Developing and Planning Training Plans and Mission Sets

Cobb and Douglas, Middlesex County, and Rhode Island MRCs
Cobb and Douglas MRC
Marietta, GA

Jenaila Hawkins, MSHA, EMHP, CNP
MRC Coordinator
What is a Training Plan?

• A training plan outlines the strategies, objectives, and curriculum that is used to train
What is a Mission Set?

• A planning document that describes an MRC unit’s capability for response and recovery in an incident
Knowing Common Response Vulnerabilities in Your Area

1. Look at the Hazard Vulnerable Analysis (HVAs)
   - Local, coalition, etc.
   - Top 3 priorities

2. Determine how MRC can/will assist

3. Go more in-depth – Be your own Devil’s advocate
   - You know your volunteers KSAs
   - How can their special skills assist
Developing a Training Plan – What Is In It?

1. Defined Learning Objectives
2. Key topics and related concepts
3. Organized training materials
4. Planned presentation techniques
Developing Mission Sets

1. Type(s) of personnel
2. Training requirements
3. Equipment needed
4. Pre-planning considerations
5. Job action sheets
Mission Set Capabilities

1. **Mass Causality Incident (MCI)**
   - Can lead to a Mass Fatality Incident (MFI)
   - Can be caused by a Chemical, Biological, Radiological, Nuclear, and High Yield Explosives (CBRNE) event
   - May need to assist with a FAC
     - Mental/behaviorally health
     - Other areas

2. **Are there any pressing issues in your community?**
   - Opioid crisis
   - Mental/behavioral health
   - Epidemiology

3. **Your area may be a Federal Coordinating Center (FCC) for National Disaster Medical Systems (NDMS)**

4. **Shelter operations**
Training Checklist

• Help to decide how and when training will happen
  • E.g., annually, quarterly, one time, or just in time training (JITT)

• Help with completed requirements

• Have level of trainings

• Have special training expectations for your MRC leadership
# CDMRC Training Checklist

<table>
<thead>
<tr>
<th>Tier 1 – BASIC/CORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: __________________</td>
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<tr>
<td>FEMA SID #: __________________</td>
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<table>
<thead>
<tr>
<th>Training</th>
<th>Status</th>
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<tbody>
<tr>
<td>CDMRC Orientation</td>
<td>One time</td>
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<tr>
<td>Personal/Family Preparedness (CERT)</td>
<td>Optional</td>
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<tr>
<td>CPR (Adult, Child, Infant) and First Aid (no longer taught by MRC Coordinator)</td>
<td>Optional</td>
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<tr>
<td>Blood Borne Pathogens</td>
<td>Annually</td>
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<tr>
<td>ICS-100: Introduction to ICS (online)</td>
<td>One time</td>
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<tr>
<td>ICS-700: Introduction to NIMS (online)</td>
<td>One time</td>
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<tr>
<th>Tier 2 – INTERMEDIATE/TARGETED</th>
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<tbody>
<tr>
<td>Cultural Competency</td>
</tr>
<tr>
<td>ICS-200: Single Resources &amp; Initial Action Incidents (online)</td>
</tr>
<tr>
<td>ICS-800: National Response Framework (online)</td>
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<tr>
<td>Psychological First Aid</td>
</tr>
<tr>
<td>IC-808: ESF 8-Public Health &amp; Medical Services (no longer online - taught by MRC Coordinator)</td>
</tr>
<tr>
<td>Point of Dispensing (POD) Training (POD 101)</td>
</tr>
<tr>
<td>Epidemiology/ EPI Strike team</td>
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<tr>
<th>Tier 3 – ADVANCED/INTENSIVE</th>
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<tbody>
<tr>
<td>Radiological Decon (Hazmat training)</td>
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<tr>
<td>IC-240: Leadership &amp; Influence (online)</td>
</tr>
<tr>
<td>IC-241: Decision Making &amp; Problem Solving (online)</td>
</tr>
<tr>
<td>Point of Dispensing (POD) Training (leadership)</td>
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<tr>
<td>Mass Fatality Medical Scribes</td>
</tr>
<tr>
<td>Opioid strike team</td>
</tr>
<tr>
<td>Mental Health Strike Team</td>
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</table>
Best Practices

• Include MRC in all exercises and additional training events
  • Local, state, federal
  • FEMA SID #

• Have a FEMA SID #

• Be adaptable

• Make training refreshers fun
Middlesex County MRC

Richard Kozub
MRC Coordinator
Developing Plans

What can your MRC provide, start small
What are the needs of your area
Can the MRC currently meet the needs
What are the current emergency/disaster plans

Work with housing agency and local officials to see where the Medical Reserve Corps fits into the plan (ESF 8)

Based on the needs, the capability of the MRC and resources available develop a plan to meet the objectives
Training

Training Plans

Survey the MRC’s individual qualifications
Training beyond the basic core competencies
What areas are lacking to meet the plan objectives
Make arrangements for training and instructors
Qualifications and Certifications may be needed

Work with existing academies, schools and organizations who can provide the required training to the members

Also look to your MRC members for individuals who would be willing to provide training
Mission Sets

Mission Sets

- Combination of training and recourses
- Based on the needs identified, established in plan
- Outlined goals and objectives
- MRC members trained and equipped to respond
- If called who, and what goes where

When the Mission Set is developed: Practice, practice and practice. Learn from the after action of the practice deployment.

