



“Volunteers Building Strong, Healthy, and Prepared Communities”

Oklahoma Medical Reserve Corps (OKMRC) Volunteer Handbook

July 2015

This page left intentionally blank.

TABLE OF CONTENTS

1. OKMRC OVERVIEW	5
1.1 History of the OKMRC	5
1.2 Vision.....	5
1.3 Mission Statement	5
2. PROGRAM POLICIES.....	5
2.1 Confidentiality Statement.....	5
2.2 Equal Opportunity Statement.....	6
2.3 Application Requirements.....	6
2.4 Volunteer Requirements	6
2.5 Background Checks.....	6
2.6 Licensure	7
2.7 Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).....	7
2.8 Civil Liability Coverage	7
2.9 Workers' Compensation	8
2.10 Identification Badges	8
2.11 Uniforms	8
2.12 Communications.....	8
2.12.1 OKMRC Database and Website	8
2.12.2 Regular Communication	8
3. VOLUNTEER POLICIES.....	9
3.1 Enrollment.....	9
3.2 Orientation	9
3.3 Training.....	10
3.3.1 Required & Recommended Trainings.....	11
3.4 Expectations and Involvement.....	11
3.5 HIPAA.....	11
3.6 Code of Conduct.....	12
3.7 Termination of Membership	12
4. VOLUNTEER UTILIZATION.....	13
4.1 Mass Vaccination/ Mass Dispensing Clinics	13
4.2 Emergency Activation	13
4.3 Volunteer Accountability	14
4.4 Incident Command.....	14

4.4.1 How ICS Applies to You 14

4.4.2 ICS Scene Safety Tips..... 14

4.5 What to Expect During an Activation 15

4.5.1 When Activation is Confirmed and Your Assistance is Requested 15

4.5.2 Deployment Checklist 15

4.5.3 Things to Remember 15

APPENDIX: DICTIONARY OF COMMONLY USED ACRONYMS 17

1. OKMRC OVERVIEW

1.1 History of the OKMRC

The National Medical Reserve Corps (MRC) Program was started in July 2002 by the Office of the U.S. Surgeon General in response to President George W. Bush's call for Americans to offer volunteer services in their community. The objective of the MRC program is to create a national network of local, community-based groups of medical, public health, and other volunteers who are organized and utilized to prepare for and respond to all-hazards, as well as to provide public health support throughout the year. At the national level, the Division of the Civilian Volunteer Medical Reserve Corps facilitates efforts to establish and implement local MRC units across the country (Public Law (PL) 107-188, the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Section 107).

In the fall of 2002, the City of Tulsa was the first Oklahoma MRC grant recipient to receive funding directly from the Department of Health and Human Services. The following year, three additional Oklahoma MRC units received grant funding. Those grantees included the City of Oklahoma City, the City of Lawton and the Oklahoma Nurses Association. Originally, the four local MRC units operated under the umbrella of the Oklahoma State Citizen Corps Program. In 2004, Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) funding from the Department of Health and Human Services (HHS) was utilized to develop the OKMRC Website and database. The four original MRC Units and the Oklahoma ESAR-VHP programs were consolidated to form the current statewide volunteer program known as the Oklahoma Medical Reserve Corps (OKMRC).

1.2 Vision

The vision of the OKMRC is to enhance emergency preparedness and response capabilities by supplementing existing response infrastructures in local communities across the state of Oklahoma.

1.3 Mission Statement

The Medical Reserve Corps mission is to engage volunteers to strengthen public health, emergency response, and community resiliency.

2. PROGRAM POLICIES

2.1 Confidentiality Statement

The OKMRC is committed to respecting the privacy of volunteers and protecting the confidentiality of personal information. Confidential information obtained by the OKMRC will not be used for furthering any private interest, or as a means of personal gain. Anyone with access to volunteer information will take proper precautions for preventing

unintentional disclosure of confidential information. Information gained through the OKMRC database, deployment records, privileged communications, volunteer applications, or other avenues is considered confidential and disclosure by staff can result in civil or criminal penalties.

2.2 Equal Opportunity Statement

The OKMRC extends equal opportunity to individuals who meet the membership requirements and complete the OKMRC orientation, and agree to adhere to the guidelines established in this Handbook, regardless of race, color, religion, national origin, sex, or disability.

