[UNIT NAME]

Activation, Deployment & Demobilization Plan

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# Authorities and Considerations

In consultation with the [HOST AGENCY OR OTHER AUTHORITY], the [UNIT NAME] Unit Leader will initiate deployment of [UNIT NAME] volunteers. In the event of a cross-jurisdictional event, the Unit Leader will first mobilize volunteers to provide service for the [UNIT COVERAGE AREA], as the primary focus of the MRC is on local response. If local needs are met, the Unit Leader may inform [UNIT NAME] volunteers of opportunities to assist in other regions as requested by the Commonwealth of Massachusetts or partners within the region, in accordance with the procedures outlined in this document.

[UNIT NAME] medical health professionals must possess an active state license or state certification through the appropriate state licensing authority in order to provide medical or behavioral health services. All volunteers must work within their scope of authority.

All volunteers must have completed the credentialing process and must be volunteers in good standing with the unit in order to be deployed.

# Overview of Activities

The type of emergency determines the specifics of each deployment. Whether volunteers are needed for one site or many depends on the scope of the emergency. For example, volunteers could be assigned to:

* + A single staging area, if there is a localized mass-casualty incident (such as an apartment fire or building collapse)
  + Various emergency shelters, if a flood or snowstorm displaces people from their homes; or regionally, to assist in more than one community
  + Clinics in towns in the unit coverage area to prevent the spread of an infectious disease outbreak that has put the region at risk
  + Other public health emergencies

The chain of contact for [UNIT NAME] always begins with the MRC Unit Leader or local authority when necessary. Designees will be pre-appointed to serve as alternate contacts, in case the [UNIT NAME] MRC Unit Leader is unavailable or absent during an emergency. (See Section 4.5 for Contact Information)

Reporting and coordination with other agencies is part of any response:

* + The requesting agency will be responsible for ensuring that all appropriate parties are informed as needed (building inspectors, highway department, police, fire, Red Cross, MRC, other).
  + Incident Command must assess the scope of the emergency, identify necessary resources, and address safety issues before dispatching responders.
  + The [UNIT NAME] Unit Leader will ensure that the appropriate number and type of volunteer response takes place.
  + If the emergency occurs outside [UNIT COVERAGE AREA], the [UNIT NAME] MRC Unit Leader may communicate with the affected MRC Unit Leader, MDPH, etc. in order to determine whether response outside this area is requested. The [UNIT NAME] MRC Unit Leader may decide to ask whether [UNIT NAME] MRC volunteers are willing to respond beyond their usual service area, factoring in any reciprocity issues.
  + [UNIT NAME] MRC volunteers would arrive at a specified location, with the appropriate ID and equipment. They will interact with other participants as specified by NIMS and local protocols and operate within the scope of their training.
  + Procedures for checking in and out, completing forms and reports, and other mechanisms for accountability will be specified by the requesting agency, and adhered to by [UNIT NAME] MRC volunteers.
  + The situation must be monitored so staffing can scale up or down as needed, and shift assignments can be adjusted.
  + The MRC Unit Leader will ensure that deactivation of the unit as a whole is carried out effectively, and that after-action reports and recognition of volunteers take place in a timely manner.

# Procedures

## Rules for Activation and Deployment

The [UNIT NAME] Unit Leader, in consultation with [ANY RELEVANT AUTHORITY SUCH AS TOWN BOARD OF HEALTH], will make the decision as to whether or not to deploy the unit.

The [UNIT NAME] Unit Leader will oversee contact, notification, and staffing requests. He or she and the deployment scheduling team will schedule volunteers to meet requests. The [UNIT NAME] Unit Leader will be the single point of contact, ensuring that:

* The call-out request is appropriate for the unit.
* Notifications are made through the most effective channels.
* Responses from members are tracked efficiently, with no duplication.
* The appropriate number and type of volunteers are dispatched.
* Members can be assigned at their optimum skill level and preferences.
* Teams of various specialties can be allocated as needed.
* Groups of members who trained together can offer maximum effectiveness. Resources are allocated wisely in case of multiple requests.
* Members are provided with the relevant background and directions.
* Responders will arrive with the appropriate training and equipment.
* Member safety is ensured to the greatest degree possible.
* Activities of responders can be monitored, across multiple events.
* After-action reporting and feedback mechanisms are maintained.
* Follow-ups are initiated as appropriate.

