

# CNYMRC Unit Manual



CNY REGIONAL

**Medical Reserve Corps**



Serving Cayuga, Cortland, Jefferson, Lewis, Madison, Onondaga, Oswego and Tompkins Counties

# Central New York Medical Reserve Corps

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## History of the Medical Reserve Corps

### Uniting Communities, Preparing the Nation

Following the events of September 11, 2001 and in his 2002 State of the Union message, then President George W Bush called upon all Americans to make a lifetime commitment of at least 4,000 hours—the equivalent of two years of their lives—to serve their communities, the nation, and the world. President Bush announced the creation of the **USA Freedom Corps** to help Americans answer his call to service and to foster the culture of service, citizenship, and responsibility.

The **Citizen Corps** is a component of the USA Freedom Corps that encourages individuals to volunteer to help their communities prepare for and respond to emergencies.

The **Medical Reserve Corps** (MRC) is a Citizen Corps organization housed in the Office of the Assistant Secretary for Preparedness and Response (ASPR) within the Department of Health and Human Services. The MRC brings together local health professionals and others with relevant skills to volunteer in their community. They assist existing community emergency medical response systems as well as provide a group of readily trained and available resources to help their community manage pressing public health needs.

## About the Central New York Medical Reserve Corps

### Background

The central New York counties—Cayuga, Cortland, Jefferson, Lewis, Madison, Onondaga, Oswego, and Tompkins—participate in a regional public health alliance. In 2005, the alliance contracted with Upstate Emergency Medicine Inc. to create the Central New York Medical Reserve Corps (CNYMRC). In 2008, oversight of the CNYMRC returned to the regional alliance with Onondaga County accepting management of the unit.

### Mission

To recruit, organize, and train volunteer health and support professionals to enhance existing County health and emergency response during public health emergencies.

### Unit Objectives

- Recruit, train and sustain a corps of healthcare and support professionals to respond, when requested, to a local or regional crisis.
- Provide opportunities for members to assist with non-emergency public health functions, such as public awareness campaigns, vaccination clinics, and health education.
- Deliver comprehensive training opportunities to members through simulation exercises, classroom and online training, access to educational resources, and other possible course formats.
- Foster a culture of acceptance, recognition of the value of volunteers, and utilization of volunteer staffing.

### What We Do

The CNYMRC has assisted with public health needs within our region and has been deployed within the State. Most recently, the CNYMRC assisted our counties with COVID-19 vaccinations. We have been deployed to medical needs shelters after major storms, assisted with influenza and tetanus vaccinations, presented preparedness training to residents in our communities, and provided first aid and support to community events.

### Volunteer Recruitment (new members)

Volunteer recruitment is ongoing. Methods include:

- Word of mouth from coordinator and current members
- Media campaigns
- Presentations to partner organizations (businesses, colleges and universities, community organizations)
- Presentations to government agencies and healthcare organizations

## **Enrollment**

Anyone age 18 and older who sincerely wants to be a member of the CNYMRC and support its mission is welcome to join at any time. CNYMRC members agree to be available in the event of a large public health or community emergency which has the potential to overwhelm traditional response systems. Volunteers must be able to work under stressful conditions and be prepared to respond with little notice. The CNYMRC encourages members to discuss their participation with their families and employers.

Enrolling in the CNYMRC occurs through ServNY, the NYS Department of Health's (NYSDOH) web-based volunteer registry. Registration is accessed at [www.ongov.net/health/mrc](http://www.ongov.net/health/mrc) by clicking on the "Join Today" link. The CNYMRC contacts applicants for any needed additional information.

Upon enrolling, members are eligible for training programs and ongoing information updates. There are additional requirements before members are assigned badges and are allowed to participate in the full range of activities on behalf of the CNYMRC.

The CNYMRC reserves the right to dismiss volunteers from service at any time.

## **Licensure and Credentialing**

Healthcare professionals without a current license can participate in the CNYMRC in a support capacity. A current license in good standing is required to act in a healthcare capacity. Inactive and active healthcare professionals are required to provide license information on the ServNY enrollment form. The NYSDOH verifies licenses and credentials regularly.

## **Membership Levels**

### **Level 1—Enrolled Member:**

As soon as volunteers enroll in the CNYMRC, they are assigned to this membership level. Level 1 volunteers cannot assist during a response nor participate in drills and exercises. Level 1 volunteers can advance to Level 2 by taking any of the required training courses.