2.3 Application Requirements

To be eligible for membership in the OKMRC, applicants must:

- Be a citizen of the United States of America, or a legal/registered immigrant, or a student
- Be at least 18 years of age
- Provide current mailing address, contact information, date of birth, and Social Security number via completion of the online application
- Give the OKMRC permission to conduct a criminal history check and verify credentials if applicable
- Allow a photo to be taken and kept on file

2.4 Volunteer Requirements

The OKMRC has established minimum requirements that all volunteers must meet. Volunteers must:

- Complete the OKMRC required trainings
- Satisfactorily complete a Criminal History Investigation
- Provide accurate and verifiable Licensure and Certification information if applicable
- Respond to call down and notification drills in the timeframe allowed

2.5 Background Checks

Criminal history investigations will be conducted upon application, and every 5 years thereafter. Volunteers are required to notify the OKMRC program office of any change in criminal history. The OKMRC reserves the right to examine a volunteer's background and criminal history at any time.

2.6 Licensure

Licensed medical professionals volunteering in a medical capacity must supply the OKMRC with all of the following information:

- License numbers and expiration dates
- Name of the institution issuing the medical degree or credential
- Date of graduation
- Employment history

The volunteer is responsible for notifying the OKMRC program office of any change in licensure or criminal history status.

2.7 Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

In Oklahoma, the Medical Reserve Corps volunteer registry also serves as the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). ESAR-VHP, a program of the Department of Health and Human Services, is intended to provide a structured framework for developing a database from which medical volunteers can be registered, credentialed, queried, and deployed. Oklahoma was one of the first states to integrate their MRC and ESAR-VHP programs.

2.8 Civil Liability Coverage

The State of Oklahoma provides limited liability coverage to OKMRC volunteers when activated by a local, county, or state health department as described in Oklahoma Statute §76-32. This coverage applies only under these circumstances and specifically provides protection for volunteers acting in good faith and within the scope of their license. Any OKMRC volunteer who self-deploys will not have liability protection.

Oklahoma Statute §76-32 Section G:

Any person participating in the Oklahoma Medical Reserve Corps and assisting with emergency management, emergency operations, or hazard mitigation in response to any emergency, man-made disaster, or natural disaster, or participating in public health initiatives, disaster drills, or other activities designed to strengthen emergency response that are endorsed by a city-county health department, county health department or the state health department in the State of Oklahoma, shall not be liable for civil damages on the basis of any act or omission, if:

1. *The person was acting in good faith and within the scope of the official duties and functions of the Oklahoma Medical Reserve Corps; and*
2. *The acts or omissions were not caused from gross, willful, or wanton acts of negligence.*

2.9 Workers' Compensation

Volunteers are not protected by Oklahoma Workers' Compensation laws and are advised of this policy during the OKMRC Orientation.

2.10 Identification Badges

All approved OKMRC volunteers will receive a statewide identification badge that has a specified expiration date. Before a new badge is issued, the OKMRC will conduct a new background check and credential verification. Contact your local unit coordinator or the county health department for details.

During deployment, OKMRC badges are to be worn clearly visible on the upper torso.

OKMRC IDs are the property of the OKMRC program and must be returned to the program office upon termination of the volunteer's relationship with the OKMRC.

2.11 Uniforms

The OKMRC provides volunteers with a statewide identification badge, lanyard, and shirt or vest identifying them as a verified member of the OKMRC. Volunteers should present their OKMRC badge and wear their OKMRC response shirt when responding on behalf of the program. The OKMRC Code of Conduct prohibits the consumption of alcohol while wearing OKMRC apparel.

2.12 Communications

Ongoing communication with volunteers is a critical component of the OKMRC program. Please update your volunteer profile regularly to ensure you stay informed of OKMRC program information, activities, and deployments.

2.12.1 OKMRC Database and Website

The OKMRC database is a statewide ESAR-VHP compliant system used to pre-identify and manage volunteers willing to respond during a public health emergency by providing current and verifiable information regarding identity and credentials. The OKMRC website, www.okmrc.org, provides volunteers access to current program information and opportunities for training, activities, events, and response.

2.12.2 Regular Communication

The OKMRC Administrative Team or local OKMRC Unit Coordinators will notify volunteers of new opportunities and share information using various forms of communications. Regular communications are conducted via the OKMRC website, social media, e-mail, phone, and the U.S. Postal Service.

The MRC Monitor, OKMRC's nationally recognized newsletter, is distributed to all volunteers twice per year. *The MRC Monitor* includes recognition of recent volunteer efforts, upcoming trainings and events, pertinent items of interest, and information submitted from local community partners.

