



MRC Mission Sets

Volunteer Coordination Lead Mission Sets

Mission Set: The term ‘mission set’ describes a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

Contra Costa MRC – Medical Volunteer Coordination

The Contra Costa MRC Unit Coordinator has worked with other regional MRC units, combining resources to fill staffing gaps and provide better operational coordination for the local Department Operations Center (DOC) and the regional coordinator. The experience of both the coordinator and the unit allow for best practices to be created and shared to improve response capacity and capabilities of other MRC units.

The Medical Volunteer Coordination Lead is an ideal mission task for a Medical Reserve Corps Coordinator. The skillsets they possess and their day-to-day functions provide the subject matter expertise needed to meet the unique needs of coordinating medical volunteers in a disaster. MRC Coordinators are familiar with medical volunteer credentials and liability, ESAR-VP systems, medical volunteer roles, and procedures for deploying volunteers. Additionally, if an MRC team or multiple teams deploy, the MRC Coordinator can oversee the team operations and serve as the Volunteer Agency Liaison coordinating with the DOC/EOC, potentially alleviating this role from the operational area.

Mission Set Title: Medical Volunteer Coordination For DOC/EOC/Field Site

Resource Description: This resource may be assigned to the Med/Health branch DOC/EOC (Operations or Logistics Section) or to Field Operations. The primary purpose of the Medical Volunteer Coordination Lead is:

DOC/EOC:

- Conduct call-down/polling for medical volunteer resources
- Coordinate shifts and schedules for medical site(s)
- Ensure medical volunteer resources have appropriate credentials
- Track, record, and report staff time for medical volunteers
- Assess for resource gaps, communicating with appropriate staff for other potential resources for medical volunteers (mutual aid)
- Coordinate with agencies/organizations with medical volunteers to communicate resource needs and mission details
- Assess sites for appropriate staffing ratios and need to add or reduce staffing
- Complete appropriate paperwork

Field Operations:

- Support all above activities
- Serve as primary point of contact and supervision for all medical volunteers
- Conduct on-site orientation/JITT
- Oversee medical operations on site serving as the liaison to the DOC/EOC
- Assess operations, compile data, and generate reports related to clinical operations and relay them to DOC/EOC
- If licensed, serves as the clinical lead at site(s), implementing plans, policies, and procedures for provision of medical services as detailed by the mission IAP
- If deployed as part of a team, Task Force/Medical Team Leader will deploy an entire team as resource and integrate team operations into the medical response plan on-site



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Mission Set Title: Medical Volunteer Coordination For DOC/EOC/Field Site (cont'd)

Resource Components

Personnel: MRC Coordinator	<p>Licenses or Certifications Required? No (with medical licensure, may serve as a clinical lead and coordinator for smaller events)</p> <p>Type: Can be ordered as a single resource or in conjunction with a deployed team. For OA using EMMA/EMAC Position Title refer to: Volunteer Coordination Unit Leader (Medical Specific)</p> <p><i>Or</i> Volunteer Agency Liaison</p> <p><i>Or</i> DOC/EOC MRC Unit Leader assigned under Operations or Logistics</p> <p><i>Or</i> Field Operations: Medical Team or Task Force Leader, Medical Team in Shelter Lead, Emergency Care Task Force Lead</p>
Training Requirements & Previous Experience:	<p>Completion of the following:</p> <ul style="list-style-type: none"> • Minimum: IS-100, IS-200, IS-700, IS-800 • Recommended (needed for type 2 & 3): IS 120, IS 235.b, IS-240.b, IS-241.b, IS-242.b, IS-244.b, IS 288 • Currently serves or has served as a Medical Volunteer Coordinator for at least 6 months <p>Type 2 & 3:</p> <ul style="list-style-type: none"> • Essential Emergency Management Concepts Course or G-626E, G-775, G-191, G-611, IS 230d • Served position during exercise or real event <p>Field/On-Site Deployment:</p> <ul style="list-style-type: none"> • ICS-300, ICS-400 & experience working at the field level (i.e., shelter, medical clinic, hospital, POD) <i>or</i> • Volunteer Reception Center Training (IS 288) <p>Minimum Experience:</p> <ul style="list-style-type: none"> • Serves as a medical volunteer coordinator for an MRC, NGO, or other agency • Understanding of medical roles, credentials, certifications, training, and experience for medical positions to be filled • Understands mission tasks for medical volunteers, including needed skills for duties to be performed • Experience creating schedules and filling multiple roles, shifts, and locations • ESARVP access and training • Call-back communication system training • Has resource tracking skills • Understanding of ESF 8 or works within local health department • DOC/EOC experience (served a role during an exercise or real event) <p>Preferred Experience:</p> <ul style="list-style-type: none"> • Operational understanding of Emergency Shelters or Alternate Care Sites (ESF 6/8), Points of Dispensing, mutual aid, logistics and resource requesting, supervisory experience

