

*medical
reserve
corps*



MEMBER HANDBOOK





**MEDICAL RESERVE CORPS
MEMBER HANDBOOK**

NOTICE

The information contained in this manual is intended for use by members of the Medical Reserve Corps Program. Any other use is prohibited. This manual may be updated regularly, and the MRC Coordinator retains the right to add, amend, or change policies and procedures at anytime without notice.

AUTHORITY

Policies and procedures set herein are established by the Medical Reserve Corps Program. Recommendations for policy and procedure changes are developed and approved by the Collin County MRC Coordinator, MRC Leadership Committee, and Collin County Department of Homeland Security.

ACKNOWLEDGEMENTS

The contents of this handbook is based on information gathered from several Medical Reserve Corps units across the United States and from various public materials on disaster response, public health, and other pertinent topics, adapted for the use of the MRC unit handbook. This handbook will serve as a guide for the members operating within the MRC and will be reviewed and updated on an annual basis.

FOREWORD

Dear Fellow Citizen:

The first response to any disaster is a local response. That has never been more true than at this moment in our nation's history.

Our nation changed forever on September 11, 2001. But the thousands upon thousands of volunteers who so selflessly helped others during this national tragedy inspired others to do the same.

Many of this nation's most respected organizations were ready to serve. And so many more people asked, "What can I do?"

President George W. Bush created the USA Freedom Corps to foster a culture of service, citizenship and responsibility. This effort builds on the outpouring of support in the days following September 11. The President has asked all Americans to make a lifetime commitment of at least two years to serving their neighbors and their nation.

The Medical Reserve Corps is one way in which health professionals can volunteer to strengthen both our communities and our nation. Medical Reserve Corps units will be locally-based health volunteers who can assist their own communities during large-scale emergencies, such as an influenza epidemic, a chemical spill, or an act of terrorism. Medical Reserve Corps volunteers can also work together to improve the overall health and well being of their neighborhoods and communities through education and prevention.

Local officials will develop their own Medical Reserve Corps units, because local officials best know their individual community needs.

Working together, we will strengthen our communities and, in turn, strengthen our nation.

Sincerely,

Tommy G. Thompson
Health and Human Services

Note: This letter from Tommy Thompson, Secretary of Health and Human Services, is from the Medical Reserve Corps: A Guide for Local Leaders, published by the U.S. Department of Health and Human Services and available at the Medical Reserve Corps website: www.medicalreservecorps.gov.

TABLE OF CONTENTS

NOTICE.....	3
FOREWORD.....	4
INTRODUCTION.....	6
CORE COMPETENCIES.....	10
MEMBERSHIP	11
TRAINING	16
POLICIES AND PROCEDURES.....	18
GENERAL.....	21
INFORMAL COMMUNICATION CHANNELS.....	22
FORMAL PROBLEM RESOLUTION.....	22
ADMINISTRATION.....	29
FORMS.....	31
GLOSSARY	41

INTRODUCTION

PURPOSE

The Medical Reserve Corps Handbook establishes the necessary organizational, operational and administrative procedures for the effective operation of the Collin County Medical Reserve Corps program.

It provides guidance to the Medical Reserve Corps members, medical practitioners, public health officials, emergency services personnel and others for the effective volunteer management in emergency operations and public health activities.

BACKGROUND

In early 2002, the United States Citizen Corps was created as a means to encourage and support citizens to serve their communities through volunteerism. Local citizen participation in community safety is the foundation of the Citizen Corps program and builds on successful efforts that are in place in many communities to prevent crime and respond to emergencies.

Currently three federal departments, Department of Homeland Security (DHS), Department of Justice (DOJ), and Health and Human Services (HHS), administer four programs that are being promoted at the national level as part of Citizen Corps. DHS also coordinates the overall effort of helping communities establish local Citizen Corps Councils and programs.

The federal Citizen Corps programs are:

- The Neighborhood Watch Program, funded by DOJ and administered by the National Sheriffs' Association, has been reinvigorated to increase the number of groups involved in crime prevention and homeland security and preparedness efforts.
- Community Emergency Response Team (CERT), administered by the Federal Emergency Management Agency (FEMA), provides training in emergency preparedness and in basic response techniques to local trainers who in turn train citizens, enabling them to take a more active role in personal and public safety.
- Volunteers in Police Service (VIPS) is funded by DOJ and administered by the International Association of Chiefs of Police. The program, which was launched nationwide in spring 2002, provides training for volunteers to perform administrative and non-intervention policing activities to free up law enforcement professionals for frontline duty.

- HHS administers a community-based **Medical Reserve Corps** that was launched in fall 2002. Through this program, currently practicing and retired healthcare volunteers as well as others interested in public health issues are trained to assist during large-scale emergencies and augment the emergency medical response community. Medical Reserve Corps volunteers also play a productive role in meeting pressing but non-emergency public health needs of the community throughout the year.

There are also many other opportunities for participating in Citizen Corps. There is a vast array of educational and volunteer activities already underway across the country that focus on making communities safer, stronger, and better prepared. In addition, Citizen Corps has an Affiliate Program to formally recognize and collaborate with programs and organizations that offer communities resources for public education and outreach, training and volunteer service to support homeland security.

PROGRAM OVERVIEW

In early 2002, the Office of the Surgeon General (OSG) announced the formation of the Medical Reserve Corps (MRC) program under the Citizen Corps umbrella. The overall goal of the project was, and is, to establish teams of local volunteer medical and non-medical professionals that can contribute their skills and expertise during times of community need, such as pandemic influenza, natural disasters, or acts of terrorism.

*...contribute their skills
and expertise during times
of community need...*

The Medical Reserve Corps brings together local health professionals and others with relevant health-related skills to volunteer in their community. These volunteers assist the local, existing community emergency medical response system, as well as provide a group of readily trained and available resources to help the community manage pressing public health needs, improvements and education. However, MRC volunteers are not involved in responding to all situations. MRC members are activated only when requested to supplement existing emergency response systems by the Incident Commander, or designee. It is important for volunteers to keep the following in mind:

- The nature of an event may dictate the response, meaning that volunteers must be flexible to meet the demands of the day.
- During an emergency situation, resources and personnel may be in short supply.

The Medical Reserve Corps unit is intended to supplement the resources of the existing community emergency medical response system, as well as contribute to meeting public health needs of the community throughout the year. The Medical Reserve Corps will not replace or supplant the existing emergency medical response system or its resources. During emergencies, Medical Reserve Corps volunteers may also provide an important “surge” capability to perform some functions usually performed by emergency medical response teams who have been mobilized. MRC volunteers can also augment medical and support staff shortages at local medical or emergency facilities.

