

Sacramento Regional Medical Reserve Corps



*Sponsored by
SHERIFF JOHN MCGINNESS
Sacramento County Sheriff's Department*

Policy and Procedure Manual

Assembled and edited by: Lt. Paul Tassone, Bureau Commander
Sacramento County Sheriff's Volunteer Services Bureau

As Adopted by the SRMRC Board of Directors and the Executive Staff of the
Sacramento County Sheriff's Department

Dated:

MRC Partner Organizations:



Sacramento Regional Office of Homeland Security



El Dorado County Public Health Department



Mercy General Hospital of Sacramento



Placer County Office of Emergency Services

MRC Partner Organizations:



Sacramento County Coroner's Office



Sacramento County Department of Health and Human Services



Sacramento County Sheriff's Department



Yolo County Public Health Department

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SACRAMENTO COUNTY**SHERIFF'S DEPARTMENT**

Lou Blanas*Sheriff*

October 20, 2003

Admiral Richard Carmona, Surgeon General
Office of the Surgeon General
ATTN: MRC Staff, Room 18-66
5600 Fisher Lane
Rockville, MD 20857

Dear Admiral Carmona:

In response to President Bush's call for volunteer service and with the idea of better preparing our community for any major emergency, I have established the Volunteer Services Bureau within my agency to address the growth of volunteer programs. These programs include Volunteers In Partnership with the Sheriff (VIPS), Neighborhood Watch, Reserve Officer Program, Search and Rescue Teams, Sheriff's Amateur Radio Program and the Sheriff's Youth Program. Additionally, I have charged the Volunteer Services Bureau with creating the Sheriff's Citizen Corps Council, Community Service Reserve Corps and Medical Reserve Corps Programs.

As the Sheriff of Sacramento County, I am responsible for running a law enforcement agency of approximately 1,700 sworn officers and 734 civilian staff. My agency is responsible for the protection of approximately 1,000,000 citizens in an area slightly over 994 square miles. Having an organized Medical Reserve Corps component assists me in building partnerships which serve to benefit every member of our community, improve quality of life and enhance our ability to respond to disasters of all kinds.

Although our Medical Reserve Program is in its initial start-up phase, we have already received a tremendous response from the medical professional organizations in our community such as the American Red Cross, Mercy Hospitals, Sutter Healthcare, California Disaster Medical Assistance Team, Sacramento County Department of Health and Human Services, Shriner's Hospital and many other public and private organizations.

We look forward to working with you as we develop this very important program.

Should you have any questions, you may contact Lieutenant Paul Tassone, Program Coordinator at (916) 977-1710. Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Lou Blanas".
LOU BLANAS, SHERIFF

PROJECT NARRATIVE:

After the unprovoked and tragic events of September 11, 2001, thousands of Americans responded by volunteering to help in any way they could. Many more Americans asked, "What can I do to help?" Responding to President Bush's call for service, Sheriff Blanas is sponsoring the Sacramento Region Citizen Corps Council and the Sacramento Regional Medical Reserve Corps, providing an opportunity for citizen volunteers—health professionals and others—to supplement existing local medical, public health and emergency services resources across the greater Sacramento region. In order to be most effective during emergencies, volunteers must be organized and trained to work in emergency situations. The Sacramento Regional Medical Reserve Corps is designed to provide that organizational structure and promote appropriate training of medical volunteers for the region.

The Sacramento Regional Medical Reserve Corps has prepared this Operations and Policy Manual for use by its members, area hospitals, public health agencies, emergency services agencies and related organizations in the Sacramento region. The purpose of this plan is to describe the organization, operation and capabilities of the Sacramento Regional Medical Reserve Corps. The Medical Reserve Corps is designed to bring together local health professionals and others with relevant health-related skills to volunteer in their community. These volunteers will assist the local community emergency medical response system already in place as well as provide a group of readily trained and available resources (volunteers) to help the community deal with pressing public health issues, improvements and education.

This plan will be reviewed and updated at least annually to reflect changes in technology or operational procedures that affect the organization, operation, or capabilities of the Sacramento Regional Medical Reserve Corps.

The Sacramento Regional Medical Reserve Corps welcomes your comments, participation and suggestions for improving this plan. Please direct your comments and suggestions to the Sacramento Regional Medical Reserve Corps, 9250 Bond Road, Elk Grove, California, 95624.

Sincerely,

Lieutenant Paul Tassone, Program Manager
Sacramento Regional Medical Reserve Corps

Sergeant Pamela Irely, Assistant Program Manager
Sacramento Regional Medical Reserve Corps

Dr. Dennis McKibben, Medical Director
Sacramento Regional Medical Reserve Corps

Dr. Kenneth Ozawa, Assistant Medical Director
Sacramento Regional Medical Reserve Corps

FORWARD

Dear Fellow Citizen:

The first response to any disaster is a local response. That has never been more true than at this moment in our nation's history.

Our nation changed forever on September 11, 2001. But the thousands upon thousands of volunteers who so selflessly helped others during this national tragedy inspired others to do the same.

Many of this nation's most respected organizations were ready to serve. And so many more people asked, "What can I do?"

President George W. Bush created the USA Freedom Corps to foster a culture of service, citizenship and responsibility. This effort builds on the outpouring of support in the days following September 11. The President has asked all Americans to make a lifetime commitment of at least two years to serving their neighbors and their nation.

The Medical Reserve Corps is one way in which health professionals can volunteer to strengthen both our communities and our nation. Medical Reserve Corps units will be locally-based health volunteers who can assist their own communities during large-scale emergencies, such as an influenza epidemic, a chemical spill, or an act of terrorism. Medical Reserve Corps volunteers can also work together to improve the overall health and well being of their neighborhoods and communities through education and prevention.

Local officials will develop their own Medical Reserve Corps units, because local officials best know their individual community needs.

Working together, we will strengthen our communities and, in turn, strengthen our nation.

Sincerely,

Tommy G. Thompson
Secretary of Health and Human Services

Note: This letter from Tommy Thompson, Secretary of Health and Human Services, is from the *Medical Reserve Corps: A Guide for Local Leaders*, published by the U.S. Department of Health and Human Services and available at the Medical Reserve Corps website: www.medicalreservecorps.gov.

I. INTRODUCTION:

A. Purpose of the Operations and Policy Manual:

1. This manual will establish the necessary organizational, operational and administrative procedures for the effective operation of the Sacramento Regional Medical Reserve Corps.
2. This manual will provide guidance to the Sacramento Regional Medical Reserve Corps volunteers, medical practitioners, public health officials, emergency services personnel and others for the effective employment of volunteers in emergency medical operations and public health activities.
3. The manual will enhance the community's knowledge of the Sacramento Regional Medical Reserve Corps and describe the process established to activate the unit and utilize its personnel and resources for emergency medical operations and public health activities.

b. Program Overview:

1. The Medical Reserve Corps is a component of the Citizen Corps that brings together local health professionals and others with relevant health-related skills to volunteer in their community. These volunteers will assist the local, existing community emergency medical response system, as well as provide a group of readily trained and available resources to help the community manage pressing public health needs, improvements and education.
2. The Medical Reserve Corps Unit sponsored by the Sacramento County Sheriff's Department shall be known as the *Sacramento Regional Medical Reserve Corps (SRMRC)*.
3. The Sacramento Regional Medical Reserve Corps unit is intended to supplement the resources of the existing community emergency medical response system, as well as contribute to meeting public health needs of the community throughout the year. The Medical Reserve Corps unit **will not** replace or supplant the existing emergency medical response system or its resources. During emergencies, Medical Reserve Corps volunteers may also provide an important "surge" capability to perform some functions usually performed by emergency medical response teams who have been mobilized. SRMRC volunteers can also augment medical and support staff shortages at local medical or emergency facilities.
4. The Sacramento Regional Medical Reserve Corps volunteers are also a good resource for helping the community plan its response to numerous health-related situations. For example, they can assist with developing plans for vector control, animal care during disasters, distribution of pharmaceuticals and provide numerous tasks to help the community manage public health issues when there is a shortage of regular healthcare providers or healthcare support staff because of a local, man made or natural disaster.

5. The Sacramento Regional Medical Reserve Corps is primarily designed to assist and supplement the existing emergency medical response and public health systems in emergencies. However, unit personnel and resources may be utilized in non-emergency situations, depending on their availability and the approval of the Program Manager or Medical Director.

C. Purpose:

1. The purpose of the Sacramento Regional Medical Reserve Corps (SRMRC) is:
 - a. Organize and train healthcare professionals to respond to the specific needs of the community, thereby enhancing local emergency response efforts, especially during large-scale local emergencies.
 - b. Provide reserve capacity at the community level to respond to local public and community health needs and education.
 - c. Create a framework to match medical volunteers' skills with the community's needs.
 - d. Draw health professionals into volunteer service.
2. This manual describes the following operational and administrative elements associated with the Sacramento Regional Medical Reserve Corps:
 - a. Purpose, objectives, mission, scope, assumptions and coordination.
 - b. Organization and unit composition.
 - c. Unit activation, deployment and demobilization.
 - d. Emergency operations.
 - e. Communications
 - f. Training, Credentialing and Exercises.
 - g. Uniforms and equipment.
 - h. Volunteer recruitment and selection.
 - i. Unit administration.
 - j. Liability protection for volunteers.

