# **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.

# **PRE-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 previous training, certifications, health profession status, health limitations, etc., may be included. See <u>sample application</u>.
- D Provide MRC policy and guidance documents with written volunteer acknowledgement.
- Document and ensure volunteers understand the notification process and deployment expectations.
  See <u>sample activation process</u>.
- □ Ensure all volunteers have been issued an MRC badge and uniform.

## **Liability Coverage**

- □ Ensure volunteers sign local and/or state loyalty oath and/or the MRC unit's code of donduct agreement.
- Provide information on liability coverage. See <u>Centers for Disease Control and Prevention (CDC) Public</u> <u>Health Emergency Law (PHEL) Online Course</u> (Unit 2) or the <u>Emergency Law Inventory</u>.

#### Screening

- □ All volunteers should undergo background checks, as resources allow. Consult your legal counsel regarding standards and process.
- □ If your unit has deployment disqualification conditions, make certain each applicant is clear of those conditions. **See <u>pre-deployment questionnaire</u>**.

## Verifying Medical Licenses

- □ Ensure health professional MRC volunteers are registered via <u>Emergency System for Advance</u> <u>Registration of Volunteer Health Professionals (ESAR-VHP)</u> or other credentialing software.
- Periodically verify all medical credentials. If a license is to expire soon (or within anticipated deployment date), flag for follow up prior to expiration.

# PRE-DEPLOYMENT PHASE (cont'd)

### Training

- □ MRC unit orientation. See <u>sample orientation presentation</u>.
- 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 <u>MRC Volunteer Tiers</u> (p. 8), <u>MRC Core</u> <u>Competencies</u> (p. 17), <u>MRC Core Competencies Volunteer Training Plan</u>, and a <u>sample training plan</u>.
- © 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 <u>sample</u> <u>safety survey</u> and <u>pre-deployment questionnaire</u>.
- □ 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 <u>cultural</u> <u>humility training</u>, <u>cultural competency training</u>, etc.
- □ Consider additional training regarding ethics, sensitivity, "bedside manner," and social media sensitivity in disaster settings.

- Provide a deployment checklist during orientation. Send supplements for specific incidents, if needed.
  Examples include:
  - □ <u>ReadyBrazoriaCounty App</u>
  - Orientation Slides
  - Activation Email
  - □ <u>Quick Series Deployment Guide</u>
  - 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 <u>sample activation email</u> and <u>sample</u> <u>activation process</u>.
- 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 <u>ICS-205A</u> and <u>ICS-204</u>.
  - □ Complete rosters and numbers.
  - □ Maintain activity log: See <u>ICS-214</u>.
  - □ Track volunteer participation with sign-in sheets.
  - □ Complete key documentation, including patient care reports (PCRs) and clinic operations report for the operational area (OA).
  - $\hfill\square$  Send each team with a deployment binder.
  - □ Fill out an incident check-in list. See <u>ICS-211</u>.

## **Liability Coverage**

- □ Review your state's Good Samaritan laws. See <u>Oklahoma Good Samaritan Law</u>, as en 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 <u>this guide</u> 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
  - □ <u>Activation Email</u>
- □ Provide volunteers with a deployment packet with <u>ICS forms</u>, 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., <u>Census data</u>).
- □ Include cultural challenges and strategies in briefings.
- □ Review cultural competency needs during the deployment and provide additional cultural competency training opportunities, if needed. See <u>MRC Core Competency 8.0</u> (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)**

- □ 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 <u>ICS-201</u>.
- □ 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 <u>this Mission Set</u> 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 **<u>Deployment Checklist</u>** (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** <u>MRC Volunteer Tiers</u> (p. 8) and <u>MRC Core</u> <u>Competencies</u> (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)**

- □ Provide volunteers with reporting details, ensuring they bring appropriate personal items (i.e., go-bag) for deployment.
- □ Provide volunteers with a deployment packet with <u>ICS forms</u>, 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 <u>demobilization process</u> and <u>demobilization email</u>.
- □ Complete post-deployment administrative tasks including:
  - □ Collection of activity logs (i.e., <u>ICS-214</u>) and sign-in sheets.
  - $\Box$  Paperwork such as PCRs.
  - □ Rehab of equipment cache.
  - □ Team debrief and hot wash.
  - □ Volunteer evaluations.
  - □ Unit/responder recognition.
  - □ Collect volunteer hours and report these to the <u>MRC Unit Profile & Activity Reporting System</u>.
- □ 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 <u>this guide</u> 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.

- □ 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 <u>post-deployment review</u>.