The Medical Reserve Corps volunteers are also a beneficial resource for helping the community plan its response to numerous health-related situations. For example, they can assist with developing plans for vector control, shelter operations during disasters, distribution of pharmaceuticals and provide numerous tasks to help the community manage public health issues when there is a shortage of regular healthcare providers or healthcare support staff because of a local, man made, or natural disaster.

The Medical Reserve Corps is primarily designed to assist and supplement the existing emergency medical response and public health systems in emergencies. However, unit personnel and resources may be utilized in non-emergency situations, depending on their availability and the approval of the MRC Coordinator or Collin County Department of Homeland Security.

PURPOSE

The purpose of the Medical Reserve Corps is to promote public health and safety in three key areas:

- Public Health Emergencies: Events that threaten public health, such as a disease outbreak or toxic chemical incident.
- Mass Casualty Incidents: Disasters that cause injury or threats to large numbers of people. These can include a building collapse, fire, storm, flood, or other event that displaces groups of residents that must be moved to emergency shelters.
- Community Outreach: Opportunities to foster the well-being of local residents, such as health fairs/expos, influenza immunization clinics, or training events.

MISSION STATEMENT

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

GOALS AND OBJECTIVES

- Recruit volunteers to provide healthcare support to the community during local emergencies and disasters.
- Identify hazards of the community and integrate the MRC into response plans in an effort to mitigate these hazards.
- Deliver a comprehensive training program that addresses both the needs of the community during an event and the personal expectations of the volunteer.
- Support the community in disaster response and recovery efforts thereby enhancing the capacity of local emergency management.
- Promote community involvement through citizen education and public awareness campaigns that support public health and preparedness initiatives.
- Maintain active volunteers through community activities, continued education and training exercises, while promoting the recruitment of additional volunteers.

SCOPE

The Medical Reserve Corps has been established as a local resource for Collin County. As a local resource, the Collin County MRC unit will typically be only deployed within the local jurisdiction. However, depending on the situation, another jurisdiction may request the assistance of the MRC unit once its local resources have been depleted. The Collin County Department of Homeland Security will receive the request and will determine whether or not to activate the MRC unit.

With fluctuations in the size and diversity of the population served by the Collin County MRC, a flexible approach to disaster response and public outreach and education is required.

CORE COMPETENCIES

OVERVIEW

Core Competencies represent the baseline knowledge level and skills that all MRC members should have, regardless of their roles. These competencies represent a minimum standard and can be expanded in order to train members at advanced levels.

...represents the baseline level of knowledge and skills that all MRC members should have...

Utilizing the competencies allows for interoperations between MRC units to be more efficient by providing a “common language” in which units can communicate their capacities to each other and to partner organizations. All active members of the Collin County Medical Reserve Corps are required to, at a minimum, be able to:

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

MEMBERSHIP

RECRUITMENT

The Medical Reserve Corps unit will maintain active and ongoing recruitment efforts. Active members are encouraged to assist with recruitment by encouraging appropriate potential volunteers to consider membership. Opportunities for outreach and recruitment at various venues (e.g., health and/or public safety fairs/expos, community events) in the community will consistently be sought, as will opportunities for exposure in local media (newspapers, radio, television).

Public outreach and recruitment materials, such as brochures and flyers will be provided in locations throughout the jurisdiction and will be the responsibility of the MRC Coordinator, or designee, to maintain appropriate stock. The MRC Coordinator will continually seek new venues for information distribution. The Collin County MRC website will be utilized for recruitment and registration of volunteers.

Within 5 business days of receiving notification of interest from a potential volunteer, the MRC Coordinator will attempt to contact that individual by phone or email. Assuming contact is made, the Coordinator will thank the person for his/her willingness to volunteer, offer to explain the program in detail and answer any questions the new volunteer may have in regard to the program.

APPLICATION PROCESS

Members of the community may apply for membership in the Medical Reserve Corps in a variety of methods: volunteers may contact the local MRC Coordinator, or sponsoring agency, by phone or email; complete an online application located on the local MRC's program website or designated volunteer recruitment website; or by completing the volunteer application form and mailing the form to the MRC Coordinator. Additional information may be requested prior to or after the application process has begun via the MRC Coordinator or program website.

Within 10 business days of receiving the application from a potential volunteer, the MRC Coordinator will enter the volunteer's information in the MRC database, compile a new volunteer packet and mail it to the potential volunteer. New volunteer packets will include:

- Volunteer Information Form
- List of upcoming training events and exercises
- Copy of the most recent MRC Newsletter, if applicable
- Outline for a personal and family disaster plan
- Business-sized envelope addressed to the MRC program, or sponsoring agency, office

New MRC members are expected to complete the Volunteer Information Form, and return it to the MRC office, if additional information is required. New members who prefer not to send documents through the mail must bring all forms and copies to the first training session or hand deliver to the MRC Coordinator within 30 days of application submittal.

Upon receiving the Volunteer Information Form, the MRC Coordinator, or designee, will enter any new information in the database.

EXPECTATIONS

MRC volunteers agree to be available in the event of a large public health emergency with the potential to overwhelm traditional health systems. Minimum requirements for volunteers are:

- Citizen of United States or legal/registered alien.
- Current mailing address and contact information.
- Current professional licensure information (for medical professionals).
- Able to stand for long periods of time.
- Able to lift up to 25 pounds.

The MRC Coordinator or sponsoring agency will keep members informed of upcoming activities, volunteer opportunities and pertinent program information.

ELIGIBILITY

Eligibility for new members will be determined by the Collin County Department of Homeland Security.

All applicants with a felony charge against them in the last 10 years will be ineligible for membership in the MRC. Applicants with felonies older than 10 years will be reviewed on an individual basis. Persons with a violent criminal history and/or with sexual offense charges will be ineligible.

SELECTION

Criteria for selection of applicants shall include:

- Completion of the Medical Reserve Corps application.
- A possession of specialized skills, experience, licenses and/or certifications, if required by a unit position.
- Satisfactory completion of a background check.
- Completion of the Orientation course.

LEVELS OF MEMBERSHIP

The Medical Reserve Corps recognizes that volunteers differ in many regards: age, interests, professional training, life experiences, level of obligations to other volunteer or paid positions, etc.

The MRC unit will create an atmosphere that works well for all members and ensures preparedness in the event of a large-scale public health emergency using a tiered system of volunteering.

Membership is divided into the following three sections dependent on the level of participation and commitment of the volunteer.

- **Awareness:** Members choose to be available only in the event of a large-scale public health emergency. Typically, they do not have much time available to attend pre-event trainings or exercises. In the event of activation, awareness members will be provided “just-in-time” on-site training on the initial day of activation.

