

CNY REGIONAL

Medical Reserve Corps

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



CNYMRC Unit Manual



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, President 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), a Citizen Corps organization housed in the Department of Health and Human Services, brings together local health professionals and others with relevant health-related skills to volunteer in their community. They assist local, existing community emergency medical response systems as well as provide a group of readily trained and available resources to help their community deal with pressing public health needs.

About the CNY Medical Reserve Corps

Background

The central New York counties—Cayuga, Cortland, Jefferson, Lewis, Madison, Onondaga, Oswego, and Tompkins—participate in a regional 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 alliance with Onondaga County accepting management of the unit.

Unit Objectives

- Recruit, train and sustain a corps of healthcare and support professionals to respond, when activated, 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.

Volunteer Recruitment

Volunteer recruitment is ongoing. Methods include:

- Word of mouth from unit 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 over the age of 18 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. They 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 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

Medical professionals without a current license can participate in the CNYMRC as support volunteers. However, a current license in good standing is required to act as a medical volunteer. Inactive and active medical 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 will not be contacted during a response and cannot 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 an orientation or submitted a certificate for a required training course. Level 2 volunteers are in the process of completing required training courses [See *Required Training Courses*, page 9]. Level 2 volunteers can participate in unit activities. While assisting in a response or exercise, Level 2 medical 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 an 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 will receive all CNYMRC unit communications and can participate in a unit activity at any time, becoming a Level 4 member.

Level 4—Full Member:

Level 4 volunteers have attended an orientation and completed all required training courses. Level 4 volunteers participate in at least one unit activity each year. 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.

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

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;
- Wear proper CNYMRC identification;
- Be courteous, respectful, and professional;
- Maintain patient confidentiality.

Member Service Requirements

- Members must keep the CNYMRC coordinator informed of changes to profession, licensure, contact information, and availability.
- Members who desire Level 3, 4, or 5 status must complete required training within six months 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 six (6) months of enrolling in the CNYMRC. These courses are available in-person and online.

Training Records

The Unit Coordinator keeps members informed of upcoming in-person and online training opportunities through the quarterly newsletter and email. Any certificates provided to the Unit 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 Unit 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 Courses

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

IS-700.a: 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 sent by the Unit Coordinator via the quarterly newsletter and informational emails. The following list is not comprehensive. CNYMRC members are encouraged to submit course ideas to the coordinator for review (See *Appendix C--Resources: Supplementary Courses*).

Standard Precautions and Respiratory Hygiene

Risk Communication

Standard First Aid

Core Disaster Life Support

IS-200.b: 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, hospitals. CNYMRC members should participate in a minimum of one drill or exercise per year. To participate in a drill or exercise as a full medical volunteer, the member must have achieved at least the Level 3 membership.

Activation

The main purpose of the CNYMRC is to respond in times of crisis in any of the 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

CNYMRC volunteers become Level 3, 4, or 5 members upon proof of completion of the required training courses. Members should complete the required coursework within six months of enrolling.

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 a mass prophylaxis is required, nurses, pharmacists, and clerical aides are needed more than mental health professionals. However, any CNYMRC member who is willing 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 family and employment 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, the need for vaccinators in a mass prophylaxis campaign, the establishment of a medical needs shelter, a hospital surge, and the need to staff 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 affected county's Office of Emergency Management requests the CNYMRC from the Onondaga County Office of Emergency Management who, in turn, contacts the Onondaga County Deputy Commissioner of Health. From there, the CNYMRC Coordinator is contacted to notify members who fit the requested criteria. This activation process is a quick one, typically within 30 minutes of notification of the originating request.

CNYMRC Member Activation Responsibility

While members make the decision as to their availability for activation, members can respond to a crisis as a CNYMRC member **ONLY** if they have been activated by the CNYMRC Coordinator or a back-up representative. Reporting when not activated and scheduled by the CNYMRC results in the loss of liability protections and workers compensation (see *Liability*). It will also result in immediate dismissal from the CNYMRC.

Public Health, Preparedness, and Community Activities

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.

Members can participate in public health, preparedness, and community activities once they reach Level 2 membership. What activities the CNYMRC chooses to participate in or create is driven by the members of the organization.

Liability

CNYMRC members are defended and indemnified against personal liability, by the County 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 their County under Workers Compensation rules and laws for work-related injuries.

Liability protections for volunteers is automatic for declared emergencies. Liability protection is **not** automatic for public health and community activities. Refer to *Appendix D--Volunteer Liability Coverage, by County* for information on CNYMRC counties and liability. Liability protection is in place for any activity the CNYMRC contacts its members to participate in.

