

WESTERN TIDEWATER HEALTH DISTRICT
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAMS

Annex I

Western Tidewater Medical Reserve Corps (WTMRC) Operations and Management Plan



Reviewed/Updated: 19 May 2015

Record of Change & Review Page

Change #	Description or Affected Area	Date	Person Responsible (init.)
1	Annual Review of TA	2/28/14	JS
2	<p>Annual Review to include grammar, clerical, and formatting corrections; specific updates are highlighted in yellow. Removed training requirement for Disaster Behavior Health PT1. Added requirement to complete IS-5.A: An Introduction to Hazardous Materials. Added barrier crime definition and ineligibility statement. Added conformance to current and forthcoming VDH policy and guidance requirements wording. Removed reference to the Offline VVHS capability. Added wording that examples of the SUV badge are purposively not included in this document. Removed wording to the effect that new volunteers will receive a WTMRC polo shirt or T-shirt, an identification badge, a go-bag (backpack), and a first aid kit (if qualified) upon completion of orientation. Updated VA MRC VVHS linkage. Removed Volunteer Liability, Health Insurance Portability and Accountability Act, Photography, Video Consent Acknowledgement form wording. Removed volunteers may expressly indicate not to receive such a newsletter in which case they will not be included in delivery of such wording. Restructured Advisory Board paragraph. Removed reference to Isle of Wight Community Emergency Response Team (CERT). Removed individual should have additional training in leadership, Incident Command, and Management above the requirements of their position wording under Recognition section. Added discussion related to VAMRC wordpress at https://virginiamrc.wordpress.com/alerts/ Added In January 2015, all Medical Reserve Corps units transitioned from the Office of the Surgeon General, Division of the Civilian Volunteer Medical Reserve Corps, to the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR). The staff</p>	5/19/2015	JS

	of the Division of the Civilian Volunteer Medical Reserve Corps also transitioned to ASPR. VA state MRC and the WTMRC unit funding and reporting activities changed; however, all locality based hosting organization activities and processes remained in place, with minor modification to reflect ASPR governance wording.		
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I. Introduction

Overview of the Western Tidewater Medical Reserve Corps (WTMRC)

The WTMRC is a component of the Citizen Corps volunteer program that leverages volunteerism among local health professionals, persons with relevant health-related skills and everyday volunteers from across/within the Cities of Suffolk and Franklin, Virginia; and the Counties of Isle of Wight and Southampton Virginia. These volunteers assist within existing community emergency medical response systems, as well as provide a cadre of readily trained and available resources to help the community deal with public health initiatives, efforts, activities, and emergencies. The WTMRC unit is sponsored/hosted by the Western Tidewater Health District (WTHD). The WTMRC organizational structure is illustrated in Appendix A.

Mission

Augment and assist community operations during large-scale emergencies, aid in the response to pressing public health care needs, and improve community emergency preparedness.

Goal

Recruit, train, equip, pre-credential, deploy, and retain, medical and general support volunteers to effectively respond to a public health initiatives, community needs, and emergency or disaster events.

Purpose

The purpose of this annex is to provide overall guidance and direction to Virginia Department of Health (VDH) staff and WTMRC volunteers engaged in volunteer management efforts. This annex is intended for internal management and guidance only, and does not constitute, either implicitly or explicitly, a binding contractual or personal agreement. The originator of this document reserve the right to change/modify any information, at any time, to the extent necessary, in order to conform/respond to evolving requirements or emergency needs. Areas and information not specifically covered by this annex shall be determined by the WTMRC Coordinator.

Scope

Unless specifically stated, this information applies to all WTMRC volunteers in all projects undertaken on behalf of VDH, and the WTHD.

Objective

1. Establish organizational, operational and administrative procedures for the effective operation of the WTMRC unit.
2. Provide guidance to WTMRC volunteers and partner organizations for the effective integration of volunteer into emergency medical operations and public health activities.
3. Identify and outline medical and general support specialties, qualifications and training needs within the WTMRC.

Situation

1. There are two major hospitals within the WTHD that serve a population of over 180,000 people. A large-scale emergency or disaster with mass casualties may severely tax the resources of these healthcare facilities.
2. Spontaneous unaffiliated volunteers (SUVs) may not be familiar with the organization and structure of the existing local emergency response system, and therefore, may not be as effective and efficient in the provision of emergency medical services as members of organized response groups.
3. Local public health agencies may not have adequate staffing to execute large-scale mass immunization or prophylaxis operations and will need assistance from medical and general support volunteers.

Assumptions

1. In a large scale mass casualty event, it is assumed that emergency support services of the Western Tidewater area hospitals will be quickly overwhelmed and the traditional “treat and transport” mechanism may not be sufficient to minimize loss of life. Due to the potential delay in treatment at emergency rooms, clients may need to be properly triaged, periodically assessed and receive life-saving care at the scene of an emergency event. WTMRC personnel may be called upon to assist with such field medical operations.
2. Emergencies that are large-scale may require medical response operations in unfavorable environments for extended periods of time.
3. Western Tidewater personnel may be responding to the emergency at a local level for at least the first 72 – 96 hours before outside assistance arrives.
4. Mutual Aid Agreements (MOA’s) exist between political subdivisions and agencies throughout Western Tidewater and the surrounding areas.
5. Adequate supplies of required medical equipment and pharmaceuticals may not be immediately available to medical personnel due to logistical disruptions or other limitations caused by an emergency situation.
6. Area organizations and public health agencies are aware of the organization and capabilities of the WTMRC and may request the unit’s assistance during emergencies.

Local Plan Coordination

1. The WTMRC operational procedures shall be coordinated with regional medical, emergency services and human services organizations, including, but not limited to:
 - a. Commonwealth of Virginia
 - b. City of Suffolk, Virginia
 - c. City of Franklin, Virginia
 - d. Southampton County, Virginia
 - e. Isle of Wight County, Virginia
 - f. Sentara Obici Hospital, Suffolk, Virginia
 - g. Southampton Memorial Hospital, Franklin, Virginia

II. Concept of Operations

Overview

1. The WTHD is the focal point for the development and administration of the WTMRC as outlined by the original grant with the US Department of Health and Human Services (HHS) Office of the Surgeon General (OSG).
2. WTMRC volunteers, whether medical professionals or general support personnel, will be recruited, trained, assigned, led, and retained under guidance and direction of the WTMRC Coordinator.
3. The WTMRC will serve as a resource, which augments, assists and supports the existing medical and public health systems in day to day operations; as well as, during emergencies and disasters.
4. WTMRC volunteers and resources may be called upon to support any type or number of natural, technological or man-made emergencies. WTMRC volunteers should only be used in functional areas or given assignments for which they are properly trained and equipped; however, during real-time, critical incidents/events, the WTMRC Coordinator, after discussing with local WTHD leadership, and upon review of risk management considerations, may deviate/improvise as required to support the emergent mission at hand.
5. WTMRC may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. The volunteers and resources may also be used in smaller incidents involving a single jurisdiction or agency.
6. WTMRC volunteers will receive position-specific training, including, but not limited to: specified job functions, safety procedures and awareness, equipment familiarization, Incident Command System (ICS) familiarization, triage and casualty categorization, and situational awareness exposure as part of the process and procedures that support group, role and job assignments.

Safety

The mitigation/reduction and elimination of personal injury and equipment damage in the workplace is essential to an efficient operation. All volunteers must be aware of safety issues at all times, and subsequently report any real or perceived hazards to the Volunteer Coordinator, or assigned supervisor immediately. Report any injuries immediately to your supervisor. The VDH, WTHD, WTMRC, or the jurisdictions in which we may serve do not provide Worker's Compensation coverage at this time.

Role of the Unit Coordinator

1. Day to Day Operations
 - a. The role of the MRC Coordinator is to provide a central point of contact and leadership for volunteer management within the unit; thus, the WTMRC Coordinator serves as the leader and spokesperson of the unit. The Coordinator is the locality representative for the WTMRC unit at Citizen Corps Council and Volunteers Active in Disaster (VOAD) meetings, for the MRC National program office, and the Virginia State MRC. The Coordinator is responsible for the recruitment, management, and training of volunteers. The Coordinator may delegate/assign duties to the Assistant Coordinator (if/as applicable) and Level 1

and Level 2 MRC volunteers, and performs other duties as required. The WTMRC Coordinator retains all direct responsibilities.

- b. Continuity of Operations
 - i. Disaster and subsequent response and recovery operations fail to consider the location and availability of the Unit Coordinator; thus, there will be times when the coordinator is unavailable to respond or react to an emergent situation or participate in a scheduled event. It is during these times that the WTHD leadership and the WTMRC Level 1 and 2 volunteer leaders become critical for the continued success of the event/activity at hand.
 - ii. The WTHD Emergency Planner will most likely not be able to step in/fill in for the WTMRC Coordinator during times of emergencies; thus a designated Local Admin User (LAU) has been trained to send alerts.
 - iii. MRC level 1 leaders will have some level of access to our volunteer VVHS records and can assist the LAU in the performance of duties in the absence of the Unit Coordinator.
 - iv. MRC Level 2 leaders have specific knowledge, skills and abilities (KSA's) that will allow the unit to continue functioning in times of need.
 - v. Additionally, our WTMRC unit exercises and functions within a larger Eastern Region Medical Reserve Corp group and can draw upon these regional assets to support internal and external requirements, resource needs and increase response capabilities to meet evolving requirements.
 - vi. The absence of any single person within the WTMRC unit should not be a showstopper for any event or response requirement.

Activation of the WTMRC

1. WTMRC volunteers will be activated by the WTHD Director, or designee. As a local emergency medical resource, the WTMRC may be requested by:
 - a. WTHD Health Director
 - b. WTHD Emergency Planner
 - c. Local government elected officials, officials responsible for emergency management or public health, or their designated representatives
 - d. Incident commanders in the field
 - e. Hospital chief executive officers, emergency department directors or their designated representatives
2. Volunteers may be called upon to serve for potential and actual emergencies relating to :
 - a. Mass dispensing/ Mass vaccination; Pandemic/Epidemic response
 - b. Disaster response/Mass casualty incidents
 - c. Hospital augmentation
 - d. Medical shelters
 - e. Communicable disease outbreak response
 - f. Other Mass Public Health events

WTMRC Volunteer Activation/Deployment Procedure

1. Contact the WTHD Director, the WTMRC Coordinator, or the WTHD Emergency Planner using information listed in Appendix B. If time and conditions permit, requestor will be asked to complete data contained within Appendix

2. The State Wide Alert Network (SWAN)/Virginia Volunteer Health System (VVHS) will be used to alert/notify/activate volunteers. The activating authority will require the following information:
 - a. The nature and scope of the emergency.
 - b. The location of the emergency.
 - c. The estimated number of clients and their injuries.
 - d. The staging area(s) or location(s) to which the WTMRC unit should deploy/report.
 - e. Specific medical skills and/or resources needed.
 - f. A contact phone number and/or radio frequency.
 - a. Activated volunteers will be directed where and when to assemble for deployment.
 - b. During real world activations and deployments, the WTMRC Coordinator will use an electronic graph or text document to depict and report daily the locations and deployment/activation status of each volunteer to the WTHD and WTHD Emergency Planner.

Demobilization of WTMRC Volunteers

1. WTMRC volunteers will support emergency medical, public health and other personnel for the duration of an incident or as long as their assistance is required. Based upon assignment and completions, it is possible that some WTMRC volunteers and resources will be demobilized before others.
2. WTMRC volunteers will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan (IAP) and/or the Incident Commander's instructions.
3. When demobilizing, WTMRC volunteers will ensure the following actions are accomplished:
 - a. Ensure all assigned activities are completed.
 - b. Determine whether additional assistance is required.
 - c. If, within the scope of one's assignment, ensure all injured personnel and fatalities are properly processed and transported to appropriate facilities.
 - d. Account for WTMRC equipment and personnel.
 - e. Clean up any debris or trash associated with WTMRC assignments.
 - f. Check out with immediate supervisor prior to leaving the incident.
 - g. Complete an incident debriefing and document Lessons Learned with the WTMRC Coordinator.