- **Basic:** Members are interested in obtaining pre-event training, participating in exercises, and may choose to volunteer in non-emergency public health functions upon request. In essence, the basic member exhibits an active interest in MRC functions and a willingness to participate in events.
- **Advanced:** Interested in accepting a leadership role within the MRC. Most advanced members will be assigned to positions within the Incident Command System (ICS) structure. They may choose to attend local and out-of-town trainings, seminars and conferences. Members agree to participate in planning meetings and exercises, and may choose to participate in non-emergency public health functions upon request.

Unless a newly enrolled member indicates otherwise, he or she will initially be assigned as an awareness level member. Based on participation in trainings, exercises, meetings and non-emergency public health functions, members may have their status elevated at the discretion of the MRC Coordinator. Members who express a desire to accept a leadership role within the MRC and display the skills, abilities and experience to function in a leadership role, may be elevated to the advanced status at the discretion of the MRC Coordinator

LICENSURE

Current licensure is not a requirement for medical professionals to volunteer with the MRC. Licenses will be verified annually by the MRC Coordinator in coordination with the sponsoring agency.

In the event of a large public health emergency, MRC members will be utilized commensurate with their training and skills. Though there are some tasks that members whose licenses have expired will be prohibited from performing (vaccinating, prescribing medications, etc.), their expertise and training may be utilized in other areas. If an emergency is of a large enough magnitude, the governor may waive licensure requirements and authorize retired and out-of-state medical professionals to perform medical procedures, in which case members whose licenses are inactive may be utilized in the same manner as those with current licensure.

RESPONSIBILITIES

Members will:

- Provide quality pre-hospital care (or support the care through their volunteer specialty) to people without regard to race, color, sex, religion, national origin, age or handicap.
- Be receptive to training that will make them more aware of the social and physical needs of the persons being served and other training appropriate to our mission.

- Support and supplement the work of other volunteers.
- Respect confidentiality of all information pertaining to the work site in which they volunteer or pertaining to recipients of service.

All medically licensed or certified personnel are responsible for practicing within their respective scope of practice. All medical care and treatment provided by any health care personnel must fall within the guidelines outlined by their respective governing board.

TRAINING

AWARENESS LEVEL

The awareness level of training only requires members to attend a classroom orientation or complete an online version with supplemental material. It is at the discretion of the MRC Coordinator as to the required material for members completing the online course. It is recommended that members take a refresher course annually.

BASIC LEVEL

All persons applying for basic membership in the Medical Reserve Corps must complete the three components of the basic training program. After completion, applicants will receive a certificate and any associated credentials, depending on host jurisdiction. The basic training program consists of the following components:

1. **Orientation**: Presentation introduces participants to the Medical Reserve Corps program, public health, bioterrorism, organization, and the Strategic National Stockpile. All topics are discussed in detail in the next section of the training program (Basic Training).
2. **Basic ICS Training**: Members will be required to attend a classroom training session covering the Incident Command System and NIMS **or** complete the following online courses:
 - **ICS-100, Introduction to ICS**: This Course introduces the Incident Command System (ICS) and describes the history, features and principles, and organizational structure of the Incident Command System.
 - **IS-700, NIMS - An Introduction**: This course introduces NIMS and takes approximately three hours to complete. It explains the purpose, principles, key components and benefits of NIMS.
3. **Personal and Family Preparedness**: This course introduces the importance of personal preparedness and will teach volunteers how to protect the health, safety, and overall well-being of themselves, their families, the team and the community.

ADVANCED LEVEL

All members interested in the advanced level of membership must, at a minimum, complete a leadership course every 6 months or an annual internship. It is recommended that members attend all available courses in order to provide effective leadership in an emergency situation.

OPTIONAL TRAINING

In addition to the Medical Reserve Corps training program, the MRC Coordinator will continually seek training opportunities for members. He or she will:

- Periodically list pertinent web-based trainings in quarterly newsletters.
- Provide quarterly training sessions. The quarterly trainings will be designed in such a way as to provide volunteers with a broad overview of various aspects of the MRC program, FEMA Independent Study courses, or to address potential issues specific to MRC activation.
- MRC Members (Advanced Level) may be offered opportunities to attend out-of-town trainings, seminars and/or conferences that are specific to their assigned roles within the MRC program.

EXERCISES

As is the case with other MRC functions, participation in exercises is not mandatory for volunteers. Volunteers are, however, encouraged to participate in planned exercises and simulations. The MRC will strive to offer exercise opportunities, at minimum, on an annual basis.

JUST-IN-TIME (JIT) TRAINING

For awareness level members and emergency volunteers, just-in-time training is provided onsite or at a volunteer staging area. JIT training is typically provided in less than an hour and should provide an appropriate baseline for all new volunteers.

POLICIES AND PROCEDURES

ACCOUNTABILITY

The MRC Coordinator maintains direct responsibility for day-to-day administrative management and coordination tasks of the MRC. These tasks include:

- Recruiting and retaining volunteers
- Maintaining volunteer rosters
- Assigning volunteers
- Verification of volunteer credentials/licensure
- Maintaining MRC unit records
- Issuing of volunteer identification badges
- Organizing meetings and preparing related documentation
- Developing and distributing quarterly newsletter
- Communicating routinely with volunteers
- Developing training curricula & delivering training to volunteers.
- Serving as the MRC spokesperson for local media and at local events
- Preparing and submitting reports to grant agencies & funding partners

SUPPLIES AND EQUIPMENT

The Collin County Department of Homeland Security is responsible for the proper use, function and operation of the supplies and equipment used by the MRC, unless otherwise stated. All equipment and supplies must be routinely inspected to insure safe working conditions. Any problems should be promptly reported to the MRC Coordinator. During MRC activation, the members are responsible for the equipment and supplies. All equipment must be cleaned and disinfected after use and before returning to storage. Members will be responsible for replacement costs for any damaged or lost equipment due to negligence, as determined by the Collin County Department of Homeland Security.

During MRC activation, full responsibility for all equipment and supplies used are given to the members. Therefore all personal equipment and supplies used by a member representing the MRC:

- Are to adhere to the standards and guidelines of Medical Reserve Corps program.
- Shall not misrepresent the intent and purpose of the organization or the level of care provided by the MRC and sponsoring agency.
- Are subject to inspection and authorization for use by the MRC Coordinator, or designee.

TRANSPORTATION

All members must provide their own transportation to and from training events, exercises, and emergency situations. The exception would be in the event of a staging area in which a government entity provided or contracted transportation.