Make changes to the plan, training, and Mission Set based on what was learned in the exercise. Do not be afraid to make changes.

Always start with something that can be reasonably accomplished. Then, as your unit gains experience and confidence you can expand your capabilities.
Rhode Island Medical Reserve Corps

Brooke A. Lawrence
Executive Officer- DMAT and MRC
A little about RI & RI MRC

• One statewide dept of health
• One MRC
• 39 cities and towns / no county govt.

OUR COVID-19 RESPONSE

• March 12, 2020
• Engaged 2200+ volunteers
• 200,000+ volunteer hours
• Developed vaccination clinic mgt tool & barcode ticketing system for mass vax sites
• Logistics support, PPE collection & distro, LTC backfill, congregate care assessment team, testing & vaccination (ongoing)
Look out for each other
EVERYONE has a duty to look out for each other. If you see a teammate struggling or running into danger, intervene. This is true whether you are on deployment, at headquarters, or in your everyday life. Remember, the core values are the principle of our service. Treat your teammates as you would like to be treated.

Take ownership of your duties and responsibilities
On a team this size, it is imperative to stress the importance that you serve towards our ability to conduct training, improve readiness, and execute our mission. Since you all serve an essential role, OWN your role. The results of your work reflect your pride and devotion to duty. If you demonstrate that pride, it will be noticed, and your role on the team will be that much more enjoyable. With that being said, once you become an expert on your respective roles, your responsibility does not end there. Become a COACH and pass on that knowledge to your fellow teammates. Don’t get caught in the trap of thinking that you are irreplaceable. Life changes and promotions happen, help DEVELOP the people around you. This builds a STRONGER organization for everyone to thrive in.

Set Goals
Our primary goal is to ensure the safety of our team and execute our missions. What are your goals here? Whether they challenge your skills, learn new ones, or become more involved in leadership. Please share them with your chain of command. As leaders, it is OUR DUTY TO YOU to ensure that you have the necessary tools and opportunities to not only accomplish your goals by crushing them!

It’s not about where you start; it’s where you finish that matters.
Rhode Island

PSMA – Mission Ready Package
Roles & Responsibilities
Activation
Scope and Scale (Functions, Capabilities Personnel)
Costs
Logistics Footprint
Limitations
## RI Medical Reserve Corps

### Mission Ready Package: Mobile / Austere Medical Support Team

#### Mission Roles & Responsibilities

The RI Medical Reserve Corps (RIMRC) Mobile / Austere Medical Support Team (MMAST) can be deployed in various configurations to allow for significant flexibility to meet mission requirements. Each configuration includes embedded leadership for optimized efficiency and safety. MAMST resources are overseen by the RIMRC Command & Operations elements. All resource requests and questions regarding mission clarity follow the established chain of command identified prior to team deployment and outlined in the Team Emergency Operations Plan (TEOP), MOUs with state agencies, local government agencies, or private entities.

#### Activation Procedures

The RIMRC is deployed upon activation based on need: activated/requested by:
- State Emergency Management Agency (SEMA)
- State Department of Public Health (RIPDH)
- Request for city or town from Emergency Management Agency (EMA) or DOH to approve the need and resources required
- Direct request from private entities

RI MRC deploys as a resource operating within an Incident Command System (ICS) structure using an Incident Action Plan (IAP)