Communication

Emergency Communication: In the event of a local or regional disaster, the CNYMRC Coordinator or back-up representative will contact members via the ServNY Volunteer Notification System. This

message will be a telephone notification with instructions on what to do next (See *Appendix E--FAQs: ServNY Notifications*). Refer to *The Hierarchy of Activation* to know how the decision to contact members is made. Remember that you may not respond to an emergency as a member of the CNYMRC unless you are contacted and scheduled by the CNYMRC to do so.

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

Communicating with the Coordinator:

Phone—Office: (315) 435-5262 (weekdays 8-4)
Email: cnymrc@ongov.net

Volunteer Appreciation

The time and skills that you, as volunteers, give to the CNYMRC are enormously important and worthy of recognition. Appreciation for your service comes in a variety of formats and members are encouraged to make suggestions. Below are the planned formal recognitions:

CNYMRC Annual Meeting and Appreciation is to celebrate the accomplishments of the CNYMRC and its members.

Presidential Volunteer Service Award is given to members who contribute more than 100 hours of service in a year.

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 his/her 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/Counselling

Most disciplinary problems can be solved by informal discussions or counselling. Before taking formal

disciplinary action, the MRC Unit Coordinator will make every effort to resolve the matter by informal discussions, 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 this fails 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 MRC Unit 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 MRC Unit 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 his/her response to the information contained in the letter. The meeting will be an opportunity for both the volunteer (with his/her representative) and the Unit 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 his/her behaviour is deemed unsatisfactory, he/she 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 his/her 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 he/she 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 his/her 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, he/she 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 MRC Unit 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, he/she must appeal in writing to the MRC Unit Coordinator within five working days of the receipt of the written notice. The MRC Unit Coordinator will work with the Sponsoring Organization and/or Board of Directors to convene an Appeals Subcommittee 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 MRC Unit 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: ServNY 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 through the ServNY notification system by phone and email. See Appendix E for further information about the ServNY notification system. Only those professions being requested in the county making the request will be notified.

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

A: The first reason is that the CNYMRC may not have been asked to deploy. The next reason is that the CNYMRC contacts only the professions requested based on needs. For example, if nursing is the only profession requested for a medical needs shelter, other healthcare and support volunteers will not be contacted. Finally, you may not be at a membership level that allows you to participate. 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: That is OK. Any CNYMRC activity, including deployment for a disaster, is voluntary. All volunteers should take their home and work situations into account before deciding if they are able to deploy. Not being able to assist has no effect on future deployment. If you are unable to assist during a crisis, make sure to contact the CNYMRC Coordinator so that you do not receive further requests to assist.

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.). At this time, you need to contact the CNYMRC Coordinator with that information. 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 CNYMRC 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 psychological effects of your response, contact the CNYMRC Coordinator immediately so that 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. Check the newsletter or web calendar for further information. On-line: http://www.ongov.net/health/mrc/training.html
Personal Preparedness	In-person: Offered as part of in-person required courses training days. Check the newsletter or web calendar for further information. On-line: http://training.fema.gov/EMIWeb/IS/is22.asp
Psychological First Aid	In-person: Offered as part of in-person required courses training days. Check the newsletter or web calendar for further information. On-line: http://www.adph.org/ALPHTN/index.asp?id=3227
IS-100.b: Introduction to the Incident Command System	In-person: Offered as part of in-person required courses training days. Check the newsletter or web calendar for further information. On-line: http://training.fema.gov/EMIWeb/IS/IS100b.asp
IS-700.a: National Incident Management System, An Introduction	In-person: Offered as part of in-person required courses training days. Check the newsletter or web calendar for further information. On-line: http://training.fema.gov/EMIWeb/IS/is700a.asp
Cardiopulmonary Resuscitation (CPR)	American Red Cross: www.redcross.org American Heart Association: www.heart.org American Safety & Health Institute: www.shi.com

Training courses are communicated by email as well as part of the quarterly newsletter. The newsletter is mailed or emailed to members the first week of January, April, July, and October. Archived editions are available at <http://www.ongov.net/health/mrc/publications.html>

The web calendar is an on-line resource listing upcoming unit trainings and activities. The link for the web calendar is <http://www.ongov.net/health/mrc/calendar.html>

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

To receive credit for on-line courses, members must send certificates to the CNYMRC Coordinator.

Email: cnymrc@ongov.net
 Fax: (315) 435-3613
 Address: CNYMRC/OCHD
 421 Montgomery St., 9th 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 emails, the quarterly newsletter, and the web 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 on-line, some are classroom. Some are completely free, some have fees attached. Some offer continuing education credits.

