APPENDIX A – REQUEST FOR CHANGES FORM

Use this form to suggest any changes, edits, deletions, or additions to the MDRMRC Volunteer Management Guide. Please submit one form per change requested. Completed form may be emailed to mdresponds.health@maryland.gov.

Date:	
Name:	
Title:	
Agency:	
Phone:	
Email:	
Title of Chapter: (e.g., Recruitment)	
Chapter Subheading: (e.g., Recruitment Message)	
Page Number(s):	
Current Wording/ Concept:	
Proposed Wording/ Concept:	
Additional Comments/ Feedback:	

FOR OP&R USE ONLY:

Date Received:	Received By:
Date Reviewed:	Reviewed By:
Approved: Y / N	Approved By:

APPENDIX B – INTREGRATION OF MRC AND ESAR-VHP

Integration of the Medical Reserve Corps and the Emergency System for Advance Registration of Volunteer Health Professionals

Background

The Medical Reserve Corps (MRC) and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) each represent key national initiatives of the U.S. Department of Health and Human Services (HHS) to improve the nation's ability to prepare for and respond to public health and medical emergencies. The MRC is housed in the Office of the U.S. Surgeon General; ESAR-VHP is based in the Office of the Assistant Secretary for Preparedness and Response (ASPR).

The MRC is a national network of community-based volunteer units that focus on improving the health, safety and resiliency of their local communities. MRC units organize and utilize public health, medical and other volunteers to support existing local agencies with public health activities throughout the year, and with preparedness and response activities for times of need. One goal of the MRC is to ensure that members are identified, screened, trained and prepared prior to their participation in any activity. While MRC units are principally focused on their local communities, it is clear that MRC volunteers could be vital to the success of response efforts in a statewide or national disaster as well.

The National ESAR-VHP program provides guidance and assistance for the development of standardized State-based programs for registering and verifying the credentials of volunteer health professionals in advance of an emergency or disaster. Each State program collects and verifies information on the identity, licensure status, privileges, and credentials of volunteers. The establishment of State programs built to a common set of National standards gives each State the ability to quickly identify and assist in the coordination of volunteer health professionals in an emergency. State ESAR-VHP programs are intended to serve as the statewide mechanism for tying together the registration and credential information of all potential health professional volunteers in a State. States may include non-health professional volunteers in their registries. These systems should include information about volunteers involved in organized efforts at the local level (such as MRC units and SNS volunteer teams) and the State level (such as NDMS/Disaster Medical Assistance Teams (DMAT) and State Medical Response Teams). The programs also allow for a ready pool of volunteers by providing mechanisms for the recruitment and registration of individual health professionals who are willing to help in an emergency, but prefer not to be part of a unit structure such as MRC or DMAT. State ESAR-VHP programs could provide a single, centralized source of information to facilitate the intra-State, State-to-State, and State-to-Federal deployment or transfer of volunteer health professionals.

This document outlines the benefits and recommendations for integration of MRC and ESAR-VHP. It is clearly understood, however, that there is variability amongst MRC units and differences between the approaches taken by State ESAR-VHP programs. While the Federal programs can provide guidance, it is up to the MRC and ESAR-VHP leaders to best determine the mechanisms that will work for their local and State jurisdictions.

Vision for Integration

Develop a unified and systematic approach for Local-State-Federal coordination of volunteer health professionals, in support of existing resources, to improve the health, safety and resiliency of local communities, States, and the Nation in public health and medical emergency responses.

Benefits of Integration

There are significant advantages to integrating local MRC volunteer resources and state ESAR-VHP programs. Integration will:

- Strengthen local and state coordination by establishing integrated procedures and clarifying roles and responsibilities in the management and utilization of volunteers during an emergency.
- Increase surge capacity by ensuring Local-State-National coordination of volunteers within a tiered response system.
- Allow for the maximum use of volunteer health professionals' skills and expertise.
- Minimize duplications of effort in identifying, registering, screening and managing volunteer health professionals.
- Improve resource planning and allocation which reduces costs for local, State and Federal governments.
- Increase the resiliency of local communities and States, making them less dependent on Federal resources.

Recommendations for Integration: Although there are significant advantages to integrating these local and State resources, MRC units and ESAR-VHP programs need to work collaboratively to ensure successful integration. Recommendations include:

- All States should have an ESAR-VHP State Coordinator and an MRC State Coordinator. If possible, these positions/roles should be filled by the same person. However, in states where the two coordinators are different individuals, it is essential that the programs work collaboratively.
- MRC and ESAR-VHP should be included in local and State response plans.
- MRC units and ESAR-VHP programs should coordinate activities and share responsibility for identifying and recruiting potential volunteers.
- The State ESAR-VHP program should be responsible for developing and implementing the mechanisms for registration and credentials verification.
- MRC units should use the State ESAR-VHP program for registering and verifying the credentials of their members.
- All volunteer health professionals who register directly with the State ESAR-VHP program should be informed of MRC units in their area and encouraged to join.
- If there are interested volunteers, but no current MRC units in their vicinity, the State ESAR-VHP program should notify local public health and other authorities and encourage them to establish an MRC unit. New MRC units should address identified gaps in coverage areas and should not duplicate or compete for membership with existing MRC units.
- There should be written State-level policy regarding information sharing between the ESAR-VHP program, MRC units and other local authorities.
- Training and preparing volunteers for activation at the local level should be the responsibility of the MRC, in coordination with their local and State response partners. (Recommendations regarding training for activations outside of the local jurisdiction are under development.)
- Tracking, training and preparing volunteer health professionals who are not affiliated with a local MRC unit or another local/State response organization should be the responsibility of the State ESAR-VHP program.
- MRC units, ESAR-VHP programs and local/State response partners should coordinate activities and share responsibility for the development of coordinated notification, activation, mobilization and demobilization procedures for local, intra-State and State-to-State deployments.
- State requests for the activation and deployment of MRC volunteers should require a sign-off/approval of their local MRC unit leader to ensure that local needs are met first and to prevent impingement on the autonomy of the MRC.

APPENDIX C – MDH MEDIA CONSENT RELEASE FORM

If State or Unit Administrators wish to use volunteer names, pictures, or voice on websites, in publications, in press releases, etc., it is required that prior permission be obtained from the volunteer to record, use, or reproduce the media. This form should be used for obtaining permission from volunteers.

MARYLAND
Department of Health

MEDIA CONSENT RELEASE

Named Person: _____

Minor Under Age 18 (check one):   Yes___   No___

Project: _____

I hereby give to the Maryland Department of Health or its authorized representatives permission to edit, copy, exhibit, distribute, or publish in print, via digital platforms, or via video/audio-recorded productions, including on the World Wide Web, this material to promote the above Project and the Maryland Department of Health's activities, without limitation or reservation. I acknowledge that I will not receive any compensation for the use of this media.

This is a full release of all claims whatsoever I or my heirs, executors, administrators, or assignees now or hereafter have against the State of Maryland, Maryland Department of Health, or its employees, in regard to any use that may be made by them of said print or digitally-published material, video/audio-recorded productions, or other media.

I have read this entire document, understand the contents, and I have willingly agreed to the above conditions.

PLEASE SIGN ON THE APPROPRIATE LINE.

_____

Named Person's Signature and Email Address

_____

Parent or Guardian Signature and Email Address (if Named Person is a Minor Under Age 18)

_____   _____

Witness   Date

APPENDIX D – NEW UNIT ADMINISTRATOR REGISTRY ACCESS

Below are the steps required for gaining administrator access to the Registry. Prospective Unit Administrators should contact the State Program before completing these steps.

1. Create a "Responder" account in the Registry:
   a. In order to access the system you must have a "Responder" account, which can be upgraded to an "Administrator" account after completion of the following steps
   b. If you do not have an account, please register at https://mdresponds.health.maryland.gov; make sure to choose your local MDRMRC Unit when selecting your organization
   c. For additional instructions on how to register with the Registry, visit http://bit.ly/HowToRegisterMDRMRC
2. Review the Volunteer Registry − Administrator Protocols:
   a. New administrators must review the Administrator Protocols in order to learn the basic functions of the system
   b. The Administrator Protocols are included as a "Resource" on the MDRMRC Volunteer Management Resources webpage found at https://mdr.health.maryland.gov/Pages/VMG_Home.aspx
3. Complete the Unit Administrator Access Form:
   a. After reviewing the Administrator Protocols, complete the MDRMRC Unit Administrator Registry Access Form which can be accessed online at: http://bit.ly/mdrUAAccess
4. Send confirmation email:
   a. After completing the Unit Administrator Access Form, send a confirmation email to mdresponds.health@maryland.gov
5. Complete the MDRMRC Unit Administrator Orientation training:
   a. Contact a State Administrator at mdresponds.health@maryland.gov to schedule a training session
   b. Once this training session is scheduled, your Registry account will be upgraded to "Administrator"

New Unit Administrators will be added to the Unit Administrator email list to receive important updates and announcements from the State Program. Unit Administrator contact information is listed publicly on the MDRMRC website at: https://mdr.health.maryland.gov/Pages/LocalUnitContacts.aspx.

APPENDIX E – JUVARE SUPPORT CENTER CONTACT INFORMATION

Juvare is the vendor that manages the Maryland Responds MRC Volunteer Registry. Juvare provides 24/7 technical assistance and support for clients in using the registry. Issues and questions can be addressed to Juvare using the contact methods below.

Support Center number: 877-771-0911

Support Center email address: support@juvare.com

Individual personnel email addresses: [firstname].[lastname]@juvare.com

APPENDIX F – VOLUNTEER NOTIFICATION DRILL INSTRUCTIONS

Unit Administrators are required to complete an annual volunteer notification drill. Performing a volunteer notification drill will allow Unit Administrators to test the Registry and determine how many volunteers are receiving messages and could potentially respond during an emergency. Unit Administrators should follow the instructions below to conduct the drill.

1. Select date and time for drill
2. Inform MDRMRC State Administrators of the date and time of the drill
    a. State Administrators will be able to inform the Unit Administrator of any Registry maintenance that is occurring which may impact the drill
3. Determine how the notification drill will be conducted in the Registry:
    a. Messages tab – see example message set-up below which can be adapted for local Unit needs
    b. Mission Manager module – view the Mission Manager quick reference guide in the Registry "Help Center" for how to create a mission, then see the example message set-up below
4. Determine what communication methods will be used to conduct the drill through the Registry:
    a. Email: automatically selected
    b. Internal message: automatically selected
    c. Phone call/Voicemail: allowable and recommended for annual drill
    d. Text message: allowable and recommended for annual drill
5. Inform volunteers of the impending volunteer notification drill within one week of the drill
    a. This step is optional but highly recommended if the Unit Administrator has chosen to use the phone call/voicemail and/or the text message communication methods
6. Complete the drill at the designated date and time
7. Once the drill is complete, Unit Administrators should export the results of the drill message to a PDF and email this to State Administrators at mdresponds.health@maryland.gov.

Registry Message Example Set-up

Select Template: None (It is better to not use a template as the recipient list does not get updated even if you add or delete members from your unit. If you choose to use a template, you MUST check the recipients list in the template and delete old and add new members)

Sender: Select Organization

Sender Organization: Choose Unit

Communication Type: Exercise/Drill

Recipients: Add all your volunteers

Subject: ATTENTION - Maryland Responds MRC (Unit Name) Volunteer Notification Drill

Message Types: Email & Internal are automatically checked; can add "Text Message" and "Phone" for the purposes of this drill

Long Message:

Exercise Exercise Exercise

THIS IS A DRILL. Attention volunteers, this is a test of the Maryland Responds MRC notification system. The purpose of this drill is to evaluate the use of the Maryland Responds MRC Registry for volunteer notification and availability during a fictitious emergency.

Please reply to this message with your availability for a volunteer deployment as if the emergency were real. Regardless of your response, you will NOT be expected to deploy.

YOUR PARTICIPATION IN THIS EXERCISE IS VITAL, PLEASE RESPOND. The results will help us determine the number of Maryland Responds MRC volunteers that could potentially deploy during a real world emergency.

Please reply by following the prompts.

Exercise Exercise Exercise

Short Message (only if text message was selected):
THIS IS A DRILL. This is a test of the Maryland Responds Medical Reserve Corps notification system. Please respond with your availability as if this were a real emergency. You are not expected to deploy.

Voice Message (only if phone was selected):
This is a drill. This is a test of the Maryland Responds Medical Reserve Corps notification system. Please respond with your availability as if this were a real emergency. You are not expected to deploy.

