2020 Virtual Medical Reserve Corps Leadership Summit
NACCHO Welcome

- Oscar Alleyne, NACCHO Chief of Programs
- Jennifer Li, Senior Advisor
MRC Leadership Summit

Esmeralda Pereira, MSPH
Office of the Assistant Secretary for Preparedness and Response

2020 Preparedness Summit
MRC Network At a Glance
Number of MRC Units by Region

Data as of August 2020

Number of MRC Units by Region

Region 1: 89
Region 2: 54
Region 3: 59
Region 4: 126
Region 5: 216
Region 6: 68
Region 7: 55
Region 8: 36
Region 9: 62
Region 10: 47
Emergency Responses
MRC Participation in Emergency Responses

Percentage of MRC units that participated in emergency response activities

Source: Data is federal fiscal year data from the MRC online reporting system

Based on preliminary numbers as of August 2020
# Federal Fiscal Year Data in MRC Reporting System

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th># of total activities</th>
<th># of responses</th>
<th>% of units that responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>15,043</td>
<td>341 (2% of total activities)</td>
<td>17% (169 units)</td>
</tr>
<tr>
<td>2018</td>
<td>17,396</td>
<td>580 (3%)</td>
<td>23% (198 units)</td>
</tr>
<tr>
<td>2019</td>
<td>15,506</td>
<td>447 (3%)</td>
<td>22% (188 units)</td>
</tr>
<tr>
<td>2020 (to date)*</td>
<td>11,552</td>
<td>3,258 (28%)</td>
<td>36% (291 units)</td>
</tr>
</tbody>
</table>

* FY2020 data as of August 2020
Fiscal Year 2019 Emergency Response Missions

447 emergency responses in FY19
(Oct. 1, 2018 – Sept. 30, 2019)
Fiscal Year 2020 Emergency Response Missions

3,258 emergency responses in FY20 (to date)

Data as of August 2020
MRC COVID-19 Response: At a Glance

Number of MRC units activated

Data as reported to the MRC Program Office

- January 22: 2
- February 26: 3
- March 4: 7
- March 11: 24
- March 18: 100
- March 25: 150
- April 1: 175
- April 8: 225
- April 15: 250
- May 15: 300
- Today: 350+

Data as of August 2020
COVID-19 Common MRC Response Missions

As response continues, potential key roles for MRC units:

- Testing
- Contact Tracing
- Medical Surge
- Mass Vaccination

Common Missions

- Testing
- Epidemiology & Surveillance
- Medical Surge
- Community screening
- Call Center Operations
- Behavioral Health
- Community Education
- Community Outreach
- Logistics
- Training
MRC Program Initiatives
MRC Program Key Priorities

- Medical Screening and Care in Emergencies
- PODs, Mass Vaccination & other Mass Dispensing Efforts
- Use of MRC Units Outside of Local Jurisdiction
- Training Community Members to Respond
Program Initiatives

- MRC Deployment Readiness Guide
- Operational Readiness Awards, including recently announced COVID-19 awards
- Renewed focus on Technical Assistance (TA) Assessments
  - MRC unit capabilities assessment
- New MRC unit leader support
- MRC Leadership Summit
- Subject matter expertise/guest speakers on webinars
- COVID-19 resources for MRC units

Still in progress…
- New online unit profile and activity reporting system
- Renewed and new national partnerships
- Priority area best practices and guidance
- New MRC funding opportunity announcement (FOA)
Thank You!

Medical Reserve Corps Volunteers Helping Test Underserved Populations

Remote and Ready to Fight Coronavirus’s Next Wave

These are the volunteers helping test for COVID-19 in South Philadelphia

New Orleans’ medical reservists volunteer in emergency response to coronavirus

Volunteers are ‘answering the call’ to help Martin County health department respond to COVID-19 pandemic

Oklahoma Medical Reserve Corps an integral part of Tulsa’s COVID-19 pandemic response
Session Overview

- Kathy Deffer, MRC Senior Program Analyst
- Kamya Raja, MRC Program Analyst
2019 Deployment Readiness Guide

- Volunteer Tier Level Recommendations
- Deployment Readiness Checklists
- Updated MRC Core Competencies Training Plan
- Mission Sets
Agenda

2:00 pm  Breakout Session 1: Recruitment, Retention, Volunteer Management
2:57 pm  3 Minute Break
3:00 pm  Breakout Session 2: Training and Mission Set Development
3:57 pm  3 Minute Break
4:30 pm  MRC Networking Hour (optional)
Facilitated Discussion Goals:

- Volunteer strength meets response missions
- Volunteers trained and ready to support response missions
Breakout Session Format:

