

Developing and Planning Training Plans and Mission Sets

Cobb and Douglas, Middlesex County,
and Rhode Island MRCs



Cobb and Douglas MRC Marietta, GA

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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



COBB DOUGLAS MRC TRAINING CHECKLIST

CURRENT STATUS

Name: _____

Tier _____

ECL _____

FEMA SID #: _____

Tier 1 – BASIC/CORE

CDMRC Orientation	One time	
Personal/Family Preparedness (CERT)	Optional	
CPR (Adult, Child, Infant) and First Aid {no longer taught by MRC Coordinator}	Optional	
Blood Borne Pathogens	Annually	
ICS-100: Introduction to ICS (online)	One time	
ICS-700: Introduction to NIMS (online)	One time	

Tier 2- INTERMEDIATE/TARGETED

Cultural Competency	Annually	
ICS-200: Single Resources & Initial Action Incidents (online)	One time	
ICS-800: National Response Framework (online)	One time	
Psychological First Aid	Annually	
IC-808: ESF 8-Public Health & Medical Services {no longer online - taught by MRC Coordinator}	Annually	
Point of Dispensing (POD) Training (POD 101)	One time	
Epidemiology/ EPI Strike team	Annually	

Tier 3- ADVANCED/INTENSIVE

Radiological Decon (Hazmat training)	Annually	
IC-240: Leadership & Influence (online)	One time	
IC-241: Decision Making & Problem Solving (online)	One time	
Point of Dispensing (POD) Training (leadership)	One time	
Mass Fatality Medical Scribes	Quarterly	
Opioid strike team	Annually	
Mental Health Strike Team	Annually	

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

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)



TEAM COMMAND PHILOSOPHY

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 (MAMST) 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. A MAMST can be deployed to provide initial assessment and/or medical care in support of mission objectives. 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, 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 (RIEMA)
- State Department of Public Health (RI DOH)
- Request from city or town to State 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

- *Triage/Pre-Hospital Care* - The sorting, 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.
- *Shelter Support-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.
- *Hospital Augmentation - Specialty Care* - The provision of medical care within the walls of an existing hospital infrastructure when 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.
- *Support of Patient Movement* - The activities required to assess, stabilize, and prepare patients for transportation at a departure point.
- *Administration of Mass Prophylaxis* - The provision of vaccination or prophylaxis in support of public health disease control efforts.
- *Medical Support for Pre-planned Mass Gatherings* - Pre-staging 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.
- *Healthcare Needs Assessment by 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.

CAPABILITIES

- Advance team for needs assessment
- 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
- Perform medical site assessment and patient care for broad range of patient populations
- Augment hospital staff
- Provide shelter operations to assist with medical needs of shelter evacuees
- Deploy as Subject Matter Experts (SME) to support a variety of identified medical needs across the state/region
- Augment at Points of Debarkation during a patient movement operation (i.e. activation of Federal Coordination Center)
- Preposition for planned event support
- POD (Points of Distribution) clinic/program management or oversight
- Preventive Health measures

MAMST PERSONNEL

- Personnel Staffing
 - 1 - MAMST Unit Leader
 - 1 - Medical Officer (MO)
 - 2 - Registered Nurse (RN)
 - 2 - Paramedic
 - 1 - Flex 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 Cardiac Monitor
 - Communications Kit
- 1 - Response Gear Augmentation Kit
 - 5 Additional kits of Equipment
 - o wound, respiratory, ortho, & IV
 - Vent & Suction Kit
 - Pharmaceutical Bag with IV Pumps
 - Lab Kit
 - Ultrasound Kit

NOTIFICATION (N) HOUR SEQUENCE

- N + 4 hours for activation, mobilization and departure to scene or affected/requesting staging area

COST ESTIMATE & RESOURCES

- MAMST personnel cost
 - Per Day cost- \$6,000.00 + Consumables below
- Equipment/Pharmacy cost
 - Response Gear & Augmentation = \$24,000.00 = (Pharm & Medical Supplies)
- Transportation - TBD if out of State

LOGISTICAL SUPPORT CONSIDERATIONS

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

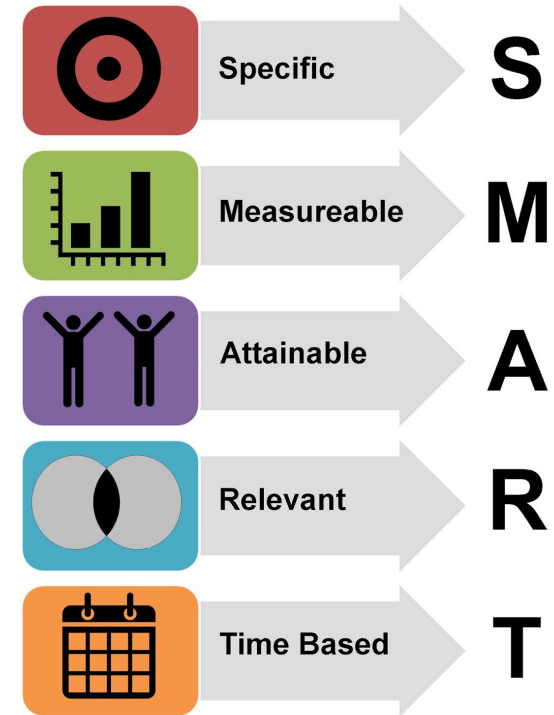


Use

- 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



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