Delivery Delay: 5 minutes

Send Time: Immediately (unless you are scheduling the drill for a later date and time)

Priority: Normal (for tests and drills)

Message Delivery: Escalation

Time this message is available for response: 24 hours (is usually a good benchmark)

Validate Recipient: Yes

Leave Voice Message: Check both boxes (this will only apply if you have selected phone as a communication method)

Do not recontact if: Check the boxes next to the desired options (this only applies to voicemail messages)

Number of times to contact: 1

Time between each contact attempt: 10 minutes

Request a response: Yes

Response Options:

1. Available (for this fictitious event)
2. Not Available (for this fictitious event)

APPENDIX G – INSTRUCTIONS FOR REPORTING MDRMRC UNIT ACTIVITIES

The Maryland Responds Medical Reserve Corps (MDRMRC) State Program requires that all MDRMRC Units report their Unit's activities quarterly via one of two mechanisms:

A. If your Unit is registered with the National Medical Reserve Corps Program, submit your quarterly activity reports by accessing your Unit's online account on the National Program website at: https://mrc.hhs.gov/Account/Login.aspx. For assistance completing the activity report, please contact Maryland's national MRC Program Regional Liaison, Melissa Watt, at melissa.watt@hhs.gov or at 312-353-3563.

B. If your Unit is not registered with the national MRC Program, please use the guidance and instructions below to submit your quarterly activity reports. If you have any questions, concerns, or suggestions, please contact the MDRMRC State Program at mdresponds.health@maryland.gov or at 410-767-7772.

General Instructions

1. Please provide information about your Unit's activities. We want to hear about everything - from how you develop and administer your Unit, to how it is involved in public health and preparedness initiatives, and what your volunteers did in response to an emergency event. The MDRMRC State Program will take your responses and report them quarterly along with State level activities to the national MRC Program. The national MRC Program uses activity information in reports, newsletters, briefings, and presentations to inform senior leaders and stakeholders about the breadth and scope of MRC Unit activities.

2. At the beginning of every quarter, a MDRMRC State Administrator will send out the MDRMRC Unit Activity Reporting Tool for that quarter. This tool has been created in Google Forms and a new link will be sent every quarter via email for local Unit Administrators to access that quarter's form. Yearly quarters are as follows:
   a. Quarter 1: July 1 – September 30
   b. Quarter 2: October 1 – December 31
   c. Quarter 3: January 1 – March 31
   d. Quarter 4: April 1 – June 30

3. Once you have received a quarter's tool, you may begin entering activities that your local MDRMRC Unit has participated in. Activities that occur during a particular quarter may be entered in at any time during that quarter. All quarter's activities should be submitted by the end date of that quarter as outlined above.

4. The MDRMRC Unit Activity Reporting Tool differentiates between emergency response incidents and non-emergency/public health events. It asks for the date(s) of the activity, a description/impact of the activity, the mission or impact (depending on whether the activity is an emergency response incident or a non-emergency public health event), and information related to the number of hours of volunteers' service to the community. Some additional subjective questions are asked at the end of the emergency response incident module.

How to Begin Submitting an Activity

1. Using the link provided by a MDRMRC State Administrator, access the Reporting Tool for the current quarter. You will see the Google Form pop up with questions for you to fill in about your Unit's activities.

2. What is your Maryland Responds MRC Unit?
   - Choose your local MDRMRC Unit name from the dropdown list. If you do not see your Unit's name on the list, it is most likely because you are registered with the national MRC Program and must submit your reports via their website as indicated in the beginning of this document.

3. What is your name?
   - Please enter your first and last name. This is important information for the State Program to have so that we can contact you should we have questions about an activity you entered. Your name is not reported to the National MRC Program. Selecting the "NEXT" button will take you to the next section of the form to submit "Activity Type".

4. What type of activity are you reporting?
   - Select the type of activity on which you will be reporting. Depending on your response, you will be taken to different sections of the Reporting Tool. Your response options for this question are either:
     i. **Emergency Response**: This category includes all activities where volunteers are activated to respond to an all-hazards emergency (e.g. natural disaster, biological, chemical, radiation, etc.), or
     ii. **Non Emergency/Public Health Event**: This category includes activities such as trainings, drills, exercises, and planned volunteer activations that are non emergency/public health related (e.g. vaccination clinics, community outreach events, POD exercises, staffing first aid tent at community event). This category also includes activities that are for general administration of your Unit (MRC planning and development meetings, other MRC related meetings/conference calls, local Unit newsletter distribution, local Unit award ceremonies, etc.)
   - Selecting the "NEXT" button will take you to the next section of the form to either submit information about an emergency response, or to submit information about a non emergency/public health event.

Submitting an Emergency Response Incident Activity

1. Start Date
   - Enter the date that your Maryland Responders were activated for the emergency response incident.

2. End Date
   - Enter the date that your Maryland Responders were demobilized for the emergency response incident.

3. Incident Name
   - Enter a name for the incident you are adding. The name should be concise but descriptive. (Example: Hurricane Sandy Shelter Health Station, H1N1 Vaccination Clinic, etc.)

4. What missions did MDRMRC volunteers support during the incident? (Check all that apply).

- Select the mission(s) that is most appropriate for the incident you are adding. You can select all missions that apply to the activity. If the mission that best fits your activity is not listed, you can select "Other" and enter a brief description of the mission. Your response options are:
  - o Call Center / Communications Support
  - o Disaster Behavioral Health
  - o Emergency Operations Center Support
  - o Epidemiology / Surveillance Support
  - o Evacuation
  - o General Shelter Support (Human or Animal)
  - o Hospital Alternate Care Site / Medical Surge
  - o Mass Casualty
  - o Mass Fatality
  - o Medical Shelter Support
  - o Radiological Community Reception Centers / Population Monitoring
  - o Search and Rescue
  - o Vaccinations / Mass Dispensing
  - o Volunteer Reception Center
  - o Wellness Checks
  - o Other
- If the incident you are adding encompasses multiple missions, consider reporting them as separate activities.

5. Which entity(ies) requested activation of MDRMRC volunteers? (Check all that apply)
   - Select which entity or organization requested the activation of volunteers. Please note that this question refers to the entity that requested volunteers and not the entity that activated the volunteers. You can select more than one entity if multiple agencies requested activation of volunteers for the same incident. If the agency that requested volunteers is not listed, select "Other" and enter the name or type of organization that made the request. Your response options are:
     - o Local Emergency Operations Center
     - o Local Health Department
     - o Local Hospital
     - o State Emergency Operations Center
     - o State Health Department
     - o Other

6. Description and Impact Statement
   - Write a clear and concise description of the incident. Include details such as what occurred, which types of agencies were present, what made it noteworthy, and why the activity was important or significant for your Unit to conduct.

7. MDRMRC Volunteer Descriptions
   - For each different occupation of Maryland Responder that participated in the emergency response, enter the following information in the space provided:
     - o The name of the occupation (Example: nurse, physician, non medical volunteer, etc.)
     - o The number of Maryland Responders of each occupation/role

- o The sum total number of hours volunteers of this occupation contributed during this incident. Example: If two nurses each worked 2.5 hours, add the number of hours together to give total hours worked for this occupation (2.5+2.5= 5)
    - o Example Format:
        - ▪ Nurse: 2 volunteers, 5 hours total
        - ▪ Non Medical Volunteer: 6 volunteers, 30 hours total
- Only include volunteers from your MDRMRC Unit.
- Example occupation/role names:
    - o Acupuncturist
    - o Chaplain/Clergy
    - o Clinical Social Worker
    - o Dentist
    - o EMS Professional
    - o Licensed Practical Nurse/Licensed Vocational Nurse
    - o Mental health Counselor/Therapist
    - o Nurse Practitioner
    - o Pharmacist
    - o Physician
    - o Physician Assistant
    - o Psychiatrist
    - o Psychologist
    - o Registered Nurse
    - o Respiratory Therapist
    - o Veterinarian
    - o Veterinarian Technician
    - o Non-Public Health/Non-Medical (general volunteer)
    - o Other Public Health/Medical

8. Has an After Action Report been completed for this incident?
    - If you have completed, are planning to complete, or are participating in another agency's AAR for the incident, select "Yes". You do not have to be the lead agency completing the AAR to select "Yes".

9. To what extent was the Incident Command System (ICS) appropriately used to respond to the incident?
    - Subjective evaluation or response based upon your thoughts, experience, and understanding of the MDRMRC Unit and the response to the incident.
    - Evaluate the Unit and the emergency response using the 1–5 Likert scale. One is the weakest score (ICS Not Used), and 5 is the strongest (ICS Appropriately Used).

10. Please rate the timeliness of the emergency response.
    - Subjective evaluation or response based upon your thoughts, experience, and understanding of the MDRMRC Unit and the response to the incident.
    - Evaluate the Unit and the emergency response using the 1–5 Likert scale. One is the weakest score (Not Timely), and 5 is the strongest (Very Timely).

11. Please rate the quality of the response.

- Subjective evaluation or response based upon your thoughts, experience, and understanding of the MDRMRC Unit and the response to the incident.
- Evaluate the Unit and the emergency response using the 1–5 Likert scale. One is the weakest score (Very Poor), and 5 is the strongest (Excellent).

12. To what extent were MRC members adequately trained for their roles for this response?
    - Subjective evaluation or response based upon your thoughts, experience, and understanding of the MDRMRC Unit and the response to the incident.
    - Evaluate the Unit and the emergency response using the 1–5 Likert scale. One is the weakest score (Not Trained), and 5 is the strongest (Well Trained).

13. Click the "Submit" button at the bottom of the screen to submit your activity.

14. A thank-you message will be displayed after you submit. There are links in this message to edit the response you just submitted or to submit another response. If you are finished entering activities, close out of the screen.

Submitting a Non Emergency/Public Health Event Activity

1. Start Date
   - Enter the date that your Maryland Responders were activated for the non emergency/public health event.

2. End Date
   - Enter the date that your Maryland Responders were activated for the non emergency/public health event.

3. Incident Name
   - Enter a name for the incident you are adding. The name should be concise but descriptive. (Example: Allegany County POD Exercise, Star Spangled Spectacular First Aid Station Staffing, Carroll County CPR Training, etc.)

4. Impact Category (check all that apply)
   - Use your best judgment to decide which Impact Category or Categories are most appropriate for the intended objective or outcome you were trying to achieve with this event. Your response options are:
     - Strengthened Public Health
     - Served a Vulnerable Population
     - Supported Non Emergency Community Events
     - Developed/Strengthened MRC Unit
     - Improved Community Preparedness/Resilience
     - Trained/Exercised to Improve Unit or Community Response Capacity/Capability

5. Description and Impact Statement

- Write a clear and concise description of the incident. Include details such as what occurred, which types of agencies were present, what made it noteworthy, and why the activity was important or significant for your Unit to conduct.

6. MDRMRC Volunteer Descriptions
   - For each different occupation of Maryland Responder that participated in the emergency response, enter the following information in the space provided:
     - The name of the occupation (Example: nurse, physician, non medical volunteer, etc.). MDRMRC Staff (local Unit Administrator) can be included as an occupation if applicable.
     - The number of Maryland Responders of each occupation/role.
     - The sum total number of hours volunteers of this occupation contributed during this activity. You may also add travel time for each MDRMRC member if desired/known. Example: 6 non-medical/general volunteers each worked 5 hours at an event. The total number of hours you should enter for this activity is 6 x 5 = 30 hours.
     - Example Format:
       - Nurse: 2 volunteers, 5 hours total
       - Non Medical Volunteer: 6 volunteers, 30 hours total
       - Unit Administrator: 1 Paid Worker, 4 hours total
   - Only include volunteers from your own Unit and include yourself (the Unit Administrator) if applicable. Many activities you enter may be administrative and may only include the Unit administrator.
   - Example occupation/role names:
     - Acupuncturist
     - Chaplain/Clergy
     - Clinical Social Worker
     - Dentist
     - EMS Professional
     - Licensed Practical Nurse/Licensed Vocational Nurse
     - Mental health Counselor/Therapist
     - Nurse Practitioner
     - Pharmacist
     - Physician
     - Physician Assistant
     - Psychiatrist
     - Psychologist
     - Registered Nurse
     - Respiratory Therapist
     - Unit Administrator
     - Veterinarian
     - Veterinarian Technician
     - Non-Public Health/Non-Medical (general volunteer)
     - Other Public Health/Medical

7. Click the "Submit" button at the bottom of the screen to submit your activity.

8. A thank-you message will be displayed after you submit. There are links in this message to edit the response you just submitted or to submit another response. If you are finished entering activities, close out of the screen.

APPENDIX H – ACTIVATION NOTIFICATION MESSAGE – EXAMPLE

Subject: Availability Request- State Shelter Support

Long (Email) Message:

The Maryland Responds MRC State program is seeking volunteer availability for mental health, medical, and veterinarian support at a Maryland state emergency shelter in Prince George's County. The shelter is currently providing assistance for families that have evacuated from states impacted by Hurricane Florence. Note: We are requesting availability from Tuesday evening (9/18/18) through Saturday day shift (9/22/18). Available volunteers will receive a confirmation notification with additional information if they are to activate for their available shifts.

Submit Availability: Please read below for more information and use the following link to submit your availability via the online form for this mission: https://goo.gl/forms/72SyF6e0kCV5bDdt2.

Check-In/ Service Location Name: Prince George's County state shelter. Exact location will be provided upon confirmation of a shift.

