MRC Unit Leader Deployment Readiness Checklists

This checklist of activities is designed to guide MRC Unit Leaders through the phases of a deployment: Pre-deployment, Deployment, Rapid Deployment, and Post-deployment. The following recommendations are by no means exhaustive but cover a broad spectrum of topics including administration, liability coverage, screening, verification of medical licensure, safety and medical clearance, training, cultural competency, and response operations.

Pre-Deployment Checklist
The pre-deployment phase checklist includes activities that happen during steady state to prepare volunteers for potential deployments.

<table>
<thead>
<tr>
<th>PRE-DEPLOYMENT PHASE</th>
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<tbody>
<tr>
<td><strong>Administration</strong></td>
</tr>
<tr>
<td>□ Ensure all volunteers complete an MRC application that includes a minimum of the following items: address (physical and mailing), phone number, email, profession, and opt-in text notifications. Additional items, such as previous training, certifications, health profession status, health limitations, etc., may be included. See sample application.</td>
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<tr>
<td>□ Provide MRC policy and guidance documents with written volunteer acknowledgement.</td>
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<tr>
<td>□ Document and ensure volunteers understand the notification process and deployment expectations. See sample activation process.</td>
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<tr>
<td>□ Ensure all volunteers have been issued an MRC badge and uniform.</td>
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<tr>
<td><strong>Liability Coverage</strong></td>
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<tr>
<td>□ Ensure volunteers sign local and/or state loyalty oath and/or the MRC unit’s code of donduct agreement.</td>
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<tr>
<td>□ Provide information on liability coverage. See Centers for Disease Control and Prevention (CDC) Public Health Emergency Law (PHEL) Online Course (Unit 2) or the Emergency Law Inventory.</td>
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<tr>
<td><strong>Screening</strong></td>
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<tr>
<td>□ All volunteers should undergo background checks, as resources allow. Consult your legal counsel regarding standards and process.</td>
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<tr>
<td>□ If your unit has deployment disqualification conditions, make certain each applicant is clear of those conditions. See pre-deployment questionnaire.</td>
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<tr>
<td><strong>Verifying Medical Licenses</strong></td>
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<tr>
<td>□ Ensure health professional MRC volunteers are registered via Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) or other credentialing software.</td>
</tr>
<tr>
<td>□ Periodically verify all medical credentials. If a license is to expire soon (or within anticipated deployment date), flag for follow up prior to expiration.</td>
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</tbody>
</table>
PRE-DEPLOYMENT PHASE (cont'd)

Training
- MRC unit orientation. See sample orientation presentation.
- Document all training activities including dates and duration. Recommended training includes IS-100, IS-700, CPR/First Aid/AED, Psychological First Aid (PFA), Stop the Bleed®, cultural competency, and personal protective equipment (PPE) training.
- For baseline volunteer training recommendations, please see MRC Volunteer Tiers (p. 8), MRC Core Competencies (p. 17), MRC Core Competencies Volunteer Training Plan, and a sample training plan.
- Conduct skills assessments as needed for specific roles (e.g., vaccinators).

Safety and Medical Clearance
- Conduct risk assessments for ALL events and deployments, to include health risks. See ICS-215A.
- Have all volunteers complete health/screening statements. This can take many different forms but is primarily intended to match volunteer roles appropriately with physical demands of deployment missions. See sample safety survey and pre-deployment questionnaire.
- Volunteers should keep copies of immunization records, which may be requested prior to deployments.
- Ensure you have written policy for required immunizations and assessments, including disqualifying conditions, exceptions, and opt-out conditions. Consider alternate assignments if volunteers are disqualified.
- If immunizations and assessments are required, schedule regular opportunities for volunteers to receive them. Consider offering free screening and immunizations to parents/family members, if resources allow.
- Ensure PPE is available, volunteers are trained on donning and doffing procedures, and N95 fit testing has been completed.
- Ensure a safety briefing is included in all activities.
- See this guide from South Central MRC (PA) for more health and safety considerations.

Cultural Competency
- Identify volunteers who self-report language competencies.
- Strengthen cultural competencies, including cultural health literacy and health equity, through cultural humility training, cultural competency training, etc.
- Consider additional training regarding ethics, sensitivity, “bedside manner,” and social media sensitivity in disaster settings.