MRC policy prohibits members from transporting any person. This includes, but is not limited to, the transportation of a patient/client in the event of a public health emergency.

IDENTIFICATION

The Medical Reserve Corps volunteers will be issued photo identification cards for use at the scene of an emergency. These identification cards will:

- Identify the volunteer as a member of the Medical Reserve Corps program.
- Document the licenses, credentials, skills and training of unit volunteers, thereby facilitating their deployment in an emergency.
- Provide members with access to the scene of an emergency as part of the emergency medical response system.
- Facilitate the tracking and disposition of MRC members at the scene of an emergency.

Identification cards will be issued to unit volunteers upon their completion of requirements for active membership in the Medical Reserve Corps.

DRESS CODE

All volunteers should maintain an appropriate dress code. Dress should be clean, neat and without tears or rips. It should be appropriate for the work environment and not contain offensive material (slogans or graphics).

The Medical Reserve Corps program has not established a uniform while participating in MRC events.

MRC members may be requested to wear provided shirts or adhere to a similar dress code to:

- Clearly identify volunteers as official members of the Medical Reserve Corps.
- Establish a “visual link” between the Medical Reserve Corps unit, Federal DMAT Teams and other rescue personnel.

Photo identification badge provided by Collin County should be worn at all times.

CODE OF CONDUCT

Ethical Conduct

- Maintain high standards of moral and ethical conduct that includes self-control and responsible behavior. A volunteer must consider the physical and emotional well-being of others and display courtesy and good manners.
- Maintain an appropriate dress code. Dress should be clean, neat and without tears or rips. It should be appropriate for the work environment and not contain offensive material (slogans or graphics).
- Avoid profane and abusive language and disruptive behavior including behavior that is dangerous to self and others including acts of violence, physical or sexual abuse or harassment.
- Abstain from the use of county equipment/resources for personal use.
- Abstain from transport, storage and/or consumption of alcoholic beverages and/or illegal substances when performing volunteer duties.
- Abstain from transport, storage and/or use of weapons when performing volunteer duties.
- Abstain from attending volunteer duties under the influence of alcohol or illegal substances.
- Abstain from illegal activity.
- Abstain from the dispensing of handbills or solicitations.
- Avoid conflict of interest situations and refrain from actions that may be perceived as such. Volunteers should reveal any potential or actual conflicts of interest as they arise.
- Abstain from the use of audio or video recording equipment, unless authorized.

- Report medications taken prior to or during volunteer duties to the MRC Coordinator, or designee.
- Acknowledge that duty assignments can be dismissed or refused by Collin County Homeland Security staff.
- Acknowledge that county benefits are not provided to volunteers.
- Report employment changes resulting in county or other public agency employment.

Safety

- Put safety first in all volunteer activities.
- Respect and use all equipment appropriately.
- Follow all procedures to the best of your ability at all times.
- Promote healthy and safe work practices.
- Recognize and congratulate those volunteers who follow safe and caring practices.
- Take care of self and others.
- Report all injuries, illnesses and accidents to the appropriate staff member.
- Recognize that training is fundamental to everyone's safety.

Respect

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

GRIEVANCE PROCEDURES

Open communication allows for an exchange of information that results in early identification of problems, effective resolutions, involvement of staff & volunteers, timely responses to questions and appropriate sharing of information. The following performance standards apply to all individuals volunteering with MRC programs:

General

- All people, patients/clients, MRC members and staff will be treated with respect and dignity in all situations.
- Each person demonstrates personal responsibility for open, direct and tactful communication.
- Communication is first initiated as informal. Formal communication methods, such as letters, will be used only when informal methods have failed.

Informal Communication Channels

When questions arise, volunteers should go directly to the person responsible for that area of operations. If unsure of the identity of the responsible person, the member may refer to the ICS organizational chart or contact the MRC Coordinator.

Within program areas, volunteers are requested to follow the lines of communication that are outlined in the ICS organizational chart or in any organizational chart developed for the specific function in which the member is participating. If lines of communication are unclear, the MRC member should contact the MRC Coordinator.

With regard to volunteer assignment-related issues and questions, the volunteer should contact the MRC Coordinator.

Formal Problem Resolution

When a problem is identified, the volunteer is encouraged to proactively be involved in finding a solution. The first step is to initiate the informal process as described above. If the results of the informal method are not satisfactory, the volunteer may proceed to this section. A form provided by the MRC Coordinator may help guide volunteers in developing solutions or proposals. When completed, these forms should be submitted to the MRC Coordinator.

DISCIPLINARY ACTION

Medical Reserve Corps members, while performing duties or rendering services as a MRC representative, are expected to maintain high standards of conduct at all times.

Disciplinary action may be initiated to correct inappropriate performance, work-related behavior or behavior which reflects adversely upon the program and its other members. The degree of disciplinary action shall relate to the gravity of the improper performance or conduct.

Disciplinary actions may consist of:

- Informal Counseling
- Formal Counseling
- Suspension
- Dismissal

Any of the following constitute cause for disciplinary actions:

- Incompetence
- Inefficiency
- Neglect of duty
- Dishonesty
- Possessing, dispensing, under the influence or impaired by alcohol or an illegal substance while on duty, except in accordance with medical authorization
- Commission or conviction of a felony or a misdemeanor, either of which would affect the volunteer's suitability for continued association with the MRC
- Discourteous treatment of the public
- Willful disobedience of personnel policies, rules and regulations
- Engaging in prohibited political activity while on duty
- Misuse of government property
- Unsafe work habits
- Seeking to obtain financial, sexual or political benefit from another employee, volunteer/member or patient/client obtained by the use of force, fear or intimidation
- Mishandling of public funds
- Falsifying of records
- Any other improper conduct or performance that constitutes cause for disciplinary action

Sponsoring agency staff that hold supervisory authority with MRC members may initiate informal counseling. However, if contacting the MRC Program Coordinator prior to counseling is feasible, it

is preferable that the MRC Coordinator, or designee, is involved in any disciplinary action involving a MRC member. Any disciplinary action beyond informal counseling must involve the MRC Coordinator and appropriate leadership.

Supportive documentation for disciplinary action will be placed in the members file.

DISMISSAL

The Medical Reserve Corps program accepts the service of all MRC members with the understanding that such service is at the sole discretion of MRC program leadership and/or Collin County. All MRC members agree that Collin County and its leadership may decide to terminate the volunteer's relationship with the MRC at any time.

An MRC member may at any time, for whatever reason, decide to sever his/her relationship with the MRC program. Notice of such a decision should be communicated to the MRC Coordinator as soon as possible.