D. Mission Statement:

The mission of the Sacramento Regional Medical Reserve Corps is to develop partnerships within the Sacramento region medical profession (active and retired) that aid in the education, training and deployment of citizen volunteers and resources in the event of a large scale, local emergency.

Vision Statement:

*The vision of the Sacramento Regional Medical Reserve Corps (SRMRC) is to enlist citizen volunteers to assist in the establishment of an organized pool of resources capable of being deployed to support Emergency Management Systems already in place in the event of a major emergency. The goal of the SRMRC will be that of a **support** role in providing volunteer medical professionals and resources to augment those services in the community that are engaged in the health and welfare of the citizenry.*

E. Program Objectives:

- 1.0 Aid the community in disaster management through education, preparation and voluntary service.
- 1.1 Determine the educational needs of the community in relation to emergency preparedness.
- 1.2 Provide training to the local community related to emergency preparedness.
- 1.3 Recruit health care professionals to participate in volunteer activities that support emergency relief groups and community safety organizations.
- 1.4 Provide the community with access to existing resources before, during and after an emergency in an effort to decrease the overall effects of the emergency.
- 2.0 Create and implement an emergency action plan that compliments and is an integral part of the community's existing emergency response plans.
- 2.1 Identify the needs of local law, health and emergency organizations present during an emergency situation.
- 2.2 Establish and maintain a partnership with local hospitals, medical service providers, healthcare organizations and emergency response organizations.
- 2.3 Obtain a working knowledge of the community's current response plans as it pertains to local emergencies.
- 2.4 Identify the role of the SRMRC in relation to the local government's emergency operation plans.
- 2.4.1 Identify how SRMRC will fit into the existing County Disaster Plan.

- 2.4.2 Design a plan on how best for the SRMRC to respond as a support structure for first responders.
- 3.0 Provide reserve support to local emergency agencies in an effort to enhance local emergency response efforts.
 - 3.1 Identify available resources for use by the SRMRC before, during and after a local emergency.
 - 3.2 Identify specific organizations that have partnered with the SRMRC for relief during a local emergency.
 - 3.3 Identify specific skills needed during a local emergency; utilizing them in a coordinated manner to their best advantage.
- 4.0 Train and prepare volunteers to effectively respond to a local emergency in an effort to minimize disability, death and emotional trauma resulting from a local emergency.
 - 4.1 Identify the specific skills of each volunteer.
 - 4.2 Determine how each volunteer can best assist the community before, during and after a local emergency.
 - 4.3 Identify any training that may be needed by each volunteer.
 - 4.4 Conduct bi-annual exercises in an effort to provide on-going training for each volunteer.
- 5.0 Recruit volunteers in an effort to adequately provide support to hospitals, medical service providers, healthcare organizations and / or emergency response organizations before, during and after a local emergency.
 - 5.1 Conduct activities geared toward the recruitment of volunteers.
 - 5.2 Recruit and train 50 volunteers by December 31, 2004; with an additional 50 new volunteers every year thereafter to reach a total of 400 active volunteers.
 - 5.3 Maintain active volunteers through community activities, continued education and training exercises.

F. Scope:

1. The Sacramento Regional Medical Reserve Corps (SRMRC) has been established as a **local** emergency medical and public health resource for the communities served by SRMRC.
2. As a local resource, the Medical Reserve Corps will **not** normally be deployed outside the Sacramento Region. However, should the need arise, the unit may be used outside the area served by the SRMRC, if requested, as a Region IV mutual aid resource during a large scale emergency.
3. The primary area served by the Sacramento Regional Medical Reserve Corps is depicted in Figure 1.

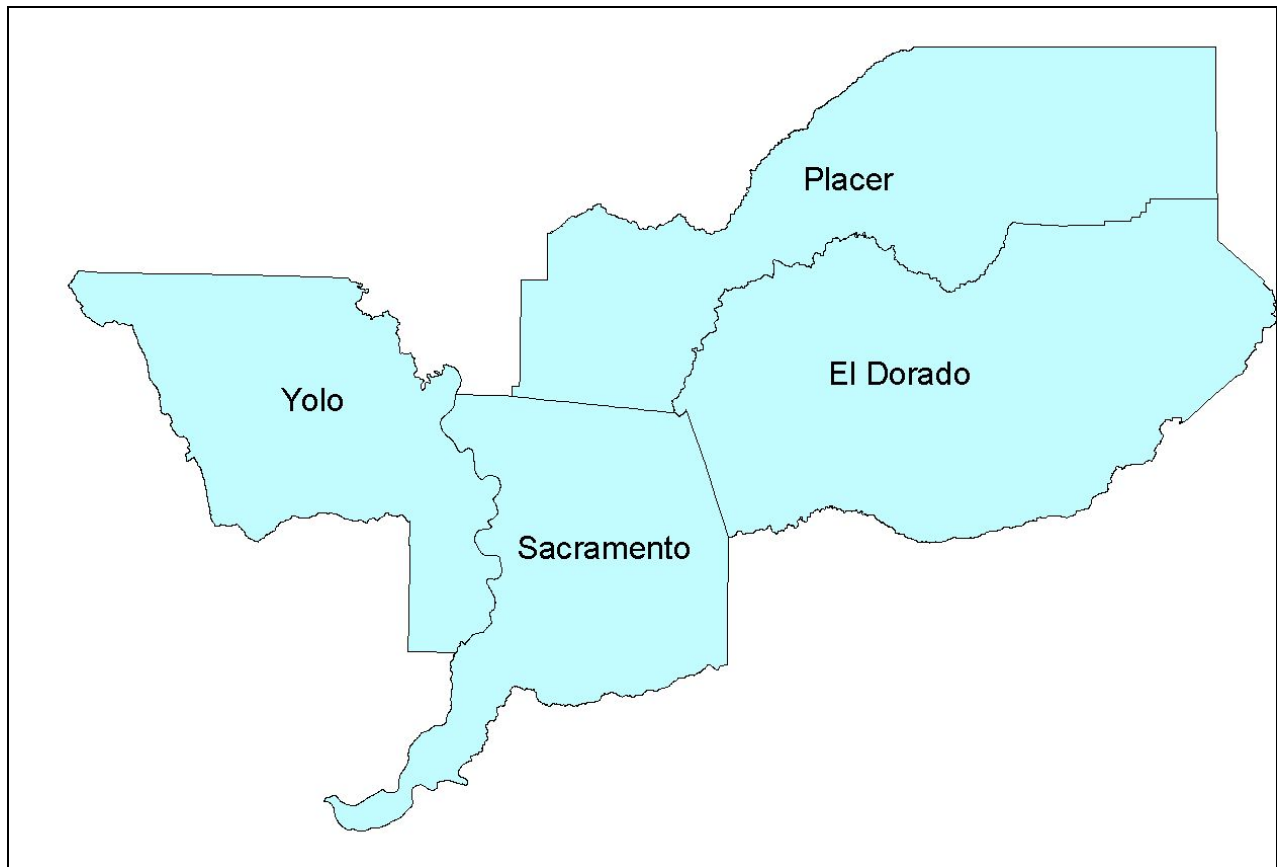


Figure 1: Primary areas served by the Medical Reserve Corps will be El Dorado, Placer, Sacramento and Yolo Counties. Other areas in the region may be served by mutual aid request.

G. Description of local situation:

1. There are numerous emergency medical services (EMS) agencies (both private and local government entities) in the greater Sacramento region providing Basic and Advanced Life Support (BLS and ALS) services. Physicians and/or nurses do not normally respond to emergencies in the field with these EMS agencies.
2. There are **fifteen (15)** acute care hospitals in the Sacramento region serving a population of nearly **1.8 million people**. A large-scale emergency with mass casualties has the capability of severely taxing the resources of our local healthcare facilities.
3. When a large-scale emergency takes place, the local Disaster Medical Assistance Team (DMAT) within the Sacramento region, CA -11 DMAT, will be utilized as an Out-of-area emergency medical resource. Other State or Federal teams may take anywhere from 12-72 hours to respond and deploy to our region.
4. Historically, medical personnel spontaneously volunteer to assist in emergencies or disasters. Spontaneous volunteers may not be familiar with the organization and structure of the existing local emergency response system and, therefore, may not be as effective and efficient in the provision of emergency medical services as members of organized response groups.
5. Local public health agencies do not have adequate staffing to execute large-scale mass immunization or prophylaxis operations and will need assistance from volunteer medical and other support personnel in these and other public health operations.

H. Presumptions:

1. Emergencies, especially those that are large-scale, may require medical response operations in unconventional or hostile environments for extended periods of time.
2. Medical Reserve Corps personnel will have adequate personal protective equipment (PPE) and supplies to operate for at least 72 hours.
3. Mutual aid agreements exist between political subdivisions and agencies across the Sacramento region.
4. Adequate supplies of required medical equipment and pharmaceuticals may not be immediately available to medical personnel due to logistical disruptions or other limitations caused by an emergency situation.
5. Sacramento Regional Medical Reserve Corps volunteers will be well-versed in the Incident Command System (ICS) as well as the new National Incident Management System (NIMS) and can be readily integrated into the existing emergency medical response system.