### **Level 2—Associate Member:**

Level 2 volunteers have attended orientation or submitted a certificate for a required training course. Level 2 volunteers are in the process of completing required training courses [See *Appendix B--Resources: Required Training Courses*]. Level 2 volunteers can participate in unit activities. While assisting in a response or exercise, Level 2 healthcare volunteers are assigned to support roles. Level 2 volunteers can participate in other unit activities as their licensure and skill level allow.

### **Level 3—At the Ready Member:**

Level 3 volunteers have attended orientation and completed all required training courses. Level 3 volunteers may choose to be involved only during a disaster. Level 3 medical volunteers can participate as licensure and skill level allow. Level 3 volunteers can participate in any unit activity, becoming a Level 4 member.

### **Level 4—Full Member:**

Level 4 volunteers have attended orientation and completed all required training courses. Level 4 volunteers participate in at least one unit activity annually. Level 4 volunteers can participate in any unit activity as their licensure and skill level allow.

### **Level 5—Advanced Member:**

Level 5 volunteers are those volunteers who want to take on more responsibility in the CNYMRC. They may be able to assume leadership roles in unit activities. To become Level 5, volunteers are required to complete *IS-200: ICS for Single Resources and Initial Action Incidents*. A customized training plan is created based on the volunteer's interest.

All membership levels receive all unit communications including response requests, event calendars, and quarterly newsletters.

	Level 1	Level 2	Level 3	Level 4	Level 5
Enrolled	YES	YES	YES	YES	YES
Complete Orientation or Required Course	NO	YES	YES	YES	YES
Complete <u>all</u> required courses	NO	NO	YES	YES	YES
Participate in response**, drill, exercise	NO	YES after completing a required course, limited to support roles	YES	YES	YES can supervise if requested
Participate in regular unit/ community activities	NO	YES, after completing a required course	YES	YES (must participate in one/year)	YES can supervise if requested
Complete IS-200					YES
Complete personalized training plan					YES

\*\*For rapid deployment of volunteers, County Health Directors/Commissioners may choose to forgo training requirements during a declared public health emergency.

## CNYMRC Member Expectations

### Code of Conduct

When representing the CNYMRC, members are expected to:

- Respond as a CNYMRC volunteer ONLY when activated and scheduled by the CNYMRC;
- Perform only at professional skill, training, license, or CNYMRC unit membership level, following accepted standards of professional practice;
- Wear proper CNYMRC identification;
- Be courteous, respectful, and professional;
- Maintain patient confidentiality.

### Member Service Requirements

- Members must keep the coordinator informed of changes to profession, licensure, contact information, and availability.
- Members should complete required training within one year of enrolling.

## Training

Training is key to establishing a corps of ready volunteers. The CNYMRC developed a training program based on the Medical Reserve Corps Core Competencies. The competencies provide the framework for the unit's training program and assist in describing what communities can expect of their MRC units. The uniformity affords better interoperability among MRC units, making collaborations among MRC units and their partners more efficient. Members who wish to be involved in unit activities must complete the required courses within one (1) year of enrolling in the CNYMRC. These courses are available in-person and online.

### Training Records

The coordinator keeps members informed of upcoming in-person and online training opportunities through the quarterly newsletter and email. Any certificates provided to the coordinator concerning any training the volunteer has completed are secured in the volunteer's file. It is the responsibility of the volunteer to submit records to the coordinator. It is recommended that members retain a copy of all records in their own files.

## **Orientation**

The unit orientation includes a summary of the Medical Reserve Corps, including the response plan, member requirements, and member opportunities. Orientation is also for interested individuals wanting to learn more about the CNYMRC as they consider becoming members.

## **Required Training**

All required courses can be taken online or as part of in-person training days. Courses taken before joining the CNYMRC can be credited when a certificate of completion is submitted to the coordinator (See *Appendix B--Resources: Required Courses*).