III. Volunteer Recruitment, Criteria, Selection, Processing, Credentialing, Placement, Performance, Retention, Alerting and E-mail Communications

Recruitment

1. Most volunteers are referred via self-initiated actions using the VVHS or other electronic means (in rare instances, the WTMRC Coordinator may need to mail an application packet to the volunteer applicant with detailed instructions on how to fill out the appropriate forms. The volunteer applicant is briefed and requested to sign applicable consent and acknowledgement forms). Upon receipt of a completed application, the

WTMRC Coordinator contacts the volunteer applicant, conducts an initial interview, and makes an initial determination whether to accept (approve) the potential volunteer. If approved, the WTMRC Coordinator schedules an orientation meeting. When the WTMRC Coordinator determines that the potential volunteer is not a good fit for the unit or that there are justifiable reasons for rejecting the potential volunteer; the WTMRC Coordinator will inform their immediate supervisor via e-mail, then follow up with the volunteer.

2. The WTMRC recruiting program includes; but is not limited to, determining, identifying, researching, and development of:
 - a. Positions requirements as defined in Appendix C.
 - b. Groups and organizations that may be a source of volunteers, include, but are not limited to hospitals, clinics, local health businesses, Department of Health Professions data base, colleges, universities and other educational institutions, Rotary Clubs, Ruritan Clubs, Home Owner Associations and the like.
 - c. Volunteers shall be recruited, approved or rejected without regard to race, color, religion, sex, national origin, age, disability, veteran status or other non-job related factors to comply with all federal and state nondiscrimination, equal opportunity action laws, orders, and regulations.
 - d. Recruitment and marketing materials (media advertising, Department of Health Professions mailings, flyers, newsletters, television or radio announcements, etc...).
 - e. Recruitment events and activities (direct mailings, health fairs, community gatherings, carnivals, etc...).

Criteria

1. Any non-felon, 18 years of age or older is eligible for membership in the WTMRC.
 - a. Any persons convicted of a barrier crime are currently ineligible for membership within the WTMRC. Barrier crimes are defined under § 63.2-1719 as a conviction of a felony violation of a protective order as set out in § [16.1-253.2](#), murder or manslaughter as set out in Article 1 (§ [18.2-30](#) et seq.) of Chapter 4 of Title 18.2, malicious wounding by mob as set out in § [18.2-41](#), abduction as set out in subsection A or B of § [18.2-47](#), abduction for immoral purposes as set out in § [18.2-48](#), assaults and bodily woundings as set out in Article 4 (§ [18.2-51](#) et seq.) of Chapter 4 of Title 18.2, robbery as set out in § [18.2-58](#), carjacking as set out in § [18.2-58.1](#), extortion by threat as set out in § [18.2-59](#), threats of death or bodily injury as set out in § [18.2-60](#), felony stalking as set out in § [18.2-60.3](#), a felony violation of a protective order as set out in § [18.2-60.4](#), sexual assault as set out in Article 7 (§ [18.2-61](#) et seq.) of Chapter 4 of Title 18.2, arson as set out in Article 1 (§ [18.2-77](#) et seq.) of Chapter 5 of Title 18.2, drive by shooting as set out in § [18.2-286.1](#), use of a machine gun in a crime of violence as set out in § [18.2-289](#), aggressive use of a machine gun as set out in § [18.2-290](#), use of a sawed-off shotgun in a crime of violence as set out in subsection A of § [18.2-300](#), pandering as set out in § [18.2-355](#), crimes against nature involving children as set out in § [18.2-361](#), incest as set out in § [18.2-366](#), taking indecent liberties with children as set out in § [18.2-370](#) or [18.2-370.1](#), abuse and neglect of children as set out in § [18.2-371.1](#), failure to secure medical attention for an injured child as set out in § [18.2-314](#), obscenity offenses as set out in § [18.2-374.1](#), possession of child pornography as set out in § [18.2-374.1:1](#), electronic facilitation of

pornography as set out in § [18.2-374.3](#), abuse and neglect of incapacitated adults as set out in § [18.2-369](#), employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ [18.2-372](#) et seq.) of Chapter 8 of Title 18.2 as set out in § [18.2-379](#), delivery of drugs to prisoners as set out in § [18.2-474.1](#), escape from jail as set out in § [18.2-477](#), felonies by prisoners as set out in § [53.1-203](#), or an equivalent offense in another state. In the case of child welfare agencies and foster and adoptive homes approved by child-placing agencies, "barrier crime" shall also include convictions of burglary as set out in Article 2 (§ [18.2-89](#) et seq.) of Chapter 5 of Title 18.2 and any felony violation relating to possession or distribution of drugs as set out in Article 1 (§ [18.2-247](#) et seq.) of Chapter 7 of Title 18.2, or an equivalent offense in another state.

"Offense" means a barrier crime and, in the case of child welfare agencies and foster and adoptive homes approved by child-placing agencies, (i) a conviction of any other felony not included in the definition of barrier crime unless five years have elapsed since conviction and (ii) a founded complaint of child abuse or neglect within or outside the Commonwealth. In the case of child welfare agencies and foster and adoptive homes approved by child-placing agencies, convictions shall include prior adult convictions and juvenile convictions or adjudications of delinquency based on a crime that would be a felony if committed by an adult within or outside the Commonwealth.

(1985, c. 360, § 63.1-198.1; 1986, cc. 300, 627; 1987, cc. 130, 131, 692, 693; 1992, c. 746; 1993, cc. 730, 742; 1996, c. [747](#); 1998, cc. [551](#), [581](#); 1999, c. [740](#); 2001, c. [778](#); 2002, c. [747](#); 2003, c. [467](#); 2012, c. [383](#).)

2. Individuals with no medical background are allowed and encouraged to join the WTMRC as general support volunteers do not require any specific medical licensure; however, Cardio-Pulmonary Resuscitation (CPR), Automated Electronic Defibrillator (AED), and First Aid qualification/certification is highly desirable.
3. Certain positions in the WTMRC require active medical licensure in order to provide health and medical services to the public.
 - a. If, on the occasion licensed medically qualified and licensed professionals opt not to exercise their medical licensure capabilities, they will be considered as general support volunteers with appropriate unit identification card issuance and annotations in their paper and electronic records. Medical volunteers must notify the WTMRC Coordinate when they opt not to exercise their medical licensure; the WTMRC Coordinator will officially acknowledge such volunteer decisions.
4. All position within the WTMRC require a background investigation; some volunteer leadership positions and assignments require higher level background checks (fingerprinting) due to the nature of the position (individual work in a clinical setting, unsupervised work with children, etc...).

Selection

1. Volunteer applicants will be interviewed, screened, and approved by the WTMRC Coordinator; minimum criteria for volunteer selection include:
 - a. Possession of skills, experience, licenses and/or certifications.

- b. Successful completion of a Department of Motor Vehicle, sex offender registry, and felony database background investigation check.

Processing

1. The traditional procedure for joining the WTMRC is as follows:
 - a. Completion of Volunteer Registration via VVHS at: <https://www.vamrc.org/vvhs/>
 - b. Telephone Interview: 10-15 minutes
 - c. Orientation: 2 hours, in-person

Credentialing:

1. The WTMRC Coordinator will endeavor to confirm and or verify the correctness and adequacy of each volunteer's employment and work status through the use of Human Resource representatives at the volunteer's place of work, through confirmation of validated identification badges, and contacting supervisory personnel as listed on the volunteers VVHS application.
2. The WTMRC Coordinator will:
 - a. Use the automated Virginia Department of Health Professional (DHP) License Lookup at https://secure01.virginiainteractive.org/dhp/cgi-bin/search_publicdb.cgi to verify medical professional licensure, qualifications, and certifications. DHP will not provide verification for all potential volunteers since the determinations are based on the issuing source of licensure or qualifications/certifications.
 - b. Use the online Virginia Department of Health Office of Emergency Services at: <https://vdhems.vdh.virginia.gov/ded/emsprovider.startup> to verify emergency medical personnel professional licensure, qualifications, and certifications.
 - c. Verify Department of Motor Vehicle issued driver's license.
 - d. Verify CPR, AED, and First Aid qualifications.
 - e. Require that the volunteer sign VDH Confidentiality Agreement and WTMRC Policies forms.
 - f. Require that the volunteer fill out and sign Background Investigation Check Authorization Form.
 - i. All volunteers must complete a Virginia State Police Criminal History/Sex Offender Name Search Forms (Form 167); this form must be notarized and mailed by the Unit Coordinator. There is no cost to the volunteer for this requirement.
 - ii. All Level 1 MRC volunteers must submit to a fingerprint background investigation; the Unit Coordinator will initiate this process with the Western Tidewater Medical Reserve Corps Human Resources Representative. There is no cost to the volunteer for this requirement.
 - g. Take photograph for identification card issuance and identification purposes.

Placement

1. Volunteers shall be placed/assigned in/to a position using groups and roles with specific attention to their interests, capabilities and/or medical training and suitability for the role they will perform.

2. For those seeking placement on specialized teams (Mass Fatality Response Team) and duties, an interview shall be conducted by the WTMRC Coordinator or appointed designee.
3. Additional training is essential for those seeking leadership positions in the WTMRC.

Performance

1. Volunteers shall be held to the same standards in performance as a VDH employee; to include conformance to current and forthcoming VDH policy and guidance requirements.
2. Volunteers will traditionally be given an opportunity following any activation (event, exercise, emergency response, etc.) to evaluate their individual and collective experience/performance
3. Volunteers may also be evaluated on their performance using a standardized performance tool. The WTMRC reserves the right to re-position/re-assign volunteers based on their performance and demonstrated skill set.

Retention

1. Given the time and effort investments with bringing on new volunteers; (recruitment, selection and screening, as well as the commitment on behalf of the individual volunteer), retention shall be a priority for the WTMRC Coordinator. The WTMRC Retention Program shall consist of:
 - a. Having a structured organization with a mission, vision, goals and objectives.
 - b. Cultivating “esprit de corps” by embodying a sense of commitment at all levels of the WTMRC.
 - c. Providing meaningful, rewarding, and beneficial no-cost training.
 - d. Raising community awareness through community events, activities and marketing venues.
 - e. Recognizing volunteers for their contributions in the community and the unit.
 - f. Distribution of a Quarterly Newsletter.

Alerting and E-mail Communications

1. Timely communications between the WTMRC Coordinator and the volunteers is a critical component of the units overall success and performance. In an effort to keep communication effective and efficient, the WTMRC Coordinator will subscribe to a standardized Who, What, When, Where, Why and How convention when sending Alerts and mass e-mail communications. The coordinator shall also maintain a distribution list of volunteer’s addresses as a continuity of operations measure.
2. Volunteers have an individual responsibility to acknowledge Alerts by accessing the embedded link and either Confirming Receipt or Indicating Availability or Unavailability.

IV. Training and Exercises

Required Training

1. After volunteer applicants have completed orientation and been approved for membership in the WTMRC, they are required to complete the Basic Administrative and Training Requirements (BATR) in accordance with Appendix D. Unless specifically authorized

by the WTMRC Coordinator, applicants must complete the BATR before they may fully participate in exercises and deployments.

Exercises

1. Exercises are used to practice, demonstrate, and evaluate local/regional responses to emergency incidents.
2. Exercises should include any organizations potentially affected by the type of scenario or response being exercised, i.e. agencies at all levels of government, businesses and charitable and community organizations. Additional guidance, including integration of WTMRC volunteers, can be found in the WTHD Emergency Response Plan (ERP).
3. Participating in exercises is a valuable means for WTMRC volunteers to experience, test and assess their individual and collective KSA's.