6. Area hospitals, emergency services organizations and public health agencies are aware of the organization and capabilities of the Sacramento Regional Medical Reserve Corps and may request the unit's assistance in emergencies.
7. In a large-scale mass casualty event, it is assumed that emergency rooms in many of the area's acute care hospitals will be quickly overwhelmed and the traditional "treat and transport" mechanism may not be sufficient to minimize loss of life. Due to the potential delay in treatment at emergency rooms, patients may need to be properly triaged, periodically re-assessed and receive life-saving care at the scene of an emergency event. The Sacramento Regional Medical Reserve Corps personnel will be able to assist with field medical operations.

I. Local Plan Coordination:

1. The operational procedures in this manual are consistent with, and complementary to, local emergency operations.
2. The Sacramento Regional Medical Reserve Corps' operational procedures shall be coordinated with regional medical, emergency services and human services organizations, including, but not limited to:
 - a. Department of Health and Human Services (Public Health)
 - b. Other Emergency Medical Organizations with the Sacramento region.
 - c. Regional Homeland Security Coordinating Committee.
 - d. Sacramento Emergency Medical Authority
 - e. Sierra Sacramento Valley EMS Agency.

II. UNIT ORGANIZATION AND COMPOSITION:

A. Organizational Structure:

The Sacramento Regional Medical Reserve Corps' organizational structure is composed of the following functional areas:

1. Command Staff:

Program Manager

Assistant Program Manager

Program Coordinator

SRMRC Board of Directors

2. **Medical Operations Division:**

Physician Unit

Nursing Unit

Paramedic/EMT's Unit

Pharmacy Unit

Veterinary Unit

Mental Health Unit

Patient Tracking Unit

Medical Support Unit

Bio Medical Engineering

3. **Support Services Division:**

Personnel Unit

1) Recruiting

2) Training

3) Records

Administration Unit

1) Finance

2) Purchasing

3) Safety/Risk Management

Medical Logistics Unit:

1) Communications

2) Security Services

3) Supply

4) Mortuary Support Services

5) Translators Services

6) Transportation:

- a) Vehicle Unit
- b) Ambulatory Unit

Note:

1. The organizational structure of the Sacramento Regional Medical Reserve Corps is depicted in Appendix A.
2. Unit position descriptions are contained in Appendix B.

B. Unit Composition:

1. Command Staff:

The Sacramento Regional Medical Reserve Corps shall be composed of the following:

- a. *Program Manager* – The Lieutenant/Commander of the Sacramento County Sheriff's Department Volunteer Services Bureau shall be designated as the SRMRC Program Manager.
- b. *Assistant Program Manager* – A Sergeant from the Sacramento County Sheriff's Department Volunteer Services Bureau shall be designated as the SRMRC Assistant Program Manager and act in the capacity of the Program Manager during his/her absence.
- c. *Program Coordinator*- A Program Coordinator will work under the direction of the Program Manager and Medical Director to assist with the daily operations of the SRMRC program. Under the supervision of the Program Manager and Medical Director, the Program Coordinator is responsible for grant administration, program and systems development, and community outreach. Responsibilities shall include:
 - Work with the Medical Reserve Corps (SRMRC) Steering Committee to create the vision, goals and implementation plan for the SRMRC.
 - Assist with recruitment of experts and volunteers.
 - Organize and coordinate all meetings, materials, minutes, presentations, trainings, operating systems.
 - Research specific aspects of SRMRC program including qualifications of the volunteer medical personnel and the existing emergency response systems
 - Prepare a sustainability plan for the continuation of the program at the end of the grant term.
 - Responsible for reporting required information to granting agency.
 - Attend relevant meetings including but not limited to: Medical Reserve Corps, Citizens Corps Council, Critical Incident Stress Management meetings, etc.

- d. *Secretary* – An elected member of the Sacramento Regional Medical Reserve Corps shall be designated as the SRMRC Secretary. No specific professional background shall be required for this position.
- e. *Treasurer* – An elected member of the Sacramento Regional Medical Reserve Corps shall be designated as the SRMRC Treasurer. No specific professional background shall be required for this position.

2. **Medical Operations Division:**

Director of Medical Operations – A physician is required for this position, since he/she will oversee clinical/ medical operations. This person will coordinate and oversee medical operations as it relates to the involvement of the SRMRC personnel. The Director of Medical Operations will work with the Program Manager to act as a liaison with the Incident Commander.

- a. *Physician Unit* – Physicians and physician assistants are required for this unit. A team leader who is a physician shall lead this unit. This position will also fulfill the duties of the Director of Medical Operations in his or her absence.
- b. *Nursing Unit* – Registered nurses, nurse practitioners, licensed practical nurses and nursing assistants are required for this unit. A team leader who is a registered nurse shall lead the unit.
- c. *EMS Unit* – Paramedics and EMT's are required for this unit. A team leader who is a Paramedic shall lead the unit.
- d. *Pharmacy Unit* – Pharmacists and pharmacy technicians are required for this unit. A team leader who is a Pharmacist shall lead the unit.
- e. *Veterinary Unit* – Veterinarians and veterinary technicians are required for this unit. A team leader who is a doctor of veterinary medicine shall lead the unit.
- f. *Mental Health Unit* – Psychologists, psychiatrists, mental health counselors, grief counselors and related mental health practitioners are required for this unit. A team leader who is a doctor of psychiatry shall lead the unit. This unit focuses on mental health services for victims and their families.
- g. *Patient Tracking Unit* – Medical administrative professionals or other volunteers are required for this unit. A team leader who is an administrative professional shall lead the unit.
- h. *Bio-Medical Engineering*- the Bio Engineering unit will maintain any medical equipment needing repair and service. The team leader in this unit shall possess experience in this field of expertise.
- i. *Medical Support Services Unit*- This unit will consists of medical support services personnel such as lab techs, respiratory tech, x-ray tech, ect... The

team leader in this unit shall possess experience in one of these fields of expertise.

3. Support Services Division:

The Support Services Division will be led by the *Director of Support Services*. A healthcare administrator is desired, however, no specific profession is required.

a. Personnel Section:

The Personnel team will be led by the *Personnel Section Chief* (Personnel Officer). A human resources professional or healthcare administrator is desired, but not required.

- 1) *Recruiting Unit* – Human resources professionals or healthcare administrators/specialists are desirable, but not required. The unit shall consist of a leader (i.e., recruiting officer) and other personnel as needed.
- 2) *Training Unit* – Training or education professionals are desirable, although no specific profession is required. The unit shall consist of a leader (i.e., training officer) and other personnel as needed.
- 3) *Records Unit* – Training, health information, medical records or administrative specialists are desirable, although no specific profession is required. The unit shall consist of a leader and other personnel as needed.

b. Administration Section:

The Administration Team will be lead by the *Administration Section Chief* (Administrative Officer). A healthcare administrator is desired, although no specific profession is required.

- 1) *Finance Unit* – Accountants or financial affairs specialists are desirable, although no specific profession is required. The unit shall consist of a leader and other personnel as needed.
- 2) *Purchasing Unit* - Shall coordinate all purchase of equipment and supplies required for the Sacramento Regional Medical Reserve Corps.
- 3) *Safety and Risk Management* - The safety officer shall monitor all activities of the SRMRC and be responsible for identifying potential hazardous situations and providing the necessary training for SRMRC members to ensure safe practices. The safety officer shall ensure that all reports of injury are reported appropriately and that all required reports are completed in a timely fashion.

c. Logistics Division:

The Logistics Division will be led by the *Logistics Section Chief* (1 Logistics Officer). A medical logistics or supply expert is desirable, however, no specific profession is required.

- 1) *Supply Unit* – Medical supply experts are desirable, although no specific profession is required. The unit shall consist of a leader and other personnel as needed.
- 2) *Communications Unit* – Communications experts, i.e., radio technicians or amateur radio operators are required. The unit shall consist of a leader and other personnel as needed.
- 3) *Security Unit* – Security specialists are desirable, although no specific profession is required. The unit shall consist of a leader and other personnel as needed.
- 4) *Translator unit* - Persons fluent in one or more foreign languages are required for this unit. A team leader who is fluent in two or more languages shall lead the unit.
- 5) *The Transportation unit* - will be led by the *Transportation team leader*. No specific profession is required. The unit shall consist of a leader and other personnel as needed.
- 6) *Mortuary Support Services Unit* – Medical examiners, forensic technicians, funeral directors and related professionals are required for this unit. A team leader who is a member of the Sacramento County Coroner's office shall lead the unit.

4. Media Relations Officer-

The Media Relations Officer shall coordinate any and all media releases through the Incident Commander during any exercise or actual incident. This may include working and coordinating with a Joint Information Center (JIC) during a large scale emergency. A professional Media relations individual is desirable, however, no specific profession is required.

