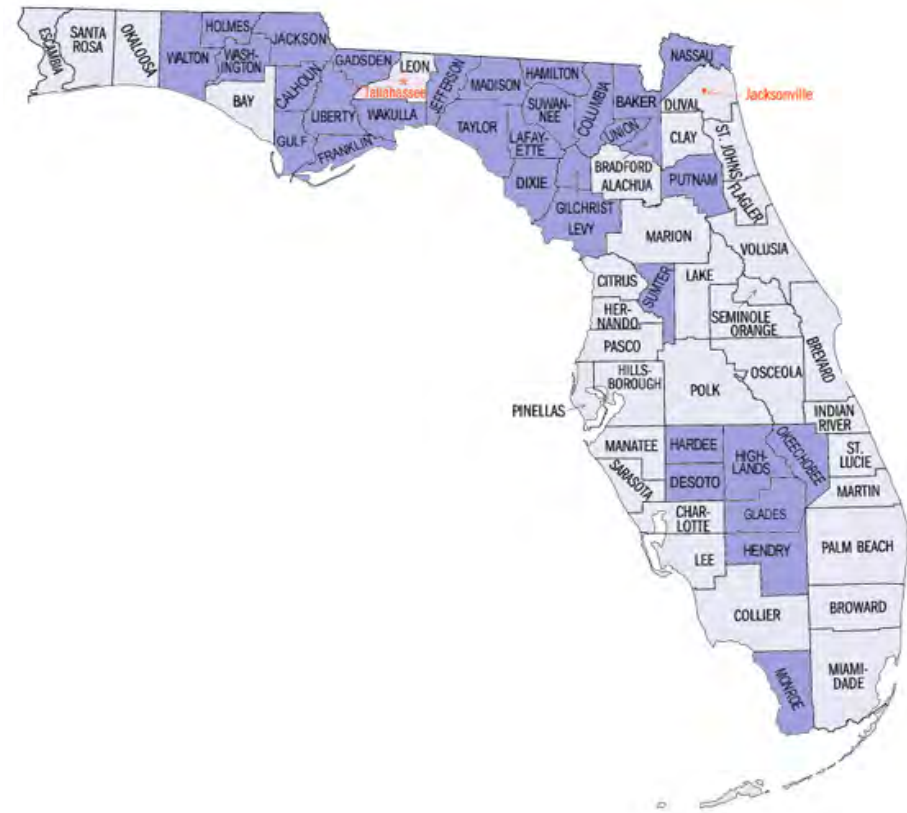
Rural Populations

- Small and self-sustaining
- Density of less than 100 individuals per square mile
- 11% of Florida's population (over 1.8 million people)
- May be overlooked during times of crisis



Florida Rural Counties

Baker – Bradford – Calhoun
– Columbia – Desoto –
Dixie – Franklin – Gadsden
– Gilchrist – Glades – Gulf –
Hamilton – Hardee –
Hendry – Highlands –
Holmes – Jackson –
Jefferson – Lafayette – Levy
– Liberty – Madison –
Okeechobee – Putnam –
Sumter – Suwannee –
Taylor – Union – Monroe –
Nassau – Wakulla – Walton
– Washington



Rural Populations



- Housing
- Reduced supplies
- Insufficient resources
- Limited information and technology
- Poverty
- Lack of education
- Transportation issues



Basic Responses

- Identify how best to notify residents
- Inform about the available services
- Design an action plan well in advance



- 3 million (17.4%) of Florida's population are 65 years old
- Most live in the community
- Delay in purchasing health items
- Limited or no health insurance

Older Adults



Vulnerabilities
Vulnerabilities
Vulnerabilities
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Vulnerabilities

Challenges

- Living alone
- Disability
- Vision and/or Hearing Deficits
- Limited Social Support
- Not knowing where to get information
- Dependence on medications or assistive devices



Basic Responses

- Identify where the older adults are in the community
- Establish a community alert and evacuation team
- Information on resources
- At least a month's worth of prescriptions



Children



Vulnerabilities
Vulnerabilities
Vulnerabilities
Vulnerabilities
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Vulnerabilities
Vulnerabilities

- Dependents
- Physiologically vulnerable and psychologically immature
- Hospitals and institutions are not prepared for pediatric needs
- Age-dependent response
- Those with special needs have compounded vulnerability
- Terrorist targets



Basic Responses

- **Ensure that immunizations are up-to-date**
- **Communicate to the child in easy-to-understand terms what is happening**
- **Reassure the child that the family is strong and that people will be there to help him/her**



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.