2.12.3 Emergency Notification

When appropriate, the OKMRC Administrative Team will alert OKMRC members about the status of emergencies, most often by e-mail. This gives the volunteer situational awareness as well as the potential for OKMRC's involvement in the response. On-going alerts are disseminated as the situation warrants.

In the event of a public health or medical emergency where OKMRC volunteers are activated the following systems will be used to contact you:

- Automated phone notification system
- E-mail
- Mass media
- Social media

During emergencies, the most effective way to get deployment information is from the OKMRC website and social media pages. If we are requested, we will distribute the information as soon as possible. You may be asked to log in to the website to indicate your availability and sign up for deployment through the OKMRC website. It is not necessary to contact OKMRC personnel at that time.

3. VOLUNTEER POLICIES

3.1 Enrollment

Prospective volunteers must complete the OKMRC application found online at www.okmrc.org. If an individual does not have access to the Internet, they may contact their local county health department for assistance.

3.2 Orientation

Applicants are required to complete the OKMRC Orientation before their application is processed. The OKMRC Orientation is available online at www.okmrc.org and may also be presented in a classroom setting. All scheduled OKMRC Orientations will be posted on the website, or you can contact your local county health department for more information.

3.3 Training

The OKMRC is transitioning from the previous four tier training curriculum to incorporate the current MRC Volunteer Core Competencies, based on the Core Competencies for Disaster Medicine and Public Health. Organized into four Learning Paths, the Core Competencies for Disaster Medicine and Public Health represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit.

The Competencies for Disaster Medicine and Public Health (DMPH) are widely understood to be the knowledge needed for a health care professional and/or first responder to perform a task in a safe and consistent manner. Utilizing the DMPH Competencies as the baseline core competency set for MRC volunteers makes collaboration between MRC units and other partner organizations more efficient.

Volunteer Preparedness	Volunteer Response	Volunteer Leadership	Volunteer Support for Community Resiliency
Demonstrate personal and family preparedness for disasters and public health emergencies.	Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency.	Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency.	Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.
Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency.	Communicate effectively with others in a disaster or public health emergency.	Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies.	Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.
	Demonstrate knowledge of surge capacity assets consistent with one's role in organizational, agency, and/or community response plans.		Demonstrate knowledge of short- and long- term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency.
	Demonstrate knowledge of principles and practices for the clinical management or all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice.		

3.3.1 Required & Recommended Trainings

The previously required and recommended trainings will continue to be required and recommended.

OKMRC Orientation is required prior to processing your application.

Completion of the following courses is required within one year of joining the OKMRC.

All required courses are available in the Online Training of the OKMRC Website.

- OKMRC Orientation
- Family first: Making a Family Emergency Plan
- FEMA IS-100a Incident Command System (ICS)
- FEMA IS-700a National Incident Management System (NIMS)

The following courses are recommended for OKMRC volunteers:

- Psychological First Aid
- CPR/AED/First Aid
- CERT – Community Emergency
- FEMA IS 200 ICS for Single Resources (online)

Many OKMRC trainings are available online within the Online Training portion of the OKMRC Website. Training profiles are maintained within OKMRC website. Trainings completed with the OKMRC will be verified within the training profile. If a volunteer has additional trainings, they may be uploaded to their profile via the Upload Tool. Training notebooks are provided as available for volunteers to maintain a folder of completed trainings and certificates.

Just-in-Time Training is a streamlined on-scene training generally offered to volunteers just prior to deployment. It is job specific, and conducted to train personnel to immediately perform and function within a response. Should a volunteer assignment require training specific to the requesting agency, the requesting agency is required to provide volunteers with such training.

3.4 Expectations and Involvement

Membership in the OKMRC is voluntary. Volunteers are expected to update their online profiles when information changes, and respond to call down drills in the time allowed. Volunteers are encouraged, but not required, to participate in all planned meetings, exercises, and trainings that support emergency preparedness efforts and public health initiatives in their local community.

3.5 HIPAA

All OKMRC volunteers are required to abide by the Health Information Portability and Accountability Act (HIPAA) of 1996, regardless of their volunteer role within the organization.

3.6 Code of Conduct

Members of the OKMRC serve as ambassadors for the OKMRC program, the Oklahoma State Department of Health, and the Office of the Surgeon General. When acting on behalf of the OKMRC, volunteers should conduct themselves in a professional manner.