Shifts:
Day Shift- From 6:30 AM to 7:00 PM (12.5 hours)
Evening Shift- From 6:30 PM to 7:00 AM the next day (12.5 hours)

Volunteer Positions Needed:
Health Services Worker: Responsible for providing health assessments as needed for people coming to stay at a shelter. The health services worker conducts assessments and provides first aid as needed. Occupations: Registered Nurse, Advanced Practice Nurse, Nurse Practitioner

Mental Health Services Worker: Conduct mental health assessments and provide psychological first aid for evacuees. Occupations: Counselor, Psychologist, Licensed Clinical Social Worker

Animal Health Worker: Responsible for providing pet sheltering and animal health support in coordination with the Maryland Department of Agriculture. Occupations: Veterinarian

Requirements: All Maryland Responders should complete their Road to Readiness steps to be eligible to deploy. See attached.

Accommodations:
Working conditions will be at state shelter facilities.

Items to Bring: If activated, bring your Maryland Responds ID badge if you have one and your Government ID (driver's license). Wear comfortable shoes and your Maryland Responds polo if you have one.

Transportation: Volunteers should be able to transport themselves to and from the shelter location.

Additional Details: A confirmation call and email will be made to you to confirm your availability and provide additional details should we need you for a particular shift. Do not deploy if you have not received a confirmation of your shift(s) from a Maryland Responds State Administrator.

Please be advised that you may receive additional availability or activation requests for other local or state deployments. This is a state availability request.

Text Message/Voice Message:

From Maryland Responds MRC. This is an availability request for volunteer deployment to a Maryland state emergency shelter in support of evacuees from Hurricane Florence. Check your email for more info.

Voice Mail Message:

This is an availability request for volunteer deployment to a Maryland state emergency shelter in support of evacuees from Hurricane Florence. Please check your email for more information and to submit availability.

APPENDIX I – MDRMRC PROGRAM OVERVIEW FLIER

This flier was created to provide an overview of the MDRMRC Program. This flier can be distributed by Unit Administrators at recruitment events or via email to prospective volunteers and partners who want to know more about the MDRMRC Program.

ABOUT THE MARYLAND RESPONDS MRC

The Maryland Responds Medical Reserve Corps (MRC) is a community-based, civilian, volunteer program that helps build the public health infrastructure and response capabilities of Maryland communities. The Maryland Responds MRC Network consists of dedicated Responders who stand ready to volunteer their skills, expertise and time to support ongoing public health initiatives and assist during emergencies.

The Maryland Responds MRC Network Program is composed of the State Program, which is housed within the Maryland Department of Health (MDH), Office of Preparedness and Response (OP&R), and 24 Local Units housed within Local Health Departments throughout the State. State and local MRC unit administrators work together to organize and train Maryland Responders to address a wide range of challenges from public health education to disaster response.

The Maryland Responds MRC is part of the National MRC Network which comprises 900+ community-based units and over 200,000 volunteers located throughout the United States and its territories. To learn more about the National MRC Network, visit: https://mrc.hhs.gov/HomePage.

VISION

The vision of the Maryland Responds MRC is a strong and collaborative network of Local MRC Units in every county in Maryland that consist of dedicated volunteers who build resilient communities and reduce disaster risks for a prepared Maryland.

MISSION

The mission of the Maryland Responds MRC is to establish a statewide volunteer network of medical and public health professionals which is integrated into established community emergency systems to facilitate a coordinated approach to volunteer management.

GOAL

Enhance Maryland's emergency preparedness and response capabilities by augmenting county- and state-level public health and medical services with a source of pre-identified, credentialed, and trained volunteers.

CONNECT WITH MARYLAND RESPONDS

To stay up-to-date on Maryland Responds news and resources, we encourage you to:

- Bookmark our website (https://mdr.health.maryland.gov), and
- Registry (https://mdresponds.health.maryland.gov)
- Like us on Facebook (https://www.facebook.com/MDResponds)
- Follow us on Twitter @MarylandOPR (https://twitter.com/marylandopr)
- Email the State Program office (mdresponds.health@maryland.gov)

Updated 7.13.18

MARYLAND RESPONDS MEDICAL RESERVE CORPS

MARYLAND
Department of Health
Office of Preparedness and Response

medical reserve corps

MARYLAND RESPONDS STATE PROGRAM

Email: mdresponds.health@maryland.gov
Web: mdr.health.maryland.gov
Registry: mdresponds.health.maryland.gov
Facebook: facebook.com/mdresponds

APPENDIX J – HOW TO REGISTER WITH MARYLAND RESPONDS FLIER

This flier was created to instruct prospective volunteers in how to register in the online Maryland Responds MRC Registry. This flier can be distributed by Unit Administrators at recruitment events or via email to prospective volunteers looking to register.

MARYLAND ✛ RESPONDS

HOW TO REGISTER WITH MARYLAND RESPONDS

Maryland Responders are dedicated volunteers who stand ready to respond to the public health needs of our community. Help us prepare and protect our community by becoming a Maryland Responder today!

Follow these steps to register with Maryland Responds:

1. Visit the **Maryland Responds Registry** at https://mdresponds.health.maryland.gov/. Click the **REGISTER NOW** button to open the **Registration** page.

2. Click the **Add Organizations** link to open the **Organization Selection** menu.

3. Check the box next to your county of residence (you may select only one). When you finish, click the **Select** button at the bottom of the menu.

4. Complete the rest of the **Registration** form and click the **Next** button at the bottom of the page.

5. After completing the Registration form, click the **Profile** tab to view your profile **Summary** page. Click the links to visit and complete each section of your profile. Once finished, the summary indicator bar at the top of the page should read **100% Complete**.
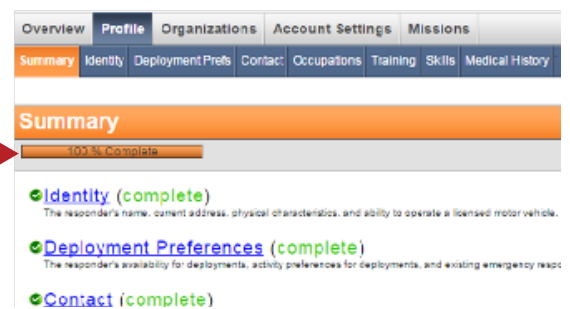
Updated 9/8/17

MARYLAND RESPONDS MEDICAL RESERVE CORPS

MARYLAND Department of Health
Office of Preparedness and Response

medical reserve corps

MARYLAND RESPONDS STATE PROGRAM
Email: mdresponds.health@maryland.gov
Web: mdr.health.maryland.gov
Registry: mdresponds.health.maryland.gov
Facebook: facebook.com/mdresponds

APPENDIX K – RECRUITMENT LETTER – EXAMPLE

This example recruitment letter is targeted for nurses but can be easily adapted by Unit Administrators for other audiences and recruitment efforts.

Dear Colleague:

The [insert housing organization name] sponsors the Maryland Responds Medical Reserve Corps (MRC) Unit for volunteers in our area. Maryland Responds MRC volunteers are involved in both emergency response operations and public health activities that support the communities of Maryland. We are continuously working to recruit skilled and experienced medical professionals just like you. If you are interested in supporting public health emergency response and promoting public health initiatives within your community, please consider registering today.

By registering as a Maryland Responds MRC volunteer you will:

- Have access to disaster preparedness and emergency response trainings with opportunities for CEUs
- Have full control in deciding when, where, and how much time you volunteer
- Be covered by state liability and workers compensation protections when activated for authorized events
- Make an important contribution to your community when you are needed the most
- Be recognized for your volunteerism
- Know that you will not be turned away to help others during a disaster event

Please join the Maryland Responds MRC team today and make a difference.

For more information on the Maryland Responds MRC and to register, visit https://mdr.health.maryland.gov, or contact [insert local MRC Unit Administrator contact information- name, address, phone number, email, etc.]

Sincerely,

[insert signature]

APPENDIX L – RECRUITMENT PRESENTATION – TEMPLATE

This presentation was created to assist Unit Administrators with recruitment efforts. The slides below can be adapted for the purposes of recruiting new MDRMRC volunteers by profession or by location. The slides below are in PDF format. For an editable PowerPoint version, please email mdresponds.health@maryland.gov.

Introduction to the Maryland Responds Medical Reserve Corps

<Name of Presenter>
<Name of Organization>

MARYLAND
Department of Health

Mission

To establish a statewide volunteer network of medical and public health professionals which is integrated into established community emergency systems to facilitate a coordinated approach to volunteer management.

MARYLAND
Department of Health

Benefits

Opportunities through Maryland Responds MRC can connect volunteers to:

- Valuable disaster and emergency response training
- Opportunites to receive free continuing education credits
- State liability and workers' compensation coverage when deployed
- Community service
- Networking and professional development

How Volunteers Help

Volunteers…

- Are trained to respond
- Bolster local health department capability during an emergency
- Deliver a variety of critical public health services during a crisis
- Provide support to ongoing public health community needs

MARYLAND
Department of Health

Requirements- Road to Readiness

- Step 1: Register and complete Responder profile

- Step 2: Complete the Maryland Responds Orientation

- Step 3: Sign and submit a Liability and Confidentiality Agreeement

- Step 4: Submit a photo for Responder ID Badge

- Step 5: Submit shirt size for Responder uniform

- Step 6: Email the Maryland Responds program when you have completed all steps

ROAD TO READINESS

The Road to Readiness outlines the steps required for reaching Ready Responder status. Once you have completed the steps below, you will be ready to deploy with the Maryland Responds Medical Reserve Corps. For assistance with the Road to Readiness or to assess your status, contact the Maryland Responds State Program at mdresponds.health@maryland.gov.

1. Register to volunteer through the Maryland Responds Registry: mdresponds.health.maryland.gov. Complete all sections of your Responder profile.
   - In the "Occupation" tab, be sure to include your professional license number, expiration date and place of practice (if applicable).
2. Complete the Maryland Responds Orientation Course, in-class or online.
   - Online: http://bit.ly/MDROnlineTraining
   - Upload your Orientation Course certificate of completion to your Responder profile for the training course, R2R Step 2: Maryland Responds Orientation.
3. Submit your Liability and Confidentiality Agreement form.
   - Online: http://bit.ly/MDRLiabilityConfForm
4. Submit your photo for your Responder ID Badge.
   - Upload your passport quality photo to your Responder profile as a certificate for the training course, R2R Step 4: Photo for ID Badge.
5. Submit your shirt size (S-XXL) for your Responder uniform.
   - In your Responder profile, add the training course that corresponds to your shirt size, R2R Step 5: Uniform Size.
6. Email mdresponds.health@maryland.gov to let us know you have completed all the steps on the Road to Readiness.

Congratulations! By completing the steps above, you have reached Ready Responder status. Next we will mail you your Ready Responder kit containing your Responder ID badge, uniform, field guide and more!

Updated 09/19/17

MARYLAND
Department of Health

How to Join

Register online at: mdresponds.health.maryland.gov

Contents

Maryland Responds MRC State Program
Office of Preparedness and Response
Maryland Department of Health
mdresponds.health@maryland.gov

<Insert Local Unit Administrator Name>
Maryland Responds MRC Unit Administrator, <Unit/County Name>
<Insert Office name>
<Local Health Department Name>
<Insert email address and additional contact info>

APPENDIX M – JOB ACTION SHEET – TEMPLATE

This job action sheet template with example activities can be used by Unit Administrators to develop Unit specific job action sheets that meet local needs.

[INSERT POSITION TITLE]

MISSION:

QUALIFICATIONS:
- ❑ License:
- ❑ Training:
- ❑ Other:

DEPLOYMENT:

Site: _____

Job Shift: _____

Report to: _____

EQUIPMENT:
- ☐ ID badge
- ☐ Vest
- ☐
- ☐
- ☐

INITIAL ACTION:
- ☐ Sign-in at designated area
- ☐ Put on ID badge and vest/uniform
- ☐ Check in with Unit Lead
- ☐ Read Job Action Sheet
- ☐ Obtain orientation/incident briefing and familiarize with site layout
- ☐ Review site organizational chart
- ☐
- ☐
- ☐
- ☐

PRIMARY DUTIES:
- ☐
- ☐
- ☐
- ☐

DEACTIVATION PHASE:
- ☐ Assist with tear down and clean up of area
- ☐ Check out with Unit Lead
- ☐ Identify issues for debriefing report
- ☐ Participate in debriefing session at shift change/close of site
- ☐ Sign-out at designated area

APPENDIX N – RESPONDER ID BADGE – EXAMPLE

ID Badge Front

ID Badge Back

ID Badge Front

Medical Reserve Corps Volunteer

Affiliation
Responder

Agency/Department
Maryland Responds
MDH, OP&R

Unit
Out of State Unit

Issue Date
12/26/2018

VOLUNTEER, VICKI

Qualifications
Registered Nurse (ECL 3)

MARYLAND RESPONDS
MEDICAL RESERVE CORPS

ID Badge Back

**Maryland Department of Health
Office of Preparedness & Response**

This card is the property of the Maryland Department of Health. It has been issued for the exclusive use of the Maryland Responder whose name and photograph appear on the front. Loss or damage to this card should be reported promptly to the Maryland Responds State Program Office. If found, please drop in any U.S. mailbox, return postage guaranteed:
Maryland Department of Health
Office of Preparedness & Response
300 W. Preston Street, Suite 202
Baltimore, MD 21201.