- 3 MRC Unit Leaders will share 10 Minute presentations.
- Move to breakout rooms
- Facilitated Discussion using Handouts
- Participants: Raise hand or use chat box
- Return to main group for the next session
Joining a breakout room

1. The host will need to invite you to join the breakout room.
2. Click Join.
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You have been assigned to Breakout Room:

Breakout Room 2

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Zoom Etiquette

Please consider the following for a seamless breakout session:

• Stay muted.
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• State your name/MRC unit before sharing and state when you are finished.
MRC Leadership Summit

Breakout Session 1:
Recruitment, Retention, Volunteer Management
Breakout Session 1:
Recruitment, Retention, Volunteer Management

Angela Jouett
Calcasieu Parish MRC (LA)

Veronica Moody
Rocky Mountain MRC (CO)

Carrie Suns
OK Region 7 - Tulsa MRC
MRC Leadership Summit

Integrating volunteers and partners

Angela Jouett
Calcasieu MRC
Yearly Activities and Partnerships/Agencies for the Activity

Calcasieu Medical Reserve Corp
Lunch & Learn
(Monthly)
Triad

- Partnerships include:
  - District Attorneys Office
  - Sheriff Department
  - Marshall Office
  - City of Lake Charles
  - Parish
Southwest Senior Olympics

Partnerships include:
- Council on Aging
- Humana
- Blue Cross Blue Shield

- McNeese State University
- Local Business Leaders
- All Health Agencies
CHENAULT AIR SHOW

Partnerships include:
➢ All local Emergency Agencies

Annual Homeless Census & Community Fair

Partnerships include:
➢ Office of Public Health vaccinations
Stop the Bleed

Partnerships include:
- State of Louisiana
- Volunteer Louisiana
- Local Industries
- Medical Community

Safety Town

Partnerships include:
- Local Industries
- Non-Profits
- Local Government Hospitals
- LSU Ag
- Extra
City of Lake Charles Recruiting Event

New Police Officers

Citizen Corp Council of Louisiana

Community Emergency Response Training for Volunteers
Drills with Emergency Management with Key Roles

Such as: Evacuation, Shelter, MERC Training

Agencies include:
- Homeland Security
- Department of Family Services
- Volunteer Agencies and Non-Profits
- Coroners Office
- Local Funeral Homes
- Cajun Navy
National Night Out

- Police Department
- (set up all vendors)
- EPI Pen Project
- Calcasieu Parish School System
Hepatitis A & Flu Vaccine Clinic Every other Friday

OPH, Odyssey, Briscoe for Mental Health

Presentation to LSU Residency Students during every rotation cycle
PUBLIC DEFENDERS OFFICE

- Volunteers assist in general duties

SOUND THE ALARM

- Health Fairs and Festivals, Educational talks to Red Cross Advisory Board
The Calcasieu Medical Reserve Corps is funded locally by the Calcasieu Parish Police Jury.
MRC Leadership Summit

Community Inclusion

Veronica Moody
Rocky Mountain MRC of Colorado
What are the demographics of your MRC?

• The US has become more racially, and ethnically diverse and volunteer organizations may have noticed an increase in the need for culturally sensitive and multilingual volunteers to ensure continue quality service provision in disaster affected communities.

• Diversity expands the volunteer base and allows an organization to understand the priorities of individuals and groups it serves as well as potential funders/supporting organizations.
Community Inclusion Project – What We Do

• Community groups include:
  • Black Community
  • Older adults
  • Under 18
  • Immigrant and refugees
  • Native Americans
  • Individuals who are Deaf

• [https://twitter.com/nowthisnews/status/1213271577657257984](https://twitter.com/nowthisnews/status/1213271577657257984)
Veronica Moody
Rocky Mountain Medical Reserve Corps of Colorado
720-663-0672
uc@rockymountainmrc.org
www.rockymountainmrc.org
MRC Leadership Summit

Do You Want Fries With That?

Carrie C. Suns, MPH, CVA
Oklahoma Region 7 – Tulsa County MRC
Volunteer Management

How do you identify skills needed to support your mission?