### **Personal Preparedness**

**IS-100.c or IS-100.HC: Introduction to the Incident Command System**

**IS-700.b: National Incident Management System, An Introduction**

**Psychological First Aid**

**CPR or its equivalent** (for healthcare professionals)

## **Supplementary Training**

Supplementary training courses are optional courses to assist members in expanding their knowledge base and comfort level in responding to a crisis. These courses can be taken at any time and there is no time limit to complete the courses. Information about supplementary courses is available in the monthly events calendars and quarterly newsletters. CNYMRC members are encouraged to submit course ideas for review (See *Appendix C--Resources: Supplementary Courses*). The following are examples of supplementary training:

**Standard Precautions and Respiratory Hygiene**

**Risk Communication**

**Standard First Aid**

**Core Disaster Life Support**

**IS-200.c: ICS for Single Resources and Initial Action Incidents**

Whenever possible, through the establishment of partnerships, the CNYMRC offers profession-specific training, such as trauma care for RNs or psychological response to disasters for mental health professionals.

One of the best resources for understanding and preparing for a crisis is participating in drills and exercises. These training opportunities come from a variety of sources—local health departments, partner organizations, and hospitals. CNYMRC members should consider participating in at least one drill or exercise. To participate in a drill or exercise as a full healthcare volunteer, the member must have achieved at least Level 3 membership.

## **Activation (Requesting Volunteers)**

The main purpose of the CNYMRC is to respond in times of crisis in any of its member counties or when called upon by the State of New York. The choice of which members can be called upon for activation depends on several factors—which counties the member is willing to serve, membership status, the needed professions requested by the county in crisis, and availability as indicated to the CNYMRC. Members are never required to respond if requested.

## **Regional Service Requests**

When CNYMRC members enroll through ServNY, they are asked to indicate which counties they are willing to serve, and whether they are willing to serve outside the CNY region. Members should keep the coordinator informed of any changes.

## **Membership Status**

Only those members who have completed the required training courses and have achieved Level 3, 4, or 5 membership levels are allowed to be activated for response. The only exception to this requirement is if the County or State, in a declared emergency, has chosen to forgo training requirements in lieu of urgency.

### **Requested Professions**

Affected counties determine what services they will request the CNYMRC to provide, based on the event. Certain professions may be needed more than others. For example, if mass prophylaxis is required, nurses, pharmacists, and clerical support are needed more than mental health professionals. Any CNYMRC member can serve in any support position needed.

### **Member Availability**

Members should keep the coordinator informed of any long-term changes to availability, such as a job schedule change, medical leave, or bi-state residency.

### **Availability During a Crisis**

Members will need to determine at the time of a crisis if they are available for deployment. Members should address personal and work obligations before deploying. No member is required to deploy when called upon. Not deploying has no effect on future deployment requests.

### **Activation Events**

The CNYMRC may be activated for a number of reasons. These include, but are not limited to, a mass prophylaxis campaign, a medical needs shelter, a hospital surge, and emergency hotlines. The CNYMRC can be requested for a variety of tasks, medical and support.

### **The Hierarchy of Activation**

Each county makes the decision whether the CNYMRC is needed for a crisis. The county's Emergency Management along with the local Health Department decide the role(s) the CNYMRC is needed to fill. The CNYMRC Coordinator is contacted with request details. This activation process is quick, typically within 30 minutes of notification of the originating request.

### **CNYMRC Member Activation Responsibility**

Members can respond to a crisis as a CNYMRC member **ONLY** if they have been activated by the coordinator (or the Public Health Preparedness Coordinator in each county health department, as back-up). Reporting when not activated and scheduled by the CNYMRC results in the loss of liability protections and workers compensation (see *Liability Protections*). It will also result in immediate dismissal from the CNYMRC.

All members will be contacted about emergency needs through the notification system. For further information about the notification system, see *Appendix E--FAQS: Emergency Activation Notifications*.

## **Unit Activities (non-emergency)**

The CNYMRC has a non-crisis role in public health and community preparedness. Activities include, but are not limited to, influenza vaccination clinics, preparedness awareness campaigns, and health fairs. The CNYMRC also partners with community events throughout the region to provide medical and support services. This may include first aid stations, aid stations at races, and clerical support. The activities the CNYMRC chooses to participate in are based on the following criteria:

- The event has a public health or preparedness component OR
- The event has a medical/healthcare focus or component

Members can participate in public health, preparedness, and community activities once they reach Level 2 membership.

## Liability Protections

CNYMRC members are defended and indemnified against personal liability, by the County (or other agency) that engages them, except for activities outside the scope of their volunteer responsibilities. Medical professionals must additionally maintain their own malpractice coverage. CNYMRC volunteers **may** be covered by the requesting County under Workers Compensation rules and laws for work-related injuries.