Disabled Populations

Five main sub-populations:

- Cognitively Impaired
- Mentally Ill (including Substance Abuse)
- Developmentally Challenged
- Physically Challenged
- Sensory Impaired



Disabled Populations



- May require a caregiver and/or other designated person to assist, and make decisions.
- May not be able to advocate for themselves (e.g., to make or follow an emergency plan).
- May have special transportation needs.
- May have special medical needs.



Basic Responses



- Coordinate appropriate transportation and accommodations
- Identify special needs shelters that have with proper supervision
- Identify a caregiver
- Work with the healthcare providers to create an emergency plan

Homeless



Homeless



- Lack of permanent, safe shelter
- Individuals often distrust the government & authority figures
- Preference to remain living on streets
- Hidden in plain sight



Basic Responses

- **Outreach Programs**
- **Posters and Billboards**
- **Supermarkets and other locations where homeless may gather**
- **Trusted individuals to offer information and support**



Migrant and Seasonal Farm Workers



Migrant and Seasonal Farm Workers



- Housing is often substandard
- Overcrowding
- Poverty, frequent mobility, low literacy, language, cultural and logistic barriers
- Communication
- Lack of trust



Basic Responses

- **Identification**
- **Translation and Outreach in native language**
- **Use trusted individuals to offer information and support**



Seasonal Residents and Tourists



Seasonal Residents and Tourists



- Arrivals and departures
- Mobile homes
- Older adults
- No permanent phone
- No family assistance
- Non-English speaking
- Move frequently
- Lack of knowledge about local health care facilities
- Lack experience with Florida's natural disaster

Basic Responses



- **Visitor database**
- **Offer all-hazards preparedness brochures**
- **Make information available**

Lessons Learned

- Individuals with special needs or those that are hard-to-reach often have unique requirements that call for more detailed planning in the event a disaster
- The number of vulnerable and hard-to-reach populations in Florida creates unique challenges in preparing for and responding to all-hazards events
- Initiates a start for some basic responses



Mass Prophylaxis Local Point of Dispensing (POD) Training

**An Anthrax Event
(Competency #4 – MRC's role in public
health/emergency response)**



POD Training Introduction



Based on the CDC POD training



Purpose

The purpose of the course is to improve the ability of cities to meet the CRI goal of providing prophylaxis to 100% of their population within 48 hours by maximizing the efficiency of local Points of Dispensing (PODs). This training will increase the knowledge and ability of MRC volunteers to effectively set up and operate PODs in conjunction with local plans and best practices.



Objectives

- Identify the roles and responsibilities of POD managers and staff.
- Identify and address issues affecting POD set-up.
- List the activities and resources needed to open a POD.
- Identify and address issues affecting the operation of a POD.
- Identify and address issues affecting the closing of a POD.



Course Agenda

- Introduction and Overview
- CRI Overview
- Spectrum of Dispensing
- Setting the Conditions
- Policies and Protocol
- POD Management
- Opening the POD
- Running the POD
- Closing the POD
- Wrap-Up and Closing Remarks



MRC Core Competencies Training



POD Management: Responsibilities and Management Structure



Purpose

- To review the roles and responsibilities of a POD manager.
- To emphasize the importance of having a structure and understanding how those roles translate into each function.