**Emergency Credential Level (ECL)
Definitions**

No ECL - non-licensed profession
ECL 4 - health care student or retiree
ECL 3 - verified health care license
ECL 2 - verified health care license, clinically active
ECL 1 - verified health care license, clinically active in a hospital

APPENDIX O – LIABILITY POLICY AND CONFIDENTIALITY AGREEMENT FORM

The "Liability Policy and Confidentiality Agreement Form" outlines the MDRMRC information regarding volunteer liability protections and how protected health information should be used by volunteers. Volunteers must agree to and sign both the liability policy and the confidentiality agreement to become a full member of the MDRMRC. Completing the online form at http://bit.ly/MDRLiabilityConfForm fulfills the requirement for Step 3 on the R2R.

Liability Policy & Confidentiality Agreement

Maryland Responds Volunteers are required to read and agree to the Maryland Responds Medical Reserve Corps Volunteer Liability Policy and Confidentiality Agreement. Please carefully read the following statements and fill in the information requested below to complete this requirement.   *** Required**

Are you registered with the Maryland Responds Registry? *	
First Name: *	
Middle Initial *	
Last Name: *	
Email Address: *	
Phone Number:	

Maryland Responds Medical Reserve Corps Liability Policy

Maryland Responds Volunteers constitute "State personnel" under Annotated Code of Maryland, State Government Article, § 12101(a)(3)(ii) and COMAR 25.02.01.02. As such, once registered and activated, a Maryland Responds Volunteer is covered by the State's Insurance Program and the Maryland Tort Claims Act. In general, under Annotated Code of Maryland, Courts and Judicial Proceedings Article, § 5-522(b), a Maryland Responds Volunteer is immune both from suit in the courts of the State and from liability for acts or omissions within the scope of the Volunteer's authorized duties that are performed without malice or gross negligence.

The signature below indicates that the Volunteer agrees to perform only those duties authorized by the Maryland Responds Medical Reserve Corps at the time of deployment and understands that the Volunteer is immune from both suit and liability to the extent provided under the above referenced statutes. If the Volunteer wishes to obtain protection from suit or liability for acts performed that are not authorized, the Volunteer agrees and understands that it is the Volunteer's sole responsibility to obtain the necessary insurance coverage.

The Volunteer is also a "civil defense volunteer" as defined under the Workers' Compensation Act, Annotated Code of Maryland, Labor and Employment Article, § 9232.1(a)(2)(ii). As such, once registered and activated, the Volunteer will be covered under that statute to the extent provided under the Workers' Compensation Act when volunteer services are provided during an emergency. The Volunteer understands and agrees that the Volunteer is solely responsible to obtain additional insurance to cover the Volunteer's injuries or illnesses that may not be covered by the Workers' Compensation Act.

By typing my full name in the box, I indicate that I have read, understand, and agree to the above Maryland Responds Medical Reserve Corps Liability Policy. *	

Liability Policy Signature Date: *	

Maryland Responds Medical Reserve Corps Confidentiality Agreement

The Maryland Responds Medical Reserve Corps provides services that may involve confidential health information. As a Maryland Responds Volunteer, you are required to keep information you have access to confidential and may not discuss it with anyone other than the staff person with whom you are working. By your signature below, you certify that you have read the following statement and agree to comply with its terms.

I understand that, as a medical or public health Volunteer in the State of Maryland, the Department of Health, Office of Preparedness and Response, for the Maryland Responds Medical Reserve Corps, I may acquire knowledge of confidential information from patient files, case records, missions, conversations, etc. I agree that such information is not to be discussed or revealed to anyone not authorized to have the information.

I understand that a patient's privacy is to be protected at all times, and that a patient's private personal and health information is to be shared only with other health care and public safety providers who have a need to know such information in order to appropriately assist in or take over the care of said patient.

I understand that as a Volunteer of the Maryland Department of Health, I am prohibited from releasing to any unauthorized individual any confidential medical information which may come to my attention in the course of my volunteer duties. Moreover, I understand that any breach of patient confidentiality resulting from written or verbal release of information or records may provide grounds for legal action against me.

I hereby accept my ethical and legal responsibility to protect the privacy rights of patients for whom I provide or assist in medical or personal care. I will share a patient's medical and personal information only with those who must have that information to assist in or take over that patient's care.

By typing my full name in the box, I indicate that I have read, understand, and agree to the above Maryland Responds Medical Reserve Corps Confidentiality Agreement. *	
Confidentiality Agreement Signature Date: *	

APPENDIX P – LICENSE VERIFICATION CONFIGURATIONS TABLE

Automatic license verification is built into the Maryland Responds Volunteer Registry System for some State licensing boards and their respective occupations. All other health care license verifications are conducted manually by MDRMRC State Administrators when issuing ID badges. Below is a listing of Maryland State Licensing Boards and the method used for verifying licensure with each.

State Licensing Board	Verification Method
Acupuncturist	Manual Verification: https://mdbnc.health.maryland.gov/ACUPTVerification/default.aspx
Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists	Manual Verification: https://mdbnc.health.maryland.gov/AUDVerification/Default.aspx
Chiropractic & Massage Therapy	Manual Verification: https://mdbnc.health.maryland.gov/chiroverification/default.aspx
Dental Examiners	Manual Verification: http://209.222.157.144/MDBODVerificationprod/Search.aspx
Dietetic Practice	Manual Verification: https://mdbnc.health.maryland.gov/dietVerification/Default.aspx
EMT/ Paramedic	Manual Verification: https://www.miemsslicense.com/public/maryland/public-portal#/lookup/user
Environmental Health Specialists	Manual Verification: https://mdbnc.health.maryland.gov/ehsverification/default.aspx
Morticians and Funeral Directors	**Automatic Verification**
Nursing	Manual Verification: http://lookup.mbon.org/verification/Search.aspx
Occupational Therapy	Manual Verification: https://mdbot.mylicense.com/verification/
Optometrist	Manual Verification: https://mdbnc.health.maryland.gov/optverification/default.aspx
Pharmacy	**Automatic Verification**
Physical Therapy	Manual Verification: https://mdbnc.health.maryland.gov/bptverification/default.aspx
Physicians	**Automatic Verification**
Professional Counselors and Therapist	**Automatic Verification**
Psychologist	**Automatic Verification**
Social Work Examiners	**Automatic Verification**
Veterinary	Manual Verification via PDF found at: https://mda.maryland.gov/vetboard/Pages/default.aspx

APPENDIX Q – ORIENTATION AGENDA – TEMPLATE

COMING SOON

APPENDIX R – ORIENTATION PRESENTATION – TEMPLATE

COMING SOON

APPENDIX S – ONLINE TRAINING COURSE REQUEST FORM

COMING SOON

APPENDIX T – TRAINING ANNOUNCEMENT – TEMPLATE

Unit Administrators can use this template to promote upcoming trainings for their MDRMRC Unit. For an editable template, please email the State Program at mdresponds.health@maryland.gov.

MARYLAND RESPONDS MRC TRAINING ANNOUNCEMENT

Title   <Insert training title here>

Description   <Insert training description here>

Target Audience   <Who is the training meant for?>

Continuing Education   <Are Continuing Education Credits Provided? If so, for what professions?>

Additional Information   <Include specific instructions and accomodations here>

Date, Time, & Location   <Insert date, time, and location of training here>

Registration   <Insert registration instructions and/or registration link here>

Questions   <Insert local Unit contact informatiion here for volunteer questions>

MARYLAND
RESPONDS
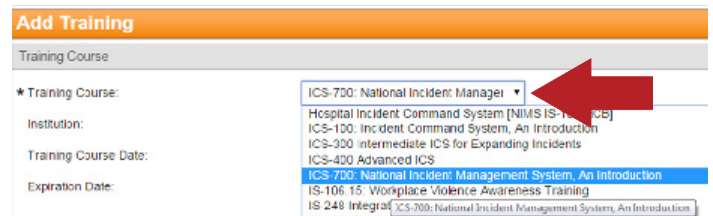MEDICAL RESERVE CORPS

medical
reserve
corps

APPENDIX U – HOW TO UPDATE YOUR TRAINING RECORD FLIER

This flier was created to instruct volunteers in how access and update their training record in the online Maryland Responds MRC Registry. This flier can be distributed by Unit Administrators at recruitment events or via email to volunteers looking for instructions.

MARYLAND ✛ RESPONDS

HOW TO UPDATE YOUR TRAINING RECORD

Upon completion of a training course, it is important to add the course to your Responder profile along with your certificate (if applicable) for verification. Follow the directions below to add a course to your Responder profile. For a list of required and recommended training courses, visit: http://bit.ly/MDRTraining.

1. Log into your Responder profile at https://mdresponds.health.maryland.gov/.

2. Open the **Training** section of your profile by clicking the **My Profile** tab and then the **Training** subtab.

3. Click the **Add Training Course** link.

4. Select the title of the training course to add from the **Training Course** dropdown box.

5. For **Institution**, enter the name of the organziation that provided the course (Maryland Responds, FEMA, etc.).

6. For the **Training Course Date**, enter the date you completed the course.

7. For **Expiration Date**, enter the course expiration date, if applicable (e.g., CPR certifications expire after 2 years).

8. To **Upload Certificate**, click the **Choose File** button to upload your training certificate (if applicable). This step is **required** for verification of the Maryland Responds Orientation, IS 100 and IS 700 courses.

9. Click **Save Changes**.
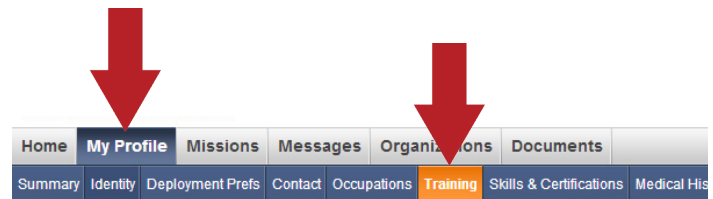
APPENDIX V – TRAINING EVALUATION FORM – TEMPLATE

This training evaluation form was created to gather feedback on training activities. Unit Administrators may use this template as is or adapt it to fit local training evaluation needs.

Maryland Responds Medical Reserve Corps
Training Evaluation Form

Course Information

Course Title: **Date:**

1. Circle your License Type: Social /   Nurse /   Physician /   Therapist /   Pharmacist /   Paramedic /   Other
Worker   or Prof. Counselor   or EMT   or Non-Licensed

Ratings

How would you rate this educational opportunity based on the following criteria?

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Course Content	☐	☐	☐	☐	☐
Comments:					
Instructor(s) Presentation & Delivery	☐	☐	☐	☐	☐
Comments:					
Instructor(s) Knowledge & Command of Subject	☐	☐	☐	☐	☐
Comments:					
Length of Presentation	☐	☐	☐	☐	☐
Comments:					
Audio/Visuals & Printed Materials	☐	☐	☐	☐	☐
Comments:					
Opportunity for Participation and Interaction	☐	☐	☐	☐	☐
Comments:					
Overall Rating	☐	☐	☐	☐	☐

Overall Comments:

Recommendations

14. What were strengths that should be repeated at trainings?

15. What could be done to improve future trainings?

Please return this completed form to the sign-in table. There, you will exchange it for your Certificate of Completion.

APPENDIX W – INSTRUCTIONS FOR TAKING THE ONLINE ORIENTATION COURSE

This flier was created to instruct volunteers in how to take the Maryland Responds MRC Orientation training in MyiCourse. This flier can be distributed by Unit Administrators at recruitment events or via email to volunteers.

HOW TO TAKE A COURSE ON MYICOURSE

Sign up for MyiCourse

- Go to mdresponds.myicourse.com and in the top right corner of the page, click "**SIGNUP**".

- Once you complete registration for a myicourse account and are logged in, follow the instructions below to access the course.

Enroll in a Course

- From left menu, select "**Course Catalog**"

- Find your course of choice (e.g., *Maryland Responds Orientation Version 2.0*); click green button on the right "**Add this module to cart**".

- Click button at the top right corner, "**Proceed to check-out**".

- On the Shopping Cart page, click "**Proceed**
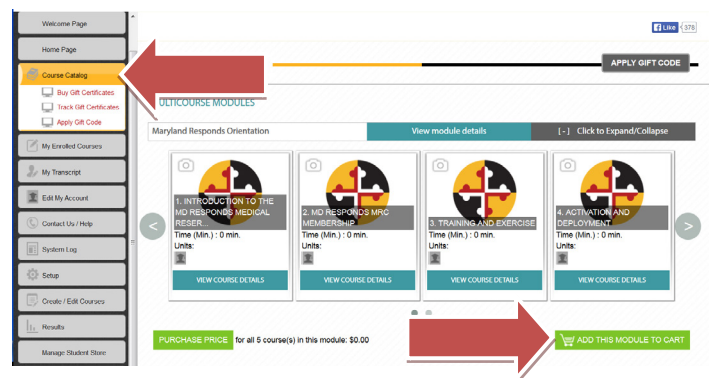
Start Course

- From side menu bar, select "**My Enrolled Courses**".