OPERATIONS

OVERVIEW

All operations will be coordinated through the Incident Command Post (ICP) or Emergency Operations Center (EOC). Organizational structure will be in accordance with accepted Incident Command System (ICS) protocols. The MRC Coordinator, or designee, will be assigned as the direct overall supervisor of all MRC operations. Additional leadership positions will be filled with paid staff and augmented by MRC members. MRC leadership positions will be filled at the discretion of the MRC Coordinator.

INCIDENT COMMAND SYSTEM

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

THE BASIC ELEMENTS OF ICS INCLUDE:

- Management by objectives
- Common terminology
- Unity and chain of command
- Organization flexibility
- Span of control
- Personal accountability
- Integrated communications
- Resource management

The ICS command structure consists of 5 functional responsibility areas:

Command	=	Overall responsibility
Operations	=	Carry out the plan
Planning	=	Determine options (Plan)
Logistics	=	Resource Management
Finance/Administration	=	Keep records, track costs

Some examples of public health applications of ICS include disease outbreaks, such as SARS, meningitis, and West Nile virus, and medical emergencies, such as Anthrax and mass casualty incidents. The use of ICS is key in establishing disease control measures, public communications and POD operations during public health emergency situations.

NATIONAL INCIDENT MANAGEMENT SYSTEM

While most emergency situations are handled locally, when a major incident occurs, assistance may be needed from other jurisdictions, the state, and the federal government. The National Incident Management System provides a consistent nationwide template to establish federal, state, tribal and local governments and private sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to and recover from domestic incidents, regardless of cause, size or complexity, including acts of catastrophic terrorism. NIMS benefits include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid and resource management.

ACTIVATION

Emergency activation may occur at local emergency management discretion or as a regional decision. In the event of a public health or medical emergency, MRC members will initially be notified through utilization of multiple systems. Depending on the situation, members may be informed of the nature of the emergency and may be instructed to report to designated areas.

Emergency notification will include:

- Blast Fax
- E-mail
- Reverse phone notification (e.g., Code Red, Reverse 911)
- Phone bank staffed by MRC volunteers

- Mass Media (at the discretion of the Incident Commander)

Response to volunteer notification will be tracked by the MRC Coordinator, or designee.

SPECIAL PROJECTS

Non-emergency activation: MRC members may be enlisted to assist with functions that are outside the scope of normal day-to-day operations, or situations in which utilizing only paid staff will inhibit normal operations. Situations in which MRC members may be asked to assist include:

- Public awareness campaigns
- Vaccination clinics (e.g., influenza, meningococcal)
- Localized disease outbreaks
- Public health or public safety education events
- MRC recruitment
- Special project.

When volunteer opportunities arise, the MRC Coordinator will notify members via e-mail and/or phone, if time allows. Notification will include a description of the need, the dates and times of the need, what members will be requested to do, and contact information for the coordinating staff.

The MRC Coordinator is responsible for tracking volunteer hours donated to all special projects. If the MRC Coordinator is not directly involved in a project, the lead staff person responsible for the project will be asked to track volunteer hours and report them to the MRC Coordinator.

Volunteers who are acting in a medical capacity which requires licensure or certification must possess current state credentialing. The MRC Coordinator is responsible for ensuring that credentialing is current for volunteers who serve in a medical capacity.

REQUESTS FOR ASSISTANCE

The MRC occasionally receives requests for routine assistance from outside agencies. Assistance may range from a desire to utilize MRC members to promotion of their organization in the MRC Newsletter. The criteria to qualify for MRC assistance includes:

- The requesting agency provides a service which promotes public health or public safety
- The event for which assistance is being sought does not conflict with other planned MRC activities

- The requesting agency's mission may not conflict with the mission of the MRC or sponsoring agency

If the MRC Coordinator agrees to assist the requesting agency, it must be clearly stated that there is no guarantee of results (e.g., the MRC Coordinator will only agree to attempt to recruit volunteers for an activity, or will only agree to include information in the newsletter).

DEMOBILIZATION

- The Medical Reserve Corps personnel will support emergency medical, public health or hospital operations for the duration of an incident or as long as their assistance is required. It is possible that some unit personnel and resources will be demobilized before others as their assignments are completed.
- Unit personnel will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.
- When demobilizing, all designated unit leaders should ensure the following actions are accomplished:
 - Ensure all assigned activities are completed
 - Determine whether additional assistance is required
 - Account for unit equipment
 - Clean up any debris or trash associated with unit assignments
 - Notify the MRC Coordinator when unit personnel and resources depart the site

ADMINISTRATION

BYLAWS

The Medical Reserve Corps unit shall be governed by a set of bylaws adopted by the Bioterrorism Team.

The unit's bylaws are maintained by the MRC Coordinator.

HANDBOOK

This handbook may also be modified any time there are changes in the organization, responsibilities, procedures, protocols, laws, rules or regulations affecting the management and operations of the Medical Reserve Corps.

All revisions to the Medical Reserve Corps Membership Handbook shall follow the following procedure:

1. All suggested revisions shall be submitted in writing to the MRC Coordinator. The suggestion should include a rationale for the change.
2. The MRC Coordinator and Bioterrorism Team will review the proposed revision.

When final approval is obtained the revision will be made to the Membership Handbook and updates will be issued to all members.

STANDARD OPERATING PROCEDURES

Additional Standard Operating Procedures will be continuously developed and will be published on a periodic basis and may or may not be part of this manual.

The unit's bylaws are maintained by the MRC Coordinator.

RECORDS

The MRC Coordinator shall maintain training records on all members.

ANNUAL REPORT

The MRC Coordinator shall prepare an annual report. This report shall be prepared and presented to membership at the end of each calendar year.

The Annual Report shall contain a minimum of the following:

- List of all current members
- Description of training which was provided to the members, including training hours, number of persons trained, and curriculum summary
- Description of training that was provided by MRC members, including training hours, number trained, and curriculum summary
- List of activities with Affiliate Organizations
- Financial information, if applicable

FORMS

The following forms refer to Collin County Medical Reserve Corps Policies and Procedures. These forms will be signed by the volunteer and be maintained by the MRC Coordinator.

CONFIDENTIALITY

Within 30 days of joining the MRC program, or the first day a volunteer reports for duty, all members will be required to complete a packet of volunteer confidentiality forms. All records will be maintained by the MRC Coordinator.

PUBLIC RELATIONS

Requests for information from the media will be directed to the Collin County Public Information Officer. If not available, requests for written information will be made to the Emergency Operations Center. If not available, media questions would be addressed to the Incident Commander. The Public Information Officer will then notify the Emergency Manager and/or Emergency Coordinator, as appropriate.