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Resource Components

Equipment Required (if not provided at DOC/EOC)	<ul style="list-style-type: none"> • Cell phone/satellite phone (Consider cache of phones or 2-way radios for each medical site) • Laptop computer or other mobile device • Google Docs or other platform • Callback Communication System such as ESARVP, SANDS, Everbridge) • Wi-Fi Hotspot • Printer & paper • Extension cords • Clipboard, post-it notes, paper, stapler, pens, markers, paper clips • Table, chairs, white board • Signs (for staging/reception center) • Badge printer or IDs for personnel • Deployment binder • FEMA ICS Forms: 201, 202 ,204, 205, 205A, 206, 209, 211, 214, 221, 226 • Recommended if limited technology/power: <ul style="list-style-type: none"> • T-cards and rack • Printed maps • Mission-specific PPE • If deploying as team: team equipment, medical cache
Deployment Timeline:	<ul style="list-style-type: none"> • Able to deploy within 12 hours of the incident, or with the team when activated. Work 12 hours per shift; be deployable for up to 7 days, maybe extended for a total of 14 days (ideally 5 days). • More local incidents may require rapid deployment
Requirements for Rotation of Personnel	<p>Suggest requesting a minimum of 2 Medical Volunteer Coordination Leads for staffing 24-hour operations or modifying the shift to cover both operational periods and key hours of operation for medical sites. For example, working 1000-2200. If deploying with the team, recommend at least 24-hour overlap to provide orientation and shadowing of operations prior to demobilization.</p>
Pre-Planning Considerations:	<p>Related to Response:</p> <ul style="list-style-type: none"> • Volunteer Support: Lodging, meals, mileage reimbursement, working conditions • Volunteer Check-in and Training: Consider a reception/staging area if anticipating a large number of volunteers; multiple locations; need to distribute PPE or conduct orientation/JITT that cannot be performed at the work location. <p>Related to Resource Request:</p> <ul style="list-style-type: none"> • Space Requirements <ul style="list-style-type: none"> • Workstation at DOC/EOC • Lodging and meals • Field level deployment resources will be based on location and number of sites. The coordinator can be mobile and move to multiple sites or can be assigned to one location. • Support Requirements <ul style="list-style-type: none"> • Orientation to DOC/EOC and any resources within, such as computers, phones, copiers, fax machines, etc. • Provide familiarization to OA, plans, and resources needed to perform duties. • May need access to ESARVP or other volunteer management software. • Anticipate the need for admin or other support staff if there's a large number of volunteers or multiple locations. • Field Support <ul style="list-style-type: none"> • Access to location, identification, signage, and administrative workspace. • Equipment to run operational mission if not being provided by MRC team. • If using an MRC coordinator as ACS/Clinic lead or to supervise multiple locations, consider assigning a DOC/EOC liaison at each field site.



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Resource Components

Limiting Factors:

N/A

References:

- FEMA Resource Typing NIMS 509: Medical Team Task Force Leader, Volunteer Agency Liaison, Medical Team in Shelter Lead.
- Cal OES STI EOC Position Credential Standards: Volunteer Coordination Unit Leader
- MRC [Sheltering Station Go Kits](#)
- Contra Costa County Emergency Operations Response Plan, 2018

Resources and Attachments:

Contra Costa Mission Set resources are [available on their website](#) and include the following:

- Job Action Sheet
- FEMA [ICS Forms](#)
- California Disaster Healthcare Volunteers [EMSA Deployment Operations Manual](#)
- Mission Request Form
- MRC Deployment Mission Details - single resource
- Contra Costa [MRC website](#)