### MRC Staff Responsibilities in a Deployment

The Incident Commander(s) or designee (s) would determine whether [UNIT NAME] MRC volunteers report to a labor pool, staging area, hospital, or other location. The ICS role includes tracking and monitoring response from all entities, including MRC volunteers.

### Unit Leader Responsibilities during Activation

When a call is received for MRC assistance, the [UNIT NAME] Unit Leader is responsible for the following:

* Initiating procedures to ensure that the appropriate number and type of volunteers are activated, at the necessary skill levels.
* Ensuring all volunteers are properly credentialed and are volunteers in good standing
* Verifying that volunteers are dispatched with the appropriate ID (badge, driver’s license, CPR card, other).
* Ensuring that volunteers respond to the appropriate locations (such as a predefined staging area) with the appropriate gear and instructions.
* Verifying transportation of [UNIT NAME] MRC volunteers to and from the correct sites, as necessary.
* Monitoring responses and staffing levels with direction from the Incident Commander.
* Scheduling volunteers in shifts, for events of long-term duration.
* Ensuring each volunteer’s personal safety.
* Maintaining communication with volunteers, or monitoring their involvement, as needed.
* Issuing ID (identification) badges as needed.
* Ensuring that supplemental equipment is provided as needed.
* Maintaining situational awareness.
* Checking on safety issues as needed
* Verifying that reporting and de-activation procedures are followed.

The completion of specific tasks may be delegated as appropriate, such as assigning the coordinator or team leaders to activate a phone tree, if necessary.

Once activated (see Section 4.2), every available MRC volunteer will be logged in with name, phone numbers, job skill, (such as RN, LVN, clerk, data entry, etc.), and the dates/times available. Assignments will be made and volunteers placed on the schedule, and the Unit Leader will oversee deployment instructions (see Section 4.6).

***Volunteers should NEVER self-deploy. Doing so could be grounds for dismissal. No unauthorized person should ever try to deploy [UNIT NAME] MRC volunteers directly.***

The Unit Leader shall carry out the deployment procedures. In the absence of the Unit Leader, [INSERT PROTOCOL IF UNIT LEADER IS UNAVAILABLE].

## Deployment of [UNIT NAME] Volunteers

Once the decision has been made to deploy volunteers (see Section 4.1), messages shall be sent out to volunteers via MA Responds. The Unit Leader shall make the decision on whether or not to send out messages through telephone, text, email, or all communication methods. During a state-wide emergency, messages can be sent by telephone/text through MA Responds free of charge (Appendix A). All e-mail messages shall be sent through MA Responds. Messages will be sent by the Unit Leader or his/her designee. Please refer to the Volunteer Request Form for the type of information that should be shared during the initial request.

### MRC Volunteer Responsibilities in a Deployment

It is crucial for volunteers to sign in and out from their responsibilities at the scene, according to protocols established with the town–for safety reasons as well as accountability. **MRC volunteers should *never* self-deploy.** Roles will be assigned upon arrival. In some cases, volunteers will be provided with just-in-time training at deployment.

Volunteers can refer to the MRC Volunteer Handbook for more information on their roles and responsibilities.

## Requesting Assistance from Other MRC Units

### Emergency When SEOC is Not Activated (Local Emergency)

During a local emergency, if the [UNIT NAME] needs to respond in an emergency within the [UNIT COVERAGE AREA] and needs additional volunteers from outside units, the following procedures shall be followed:

* The Unit Leader will complete the Volunteer Request Form (Appendix B) and either call local units directly or notify MA Department of Public Health Office of Preparedness and Emergency Management (MDPH OPEM) staff by calling the duty officer at 617-339-8351.
* If approved, MDPH OPEM staff will notify MRC Unit Leaders of the request through MA Responds. Individual units will send a message to their volunteers within two (2) hours.
* If within 2 hours there are not enough volunteers to meet the needs, MDPH OPEM staff will request that non-MA Responds Units send a message to their volunteers via telephone or email.
* If volunteers are available to respond, the Massachusetts MRC Coordinator will act as liaison with the [UNIT NAME] Unit Leader and the Unit Leader(s) of the responding units. Based on the information from responding Unit Leader(s), the [UNIT NAME] will assign volunteers and notify responding Unit Leader(s). If no volunteers are available, the MRC Coordinator will notify the [UNIT NAME] Unit Leader.