#### Mission Assignments/Functions

<table>
<thead>
<tr>
<th>CAPABILITIES</th>
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<tbody>
<tr>
<td><strong>Advance Team</strong> for needs assessment</td>
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<tr>
<td>Provide medical operations directed by an Incident Action Plan (IAP) and approved operational period, 24-hours per day or less, with limited logistical support in an austere environment</td>
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<tr>
<td>Perform medical site assessment and patient care for broad range of patient populations</td>
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<tr>
<td>Augment hospital staff</td>
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<tr>
<td>Provide shelter operations to assist with medical needs of shelter evacuees</td>
</tr>
<tr>
<td>Deploy as Subject Matter Experts (SME) to support a variety of identified medical needs across the state/region</td>
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<tr>
<td>Augment at Points of Distribution during a patient movement operation (i.e. activation of Federal Coordinator Center)</td>
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<tr>
<td>Propose for planned event support</td>
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<tr>
<td>PdO (Points of Disposition) clinic/program management or oversight</td>
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<tr>
<td>Preventative Health measures</td>
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<th>MISSION ASSIGMENTS/FUNCTIONS</th>
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<tr>
<td><strong>Trinity/Pre-Hospital Care</strong> - The triage, evaluation, and initial lifesaving interventions and stabilization of casualties for purposes of evacuation based on seriousness of illness/injury and likelihood of survival to ensure the most efficient and effective utilization of limited medical resources</td>
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<tr>
<td><strong>Shelter Support</strong> - General Medical Care - The provision of primary care services in a shelter or other environment where access to usual care is compromised or unavailable to the population</td>
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<tr>
<td><strong>Hospital Augmentation</strong> - Severe Care - The provision of medical care within the walls of an existing hospital infrastructure where the community is unable to support such care due to a lack of providers or other factors. A limited number of personnel or specialized personnel may be explicitly requested for this mission</td>
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<tr>
<td><strong>Support of Patient Movement</strong> - The activities required to assess, stabilize, and prepare patients for transportation at a departure point</td>
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<tr>
<td><strong>Administration of Mass Prophylaxis</strong> - The provision of vaccination or prophylaxis in support of public health disease control efforts</td>
</tr>
<tr>
<td><strong>Medical Support for Pre-planned Mass Gatherings</strong> - Pre-planning for a mass gathering event to conduct casualty sorting, evaluation, and initial lifesaving interventions and stabilization for purposes of evacuation based on seriousness of illness/injury and likelihood of survival to ensure the most efficient and effective utilization of limited medical resources. In addition to general medical care and basic first aid</td>
</tr>
<tr>
<td><strong>Healthcare Needs Assessment</strong> - Subject-Matter-Experts - The capability to conduct a rapid needs assessment pertaining to the healthcare infrastructure after an incident in collaboration with responding agencies as well as local and state emergency preparedness professionals</td>
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#### MAMST Personnel

- Personnel Staffing
  - 1 - MAMST Unit Leader
  - 1 - Medical Officer (MO)
  - 2 - Registered Nurse (RN)
  - 2 - Paramedic
  - 1 - First Position (per discretion of MAMST Leader to meet specific mission requirements)

Mission specific clinical needs can flex the personnel roster based on type of incident, needs assessment or specific request.

#### Recommended Equipment

- 1 - MAMST Response Gear
  - Can support care of team and initial patient needs
  - 1 critical and 50 low acuity patients
  - Primary Medical Bag with ACLS medications
  - Airway Bag
  - EKG Carbon Monitor
  - Communication Kit

- 1 - Response Gear Augmentation Kit
  - 5 Additional Kits of Equipment
    - Wound, respiratory, ortho, IV
    - Vent & Suction Kit
    - Pharmacological Bag with IV Pumps
    - Lab Kit
    - Ultrasound Kit

#### Notification (N) Hour Sequence

- N + 4 hours for activation, mobilization and deployment to scene or affected/expected staging area
- 12-hour rotations

#### Cost Estimate & Resources

- MAMST personnel cost
  - 1 critical patient: $50,000.00 + consumables below
  - Equipment/Pharmacy cost
    - Response Gear & Augmentation = $4,200.00
  - Pharm & Medical Supplies
  - Transportation – TBD if out of State

#### Mission Capability Limitations

- 12-hour shifts
  - Personnel, Equipment, and Resources
  - Shelter of Opportunity
  - Wrap Around Services

#### Logistic Support Considerations

- Mission Specific Wrap Around Services (cost per day)
  - Lighting, electricity and backup generator power
  - Bathrooms and shower facilities
  - HVAC, water, gas, sewage
  - Facility maintenance and cleaning services
  - Food and beverage/water services
  - Trash and biohazard waste removal
  - Medical supplies, oxygen and pharmaceuticals
  - Transportation and fuel refueling
  - Security
  - Linen and laundry
  - Durable Medical Equipment (DME) and specialized medical services

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Source: Rhode Island Medical Reserve Corps
Use

• External partners
• Planning team
• Scalability
  • Building blocks
  • Plug and play modular design
• Teaching tool
  • New members
  • Create engagement
Training Plans

• Most problems come down to
  • Training
  • Communication & communications
• Develop using SMART objectives
• Create engagement
• Don’t overcomplicate
  • Stay focused
• Make it fun
Brooke A. Lawrence
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RI Medical Reserve Corps
Medical Reserve Corps State Director – Rhode Island

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