Liability protections for volunteers is standard for declared emergencies. Liability protection is **not** standard for public health and community activities. Refer to *Appendix D--Volunteer Liability Coverage, by County* for information on CNYMRC counties and liability. Community activities do not typically carry volunteer liability protections. Liability protections are in place only when volunteers are activated and scheduled as part of a response.

## Communication

**Emergency Communication:** In the event of a local or regional disaster, the CNYMRC Coordinator will contact volunteers via an automated notification system. This message is sent by phone, email, and text (if provided) to all CNYMRC members. Remember that you may not respond to an emergency as a CNYMRC member unless you are contacted and scheduled by the CNYMRC to do so.

For further information about the notification system, see *Appendix E--FAQS: Emergency Activation Notifications*.

**Non-Emergency Communications:** The CNYMRC Coordinator shares information with members through a variety of sources: email, the unit web site <[www.ongov.net/health/mrc](http://www.ongov.net/health/mrc)>, and the quarterly newsletter (*CNYMRC Times*).

### Communicating with the Coordinator:

Phone—Office: (315) 435-5262 (weekdays 8:00-4:00)

Email: [cnymrc@ongov.net](mailto:cnymrc@ongov.net)

## Disciplinary Policy for Volunteers

### Introduction and Purpose of the Procedure

The CNYMRC is committed to creating an environment where all volunteers are able to perform to the best of their abilities and achieve job satisfaction. The CNYMRC also recognizes there are occasions when conduct and performance problems arise. The purpose of this policy is to ensure that if such problems do arise, they are dealt with fairly and consistently. This policy sets out the action that will be taken when problems occur.

The aim of the policy is to encourage improvement in individual conduct and performance and to minimize disagreements about disciplinary matters, thereby reducing the need for “counselling out”.

### Principles

If a volunteer is subject to disciplinary action:

- The procedure is designed to establish the facts quickly and to deal consistently with disciplinary issues.
- At every stage the volunteer will be advised of the nature of the complaint and given the opportunity to state their case in a meeting before any decision is taken on whether to impose a warning or other disciplinary sanction.
- The volunteer will be given the opportunity to be represented or accompanied at any disciplinary meeting by counsel.
- In some cases an investigation will be required before a final decision is made on whether to impose a warning or other disciplinary sanction.

There is a right to appeal against any disciplinary action taken against a volunteer (see *Appeals*).



### **Informal Discussions/Counseling**

Most disciplinary problems can be solved by informal discussions or counseling. Before taking formal disciplinary action, the coordinator will make every effort to resolve the matter by informal means, which may include mediation, additional training, or support for the volunteer. This would not be recorded as disciplinary action and would be seen as a process of constructive dialogue.

Only where informal means fail to bring about the desired improvement in a determined time is the formal disciplinary procedure implemented.

### **Formal Procedure**

#### **Formal Verbal Warning**

If, despite informal discussions or training, the conduct or performance still does not meet acceptable standards, the volunteer may, following an appropriate disciplinary meeting, be given a formal verbal warning by the coordinator. The volunteer will be told:

- the reason for the warning
- what the volunteer needs to do to improve the situation
- a time frame within which the conduct or performance needs to be improved
- any support or training that will be provided to support the volunteer
- that the verbal warning is the first stage of the disciplinary procedure

A brief note of the warning will be kept in the volunteer's file and will be removed after 6 months, subject to satisfactory conduct and performance.

#### **Written Warning**

If there is no improvement in conduct or performance within the prescribed time, or if a further offense occurs, the volunteer will receive a letter from the coordinator. The letter will contain:

- details of what the volunteer is alleged to have done wrong
- the reason(s) the current behavior or performance is unacceptable
- an invitation to attend a disciplinary meeting at which the problems can be discussed
- information about the right to be accompanied by counsel at the disciplinary meeting
- copies of any documents that will be referred to at the disciplinary meeting

The disciplinary meeting should take place as soon as is reasonably possible but with sufficient time for the volunteer to consider their response to the information contained in the letter. The meeting will be an opportunity for both the volunteer (with their representative) and the coordinator to talk about the allegations at issue with a view to establishing whether the disciplinary action is to progress.

Where, following the disciplinary meeting, it is decided that no further action is warranted, the volunteer will be informed in writing.

