



BP1 MEDICAL RESERVE CORPS DELIVERABLES

MRC Unit Deliverables

1. Recruit, train, coordinate outreach and retain members to enhance public health preparedness and unit capacity by offering at minimum of four (4) training opportunities throughout the year; these trainings should ensure National MRC core competencies are achieved for unit members.
 - *National Core Competencies can be found [here](#).*
 - *National Preparedness Month Activities may be included within this deliverable.*
 - *All marketing material (including websites) generated by the unit will clearly indicate the unit name and the geography covered by that unit.*
2. Maintain records including a description, agenda and attendee completion of MRC trainings. Records should be submitted to OPEM through the MRC contractor through the quarterly report.
3. Units in MA Responds must confirm annually that they have at least two administrators are identified in the system, and that at a minimum at least one administrator has completed the Basic level and Mission Manager MA Responds trainings. New unit administrators must attend basic MA Responds training within 60 days of beginning.

Trainings will be offered in a regular sequence or can be requests and will be posted to the state MRC site, <http://www.mamedicalreservecorps.org/>. Upon completion of these trainings, a certificate will be awarded.

4. Participate in quarterly drills (1 drill/quarter). Participation must include at least two (2) MDPH sponsored drills to satisfy the PHEP-HPP Volunteer Management Joint Performance Measure.
 - a. Drills for units within MA Responds will be conducted using that system.
 - b. Units not using MA Responds will participate in the drills using their unit's written policies and procedures for unit operations.

MDPH will organize a total of four (4) drills for units who wish to participate in only MDPH-sponsored drills. Drill/exercises conducted outside of MDPH will require advanced notification (submitted at least 30 days prior to the exercise) from the MDPH training and exercise coordinator, as well as a written after action report and improvement plan (AAR/IP) that must be submitted to MDPH within sixty (60) days of the drill/exercise.

5. By September 30, 2017 each MRC unit will provide the MA State Coordinator and Regina Villa Associates a current list of communities that their unit covers, along with an updated list of 24/7 contact information.
6. All MRC units shall appropriately credential volunteers:
 - a. Each MRC unit shall credential volunteers in accordance with pre-established standards in MA Responds including the submission of Massachusetts criminal offender record

information (CORI) check and the submission of a Validated Sexual Offender Search (VSOS) check.

Units that regularly utilize MA Responds will be considered in compliance with this requirement

- b. By September 30, 2017 units that are not in MA Responds must submit a copy of their written procedures and processes including credentialing sources and frequency. This documentation must be signed by the Unit Coordinator and include a process for verifying medical licenses when appropriate, CORI and VSOS/SORI checks, including provisions for insuring that all personal information of applicants and volunteers is maintained securely in accordance as required by law.
7. Maintain and revise as necessary a written plan documenting unit policies and procedures for recruiting, training, managing, deploying, and demobilizing MRC volunteers.
 8. When receiving a request for volunteers from MDPH, if a unit chooses to contact volunteers, unit administrators should: Within 2 hours of initial notification the system administrator shall send out a message to all accepted volunteers to ask of their availability and within 4 hours of initial notification work with MDPH to assign needed volunteers to requested roles/positions.
 9. Collaborate with regional emergency preparedness and hospital coordinators, public health coalitions, hospitals, HMCCs, MA Responds representatives, and other planning and response partners to:
 - a. Identify gaps in volunteer needs and support local, regional, and statewide recruitment plans;
 - b. Assure MRC volunteers are incorporated into local and regional public health and medical response protocols, plans, and coalitions as appropriate.
 10. One representative from a federally recognized unit shall represent the region on the Regional MRC Advisory Group. The advisory group must meet regularly to:
 - a. Identify gaps in coverage within the region;
 - b. Determine the primary unit offering coverage to a town covered by more than one unit;
 - c. Provide the specific funding procedure or formula currently used (for BP1) to determine annual unit allocations no later than August 31, 2017.