Training Records

1. The WTMRC Coordinator shall maintain an electronic record of essential information on all volunteers; these records may include pertinent paper training records which will be securely maintained in the WTMRC Coordinators office.
2. WTMRC volunteers are responsible for assisting in the routine maintenance of their specific record accuracy by submitting copies of certifications and licensure changes to the WTMRC Coordinator and by periodically updating their individual VVHS profiles.
3. The MRC Coordinator will periodically review select volunteer records to access and ensure accuracy.

Just In Time Training

1. The WTMRC Coordinator in concert with the WTHD Emergency Planner and Incident Command Staff representatives will conduct Just In Time training for all volunteers involved in community outreach events, drills, exercises, and real world response and recovery operations to the extent necessary to mitigate or eliminate risk, ensure volunteers understand their mission, roles and duties, and to heighten the overall situational awareness and safety of the unit and volunteers participating. Just in Time training requirements will be determined according to the specific incident and the situation or circumstances in which we respond or are involved.

Documenting Volunteer Attendance and Hours

1. Accurate accounting of volunteer time and effort is a shared responsibility of the individual volunteer and the WTMRC Coordinator. The WTMRC Coordinator consolidates and submits volunteer time and effort input to the quarterly WTMRC units report to the Virginia State MRC Coordinator (or designated representative). It is anticipated that future funding decisions will remain directly associated to time and effort input as a factor of positive return on investment (ROI).
2. Electronically generated (.pdf), volunteer activity reports are available upon specific request from the volunteer and are provided at the discretion of the Unit Coordinator.

Uniforms and Personal Appearance

1. The wearing of identifiable WTMRC branded clothing and identification cards (see Appendix E for Identification Card illustration) serve the following purposes:

- a. Clearly identifies volunteers as official members of the WTMRC.
- b. Enhances esprit de corps of WTMRC volunteers.
- c. Facilitates a professional appearance.
- d. Establishes a visual link between the WTMRC and other participating agencies.
2. The following policies apply to wearing of the WTMRC polo shirt and identification card:
 - a. Only WTMRC volunteers are authorized to wear or be issued official WTMRC branded clothing/articles.
 - b. The WTMRC polo shirt/T-shirt is to be worn during emergency response activities, exercises, training activities, or when performing non-emergency duties such as assisting community organizations. The unit Coordinator may deviate from this requirement based on, safety concerns, environmental factors, and weather conditions.
3. If for any reason, a WTMRC member transfers, resigns or is dismissed from the WTMRC, they must return their WTMRC polo shirt and identification card to the WTMRC Coordinator.
4. Volunteers are encouraged to routinely wear and display WTMRC and other such MRC emblematic as a public symbol of pride and affiliation.
5. Acceptable workplace attire, personal appearance, and general grooming standards are often topics of discussion; however, to date, this have not been an issue within the WTMRC. As a general rule, all volunteers are allowed to express their individuality and freedom of dress; however, health and safety considerations, response circumstances, the environment, and citizen response may dictate that the volunteer conform to a specific level of standards. The unit Coordinator expressly reserves the right to immediate correct unacceptable/inappropriate personal attire, appearance and grooming deficiencies. As a general rule, unit volunteers will conform to local society's general acceptance standards.
6. As a health conscious organization; smoking is discouraged while representing the VDH, WTHD, and WTMRC.

Equipment

1. The unit coordinator will develop a spend plan to support operations to include equipping the unit volunteers, based on requirements and financial availability.
2. Each new WTMRC members will be issued go-bags (backpacks) that contain a limited amount of essential first aid supplies and other necessities.
3. Additional items and equipment may be issued to the volunteer depending on their assigned response task or role.
4. Each volunteer must be personally prepared (clothing, personal hygiene, medications, etc...) and ready to support up to a 72 - 96 hour period of emergency response.

V. Administration

Overview

In January 2015, all Medical Reserve Corps units transitioned from the Office of the Surgeon General, Division of the Civilian Volunteer Medical Reserve Corps, to the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR). The staff of the Division of the Civilian Volunteer Medical Reserve Corps also

transitioned to ASPR. VA state MRC and the WTMRC unit funding and reporting activities changed; however, all locality based hosting organization activities and processes remained in place, with minor modification to reflect ASPR governance. The WTMRC Coordinator remains to be governed by a set of policies adopted for/by the unit and contained within this Annex. The WTMRC Coordinator shall work to comply with the applicable terms and conditions of Appendix F and G. In areas where there is conflict or limitations/constraints, the unit Coordinator will advise and seek resolution by way of the WTHD Emergency Planner.

The Virginia State MRC Coordinator maintains an electronic presence that supports and informs locality based MRC coordinator efforts and activities across the state. The WTMRC Coordinator may seek informational and process related guidance from this site; however, reserves the right to conform/or use local Health District processes and procedures in the day to day operation and management of the WTMRC. Please see: <https://virginiamrc.wordpress.com/alerts/>

Membership

1. Membership in the WTMRC is open to any non-felon above the age of 18 with a desire to serve their community. Although the focus of the WTMRC is on emergency medical operations and public health activities, healthcare experience is not a prerequisite for service with the WTMRC unit.
2. An MRC volunteer is anyone who without compensation or expectation of compensation performs a task at the direction of and on behalf of the WTMRC unit. A WTMRC volunteer must be officially accepted and enrolled by the organization prior to performance of task (the WTMRC Coordinator is authorized to make short term deviations in day to day operations and during emergency situations).
3. Unless specifically stated, WTMRC volunteers shall not be considered as full-time or wage grade employees of the Commonwealth of Virginia.
4. Residency in the Western Tidewater is strongly preferred; however, not a mandatory requirement for membership.
5. Volunteers are highly encouraged to:
 - a. Attend a minimum of one WTMRC meeting and one training session/exercise per year.
 - b. Progressively work on completing BATR's.
6. Volunteers, who have not completed their BATR, may participate in WTMRC activities (including actual emergency medical response operations) at the discretion of the WTMRC Coordinator.
7. The VDH, the WTHD, and the WTMRC accept the service of all MRC volunteers with the understanding that such service is at the sole discretion of the controlling agency. MRC volunteers agree that VDH may at any time, for whatever reason, decide to terminate the volunteer's relationship with the controlling agency. Notice of such a decision should be communicated as soon as possible to the volunteer.
8. The WTMRC volunteer may at any time, for whatever reason, decide to sever the volunteer's relationship with the WTMRC. Notice of such a decision should be communicated as soon as possible to volunteer's supervisor or WTMRC Volunteer Coordinator.

Volunteer Responsibilities

1. WTMRC volunteers are incredibly valuable resources to the VDH, WTHD and the community; as such, WTMRC volunteers shall be extended the right to be given meaningful assignments, the right to be treated as equal co-workers, the right to effective supervision, the right to full involvement and participation, and the right to recognition for work completed. In return, WTMRC volunteers shall agree to proactively and competently perform their duties to the best of their KSA's, in accordance with licensure, and best practices, while remaining cognizant of the goals and procedures of the WTHD and the WTMRC.
2. Volunteers expect, and enjoy certain privileges when they freely donate time and expertise. Volunteers, however, also have specific responsibilities to the WTMRC; accordingly, volunteers are expected and must be prepared to fulfill the commitments they volunteer for.
3. WTMRC volunteers must:
 - a. Be dependable, reliable, professional, and abide by WTMRC policies.
 - b. Dress appropriately for the setting and the task at hand.
 - c. Carry out duties in a safe and responsible manner.
 - d. Maintain confidentiality of client and coworker information.
 - e. Assist the WTMRC Coordinator in keep track of hours/events worked.
 - f. Be non-discriminatory in serving all people regardless of race, gender, age, religion, sexual orientation, or disability.
 - g. Work within the guidelines of your job description and accept supervision.
 - h. Offer and accept constructive feedback and suggestions.
 - i. Be prepared for any regularly scheduled meetings, drills, exercises or training events.
 - j. Represent the WTMRC appropriately within the community.
 - k. Always be honest, respectful, and responsible.

Advisory Board

1. The WTMRC Advisory Board Executive Board shall conform to and be guided by the existing By-Laws. The WTMRC Advisory Board Executive Board By-Laws are available for review by contacting the WTMRC Coordinator.
2. The WTMRC Coordinator shall endeavor to involve the WTMRC Advisory Board and Advisory Board Members in any long range strategic discussions and decision making events.

Sponsors/Partnering Organizations

1. Local sponsor/partnering organizations provide a critical role in the successful identification and recruitment of new volunteers with required specialties, and KSA's. Partners organizations include:
 - a. Commonwealth of Virginia; and all Department of Health entities
 - b. City of Suffolk, Virginia
 - c. City of Franklin , Virginia
 - d. Southampton County, Virginia
 - e. Isle of Wight County, Virginia
 - f. Sentara Obici Hospital, Suffolk Virginia
 - g. Southampton Memorial Hospital, Franklin, Virginia

- h. Eastern Regional MRC units Virginia Beach, Norfolk, Chesapeake, Portsmouth, Peninsula, Eastern Shore and Three Rivers Health District)
 - i. Ready Virginia
 - j. Ready Hampton Roads
 - k. Volunteer Tidewater
 - l. South East Virginia Volunteer Organizations Active in Disasters (SE/VOAD's)
 - m. Virginia Health Occupation Students of America (HOSA) Suffolk VA, Chapter
 - n. Healthy People/Health Suffolk, Suffolk, Virginia
 - o. Paul D. Camp Community College, School of Nursing & Allied Health, Franklin, Virginia
 - p. Virginia Poison Control
 - q. Lyme Disease Association, Inc
 - r. American Diabetes Association
 - s. Western Tidewater Free Clinic, Suffolk, Virginia
 - t. Virginia 2-1-1
 - u. Local Faith-based organizations
 - v. Local Law Enforcement Agencies
 - w. Local Fires and Rescue Agencies (paid and volunteer)
 - x. Other community organizations, agencies, and businesses
2. Sponsors/Partnering organizations, the general public, and news media representatives may attend any desired WTMRC meetings/activities.

Unit Organization

1. The highest level (broadest view) of the WTMRC organizational structure is illustrated in Appendix A. It is anticipated that the WTMRC unit will be responding to most disaster events using an ICS implemented structure; as such, the structure and composition of the unit volunteers will rapidly adapt to the implemented system at hand.
2. Administration and Leadership Members:
 - a. Director of WTHD
 - b. WTHD Emergency Planner
 - c. WTMRC Coordinator
 - a. Level 1 volunteers
 - b. Level 2 volunteers
 - c. Level 3 volunteers
 - d. Local Admin User Back-up
3. Although not specifically illustrated, the unit is additionally able to be composed of the following functional areas:
 - a. Geographical Teams
 - a. City of Suffolk, Virginia
 - b. City of Franklin, Virginia
 - c. Southampton County, Virginia
 - d. Isle of Wight County, Virginia
 - b. Medical Functional Team
 - a. Administration
 - b. Licensed Nurse Practitioners
 - c. Nursing
 - d. Pharmacy

- e. Mental Health
- f. EMT/Paramedics
- c. General Support Functional Team
 - a. Logistics
 - b. Security
 - c. Transportation

Identification Cards

1. WTMRC volunteers will be identified by medical and non-medical categories for identification card purposes. Medical volunteer identification cards will have a blue vertical strip with the word MEDICAL inserted vertically. Non-medical volunteer identification cards will have a red vertical stripe with the words NON-MEDICAL inserted vertically. These identification cards will:
 - a. Identify volunteers as members of the WTMRC.
 - b. Provide WTMRC volunteers with access to the scene of an emergency as part of the region's emergency medical response system.
 - c. Facilitate the tracking and disposition of WTMRC volunteers at the scene of an emergency.
 - d. By design, these identification cards do not identify or list MRC levels or Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) categories.
2. Appendix E contains a depiction of the identification card used by the WTMRC.

