



# MRC Mission Sets

## Alternate Care Site Mission Sets

**Mission Set:** The term 'mission set' describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

### Contra Costa MRC - Alternate Care Site

An Alternate Care Site (ACS) provides acute care or chronic disease management in non-traditional locations. During a disaster or public health emergency, operational areas may need to establish an ACS to manage surge situations or provide care to displaced individuals. Establishing an ACS within a general population shelter is an especially efficient use of space that preserves resources and can improve response coordination.

This mission set captures Contra Costa Medical Reserve Corps' (CCMRC) ability to provide ACS. The MRC team can be deployed to staff one or more locations based on team size, or MRC units can deploy single resources to the site to complement existing operations or fill staffing gaps. Ideally, an MRC team will use this mission set to build capabilities to include all operational aspects of running an Alternate Care Site.

### Mission Set Title: Alternate Care Sites/Co-located Medical Clinics

**Resource Description:** The ACS Medical Team provides medical care and public health management within a general population shelter, or other location, to manage needs for a displaced population. They can provide health assessments, medical services, and public health protection at the appropriate level of care based upon resources available and setting. When deployed with a Unit Leader, will ensure coordination of assignments & resources and care activities will operate with existing Command System structure, thus reducing workload of the DOC/EOC during a response.

The ACS/Co-located Medical Team mission can be extended to include Medical Needs Shelters with appropriate personnel. Staffing, logistical resources, and planning are based on the following assumptions: General population shelter capacity of 300 beds with 30% of population seeking medical care for acute/chronic disease management; an Alternate Care Facility with 50-75 bed capacity, low acuity; or a 50-bed medical shelter.

### Resource Components

<b>Personnel:</b>	<p><b>Licenses or Certifications Required?</b> Yes, active license depending on roles: Basic Life Support (BLS) certification, verification of medical licensure, background check.</p> <p><b>Type:</b> See NIMS Medical Team, Medical Task Force, or Medical Personnel</p> <ul style="list-style-type: none"> <li>• <b>Day Shift</b> <ul style="list-style-type: none"> <li>• Operations Chief and/or Clinic Lead</li> <li>• Physician (on-call) if mid-level provider available</li> <li>• 2 RNs</li> <li>• 1-2 Medical support staff (EMT, MA, Medic, LVN, CAN)</li> <li>• 1 non-medical, logistics support/scribe/runner</li> </ul> </li> <li>• <b>Night Shift</b> <ul style="list-style-type: none"> <li>• Operations Chief on-call</li> <li>• Provider on-call</li> <li>• 1 RN</li> <li>• 1-2 EMT or higher</li> </ul> </li> </ul>
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## Mission Set Title: Alternate Care Sites/Co-located Medical Clinics (cont'd)

**Resource Description:** The ACS Medical Team provides medical care and public health management within a general population shelter, or other location, to manage needs for a displaced population. They can provide health assessments, medical services, and public health protection at the appropriate level of care based upon resources available and setting.

### Resource Components

<p><b>Training Requirements:</b></p>	<p><u>General Training</u></p> <ul style="list-style-type: none"> <li>• IS-100, IS-700</li> <li>• HIPAA</li> <li>• Psychological First Aid</li> <li>• Bloodborne Pathogens</li> <li>• Cultural Competency</li> <li>• Personal &amp; Family Preparedness (Go Bag)</li> <li>• Deployment Operations/Expectations</li> <li>• Medical documentation and equipment familiarization, if possible</li> <li>• Non-medical: Basic first aid skills, hands-only CPR, AED use, Narcan, EpiPen</li> </ul>	<p><u>JITT Training</u></p> <ul style="list-style-type: none"> <li>• Orientation to site</li> <li>• Medical documentation (if not done prior)</li> <li>• Equipment familiarization (if not completed prior)</li> <li>• Standard Operating Procedures/ Treatment Guidelines review</li> <li>• Pharmacy Refill Toolkit review</li> </ul>
<p><b>Equipment Required:</b></p>	<ul style="list-style-type: none"> <li>• Multiple tables and chairs</li> <li>• Shelving or storage area</li> <li>• Hand wash station (stationary or portable)</li> <li>• Cots/medical cots/treatment cots/ exam table (based on number of treatment areas being established)</li> <li>• Privacy screens</li> <li>• Office supplies</li> <li>• Cell phones/satellite phone/radios</li> <li>• iPad/laptop</li> <li>• Trash cans/bags</li> <li>• Hand wash station (stationary or portable)</li> <li>• Biohazard bag/cans (process of pick up)</li> <li>• Cleaning supplies (include appropriate supplies for infectious diseases)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical equipment/supplies appropriate for level of care being provided (see equipment cache lists for suggestions)</li> <li>• AED if not in shelter</li> <li>• Wheelchair</li> <li>• Wheeled walker</li> <li>• Shower/chair/commode/bench</li> <li>• If not operating in a building:             <ul style="list-style-type: none"> <li>• Shelter/tent</li> <li>• Generator</li> <li>• Lighting</li> <li>• HVAC/HEPPA Filter</li> <li>• Hand wash station</li> <li>• See attached list</li> </ul> </li> </ul>
<p><b>Deployment Timeline:</b></p>	<p><b>Local:</b> N+8 hours - Immediate deployment of a small assessment task force/advanced team may be needed once shelters are established. Length dependent on operational area (OA) and scheduling, up to 14 days. Recommend minimum of 2 shifts.</p> <p><b>Regional:</b> Deploy within 12-24 hrs.; length dependent on OA, up to 14 days.</p> <p><b>EMAC:</b> Able to deploy within 24 hours for up to 14 days. Recommend minimum of 2 shifts. Shifts 8-12 hrs. May include overnight if 24/7 operations.</p>	