Any staff member who is designated to speak to the media should collaborate with the Public Information Officer to establish a clear message that reflects county's position regarding the topic. No employee or volunteer of the county will represent the agency or provide information to the media without prior authorization from the Public Information Officer.

Because the Public Information Officer is responsible for writing and distributing news releases, information related to a specific topic or a specific department should be provided to the Public Information Officer as soon as possible for development of media-related documents.

Any time a representative of the media is on-site or at a health agency clinic off-site where the agency is ultimately responsible, media representatives will not be allowed to interview or photograph patients without written permission from that individual.

If a photographer or camera operator wants to shoot random pictures of a clinic, an announcement must be made to all in the area in question before any pictures can be taken. These procedures ensure the clients' confidentiality is protected.

Requests for interviews should be forwarded to the Public Information Officer who will coordinate the scheduling so that individuals will not be overburdened or asked to discuss a topic in which they are not well versed.

LIABILITY

The Medical Reserve Corps intends to mitigate and prevent risks to volunteers. Attempts will be made to reduce risks to volunteers through training, education and use of universal precautions. In addition, volunteers will be matched accordingly to positions for which they have the skills and qualifications to fulfill safely.

The federal Volunteer Protection Act (codified at 42 U.S.C. §14501 *ET. Seq.*) provides qualified liability immunity for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections stronger than those contained in the Volunteer Protection Act.

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

- The act or omission was within the scope of the volunteer’s responsibilities in the organization or entity.
- If required, the volunteer was properly licensed, certified or authorized by the appropriate state authorities for the activities or practice giving rise to the claim.
- The harm was not caused by “willful or criminal misconduct, gross negligence, reckless misconduct or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer.”
- The harm was not caused by the volunteer’s operation of a motor vehicle, vessel, aircraft or other vehicle for which the state requires the operator to possess a license or maintain insurance.

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume their own risk as a volunteer. Any incidents, accidents or injuries should be reported to the MRC Coordinator immediately.

WORKMEN'S COMPENSATION

MRC members are not provided worker compensation benefits or employee health insurance benefits. All volunteers are not provided insurance that could otherwise be expected to compensate or reimburse them for injuries and related medical expenses that may occur as a result of their work, including but not limited to, injuries that might occur in the workplace or in motor vehicle accidents while performing services or duties as a volunteer.

Prior to joining the Medical Reserve Corps, volunteers will be provided with an acknowledgment form. Potential MRC members must indicate understanding, and acceptance, of the volunteer workers' compensation policy before they perform volunteer tasks. The MRC Coordinator is responsible for maintaining signed forms.

COLLIN COUNTY MEDICAL RESERVE CORPS

VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that Collin County, including its employees/volunteers/assignees/affiliates, has a legal and ethical responsibility to maintain the privacy and confidentiality of individual information, protected health information, or information related to or held by Collin County, including obligations to protect and safeguard the confidentiality and privacy of such information.

By signing this document, I understand and I agree that:

I shall maintain and safeguard the confidentiality of any personal access code(s), user identification(s), access key(s) and/or password(s) used to access computer systems or other equipment. Should I discover that the confidentiality of my access code(s), used identification(s), access key(s), and/or password(s) has been compromised, I will immediately notify the Medical Reserve Corps Coordinator.

I shall not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I shall immediately consult the Medical Reserve Corps Coordinator.

I shall not use or disclose, orally, in writing, electronically or otherwise, any personal information including social security numbers, telephone numbers, street/e-mail addresses, etc. or information related to or held by Collin County.

I shall not leave any information held by Collin County insecure. Any time a workstation is left unattended; all documents should be inaccessible by others, e.g. computer systems logged off.

I shall not discuss or reveal any personal information or information related to or held by Collin County in an area where unauthorized individuals may hear or see such information, even if specifics, such as an individual's name, are not used. I understand that possible areas to keep in mind include, but are not limited to, hallways, elevators, cafeteria, public transportation, restaurants, and social events.

I shall not make inquiries about any information for any person or party, including, but not limited to, any family member, a friend, a third party, an employee or associate of Collin County, who does not have proper authorization to access such information.

I shall immediately return all property, including, but not limited to, keys, documents, and ID badges to Collin County upon termination (with or without cause) of my volunteer assignment/affiliation with Collin County.

Any violation by me of this Agreement may result in disciplinary action, up to and including termination of any volunteer assignment/affiliation with Collin County and/or suspension, restriction or loss of privileges, in accordance with Collin County' policies, as well as potential personal civil and criminal legal liabilities.

Any individual information or information and records related to or held by Collin County that I access or view at Collin County does not belong to me.

By my signature below, I acknowledge that I have read and understand this Agreement in its entirety and I agree to comply with all of the above stated terms as a condition of my volunteer status.

Signature of Volunteer

Date

Printed Name of Volunteer

COLLIN COUNTY MEDICAL RESERVE CORPS

RELEASE OF CONFIDENTIAL INFORMATION

This signed document authorizes Collin County to release any necessary contact information to members of the Medical Reserve Corps (MRC) for the purpose of contacting other MRC volunteers in the event of any alert of the Medical Reserve Corps.

By signing this release you are acknowledging that your name, phone numbers, e-mail and fax numbers will be released and made public to other MRC volunteers.

You also acknowledge and agree that as a member of the MRC, you will not use any contact information you receive about any other MRC volunteer for any purpose other than an official alert notification(s) to other MRC volunteers.

You are also granting permission for this information to be used by the MRC to contact you concerning issues of MRC training and other administrative subjects.

1. I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process my application with the Medical Reserve Corps.
2. I understand that I may withdraw this consent upon written notice.
3. I hold Collin County, including associated agencies, harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency.
4. I do hereby give Collin County permission to release my personal information as needed for training and/or deployment of the Medical Reserve Corps.

Signature of Volunteer

Date

Printed Name of Volunteer

COLLIN COUNTY MEDICAL RESERVE CORPS

VOLUNTEER RISK

Collin County Medical Reserve Corps intends to mitigate and prevent risks to volunteers. Attempts will be made to reduce risks to volunteers through training, education and use of universal precautions. In addition, volunteers will be matched accordingly to positions for which they have the skills and qualifications to fulfill safely.