**Incident
Commander**



Responsibilities of a POD Manager

Patient Education

Traffic Management

Transportation

Quality Control

Patient Tracking

Support and Guidance

Shift Schedules

Communications

Clinical Aspects

Decision Making

Staff

Safety

Reporting

Site Operations

Mental Health

Parking

Inventory

Security

Training

Storage



Goals of a POD Team

- **The goal of a POD team:**
 - To provide prophylaxis to all people in an area who have been exposed or could have been exposed to an infectious agent in order to save lives and prevent illness
 - To set-up and operate a clinic that runs at maximum efficiency and effectiveness
 - To make maximum use of all resources including human resources



Planning POD Management

- **POD Manager**
 - Overall responsibility for the set-up and operation of the POD according to the state/regional or local plan
 - Forms necessary internal and external partnerships
 - Coordinates the activities of the management staff
 - Has reporting authority



Planning POD Management

- **POD Manager (continued)**
 - Responsible for information flow and reporting requirements
 - Establishes performance standards for all staff
 - Appoints or acts as POD spokesperson
 - Authorizes changes in planning



Essential POD Activities

- Transportation and traffic
 - Responsible for the set-up and operation of the parking lot and the facilities involving transportation
- Logistics
 - Responsible for receiving, verifying and storage of medical assets
- Medical Management
 - Responsible for the flow of dispensing area



Essential POD Activities (Continued)

- Medical Management (continued)
 - Triage
 - Screening
 - Dispensing lead
 - Pharmaceutical chief
 - Mental health
- Volunteer Staffing
 - Badges
 - Just-in-Time Training
 - Life Support
 - Position Assignment



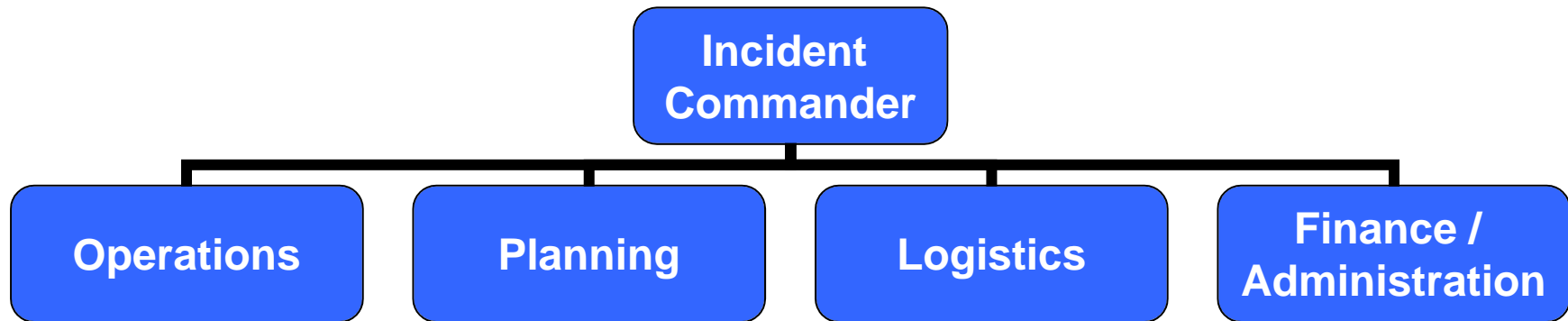
MRC Volunteers

Essential POD Activities (Continued)

- Facilities Maintenance
- Communications
 - Tactical Communications
 - Public Information and Communication
 - Patient Education
- Security
- Supplies/Inventory Control/Forms
 - Reordering
- Patient Tracking/Data Collection



POD Management Structure



QUESTIONS ?

Roles and Responsibilities of the POD Manager



Opening, Running and Closing the POD



Purpose

- To discuss many of the responsibilities and tasks associated with opening, running, and closing the POD
- To establish responsibilities and ways to increase efficiency in each phase of the dispensing operation



MRC Core Competencies Training



Opening the POD



Purpose

- To discuss many of the responsibilities and tasks associated with opening the POD
- To review many of the actions required to open a POD and identify ways to increase efficiency in the process
- To review the POD management structure and delineate responsibilities for major required tasks



Major Tasks and Activities

- Notification and Assembly
- Facility Access and Setup
 - Signs Posted or Hung
 - Setup Tables, Chairs and Line Ropes
- Staff Briefing, Training and Preparation
 - Just-In-Time Training (JITT)
- Storing and issuing of medicine
- Unlocking the door



How long do I have from notification to opening?



