

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, Lisa Dixon at Lisa.Dixon@hhs.gov and 202-590-8280.
- 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 Karen Hopper at Karen.Hopper1@maryland.gov or 443-934-5849.

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.
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:
 - Call Center / Communications Support
 - Disaster Behavioral Health
 - Emergency Operations Center Support
 - Epidemiology / Surveillance Support
 - Evacuation
 - General Shelter Support (Human or Animal)
 - Hospital Alternate Care Site / Medical Surge
 - Mass Casualty
 - Mass Fatality
 - Medical Shelter Support
 - Radiological Community Reception Centers / Population Monitoring
 - Search and Rescue
 - Vaccinations / Mass Dispensing
 - Volunteer Reception Center
 - Wellness Checks
 - 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:
 - Local Emergency Operations Center
 - Local Health Department
 - Local Hospital
 - State Emergency Operations Center
 - State Health Department
 - 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:
 - The name of the occupation (Example: nurse, physician, non medical volunteer, etc.)
 - The number of Maryland Responders of each occupation/role

- 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)
 - 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:
 - 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
 - Veterinarian
 - Veterinarian Technician
 - Non-Public Health/Non-Medical (general volunteer)
 - 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 $6 \times 5 = 30$ 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.