MRC Unit Capabilities

**DEVELOPED/ADAPTED**

- Community Education Trainings (Until Help Arrives, CPR/First-aid, Naloxone administration, etc.)
  - Developed: 75%
  - Deployed: 53%

- Medical POD or Mass Vaccination
  - Developed: 71%
  - Deployed: 59%

- Seasonal flu vaccination
  - Developed: 65%
  - Deployed: 54%

- Health clinic support/staffing/medical/first aid booth
  - Developed: 62%
  - Deployed: 51%

- Personal/Family preparedness information campaigns/National Preparedness Month
  - Developed: 62%
  - Deployed: 44%

**COVID-19**

- 96% of respondents deployed to COVID-19 between Jan 1, 2020–Dec 31, 2022

**TOP 3 MISSION SETS DEVELOPED**

- Medical POD or mass vaccination
  - 38%
- Clinic/Drive-Through COVID-19 Testing/Vaccinations
  - 30%
- General Shelter Support (Human and/or Animal)
  - 23%

**TOP COVID-19 CAPABILITIES DEPLOYED**

- Clinic or Drive-Through COVID-19 Testing/Vaccination
- Mass Vaccination or Points of Dispensing (POD)
- PPE Distribution

**SYSTEMS USED TO ALERT, ACTIVATE, AND DEPLOY VOLUNTEERS DURING COVID-19 RESPONSE**

- 41% statewide ESAR-VHP
- 37% “other” (email, calls, text, Google Sheets, and ReadyOP)
- 26% Sign-Up Platforms (e.g. SignUpGenius)

**BARRIERS TO DEPLOYING MRC VOLUNTEERS DURING COVID-19 RESPONSE**

- 41% Exposure to risk factors for volunteers
- 27% Not enough staff
- 25% Inconsistent guidance from state government
- 24% MRC replaced by other agencies or contracted staff

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