Spontaneous Unaffiliated Volunteers (SUVs)

1. The WTMRC maintains a capability to process just in time volunteers and produce SUV identification cards during emergency situations with the use of 4 administrative processing kits, 2 printers and 2 badge printers. The process for orienting and credentialing SUV's remains similar to traditional processing except that the timeframe is extremely accelerated, data collection elements are streamlined, and paper copy signatures are acceptable. While some elements of risk are elevated, this effort provided the greatest consistency and most reliable integration of SUV support into emergent operations. *NOTE: Mass prophylaxis operations/credentialing plans are the responsibility of the WTHD Emergency Planner. The WTMRC Coordinator will comply with specific mass prophylaxis operations credentialing and badgering efforts in accordance with guidance from the Emergency Planner when supporting mass prophylaxis operations. The use of SUVs during mass prophylaxis operations remains a topic of much discussion; however, it is anticipated that SUVs will not be used during or to support mass prophylaxis operations.*
2. Using the existing VVHS capability or paper forms, the WTMRC Coordinator (or designated/trained volunteers) will assist approved SUV candidates to complete the required sections of the VVHS or paper application.
3. Provided internet connectivity is available:
 - a. All health care professionals and medical personnel will receive a Virginia Department of Health Professionals (DHP) licensure verification using the following website: https://secure01.virginiainteractive.org/dhp/cgi-bin/search_publicdb.cgi

- i. If SUVs have appropriate paper credentials/licensure in hand and 100% identity can be ascertained; verification of paper copies is acceptable.
 - b. All SUV personnel will receive a Department of Justice or Virginia State Police Sex Offender verification using one of the following websites:
<http://www.nsopw.gov/?AspxAutoDetectCookieSupport=1> or <http://sex-offender.vsp.virginia.gov/sor/index.html> or <http://www.familywatchdog.us>
 - c. All SUV personnel will receive a limited background check using the Virginia Courts Case Information verification database using the following website:
<http://wasdmz2.courts.state.va.us/CJISWeb/circuit.html>
 - d. All SUV personnel will receive a National Victim Notification Network verification using the following website:
<https://www.vinelink.com/vinelink/initMap.do>
4. A photo identification badge containing the volunteers name and role or title is produced. The identification badge will contain no color striping so as to visually set it apart from a fully credentialed WTHD staff or WTMRC volunteer; see Appendix E. Under some circumstances, the ability/requirement to take a photo and develop a badge may be constrained or limited; in which case a hand written stock badge may be used (this would be an extreme exception to the rule).

Just-In-Time Instructions for Volunteer Badges

1. There are two laptops equipped with camera, printer and badge maker software to support SUV processing.
2. The steps are as follow:
 - a. Use the camera to take a picture of the SUV.
 - b. Connect the camera to the laptop; turn on the camera.
 - c. Locate the C-drive camera icon (look for Camera icon or text); click on removable storage.
 - d. Click on DICM
 - e. Select and open the applicable SUV photo with Microsoft Office Picture Manager.
 - f. Click Picture on the top toolbar, then select Compress Picture and finally select the Web Picture radio button on the right.
 - g. Save volunteer picture to BadgeBuilder Folder, under Compressed file under volunteers first and last name.
 - h. Copy and paste volunteer photo to preformatted medical or Non-Medial badge
 - i. Change the name, role title, on the badge to reflect the identity of the new volunteer.
 - j. Print using color features on associated badge printer.
 - k. Print 1 paper copy of volunteer's photo for onsite use and storage.
 - l. Use badge hole-puncher to create hole for lanyard.

The MRC Coordinator uses a more secure badge casing to issue permanent badges.

WTMRC Meetings

1. The WTMRC shall conduct a minimum of four meetings and/or trainings events per year; special meetings may be held as required.
2. The WTMRC Coordinator (or designee) shall preside over all regular meetings.

3. Special meetings must be announced to all members (via the usual means of communication) no later than 48 hours in advance.

Media Communications

1. Volunteer communications with the media is discouraged, unless that volunteer has been trained and designated as a Public Information Officer (PIO) or specifically directed to speak to media representatives.
2. If a WTMRC volunteer who is not the PIO is approached or contacted by media organizations/entities, the volunteer shall direct all inquiries/questions to the designated event PIO, the volunteer's assigned supervisor, or the WTMRC Coordinator.
3. Individual WTMRC members may not represent the unit as a spokesperson unless authorized by the WTMRC Coordinator or his/her designee.
4. WTMRC members must follow the same guidelines and requirements for media contact as VDH employees; *see Annex C of the WTHD ERP.*

Annex Review and Maintenance

1. This Volunteer Management Annex (plan) shall be reviewed yearly by the WTMRC Coordinator.
2. The operational procedures described in this annex should be revised and/or modified as a result of post-incident analyses and/or post-exercise critiques.
3. This annex may also be modified any time there are changes in the organization, responsibilities, procedures, protocols, laws, rules or regulations affecting the management and operations of the WTMRC.

Volunteer Recognition and Retention

Recognition

1. As budgetary funds permit, WTMRC volunteers will be recognized during a yearly Volunteer Appreciation Week (held in April each year) and again in September to coincide with the 30 September 2003 unit birth date celebration.
2. Volunteer awards will be broken down into the following categories:
 - a. Leadership Award
 - i. The Leadership award will be presented to the volunteer who has excelled in obtaining a leadership (MRC Level 1 and 2) position in the unit through training, exercises and actual responses and possess/exhibited a can-do attitude to any challenge or mission presented to them.
 1. Recipients of the Leadership award will be determined by:
 - a. Reviewing VVHS generated deployment reports, and nominations as submitted by co-volunteers, Public Health staff and sponsors/partnering organizations.
 - ii. All nominations must be recommended by the Unit Coordinator and approved by the WTHD Director.
 - iii. There may be multiple awardees of this accolade as WTMRC expands its membership.
 - ii. All nominations must be recommended by the Unit Coordinator and approved by the WTHD Director.
 - iii. There may be multiple awardees of this accolade as WTMRC expands its membership.
 - b. Volunteer of the Year Award

- i. This award will be presented to the volunteer(s) with the highest number of volunteer hours accomplished for the time period between 1 April of one year to 30 March of the following year.
 - ii. MRC Level 1, 2, and 3 volunteers are eligible to receive this award; there are only three awards issued under this category.
- c. Other Awards
 - i. Volunteers may be nominated, or receive other awards and recognition at the discretion of the WTMRC Coordinator, WTHD Emergency Planner and the WTHD Director.

VI. Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and Virginia Volunteer Health System (VVHS)

Overview of ESAR-VHP and VVHS

1. ESAR-VHP is a federal program designed to establish and implement guidelines and standards for the registration, credentialing, and deployment of medical professionals in the event of a large-scale national emergency. The program is administered under the Assistant Secretary for Preparedness & Response (ASPR) within the Office of Public Health Emergency Preparedness of the United States Department of Health and Human Services. The ESAR-VHP standards are mandated to American states and territories, enabling an enhanced national interstate and intrastate system for using and sharing medical professionals.
2. VVHS supports web-based information, alerting and credentialing and is used by MRC Coordinators and health districts, to manage volunteers who desire to support public health initiatives, activities, and emergencies throughout Virginia; VVHS is Virginia's version of ESAR-VHP.
3. All WTMRC volunteers are required to be enrolled in VVHS.
4. VVHS is a reference tool that the WTMRC Coordinator and other VA MRC units utilize for communicating alerts and disseminating information using a variety of communication mediums (landline phone, cell phones, e-mails or fax).
5. The VVHS Job Aid (Appendix I) illustrates MRC levels, ESAR/VHP and Alert categories and is provided as a reference tool for volunteer knowledge.

VII. Liability Protection

Overview

WTMRC volunteers are protected from liability in varying degrees by state, federal laws and the localities served by the WTHD. The state and federal laws included in Appendix H may not be the only laws addressing liability protection for volunteers; there may be other state and federal laws not listed in this Annex. *The VDH, WTHD, WTMRC, or the jurisdictions in which we may serve do not provide Worker's Compensation coverage at this time.*

VIII. Code of Ethics

Overview

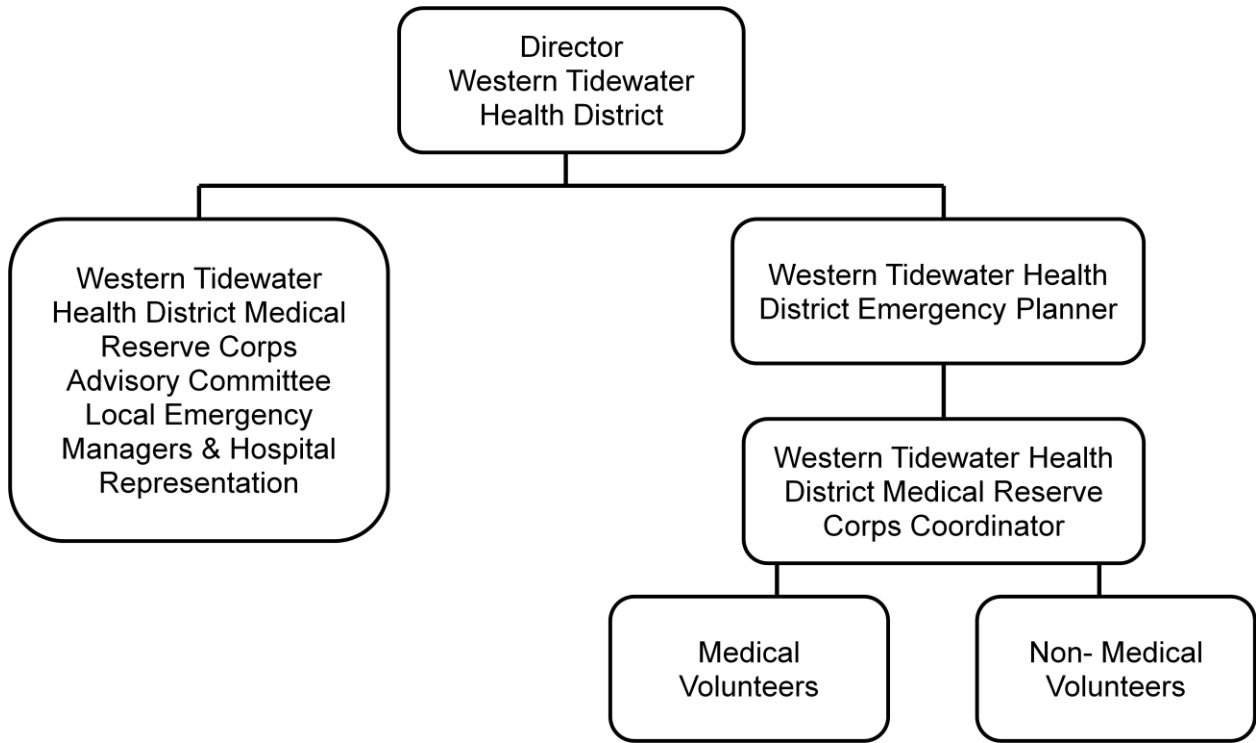
1. WTMRC volunteers are subject to a code of ethics similar to that of VDH employees; as such, volunteers shall abide by the following Code of Ethics. Volunteers are:
 - a. Required to complete assigned tasks and be accountable for the quantity/quality of work.
 - b. Asked to make a firm commitment of time, talents and skills for a defined period of time.
 - c. Expected to be faithful to their commitments. If volunteers cannot report for work, volunteers are expected to notify the WTMRC Coordinator or assigned supervisor.
 - d. Required to conduct themselves in a professional manner with dignity and courtesy.
 - e. Required to keep strictly confidential all information they may learn directly or indirectly about clients or fellow workers. Only information on a client that is important to the performance of an assigned task should ever be sought out.
 - f. Directed to take any problems, criticisms (constructive or otherwise), and suggestions directly to their supervisor or to the WTMRC Coordinator.
 - g. Maintain an attitude of open-mindedness and a willingness to be trained and mentored.
 - h. Required to follow policies and procedures.
 - i. Required to work cooperatively with others.
 - j. Expected to attend meetings and exercises regularly.
 - k. Expected to assist in reporting and maintaining accurate volunteer hours and records as requested.
 - l. Required to follow the HIPAA Privacy Rule guidelines.