III. OPERATIONS CONCEPT:

A. Incident Command System:

1. The Sacramento Regional Medical Reserve Corps will operate under the Incident Command System (ICS). The use of this system allows the SRMRC to be readily integrated into the emergency response system used by local emergency services agencies throughout the region. Below is a description of the basic philosophy behind ICS.
2. National Incident Management System (NIMS) Basic Concepts.
 - a. Most emergencies involve response from multiple disciplines and may involve more than one jurisdiction. The new National Incident Management System (NIMS) will address these issues and provide a standardized organizational structure and common terminology, providing a useful and flexible management system that is particularly adaptable to incidents involving multi-jurisdictional and multi-agency responses, particularly in the field. SRMRC members will be trained in this system once more training information is available at the local level.
 - b. ICS provides the flexibility to rapidly activate and establish an organizational forum around the functions that need to be performed in order to efficiently and effectively mitigate an emergency.
 - c. ICS can be utilized for any type or size of emergency, ranging from a minor incident involving only a few members of the emergency organization, to a major incident involving multiple agencies and/or jurisdictions.
 - 1) ICS allows agencies throughout the region, and at all levels of government, to communicate using common terminology and operating procedures.
 - 2) It also allows for the timely acquisition of a combination of resources during time of emergency.
 - d. ICS organizational structure develops in a modular fashion based upon the type and size of the incident:
 - 1) The organization's staff is built from the top down. As the need arises, five separate sections can be developed, each with several units that may be established as needed.
 - 2) The specific organizational structure established for any given emergency will be based on the management and resource needs of the incident.
3. Basic ICS Organizational Structure
 - a. Command

- 1) Command is responsible for overall management of the incident or disaster. The command function may be conducted in two general ways:
 - a) Single command – In a single command structure, the Incident Commander is solely responsible for the overall management of an incident.

b. Unified Command

- 1) Because large or complex incidents usually require a response by multiple agencies and jurisdictions, a unified command structure, a hallmark of ICS, is invaluable in effectively managing and mitigating an emergency.
- 2) In a unified command, all agencies having a jurisdictional responsibility at a multi-jurisdictional incident contribute to the process of:
 - a) Determining the overall incident objectives.
 - b) Selecting strategies.
 - c) Ensuring joint planning for tactical operations is accomplished.
 - d) Maximizing the use of all assigned resources.
 - e) Developing the overall Incident Action Plan.
- 3) The proper selection of participants to work within a unified command structure depends upon the following:
 - a) The location of the incident (i.e., which agencies are involved and who may have primary jurisdiction).
 - b) The kind of incident (i.e., which functional agencies are required).
- 4) A unified command structure could consist of a key responsible official from each jurisdiction involved in a multi-jurisdictional incident, or it could consist of several functional departments within a single political jurisdiction.
- 5) The major distinction between single and unified commands is that in a unified command structure, the individuals designated by their jurisdictions (or by departments within a single jurisdiction) jointly determine objectives, strategy and priorities.

c. Command Staff elements include:

- 1) ***Incident Commander*** – The Incident Commander's function is to assume the overall responsibility for the management of the operation. The Incident Commander may be selected on the basis of any or all of the following criteria:

- a) Degree of jurisdictional involvement.
 - b) Number of resources involved.
 - c) Existing statutory or pre-agreement authority.
 - d) Mutual knowledge of the individual's qualification for a specific type of incident.
- 2) **Public Information Officer (PIO)** –The PIO is responsible for developing accurate and complete information regarding incident cause, size, current situation, resources committed and other matters of general interest.
- a) The PIO will be the point of contact for the media and other government agencies desiring information about the incident.
 - b) In both single and unified command structures, only one PIO is designated, although assistants from other agencies or departments may be appointed.
 - c) In a unified command structure, a Joint Information Center (JIC) should be established. The JIC contains representatives from all involved agencies and collects and disseminates information for the entire unified command.
 - d) In the case of the Sacramento Regional Medical Reserve Corps (SRMRC), the SRMRC's designated PIO will work in conjunction with the Sheriff's Media Bureau and coordinate any and all information releases regarding disaster exercises, community projects, program development and incident response.
- 3) **Safety Officer** – The Safety Officer is responsible for assessing hazardous or unsafe situations and developing measures to ensure the safety of incident personnel.
- a) The Safety Officer must have the authority to stop and/or prevent unsafe acts and practices.
 - b) In both single and unified command structures, only one Safety Officer is designated, although assistants from other agencies or departments may be appointed.
- 4) **Liaison Officer** – Incidents that are multi-jurisdictional or involve multiple agencies may require the establishment of the Liaison Officer position on the Command Staff. The Liaison Officer is the point of contact for the assisting and cooperating agency representatives and stakeholder groups.
- a) Only one Liaison Officer will be assigned for each incident, including incidents operating under Unified Command and multi-jurisdictional

incidents. The Liaison Officer may have assistants, as necessary, and the assistants may also represent assisting agencies or jurisdictions.

d. Operations Section:

- 1) The Operations Section is responsible for the management of all incident tactical operations, i.e., those operations directed at the reduction of immediate hazards, the establishment of control over the situation, and the restoration of normal activities and conditions.
- 2) The Operations Section Chief activates and supervises organization elements in accordance with the Incident Action Plan and directs its execution.
- 3) The Operations Section Chief also directs the preparation of unit operational plans, requests or releases resources, makes expedient changes to the Incident Action Plan as necessary, and reports such to the Incident Commander.

e. Planning and Intelligence Section:

- 1) The Planning and Intelligence Section is responsible for the collection, evaluation and dissemination of disaster intelligence.
- 2) The section maintains information on the current and forecast situation and on the status of assigned resources.
- 3) The Planning and Intelligence Section is also responsible for the preparation of Incident Action Plans:
 - a) Incident Action Plans outline the objectives, strategy, organization and resources necessary to effectively mitigate an incident.
 - b) Incident Action Plans cover all tactical and support activities for a given operational period.

f. Logistics Section:

- 1) The Logistics Section is responsible for providing all support needs to an incident, including ordering all resources from off-site locations.
- 2) The Logistics Section also provides facilities, transportation, supplies, equipment maintenance and fueling, feeding, communications, and medical services.

g. Finance Section:

- 1) Usually only established on large and complex incidents, the Finance Section is responsible for all financial and cost analysis aspects of an incident.

B. Overview of the SRMRC Project:

1. The Sacramento Regional Medical Reserve Corps is similar to a DMAT in organization and function. However, there are several key differences between the two organizations, including:
 - a. The Sacramento Regional Medical Reserve Corps is a local resource, i.e., it is primarily intended for use across the Sacramento region, whereas a DMAT may be “federalized” and deployed away from its area of origin. Normally, the Sacramento Regional Medical Reserve Corps will not be deployed away from the Sacramento region unless requested as a regional mutual aid resource.
 - b. When DMAT’s are federalized, their personnel become federal employees and are paid. Sacramento Regional Medical Reserve Corps personnel are volunteers and do not receive compensation.
2. The Sacramento Regional Medical Reserve Corps will serve as a local/regional resource, augmenting, assisting and supporting the existing medical and public health systems in emergencies and disasters.
3. The Sacramento Regional Medical Reserve Corps is an “all-hazards” resource, i.e., the unit’s personnel and resources may be utilized in any type of natural, technological or man-made emergency. Unit personnel will only be used in functional areas or given assignments for which they are properly trained and equipped.
4. The Sacramento Regional Medical Reserve Corps may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. The unit’s personnel and resources may also be used in smaller incidents involving a single jurisdiction or agency.
5. The Sacramento Regional Medical Reserve Corps personnel and resources may also be assigned to area hospitals, public health agencies or mass care facilities to augment and assist the staff of these healthcare facilities.

C. SRMRC Teams:

1. The SRMRC is developing a team concept approach to response. Each team will be comprised of the following with additional personnel to support logistical concern:
 - 2- Physicians
 - 6- Nurses
 - 6- Medical Support personnel (lab, x-ray, resp)
 - 6- Non medical support personnel

2. The SRMRC has a goal to build ten (10) of the above listed teams and place teams in a manner that each area of the region can be covered by at least one initial team, support will be coming from additional team as necessary.

D. Activation of the Sacramento Regional Medical Reserve Corps.:

1. Activation Authority - As a local emergency medical resource, the Sacramento Regional Medical Reserve Corps may be activated by:
 - a. Local government elected officials, officials responsible for emergency management or public health, or their designated representatives.
 - b. Incident commanders in the field.
 - c. Hospital chief executive officers, emergency department directors or their designated representatives.
 - d. In the event of a National Deployment request, authority would come from either the County Operational Area Commander or Governor's Office of Emergency Services.
2. Activation Procedure
 - a. The Sacramento Regional Medical Reserve Corps may be activated by contacting the Program Manager or his/her designee who will be the liaison with the Incident Commander. The contact information for the Program Manager is contained in Appendix C of this plan.
 - b. Local officials requesting the activation of the Sacramento Regional Medical Reserve Corps must provide the following information to the Program Manager or his/her designee:
 - 1) The nature and scope of the emergency.
 - 2) The location of the emergency.
 - 3) The estimated number of patients and their injuries.
 - 4) The staging area(s) or location(s) to which the Sacramento Regional Medical Reserve Corps unit is being deployed.
 - 5) Specific medical skills and/or resources needed, i.e., physicians, nurses, etc.
 - 6) A contact phone number and/or radio frequency.
 - c. The Sacramento Regional Medical Reserve Corps personnel will assemble at a pre-designated location and prepare for deployment to the emergency scene(s).