Examples of conduct unbecoming an OKMRC volunteer include, but are not limited to the list below. Other actions not listed herein but deemed illegal, immoral, indecent, obscene, or discrediting to the OKMRC program, may result in dismissal:

- **SELF DEPLOYMENT**
- Sexual harassment of any kind
- Physical or verbal aggression
- Use or possession of illegal substances
- Use of alcohol during working hours
- Falsification or misrepresentation of credentials
- Discourteous or disrespectful language including profanity
- Violation of safety rules, or other OKMRC policies
- Performance of unsafe work practices
- Threatening, intimidating, or coercing of others
- Disclosing confidential information
- Refusing to follow instructions from supervisory personnel
- Misuse, damage, or destruction of property
- Photographing victims of the incident, with or without their permission
- Possession of a firearm while performing OKMRC duties, even if the volunteer is licensed

3.7 Termination of Membership

Membership in the OKMRC is voluntary, and this relationship may be terminated at any time by the OKMRC program or by the individual volunteer. Volunteers who decide to terminate their membership in the OKMRC are asked to do the following:

- Contact your local unit coordinator and advise them of your termination
- If possible, the courtesy of two weeks' notice is requested
- Return the ID badge, lanyard, and OKMRC T-shirt(s)
- Participate in an exit interview, if possible

4. VOLUNTEER UTILIZATION

OKMRC volunteers will have opportunities to participate in activities other than response. These activities provide volunteers with training and experience, as well as promoting the organization in local communities. Examples of non-emergency activities include:

- Exercises (drills, tabletops, functional, or full-scale)
- Public awareness campaigns
- Vaccination clinics (flu, etc.)
- Public health education events
- OKMRC recruitment events
- Special projects
- Community sponsored events
- Administrative support

4.1 Mass Vaccination/ Mass Dispensing Clinics

The OKMRC will augment existing agencies to help staff a Mass Immunization/ Prophylaxis Strategy (MIPS) clinic. The purpose of this clinic is to provide preventive medication to a large population in a short amount of time.

Key components of each clinic will include:

- Traffic control
- Crowd control
- Security
- Triage for ill or contact
- Contact evaluation
- Orientation video rooms
- Forms distribution
- Forms review
- Medical screeners
- Physician evaluators
- Vaccinators/Witnesses
- Vaccine preparation
- Medical records
- Data entry
- IT support
- Supply management
- Staff support
- Counselors/Educator
- Translator

4.2 Emergency Activation

The OKMRC provides support for incident response by augmenting medical and public health personnel when local resources are overwhelmed or exhausted. The OKMRC does not act as a freestanding medical resource. OKMRC volunteers are directly integrated into the overall local Incident Command System structure. Activation of the OKMRC is driven by a public health or medical response and depends upon the size, scope, and nature of an incident. Local response remains priority for local units and response needs are determined at the local level. Local Unit Coordinators or their designee will contact volunteers who have indicated a willingness to respond.

OKMRC volunteers should be used according to their training and capabilities. Self-deployment negatively affects response efforts and is strictly prohibited. OKMRC

volunteers should not report to a disaster scene or staging area without confirmation of their deployment from the OKMRC Administrative Team. Only verified OKMRC volunteers responding to an official activation by city, county, or state health departments are covered by the state's liability laws.

4.3 Volunteer Accountability

The tracking of volunteer participation at OKMRC functions, trainings, or events helps the OKMRC Program to plan, document, and evaluate volunteer involvement. During a response, personnel accountability is crucial to ensuring the safety of OKMRC volunteers. Volunteers must adhere to the following deployment rules:

- **Never** self-deploy under any circumstances.
- Report to the local staging area and sign in and out for all scheduled shifts.
- Any additional shifts are assigned through the OKMRC coordinator.

4.4 Incident Command

Under Homeland Security Presidential Directive 5 (HSPD-5), the Federal Government has created the National Incident Management System (NIMS). This integrated system establishes a uniform set of processes, protocols, and procedures that all emergency responders, at every level of government, will use to conduct response actions. The OKMRC has adopted the NIMS guidelines, and responses will be managed under the organizational structure set forth in Incident Command System (ICS) protocols. ICS provides structured management and communications, allowing smooth expansion and contraction of incident response. OKMRC volunteers deployed for emergency events are integrated into the existing ICS structure of the requesting agencies/organizations and should operate in accordance with ICS principles.