Notification

- POD Managers
- POD Management Staff
- POD Staff



Assembly

- Where will the POD Staff report?
- Where are ID Badges made and issued?
- How are POD staff members transported to the POD Site?
- How long will it take to assemble?



MRC Volunteers

Facility Access



- Have you considered how will you gain access to the facility?
- When you gain access, conduct a walk-through. This pre-occupation inspection is conducted:
 - To know what rooms you may or may not use.
 - For property liability purposes.

POD Site Setup

- Major stations in the POD
 - Do I have a Medical Aid Station and Medical Transportation?
 - Do I have a screening process?
 - Do I conduct a triage?
- Forms and Data Collection



Basic POD Diagram

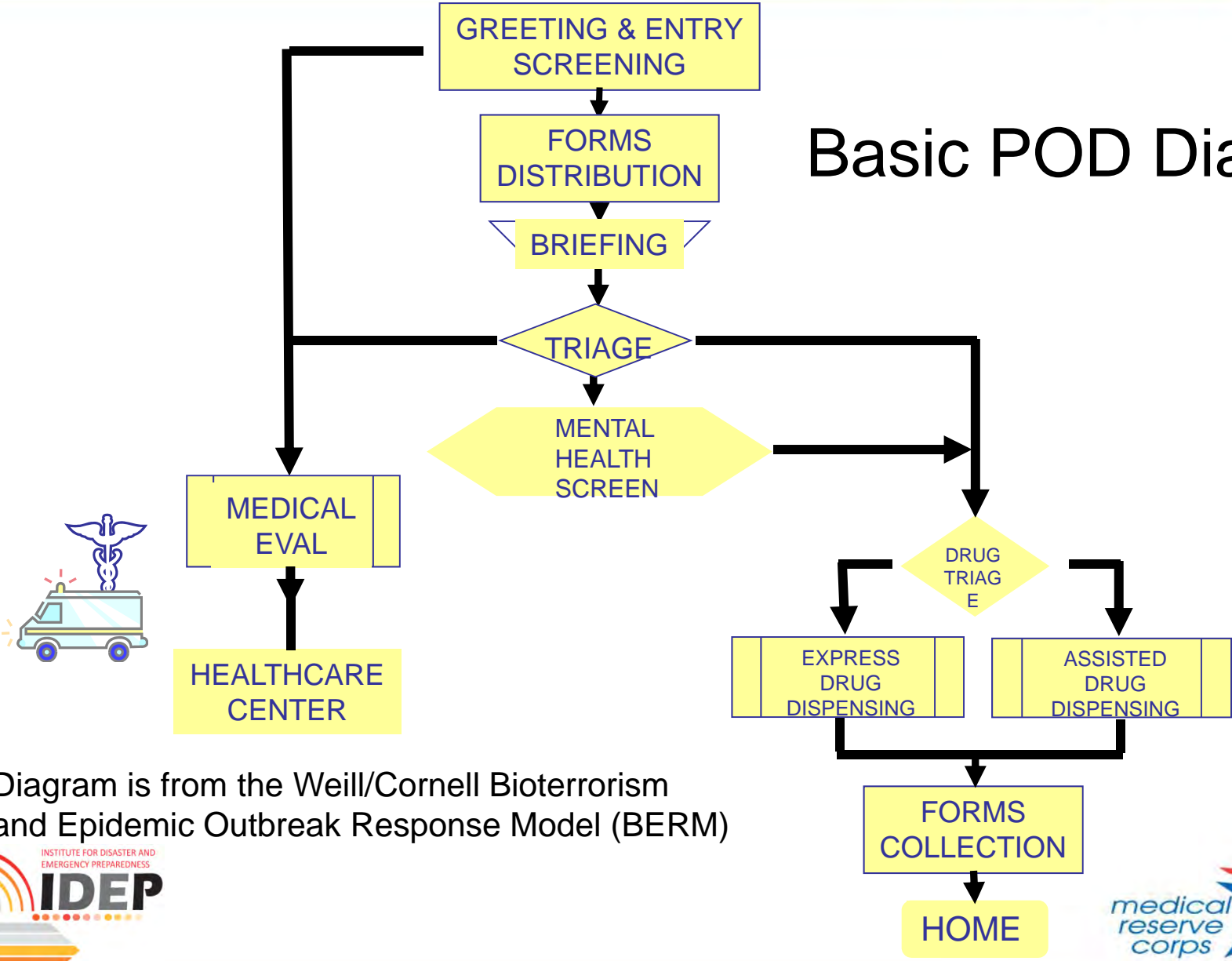
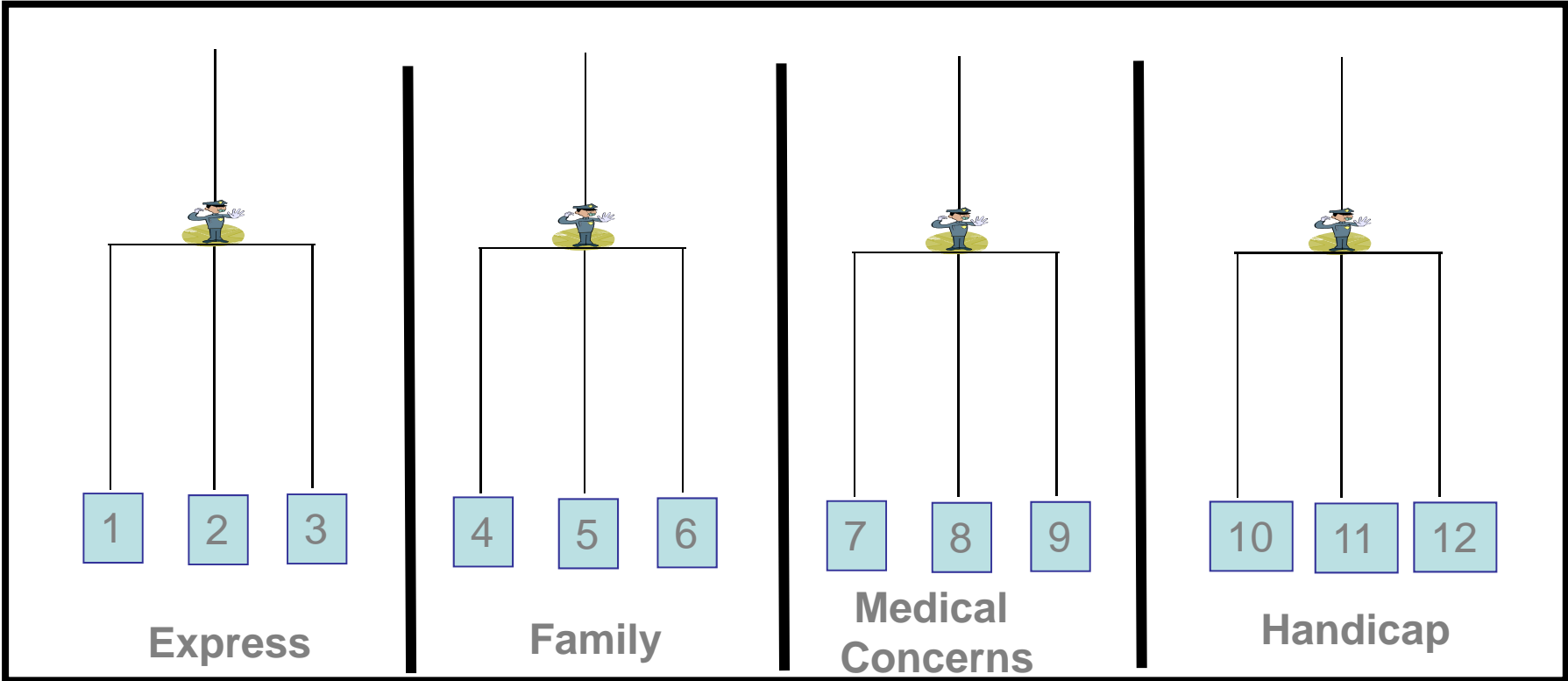


Diagram is from the Weill/Cornell Bioterrorism and Epidemic Outbreak Response Model (BERM)



POD Site Setup



How do I sort people based on medical conditions or special needs?