- 1) It may be necessary for elements of the Sacramento Regional Medical Reserve Corps or volunteers with specialized skills to deploy in support of emergency medical response efforts, rather than the entire unit.
 - 2) In emergency medical operations, Sacramento Regional Medical Reserve Corps personnel may be deployed to an emergency scene in the field, to a hospital or other healthcare facility, or to any other location where their services are needed or directed by the Incident Commander.
- d. Once on scene, Sacramento Regional Medical Reserve Corps volunteers will check in with the appropriate officials (usually at a staging area) and unit personnel will be integrated into the emergency medical response effort directed by the Incident Commander.
 - e. In the event of a National Deployment request the same issues as above will be addressed. Local MRC teams deployed into a Domestic response plan will qualify a limited term federal employees for the purposes of insurance and risk management coverage.

D. Field Medical Operations

1. The Sacramento Regional Medical Reserve Corps will not act as a free-standing medical resource at incident scenes. Rather, unit personnel shall be integrated into the field emergency medical response system and, to the extent of their training and capabilities, provide medical assistance and support as needed.
2. The Sacramento Regional Medical Reserve Corps will conduct field medical operations in accordance with the Sacramento Regional Mass Casualty Incident (MCI) Plan and the regional area bioterrorism response plans.
3. In a hazardous materials or related incident with casualties, the Sacramento Regional Medical Reserve Corps personnel may be utilized for post-decontamination triage, stabilization and patient care prior to transportation to hospital emergency departments. Such activities shall be confined to the "cold zone" of a hazardous materials incident and shall generally be in support of EMS resources at the scene.
4. Depending on their availability, Sacramento Regional Medical Reserve Corps personnel may support and assist local EMS and other emergency response agencies in any field medical operation for which they are properly licensed, trained or equipped.

E. Public Health Operations

1. For mass immunization or prophylaxis operations conducted by a local public health agency, volunteer medical personnel will be needed to augment the public health staff in administering vaccines, handling patient education, screening patients, maintaining medical records, emergency medical response to potential vaccine reactions and other activities that must be conducted in support of direct

medical activities. The Sacramento Regional Medical Reserve Corps personnel may assist public health agencies with these kinds of operations.

2. In operations involving the deployment of the Strategic National Stockpile (SNS), the Sacramento Regional Medical Reserve Corps pharmacists, pharmacy technicians and other volunteers may augment and/or assist state health department, Centers for Disease Control and Prevention (CDC) and other personnel responsible for reformulations and breakdown of bulk packages to smaller, patient-specific prescriptions. In the event of an SNS deployment, the Sacramento Regional Medical Reserve Corps personnel will operate in accordance with procedures set forth in the regional area bioterrorism response plans.
3. The Sacramento Regional Medical Reserve Corps personnel may assist in staffing quarantine or isolation facilities, consistent with CDC and/or public health agency protocols and local plans.
4. The Sacramento Regional Medical Reserve Corps personnel may assist public health agencies in response to food- or water-borne disease outbreaks, based on local plans and protocols.
5. Depending on their availability, the Sacramento Regional Medical Reserve Corps personnel may support and assist local public health agencies in other emergency operations for which they are properly licensed, trained or equipped.

F. Hospital Operations

1. The Sacramento Regional Medical Reserve Corps may support and assist local hospitals and other healthcare institutions in emergency medical operations, consistent with the training and availability of unit personnel.
2. If assigned to a local hospital, Sacramento Regional Medical Reserve Corps personnel shall be integrated into the facility's emergency medical organization. SRMRC personnel, depending on their specialty, could be used in a variety of assignments.
3. Hospitals in the Sacramento regional area have adopted the Hospital Emergency Incident Command System (HEICS) for use during emergencies and disasters. Consequently, the Sacramento Regional Medical Reserve Corps personnel assigned to a hospital shall be prepared to operate within a hospital's HEICS organizational framework.

G. Demobilization

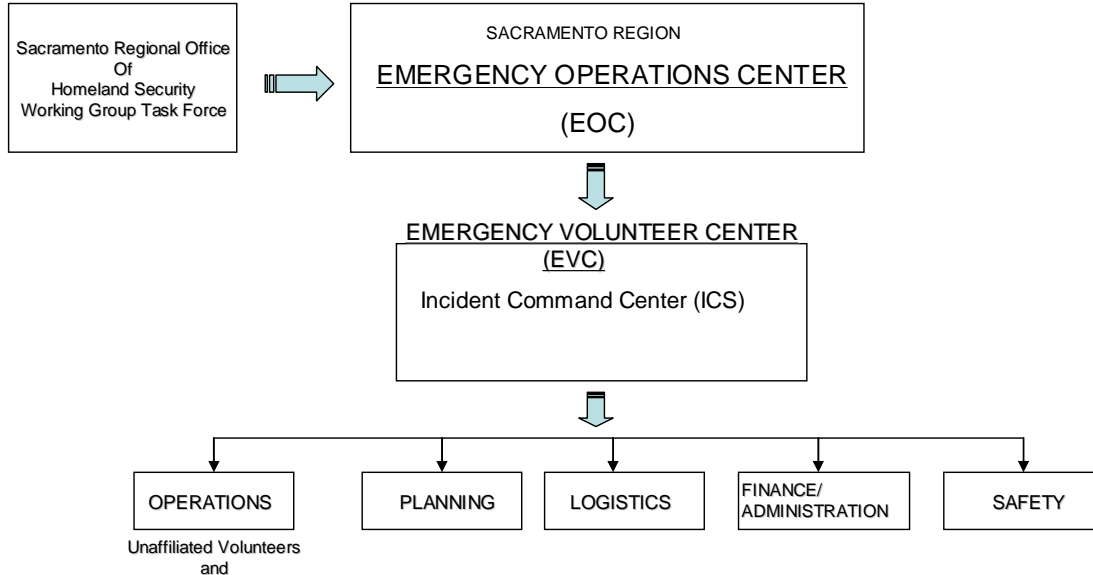
1. The Sacramento Regional Medical Reserve Corps personnel will support emergency medical, public health or hospital operations for the duration of an incident or as long as their assistance is required. It is possible that some unit personnel and resources are demobilized before others as their assignments are completed.

2. Unit personnel will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.
3. When demobilizing, unit personnel should ensure the following actions are accomplished:
 - a. Ensure all assigned activities are completed.
 - b. Determine whether additional assistance is required:
 - 1) The Unit Commander should confer with the Incident Commander (or similar official if operating within a hospital or public health agency setting) to determine whether additional assistance is required from the Sacramento Regional Medical Reserve Corps.
 - 2) Unit personnel should ask their immediate on-scene supervisor if additional assistance is required.
 - c. If within the scope of one's assignment, help ensure all injured personnel and fatalities are properly processed and transported to appropriate facilities.
 - d. Account for unit equipment.
 - e. Clean up any debris or trash associated with unit assignments.
 - f. Unit Commander and Transportation Officer should ensure availability of transportation home for unit personnel.
 - g. Notify the Incident Commander (or similar hospital or public health agency official if operating within those settings) when unit personnel and resources depart the site.

Deployment Structure



SACRAMENTO REGIONAL NIMS/SEMS Community Based Programs-Emergency Response Deployment Structure



Sacramento Region Citizen Corps Council

- American Red Cross
- Community Emergency Response Team (CERT)
- Fire Corps (FC)
- Medical Reserve Corps (MRC)
- Neighborhood Watch (NW)
- Sacramento Region VOAD
- Salvation Army
- Volunteers in Police Service (VIPS)
- RSVP
- Info Line/211

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IV. COMMUNICATIONS

A. Equipment

1. As a new organization without its own communications equipment, the Sacramento Regional Medical Reserve Corps must rely on the communications resources of other organizations during emergency operations.
2. The Sacramento Regional Medical Reserve Corps personnel may be assigned portable radios from a cache at the scene of an emergency. Unit personnel may also use wireless telephones or the communications resources of amateur radio organizations in an emergency (i.e., Amateur Radio Emergency Services, or ARES).
3. At a minimum, The Sacramento Regional Medical Reserve Corps Team Leaders shall be issued alphanumeric pagers for alerting and activation purposes.
4. The Sacramento Regional Medical Reserve Corps personnel shall become familiar with the emergency communications terminology used in Sacramento County's 800 MHz communications system,
5. As communications equipment is obtained by the Sacramento Regional Medical Reserve Corps, this plan must be updated to reflect the current status of unit communications capabilities.
6. The Communications Unit shall be responsible for the procurement, operation and maintenance of the Sacramento Regional Medical Reserve Corps' communications equipment.
7. The MRC will consider a plan to integrate members of the Sacramento County Sheriff's Amateur Ham Operators Team (SHARP) to assist with an overall communications plan during large scale emergency situations.

B. Radio Procedures

1. When communicating via radio, The Sacramento Regional Medical Reserve Corps volunteers shall follow the procedures set forth by the Sacramento County Sheriff's Department.
2. Sacramento Regional Medical Reserve Corps members shall keep communications on the 800 MHz radio system at a minimum to keep the channels clear for emergency radio traffic.