### **Emergency When SEOC is Activated (Cross-Jurisdictional Event**)

In a cross-jurisdictional event, MDPH OPEM will notify MRC Unit Leaders that the State Emergency Operations Center (SEOC) and ESF-8 desk has been activated. During a state-wide emergency, if the [UNIT NAME] needs to respond in an emergency within the [UNIT COVERAGE AREA] and needs additional volunteers, the following procedures shall be followed:

* If the [UNIT NAME] needs to request support from other MRC Units, the Unit Leader will complete the Volunteer Request Form (Appendix B) and call the ESF-8 desk at 508-820-1426.
* ESF-8 will notify MRC Unit Leaders of the request through MA Responds. Individual units will send a message to their volunteers within two (2) hours.
* If volunteers are available to respond, ESF-8 will act as liaison with the [UNIT NAME] Unit Leader and the Unit Leader(s) of the responding units. Based on the information from responding Unit Leader(s), the [UNIT NAME] Unit Leader will assign volunteers and notify responding Unit Leader(s). If no volunteers are available, ESF-8 will notify the [UNIT NAME] Unit Leader.

## Providing Assistance to Other MRC Units

The [UNIT NAME] Unit Leader will receive requests for assistance either from the ESF-8 (during a state-wide emergency) or from OPEM staff or other Unit Leaders (during a non-state-wide emergency). Requests will not be considered unless a Volunteer Request Form is submitted and all necessary information is provided. If it is decided by the Unit Leader, in consultation with the [ANY RELEVANT AUTHORITY SUCH AS TOWN BOARD OF HEALTH], that [UNIT NAME] volunteers could provide assistance to other MRC Units, the Unit Leader will inform the requestor (ESF-8, OPEM, or MRC Unit Leader) to provide awareness. Procedures for deployment will be followed according to Section 4.2 of this report within two (2) hours of the request. If volunteers are available, the [UNIT NAME] Unit Leader will be in consultation with the requesting MRC Unit Leader(s) for specific information on job assignments, duration, etc.

Once the Unit Leader has provided has developed a roster of volunteers to deploy, he or she should complete the Volunteer Deployment Roster (see Appendix C) and send to the requesting entity.

## Emergency Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Organization** | **Phone** | **E-Mail** | **Reason for Contact** |
| Duty Officer | MDPH OPEM | 617-339-8351 |  | DPH/OPEM Assistance (Any Emergency) |
| ESF-8 Desk at SEOC | MDPH OPEM | Refer to phone number in email when the SEOC is opened | [Dph-esf-8@state.ma.us](mailto:Dph-esf-8@state.ma.us) | Request for Assistance During State-wide Emergency |
|  |  |  |  |  |

## Communication with Volunteers

### Information Provided to Volunteers

Prior to deployment, either within the [UNIT NAME] coverage area or outside of it, [UNIT NAME] volunteers shall be provided with the following information:

* Type of mission (i.e. vaccination clinic, shelter, etc.).
* Location of mission (with enough specificity to suggest the kind of travel involved).
* Duration of mission to include possibility of shifts.
* Anticipated field conditions (e.g., local school or clinic vs. austere conditions such as housing in tents with Meals Ready to Eat and portable showers).
* Any requirements for special clothing and/or personal protective equipment.
* Any known risks or safety concerns (e.g. dust, aerosolized debris, social unrest, etc.)
* Any other conditions which would influence a volunteer’s decision to participate.
* What volunteers should bring with them (e.g. food/water/jacket/boots, etc.)

Based on the expected working conditions and the volunteers’ expected duties, an honest assessment should be made by each volunteer of their personal health and fitness. This information will enable the volunteer to determine if their personal health and fitness will enable them to accept the assignment. (See Appendix D for Additional Considerations).

If the volunteer is willing and available to deploy, they may then be assigned to a specific task, location and timeframe. The Unit Leader should also provide information about what items the volunteer should bring with them. (See Appendix E for a Sample Personal Go Kit list).

After accepting the assignment, volunteers will be updated about when and where to report and the name of the contact person or supervisor to whom they will report by the MRC Unit Leader or applicable party.

### Volunteer Arrival

Upon safe arrival, volunteers should call/text the [UNIT NAME], and then should check in with their specific point of contact or supervisor. At check-in volunteers should present a MRC Badge and/or government-issued photo I.D. such as a driver’s license, as well as a clinical license, if applicable. Volunteers should receive an Orientation or Situation Briefing and a Safety Briefing, in addition to specific instructions for housing, meals, etc. (if deployed outside local area), volunteers may receive “Just in Time Training” to prepare them to respond to the specific event.