Training/Briefing/Preparing the Staff

- Pre-event training
 - Documentation (who, what, when and how)
 - Skill Assessment
- Just-In-Time Training (JITT)
 - Staff
 - Medical Personnel
 - Spontaneous and unaffiliated volunteers
 - Instruction
 - Facility Orientation
 - Trainers
 - On the Shelf



MRC Volunteers

Training/Briefing/Preparing the Staff

Part of training is a walk-through of facility and a brief on the entire process.

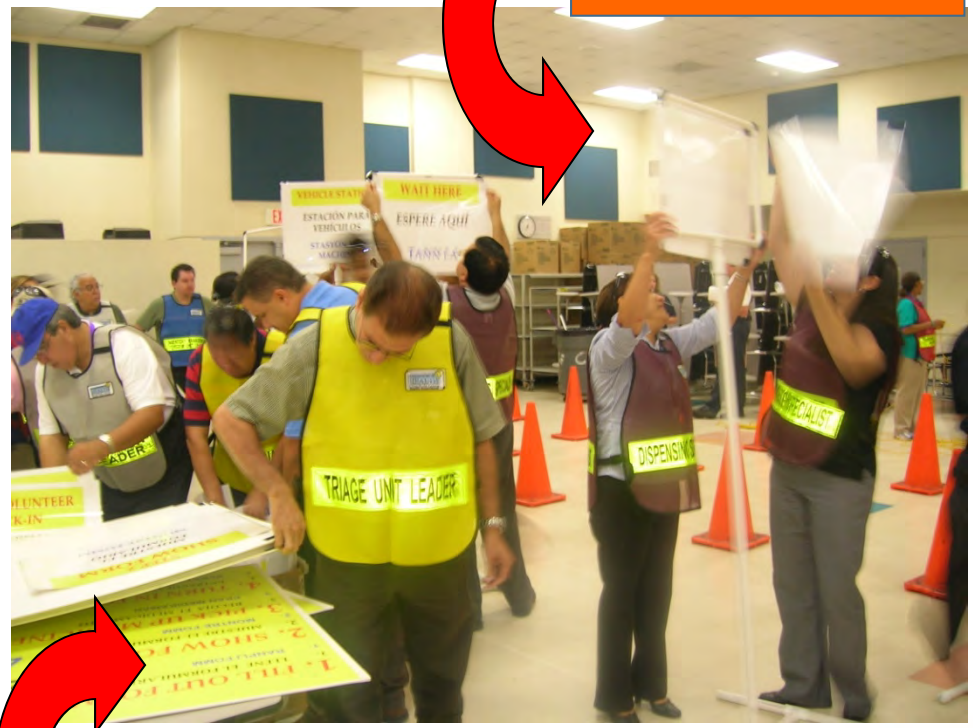
- How much time do I need to train?
- What happens if I have insufficient staff?



Signage and Supplies

- What signs do I need?
- Are there any signs already made?
- Do I have means to post or hang the signs?
- Where can I get signs quickly made?

HANG'EM HIGH



BIG



Signage and Supplies

- What office supplies do I need to operate the first twelve hours?
- What other supplies do I need?
- Paper and Forms Issues



Receiving Medication

- Arrival
 - When will it arrive?
- Receipt
 - What will I receive?
- Authorization
 - Who will sign for it?
- Storage
 - Where is it stored?



Opening for Operations

- Who do I notify when I am ready to open?
- Do I delay opening until other PODs are ready to open?





Running the POD



Purpose

- To discuss many of the responsibilities and tasks associated with running or operating a POD
- To review many of the actions required to run a POD and identify ways to increase efficiency in the process
- To review the POD management structure and delineate responsibilities for major required tasks



Major Tasks and Activities

- Greet / Registration
 - Issue Patient Data Form

A patient registration form titled 'ANTHRAX PROPHYLAXIS REGISTRATION FORM' from the Miami-Dade County Health Department. The form includes fields for patient name, date, and a table for recording symptoms and signs. A biohazard symbol is visible in the top right corner of the form. A yellow highlighter is used to mark a row in the table.