Where, following the disciplinary meeting, the volunteer is found to be performing unsatisfactorily or their behaviour is deemed unsatisfactory, they will be given a written warning which will set out:

- the performance and/or behavior problem
- the improvement that is required
- the date for achieving the improvement
- any support that will be provided to assist the volunteer
- a statement that failure to improve could lead to a final written warning and ultimately dismissal
- a review date
- the appeal procedure

A copy of the written warning will be kept in the volunteer's file and will be removed after 12 months subject to satisfactory conduct and performance. Where a written warning is given, the county's health department will be advised and kept up to date about any progress.

#### **Final Written Warning**

If the conduct or performance still remains unsatisfactory by the stipulated date, or if the misconduct is sufficiently serious to warrant only one written warning, a further disciplinary meeting (where the county's Health Department Commissioner/Director or representative will be present) will be called with the volunteer and their representative. The disciplinary meeting will be an opportunity for the volunteer to answer the issues raised by the CNYMRC.

Where this meeting establishes that there has been a failure to improve or change behavior, then a final written warning will be given to the volunteer. The final warning will:

- give details of and the grounds for the complaint
- set out the improvement that is required and a time frame
- make it clear that any recurrence of the offence, lack of improvement or other serious misconduct within the stipulated period of time will result in dismissal
- explain the volunteer's right of appeal, including the process and to who they may appeal

A copy of the final written warning will be kept in the volunteer's file and will be removed after 12 months subject to satisfactory conduct and performance.

### **Dismissal**

If the volunteer's conduct or performance still fails to improve or if further serious misconduct occurs, the final stage in the disciplinary process may be instituted and the volunteer dismissed. The decision to dismiss will be made by the Health Department Commissioner/Director following an appropriate hearing and the volunteer being given the opportunity to state their case and put forward any mitigating circumstances. Following the hearing the volunteer will be informed as soon as possible as to the outcome and the reason for the dismissal and the right of appeal.

### **Gross Misconduct**

Where a volunteer is found guilty of gross misconduct, they will normally be subject to summary dismissal and the above procedures regarding progression of warnings will not apply. Where there is an allegation of gross misconduct, the coordinator will carry out an immediate investigation. The volunteer will have an opportunity to participate in that investigation and answer the allegations of gross misconduct. While the alleged gross misconduct is being investigated, the volunteer may be suspended. Any decision to dismiss will be taken only after an investigation and a disciplinary hearing.

If, after investigation and disciplinary hearing, it is deemed that the volunteer has committed an offense of gross misconduct, the normal consequence will be dismissal without notice. The volunteer will be notified in writing of the dismissal and appeal process as soon as possible.

The type of actions that may constitute gross misconduct include, but are not limited to, the following:

- theft, fraud, deliberate falsification of company documents
- violent behavior, fighting, assault on another person
- deliberate damage to company property
- harassment
- reporting for duty under the influence of alcohol or drugs
- gross negligence
- gross insubordination
- HIPAA violation
- the possession of firearms while on duty

### **Appeals**

If a volunteer wishes to appeal any disciplinary decision, they must appeal in writing to the coordinator within five working days of the receipt of the written notice. The coordinator will work with the Sponsoring Organization and/or its Board of Directors to convene an Appeals Sub-committee to hear the appeal and the volunteer will be invited to a meeting with the Appeals sub-committee. The volunteer will have the right to be accompanied by counsel to the appeal meeting.

The coordinator will not be a member of the Appeals sub-committee and the decision of the Appeals sub-committee is final.

# Central New York Medical Reserve Corps

## Appendices

Appendix A	FAQs: Local/Regional Emergency Deployment
Appendix B	Resources: Required Courses
Appendix C	Resources: Supplementary Courses
Appendix D	Table: Volunteer Liability Coverage, By County
Appendix E	FAQs: Emergency Activation Notifications
Appendix F	Sample Job Aid Sheet

## **Appendix A**

### **Local/Regional Deployment**

**Q: How will I be notified if I am needed for a disaster?**

A: You will be contacted by phone, text, and email. See Appendix E for further information about the notification system.

**Q: There is a disaster in a county I signed up to serve but I have not been contacted. Why?**

A: The main reason may be the CNYMRC has not been asked to deploy. It is very important that CNYMRC members NOT respond unless notified and scheduled by the CNYMRC to do so.

