



OFFICE OF  
PREPAREDNESS  
AND EMERGENCY  
MANAGEMENT

## BP1 MEDICAL RESERVE CORPS DELIVERABLES

### *MRC Unit Deliverables*

1. One representative from a federally recognized unit shall participate on the Regional MRC Advisory Group. The advisory group must meet regularly to:
  - Identify and address gaps in capacity and coverage within the region
  - Review the regional funding formula used to determine annual unit (and/or regional) allocations. Revise as necessary
    - *All units will be required to submit the formula within the Quarter 1 report.*
  - Select a representative to participate on the Statewide MRC Steering Committee
  - Determine opportunities for regional collaborations

2. Engage MRC volunteers regularly to enhance public health preparedness and unit capacity by providing a minimum of four (4) training opportunities throughout the year. At least one volunteer/community training must [include Stop the Bleed\\*](#).

*\*Stop the Bleed Train-the-Trainer will be made available to all MRC units in BP1.*

- *Additional trainings should be based off of the MRC [National Core Competencies](#) and/or the [PHEP Capabilities](#).*
  - *National Preparedness Month Activities may be included within this deliverable.*
  - *Units are encouraged to work in collaboration with one another.*
  - *All marketing material (including websites) generated by the unit will clearly indicate the unit name(s) and the geography covered by the unit(s).*
3. Maintain records including a description, agenda and attendee completion of MRC sponsored trainings. Trainings should be submitted to OPEM through the quarterly report. Rosters must be available upon request.

*All trainings using MRC and/or PHEP funds must be pre-approved by completing and submitting the training and conference request form to the HMCC at least 30 days prior to the training.*

4. Units in MA Responds must confirm annually that they have at least two administrators identified in the system, and that at a minimum at least one administrator has completed the Basic level 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 requested and will be posted to the state MRC site, <http://www.mamedicalreservecorps.org/>. Upon completion of these trainings, a certificate will be awarded.*

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

- An After Action Report (AAR), unit specific results report **or** completion of the MRC call-down [template](#) must be submitted within 30 days of all unit sponsored drills.
6. Ensure that all communities within the region are provided coverage by an MRC. By September 27, 2019 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.
  7. All MRC units shall appropriately credential volunteers:
    - 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. Non-credentialed and pending volunteers will not be considered deployable.

*Units that utilize MA Responds as the primary database will be considered in compliance with this requirement when volunteers are considered "accepted" in the system.*
    - By September 27, 2019 units that do not utilize 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.
  8. Develop, maintain and revise (as necessary) written plans documenting unit policies and procedures for: recruiting, training, managing, deploying, and demobilizing MRC volunteers. Updates should be reflected within a Record of Change.
    - Units will be asked to upload formalized and updated documents in the Quarter 3 report.
  9. 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 requesting availability and within 4 hours of initial notification work with MDPH to assign needed volunteers to requested roles/positions.
  10. Collaborate with regional emergency preparedness and hospital coordinators, public health coalitions, hospitals, HMCCs, MA Responds representatives, and other planning and response partners to:
    - Identify gaps in volunteer needs and support local, regional, and statewide recruitment plans;
    - Assure MRC volunteers are incorporated into local and regional public health and medical response protocols, plans, and coalitions as appropriate.