V. TRAINING AND EXERCISES

A. Required Training

1. Once applicants have been screened and accepted for membership in the Sacramento Regional Medical Reserve Corps, each applicant must complete the Sacramento County Sheriff's 16 hour Community Service Reserve Corps orientation course before they may participate in deployments or issued any sheriff's department identification (12 hours if already BLS certified). Nurses and physicians are excused from this orientation due to their on-going mandatory training requirements.
2. The initial training program will be administered by the Sheriff's Volunteer Services Bureau and monitored by the SRMRC training coordinator. Advanced training classes will also be developed and administered by the SRMRC Training Unit.
3. The list of required initial training courses for the Sacramento Regional Medical Reserve Corps volunteers is contained in Appendix E. Course descriptions are also included.

B. Sources of Training

1. Many sources of medical, emergency management and weapons of mass destruction (WMD) response training are available to Sacramento Regional Medical Reserve Corps personnel at little or no cost.
2. A list of sources of training for Sacramento Regional Medical Reserve Corps volunteers is contained in Appendix F.
3. Specialized courses may be developed "in house" by the Training Unit (e.g., the Sacramento Regional Medical Reserve Corps orientation course).

C. Exercises

1. Exercises are methods of evaluating local and regional responses to emergency incidents. Exercises should be designed to assess the readiness and training level of responding personnel and organizations.
2. Exercises should include organizations potentially affected by the type of scenario or response being exercised, i.e., agencies at all levels of government, businesses and charitable and community organizations.
3. The Sacramento Regional Medical Reserve Corps shall periodically participate in five types of exercises:
 - a. Full-Scale Exercises
 - 1) These exercises are the most complex and are centered around a realistic scenario designed to evaluate response plans, methods and procedures.

- 2) Full-scale exercises involve:
 - a) An extensive planning process.
 - b) Actual deployment and movement of personnel and equipment.
 - c) Activation of an emergency operations center (EOC) or the use of a field command post in which policy-level decisions are made.
 - d) A critique or debriefing period.
- b. Functional Exercises
 - 1) Functional exercises are designed to evaluate specific components of an emergency response.
 - 2) These exercises involve a simulated incident with agency personnel performing and managing various components of the event, and may occur in an EOC or in the field.
- c. Tabletop Exercises–
 - 1) Tabletop exercises involve a discussion and problem-solving session with agency personnel to determine if adequate policies, procedures and resources exist to manage an emergency.
- d. Drills – Drills are usually “practice sessions” for specific skills, functions or procedures. An example of a drill would be paramedics practicing intubations.
- e. Orientations
 - 1) Orientations involve just what the name implies, i.e., orienting personnel to a plan, procedure or concept.
 - 2) In an orientation, the focus is on training and familiarization with roles, procedures, responsibilities and personalities in an organization’s or jurisdiction’s emergency management system.

D. Training Records

1. The Sacramento Regional Medical Reserve Corps shall maintain training records on all unit members. The Records Unit is responsible for the administration of training records for unit members.
2. Unit personnel must ensure their training records are current. Training records must be updated to reflect the completion of individual and unit training, exercises and deployments.
3. Training records will be stored by the Sheriff’s Volunteer Services Bureau.

E. Continuing Medical Education

Continuing Education is mandated for many of our medical practitioners as such, continuing education requirements will be monitored by the Training Section Leader. The Training Section Leader shall have the following duties:

- a. Plan, implement, coordinate and promote ongoing continuing education to ensure that all of our medical practitioners are in compliance with State and local mandates. This includes:
 1. Identify educational needs of the medical staff.
 2. Develop clear objectives to meet training mandates.
 3. Assess effectiveness of training program.
 4. Develop training corps to evaluate best practice teaching methods and faculty.
 5. Maintain records of training and attendance for each training session.
- b. Make recommendation for purchase and selection of appropriate training materials and equipment.
- c. Maintain liaison with the MRC Medical Director to assist in the identification of training needs for the medical staff.
- d. Maintain liaison with the Financial Section chief to identify funding source for training materials and equipment, to include the development of a medical library.

VI. UNIFORMS AND EQUIPMENT

A. Uniforms

1. The Sacramento Regional Medical Reserve Corps volunteers have established a uniform while participating in SRMRC events. The wearing of uniforms by unit volunteers serves several purposes:
 - a. Clearly identifies volunteers as official members of the Sacramento Regional Medical Reserve Corps.
 - b. Provides unit volunteers with durable work garments necessary for medical operations in the field.
 - c. Enhances esprit de corps of unit volunteers and facilitates a professional appearance.
 - d. Establishes a “visual link” between the Sacramento Regional Medical Reserve Corps unit and Federal DMAT Teams, which also wear khaki BDUs.
2. The official Sacramento Regional Medical Reserve Corps uniform will consist of the following:

B. FIELD UNIFORM:

- a. Sacramento Regional Medical Reserve Corps volunteers shall purchase a Kaki "Utility uniform" (BDUs), Kaki BDU blouse (with official patches) and trousers.
 - 1) A 2" x 3" *U.S. flag* patch shall be worn on the right side of the shirt above the right breast pocket, centered across the seam.
 - 2) The *name* tape shall be placed immediately above and parallel to the top edge of the right breast pocket. Name tape is 1 inch wide and 4 ½ inches long. The tape extends to the width of the pocket edge, but not beyond it. The name tape is Black with Gold block letters. It shall contain the last name of the unit member. In addition to the last name, nurses and doctors will be identified by the appropriate acronym (ie...MD, RN).
 - 3) The Sacramento Regional Homeland Security patch will be worn and centered on the left breast pocket, centered on the seam.
 - 4) The Sacramento Regional Medical Reserve Corps patch will be worn on both the right and left shoulder sleeve located 1 inch below the shoulder seam and centered across the seam.
 - 5) The *Medical Reserve Corps* tape shall be worn immediately above and parallel to the top edge of the left breast pocket. This patch is a 1 inch wide, 4 ½ inch long strip of cloth similar to the name tape. The tape extends to each pocket edge, but not beyond it. This tape is Black and shall contain the phrase "Medical Reserve Corps" in Gold block letters.

C. COMMUNITY EVENT UNIFORM:

- a. Red Polo Shirt –
 - 1) Short sleeve red colored polo cotton or cotton blend. The SSD/Special Operations logo will be placed over the left breast area. The words "Volunteer" will be printed in ½ inch block letters centered underneath the SSD logo. The words "Medical Reserve Corps" will be printed in block letters directly underneath the words "Volunteer".
- b. Black BDU Trousers –
 - 1) Polyester/Rayon/ Lycra blend or Polyester/ Rayon blend. Side and thigh cargo pocket. Blauer brand #8980.
 - 2) Fechheimer (Flying Cross) brand #39310 or 39360-T-11.
- c. Pant Belt and Buckle –
 - 1) Black leather basket Weave with Black or silver metal buckle.

d. Shoes –

- 1) Black polishable shoes or boots. Made from leather or synthetic leather, round toed only.

e. Socks -

- 1) Must be black and appropriate for weather conditions

F Official Utility Baseball-Style Cap –

- 1) Black baseball style cap with the words “Sheriff” Embroidered in Gold stitch lettering, $\frac{3}{4}$ ”in height, centered on the front base of the cap. The words “Sacramento County” will be embroidered in Gold stitch lettering, $\frac{1}{4}$ ” in height, in a semi-circle design above the word “Sheriff”. The words “Medical Reserve Corps” will be embroidered with red lettering below the word “Sheriff”, $\frac{1}{4}$ ” in height in block letters.
- 2) Utility caps will only be worn in inclement (rainy) weather or other adverse conditions.

3. The following policies apply to the wearing of the Sacramento Regional Medical Reserve Corps uniform:

- a. Only members of the Sacramento Regional Medical Reserve Corps are authorized to wear the official uniform of the unit.
- b. A Sacramento Regional Medical Reserve Corps uniform must be worn during emergency response activities and when members are performing non-emergency duties assisting community organizations.
- c. An SRMRC uniform may be worn to unit events, such as unit meetings, at the discretion of the MRC leadership team.
- d. A uniform should also be worn by unit members during exercises or other training activities as directed by the MRC leadership team. The SRMRC uniform may not be worn by unit members while attending training not sanctioned by the SRMRC.
- e. While in uniform, unit members must not wear other articles of clothing or conduct themselves in a manner that might bring discredit or reflect badly on the Sacramento Regional Medical Reserve Corps or its sponsoring organizations.