Suggested Supplementary Courses or Resources:

Course	Resource
Psychological First Aid (6 CEUs)	http://learn.nctsn.org/
Nurses on the Front Line: Preparing for and Responding to Emergencies and Disasters	http://learning.nnepi.org/catalog/

Resource	Possible Course Offerings
University of Albany, School of Public Health http://www.ualbanycphp.org/learning/	*Special Medical Needs Shelters *Emergency Animal Sheltering *Working in a Point of Dispensing (POD)
NYS Division of Homeland Security and Emergency Services http://www.dhSES.ny.gov/training/calendar/?agency=OEM	*WMD Radiological/Nuclear Awareness *Medical Preparedness and Response to Bombing Incidents
National Center for Biological Research & Training http://www.ncbrt.lsu.edu/elearn/Courses.aspx	*Awareness and Response to Biological Events *Disaster Mental Health Considerations During a WMD/Terrorist Incident
Center for Domestic Preparedness http://cdp.dhs.gov/	*Hands-On Training for CBRNE Incidents *Hospital Emergency Response Training for Mass Casualty Incidents
Federal Emergency Management Agency (FEMA) http://training.fema.gov/IS/crslst.asp?page=all	*IS-200.b: ICS for Single Resources and Initial Action Incidents *IS-10.a: Animals in Disaster *IS-26: Guide to Points of Distribution (PODs) *IS-366: Planning for the Needs of Children in Disasters

Appendix D

Table: Volunteer Liability Protections, by County

	Public Health Activities	Drills and Exercises	Declared Disasters	Workers Compensation
Cayuga County	**except physicians**	**except physicians**		
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.

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.

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

Liability protections are in place for any community events the CNYMRC is requested to provide medical services to, unless otherwise noted.

The **Volunteer Protection Act 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): ServNY Notifications

Q: Why am I receiving automated phone calls?

A: During an emergency, the CNYMRC would use the ServNY phone and email notification system to contact volunteers for deployment requests. To ensure that CNYMRC members are familiar with the notification system, we conduct phone and/or email notification drills three times a year. 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 ServNY notification system? Is there a phone number I can program into my phone to identify the system?

A: Unfortunately, there is not a single phone number used by the ServNY notification system. The calls from the system are from the “518” area code. The system uses several phone lines to complete the notifications, especially since the system could be contacting more than 350 people from our MRC unit alone.

Q: Why does the ServNY notification system call me repeatedly?

A: The system is set up to call each contact number you listed in your registration up to three (3) times. The phone call must be acknowledged to stop the system from calling you again. To acknowledge the call, listen to the message through to completion and, when asked to do so, press 9. If you work where others answer your phone line, make sure they know what to do should they receive this call.

Q: When I answer there is “dead” line. Why?

A: The system is voice-activated. If you answer and get no message, just say “Hello” again.

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

A: Chances are, because of voice-activation, your voicemail does not record the entire message. If the message leaves further instructions of what to do, you should follow the instructions regardless of how much time has passed after the message is received. Do NOT try to confirm the message by pressing “9”. This will do whatever “9” means for your voicemail system. There is no way to confirm receipt of the message after it goes to voicemail.

Q: How do I confirm receipt of the message if it has already gone to voicemail?

A: Contact the CNYMRC Coordinator at cnymrc@ongov.net or (315) 435-5262.

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: The phone message being sent to you is limited to 1000 characters of text. By requesting you to go to your email, the CNYMRC is able to provide you with more 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 the “CNY Medical Reserve Corps” in cases of a general email to all CNYMRC volunteers. In the case of a request coming from a particular CNYMRC county, the email will come from “County Name/CNY Medical Reserve Corps.” On occasion, the emails come from “ServNY.” The message contains the request to confirm receipt of the email at the top and bottom of the message. 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 the email?

A: Confirming the email 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

REPORT TO	CNYMRC Coordinator
SUPERVISE	None, unless placed in supervisory role
JOB DESCRIPTION	Dependent on assigned job. See specific Job Aid Sheet.
PRE-DEPLOYMENT	Schedule shift(s) with MRC Unit Leader. Receive event specifics/details. If applicable, make arrangements with employer for work leave. If applicable, make family/home arrangements. Assemble any required/requested supplies.
BEGINNING OF SHIFT DUTIES	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.
JOB DUTIES	Receive Job Aid Sheet for specific role.
EXTENDED ROLE	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.
END OF SHIFT DUTIES	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.
DEMOBILIZATION	Attend debriefing meeting. Identify issues. Participate in After Action Review as needed. If requested, contact MRC Unit Leader after reaching next destination.

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

REPORT TO	Medical Screening Supervisor
SUPERVISE	None
JOB DESCRIPTION	To review medical history forms and ensure that correct medication is dispensed
BEGINNING OF SHIFT DUTIES	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.
JOB DUTIES	Review registration form to assess for contradictions. 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).
EXTENDED ROLE	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.
END OF SHIFT DUTIES	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.
DEMOBILIZATION	Attend debriefing meeting. Identify issues. Participate in After Action Review as needed. If requested, contact MRC Unit Leader after reaching next destination.