VOLUNTEERS PROTECTED FROM LEGAL LIABILITY

Under The Volunteer Protection Act of 1997, people who volunteer for non-profit organizations or governmental entities cannot be held liable for any harm (except for a harm caused by operation of a motor vehicle or a harm caused by criminal conduct or gross or reckless misconduct) that they may cause while engaged in volunteer activity. This organization [or entity] qualifies under federal law, so if you volunteer, you can do so secure in the knowledge that by volunteering you are not exposing yourself to additional legal liability.
www.texmed.org/pmt/lel/volunteerprotectionact

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

I have read the Collin County Medical Reserve Corps policy on Volunteer Risk. I understand its contents and have had the opportunity to ask questions regarding my risk as a volunteer. I agree to assume my own risk as a volunteer and will report any incidents, accidents, or injuries immediately to the MRC Coordinator.

Signature of Volunteer

Date

Printed Name of Volunteer

COLLIN COUNTY MEDICAL RESERVE CORPS

MEDIA RELEASE AND PUBLIC SPEAKING

POLICY:

The Public Information Officer, under the supervision of Collin County's Emergency Manager and Emergency Coordinator, will be responsible for writing news releases, coordinating interviews, and/or public speaking requests.

PROCEDURE:

Requests for information from the media will be directed to the Public Information Officer. If not available, requests for written information will be made to the Special Projects Manager. If not available, media questions would be addressed to the Collin County Health Educator. The Public Information Officer will then notify the Emergency Manager and Emergency Coordinator as appropriate.

Any staff member who is designated to speak to the media should collaborate with the Public Information Officer to establish a clear message that reflects Collin County's position regarding the topic. No employee or volunteer of Collin County Homeland Security will represent the agency or provide information to the media without prior authorization from the Public Information Officer.

Because the Public Information Officer is responsible for writing and distributing news releases, information related to a specific topic or a specific department should be provided to the Public Information Officer as soon as possible for development of media-related documents.

Any time a representative of the media is on-site or at a health agency clinic off-site where the agency is ultimately responsible, media representatives will not be allowed to interview or photograph patients without written permission for that individual.

If a photographer or camera operator wants to shoot random pictures of a clinic, an announcement must be made to all in the area in question before any pictures can be taken. These procedures ensure the clients' confidentiality is protected.

Requests for interviews should be forwarded to the Public Information Officer who will coordinate the scheduling so that individuals will not be overburdened or asked to discuss a topic in which they are not well versed.

I, _____, grant Collin County permission to use my likeness in a photograph in any and all publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Collin County and will not be returned.

Signature of Volunteer

Date

Printed Name of Volunteer

COLLIN COUNTY MEDICAL RESERVE CORPS

BACKGROUND CHECK AUTHORIZATION

This document authorizes Collin County to perform a background check for members of the Medical Reserve Corps (MRC). All information provided is confidential and not shared.

Last Name: _____

First Name: _____

Middle Name: _____

Social Security Number: _____

Driver's License Number: _____

Place of Birth: _____

Date of Birth: _____

Street Address: _____

City: _____

Zip Code: _____

Have you ever been convicted of a misdemeanor or felony charge and / or do you have a history of professional disciplinary action? _____ if yes, please explain: _____

By signing this release you grant Collin County permission to use your provided information to complete a background check.

Signature of Volunteer

Date

GLOSSARY

ACRONYMS

AAR	After Action Review/Report
ALS	Advanced Life Support
AMA	American Medical Association
APHA	American Public Health Association
ARC	American Red Cross
ARES	Amateur Radio Emergency Services
BLS	Basic Life Support
BT	Bioterrorism
CBO	Community-Based Organization
CCC	Citizen Corps Council
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CISM	Critical Incident Stress Management
COOP	Continuity of Operations
CST	Civil Support Team
DDC	Disaster District Committee
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Services Team
DSHS	Department of State Health Services
DSNS	Department of the Strategic National Stockpile
EAP	Emergency Action Plan

EAS	Emergency Alert System
EMC	Emergency Management Coordinator
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ERT	Emergency Response Team
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
GDEM	Governors Division of Emergency Management
GIS	Geographical Information System
HAZMAT	Hazardous Materials
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
ISD	Independent School District
IT	Information Technology
JIC	Joint Information Center
JIS	Joint Information System
LEPC	Local Emergency Planning Committee
LHA	Local Health Authority
MACC	Multi-Agency Coordination Center
MCE	Mass Casualty Event
MCI	Mass Casualty Incident
ME	Medical Examiner
MI	Managed Inventory
MMRS	Metropolitan Medical Response System

MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NACCHO	National Association of County and City Health Officials
NDMS	National Disaster Medical System
NGO	Non-Governmental Organization
NIMS	National Incident Management System
NRP	National Response Plan
NWS	National Weather Service
OSHA	Occupational Safety and Health Administration
PHIN	Public Health Information Network
PIO	Public Information Officer
POD	Point of Dispensing/Distribution
RACES	Radio Amateur Civil Emergency Services
RSS	Receiving, Staging, Storing
SA	Staging Area
SAR	Search and Rescue
SNS	Strategic National Stockpile
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
TA	Technical Assistance
TC	Treatment Center
TXDOT	Texas Department of Transportation
TXDPS	Texas Department of Public Safety
USAR	Urban Search and Rescue
WMD	Weapons of Mass Destruction

DEFINITIONS

- American Red Cross: A quasi-governmental agency whose mission is to provide humanitarian assistance during war and disaster. The ARC operates under a congressional charter and is supported by the public.
- Citizen Corps Councils: Helps drive local citizen participation by coordinating Citizen Corps programs, developing community action plans, assessing possible threats and identifying local resources.
- CHEMPACK: A Division of the federal Strategic National Stockpile (DSNS) program that pre-positions antidotes for exposure to nerve agents or organic compounds containing phosphorus fertilizers, insecticides and herbicides in self-monitoring storage containers (caches). The purpose of the CHEMPACK program is to enable state and local governments to provide appropriate response within two hours of accidental or intentional exposure.
- Community Emergency Response Team Program: Educates people about disaster preparedness and trains them in basic disaster response skills, such as fire safety, light search and rescue, and disaster medical operations. Using their training, CERT members can assist others in their neighborhood or workplace following an event and can take a more active role in preparing their community.
- Critical Incident Stress Management: CISM is a comprehensive, integrated, and multi-component crisis intervention system for the reduction and control of the harmful effects of stress. This process is primarily intended and usually designed for first responders such as law enforcement, fire, and EMS personnel. Peers with guidance and oversight by mental health professionals normally conduct CISM.
- Disaster Medical Assistance Team: Group of professional and para-professional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide medical care during a disaster or other event. Designed as a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized, or the situation is resolved.
- Disaster Mortuary Services Team: Group of private citizens, each with a particular field of expertise, who are activated in the event of a disaster. During an emergency response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify and process deceased victims.