4. Appendix G contains an illustration of the Medical Reserve Corps uniform.

D. Individual Equipment

1. Though not required, it is recommended that the Sacramento Regional Medical Reserve Corps members carry the following individual equipment items when deploying to the field to support emergency medical operations (including deployments to hospitals or local public health agencies):
 - a. Holster belt, suspenders and/or butt pack (“web gear”)
 - b. Canteen with 1 quart of water and canteen cover
 - c. Canteen cup
 - d. Leather work gloves
 - e. Eye and ear protection
 - f. Rain gear (rain suit or poncho)
 - g. Penlight
 - h. Camp knife or “Leatherman” multi-tool
 - i. Lighter or matches in waterproof case
 - j. Notepad, pen and pencil
 - k. Sacramento Regional Medical Reserve Corps identification card, driver’s license, money and/or credit card.
 - l. Sunglasses
 - m. Sunscreen
 - n. Insect repellant with DEET
 - o. Handkerchief
 - p. Over-the-counter medications, such as Chapstick, aspirin, Tylenol, decongestants, etc.
 - q. Snacks
2. In addition to the individual equipment listed above, Sacramento Regional Medical Reserve Corps volunteers occupying medical positions should consider carrying the following items (if necessary to accomplish their medical duties):
 - a. Stethoscope
 - b. Hemostat

- c. Sphygmomanometer (blood pressure cuff)
 - d. Bandage scissors
 - e. HEPA filter mask (medical personnel only)
 - f. CPR Pocket mask
 - g. Disposable exam gloves (medical personnel only)
 - h. Waterless alcohol hand wash (medical personnel only)
 - i. 4" x 4" gauze sponges (multiple)
 - j. Triangular bandages (2)
 - k. 4" and 6" kling (2 each)
 - l. Band-Aids (dozen)
 - m. Moleskin
 - n. 1" tape (2 rolls)
3. In cold weather, the Sacramento Regional Medical Reserve Corps personnel should carry or have available the following equipment:
- a. Long underwear
 - b. Wool sweater
 - c. Parka or heavy coat (water resistant)
 - d. Winter scarf
 - e. Heavy gloves or mittens
 - f. Wool socks

E. SRMRC Medical Equipment

1. At the present time, the Sacramento Regional Medical Reserve Corps does not maintain its own cache of medical equipment and supplies. Consequently, organizations requesting assistance from the Sacramento Regional Medical Reserve Corps should be prepared to provide the unit with necessary medical equipment and supplies.
2. The Medical Logistics Section will be responsible for coordinating and obtaining medical equipment and supplies for use by the Sacramento Regional Medical Reserve Corps.

F. SRMRC Pharmaceuticals

1. The Sacramento Regional Medical Reserve Corps does not maintain its own cache of pharmaceuticals. Consequently, organizations requesting assistance from the Sacramento Regional Medical Reserve Corps should be prepared to provide the unit with necessary pharmaceuticals.
2. The Pharmacy Unit will be responsible for coordinating and obtaining pharmaceuticals for use by the Sacramento Regional Medical Reserve Corps.
3. If used, pharmaceuticals will be stored, managed and accessed **ONLY** by a licensed pharmacist in accordance with state and federal laws and regulations pertaining to controlled substances.

VII. VOLUNTEER RECRUITMENT AND SELECTION

A. Recruitment

1. Volunteers will be recruited to fill vacancies in the Sacramento Regional Medical Reserve Corps unit organizational structure.
2. A recruiting program shall be developed and will include:
 - a. Determination of positions to be filled and identification of required specialties.
 - b. Identification of groups and organizations that may be a source of volunteers (i.e., medical school faculty and students).
 - c. Development of recruiting and marketing materials.
 - d. Development and implementation of recruiting events and activities.
3. A recruiting and selection plan shall be developed and implemented by the Sacramento Regional Medical Reserve Corps. This recruiting and selection plan may be modified by the unit as necessary.

B. Selection

1. Criteria for selection of applicants shall include:
 - a. Possession of specialized skills, experience, licenses and/or certifications, if required by a unit position.
 - b. Successful completion of a background check.
 - c. Satisfactory check of an applicant's character references.
 - d. Related volunteer experience.
 - e. Completion of the Sacramento County Sheriff's Department's Community Service Reserve Corps Orientation course (16 hours)
2. Volunteer Applicants will be screened and selected by a committee appointed by the Program manager.

C. Recruiting Administration

1. The Recruiting Unit shall manage the unit's recruiting efforts.
2. To the extent possible, recruiting efforts shall be coordinated with those of other area volunteer agencies, especially those that utilize medical personnel.

3. An electronic database or similar system shall be used to manage the recruiting and selection process.

VIII. ADMINISTRATION

A. Unit Bylaws

1. The Sacramento Regional Medical Reserve Corps shall be governed by a set of bylaws adopted by the MRC Board of Directors.
2. The unit's bylaws are contained in Appendix J.

B. Membership

1. Membership in the Sacramento Regional Medical Reserve Corps is open to anyone with a desire to serve their community and the Sacramento Region. Although the focus of the Sacramento Regional Medical Reserve Corps is on emergency medical operations and public health activities, healthcare experience is not a prerequisite for service with the unit. Volunteers with no healthcare experience can assist with administrative and other essential support functions.
2. There are three categories of membership in the Sacramento Regional Medical Reserve Corps. These categories are (1) active, (2) associate and (3) sponsor.
 - a. Active members are those volunteers who have:
 - 1) Completed all requisite training requirements.
 - 2) Attended a minimum of four (4) unit meetings and one training session per year.
 - 3) Been approved by SRMRC Director's selection committee.
 - 4) For healthcare professionals, active membership also requires current medical licensure or certification in their profession.
 - b. Associate members are those individuals who have not satisfied the requirements for active membership. In accordance with the unit bylaws, associate members shall become active members once these requirements are met. Associate members may participate in all unit activities except actual emergency medical response operations (unless authorized by the Program Manager or SRMRC Director).
 - c. Sponsors are individuals, organizations or businesses that have made financial or material contributions to the Sacramento Regional Medical Reserve Corps. Sponsors may attend all unit meetings and activities. However, sponsors may not participate in emergency medical response efforts.
 - d. Unit membership is addressed in detail in Section V of the bylaws contained in Appendix J.

C. Credentialing

1. *Physician:*

- a. Must possess a current license issued by the California Medical Board.

2. *Registered Nurse/Nurse Practitioner/Physician Assistant:*

- a. Must possess a current California nursing license issued by the California Board of Registered Nursing.
- b. Must possess a current CPR card
- c. Must possess a current first aid card

3. *Licensed Vocational Nurse:*

- a. Must possess a current California nursing license issued by the Board of Vocational Nursing and Psychiatric Technicians.
- b. Must possess a current CPR card.
- c. Must possess a current first aid card.

4. *Physical Therapist:*

- a. Must possess a current physical therapist certification.
- b. Must possess a current CPR card.
- c. Must possess a current first aid card.

5. *Emergency Medical Technician/Paramedic:*

- a. Must possess a current EMT or Paramedic certification.
- b. Must possess a current CPR card
- c. Must possess a current first aid card.

Verification of Licensure:

All medically licensed volunteers will be responsible for keeping their respective license, CPR and first aid cards current. Current copies of respective license must be on file with the MRC. Licensure will be verified annually for currency through the following agencies:
Physicians: Medical Board of California: www.medbd.ca.gov/Lookup.htm

Registered Nurses: Board of Registered Nursing: www.rn.ca.gov

Licensed Vocational Nurses: Licensed Vocational Nursing and Psychiatric Technicians: www.bvnpt.ca.gov

Physical Therapists: Physical Therapy Board of California: www.ptb.ca.gov

Emergency Medical Technicians: www.emsa.cahwnet.gov

All medically licensed or certificated personnel are responsible for practicing within their respective scope of practice. All care given by any health care personnel must fall within the guidelines outlined by their respective governing board.

D. Identification Cards

1. The Sacramento Regional Medical Reserve Corps volunteers will be issued identification cards for use at the scene of an emergency. These identification cards will:
 - a. Identify unit volunteers as members of a recognized emergency medical response organization.
 - b. Provide unit volunteers with access to the scene of an emergency as part of the region's emergency medical response system.
 - c. Document the licenses, credentials, skills and training of unit volunteers, thereby facilitating their deployment in an emergency.
 - d. Facilitate the tracking and disposition of unit volunteers at the scene of an emergency.
2. The Sheriff's Volunteer Services Bureau will coordinate the issuance of identification cards to unit volunteers. Identification cards will be produced at the Sheriff's Department Headquarters, 711 G Street, Sacramento California 95814.
3. Identification cards will be issued to unit volunteers upon their completion of requirements for active membership in the Sacramento Regional Medical Reserve Corps. SRMRC identification and badges issued by the SRMRC are designed for the use during authorized SRMRC functions. **Display of these items during non-sanctioned or unauthorized activities could lead to the confiscations of these items by the Sacramento County Sheriff's Department.**
4. All volunteer identification and badges are the property of the Sacramento County Sheriff's Department. All identification and badges must be returned to the department under the following conditions.
 - a. Determined the volunteer used the identification in an inappropriate, unsanctioned or unauthorized manner.
 - b. Decides to leave or resign from the MRC program.
 - c. Does not participate or complete minimum volunteer obligations to the program.

5. Appendix G contains a depiction of the identification card used by the Sacramento Regional Medical Reserve Corps.

E. Unit Finances and Records

1. The Sacramento Regional Medical Reserve Corps finance records will be administered by the Unit treasurer and files maintained in a secure location.
2. The unit Administrative Officer shall present a report on unit finances at each regularly scheduled unit meeting.
 - a. Unit financial records will kept by the Unit treasurer.

F. Unit Meetings

1. The Sacramento Regional Medical Reserve Corps shall conduct regular monthly meetings at a time and location to be determined by the unit.
2. Special meetings shall be held whenever called by the Program Manager or SRMRC Medical Director, or upon written request of at least one third of the members. The SRMRC Medical Director (or the Assistant Medical Director in the absence of the SRMRC Medical Director) shall preside over all regular meetings of the unit.
3. A minimum of seven days notice will be required for all meetings.
4. The unit will conduct meetings in accordance with Robert's Rules of Order, as specified in the unit bylaws.
5. Six voting members of the unit plus the Program Manager or SRMRC Medical Director (or Assistant Medical Director in the SRMRC Medical Director's absence) shall constitute a quorum for the transaction of business. Every decision of the majority of the members of the unit present at a meeting where there is a quorum shall be valid as binding on the Sacramento Regional Medical Reserve Corps.