**Q: What if I am not able to help out?**

A: This is OK. Any CNYMRC activity, including disaster deployment, is voluntary. All volunteers should take their personal and work situations into account before deciding if they are able to deploy. Not being able to assist has no effect on future deployment.

**Q: I have been notified and I can help. What do I do next?**

A: The notification will list who to contact and how. You will be asked when you are available, what you are able to do, and how long you are able to do it. From there you will be scheduled and assigned to a location. You should be told who you are reporting to at that location. You should also be told of the conditions you may encounter, any special arrangements being made, and what personal items you should bring.

**Q: What do I need to bring?**

A: Any medical supplies and equipment should be provided by the requesting authority. If you are being asked to stay for an extended period of time, you will be provided with a list of personal items you should bring. You should always bring your CNYMRC ID badge and drivers license/state ID card for identity verification. You may also want to bring a copy of your professional license.

**Q: What do I do when I get to my assignment?**

A: You need to check in at the site, find your assigned supervisor, and be updated on any pertinent information.

**Q: My shift is over. Is there anything else I need to do?**

A: Make sure you check with your assigned supervisor for any shift-closing tasks. You need to officially sign out of your location. You are not officially off-duty until you reach your next destination (home, work, etc.). For any state-level deployments, you should contact the coordinator upon your return home. This tracking is part of safety protocols.

**Q: What should I do when the disaster is over?**

A: Every response has an after action review (AAR). Providing the coordinator with your opinion of what worked and what did not in each step of the response effort is important for making improvements to response plans. Develop your concerns into well thought out ideas with potential solutions. If you find that you are not coping with the psychological effects of your response, contact the coordinator immediately so you can receive needed care.

## Appendix B

### Resources: Required Courses

Required Course	Resource
CNYMRC Orientation	In-person: Offered as part of in-person required courses training days.  Online: <a href="http://www.ongov.net/health/mrc/training.html">http://www.ongov.net/health/mrc/training.html</a>
Personal Preparedness	In-person: Offered as part of in-person required courses training days.  Online: <a href="https://www.train.org/cdctrain/course/1081145/">https://www.train.org/cdctrain/course/1081145/</a>
Psychological First Aid	In-person: Offered as part of in-person required courses training days.  Online: <a href="https://learning.umn.edu/search/publicCourseSearchDetails.do?method=load&amp;courseId=1735854#courseSectionDetails_23718916">https://learning.umn.edu/search/publicCourseSearchDetails.do?method=load&amp;courseId=1735854#courseSectionDetails_23718916</a>
IS-100.c: Introduction to the Incident Command System (ICS)	In-person: Offered as part of in-person required courses training days.  Online: <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c">https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c</a> **
IS-700.b: National Incident Management System (NIMS), An Introduction	In-person: Offered as part of in-person required courses training days.  Online: <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b">https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b</a> **
Cardiopulmonary Resuscitation (CPR)	American Red Cross: <a href="http://www.redcross.org">www.redcross.org</a> American Heart Association: <a href="http://www.heart.org">www.heart.org</a> American Safety & Health Institute: <a href="http://www.shi.com">www.shi.com</a>

\*\*Training courses hosted by FEMA require a FEMA Student Identification (SID) Number. The link to sign up for a FEMA SID is on the main page for each course.

In-person training is communicated by email in the quarterly newsletter or monthly events calendar. The newsletter is emailed to members the first week of January, April, July, and October. Events calendars are emailed mid-month.

Currently, reimbursement for any fees up to \$40 associated with required courses (currently CPR or its equivalent) is offered to CNYMRC members. To receive reimbursement, send a copy of your certificate and receipt to the coordinator. The ability for the CNYMRC to reimburse for any course or the amount of reimbursement may change at any time, without prior notice to members of the CNYMRC.

To receive credit for online courses, members must send certificates to the coordinator.

Email: [cnymrc@ongov.net](mailto:cnymrc@ongov.net)  
 Fax: (315) 435-3613  
 Address: CNYMRC/OCHD  
 421 Montgomery St., 9<sup>th</sup> Fl.  
 Syracuse, NY 13202

## Appendix C

### Resources: Supplementary Courses

Supplementary courses enhance both your volunteer and professional training. As these courses are offered or found, information is made available to members via the quarterly newsletter and monthly events calendar. The CNYMRC is not responsible for any fees associated with offered supplementary courses. CNYMRC members are encouraged to share information about possible training courses.