- Emergency Management Coordinator: The individual within each political subdivision that has coordination responsibility for jurisdictional emergency management.
- Emergency Operations Center: The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (fire, law enforcement, and medical services), by jurisdiction (federal, state, regional, county, city, tribal), or some combination.
- Emergency Support Function: The functional area of response activity required during the immediate response phase of a disaster to save lives, protect property and public health and maintain public safety. ESF's represent those types of federal assistance that the state will most likely need. A lead agency is designated for each ESF.
- Epidemic: Disease that appears as new cases in a given human population, during a given period, at a rate that substantially exceeds what is expected.
- Hazard Mitigation: Measures that will reduce the potential for damage to a facility or structure from a disaster event.
- Hazardous Materials: A substance or material that the Secretary of Transportation has determined is capable of posing an unreasonable risk to health, safety and property when transported in commerce. The term includes hazardous substances, hazardous wastes, marine pollutants, elevated temperature materials, materials designated as hazardous in the Hazardous Materials Table (see 49 CFR 172.101) and materials that meet the defining criteria for hazard classes and divisions in the standard.
- Incident Action Plan: An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.
- Incident Commander: The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

- Incident Command Post: The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.
- Incident Command System: A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small and large, complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.
- Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media.
- Joint Information System (JIS): Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, timely information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending and executing public information plans and strategies on behalf of the Incident Commander; advising the Incident Commander concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.
- Major Disaster: As defined under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122), a major disaster is any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm or drought), or, regardless of cause, any fire, flood or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of states, tribes, local governments and disaster relief organizations in alleviating the damage, loss, hardship or suffering caused thereby.
- Managed Inventory (MI): Representing the vast majority of SNS assets, managed inventory provides specific material for response to known threats. These materials

are held either in DSNS storage sites or by manufacturers on behalf of DSNS. Managed inventory may be used for initial response, or for additional supplies after an initial 12-hour push package has been delivered. Managed inventory arrives on standard shipping pallets and is designed for a 24 to 36 hours deployment. Managed inventory may be received more quickly depending upon the location of the MI warehouse and the Receiving, Storage and Staging (RSS) site.

- Mass Care: Providing assistance to those who have been displaced from their homes and others affected by a hazardous situation or the threat of such a situation. Mass care for these individuals includes providing food, basic medical care, clothing and other essential life support services.
- Mass Casualty Event (MCI): Refers to any disaster resulting in mass casualties and/or widespread property damage exceeding the resources of the local jurisdiction. Mass casualty disasters include terrorist attacks with weapons of mass destruction, a major natural disaster, a widespread epidemic or a technological accident.
- Medical Reserve Corps Program: Strengthens communities by helping medical, public health and other volunteers offer their expertise throughout the year and during local emergencies, as well as other times of community need. MRC volunteers work in coordination with existing local emergency response programs and also supplement existing community public health initiatives, such as outreach and prevention, immunization programs, blood drives, case management, care planning and other efforts.
- Mutual Aid Agreements: Written agreement between agencies and/or jurisdictions that they will assist one another, on request, by furnishing personnel, equipment and/or expertise in a specified manner.
- National Disaster Medical System: Federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to establish a single integrated National medical response capability for assisting state and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conflicts.
- National Incident Management System: A comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. The intent of NIMS is to:
 - Be applicable across a full spectrum of potential incidents and hazard scenarios, regardless of size or complexity.

- Improve coordination and cooperation between public and private entities in a variety of domestic incident management activities.
- National Response Plan: establishes a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents. It forms the basis of how the federal government coordinates with state, local, and tribal governments and the private sector during incidents.
- Pandemic: An outbreak of an infectious disease occurring in multiple continents and affecting an exceptionally high proportion of the population.
- Personal Protective Equipment: Protective clothing or gear designed to protect the wearer from injury, illness or death from various hazards, including chemical and biological agents.
- Point of Dispensing: Site(s) within a community set up to distribute mass quantities of prophylactic medicines or vaccines to the public who may have been exposed to a biological pathogen/infectious agent, but are not yet exhibiting symptoms of disease. Individuals who are exhibiting symptoms or appear to be ill should be directed to treatment centers to receive appropriate medical care services.
- Preparedness: Those activities, programs and systems that exist before an emergency and that are used to support and enhance response to an emergency or disaster.
- Presidential Disaster Declaration: When a disaster occurs that is beyond the capabilities of local and state governments the Governor of the affected State may request a Presidential disaster declaration. If the President issues a disaster declaration, a number of programs may be made available to meet immediate needs and to help people and communities begin to recover.
- Prophylactic: Preventive or protective; a drug, vaccine, regimen, or device designed to prevent, or provide protection against, a given disease or disorder.
- Public Health Emergency: An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster.
- Push Package: Also known as a 12-Hour Push Package. A push-package may consist of more than 50 tons of medical supplies, equipment and pharmaceuticals designed to provide a broad spectrum of medical support. Push packages are pre-positioned

throughout the country in environmentally controlled, secure facilities near major transportation hubs, so that the assets can be delivered anywhere in the U.S. or its territories within 12 hours of the federal decision to deploy.

- Push Site: Sites with medical or other trained dispensing personnel on staff where preventive medicine will be delivered for internal distribution. Referred to as a push site because preventive medicine is “pushed” to the respective population rather than “pulling” them into a POD. Examples of push sites include nursing homes, prison facilities and large private industry facilities. Push sites may also include sites with critical need for continuity of operations and/or security, such as nuclear industry.
- Recovery: Activities traditionally associated with providing federal supplemental disaster recovery assistance under a disaster declaration. Recovery includes individual and public assistance programs that provide temporary housing assistance, grants and loans to eligible individuals and government entities to recover from the effects of a disaster.
- Response: Activities to address the immediate and short-term effects of an emergency or disaster.
- Resource Management: Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special federal, state, local, and tribal teams; and resource mobilization protocols.
- Special Needs Individuals/Groups: Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness and the developmentally delayed. These individuals may need specially trained health care providers to care for them, special facilities equipped to care for their needs and specialized vehicles and equipment for transport in order to meet their daily needs and maintain their health and safety during emergency situations.
- Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.
- Strategic National Stockpile: A national repository of antibiotics, chemical antidotes, antitoxins, antivirals, life support medications, intravenous administration, airway maintenance supplies and medical or surgical material for use in a declared biological or terrorism incident or other major public health emergency.

- Texas Inventory Management System: An internet based software application designed by DSHS to track and order SNS materials at the state, region and local levels.

- Treatment Centers: Locations in a community where people who are symptomatic receive treatment. Treatment centers include hospitals, clinics and other sites that treat persons who are sick.

END OF HANDBOOK