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**Resource Description:** The ACS Medical Team provides medical care and public health management within a general population shelter, or other location, to manage needs for a displaced population. They can provide health assessments, medical services, and public health protection at the appropriate level of care based upon resources available and setting.

### Resource Components

<p><b>Requirements for Rotation of Personnel:</b></p>	<ul style="list-style-type: none"> <li>• See suggested staffing matrix</li> <li>• Shifts 8-12 hrs. Recommend staffing based on peak hours of operations and based on clinical roles.</li> <li>• Overnight shift may require less staffing (e.g., 2 EMTs or 1 RN, 1 EMT)</li> <li>• MD/NP/PA may be staffed as a split shift, for example 1000-2200</li> <li>• Scheduling/staffing should be assessed</li> </ul>	
<p><b>Pre-Planning Considerations:</b></p>	<p><b>Space Requirements:</b></p> <ul style="list-style-type: none"> <li>• Location required is a shelter site to run a medical clinic. Ideally includes a separate room/ space that provides space to establish treatment areas and protected from the elements.</li> <li>• Must be near several power outlets</li> </ul> <p>Additional considerations:</p> <ul style="list-style-type: none"> <li>• Triage/check-in area</li> <li>• Waiting area</li> <li>• Multiple treatment areas/bays</li> <li>• Privacy to protect HIPAA</li> <li>• Storage for medical supplies/equipment</li> <li>• Secure area for pharmaceuticals (may need to lock up cache when clinic not operating)</li> <li>• Space near clinic for shelter clients with higher medical needs to be located, this includes those on oxygen and other durable medical equipment (see attached layout example)</li> </ul>	<p><b>Support Requirements:</b></p> <ul style="list-style-type: none"> <li>• Coordination between local health department, Emergency Medical services, Office of Emergency Management, and ESF6 (also consider Healthcare Coalition Lead).</li> <li>• Decision by Health Officer or Medical Director about the appropriate level of care/acuity to provide at site. Planning should include a tiered approach and will be dependent on the displaced population, availability of resources, and status of the healthcare system.</li> <li>• OA Volunteer Coordination Plan needs to include medical volunteer management, to include spontaneous volunteers. Medical professional license verification/certification must be verified. Additionally, assuring skills and training match the requirements of the operations.</li> <li>• Staffing ACS locations are a large undertaking for DOC/EOC. Deployment of entire teams may relieve some of this effort. If team not available, consider staffing DOC with a Medical Volunteer Coordinator.</li> <li>• Key personnel trained to ConOps/Plan in order to assume Operations Section Chief role.</li> <li>• If Operational Area is requesting as Mutual Aid/ Assistance, consider deploying a DOC/EOC liaison familiar with operations and area to assist clinic personnel.</li> <li>• Demobilization plans must include storing of medical records, additional medical supplies, and Critical Incident Stress Debriefing (CISD)/debriefing of medical teams.</li> <li>• Consider moving smaller medical team/task force to Local Assistance Center or other ACS, if healthcare system still impacted and health needs remain.</li> </ul>



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## Mission Set Title: Alternate Care Sites/Co-located Medical Clinics (cont'd)

### Resource Components

#### Limiting Factors:

- Availability of MRC units/members
- Consumable medical supplies
- Extended response
- Competing responses
- Pre-planning with ESF 6, Emergency Management, local health department, Emergency Medical Services

#### References:

- Texas Department of State Health Services - [Medical Shelter Toolkit](#)
- American Red Cross [Sheltering Handbook](#)
- Napa County Public Health
- FEMA Resource Typing Definitions (NIMS 509): Emergency Care Task Force, Public Health and Medical Team in a Shelter, Public Health and Medical Assessment Team
- Contra Costa Pharmacy Toolkit (see Pharmacy Mission set)
- California Disaster Healthcare Volunteers [Deployment Operations Manual](#)
- ASPR Tracie [ACS topic collection](#)

#### Resources:

[2021 Contra Costa County MRC Treatment Protocols for the Non-Emergent Disaster Setting](#)

Additional Contra Costa County Mission Set resources are [available on their website](#) and include the following:

- Equipment List
- Sample Staffing Matrix & Site layout
- Deployment Expectations Training
- Contra Costa MRC Deployment Binder Table of Contents
- Patient Care Reports
- Job Action Sheets
- Medical Operations Report
- Sample Incident Action Plan