XI: Code of Conduct

1. In an effort to maintain the highest standard of conduct expected and deserved by the public and to enable the organization to continue to offer services required by those in need, the WTMRC operates under the following Code of Conduct that is applicable to all volunteers. No volunteer shall:
 - a. Authorize the use of, or use for the benefit or advantage of any person, the name, emblem, endorsement, services, or property of the WTMRC.
 - b. Accept or seek on behalf of themselves or any other person, any financial advantage or gain of other than nominal value which may be offered as a result of the volunteer's affiliation with the WTMRC.
 - c. Publicly utilize any MRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official positions of the Citizen Corps.
 - d. Not disclose any confidential WTHD or WTMRC information that is available solely as a result of the volunteer's affiliation with the WTMRC to any person not authorized to receive such information, or use to the disadvantage of the WTHD/WTMRC any such confidential information, without the express authorization of the WTMRC leadership.

- e. Knowingly take any action or make any statement intended to influence the conduct of the WTMRC in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
 - f. Operate or act in any manner that is contrary to the best interests of the WTHD or WTMRC.
2. In the event that the volunteer's obligation to operate in the best interests of the WTHD or WTMRC conflicts with the interests of any organization in which the individual has a financial interest or an affiliation, the individual shall disclose such conflict to the WTMRC Coordinator or upon becoming aware of it, shall absent himself or herself from the room during deliberations on the matter, and shall refrain from participating in any decisions.

APPENDIX A: WTMRC Organizational Chart



APPENDIX B: WTMRC Key Contact Roster

Western Tidewater Health District, Acting Director

Dr. Nancy Welch, MD, MBA, MHA
757-514-4764

Western Tidewater Health District, Emergency Planner

Mr. John Cooke
Office: 757-514-4766; Cellular: 757-435-4428

Western Tidewater MRC Coordinator

Mr. James (Jim) Steil
Office: 757-514-4768; Cellular: 757-719-1443

Western Tidewater MRC Alternate Local Admin User

Ms. Carolyn Leonard
Office: 757-279-3072 / 757-357-4177; Cellular: 57-333-2289

APPENDIX C: WTMRC Position Descriptions

Overview

WTMRC personnel will normally be integrated into an incident management structure in the field or healthcare facility and may assist primary responders/first receivers or medical personnel with emergency medical and general support operations. WTMRC personnel shall be trained in the basic ICS and National Incident Management System (NIMS) process so that they may support or assume ICS/NIMS positions and duties commensurate with their training, experience, licensure and certifications.

Assignments

1. The assignments listed in this section could apply if the WTMRC were activated to support a mass antibiotic dispensing or vaccination program; there are many other potential assignment opportunities that are not listed below.
2. Volunteers will be placed into positions according to the Job Action Guidelines provided by the Emergency Operation Plan (EOP) or Incident Action Plan (IAP).
 - a. All Job Action Guidelines have the ability to be changed at the Incident Commander, WTHD, Health Director, Emergency Planner, or WTMRC unit Coordinator's discretion based on the nature and magnitude of the emergency.
3. Assignments are designated according to qualifications and training; descriptions are as follows:
 - a. Dispensing Site Manager – Organizes/directs all operations at the dispensing site for the mass distribution of drugs/vaccines and to protect the public from a biological threat. Coordinate with the Local Public Health Emergency Operation Center (EOC).
 - b. Public Information Officer - Provides accurate and timely information to various stakeholder groups as appropriate. Reports to the Dispensing Site Manager.
 - c. Health and Safety Officer - Ensures Dispensing Site is free from health and safety hazards before, during, and after operations.
 - d. Medical Advisor - Serves as the senior medical advisor to the Dispensing Site Manager and consultant to medical staff; directs medical staff organized to administer vaccine or dispense medications.
 - e. Operations Chief – Organizes/directs all aspects relating to the Operations Section, including all job descriptions as seen below. Functions to ensure the dispensing of prophylaxis medications is carried out in an efficient and effective manner. Reports to the Dispensing Site Manager.
 - i. Client Services Coordinator - Directs individuals coming into the dispensing site to the appropriate workstation for dispensation of medications and ensures all client records are complete.
 1. Greeter/Registrar - Reviews client medical history and consent forms for completeness. Completed information is passed to Medical Screening/Triage.
 2. Medical Screener/Triage - Screens clients for disease/contact with identified agent. Assesses clients for contraindications to the medication and for risk of disease

- or infection. Reviews benefits/risks of treatment/prophylaxis and identifies those clients who have contraindications. Identifies clients with complex problems and makes referrals, as necessary.
3. Sick Room Attendant/First Aid Provider - Provides first aid to clients and personnel in the event of an injury. Cares for clients and/or personnel in the event of sudden illness and to arrange for emergency transportation to other medical facilities for evaluation, if indicated.
 4. Emergency Transporter - In collaboration with the Client Services Coordinator and the Sick Room Attendant/First Aid Provider, will provide clients/personnel emergency transportation to hospital/acute care centers in the event of sudden illness or injury.
 5. Client Educator - Reinforces key messages; ensures that clients have information materials. Informs client what to expect from the medication, and instructs on signs and symptoms to notify local Health Department and physician of. Ensures each client is provided with adequate information concerning their prophylaxis or treatment regimens.
 6. Exit Monitor - Ensures clients are provided with adequate information concerning their prophylaxis or treatment regimens upon leaving the dispensing site.
- ii. Pharmacy Services Coordinator - Oversees mass distribution of pharmaceuticals to the general population; ensures treatment protocols are adhered to for each individual receiving medication.
1. Dispenser/Distributor - Ensures that each client is provided with the correct dosage of medication as prescribed by the issued standing orders.
 2. Dispensing/Distribution Assistants - Assists with the dispensing process by preparing dispensing paperwork and recording the medication lot number, expiration date, and dispensing date on the client record.
 3. Pharmacy Consultants - Ensures that each dispensing center staff member has access to current information concerning to prescribed medications and treatments by providing pharmaceutical consultation.
- iii. Special Needs Coordinator - Ensures clients with special need mental/physical health or language barriers are referred to/or provided with consultative services upon arrival at dispensing site; ensures all dispensing site personnel have access to mental health consultative services at the dispensing center or subsequently at offsite locations.
1. Mental Health Specialist - Ensures that all clients and staff have access to crisis intervention services at the dispensing

- site and consultative services subsequently at off site locations.
2. Interpreter – Interprets verbal explanations and translated materials for those persons who have difficulty reading, hearing, or understanding the English language.
- iv. Medical Inventory Coordinator - Coordinates the tracking of inventory within the Dispensing Site, including keeping a log of material maintained at each station and tracking when such material is depleted and needs to be re-supplied. Works closely with the Supply Coordinator.
 1. Inventory Control Specialist - Provides support to the Medical Inventory Control Coordinator to track material throughout the Dispensing Site operations process.
- f. Logistics Chief – Organizes/directs Logistics Section; ensures support needs of the dispensing site are met. Provides facilities, services, supplies, and materials to the various sections of the Dispensing Site operations by collaborating with the Dispensing Site Manager and the Operations Chief.
- i. Facility Coordinator - Ensures the physical needs of the Dispensing Site are met and any unforeseen problems are quickly resolved.
 - ii. Security Coordinator: Oversees the security operations at the Dispensing Site to ensure a safe environment for staff and clients.
 - i. Security Officers - Maintains secure environment so that all functions of the dispensing site run smoothly and safely.
 - iii. Supply Coordinator - Ensures that dispensing site has adequate levels of supplies to operate.
 - i. Supply Room Clerk - Ensures medications/operating supplies are distributed in a timely manner.
 - iv. Engineering Coordinator - Maintains basic infrastructure of dispensing site to ensure a safe and hospitable environment for staff and clients.
 - i. Equipment Maintenance - Sets up/maintains equipment infrastructure and environmental conditions of the dispensing site.
 - ii. Housekeeping - Maintains health and sanitary conditions of the dispensing site.
- g. Administration/Finance Chief - Organizes/directs Administration/Finance Section; ensures all Dispensing site personnel, clients, and supply records are correctly kept and maintained throughout the event/incident.
- i. Records Coordinator - Ensures that all Dispensing Site staff and client records are completed and kept secure.
 - i. Data Entry Specialist - Ensures all client data is entered into the computer or onto forms accurately.
 - ii. Supplies Records Clerk - Ensures that all dispensing site supplies and equipment are recorded and accounted.
 - ii. Personnel/Volunteer Coordinator – Evaluates/Coordinates assignment of personnel and/or volunteers to the various dispensing site positions.
 - i. Personnel/ Volunteer Records Clerk - Ensures Dispensing Site personnel/volunteers are assigned appropriately and that records of all activities are maintained.

- h. Communications Chief – Organizes/directs Communications Section; ensures coordination of all communications systems and acts as custodian of all logged/documented communications.
 - i. Communications Coordinator – Organizes/coordinates internal/external communications system; custodian of all logged/documented communications.
 - i. Communications Specialist - Collaborates with the Communications Coordinator to ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc.) is included in the equipment cache sent to the dispensing site.

APPENDIX D: Basic Administration and Training Requirements (BATR)

Note: Appendix I, Job Aid provides a detailed comparison between MRC volunteer levels and ESAR-VHP categories, the text below is used to support BATR tracking and volunteer promotions.

1. Level one (1), MRC volunteers fill high leadership position with specific leadership roles assigned. Required training includes:

Completion of IS-800: National Response Framework, An Introduction located at: <https://training.fema.gov/EMIWeb/IS/IS800b.asp>

Completion of IS-200: ICS for Single Resources and Initial Action Incidents located at: <https://training.fema.gov/EMIWeb/IS/IS200b.asp>

Participation in a Mass Dispensing Exercise (Special Delivery/Point of Dispensing (POD)

Being Cardio-Pulmonary Resuscitation (CPR) Automated External Defibrillator (AED) and Basic First Aid qualified.

Completion of all Level 2 MRC volunteer requirements.

2. Level two (2), MRC volunteers fill mid-leadership position, with specific assigned roles and meet MRC core competency requirements. Required training includes:

Completion of IS-22: Are You Ready located at: <https://training.fema.gov/EMIWeb/IS/is22.asp>

Completion of IS-100.b - Introduction to Incident Command System (or one of the equivalent 100 series courses in this series) located at: <https://training.fema.gov/EMIWeb/IS/IS100b.asp>

Completion of IS-700a: National Incident Management System (NIMS), An Introduction located at: <https://training.fema.gov/EMIWeb/IS/is700a.asp>

Completion of IS-5.A: An Introduction to Hazardous Materials located at: <http://training.fema.gov/is/courseoverview.aspx?code=IS-5.a>

Completion of Cities Readiness Initiative (CRI) Dispensing Site located at: http://www.vdh.virginia.gov/mrc/WTMRC/videos/CRI_Training_Tidewater.exe

Completion of Points of Dispensing Overview located at: <http://www.vdh.virginia.gov/mrc/WTMRC/videos/PointsOfDispensingOverview.mp4>

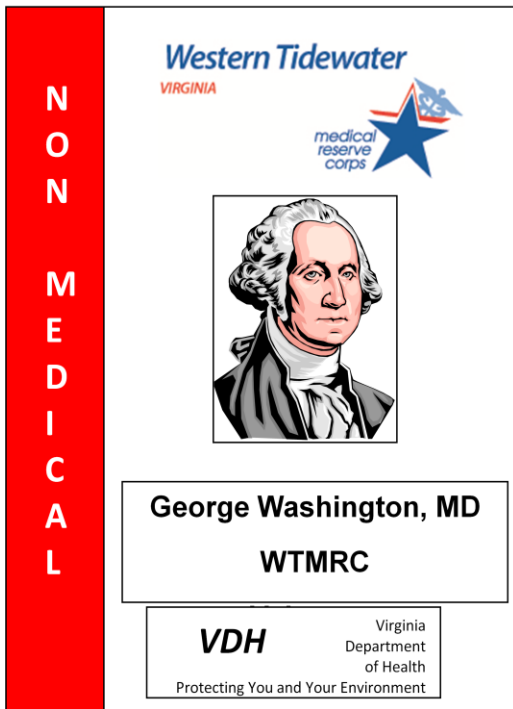
Completing of Introduction to Mental Health; in class or TRAINVirginia course 1048051

Completion of all Level 3 MRC volunteer requirements.