- To start course, click "**View Course**".

MARYLAND RESPONDS MEDICAL RESERVE CORPS

MARYLAND
Department of Health
Office of Preparedness and Response

medical reserve corps

MARYLAND RESPONDS STATE PROGRAM

Email: mdresponds.health@maryland.gov
Web: mdr.health.maryland.gov
Registry: mdresponds.health.maryland.gov
Facebook: facebook.com/mdresponds
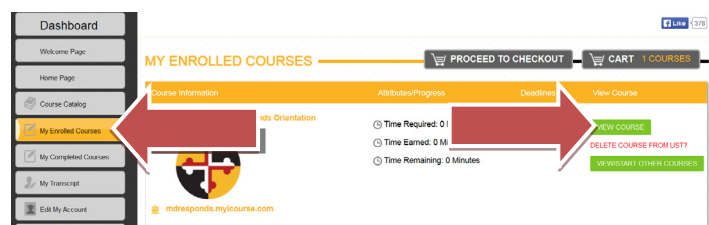
APPENDIX X – TRAINING SIGN-IN SHEET – TEMPLATE

The following template was created to record volunteer participation in MDRMRC trainings. Unit Administrators can use this template for volunteer sign-in at the beginning of any training that is offered to volunteers.

MARYLAND RESPONDS
MEDICAL RESERVE CORPS

Title: Date:

	Last Name, First Name (Print)	Email Address	Profession	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Last Name, First Name (Print)	Email Address	Profession	Signature
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Title: Date:

APPENDIX Y – FAMILY EMERGENCY PLAN – TEMPLATE

The following template is taken from FEMA resources found at: https://www.fema.gov/media-library/assets/documents/22187. Volunteers should be encouraged to use this plan as well as other federal, state, or local templates and informational resources to create emergency plans for their families. In addition to the English version found below, the website also includes copies of this template in various languages.

Family Emergency Plan

Ready.
Prepare. Plan. Stay Informed.

FEMA

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place: _____ Phone: _____

Out-of-Neighborhood Meeting Place: _____ Phone: _____

Out-of-Town Meeting Place: _____ Phone: _____

Fill out the following information for each family member and keep it up to date.

Name: _____ Social Security Number: _____
Date of Birth: _____ Important Medical Information: _____

Name: _____ Social Security Number: _____
Date of Birth: _____ Important Medical Information: _____

Name: _____ Social Security Number: _____
Date of Birth: _____ Important Medical Information: _____

Name: _____ Social Security Number: _____
Date of Birth: _____ Important Medical Information: _____

Name: _____ Social Security Number: _____
Date of Birth: _____ Important Medical Information: _____

Name: _____ Social Security Number: _____
Date of Birth: _____ Important Medical Information: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One
Address:
Phone:
Evacuation Location:

Work Location Two
Address:
Phone:
Evacuation Location:

Work Location Three
Address:
Phone:
Evacuation Location:

Other place you frequent
Address:
Phone:
Evacuation Location:

School Location One
Address:
Phone:
Evacuation Location:

School Location Two
Address:
Phone:
Evacuation Location:

School Location Three
Address:
Phone:
Evacuation Location:

Other place you frequent
Address:
Phone:
Evacuation Location:

Name	Telephone Number	Policy Number

Dial 911 for Emergencies

Ready

Prepare. Plan. Stay Informed.

Family Emergency Plan

FEMA

Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

< FOLD HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____
_____

Ready

DIAL 911 FOR EMERGENCIES

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____
_____

Ready

DIAL 911 FOR EMERGENCIES

< FOLD HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____
_____

Ready

DIAL 911 FOR EMERGENCIES

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____
_____

Ready

DIAL 911 FOR EMERGENCIES

APPENDIX Z – STATE ACTIVATION REQUEST FORMS

This flier was created to provide Unit Administrators and emergency response partners with easy access to the MDRMRC state activation request forms. The links on the following page can be used to submit a request for State Program support in activating and deploying volunteers for an emergency response or public health event (non-emergency).

STATE ACTIVATION REQUEST FORM

The Maryland Responds State Activation Request Forms are available online. If local resources have been exhausted and additional volunteers are needed, a request may be made to the state to activate volunteers regionally or statewide.

EMERGENCY RESPONSE ACTIVATION REQUEST FORM

To request volunteers for an emergency response activation, complete the form here: http://bit.ly/mdrEmergentRequest.

The Maryland Responds Medical Reserve Corps aims to supplement existing health and medical services during times of emergency. Please complete the Emergency Response Activation Request Form to request volunteers for an **EMERGENT** activation to support public health emergency response operations.

Once submitted, your request will be immediately processed for approval. Please direct questions to the Maryland Responds MRC State Program at **mdresponds.health@maryland.gov** or call **410-767-7772** or **443-934-5849**.

PUBLIC HEALTH MISSION ACTIVATION REQUEST FORM

To request volunteers for a non-emergent public health mission, complete the form here: http://bit.ly/mdrPHRequest.

The Maryland Responds Medical Reserve Corps aims to support non-emergent, public health activities. Please complete the Public Health Mission Activation Request Form to request volunteers for a **NON-EMERGENT**, public health activity. Non-emergent, public health activities are planned events which are scheduled in advance. Such activities have a public health focus and foster the resilience and health of the community. A two week notice prior to the date of a planned event is highly recommended.

Once submitted, your request will be processed for approval. You will receive a response within one week of submitting your request. Please direct questions to the Maryland Responds MRC State Program at **mdresponds.health@maryland.gov** or call **410-767-7772**.

MARYLAND RESPONDS MEDICAL RESERVE CORPS

MARYLAND
Department of Health
Office of Preparedness and Response

medical
reserve
corps

MARYLAND RESPONDS STATE PROGRAM

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APPENDIX AA – VOLUNTEER REPORTING CENTER PLAN – TALBOT COUNTY EXAMPLE

This example volunteer reporting center plan is courtesy of the Talbot County Emergency Management Volunteer Coordinator and the Talbot County Health Department. This plan can be used to guide development of local volunteer reporting/reception centers.

Volunteer Reporting Center (VRC)

**Talbot County Department
Of Emergency Services**

Easton, Maryland

June 3, 2014

Fourth Draft

VOLUNTEER REPORTING CENTER

These are the policies and procedures to be used for the implementation and deployment of volunteers for Talbot County at a Volunteer Reporting Center (VRC) during a major disaster.

Purpose
A working document developed to identify the steps required to set up and operate a VRC when deemed necessary for Talbot County, Maryland.

Scope

This document provides VRC personnel with the information required to set-up the center, identify and check in personnel, brief the volunteers on the disaster situation and deploy qualified, affiliated volunteers to the disaster site, as well as to screen and deploy spontaneous, unaffiliated volunteers as needed.

Topics

Overview of the VRC
Steps Involved in Establishing a VRC
VRC personnel:
    Manager
    Intake
    Assessment
    Registration
    Deployment
Appendices:
    A: Go Kit Checklist
    B: Forms
    C. Supplemental Supplies
    D: Suggested Floor Plan/VRC Set-Up Checklist
    E: Site Selection
    F: Abbreviations & Acronyms List

Overview of the Volunteer Reporting Center

The main purpose of such a center is to process citizen volunteers, both affiliated and spontaneous, who seek to assist government authorities in response to a disaster. The VRC is structured to efficiently process volunteers for deployment to a disaster site, to redirect them to auxiliary functions, or to defer them from participation altogether, as appropriate.

The VRC will be set up in a pre-selected site (see Appendix: Site Selection) and staffed by volunteer personnel. A function of the VRC is to distinguish between two distinct volunteer groups. They are (1) <u>Affiliated:</u> VOAD, Department of Emergency Services volunteers (DES), and Health Dept. volunteers (MRC), all of whom are pre-screened and trained, and (2) <u>Spontaneous</u>: Unaffiliated citizens who spontaneously make themselves available to the VRC following a disaster.

Affiliated volunteers:
VOAD volunteers will be referred to the appropriate agencies. DES and MRC volunteers will proceed to Intake. Intake will verify credentials and send the MRC volunteers to the Health Department Table. DES volunteers will proceed to Registration for processing. Once checked in, the volunteer will either be sent home to be recalled for a later shift or proceed to Deployment assembly area, where his/her skills may be used to meet disaster area requirements. Deployment will work in conjunction with Registration to capture the time and location of the volunteer deployment. This activity will allow for the individual's breaks, shift changes and other requirements.

Spontaneous volunteers:
Spontaneous volunteers also proceed to Intake. They may be sent home or directed to other agencies if appropriate. Spontaneous volunteers desiring to work at the disaster site will complete a Registration Form (see Appendix) received from Intake to document the volunteer's experience and skills for Assessment. Assessment will interview these spontaneous volunteers and attempt to ascertain the skills and experience they bring to the site. If Assessment feels the volunteer may be used at this time, the volunteer will be sent to Registration. If the spontaneous volunteer possesses a skill which may be used in the future, their Registration Form will be passed to Registration and the volunteer will be dismissed from the VRC to be contacted later. Registration will record the contact information and skills for future use. Spontaneous volunteers, needed at this time, will be sent to Deployment. Deployment will use spontaneous volunteers as required. The spontaneous volunteer's deployment will be coordinated with Registration to ensure an individual's breaks, shift changes and other requirements are accommodated.

Steps Involved in Establishing the VRC

1. Event occurs that calls for the establishment of a VRC.

2. Official from Talbot County will contact the Volunteer Resources Coordinator, or designee, and provide essential information.

3. Talbot County DES will determine the location for the VRC from the available sites and notify the appropriate individual(s).

4. The DES designee is notified to deliver the "Go Kit" to the VRC site.

5. Volunteer Resources Coordinator, or designee, implements the volunteer notification system (Connect CTY) to the VRC staff and the Talbot County Health Department.

6. VRC Manager arrives and sets up the VRC. As other DES volunteers arrive, assignments are made for the other staffing positions required (see position descriptions).

7. Communication channels between the VRC and relevant parties are established.

8. Other volunteers are alerted to the situation via the volunteer notification system.

9. Affiliated and spontaneous volunteers begin arriving, are met by Intake and directed to the appropriate area (see Appendix: Suggested Floor Plan/VRC Set-Up Checklist).

.

VRC Staffing Overview

A minimum of five personnel will be needed to operate the VRC.

1. <u>VRC Manager</u> is responsible for the overall operation of the VRC.

2. <u>Intake</u> is responsible for greeting incoming volunteers. DES volunteers are directed to Registration; MRC volunteers are directed to the Health Dept. representative. Spontaneous volunteers who desire to be deployed to the site are given a Registration Form to complete and then directed to Assessment.

3. <u>Assessment</u> is responsible for evaluating spontaneous volunteers' abilities and skills, directing them to Registration, to other agencies, or home to be contacted later.

4. <u>Registration</u> is responsible for recording information on all volunteers then directing them to the Deployment waiting area.

5. <u>Deployment</u> is responsible for sending volunteers to the incident staging area or other locations as directed. They will keep a record of who has been sent, duration of assignment, location and rotational requirements.

It is probable that several people will be working within the various VRC functions. When this occurs, the VRC manager will appoint one of them as the function coordinator.

If a scenario develops whereby the VRC assumes a larger role in crisis management, including multiple jurisdictions, then one or more of the following positions will be added: Briefer, Communications, Interpreter, Runner and Traffic.

The VRC manager is an essential position; therefore, the Volunteer Resources Coordinator has pre-selected a volunteer for this position. The manager's responsibilities include setting up the VRC, being responsible for the overall operation of the center and overseeing volunteers within the VRC.

Depending on the disaster scenario, the VRC manager may deploy a volunteer to the incident site to assist Deployment in tracking volunteers who may be re-deployed by Incident Command.

Assistance In Disaster

Position Title: **VRC Manager**

Purpose: To assist the Volunteer Resources Coordinator by setting up and
                         managing an activated VRC.

Description: The Manager will be responsible for the overall operation of the
                         center and overseeing volunteers within the center.

Qualifications: Management or supervisory experience.
                         Ability to take and follow directions.
                         Good interpersonal skills.
                         Ability to interact well with all levels of authority.

Training: Appropriate VRC training.

Time Commitment: 8 to 12 hour shifts per day during disaster.

Responsible to: Volunteer Resources Coordinator

Assistance In Disaster

Position Title:	**Intake**

Purpose: The intake function of the VRC is the first formal contact with volunteers. Intake is responsible for directing everyone to appropriate processing areas.

Description: Intake is responsible for greeting volunteers, issuing a Registration Form and directing to appropriate VRC processing areas or referring to other agencies. Volunteers will fall into one of the following groups:

Referrals – Those who want to work with relief agencies (VOAD) will be provided with contact information and dismissed.

Spontaneous volunteers – Those who wish to assist, but are not vetted and trained. They will be provided with a registration form and directed to Assessment.

Affiliated volunteers - DES and MRC volunteers. Verify credentials, send DES to Registration for check-in, MRC to Health Dept. representative, and VOAD to agencies.