• Get the basics of the request
  • Who
  • What
  • When
  • Where

• Ask them how many volunteers they need/want

• Ask Questions
Volunteer Management

- What skill sets are needed for the deployment
- Required training
- Trainings
- Plans
Volunteer Management

• Needs Assessment
• Population in that community
• Past events
• Community Need
• Ask volunteers

PERSONNEL NEEDED FOR MEDICAL COUNTERMEASURES DISPENSING

- Total number of personnel needed for Staffing for Prophylaxis of Tulsa County within 48 hours = 533
- Total number of THD employees (as of 05-16-2019) = 320
- Total Tulsa County MRC volunteers = 914
- Total Tulsa County MRC applicants = 84

Total MRC volunteers (914) + MRC applicants (84) = 998
Total THD employees (320) + All MRC (998) = 1,318

Total THD employees (320) + MRC volunteers after categories removed (600) = 920

Percent MRC Volunteers available after above categories removed: 600/998 = 60.2%

MRC Volunteers available after above categories removed:
- Public Health: 68
- Hospitals: 209
- EMS: 21
- Clinics: 73
- Nursing Homes & Home Health: 19
- Emergency Management: 8
- Total MRC Volunteers available after above categories removed: 600

Volunteer Management

- Find ways to engage volunteers
- Gaps
- Evaluations
- Relationships
- Partnerships
- Teams
- Leadership
Volunteer Management

• Been there, done that
• Network
• Mentor
• CVA
• Team
• Have FUN!
Contact Information

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https://www.facebook.com/OKMRC
https://twitter.com/OKMRC
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Breakout Session 1: Recruitment, Retention, and Volunteer Management
3 Minute Break
MRC Leadership Summit

Breakout Session 2: Training and Mission Set Development
Breakout Session 2: Training and Mission Set Development

Lisa Vajgrt-Smith
Contra Costa County MRC (CA)

Therese Quinn
Snohomish County MRC (WA)

Francis Rath
Loudoun County MRC (VA)
MRC Leadership Summit

Lisa Vajgrt-Smith
Contra Costa County (CA) MRC
Contra Costa MRC Deployment Tiers

**Tier 4**
- MRC team members with incomplete applications, missing essential documents, or needing orientation
- County DHV Unit
- Would covert to Tier 3 with DSW Oath, JITT
- Deploy under supervision and use of preceptor

**Tier 3**
- Application Complete
- LiveScan (non-med)
- Orientation Complete
- CPR trained/certified
- DSW complete
- Responds to DHV Drills
- Deploy under supervision, potential need for preceptor

**Tier 2**
- FEMA 100
- FEMA 700
- Psychological First Aid
- Registered in MRC TRAIN
- Communication Training
- Cache/Equipment Familiarity
- MRC Deployment Operations Training
- Training/Event Participation (2)
- Deploy under supervision

**Tier 1**
- FEMA 200
- FEMA 800
- Previous deployment experience
- Mission Specific Training
- Training/Event Participation (2)
- Deploy without supervision, serve as preceptor or in other leadership role

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**Preparedness**

**Response**

**Leadership**
Resiliency

- All
- Demonstrate knowledge of ethical principles to protect health and safety of all ages, populations, and communities affected by a disaster or public health emergency. 9.0
- Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. 10.0
- Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations and communities affected by disasters or public health emergency. 11.0

Preparedness

- Basic/Introductory
- Tier 4 & Tier 3
- Demonstrate personal & family preparedness for disaster and public health emergencies. 1.0
- Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency. 5.0

Response

- Intermediate
- Tier 2
- Demonstrate knowledge of one’s expected role(s) in organizational and community response plans activated during a disaster or public health emergency. 2.0
- Communicate effectively with others in a disaster or public health emergency. 4.0
- Demonstrate knowledge of surge capacity assets consistent with one’s role in organizational, agency and/or community response plans. 6.0
- Demonstrate knowledge of principles and practices for the management of all ages and populations affected by disasters and public health emergencies in accordance with professional scope of practice. 7.0

Leadership

- Advanced
- Tier 1
- Demonstrate situational awareness of actual/potential health hazards before, during and after a disaster or public health emergency. 3.0
- Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies. 8.0

Disaster Medicine and Public Health Core Competencies & MRC Deployment Tiers
# Tier-based Training Plans

## Response
- In-person
- Shelter Operations
- Crisis Communication
- Radio Training
- Triage/MCIs/Pt. Movement
- PODs
- Unit FTX
- ICS (or review)
- Web-based

## Leadership
- In-person
- Deployment Operations Training
- Team Event/Activities
- Unit FTX
- Web-based

## Resiliency
- In-person
- PFA training
- Recovery Training
- Cultural Awareness Training
- Web-based
MRC-TRAIN Tiers
MRC-TRAIN Tiers

- Disaster Health Core Curriculum: Competency 9 - Ethical Principles (External Content)
- Mass Casualty: Support and Response (External Content)
- Mass Dispensing Overview: An SNS Perspective (SCORM Course)
- MRCKC Training Videos for Volunteers in Disaster Shelters-The Basics (1049068) (SCORM Course)
- IS-200.C: Basic Incident Command System for Initial Response (External Content)
- IS-800.C: National Response Framework, an Introduction (External Content)
- PODs (Points of Dispensing): Public Health Training for Staff and Volunteers (External Content)
- IS-240.B: Leadership and Influence (External Content)
- IS-241.B: Decision Making and Problem Solving (External Content)