4.4.1 How ICS Applies to You

- Sign in and out of the scene
- Report to only one person
- Stay within assigned role
- All media requests must be coordinated through the designated Public Information Officer (PIO), we do not speak to the media
- Accurately document all response activity on an ICS 214 log

4.4.2 ICS Scene Safety Tips

- Follow the pre-established Incident Command System Structure
- Let your supervisor know when you need a break
- Never enter a scene, POD, or clinic site without first notifying your supervisor
- As part of the reporting structure, you should not start a new role, leave your previous role, or leave the site without first speaking with your supervisor

4.5 What to Expect During an Activation

When an incident occurs and OKMRC assistance is requested, the Administrative Team will provide as much information as possible before you report for duty.

It is important to wait for official notification of OKMRC activation and deployment. During this time, the appropriate information about where and when to report will be provided.

4.5.1 When Activation is Confirmed and Your Assistance is Requested

- Refer to the deployment checklist and evaluate your ability to respond, including physical, mental, and financial fitness
- If medications are being provided to the public, deploying volunteers will receive enough preventative medication or vaccine for themselves and their families
- Consider modes of transportation
- Notify family / activate your family emergency plan if needed
- Report at the time and place specified

4.5.2 Deployment Checklist

- Wear comfortable clothing, and closed toe shoes. The OKMRC T-shirt is the uniform for all responses. Scrubs, tactical pants, or jeans are acceptable provided they are clean and in good repair. Shorts are acceptable in hot weather, but must be cargo or walking style. Athletic shorts, swimwear, and flip-flops are unacceptable.
- Bring a backpack or small bag with personal items (e.g. medication, glasses, and snacks).
- Do bring your OKMRC ID card and another form of identification, such as a driver's license, to all responses. OKMRC IDs are to be worn on the upper torso.
- If you have a medical license, bring it or a copy with you.
- Do not bring valuables or weapons.

It is critical that response volunteers do not increase the burden placed on an already overstressed infrastructure. During a deployment, you must be self-sufficient; and provide your own transportation, meals, water, and other necessities unless otherwise notified. The OKMRC Administrative team will be available at all times during any deployment to assist you any way we can. In most instances, an OKMRC Administrative Team member, Coordinator or Staging Liaison will be on scene to assist you.

4.5.3 Things to Remember

- Your decision to participate in response efforts is voluntary. While the OKMRC greatly appreciates every volunteer who responds to a request, if doing so will adversely affect you physically, mentally, or financially, consider declining the request. There will be opportunities in the future to respond.

- OKMRC volunteers are provided the appropriate training before a response and should never be asked to perform duties for which they are not licensed or that they feel uncomfortable doing. If you ever feel uncomfortable with an assigned task, tell your supervisor immediately and inform your OKMRC Unit Coordinator as soon as possible.
- Medical personnel must always work within their scope of practice

Like most successful volunteer programs, our most valuable asset is **you**-the volunteer! Your commitment to making Oklahoma a better prepared, more resilient state is greatly appreciated; and will benefit generations to come. The OKMRC is growing, thanks to the numerous and unique contributions of its members. Regardless of the amount of time you are able to offer; you are a valued member of the OKMRC team.

Thank you for volunteering with the Oklahoma Medical Reserve Corps!

APPENDIX: DICTIONARY OF COMMONLY USED ACRONYMS

ACRONYM	DEFINITION
AAR/IP	After Action Report/Improvement Plan
ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
CBO	Community Based Organizations
CDC	Centers for Disease Control and Prevention
CHE	Catastrophic Health Emergency
COOP	Continuity of Operations Plan
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Teams
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FBO	Faith Based Organizations
FE	Functional Exercise
FOG	Field Operations Guide
FOUO	For Official Use Only
FSE	Full-Scale Exercise
IAP	Incident Action Plan
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
JITT	Just-in-Time-Training
JOC	Joint Operations Center
MERC	Medical Emergency Response Center
MIPS	Mass Immunization/Prophylaxis Strategy
MMRS	Metropolitan Medical Response Systems
MRC	Medical Reserve Corps
NDMS	National Disaster Medical System
NGO	Non-Governmental Organizations
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
NRF	National Response Framework
OEM	Office of Emergency Management
OKOHS	Oklahoma Office of Homeland Security
OKVOAD	Oklahoma Volunteer Organizations Active in Disasters
PIO	Public Information Officer or Information Officer
POD	Point of Dispensing (Health Use)
POD	Point of Distribution (FEMA Use)
PPE	Personal Protective Equipment

RMRS	Regional Medical Response System
SA	Salvation Army
SITRM	Situation Room
SNS	Strategic National Stockpile
TALON	Texas, Arkansas, Louisiana, Oklahoma and New Mexico (HHS Region VI)
TCL	Target Capabilities List
TTX	Tabletop Exercise
ZTF	Zombie Task Force