### Communication During a Power Outage

Initiating and maintaining communications during a power outage may be challenging. This section will discuss methods that may be used to ensure effective communication in a power outage.

Traditional, wired landline telephones may operate in a power outage but cordless phones will not. If volunteers have a charged laptop, tablet, or cell phone, they may be able to receive [UNIT NAME] messages. The [UNIT NAME] will encourage volunteers to do the following so that they can communicate in an emergency:

* Recommend that they have a corded phone in their home;
* Keep a car phone charger or a portable cell phone power bank for charging their cell phone and laptop in an emergency. If cell phones are charged in the car, make sure that the car is outside and not in the garage while the engine is running;
* Proved the [UNIT NAME] with their cell phone number; and,
* In an emergency, reduce the screen brightness and close apps to conserve the cell phone battery.

Depending on the conditions, the Unit Leader may decide to use “runners” (volunteers who carry messages from one location to another) and two-way radios to deliver messages to volunteers.

# Demobilization and Debriefing

Volunteers will demobilize according to the Steps to Demobilization (see Section 5.1) and following supervisor instructions. Volunteers should ensure that all assigned activities are completed and determine whether additional assistance is required. Unit Leaders will confer with the Incident Commander or supporting staff to determine whether additional MRC assistance is required. Upon ending their shift, volunteers should sign out. Upon departure, volunteers should call/text the [ANY RELEVANT AUTHORITY SUCH AS TOWN BOARD OF HEALTH OR UNIT LEADER].

Each incident should include an assurance that volunteers have signed out from the scene and had the change to share their observations afterward.

Opportunities will be made available to meet with mental health professionals if deployments warrant.

## Steps to Demobilization

1. End of Shift – All volunteers working an assigned shift must:
   1. Brief their relief
   2. Shadow their relief
   3. Report to their supervisor and brief on any important actions or activities not previously reported
   4. Report to the registration desk and sign-out.
2. Upon termination of the event – All volunteers working the final shift must:
   1. Close down their area of responsibility
   2. Participate in the “end-of-operation” facility restoration
   3. Report to their supervisor and brief on any important actions or activities not previously reported
   4. Participate in the operation “hot wash”
   5. Sign-out at the registration desk.
3. A priority email will be broadcast to all MRC volunteers notifying them of the end of operations and that the Medical Reserve Corps has been demobilized.

## Debriefing

The [UNIT NAME] MRC Coordinator will contact all deployed volunteers to ask for comments and feedback which may be included in an after-action report for the incident. This report will be consolidated and shared as needed in overall post-event reviews with other agencies. Volunteers’ names may be removed for confidentiality, if appropriate.

# Appendix

## Appendix A: MA Responds

<https://www.mamedicalreservecorps.org/s/Solutions-for-Frequently-Asked-Questions-2019-2020.docx>

## Appendix B: Communications Protocol

<https://static1.squarespace.com/static/5dc2d29663765140e639ce61/t/5ddd958cb8ce3f57f55cc485/1574802829337/Process+for+Volunteer+Requests+during+a+Cross-Jurisdictional+Event.pdf>

## Appendix C: Volunteer Deployment Roster

<http://bit.ly/MRCDeploymentRoster2020>

## Appendix D: Considerations for Deployment

[Template letter for shelter response partners, to be adapted for each community. This should not be the first correspondence, but rather, as a follow-up after you’ve introduced the MRC and learned about this entity. Developed by the Upper Merrimack Valley MRC.]

Dear Deputy Smith and Colleagues,

Greetings! This letter provides you with additional details about the Medical Reserve Corps volunteers that are available to support your community in times of need. Enclosed is a flyer describing the national MRC program and the activities of our local unit. The point of contact for our local MRC unit is Sally Director; (987)654-3210 or [S-Director@MRC.com](mailto:S-Director@MRC.com).

We would be eager to provide extra manpower upon request in case of emergencies. In particular, our unit has a lot of experience supporting overnight shelters and warming centers across the region during weather disasters – including floods, snow storms, and heat waves.

Because our membership is diverse, we are able to provide a wide range of services. These include *medica*l volunteers for direct patient care, *behavioral health* support for both the public and first responders, and volunteers to help with *administrative* tasks: registration, traffic control, shelter set-up and tear-down, data entry, and a host of other functions.