Resiliency: All

- Cultural Awareness: Introduction to Cultural Competency and Humility (External Content)
- Disability and Disaster (External Content)
- Distinguishing Public Health Ethics from Medical Ethics (Public Health Ethics, Module 1) (External Content)
MRC Leadership Summit

Mission Sets

Therese Quinn
Snohomish County MRC
Mission Sets

- Mission sets can be used to plan an event
  - Putting everything together in one place
  - Or Starting from scratch
Example of a Mission Set

<table>
<thead>
<tr>
<th>Mission Set Title: nCoV 2020 Assessment Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Description: This team will provide testing to people who are ill and were exposed to persons with nCoV. Each mission outlined here would be able to provide assessment to up to 5 people at one location.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Components:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel:</td>
</tr>
<tr>
<td>Type (use NIMS Resource Typing if applicable)</td>
</tr>
<tr>
<td>3 Nurses or MDs</td>
</tr>
<tr>
<td>1 Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>List minimum personnel training requirements to support mission by personnel type.</td>
</tr>
<tr>
<td>1. ICS0 100: Introduction to ICS</td>
</tr>
<tr>
<td>2. ICS 700: NIMS Introduction</td>
</tr>
<tr>
<td>3. Training on procedures for Assessment team, including donning &amp; doffing and including exercise of the training</td>
</tr>
<tr>
<td>4. Must be fitted for N-95 or trained in use of CAPRs</td>
</tr>
<tr>
<td>5. Training in correct procedures to package specimens if necessary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>List minimum equipment required to complete the mission.</td>
</tr>
<tr>
<td>• 4 clipboards</td>
</tr>
<tr>
<td>• 10 pens</td>
</tr>
<tr>
<td>• 4 bottles of hand sanitizer</td>
</tr>
<tr>
<td>• 15 Fluid resistant gowns</td>
</tr>
<tr>
<td>• 4 goggles with replaceable face shields (or CAPRS)</td>
</tr>
<tr>
<td>• 10 fitted N-95 masks (or CPARs for all staff)</td>
</tr>
<tr>
<td>• 1 temperature controlled cooler (if needed to transport to lab)</td>
</tr>
<tr>
<td>• 2 sharps containers</td>
</tr>
<tr>
<td>• 1 box of gloves in each size</td>
</tr>
<tr>
<td>• 10 specimen containers with labels</td>
</tr>
<tr>
<td>• 10 nasopharyngeal swabs, sterile tubes and viral transport media</td>
</tr>
<tr>
<td>• 10 oropharyngeal swabs, sterile tubes and viral transport media</td>
</tr>
<tr>
<td>• 10 sterile, leak-proof, screw cap sputum collection cups or sterile dry containers for sputum</td>
</tr>
<tr>
<td>• 20 bio-hazard waste bags (large enough for 3 individual PPEs)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deployment Timeline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide anticipate timeline to deploy volunteers (ex: N+48 hours) N + 24 hours with prior availability communicated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirements for Rotation of Personnel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers should work no longer than 4 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Planning Considerations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Requirements: Indoor space with negative pressure room that includes access from the outside directly to negative pressure room. The negative pressure room should be easily accessed to rooms where donning and doffing can occur, restrooms, etc. The negative pressure room should be Support Requirements: The assessments should be conducted either at the State Lab or at a clinic or public health facility that can provide privacy and safety as outlined above.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limiting Factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>List any limiting factors to complete the mission:</td>
</tr>
<tr>
<td>• Capability of patient to access the location where specimens are taken</td>
</tr>
<tr>
<td>• Transportation of Assessment Team to assessment location(s)</td>
</tr>
<tr>
<td>• Transportation of specimens to lab</td>
</tr>
</tbody>
</table>
## Modification of a Mission Set

### Mission Set Title: Community Based Testing (CBT)

**Resource Description:** This team provides testing at drive-through/walk-through sites in Snohomish County for people who wish to be tested for COVID 19.