Greet

Major Tasks and Activities

- Screen



Screening

Major Tasks and Activities

- Dispense

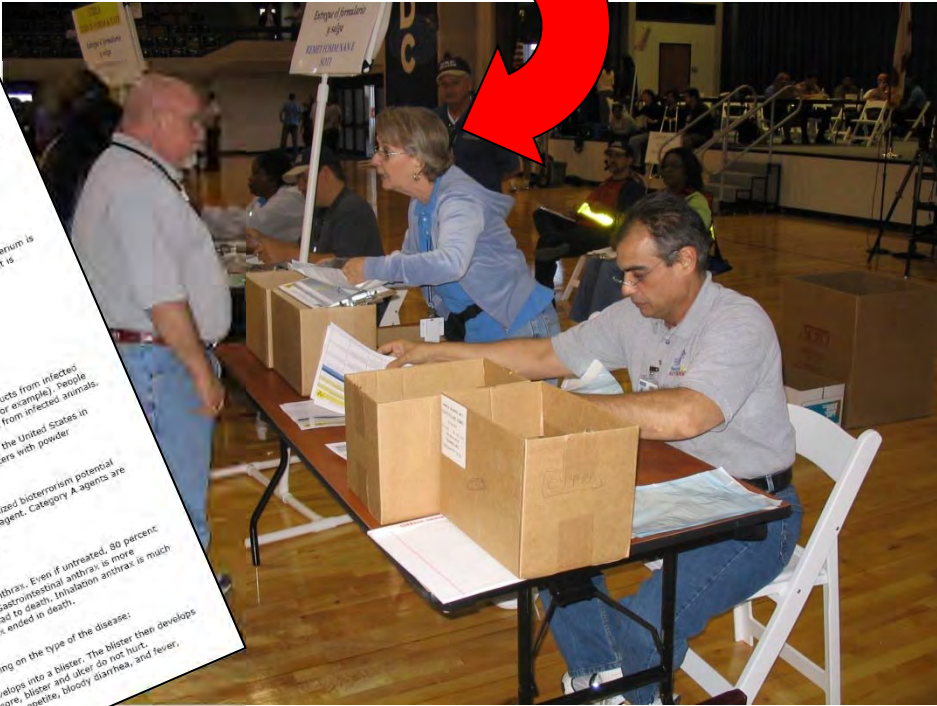


Dispensing

Major Tasks and Activities

- Educate
 - Issue Patient Information Sheet

Education



POD Finished Product



Triaged



Medicated



Educated



Other Tasks and Activities

- Medical Evaluation

MRC Volunteers



Getting To The POD

- How are people arriving?
 - Are people driving or being bused to the POD?
- Who directs people?
 - Traffic flow
 - Parking lot to correct entrance
- Where is screening being done?