Assist with other duties as assigned.

Qualifications: Ability to take and follow directions.
Good interpersonal skills.
Ability to work under pressure.
Ability to accurately relay information.

Training: Appropriate VRC training.

Time Commitment: 8 to 12 hour shifts per day during disaster.

Responsible to: Intake Coordinator or VRC Manager

Assistance In Disaster

Position Title: **Assessment**

Purpose: Provide assessment of spontaneous volunteers who report to an activated VRC.

Description: Assessment insures that only qualified volunteers are allowed access to the site of the disaster. Assessment reviews the Registration Forms completed by the volunteers to determine if they are qualified. If it is determined they can be used, they will be directed to Registration to be checked in. Once checked in, they are sent to Deployment if needed immediately. If they are not needed immediately, they will be sent home and told they will be called when needed. Volunteer who are not qualified will be sent home.

Assist with other duties as assigned.

Qualifications: Ability to take and follow directions.
Good interpersonal skills.
Good interview skills.
Ability to work under pressure.

Training: Appropriate VRC training.

Time Commitment: 8 to12 hour shifts per day during disaster.

Responsible to: Assessment Coordinator or VRC Manager

Assistance In Disaster

Position Title: **Registration**

Purpose: To verify and document all volunteers reporting for Deployment.

Description: Registration documents all volunteers reporting to the VRC. DES
                            Volunteers will show up with their photo IDs and be checked in
                            by Registration, then referred to Deployment. Spontaneous
                            Volunteers will show up with their completed registration forms
                            and be checked in by Registration to be used as appropriate. If a
                            Volunteer's skills are needed, they will be sent to Deployment. If
                            not, they will be sent home and told they will be called when
                            needed or given a specific date/time to return. Spontaneous
                            volunteers will be processed and sent to deployment as
                            appropriate. Assist with other duties as assigned.

Qualifications: Ability to take and follow directions.
                           Good interpersonal skills.
                           Good organizational skills.
                           Good computer skills.

Training: Appropriate VRC training.

Time Commitment: 8 to12 hour shifts per day during disaster.

Responsible to: Registration Coordinator or VRC Manager.

Assistance In Disaster

Position Title: **Deployment**

Purpose: To assist the VRC Manager in determining the assignment and
                         deployment of volunteers at an activated center.

Description: Deployment determines the assignment, deployment, and tracking
                         of volunteers. When the Briefer position is not filled, Deployment
                         will brief on the necessary site and liability aspects of the
                         volunteers' deployment. Deployment will record the names of
                         those being deployed and issue each person the "wristband of the
                         day." DES volunteers must have DES photo ID. Any spontaneous
                         volunteers being deployed will be given a credential holder into
                         which their own photo I.D. will be inserted. The volunteers will be
                         deployed to the appropriate staging area. The "wristband of the
                         day" authorizes volunteers' access to the disaster site.

                         Assist with other duties as assigned.

Qualifications: Ability to take and follow directions, as well as make assignments.
                         Ability to interact well with all levels of authority.
                         Good interpersonal skills.
                         Management or supervisory experience.

Training: Appropriate VRC training.

Time Commitment: 8 to12 hour shifts per day during disaster.

Responsible to: Deployment Coordinator or VRC Manager

Assistance In Disaster

Position Title: **Briefing**

Purpose: Brief volunteers on the disaster and direct them back to
                         Deployment.

Description: Explain the nature of the disaster site and liability aspects of the
                         volunteers' deployment. Direct them back to Deployment.

                         Assist with other duties as assigned.

Qualifications: Ability to take and follow directions.
                         Ability to interact well with all levels of authority.
                         Good interpersonal skills.
                         Ability to work under pressure.
                         Ability to accurately relay information.

Training: Appropriate VRC training.

Time Commitment: 8 – 12 hour shifts per day during disaster.

Responsible To: VRC Manager

Assistance In Disaster

Position Title: **Communications**

Purpose: To assist the VRC Manager with incoming and outgoing telephone traffic at an activated VRC.

Description: Communications will answer incoming telephone calls, relay appropriate information and initiate outgoing calls as directed.

Assist with other duties as assigned.

Qualifications: Ability to take and follow directions.
Good interpersonal skills.
Good telephone etiquette.
Endurance to sit for long periods of time.
Ability to accurately relay information.

Training: Appropriate VRC training

Time Commitment: 8 to 12 hour shifts per day during disaster.

Responsible to: VRC Manager

Assistance In Disaster

Position Title: **Interpreter**

Purpose: To assist the VRC Manager with language interpreting.

Description: Interpreter will be responsible for language interpreting as required in the VRC. Will assist various stations in greeting and directing volunteers and will assist with the phones as needed.

Qualifications: Ability to take and follow directions.
Good telephone skills.
Good interpersonal skills.

Training: As appropriate.

Time Commitment: 8 to 12 hour shifts per day during disaster.

Responsible to: VRC Manager

Assistance In Disaster

Position Title: **Runner**

Purpose: Deliver documents, messages, supplies and other items needed by
                          staffed areas within the VRC.

Description: Deliver documents as required between staff areas within the VRC.

                          Assist with other duties as assigned.

Qualifications: Ability to take and follow directions.
                          Ability to be mobile for long periods of time.

Training: As appropriate.

Time Commitment: 8 – 12 hour shifts per day during disaster.

Responsible to: VRC Manager

Assistance In Disaster

Position Title: **Traffic**

Purpose: Assist volunteers in the VRC parking area and direct them to the entrance.

Description: Direct volunteers to available parking slots and to the VRC entrance.

Qualifications: Ability to take and follow directions.
                         Ability to work under pressure.
                         Ability to accurately relay information.
                         Ability to stand for long periods of time.

Training: As required.

Time Commitment: 8 – 12 hour shifts per day during disaster.

Responsible To: VRC Manager

Appendix

A. Site Selection Criteria

B. VRC Set-Up Checklist

C. Suggested Floor Plan

D. Go Kit Checklist

E. Forms

F. Supplemental Supplies

G. Abbreviations & Acronyms List

A. Site Selection Criteria

Easy public access
Ample parking
Adequate daylight External or Natural Lighting
Adequate furniture
Controllable exits/entrances
Room for volunteers to wait
Room for briefings
Network capabilities
Kitchen facilities
Adequate restrooms

Suggested sites: Community centers, schools, churches, armories. The choice of which to use will depend on the location of the disaster site. Ideally, the center will be set up in the facility's cafeteria or multi-purpose room.

Questions regarding site selection

In the case of an emergency, do you have any type of agreement with anyone like Red Cross for the use of your facilities?
Do you have a cafeteria or food preparation facility?
Do you have anything like a computer room where we can hook up our computers?
Does the facility have any requirements of us if we use the facilities?
Do you already have a contingency plan in place for your membership should a crisis arise?
Do you have a power generator that you use when the power goes down?
Do you have a security person on site or someone we could contact to allow us into the facility or school?
Can you provide us with a site map of the facility so we can plan our layout in advance?
School? Church? (Not sure they will want to do this)

B. VRC Set-Up Checklist

Set-up tables and chairs and rooms in accordance with designated floor plan diagram:
    Set-up equipment
        Open kit
        Check on network connection with incident command
        Computers ready (power, location established, use of facility equipment)
        Communications ready
            Phone lines and phone access established
            Cell phone ready
            Personal communicators ready for all areas
                Parking lot, Intake, VRC Manager, Briefing, Deployment
            Signage complete inside and outside (as time permits)
    Once set-up
        Brief team members
        Review tasks and basic procedures
        Open doors for business
        VRC manager notify Volunteer Resources Coordinator that center is activated
    Begin processing volunteers in accordance with VRC manual

C. Suggested Floor Plan

Volunteer Reporting Center
General Floor Plan 1

40 ft

Briefing
Area

Communications

Deployment
Waiting Area

Exit

Briefer

Deployment

Intake

Volunteer Processing Area

20 ft

Entrance

Assessor

Volunteer
Registrar

Volunteer Reporting Center
General Floor Plan 2

40 ft

Assessor	Volunteer Registrar	
		Briefer
Spontaneous Volunteer Processing Area		*Briefing Area*

20 ft

Entrance

Intake

Communications

Deployment Registrar

Exit

Deployment Waiting Area
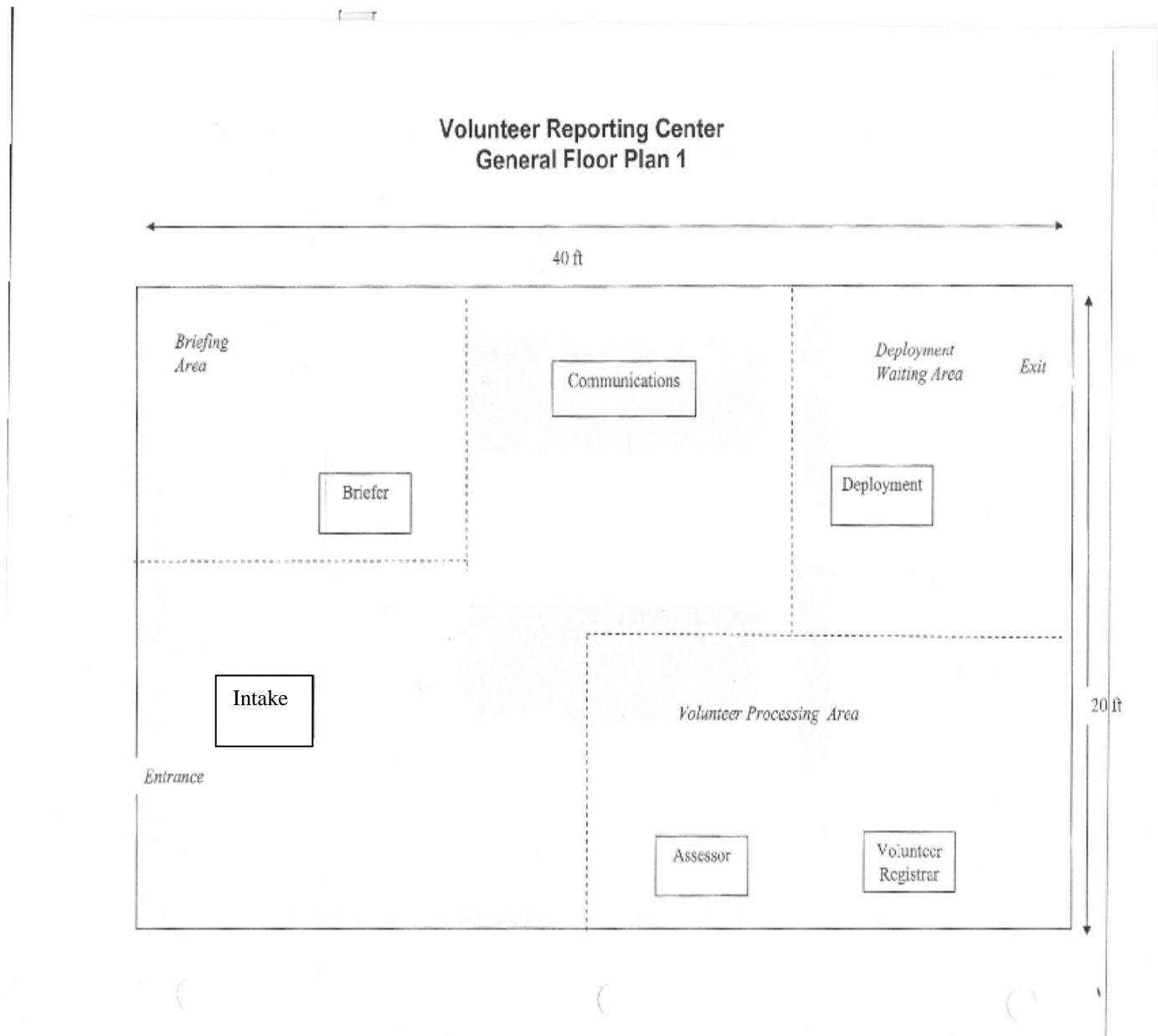
D. Go Kit Checklist

√	Item
	DES Volunteer Roster
	Md Responds Roster
	Emergency Personnel Listing
	Radio(s) with battery & charger
	AM/FM radio, battery operated
	Batteries for all essential items
	Writing paper
	Identification holders
	Wrist bands with multiple color inserts
	Registration Forms
	VRC Policies and Procedures
	Deployment Form
	Site Profile Forms
	Walkie Talkies
	Roll-up white boards
	White board erasers
	White board markers
	Paper towels
	Rubber bands
	Agency phone number's (i.e., Red Cross)
	Paper clips
	Pencil sharpener
	Pencils
	Pens
	Push pins

√	**Item**
	Scotch tape
	Stapler
	Staples
	Water
	Flashlights with extra bulbs
	Headband lights (12) with extra bulbs
	Masking tape
	Scotch tape
	Duct tape
	Current, detailed, Talbot County map
	ID Hats
	ID Vests
	3x5 cards
	Clipboards
	Clock, wall, battery operated
	Extension Cords
	Power strips
	First aid kits

E. Forms

Registration and Deployment Form

Sign-up sheets for Affiliated and Spontaneous volunteers

Registration

Disaster Volunteer Registration Form

Spontaneous/Unaffiliated

Date & Time:

Name: Last	First
Address: Street	

City:	State:	ZIP:

Phone(s): Home: Cell:

Emergency Contact:
Name: **Phone:**

Training:		
Perimeter Security ☐	Traffic Direction ☐	Crisis Stress Mgt. ☐
Searches		

Skills:
Languages: Spanish ☐   Other (specify)
Medical: Nurse ☐   EMT ☐   Paramedic ☐   Physician ☐
Heavy Equipment: Type (specify)
Other:

Disposition:
☐ Deferred
☐ Registration
☐ Deployment

Deployment Record

Name:		
Date:	Time Out:	Time In:
Team #:		
Location:		
Function:		

Redeployment

Time Out:	Time In:
Location:	
Function:	

F. Supplemental Supplies

Printer paper
Desk Lamps – battery powered
Signage materials – Exterior
Extension Cords and Power strips
Signage materials – Interior
Felt Pens
File Folders
Flip Charts & Pens
Forms - Message (TPD ones)
In/Out Trays
Labels

G. Abbreviations & Acronyms List

CERT Community Emergency Response Team

DES Dept. of Emergency Services Volunteers

EOC Emergency Operations Center

ICS Incident Command System

MRC Health Dept. Volunteers

VRC Volunteer Reporting Center

VOAD Volunteer Organizations Active in Disaster

APPENDIX BB – RESPONDER CHECK-IN/CHECK-OUT LOG – TEMPLATE

The following template was created to record volunteer participation in MDRMRC deployments (both emergency and public health event). Unit Administrators should use this template or a similar document to track volunteer check-in and check-out during a volunteer deployment.