General Response Operations
- Provide a deployment checklist during orientation. Send supplements for specific incidents, if needed. Examples include:
  - ReadyBrazoriaCounty App
  - Orientation Slides
  - Activation Email
  - Quick Series - Deployment Guide
  - Quick Series - PFA Field Operations Guide
- Remind volunteers to have a completed family emergency plan in place.
- Remind volunteers to maintain a basic, personal go-bag and update it regularly. See go-bag checklist.
Deployment Checklist
The deployment phase starts after an emergency has happened and includes steps to activate volunteers, prepare them for an identified response mission, and assign responsibilities during a deployment.

**DEPLOYMENT PHASE**

**Administration**
- Begin alert/activation procedures to notify volunteers. See [sample activation email](#) and [sample activation process](#).
- Document all volunteer activity during deployment including hours, signature, location, and date(s).
- Complete deployment tasks:
  - Identify mission number.
  - Send team activation notification to state and region. See [ICS-205A](#) and [ICS-204](#).
  - Complete rosters and numbers.
  - Maintain activity log: See [ICS-214](#).
  - Track volunteer participation with sign-in sheets.
  - Complete key documentation, including patient care reports (PCRs) and clinic operations report for the operational area (OA).
  - Send each team with a deployment binder.
  - Fill out an incident check-in list. See [ICS-211](#).

**Liability Coverage**
- Review your state's Good Samaritan laws. See [Oklahoma Good Samaritan Law](#), as an example.
- For mutual aid requests, obtain a resource request and/or mission assignment.
- Confirm volunteer liability coverage once activated. See the [Emergency Law Inventory](#).
- Re-verify the loyalty oath and any other credentials prior to leaving the staging area.
- Be aware that there may be laws enacted for additional liability coverage for volunteers during an emergency.

**Screening**
- Background checks are highly recommended for all volunteers. Establish a memorandum of understanding (MOU) with the police or sheriff’s office in advance to complete expedited background screenings for immediate deployments.
- Re-verify and document professional licenses prior to activation or deploy as non-medical.
## DEPLOYMENT PHASE (cont’d)

### Safety and Medical Clearance
- Ensure all immunizations and assessments are complete and document or offer updates.
- Volunteers should maintain their own records.
- Maintain needed claims paperwork on-site in the deployment binder in the event of injury.
- Complete comprehensive risk assessment PRIOR to any deployment.
- Be on alert for any accidents or injuries. Have volunteers report up their chain of command.
- Ensure volunteers have PPE for specific mission.
- Be alert for accidents, injuries, and signs of stress or mental fatigue in volunteers.
- See [this guide](#) from South Central MRC (PA) for more health and safety considerations.

### Training
- Provide JITT MRC orientation as needed for new volunteers.
- Provide JITT for all responders to cover roles and mission response information.
- Provide deployment briefing to address specifics of the response including the current situation, objectives, expectations, and incident-specific policy. See following references:
  - Orientation/Core Competencies
  - Examples of JITT
  - Activation Email
- Provide volunteers with a deployment packet with ICS forms, job action sheets, communications processes, and check-in/check-out process.
- Volunteers should be prepared to participate in situational briefings, as well as safety briefings (i.e., tour of work site, facilities, lodging), daily debriefs (i.e., documentation expectations), and hot wash.

### Cultural Competency
- Collect information about response areas before deploying (e.g., Census data).
- Include cultural challenges and strategies in briefings.
- Review cultural competency needs during the deployment and provide additional cultural competency training opportunities, if needed. See [MRC Core Competency 8.0](#) (p. 23) for suggested courses.
- Ensure all documents are available in common languages for survivors.
- Review each volunteer's past performance before deployment.
## DEPLOYMENT PHASE (cont’d)

### General Response Operations

- Ensure unit leaders receive incident management situational (sit) report and missions details. Share pertinent information with volunteers.
- Continue to attend briefings for situational awareness.
- Ensure necessary equipment/resources are available to perform duties and returned after use, including any necessary PPE, based on deployment criteria/roles.
- Understand staffing requirements and develop plans for shift coverage, including extended deployments or 24-hour operations.
- Provide deployment details to all deploying volunteers via the MRC coordinator.
- Ensure that all deployed volunteers are properly briefed before each shift. See [ICS-201](https://www.fema.gov/ics-201).
- Maintain deployment rosters for check-in and check-out to ensure accountability and tracking of volunteer hours.
- Conduct daily or periodic operational briefings to maintain open communications and situational awareness.
- Have a plan for demobilization of volunteers for extended deployments.
- Consider adding a volunteer liaison at deployment sites to coordinate with unit leaders when they’re not on site. See [this Mission Set](https://www.fema.gov/mission-set) from Oklahoma Region 7, Tulsa MRC for an example of a volunteer coordinator liaison.
**Rapid Deployment Checklist**

Rapid-deployment phase checklist includes activities that happen during not steady state to prepare new volunteers for potential rapid onboarding and rapid deployments.