Some of these courses are online, some are classroom. Some are completely free, some have fees attached. Some offer continuing education credits.

Resource	Link
CNY Regional Training Center	<a href="http://www.upstate.edu/cnyrtc/training-class-and-web.php">http://www.upstate.edu/cnyrtc/training-class-and-web.php</a>
Finger Lakes Regional Training Center	<a href="https://www.urmc.rochester.edu/emergency-preparedness/training.aspx">https://www.urmc.rochester.edu/emergency-preparedness/training.aspx</a>
NYS Division of Homeland Security and Emergency Services	<a href="https://www.dhSES.ny.gov/dhSES-training-calendar">https://www.dhSES.ny.gov/dhSES-training-calendar</a>
National Center for Biological Research & Training	<a href="https://www.ncbrt.lsu.edu/elearning/register.php">https://www.ncbrt.lsu.edu/elearning/register.php</a>
Center for Domestic Preparedness	<a href="https://cdp.dhs.gov/training">https://cdp.dhs.gov/training</a>
Federal Emergency Management Agency (FEMA)	<a href="https://training.fema.gov/is/crslist.aspx?page=all">https://training.fema.gov/is/crslist.aspx?page=all</a>

## Appendix D Volunteer Liability Coverage

**Table: Volunteer Liability Protections, by County**

	Public Health Activities	Drills and Exercises	Declared Disasters (Local/State)	Workers Compensation
Cayuga County	**	**		
Cortland County				
Jefferson County				
Lewis County				
Madison County				
Onondaga County				
Oswego County				
Tompkins County				

NOTE: Shaded box denotes coverage for that activity in the county.

\*\*In Cayuga County, physicians are required to maintain their own liability protections for volunteering.

New York is a “home rule” state. Each county is responsible for providing its own liability protections and can choose who they provide these protections to.

Liability protections are in place only when a volunteer has been activated and scheduled by the CNYMRC.

Liability protections are **not** typically provided by any community event the CNYMRC is requested to provide medical services to, unless otherwise noted.

The **Volunteer Protection Act (VPA) of 1997** provides protection to nonprofit and government volunteers if:

- The volunteer was acting within the scope of his or her responsibility;
- The volunteer was properly licensed, certified or authorized to engage in the activity or practice;
- The harm was not caused by willful, criminal, or reckless misconduct, gross negligence or conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and
- The harm was not caused by the operation of a motor vehicle, aircraft, or other vehicle for which an operator’s license or insurance is required by the state.

What the Volunteer Protection Act does not cover:

- Volunteers are not protected against claims of gross negligence. Thus, if a lawsuit contains an allegation of gross negligence against a volunteer, the volunteer must defend against the action and will typically incur defense costs in doing so.
- The VPA excludes protection for two of the most common types of suits filed against volunteers:
  - employment-related claims alleging violations of federal or state civil rights laws
  - claims as a result of automobile accidents.

Importantly, volunteer protection statutes do not necessarily prevent a suit from being filed against a volunteer. Rather, such statutes provide a defense for the volunteer, which means that the volunteer typically will have to retain an attorney and incur defense costs. Because defense costs in these actions can be quite high, a volunteer should not rely on voluntary immunity statutes alone to provide protection from lawsuits.

## **Appendix E**

### **Frequently Asked Questions (FAQs): Emergency Activation Notifications**

**Q: Why am I receiving automated notifications?**

A: During a crisis, the CNYMRC uses a notification system to phone, text, and email volunteers of deployment requests. To ensure that CNYMRC volunteers are familiar with the notification system, we conduct notification drills three times a year (February, June, October). Information on when the drills are scheduled is in quarterly newsletters and monthly event calendars. These drills train CNYMRC volunteers on how notification would occur during an actual emergency.

**Q: How do I know the phone call is from the notification system? Is there a phone number I can program into my phone to identify the system?**

A: The identifying phone number will come from (315) 435-5262 or (315) 435-2525. The first phone number is the contact number for the coordinator.

**Q: The system left the message on my voicemail. What should I do?**

A: The notification will leave a voicemail if you don't answer. The voicemail will include instructions on how to confirm receiving the notification. You can also confirm from email and text.