### Resource Components:

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Type (use NIMS Resource Typing if applicable)</th>
<th>Licenses or Certifications Required? (yes/no) if yes, list requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Medical Supervisor</td>
<td>1 Medical Supervisor</td>
<td>Yes, current required</td>
</tr>
<tr>
<td>4 Testers</td>
<td>4 Testers</td>
<td>Not required</td>
</tr>
<tr>
<td>2 Check in</td>
<td>2 Check in</td>
<td>Not Required</td>
</tr>
<tr>
<td>4 Documentation</td>
<td>4 Documentation</td>
<td>Not Required</td>
</tr>
<tr>
<td>2 Floaters</td>
<td>2 Floaters</td>
<td>Not Required</td>
</tr>
<tr>
<td>3 Traffic</td>
<td>3 Traffic</td>
<td>Not Required</td>
</tr>
<tr>
<td>1 MRC Team Lead</td>
<td>1 MRC Team Lead</td>
<td>Not required</td>
</tr>
<tr>
<td>3 Health District Staff</td>
<td>3 Health District Staff</td>
<td>Not required</td>
</tr>
</tbody>
</table>

### Training Requirements:

List minimum personnel training requirements to support mission by personnel type.

**Health District Staff**
1. ICS 100: Introduction to ICS
2. ICS 700: NIMS Introduction
3. Trained and experienced in all CBT operations

**Medical Supervisor**
1. ICS 100: Introduction to ICS
2. ICS 700: NIMS Introduction
3. Training on procedures for CBT team, including donning & doffing
4. Training in correct procedures to package specimens
5. Experience in guiding patients through self-swab procedure

**MRC Team Lead**
1. ICS 100: Introduction to ICS
2. ICS 700: NIMS Introduction
3. Training on procedures for CBT team, including donning & doffing
4. Training in correct procedures for package specimens
5. MRC Orientation

**Testers**
1. Trained in giving instruction for self-swab
2. Training on procedures for CBT team, including donning & doffing
3. Training in correct procedures to package specimens

**Check in**
1. Trained to use i-pad to check in patients
2. Training on procedures for CBT team, including donning & doffing

**Documentation**
1. Training in correct procedures to package specimens and document

**Traffic**
1. Training on procedures for CBT Team

**Floaters**
Training on procedures for CBT Team, including donning and doffing
Equipment Required:

- 10 clipboards
- 25 pens
- 10 bottles of hand sanitizer
- Surgical gowns (5 boxes)
- Eye protection (5 boxes of 4 each)
- 2 boxes of fitted N-95 masks (if needed)
- 1 temperature controlled cooler (if needed to transport to lab)
- 5 boxes of gloves in each size
- 500 test kits (including swabs, test tubes, & specimen bags)
- 20 bio-hazard waste bags (large enough for 3 individual PPEs)
- Garbage bags and cans (3)

Procedural masks (5 boxes)
- Printer
- Laptop
- Cell phone with hot spot capability
- iPads (2)
- Radios (6)
- Printer paper
- Traffic cones
- Tents (5)
- Tables (10)
- Chairs (20)
- Heaters and/or fans
- Water & food for staff/volunteers

Deployment Timeline:

As this is an on-going operation, volunteers should be scheduled at least 1 week out and given notice of their assignment, then given another notice within 24 hours.

Requirements for Rotation of Personnel:

Volunteers should work no longer than 9 hours. Weather may require a rotation of assignments.

Pre-Planning Considerations:

Space Requirements: Outdoor area between 5-10 acres; close to transit, easy access from road with large paved area (parking lot); both ingress and egress in different locations.

Support Requirements: The assessments are conducted by a lab that picks up the specimens each day. SHD Staff coordinate logistics, including volunteers and staff.

Limiting Factors:

List any limiting factors to complete the mission:
- Weather
Mission Set in Action
Contact Information

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Snohomish MRC
Facebook
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MRC Leadership Summit

MRC usage in PODS

Francis Rath – Loudoun County MRC
MRC usage in PODS

- 400,000 population
  - 7-8 Large Pods
    - About 100+ person staffing
  - <90 Health Department Employees
- 2000 MRC Volunteers
  - Primary resource for Pod Staffing
  - 800+ Level 3 training (Orientation + ICS)

- Command & General Staff Training
  - Eight hours focused on our plan
  - Use of experienced mentors (whisperer)
MRC usage in PODS

• At least one full scale exercise per year
  • Two in 2019 (Medical and non-medical)

• MRCs fill all position from IC down
  • C&GS including Safety
  • Vaccinators
  • Logistics
  • etc.

• Plans only require 1 HD staff in medical POD, 0 in non-medical
  • Extensive Just In Time training for all positions
  • Subsequent shifts overlap for training
Contact Information

Francis Rath
Loudoun County MRC
703-771-5804
Francis.rath@Loudoun.gov
www.Loudoun.gov/mrc
www.facebook.com/LoudounMrc
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Breakout Session 2:
Training and Mission Set Development
Closing Session
MRC Networking Hour
4:30 – 5:30pm (optional)