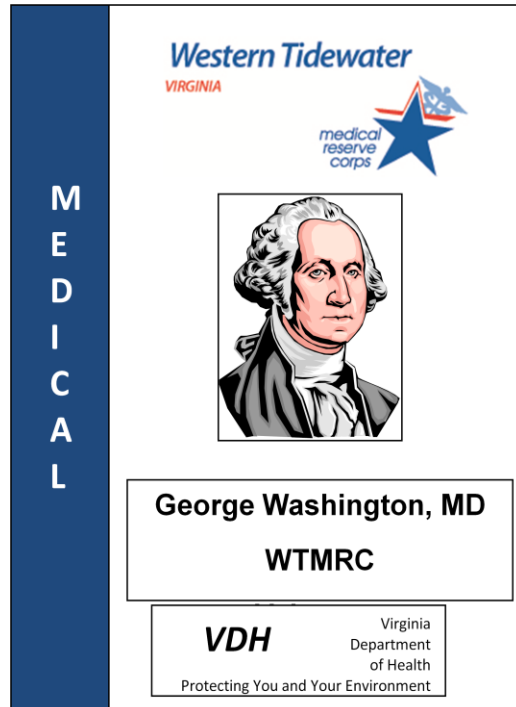
3. Level three (3), volunteers have completed WTMRC orientation and processing and have no specific volunteer responsibilities assigned.
4. Level four (4), volunteers are registered in VVHS, but have had no formal orientation or training. Required training includes:

Completion of WTMRC orientation and volunteer processing.

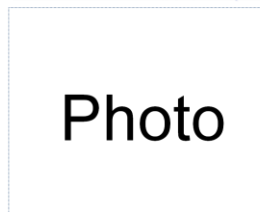
APPENDIX E: WTMRC Identification Card



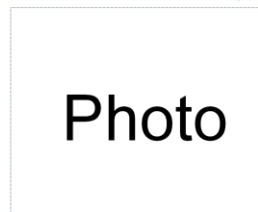
**Red vertical stripe
Non-medical volunteer**



**Blue vertical stripe
Medical volunteer**





Volunteer Name
Role or Title



Volunteer Name
Role or Title



Spontaneous Unaffiliated Volunteer Badge with Photo

N O N M E D I C A L	
	<p>Use Drivers License to Verify Identity</p>
	<p>Volunteer Name Role or Title</p>
	

Spontaneous Unaffiliated Volunteer Badge without Photo

APPENDIX F: Memorandum of Agreement between Virginia Department of Health, Office of Emergency Preparedness, Office of Epidemiology, Office of Risk Communications and Education, and Health Districts

1. Each year, the Virginia Department of Health's, Office of Emergency Preparedness, the Office of Risk Communication, Education and Training, the Office of Epidemiology, and Local Health Districts, exercise an option to enter into a Memorandum of Agreement Between Virginia Department of Health Office of Emergency Preparedness, Office of Epidemiology, Office of Risk Communication and Education, and Health Districts that determines funding and/or technical assistance in the performance of activities in the areas of 1) epidemiological surveillance and investigation, 2) emergency preparedness and response planning, 3) volunteer management including recruitment, training, tracking, deployment and recovery of volunteers, 4) preparedness and response education and training, and 5) risk communication activities. The current (active) Memorandum of Agreement may be viewed by contacting the WTHD Business Manager or by filing a Freedom of Information Request, under Va. Code §2.2-3705.2
2. Continuation of the WTMRC program is directly associated to the above MOA and funding constraints.

APPENDIX G: Division of the Civilian Volunteer Medical Reserve Corps - Factors for Success and National Association of County and City Health Officials (NACCHO) Grants

Changes may be forthcoming to this Appendix due to change of funding lines and reporting responsibilities between Office of the Surgeon General, Division of the Civilian Volunteer Medical Reserve Corps, to the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR)

See Overview discussion under V. ADMINISTRATION

Reference MRC Unit Factors for Success, Version 1.1, dated March 4, 2014

1. Forming, developing, operating and sustaining a Medical Reserve Corps (MRC) unit can be a challenging process. MRC unit leaders may be tasked with everything from determining the unit's mission to developing and implementing a comprehensive training and exercise program for the unit. These tasks can be difficult for even the most experienced volunteer managers and professionals. Compounding these challenges is the fact that many MRC unit leaders have multiple responsibilities and may spend less than 25 percent of their time engaged in MRC-related activities. As a result, MRC unit leaders may feel overwhelmed by the scope and complexity of their duties.
2. To help MRC unit leaders overcome these challenges, the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) created the Factors for Success. The Factors for Success are a comprehensive set of programmatic elements, or "stepping stones," which form a path MRC unit leaders can follow to develop their MRC units. The Factors for Success are not mandatory program requirements levied on local MRC units by the DCVMRC. Rather, they are a set of tools which can be used by MRC leaders to guide—and gauge—the development of their units.
3. The Factors for Success are also a tool that the DCVMRC can use to provide technical assistance to MRC units across the nation. For example, MRC Regional Coordinators can refer to the Factors for Success to help guide the development of new MRC units. They can also use the Factors for Success to inform Technical Assistance Assessments. The DCVMRC can utilize the Factors for Success as a framework for the collection and analysis of MRC unit data and the determination of trends across the MRC network. And the Factors for Success can aid the DCVMRC in identifying relevant training for MRC leaders and volunteers, as well as determining content for MRC conferences.
4. The Factors for Success incorporate generally accepted practices of organizational development, especially those associated with volunteer or non-profit organizations. Although utilization of the Factors for Success cannot guarantee success, their use can help MRC units navigate the complexities of organizational development and in turn, enhance the capacity of MRC units to assist their communities, whether that be preparing for and responding to emergencies or promoting healthy living throughout the year.

5. The Factors for Success are presented much like a checklist in order to facilitate the step-by-step development of an MRC unit. They progress from basic activities which must be addressed by all MRC units, such as developing a mission statement, to more complex endeavors, such as developing and implementing a strategic planning and evaluation process for the unit. Although they are arranged in a relatively sequential manner, most of the activities recommended by the Factors for Success may be conducted concurrently, e.g., an MRC unit might recruit volunteers (Sub-Factor 5.3) while it is developing a policies and procedures manual (Sub-Factor 9.1). Many activities specified by the Factors for Success are also ongoing, such as screening and selecting volunteers for MRC membership (Sub-Factor 6.1), training volunteers (Sub-Factor 7.3), and tracking and managing volunteers (Sub-Factor 9.2). In addition, most of the Factors for Success should be periodically re-evaluated and revised, such as determining goals and S-M-A-R-T objectives (Sub-Factor 1.4). Finally, lessons learned from the implementation of one Factor for Success can, and should, be used to revise other Factors for Success, e.g., participation in activities that fulfill the unit's mission (Factor 12) should be used to enhance policies and procedures for volunteer utilization (Factor 8). Because "success" is defined differently for each MRC unit, the Factors for Success may be tailored to meet the specific needs of individual MRC units at all stages of development. For example, leaders of newly-registered MRC units might choose to use the Factors for Success as a checklist to ensure the basic tenets of an MRC unit are developed. Leaders of established MRC units might refer to the applicable Factor for Success to improve a specific function, such as unit administration or volunteer recruiting.

6. The Factors for Success are divided into a dozen broad functional areas. Each of these functional areas includes the following:
- "Sub-factors" (sub-categories of activities which comprise the larger functional areas or "factors").
 - Expectations (specific actions the MRC unit is expected to take).
 - Rationale (why the specific actions are necessary).
 - Performance measures for use by MRC units to evaluate their performance in accomplishing activities.

Guidance, resources and/or "promising practices" to assist MRC unit leaders (such as MRC technical assistance documents or checklists, templates or sample materials from MRC units, training available on MRC-TRAIN, as well as additional resources or information) are in the development stage and approval process. These will become available with the web-based, interactive version of the Factors for Success in the future.

1. Determine the Purpose and Scope of the Medical Reserve Corps (MRC) Unit
 - 1.1 Determine Jurisdiction Served
 - 1.2 Assess Community Needs
 - 1.3 Develop a Mission Statement
 - 1.4 Determine Goals and "S-M-A-R-T" Objectives
 - 1.5 Periodic Re-Evaluation of MRC Unit Purpose, Scope, Goals and Objectives
2. Establish Community Partnerships
 - 2.1 Develop Working Partnerships and Affiliations with Organizations in the Community
 - 2.2 Periodic Re-Evaluation of Partnerships

3. Determine Financial Needs and Funding Sources
 - 3.1 Determine Financial Needs
 - 3.2 Identify and Pursue Funding and/or Resources
 - 3.3 Periodic Re-Evaluation of Financial Needs and Resources
4. Determine Organizational Structure and Unit Composition
 - 4.1 Identify and Appoint MRC Unit Leadership
 - 4.2 Establish Process for MRC Unit Leader Transition
 - 4.3 Determine Organizational Structure
 - 4.4 Determine Unit Composition
 - 4.5 Develop Position Descriptions
 - 4.6 Periodic Re-Evaluation of Organizational Structure and Composition
5. Develop Procedures for Volunteer Recruitment
 - 5.1 Develop Volunteer Recruitment Plan
 - 5.2 Develop Application Process and Materials
 - 5.3 Recruit Volunteers
 - 5.4 Periodic Re-Evaluation of Volunteer Recruitment Procedures
6. Develop and Implement Procedures for Volunteer Screening and Selection
 - 6.1 Screen and Select Volunteers for MRC Membership
 - 6.2 Periodic Re-Evaluation of Volunteer Screening and Selection Procedures
7. Develop a Volunteer Training Program
 - 7.1 Develop a Training Plan
 - 7.2 Identify Training Sources
 - 7.3 Train Volunteers
 - 7.4 Maintain Training Records
 - 7.5 Periodic Re-Evaluation of Volunteer Training Program
8. Develop Policies and Procedures for Volunteer Utilization
 - 8.1 Develop Processes to Notify Volunteers
 - 8.2 Develop Procedures to Organize, Assemble and Deploy Volunteers
 - 8.3 Establish Policies and/or Procedures to Utilize and Manage Volunteers
 - 8.4 Develop Processes to Release Volunteers
 - 8.5 Periodic Re-Evaluation of Volunteer Utilization Practices
9. Develop Policies and Procedures for Unit Administration
 - 9.1 Develop Unit Policies and Procedures Manual
 - 9.2 Track and Manage Volunteers
 - 9.3 Review Volunteer Performance
 - 9.4 Update MRC Unit Profile
 - 9.5 Participate in Technical Assistance Assessments
 - 9.6 Develop and Implement Strategic Plan/Roadmap
 - 9.7 Periodic Re-Evaluation of Unit Administrative Practices
10. Develop and Implement Strategies for Volunteer Retention and Recognition
 - 10.1 Develop Volunteer Retention and Recognition Program
 - 10.2 Identify Key Volunteers/Assign to Unit Leadership Positions or Roles
 - 10.3 Periodic Re-Evaluation of Volunteer Retention Strategies
11. Develop and Implement Strategies for Risk Management
 - 11.1 Develop a Risk Management Plan
 - 11.2 Determine Volunteer Legal Protections
 - 11.3 Periodic Re-Evaluation of Risk Management Practices

12. Participate in Activities that Fulfill MRC Unit's Mission

12.1 Plan, Schedule and Conduct MRC Unit Activities and Events

12.2 Conduct After-Action Reviews

12.3 Report Unit Activities to Housing/Sponsoring Organization and Stakeholders

APPENDIX H: Liability

State Laws

1. That §§ [2.2-3601](#), [2.2-3602](#), [2.2-3605](#), [8.01-225](#), [32.1-48.016](#), and [44-146.23](#) of the Code of

Virginia are amended and reenacted as follows:

§ [2.2-3601](#). Definitions.