MARYLAND RESPONDS
MEDICAL RESERVE CORPS

Volunteer Check-in/ Check-out Log

MDRMRC Responders MUST fill out this form each time they arrive and leave a volunteer assignment.

MARYLAND RESPONDS
MEDICAL RESERVE CORPS

Site: _____   Site Supervisor: _____   Date: _____

Name (Print)	Signature	Time In	Time Out	Assignment

APPENDIX CC – INCIDENT REPORT FORM

Unit Administrators should use this form to document any incident or problems involving MDRMRC volunteers. Completed forms should be submitted to the MDRMRC State Program at mdresponds.health@.maryland.gov.

Maryland Responds Medical Reserve Corps
Incident Report Form

Please use this form to document any incident or problems involving MDRMRC volunteers. Completed forms should be submitted to the MDRMRC State Program at mdresponds.health@maryland.gov.

Date: _____ **Site/ Location:** _____

Time: _____ **Report Author:** _____

Incident: _____

_____

_____

_____

_____

_____

_____

_____

Notified (date and time): _____

Action Taken: _____

_____

_____

_____

_____

_____

_____

_____

Supervisors Signature: _____

Phone Number: _____

Email Address: _____

APPENDIX DD – AFTER ACTION SURVEY FOR ACTIVATION – TEMPLATE

This after action survey was created in Google Forms by the MDRMRC State Program to gather information from volunteers who participated in a volunteer activation by either responding to the activation notification and deploying, or by only responding to the activation notification. Unit Administrators can use this template to develop an after action survey to fit local needs. Contact the State Program at mdresponds.heatlh@maryland.gov to request an editable copy of the Google Form survey.

Maryland Responder After Action Survey

The Department of Health, Office of Preparedness and Response, and the Maryland Responds Medical Reserve Corps thank you for your willingness to respond to our call for medical and mental health volunteers during the <<INSERT EVENT NAME>> event. We appreciate your dedication to the Maryland Responds Program and to the citizens of Maryland and hope that you will continue to volunteer with our program.

We value your input and invite you to participate in our after action survey. The purpose of the survey is to collect feedback on your experience during this event and capture and address any comments or concerns you may have.

Demographics

1. **First and Last Name**

   _____

2. **Email Address**

   _____

3. **Phone Number**

   _____

4. **What is your profession/occupation?**

   _____

Activation Notification

5. **How did you receive the activation notification (call for volunteers)?**
   Check all that apply.

   ☐ Phone

   ☐ Email

   ☐ Maryland Responds MRC internal message

   ☐ Facebook/Twitter

   ☐ Other: _____

6. **Did you experience any problems receiving the activation notification?**
   Mark only one oval.

   ◯ Yes

   ◯ No

7. **How did you reply to the activation notification?**
Mark only one oval.

◯ Phone

◯ Email

◯ Availability Poll (online survey)

◯ Other: _____

8. **Were you contacted by a Maryland Responds MRC representative?**
Check all that apply.

☐ Yes

☐ No

9. **Were you scheduled for a volunteer deployment shift?**
Mark only one oval.

◯ Yes

◯ No   *Skip to question 17.*

Deployment

10. **What volunteer position were you assigned?**
Mark only one oval.

◯ Shelter Medical Lead

◯ Shelter Mental Health Lead

◯ Transport Volunteer

11. **Did you receive a deployment packet?**
Mark only one oval.

◯ Yes

◯ No

12. **Were instructions clear regarding your assigned role/health station position?**
Mark only one oval.

◯ Yes

◯ No

13. **Did you check-in at the start of your state shift and check-out at the end of your shift?**
Mark only one oval.

◯ Yes

◯ No

14. **Please provide a brief report on your duties and activities during your deployment.**
    (i.e. number of patients treated; number of personnel transported)

    _____

    _____

    _____

    _____

    _____

15. **Did you witness or experience anything that was personally disturbing or distressing that you would like to discuss with someone?**
    If yes, please specify.

    _____

    _____

    _____

    _____

    _____

16. **If you have any questions or comments regarding the overall deployment operation, please enter them here:**

    _____

    _____

    _____

    _____

    _____

Final Comments

17. **Based on the overall response to the state shelters, please list any aspects of the Maryland Responds MRC program that worked well.**

    _____

    _____

    _____

    _____

    _____

18. **Based on the overall response to state shelters, please list any aspects of the Maryland Responds MRC program that need improvement.**

    _____

    _____

    _____

    _____

19. **Please identify any equipment you encountered that you felt you were unfamiliar with/required training on.**

_____

_____

_____

_____

_____

20. **Please identify any organizational groups or roles and responsibilities you were unfamiliar with or required a better understanding of.**

_____

_____

_____

_____

_____

21. **Please identify any work processes you needed clarification on or needed to be better defined or communicated.**

_____

_____

_____

_____

_____

22. **Please identify any training specifically related to this event that you feel would have made you better prepared or would have contributed to a smoother/more effective deployment.**

_____

_____

_____

_____

_____

23. **Please list any forms or documents you were asked to complete or sign that could be better written, explained or justified.**

_____

_____

_____

_____

_____

24. **Please list any expectations that the sponsoring organization had of you or your profession that you felt you were unprepared to meet.**

_____

_____

_____

_____

_____

25. **If you have any questions or comments that have not been addressed through this survey, please enter them here:**

_____

_____

_____

_____

_____

Powered by

Google Forms

APPENDIX EE – AFTER ACTION REPORT – TEMPLATE

The following template is taken from FEMA's Homeland Security Exercise and Evaluation Program (HSEEP) resources found at: https://preptoolkit.fema.gov/web/hseep-resources. This document can be used to create an AAR and improvement plan.

[Exercise Name]

After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

Exercise Name	[Insert the formal name of exercise, which should match the name in the document header]
Exercise Dates	[Indicate the start and end dates of the exercise]
Scope	This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
Mission Area(s)	[Prevention, Protection, Mitigation, Response, and/or Recovery]
Core Capabilities	[List the core capabilities being exercised]
Objectives	[List exercise objectives]
Threat or Hazard	[List the threat or hazard (e.g. natural/hurricane, technological/radiological release)]
Scenario	[Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)]
Sponsor	[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]
Participating Organizations	[Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.]
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)]

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Core capability]				
[Objective 2]	[Core capability]				
[Objective 3]	[Core capability]				
[Objective 4]	[Core capability]				

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

[Objective 1]

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

[Core Capability 1]

Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

[Core Capability 2]

Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Appendix A: IMPROVEMENT PLAN

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Core Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Core Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Core Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Federal
State
[Jurisdiction A]
[Jurisdiction B]

APPENDIX FF – ROAD TO READINESS CHECKLIST FLIER

This checklist was created to instruct new volunteers in how to complete the steps to deployment eligibility, also known as the Road to Readiness. The checklist can be distributed by Unit Administrators at recruitment events or via email to volunteers who are working to complete their Road to Readiness steps.

MARYLAND ✚ RESPONDS

ROAD TO READINESS

The Road to Readiness outlines the steps required for reaching Ready Responder status. Once you have completed the steps below, you will be ready to deploy with the Maryland Responds Medical Reserve Corps. For assistance with the Road to Readiness or to assess your status, contact the Maryland Responds State Program at mdresponds.health@maryland.gov.

☐ 1. Register to volunteer through the Maryland Responds Registry: mdresponds.health.maryland.gov. Complete all sections of your Responder profile.

> ➢ In the "Occupation" tab, be sure to include your professional license number, expiration date and place of practice (if applicable).

☐ 2. Complete the Maryland Responds Orientation Course, in-class or online.

> ➢ Online: http://bit.ly/MDROnlineTraining

> ➢ Upload your Orientation Course certificate of completion to your Responder profile for the training course, R2R Step 2: Maryland Responds Orientation.

☐ 3. Submit your Liability and Confidentiality Agreement form.

> ➢ Online: http://bit.ly/MDRLiabilityConfForm

☐ 4. Submit your photo for your Responder ID Badge.

> ➢ Upload your passport quality photo to your Responder profile as a certificate for the training course, R2R Step 4: Photo for ID Badge.

☐ 5. Submit your shirt size (S-XXL) for your Responder uniform.

> ➢ In your Responder profile, add the training course that corresponds to your shirt size, R2R Step 5: Uniform Size.

☐ 6. Email mdresponds.health@maryland.gov to let us know you have completed all the steps on the Road to Readiness.

Congratulations! By completing the steps above, you have reached Ready Responder status. Next we will mail you your Ready Responder kit containing your Responder ID badge, uniform, field guide and more!

Updated 09/19/17

APPENDIX GG – MDRMRC PAPER REGISTRATION FORM

The following form can be used by Unit Administrators to recruit new volunteers at community events and professional conferences where there is no access to electricity or wifi. If the Registry is unavailable for any reason during an emergency, this form can also be used to quickly register and gather essential information for spontaneous unaffiliated volunteers.

After a form is completed by a prospective volunteer, the volunteer coordinator, supervisor, or Unit Administrator can manually enter the volunteer's information into the Registry. Volunteer login information (username and temporary password) and Registry access instructions should then be emailed to the volunteer so that they can login and complete the remainder of their profile.

MARYLAND RESPONDS MRC VOLUNTEER REGISTRATION FORM

REQUIRED (*)   DATE: _____

SECTION 1. USERNAME AND PASSWORD

*Username: _____

The username you will use to log into the System. The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, ., -, and _. Usernames are not case sensitive.

*Temporary Password: _____

Password must be 6 characters or longer; must contain a number and must contain a letter.

SECTION 2. NAME AND DATE OF BIRTH

*First Name: _____

Middle Name: _____

*Last Name: _____

Date of Birth: _____

SECTION 3. HOME ADDRESS

*Address Line 1: _____

Address Line 2: _____

*City: _____   *County: _____

*State: _____   *Zip Code: _____

SECTION 4. CONTACT INFORMATION

*Primary Email Address: _____

Secondary Email Address: _____

*Primary Phone Number: _____

Secondary Phone Number: _____

*Emergency Contact Name: _____

*Emergency Contact Phone #: _____

*Emergency Contact Relation: _____

SECTION 5. CRIMINAL BACKGROUND

Have you ever been convicted of a felony?   ❑ YES   ❑ NO

Have you been convicted of a misdemeanor that resulted in imprisonment in the last 24 months?   ❑ YES   ❑ NO

SECTION 6. OCCUPATION INFORMATION

*Occupation Type: ❑ Medical ❑ Non-Medical

*Occupation:

*Professional Status for this Occupation:

If medical occupation, choose from the answers in this column.	*If non-medical occupation, choose from the answers in this column.*
❑ Licensed/Certified and Active ❑ Licensed/Certified and Active Part-Time ❑ Licensed/Certified and Inactive for Less than 5 Years ❑ Licensed/Certified and Inactive for More than 5 Years ❑ Non-Licensed ❑ Non-Licensed and Active ❑ Non-Licensed and Retired ❑ Non-Licensed and Student	❑ Active ❑ Inactive ❑ Retired ❑ Student

Employer:

Job Title:

SECTION 7. PROFESSIONAL LICENSE – *If applicable, provide your license information.*

Is the name on your license the same as the name provided in section 1? ❑ YES ❑ NO

If no, write your name exactly as it appears on the license:

License Number:

Issuing State or Jurisdiction:

Expiration Date:

License in Good Standing?   ❑ YES   ❑ NO

License free of adverse actions and restrictions?   ❑ YES   ❑ NO

SECTION 8. INFORMATION PLEDGE AND AUTHORIZATION

*Information Pledge: By signing below, I certify that I will provide only correct information when completing this registration process. I give consent to Maryland Responds and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

*Authorization: By signing below, I do hereby authorize the State of Maryland to research and copy records including, but not limited to, educational; professional; judicial,; armed services; Federal, state and local law enforcement; motor vehicle and driving safety; and any other documents, data, and information that may be necessary and practical in order to conduct an investigation; and to contact past and present employers as well as professional references for information. I also authorize the release of the above mentioned records to the State of Maryland. My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the State shall be used only for the purposes of determining my fitness for the volunteer position(s) to which I am assigned.