To help us be as well-prepared as possible for shelter response, attached is a list of typical questions we’d be asking, depending on the nature of the specific disaster.

Please don’t hesitate to contact us for further information. The best time for our organizations to get better acquainted is BEFORE disaster strikes!

Sincerely,

John Q. MRC-Leader

(123)456-7890 ß office

[JQ-Leader@MRC.com](mailto:JQ-Leader@MRC.com)

Typical questions for a winter weather emergency (ice, snow, blizzard):

* What is the name of the shelter location? (Ex: Blanchard School, Anytown Senior Center.)
* What is the street address? Are any landmarks nearby?
* Will our volunteers have any trouble getting there? (Road closures, black ice, downed wires/trees; location not available on a GPS).
* To whom should our volunteers report? Name and phone number of the main contact or shelter manager? Direct supervisors?
* Will our members be safe? (We assume there is a police detail or other security staff member on site. Can our volunteers walk safely to and from their cars, or would a public safety officer escort them?)
* Is there power at the shelter? (Full, generator, none.) Heat? Running water? Lights? Showers?
* Is any food provided? (If volunteers will be staffing a shift of 8-12 hours, do they need to bring their own meals and beverages?) Is there a refrigerator? Microwave? Internet access / wi-fi?
* How many volunteers would you like, providing what kind of services? (4 EMTs/nurses for patient care, 3 admins for the registration table, behavioral health for nervous residents, other?)
* What shifts are you looking to fill? (Note: it’s much easier to find volunteers if shifts are 3-4 hours vs. 8-12 hours.) Could this become a multi-day event?
* Do you have any supplies on hand, such as a first aid kit, AED, blood pressure cuff and stethoscope, glucose test kit, other?
* Any idea how many members of the public are being cared for, and whether their numbers are likely to fluctuate throughout the day?
* Do you have any questions for US?

## Appendix E: Sample Personal Go-Kit List

This Packing List is a general example of things volunteers may need for a short-term deployment. Items may be added or deleted based on the specific requirements of the mission, and adapted to special environmental considerations, weather at the disaster area and personal needs. Remember: Pack smart, as you will need to carry your own gear.

**Identification/Credentials**

* Photo ID (Gov’t-issued such as a driver license.)
* Clinical License/Certificate

**Clothing**

* Clinic appropriate clothing (shirts/slacks or scrubs)
* Shorts (with pockets if possible)
* Long pants
* T-shirts / Underwear/socks (pack sturdy socks)
* Sweatshirt/Sweater
* Light rain jacket/gear
* Warm coat/jacket
* Functional shoes (comfortable/protective) e.g. tennis shoes, hiking boots
* Hat w/ a brim (consider a stocking cap for cold weather
* Pajamas
* Shower shoes (flip-flops, river shoes, etc.)

**Hygiene items**

* Shampoo/Soap
* Tooth brush/Toothpaste
* Hand sanitizer
* Contact lens solution/case with extra lenses
* Laundry powder/camp soap

**Equipment**

* Exam kit (stethoscope, thermometer, tongue blades, otoscope, BP cuff, gloves), if indicated
* Watch
* Travel alarm
* Penlight
* Quality ear plugs/eye covers
* Towel/washcloth
* Fanny Pack/Small backpack

**Sleeping Gear (may not be needed)**

* Sleeping bag/blankets/bed linens/pillow, if indicated
* Air mattress (self- inflating preferred), if indicated

**Food/Water**

* Snacks (such as power bars, granola bars, trail mix)
* Water bottle

**Personal Medications**

* Personal medications (prescriptions, NSAIDS, vitamins, etc.)
* Volunteers with legally prescribed medications should plan to bring an adequate supply of those medications as they may not have access to a pharmacy during their deployment.

**Miscellaneous**

* Cell phone and charger
* Leatherman or other multipurpose tool
* Insect repellent
* Sunglasses in cases
* Eyeglasses
* Cash for food and incidentals and one ATM/credit card
* Small flashlight or headlight with extra batteries if needed
* Work gloves
* Lock and cable to secure your personal belongings (pack your items in a bag that can accommodate a lock and cable – camping and travel stores sell such lock/cable devices for travelers)

**Optional**

* Reading material/playing cards
* Headphone/Music Device
* Envelopes/stamps
* Sunscreen
* Foot powder or spray
* Small Ziploc bags
* Pens/paper

**Please be aware: Firearms of any sort are strictly prohibited unless approved by proper authorities.**