As used in this chapter, unless the context requires a different meaning:

"Volunteer" means any person who, of his own free will, provides goods or services, without any financial gain, to any agency, instrumentality or political subdivision of the Commonwealth;

"Volunteer in state and local services" shall include, but not be limited to, any person who serves in a Medical Reserve Corps (MRC) unit or on a Community Emergency Response Team (CERT) established under VirginiaCORPS while engaged in emergency services and preparedness activities as defined in § [44-146.16](#).

"Regular-service volunteer" means any person engaged in specific voluntary service activities on an ongoing or continuous basis;

"Occasional-service volunteer" means any person who provides a one-time or occasional voluntary service;

"Material donor" means any person who, without financial gain, provides funds, materials, employment, or opportunities for clients of agencies, instrumentalities, or political subdivisions of the Commonwealth;

"Department" includes all departments established in the executive branch of state government and local agencies under the jurisdiction or supervision thereof, and for the purposes of §§ [2.2-3602](#), [2.2-3604](#) and [2.2-3605](#), shall include political subdivisions of the Commonwealth.

§ [2.2-3602](#). Scope of chapter; status of volunteers; reimbursements.

A. Every department, through its executive head, may develop volunteer programs and accept the services of volunteers, including regular-service volunteers, occasional-service volunteers, or material donors, to assist in programs carried out or administered by that department.

B. Volunteers recruited, trained, or accepted by any department shall, to the extent of their voluntary service, be exempt from all provisions of law relating to state employment, hours of work, rate of compensation, leave time, and employee benefits except those enumerated in or consistent with § [2.2-3605](#). Volunteers shall, however, at all times comply with applicable work rules.

C. Every department utilizing the services of volunteers may provide volunteers with such incidental reimbursements as are consistent with the provisions of § [2.2-3605](#), including transportation costs, lodging, and subsistence, as the department deems appropriate to assist volunteers in performing their duties.

D. For the purposes of this chapter, individuals involved in emergency services and preparedness activities pursuant to the definition of "emergency services" in § [44-146.16](#) shall be considered volunteers in state and local services and shall be accordingly entitled to the benefits conferred in this chapter. As volunteers in state and local services, such individuals shall be deemed to be regular-service volunteers.

§ [2.2-3605](#). Volunteer benefits.

A. Meals may be furnished without charge to regular-service volunteers, if scheduled work assignments extend over an established meal period. Meals may be furnished without charge to occasional-service volunteers at the discretion of the department's executive head.

B. Lodging, if available, may be furnished temporarily, at no charge, to regular-service volunteers.

C. Transportation reimbursement may be furnished those volunteers whose presence is determined to be necessary to the department. Rates or amounts of such reimbursement shall not exceed those provided in § [2.2-2823](#). Volunteers may utilize state vehicles in the performance of their duties, subject to those regulations governing use of state vehicles by paid staff.

D. Liability insurance may be provided by the department utilizing their services both to regular-service and occasional-service volunteers to the same extent as may be provided by the department to its paid staff. Volunteers in state and local service, including, but not limited to, any person who serves in a Medical Reserve Corps (MRC) unit or on a Community Emergency Response Team (CERT) established under VirginiaCORPS, shall enjoy the protection of the Commonwealth's sovereign immunity to the same extent as paid staff.

§ [8.01-225](#). Persons rendering emergency care, obstetrical services exempt from liability.

A. Any person who:

1. In good faith, renders emergency care or assistance, without compensation, to any ill or injured person at the scene of an accident, fire, or any life-threatening emergency, or en route there from to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance.

2. In the absence of gross negligence, renders emergency obstetrical care or assistance to a female in active labor who has not previously been cared for in connection with the pregnancy by such person or by another professionally associated with such person and whose medical records are not reasonably available to such person shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care or assistance. The immunity herein granted shall apply only to the emergency medical care provided.

3. In good faith and without compensation, including any emergency medical services technician certified by the Board of Health, administers epinephrine in an emergency to an individual shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such person has reason to

believe that the individual receiving the injection is suffering or is about to suffer a life-threatening anaphylactic reaction.

4. Provides assistance upon request of any police agency, fire department, rescue or emergency squad, or any governmental agency in the event of an accident or other emergency involving the use, handling, transportation, transmission or storage of liquefied petroleum gas, liquefied natural gas, hazardous material or hazardous waste as defined in § [18.2-278.1](#) or regulations of the Virginia Waste Management Board shall not be liable for any civil damages resulting from any act of commission or omission on his part in the course of his rendering such assistance in good faith.

5. Is an emergency medical care attendant or technician possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance whether in person or by telephone or other means of communication, without compensation, to any injured or ill person, whether at the scene of an accident, fire or any other place, or while transporting such injured or ill person to, from or between any hospital, medical facility, medical clinic, doctor's office or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment or assistance, including but in no way limited to acts or omissions which involve violations of State Department of Health regulations or any other state regulations in the rendering of such emergency care or assistance.

6. In good faith and without compensation, renders or administers emergency cardiopulmonary resuscitation, cardiac defibrillation, including, but not limited to, the use of an automated external defibrillator, or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an accident or any other place, or while transporting such person to or from any hospital, clinic, doctor's office or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures and shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative treatments or procedures.

7. Operates an automated external defibrillator at the scene of an emergency, trains individuals to be operators of automated external defibrillators, or orders automated external defibrillators, shall be immune from civil liability for any personal injury that results from any act or omission in the use of an automated external defibrillator in an emergency where the person performing the defibrillation acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances, unless such personal injury results from gross negligence or willful or wanton misconduct of the person rendering such emergency care.

8. Is a volunteer in good standing and certified to render emergency care by the National Ski Patrol System, Inc., who, in good faith and without compensation, renders emergency care or assistance to any injured or ill person, whether at the scene of a ski resort rescue, outdoor emergency rescue or any other place or while transporting such injured or ill person to a place accessible for transfer to any available emergency medical system unit, or any resort owner voluntarily providing a ski patroller employed by him to engage in rescue or recovery work at a resort not owned or operated by him, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency

care, treatment or assistance, including but not limited to acts or omissions which involve violations of any state regulation or any standard of the National Ski Patrol System, Inc., in the rendering of such emergency care or assistance, unless such act or omission was the result of gross negligence or willful misconduct.

9. Is an employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, who, upon the written request of the parents as defined in § [22.1-1](#), assists with the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the child's medication schedule or such employee has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a school board is covered by the immunity granted herein, the school board employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

10. Renders emergency services and preparedness activities, as defined in § [44-146.16](#), as a member of a Medical Reserve Corps (MRC) unit or on a Community Emergency Response Team (CERT) established under VirginiaCORPS, in good faith and without compensation, shall not be liable for any civil damages for any act or omission resulting from the rendering of such emergency services and preparedness activities during any natural or man-made disasters or any other natural or man-made emergency, including any outbreak, potential epidemic, or epidemic of disease, unless the act or omission was the result of the person's gross negligence or willful misconduct.

B. Any licensed physician serving without compensation as the operational medical director for a licensed emergency medical services agency in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from the rendering of emergency medical services in good faith by the personnel of such licensed agency unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any person serving without compensation as a dispatcher for any licensed public or nonprofit emergency services agency in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from the rendering of emergency services in good faith by the personnel of such licensed agency unless such act or omission was the result of such dispatcher's gross negligence or willful misconduct.

Any individual, certified by the State Office of Emergency Medical Services as an emergency medical services instructor and pursuant to a written agreement with such office, who, in good faith and in the performance of his duties, provides instruction to persons for certification or recertification as a certified basic life support or advanced life support emergency medical services technician shall not be liable for any civil damages for acts or omissions on his part directly relating to his activities on behalf of such office unless such act or omission was the result of such emergency medical services instructor's gross negligence or willful misconduct.

Any licensed physician serving without compensation as a medical advisor to an E-911 system in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in good faith to establish protocols to be used by the personnel of the E-911 service, as defined in § [58.1-3813.1](#), when answering emergency calls unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any licensed physician who directs the provision of emergency medical services, as authorized by the State Board of Health, through a communications device shall not be liable for any civil damages for any act or omission resulting from the rendering of such emergency medical services unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any licensed physician serving without compensation as a supervisor of an automated external defibrillator in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in good faith to the owner of the automated external defibrillator relating to personnel training, local emergency medical services coordination, protocol approval, automated external defibrillator deployment strategies, and equipment maintenance plans and records unless such act or omission was the result of such physician's gross negligence or willful misconduct.

C. Any provider of telecommunication service, as defined in § [58.1-3812](#), including mobile service, in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering such service with or without charge related to emergency calls unless such act or omission was the result of such service provider's gross negligence or willful misconduct.

Any volunteer engaging in rescue or recovery work at a mine or any mine operator voluntarily providing personnel to engage in rescue or recovery work at a mine not owned or operated by such operator, shall not be liable for civil damages for acts or omissions resulting from the rendering of such rescue or recovery work in good faith unless such act or omission was the result of gross negligence or willful misconduct.

D. Nothing contained in this section shall be construed to provide immunity from liability arising out of the operation of a motor vehicle.

E. (Expires July 1, 2005) 1. In the absence of gross negligence or willful misconduct, a health care provider shall not be liable in any civil action resulting from (i) injuries to any health care worker sustained in connection with administration of the vaccinia (smallpox) vaccine or other smallpox countermeasure, or (ii) any injuries to any other person sustained as a result of such other person coming into contact, directly or indirectly, with a health care worker; provided the vaccinia (smallpox) vaccine or smallpox countermeasure was administered and monitored in accordance with the recommendations of the Centers for Disease Control and Prevention in effect at the time of the vaccinia (smallpox) vaccine or other smallpox countermeasure administration. Nothing in this subsection shall preclude an injured health care worker, who is otherwise eligible for workers' compensation benefits pursuant to Title 65.2, from receipt of such benefits.

2. In the absence of gross negligence or willful misconduct, a health care worker shall not be liable in any civil action for injuries to any other person sustained as a result of such other person coming into contact, directly or indirectly, with a health care worker,

provided the vaccinia (smallpox) vaccine or smallpox countermeasure was administered and monitored in accordance with the recommendations of the Centers for Disease Control and Prevention in effect at the time of the vaccinia (smallpox) vaccine or other smallpox countermeasure administration.

3. For the purposes of this subsection, "-health care provider-" means a health care provider participating in a smallpox preparedness program, pursuant to a declaration by the United States Department of Health and Human Services ("HHS"), through which individuals associated with the health care provider have received the vaccinia (smallpox) vaccine or other smallpox countermeasure defined by HHS from any hospital, clinic, state or local health department, or any other entity that is identified by state or local government entities or the HHS to participate in a vaccination program.

4. For the purposes of this subsection, "health care worker" means a health care worker to whom the vaccinia (smallpox) vaccine or other smallpox countermeasure has been administered as part of a smallpox preparedness program pursuant to a declaration by HHS. Such health care workers shall include but shall not be limited to: (i) employees of a health care provider referenced in subdivision 3, (ii) independent contractors with a health care provider referenced in subdivision 3, (iii) persons who have practice privileges in a hospital, (iv) persons who have agreed to be on call in an emergency room, (v) persons who otherwise regularly deliver prehospital care to clients admitted to a hospital, and (vi) first responders.