## RAPID DEPLOYMENT PHASE

### Administration
- Ensure all volunteers complete an MRC application that includes a minimum of the following items: address (physical and mailing), phone number, email, profession, and opt-in text notifications. Additional items, such as training, certifications, health professional status, health limitations, etc. may be included.
- Ensure all volunteers have been issued an MRC badge, vest, and/or uniform.
- Document all volunteer activity during deployment including hours, signature, location, and date.
- Complete deployment tasks listed in the [Deployment Checklist](#) (p. 11).

### Liability Coverage
- Ensure volunteers sign local and/or state loyalty oath and/or the MRC unit’s code of conduct agreement.
- Provide information on liability coverage.
- Confirm volunteer liability coverage once activated.

### Screening
- Basic background checks are highly recommended for all rapid volunteers.
- Have all volunteers complete health/screening statements.

### Verifying Medical Licenses
- Verify all medical credentials immediately prior to deployment. If a license is to expire soon (or within anticipated deployment date), flag for follow-up prior to expiration.

### Training
- Provide JITT MRC orientation.
- Provide JITT for all responders to cover roles and mission response information.
- For baseline volunteer training recommendations, please see [MRC Volunteer Tiers](#) (p. 8) and [MRC Core Competencies](#) (p. 17).

### Safety and Medical Clearance
- Conduct risk assessments for ALL events and deployments, to include health risks. See [ICS-215A](#).
- Ensure a safety briefing is included in all activities.
- Be on alert for any accidents or injuries. Ensure volunteers understand procedures for reporting injuries.

### Cultural Competency
- Identify volunteers who self-report language competencies.
- Based on the need of each mission, consider additional JITT training regarding ethics, sensitivity, “bedside manner,” and social media sensitivity in disaster settings.
- Include cultural challenges and strategies in briefings.
RAPID DEPLOYMENT PHASE (cont’d)

General Response Operations

☐ Provide volunteers with reporting details, ensuring they bring appropriate personal items (i.e., go-bag) for deployment.

☐ Provide volunteers with a deployment packet with ICS forms, job action sheets, communications processes, and check-in/check-out process.

☐ Ensure necessary equipment/resources are available to perform duties and returned after use, including any necessary PPE, based on deployment criteria/roles.

☐ Conduct daily or periodic operational briefings to maintain open communications and situational awareness.

☐ Conduct daily or periodic hotwashes/debriefing to address an operational issue on-site and make appropriate changes.
Post-Deployment Checklist

This phase begins once a deployment mission has been completed and includes activities to close out assigned response missions and administrative activities for MRC volunteers and the MRC unit.

**POST-DEPLOYMENT PHASE**

**Administration**

- Begin demobilization procedures and notify volunteers. See sample demobilization process and demobilization email.
- Complete post-deployment administrative tasks including:
  - Collection of activity logs (i.e., ICS-214) and sign-in sheets.
  - Paperwork such as PCRs.
  - Rehab of equipment cache.
  - Team debrief and hot wash.
  - Volunteer evaluations.
  - Unit/responders recognition.
  - Collect volunteer hours and report these to the MRC Unit Profile & Activity Reporting System.
- Capture all documentation developed during deployment and catalog/store for future use. Electronic data should be backed up and archived.
- Capture debrief data and conduct verbal and written debriefs to capture best practices/lessons learned.
- Apply best practices and lessons learned to update plans and procedures.

**Liability Coverage**

- If needed, follow up on any potential claims/cases and document updates.

**Safety and Medical Clearance**

- Have volunteers conduct self-assessments. See sample post-deployment questionnaire.
- Hold a debrief to check in with volunteers via email/phone call after deployment and offer mental health support, if needed.
- Share self-care reminders and recommendations to deployed volunteers.
- Monitor responders for illness if there was an issue (e.g., Instruct volunteers to report any GI illness that occurred in last 48 hours).
- See this guide from South Central MRC (PA) for more health and safety considerations.

**Cultural Competency**

- During the debrief, ask about cultural competency strengths and areas for improvement.

**General Response Operations**

- Thank all volunteers for their service during a deployment (e.g., emails, calls, local news, social media, etc.).
- Hold a debrief/hot wash process with all deployed volunteers.
- Document deployment successes, challenges, and lessons learned in an after-action report and improvement plan.
- See Tulsa (OK) MRC’s post-deployment review.