57
33
84

Staff and Stations



Colored vest

- Staff identification
 - Colored vests or hats
 - Name badges

Staff and Stations

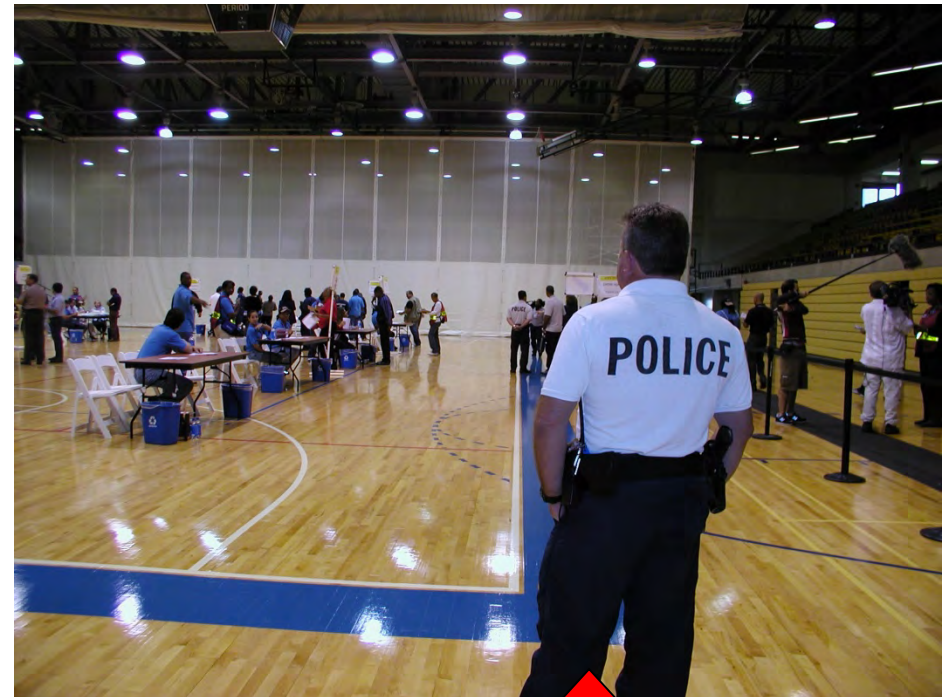


- Station delineation
 - Are stations color coded?
 - Are stations numbered?
- Do I have a logical layout that facilitates a smooth flow and easy identification?

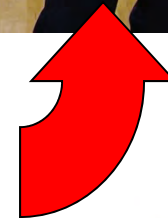


Security

- **Major security concerns:**
 - Crowd control
 - Disorderly people
 - Medications
 - Secondary attack against the POD
- **Security Coverage**
 - How much security is needed?
 - Where are they best utilized?



Security



Reorder Supplies

(Medical)

- What is my threshold for reordering?
- What is the request process?
- How long between request and receipt?
- Who is responsible for transport?
- What do I do if I run out?



Staff Provision

- Life Support
 - Food and Drink
 - First Aid
 - Lodging
- Caring for the Staff
 - Breaks
 - Critical Incident Stress Management
 - debriefing



Facility Maintenance

- Who do I call for facility maintenance problems?
- Who monitors the facility?
 - Doors
 - Lights
 - Cleanliness and Garbage cans
 - Restrooms
 - Soap, Water, Paper Towels, Tissue, Toilet Paper



Communications

- What are my means of communication?
 - Radio
 - Signs
 - Loud Voices (Shout and Yell)
- Do I have a public address system?
 - Medical Emergency
 - Evacuation
- How do I communicate?
 - With upper management?
 - With Command staff?



Dealing with the Press and VIPs

- Who handles the media?
 - Do I have a Communications Officer?
 - What are my instructions?
- How do I handle VIPs?
 - Early warning a VIP is coming?
 - What is the protocol?



Assessing POD Performance



- Who is monitoring throughput and quantity of medicine issued?
- Who is monitoring quality of service and customer satisfaction?
- Who is capturing data on complaints?

Reporting Requirements

- What are my reporting requirements?
 - What is the frequency of my reports?
 - What is the means of transmitting reports?
- Who is responsible for preparing reports?
 - Who is responsible for data collection?
 - Who is responsible for verifying reports?





Closing the POD



Purpose

- To discuss the major tasks and activities involved in closing a POD:
 - Notification
 - Staff
 - Inventory and Supplies
 - Facility



**Incident
Commander**



Notification

- How do you know when it's time to close?
- Who do you tell?
 - Inside the POD
 - Outside the POD

Staff

- When do I release the staff?
- How do I release the staff?
 - Released together,
 - Or in shifts?
 - Do they need to be transported?
 - What about the staff external to the actual facility?
 - Bus Drivers
 - Law Enforcement
 - Emergency Management



Staff

- Do I have contact information for my staff?
- Do I perform an After Action Review / final briefing?
 - When?
 - Who is involved?
 - What is communicated?



Inventory and Supplies

- Is there leftover product?
- What happens to the leftover medication and supplies?
 - Assessment
 - Transport and Storage



Inventory and Supplies

- What about life-support materials and office supplies?
 - Who returns any borrowed equipment? When? Will it be needed during closing?
 - Do I have a contact list?
- Are there any reporting requirements?
 - Statistics
 - Data collection, transport and storage



Facility

- Facility Break Down
 - When do you start breaking down?
 - Who is involved?
 - How?
- Clean up and Survey
 - Internal and External
 - Facility and Equipment
 - Facility Walkthrough
- Turnover of facility
 - When can we actually close?





Q U E S T I O N S ?



MRC Core Competencies Training

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