Signature: Date:

APPENDIX HH – RESPONDER EVALUATION FORM – TEMPLATE

This template form can be used in its original format or modified to meet local needs for evaluating volunteer performance. Unit Administrators may keep these for their volunteer records and can share them with the State Program at mdresponds.health@maryland.gov if desired.

Maryland Responds Medical Reserve Corps
Responder Evaluation Form

Name of Volunteer: _____

Assignment/Position: _____

Period Covered: _____ Date of Evaluation: _____

Position Goals:		**Not met**		**Satisfactory**		**Well met**	
1. _____		1	2	3	4	5	6
2. _____		1	2	3	4	5	6
3. _____		1	2	3	4	5	6
4. _____		1	2	3	4	5	6

Work Relationships:	**Poor**		**Satisfactory**		**Excellent**	
Relations with other volunteers	1	2	3	4	5	6
Relations with staff	1	2	3	4	5	6
Relations with clients	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Flexibility	1	2	3	4	5	6
Meeting Commitments	1	2	3	4	5	6

Supervisor's Comments:

_____

_____

_____

_____

_____

_____   _____
Supervisor Signature   Date

_____   _____
Volunteer Signature   Date

APPENDIX II – THANK YOU FOR RESPONDING TO ACTIVATION REQUEST – EXAMPLE

Dear Maryland Responder,

Please be advised that as of this morning, the state shelter was closed and we no longer need volunteers to staff the Health Station.

The Department of Health, Office of Preparedness and Response, and the State Maryland Responds MRC would like to thank you for your quick response to our availability request for medical and mental health volunteers. We also would like to express our gratitude for your dedication to the citizens of Maryland and hope that you will continue to volunteer with the Maryland Responds MRC. Your efforts are invaluable to our work. Because of your support, the residents of this state can continue to live in a prepared Maryland.

Please complete our online after-action survey for this incident which can be accessed here: https://www.surveymonkey.com/sIncident201809. The purpose of the survey is to collect feedback on your experience during this response. We would appreciate your participation in the survey so that we can capture and address any concerns you may have.

Also, if you have not already, please continue to prepare for future activations by completing your Road to Readiness. Information to assist you in completing your Road to Readiness steps can be found on our website at https://mdr.health.maryland.gov/Pages/RoadtoReadiness.aspx.

Once more, we are sincerely grateful for your time and commitment to the Maryland Responds MRC and to the State of Maryland. We look forward to working with you again in the future.

Sincerely,
Maryland Responds MRC

APPENDIX JJ – RESPONDER INJURY REPORTING PACKET

During MDRMRC authorized activities, volunteers are considered to be State employees and therefore have workers' compensation benefits. Injuries sustained during a MDRMRC authorized activity must be documented and submitted using the forms and instructions in the packet below.

INJURY REPORT PACKET

During Maryland Responds Medical Reserve Corps authorized activities, volunteers are considered to be State employees and therefore have workers' compensation benefits. Injuries sustained during a Maryland Responds Medical Reserve Corps authorized activity must be documented using the forms contained in this packet. All completed forms must be submitted to the Maryland Responds MRC Program Office via email (mdresponds.health@maryland.gov) or via fax (410-333-5000).

INSTRUCTIONS:

1. Inform a Maryland Responds State Administrator of your injury by using the contact information below.

Amanda Driesse	Lornah Misati
Desk Phone: 410-767-7772	Desk Phone: 410-767-0959
Cell Phone: 443-934-5849	Cell Phone: 443-865-7802

2. The injury should be documented using the following forms:

    • Injured volunteer completes the Employee's Report of Injury Form (page 2). If you are physically unable to fill out the Employee's Report of Injury Form, you can fill it out at a later time, or have someone fill it out on your behalf.

    • A Maryland Responds State Administrator or other responsible administrative official completes the Supervisor's Accident Investigation Form (page 3) and the Authorization for Examination or Treatment Form (page 5).

    • Any witness to the accident completes the Accident Witness Statement (page 4).

3. Submit completed forms to the Maryland Responds MRC Program Office via email (mdresponds.health@maryland.gov) or via fax (410-333-5000) within three (3) days of the incident. A State Administrator will forward the forms to the appropriate authority.

    • Make and keep copies of these forms for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' compensation hearing.

4. If you require treatment from a health care professional, you can be seen on a walk-in basis at any of the WorkPro Occupational Health or Occupational Medical Services (OMS) locations. It is recommended that this be done within three (3) days of the incident. For locations and office hours, see pages 6 and 7.

    • Contact the Maryland Responds MRC Program Office/State Administrators to notify them of which WorkPro location you will be visiting for treatment. This is necessary so that we may fax the Authorization for Examination or Treatment Form (page 5) to them prior to your visit.

MARYLAND RESPONDS MEDICAL RESERVE CORPS

MARYLAND RESPONDS STATE PROGRAM
Maryland Department of Health
Office of Preparedness and Response
300 W. Preston Street, Suite 202, Baltimore. MD 21201
Email: mdresponds.health@maryland.gov
Fax: 410-333-5000

Employee's Report of Injury

(To be completed by the employee only.)

Employee's name: _____Male__Female__
        Last   First   Middle

Date of birth: __ / __ / __   Home telephone # (_____) _____

Home address: _____ _

City: _____ State: _____ Zip Code: _____

Present classification: _____ How long employed here: _____

Social Security No.: _____ - _____- _____ Weekly salary:

Location of accident: _____
        Address   Area (loading dock, bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring: _____

Name of supervisor: _____ _____ _____ Phone# _____
         Last   First

Name(s) of witness(es): _____ Phone# _____
      (Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

To whom did you report the injury? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____ _

Name of your treating physician: _____ Phone# _____

Signature of employee: _____ Date: _____

IWIF • 8722 Loch Raven Boulevard, Towson, **MD** 21286-2235 • www.iwif.com *Form may be copied as needed*

204A 01/03

Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident occurred	Employer's Premises: ☐ Yes ☐ No Job site: ☐ Yes ☐ No	Date of accident or illness
Who was injured?	☐ Employee ☐ Non-Employee	Time of accident a.m. or p.m.

Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred? Property/equipment owned by:

What property/equipment was damaged?

What was employee doing when injury/illness occurred?   What machine or tool was being used?   What type of operation?

How did injury/illness occur?   List all objects and substances involved.

Part of body affected/injured?	Any prior physical conditions? If so, what? ☐ Yes ☐ No

Nature and extent of injury/illness and property damaged (be specific)

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

__ Failure to lockout	__ Failure to secure	__ Horseplay
__ Improper dress	__ Improper guarding	__ Improper instruction
__ Improper maintenance	__ Improper protective equipment	__ Inoperative safety device
__ Lack of training or skill	__ Operating without authority	__ Physical or mental impairment
__ Poor housekeeping	__ Poor ventilation	__ Unsafe arrangement or process
__ Unsafe equipment	__ Unsafe position	__ Other _____

Supervisor's corrective action to ensure this type of accident does not recur: _____
_____
_____

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? _____ Yes _ No __

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? _____ Yes _ No __

Did employee promptly report the injury/illness? _____ Yes _ No __

Is there modified duty available? _____ Yes _ No __

_____

Supervisor's name   Supervisor's signature   Phone#   Date

Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: _____
<div align="center">Last   First   Middle</div>

Name of witness: _____Ph# _____
<div align="center">Last   First   Middle</div>

Job title of witness: _____How long employed here? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of accident: _____
<div align="center">Address/Name of building   Area (bathroom, etc.)</div>

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

_____

_____

_____

_____

_____

Describe bodily injury sustained (be specific about body part(s) affected):

_____

_____

_____

_____

_____

Recommendation on how to prevent this accident from recurring: _____

Name of Witness's Supervisor: _____Ph# _____
<div align="center">Last   First</div>

Signature of Witness: _____ Date: _____

204B 01/03

State of Maryland

Authorization for Examination or Treatment

(Patient Must Present Photo ID at Time of Service)

Agency:_____

(List Agency or Sub-Agency to Receive Invoice)

Today's Date:_____

Appointment Date/Time (if any): _____

Location:_____

Authorized By: _____

Agency Phone No.:_____

Agency Fax No: _____

Employee:_____

Employee Date of Birth:_____

Please check all that apply:

☑ **Work Injury/Illness** Date of Injury_____ Claim# (if available) _____

Physical Examination

☐ Pre-placement ☐ Pre-placement w Ergonomic Assessment ☐ DOT - Regulated

☐ Fitness for Duty/Ability to Work ☐ Medical Surveillance ☐ FAA - MDOT

☐ Other: _____

Substance Abuse Testing

☐ DOT - Regulated Drug Test ☐ MDOT Non-regulated Drug Test

☐ DOT – Regulated Alcohol (Breath) ☐ MDOT Non-regulated Alcohol Test (Saliva)

☐ Other: _____

Reason for Substance Abuse Testing

☐ Pre-employment ☐ Reasonable Suspicion ☐ Post-accident ☐ Random

☐ Follow-up ☐ Return to Duty

Psychological Services (scheduled through WORKPRO Elkridge MD location)

☐ Psychological Testing ☐ SAP ☐ Critical Incident Management

Other Services

☐ Respirator Fit Test ☐ Audiogram ☐ PPD ☐ Pulmonary Function Test ☐ EKG

☐ Chest X-ray ☐ Vaccination:_____ ☐ Other:_____

Special instructions/comments_____

_____

For WORKPRO locations and individual office hours visit   www.workprohealth.com

WORKPRO Occupational Health Locations
&
Occupational Medical Services (OMS) Locations
Effective 4/1/17
Note: Contact Names, Numbers, Emails to follow.

WORKPRO Maryland
6785 Business Parkway, Suites 1&2
Elkridge, MD 21075
Hours: Mon – Fri 7:30am – 4:30pm

844 Washington Road, Unit 203
Westminster, MD 21157
Hours: Mon – Fri 7:30am – 4:30pm

2618 North Salisbury Blvd, Suite 130
Salisbury, MD 21801
Hours: Mon – Fri 7:30am – 4:30pm

Opening Date: 4/1/17
2875 Crain Highway
Route 301 South
Waldorf, MD 20601
Hours: Mon – Fri 7:30am – 4:30pm

14302 Barton Boulevard SW
Cumberland, MD 21502
Hours: Mon – Fri 7:30am – 4:30pm

WORKPRO Delaware
914 Justison Street
Shipyard Shops
Wilmington, DE 19801
Hours: Mon - Fri 7:30am – 5:00pm

4051 Ogletown-Stanton Road, Suite 102
Iron Hill Corporate Center, Sabre Wing
Newark, DE 19713
Hours: Mon - Fri 7:30am – 5:00pm

283 North DuPont Highway
Kohl's Center
Dover, DE 19901
Hours: Mon – Fri 7:30am – 4:30pm

543 North Shipley Street
Professional Building, Suite F
Seaford, DE 19973
Hours: Mon - Fri 7:30am – 4:30pm

503 W. Market Street, Suite 100
Nanticoke Immediate Care
Georgetown, DE 19947
Hours: Mon - Fri 7:30am – 4:30pm

OMS Locations
Arbutus
4807 Benson Avenue
Baltimore, MD 21227
Hours: Open 24 Hrs

Belcamp
1200 Brass Mill Road, Suite C
Belcamp, MD 21017
Hours: Mon – Fri 7:00am – 5:00pm

Canton
3600 O'Donnell Street, Suite 170
Baltimore, MD 21224
Hours: Mon – Fri 7:30am – 5:00pm

Greenbelt:
7933 Belle Point Drive,
Greenbelt, MD 20770
Hours: Mon – Fri 8:00am – 4:30pm

State of Maryland - WORKPRO & OMS

WORKPRO DE Sites

📍 WORKPRO, Wilmington DE

📍 WORKPRO, Newark DE

📍 WORKPRO, Dover DE

📍 WORKPRO, Georgetown DE

📍 WORKPRO Seaford DE

WORKPRO Maryland

📍

WORKPRO/Pivot, Westminster

📍 WORKPRO Salisbury

📍

6785 Business Pkwy - Elkridge

📍 WORKPRO Cumberland

📍 WORKPRO, Waldorf

Occupational Medical Services

📍 OMS, B'More (Arbutus)

📍 OMS, B'More (Canton)

📍 OMS, Belcamp

📍 OMS, Greenbelt