**Q: The message asks me to go to my email. Why do I need to do that if I am listening to the phone message?**

A: Phone and text are limited in how much information can be provided. By requesting you to go to your email, the CNYMRC is able to provide you with complete information.

**Q: The message was not from the CNYMRC. Why am I getting other messages?**

A: When you registered through ServNY you either indicated your willingness to be at state volunteer or a volunteer for another county's program. These messages are from either source.

**Q: What does the email message look like?**

A: The message will be from "cnymrc@ongov.net". The message contains the request to confirm receipt of the email. The body of the message contains the information being sent to you. There may also be attachments to the email.

**Q: Why am I being asked to confirm notifications?**

A: You can confirm receipt of the notification in any of the communication formats (phone, text, email). You only need to confirm once. Confirming the notification is the only way the CNYMRC Coordinator knows that you have received the message without you having to send a message of receipt. Knowing that volunteers are receiving messages is important to ensuring the communications protocols of the CNYMRC are working.



**Appendix F**  
**Job Aid Sheet**  
**Medical Reserve Corps Volunteer-General**

<b>REPORT TO</b>	CNYMRC Coordinator
<b>SUPERVISE</b>	None, unless placed in supervisory role
<b>JOB DESCRIPTION</b>	Dependent on assigned job. See specific Job Aid Sheet.
<b>PRE-DEPLOYMENT</b>	Schedule shift(s) with Coordinator. Receive event specifics/details. If applicable, make arrangements with employer for work leave. If applicable, make family/home arrangements. Assemble any required/requested supplies.
<b>BEGINNING OF SHIFT DUTIES</b>	Report to assigned location and sign in. Attend briefing and Just-In-Time Training. Wear ID badge and other identification garments, if provided, at all times. Read Job Aid Sheet for assigned role. Set up work station as directed.
<b>JOB DUTIES</b>	Receive Job Aid Sheet for specific role.
<b>EXTENDED ROLE</b>	Monitor yourself and others for signs of stress and fatigue. Report potential problems to Supervisor or available counselors. Take breaks as needed. Confirm with Supervisor.
<b>END OF SHIFT DUTIES</b>	Assure your station has been cleaned up for the next shift or cleared if demobilized. Brief incoming personnel. Return any loaned equipment. If applicable, verify return schedule. Sign out.
<b>DEMOBILIZATION</b>	Attend debriefing meeting. Identify issues. Participate in After Action Review as needed. If requested, contact Coordinator after reaching next destination.

**Appendix F**  
**Job Aid Sheet**  
**Medical Reserve Corps Volunteer--SAMPLE (Medical Screener)**

<b>REPORT TO</b>	Medical Screening Supervisor
<b>SUPERVISE</b>	None
<b>JOB DESCRIPTION</b>	To review medical history forms and ensure that correct medication is dispensed
<b>BEGINNING OF SHIFT DUTIES</b>	Report to assigned location and sign in. Attend briefing and Just-In-Time Training. Wear ID badge and other identification garments, if provided, at all times. Read Job Aid Sheet for assigned role. Receive any necessary vaccines or medications as required. Set up work station as directed. Ensure all necessary forms are available.
<b>JOB DUTIES</b>	Review registration form to assess for contraindications. Following clinic protocols, clear or defer for prophylaxis. Following clinic protocols, determine proper medication regimen. Ensure that all patients receive appropriate prescription as per treatment protocol. Ensure that all patients are referred for medical consultation or follow-up as per protocol. Monitor potential patients for signs on physical or emotional distress and contact proper personnel if necessary (i.e. security, counselors, medical).
<b>EXTENDED ROLE</b>	Monitor yourself and others for signs of stress and fatigue. Report potential problems to Supervisor or available counselors. Take breaks as needed. Confirm with Supervisor. Code Scarlet is used to identify a real emergency event during the clinic. In event of a Code Scarlet, direct personnel and clients accordingly. Ensure appropriate incident reports are completed.
<b>END OF SHIFT DUTIES</b>	Assure your station has been cleaned up for the next shift or cleared if demobilized. Brief incoming personnel. Return any loaned equipment. If applicable, verify return schedule. Sign out.
<b>DEMOBILIZATION</b>	Attend debriefing meeting. Identify issues. Participate in After Action Review as needed. If requested, contact MRC Unit Leader after reaching next destination.