F. For the purposes of this section, the term "compensation" shall not be construed to include (i) the salaries of police, fire or other public officials or personnel who render such emergency assistance, (ii) the salaries or wages of employees of a coal producer engaging in emergency medical technician service or first aid service pursuant to the provisions of §§ [45.1-161.38](#), [45.1-161.101](#), [45.1-161.199](#) or § [45.1-161.263](#), (iii) complimentary lift tickets, food, lodging or other gifts provided as a gratuity to volunteer members of the National Ski Patrol System, Inc., by any resort, group or agency, or (iv) the salary of any person who (a) owns an automated external defibrillator for the use at the scene of an emergency, (b) trains individuals, in courses approved by the Board of Health, to operate automated external defibrillators at the scene of emergencies, (c) orders automated external defibrillators for use at the scene of emergencies, or (d) operates an automated external defibrillator at the scene of an emergency.

For the purposes of this section, an emergency medical care attendant or technician shall be deemed to include a person licensed or certified as such or its equivalent by any other state when he is performing services which he is licensed or certified to perform by such other state in caring for a client in transit in ~~this~~ the Commonwealth, which care originated in such other state.

Further, the public shall be urged to receive training on how to use cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) in order to acquire the skills and confidence to respond to emergencies using both CPR and an AED.

§ [32.1-48.016](#). Immunity from liability.

Any person, including any person who serves in a Medical Reserve Corps (MRC) unit or on a Community Emergency Response Team (CERT) established under VirginiaCORPS, who, in good faith and in the performance of his duties, acts in compliance with this article and the Board of Health's regulations shall not be liable for any civil damages for

any act or omission resulting from such actions unless such act or omission was the result of gross negligence or willful misconduct.

§ [44-146.23](#). Immunity from liability.

A. Neither the Commonwealth, nor any political subdivision thereof, nor federal agencies, nor other public or private agencies, nor, except in cases of willful misconduct, public or private employees, nor representatives of any of them, engaged in any emergency services activities, while complying with or attempting to comply with this chapter or any rule, regulation, or executive order promulgated pursuant to the provisions of this chapter, shall be liable for the death of, or any injury to, persons or damage to property as a result of such activities. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this chapter, or under the Workers' Compensation Act (§ [65.2-100](#) et seq.), or under any pension law, nor the right of any such person to receive any benefits or compensation under any act of Congress. For the purposes of the immunity conferred by this subsection, representatives of public or private employees shall include volunteers in state and local services who are persons who serve in a Medical Reserve Corps (MRC) unit or on a Community Emergency Response Team (CERT) established under VirginiaCORPS.

B. Any person owning or controlling real estate or other premises who voluntarily and without compensation grants a license or privilege, or otherwise permits the designation or use of the whole or any part or parts of such real estate or premises for the purpose of sheltering persons, of emergency access or of other uses relating to emergency services shall, together with his successors in interest, if any, not be liable for negligently causing the death of, or injury to any person on or about such real estate or premises or for loss of or damage to the property of any person on or about such real estate or premises during such actual or impending disaster.

C. If any person holds a license, certificate, or other permit issued by any state, or political subdivision thereof, evidencing the meeting of qualifications for professional, mechanical, or other skills, the person may gratuitously render aid involving that skill in the Commonwealth during a disaster, and such person shall not be liable for negligently causing the death of, or injury to, any person or for the loss of, or damage to, the property of any person resulting from such gratuitous service.

D. No person, firm or corporation which gratuitously services or repairs any electronic devices or equipment under the provisions of this section after having been approved for the purposes by the State Coordinator shall be liable for negligently causing the death of, or injury to, any person or for the loss of, or damage to, the property of any person resulting from any defect or imperfection in any such device or equipment so gratuitously serviced or repaired.

E. Notwithstanding any law to the contrary, no individual, partnership, corporation, association, or other legal entity shall be liable in civil damages as a result of acts taken voluntarily and without compensation in the course of rendering care, assistance, or advice with respect to an incident creating a danger to person, property, or the environment as a result of an actual or threatened discharge of a hazardous substance, or in preventing, cleaning up, treating, or disposing of or attempting to prevent, clean up, treat, or dispose of any such discharge, provided that such acts are taken under the

direction of state or local authorities responding to the incident. This section shall not preclude liability for civil damages as a result of gross negligence, recklessness or willful misconduct. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this chapter, or under the Workers' Compensation Act (§ [65.2-100](#) et seq.), or under any pension law, nor the right of any such person to receive any benefits or compensation under any act of Congress. The immunity provided by the provisions of this paragraph shall be in addition to, not in lieu of, any immunities provided by § [8.01-225](#).

Risk Management for MRC and VDH Volunteers:

MRC volunteers who are registered with the Virginia Department of Health are entitled to the benefits described in § 2.2-3605 of the Code of Virginia. While they are acting under the direction of the Virginia Department of Health, and within the course and scope of their assigned emergency and disaster response activities, volunteers are eligible for the same liability protection available to state employees. In addition to this protection, if a volunteer is injured while performing an assignment the state may also provide up to \$10,000 reimbursement for medical expenses.

(c) Volunteers covered under the State's liability, must:

- Be registered as a member of an organized MRC or Volunteer Unit
- Demonstrate comprehension of basic emergency competencies
- Act under the direction of the VDH or other state agency
- Follow the policies and protocols of the MRC Unit or VDH
- Act within the scope of their education and experience

Federal Laws

14.3.1 The National MRC suggests that there are some protections for volunteers under the Good Samaritan Laws, the Volunteer Protection Act.

14.3.2 The VPA provides qualified immunity from liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections that are stronger than those in the VPA.

14.3.3 The VPA defines a volunteer as “an individual performing services for a nonprofit organization or a governmental entity which does not receive compensation (other than reasonable reimbursement or allowance for expenses actually incurred) or any other thing of value in lieu of compensation in excess of \$500 per year.

14.3.4 Under the VPA a volunteer is immune from liability for harm caused by an act of omission of the volunteer on behalf of the organization or entity if:

- 1) the act or omission was within the scope of the volunteer's responsibilities in the organization or entity;
- 2) if required, the volunteer was properly licensed, certified or authorized for the activities or practice giving rise to the claim;
- 3) the harm was not caused by “willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer”
- 4) the harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft, or other vehicle requiring the

operator to possess a license or maintain insurance.

Locality Specific Liability Coverage

The Western Tidewater Medical Reserve Corps Unit Coordinator has had discussions with the City of Franklin Virginia Emergency Manager who in turn has had discussions with the City of Franklin Virginia City Attorney wherein should Western Tidewater Medical Reserve Corps volunteer be activated or deployed to support specific emergency operations within the limits of the City of Franklin, the City will deputized Western Tidewater Medical Reserve Corps volunteers (as identified by the Unit Coordinator) and provided said volunteers with additional insurance and coverage as provided for in the City of Franklin Chesterfield Insurance policy. The Western Tidewater Medical Reserve Corps Unit Coordinator is currently working to obtain similar additional Western Tidewater Medical Reserve Corps volunteer coverage within Isle of Wight County, the City of Suffolk, and Southampton County.

APPENDIX I: Virginia Volunteer Health System (VVHS) Job Aid

VIRGINIA VOLUNTEER HEALTH SYSTEM (VVHS) JOB AID (Revised May 2015)

MRC Volunteer Level	Medical / ESAR-VHP Level	Alert Category
Level 1: Volunteers assigned to level 1 are in a high leadership position with specific leadership roles assigned. Higher level training requirements include IS 200, IS 800 and participation in exercise and leadership positions. MRC level 1 volunteers must also obtain a FD-258 fingerprinting listed within the VVHS.	Level 1 requires confirmation that the volunteer is clinically active in a hospital, either as an employee or by virtue of having hospital privileges. Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meet other occupational specific qualifications	ACTIVATION: Should be used to activate volunteers for a specific activity and should include activation specifics such as the date, location and time. Response Available
Level 2: Volunteers assigned to level 2 mid-leadership position in unit have specific assigned roles and have met MRC core competency requirements. These requirements include IS 100, IS 700, personal preparedness and disaster behavior health.	Level 2 classifies health professionals who possess all the credentials and qualifications of a Level 1 health professional except that they are neither employed in a hospital nor do they have hospital privileges. Assignment to Level 2 requires confirmation that the volunteer is clinically active in any setting other than a hospital (e.g., clinic, private practice, nursing home, etc.).	AWARENESS: Should be used to inform volunteers about important public health information. Response Unavailable
Level 3: Volunteers are assigned to level 3 have completed minimal training, to include an orientation, and have no specific volunteer responsibility.	Level 3 classifies individuals who meet the basic qualifications necessary to practice in the State in which they are registered. Assignment to Level 3 requires verification of a volunteer's license, certification, or other State requirement to practice.	COMMUNICATION: Should be used to communicate to volunteer(s). This tool can be used to communicate with a single volunteer or multiple volunteers. Response Unavailable
Level 4: Volunteers who are assigned to level 4 are registered in the unit, but no formal training and are inactive. These volunteers can receive alerts messages. If deployed in an emergency they would be sent to a volunteer reception center for processing and training.	Level 4 classifies individuals who have healthcare experience or education in an area that would be useful in providing basic healthcare not controlled by scope of practice laws and to assist clinicians. This level may include, but is not limited to, healthcare students, foreign licenses or retired healthcare professionals who no longer hold a license.	DEACTIVATION: Should be used to inform volunteers that their support is no longer needed for an activation that they received previously. Response Unavailable
UNASSIGNED: Used as a default Level. Volunteers should be listed as unassigned for no more than 2 weeks after initial application.	UNASSIGNED: Volunteer does not have any healthcare experience or education.	EMERGENCY: Should be used to notify volunteers in a public health emergency only. Response Available
		EXERCISE: Should be used to notify volunteers about an upcoming exercise or if a system test alert message is being sent. Response Available
		READINESS: Should be used to determine if volunteers are potentially able to support an activity, without all the specifics confirmed. This can be used to determine if there is volunteer interest. Response Available
		TRAINING: Should be used to notify volunteers of specific training opportunities. Response Available

APPENDIX J: Western Tidewater Medical Reserve Corps Volunteer Support Request Form



Western Tidewater Medical Reserve Corps Volunteer Support Request Form (Dec 2013)

This request form should be initiated 3-4 weeks in advance of an event or activity in order to allow for internal review and approval processing. Completed forms can be e-mailed, faxed or hand delivered to: Coordinator, Western Tidewater Medical Reserve Corps; Attention: Mr. Jim Steil; Telephone Numbers: Work 757-514-4768, Cellular: 757-719-1443, Fax: 757-514-4873
E-mail: jim.steil@vdh.virginia.gov
Address: 135 Hall Avenue, Suite A, Suffolk VA 23434

Please print when completing this form

GENERAL INFORMATION	
Date of request:	Requestor's name:
Title:	Organization:
E-mail address:	Office or cellular number:
Additional information:	
Signature of requestor	

EVENT OR ACTIVITY INFORMATION	
Event or activity name:	
Location & address:	
Start date:	Start time:
End date:	End time:
Number of shifts per day:	Number of hours per day:

Description of event or activity, and partnering organizations:
Anticipated number of community served:
Special requirements:
VOLUNTEER REQUIREMENTS
Type of volunteer(s) needed:
How many volunteers by type:
Description of volunteer duties:
Special skills/qualifications:
Volunteers will report to:
Additional information:

Submitted:

Jim Steil
 Coordinator,
 Western Tidewater Medical Reserve Corps

Reviewed

John Cooke
 Emergency Planner,
 Western Tidewater Health District

Approved:

Nancy Welch, MD, MHA, MBA;
Interim Director Western Tidewater Health District