G. Plan Review and Maintenance

1. The Operations and Management Plan will be reviewed at least annually by the Sacramento Regional Medical Reserve Corps.
2. The operational procedures described in this plan may be modified as a result of post-incident analyses and/or post-exercise critiques:
 - a. Proposed changes shall be submitted in writing to the Sacramento Regional Medical Reserve Corps c/o Sheriff's SRMRC, 9250 Bond Road, Elk Grove, Ca 95624.

- b. Changes shall be published and distributed to all local organizations holding this plan.
3. This plan may also be modified any time there are changes in the organization, responsibilities, procedures, protocols, laws, rules or regulations affecting the management and operations of the Sacramento Regional Medical Reserve Corps.
 - a. Organizations responsible for plans or procedures referenced in this plan should inform the Sacramento Regional Medical Reserve Corps when changes to their plans or procedures occur or are imminent.
 - b. These changes will be incorporated into this plan, published and distributed to holders of this plan.
4. Changes to this plan will be coordinated among the organizations represented on the Sacramento Regional Medical Reserve Corps Steering Committee and, if applicable, area hospitals, public health agencies, emergency services organizations and applicable human services agencies.
5. It is the responsibility of each recipient of this plan to post and record changes to it.

IX. LIABILITY PROTECTION

A. Introduction

1. The Sacramento Regional Medical Reserve Corps volunteers are protected from liability in varying degrees by state and federal laws.
2. The state and federal laws described below may not be the only laws addressing liability protection for volunteers; there may be other state and federal laws not listed in this plan.
3. The text of the aforementioned federal and state laws are contained in Appendix L.

B. Federal law

1. The federal Volunteer Protection Act (codified at 42 U.S.C. §14501 *et. Seq.*) provides qualified immunity for liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections stronger than those contained in the Volunteer Protection Act.
2. Under the Volunteer Protection Act, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:
 - a. The act or omission was within the scope of the volunteer's responsibilities in the organization or entity.

- b. If required, the volunteer was properly licensed, certified or authorized by the appropriate state authorities for the activities or practice giving rise to the claim.
- c. The harm was not caused by “willful or criminal misconduct, gross negligence, reckless misconduct or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer.”
- d. The harm was not caused by the volunteer’s operation of a motor vehicle, vessel, aircraft or other vehicle for which the state requires the operator to possess a license or maintain insurance.

C. California law

1. CALIFORNIA STATE DISASTER SERVICE WORKER VOLUNTEER PROGRAM

- a. The State of California, Disaster Service Worker Volunteer Program provides workers’ compensation insurance coverage in the event a Disaster Service Worker volunteer is injured while performing assigned disaster duties (Cal. Code of Regulations, Title 19, § 2570-2573.3).
- b. In order to qualify for the DSW Program, all volunteers must register with an accredited Disaster Council, The Governor’s Office of Emergency Service (OES), or an authorized State Agency.
- c. The DSW Program also provides volunteers assigned to disaster duties limited immunity from liability in the course of their disaster service duties.
- d. All Sacramento Regional Medical Reserve Corps members will be registered and sworn in as DSW volunteers for the Sacramento County Sheriff’s Department at a time designated by the Project Manager.
- e. “Disaster Service means all activities authorized by and carried on pursuant to the California Emergency Services Act, including approved training necessary or proper to engage in such (disaster) activities (Cal. Code of regulations, Title 19, § 2570.2 (3)(b)(1)).
- f. Convergent volunteers who come forward to assist during an emergency or disaster can become registered as a DSW for a single event. Those convergent volunteers not registered as DSW workers have limited liability protection from the “Good Samaritan Laws”. Convergent volunteers are not covered to the extent of DSW volunteers and do not receive workers’ compensations benefits through the DSW program.

DISASTER SERVICE WORKER



REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

ATTACH PHOTOGRAPH HERE	<i>This block to be completed ONLY by government agency or jurisdiction</i>	
	CLASSIFICATION: _____	SPECIALTY: _____
	AGENCY OR JURISDICTION: _____	
	REGISTRATION DATE: _____	RENEWAL DATES: _____
	EXPIRATION DATE:* _____	DSW CARD ISSUED?: NO? YES? #: _____
	PROCESSED BY: _____	DATE: _____ TO CENTRAL FILES: _____

TYPE OR PRINT IN INK (HIGHLIGHTED AREAS REQUIRED BY PROGRAM REGULATIONS)

NAME: LAST FIRST MI			SSN:		
ADDRESS:		CITY:	STATE	ZIP:	
COUNTY:	HOME PHONE:		WORK PHONE:		
PAGER:	E-MAIL:		DATE OF BIRTH: (optional)		
DRIVER LICENSE NUMBER: (if applicable)		DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE:	
PROFESSIONAL LICENSE: (if applicable)		FCC LICENSE: (if applicable)		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

Government Code §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE SIGNATURE IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH TITLE

Appendix A:

A-1- Citizen Corps Organization Chart

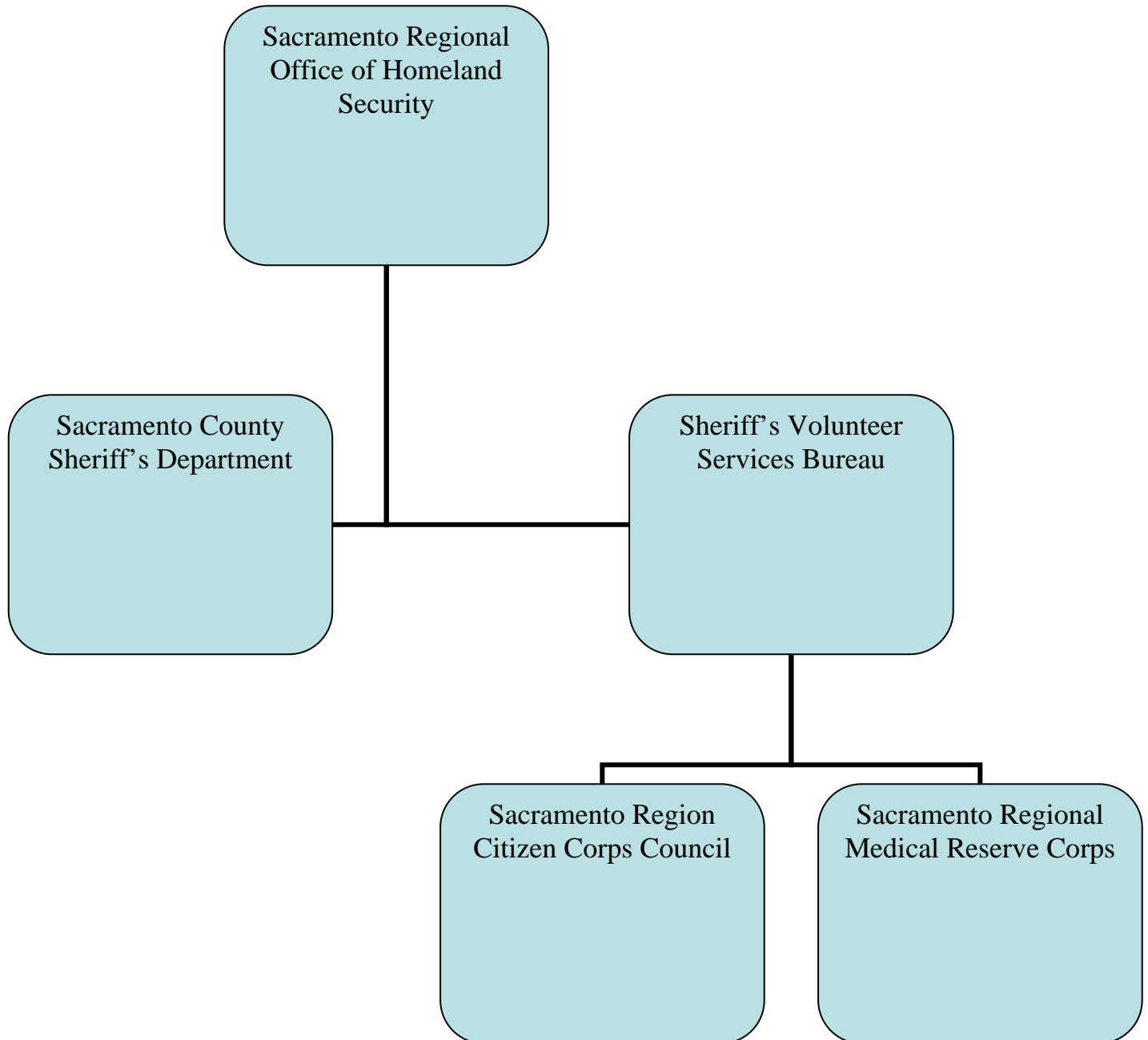


Figure A-2:

SACRAMENTO REGIONAL MEDICAL RESERVE CORPS ORGANIZATIONAL CHART

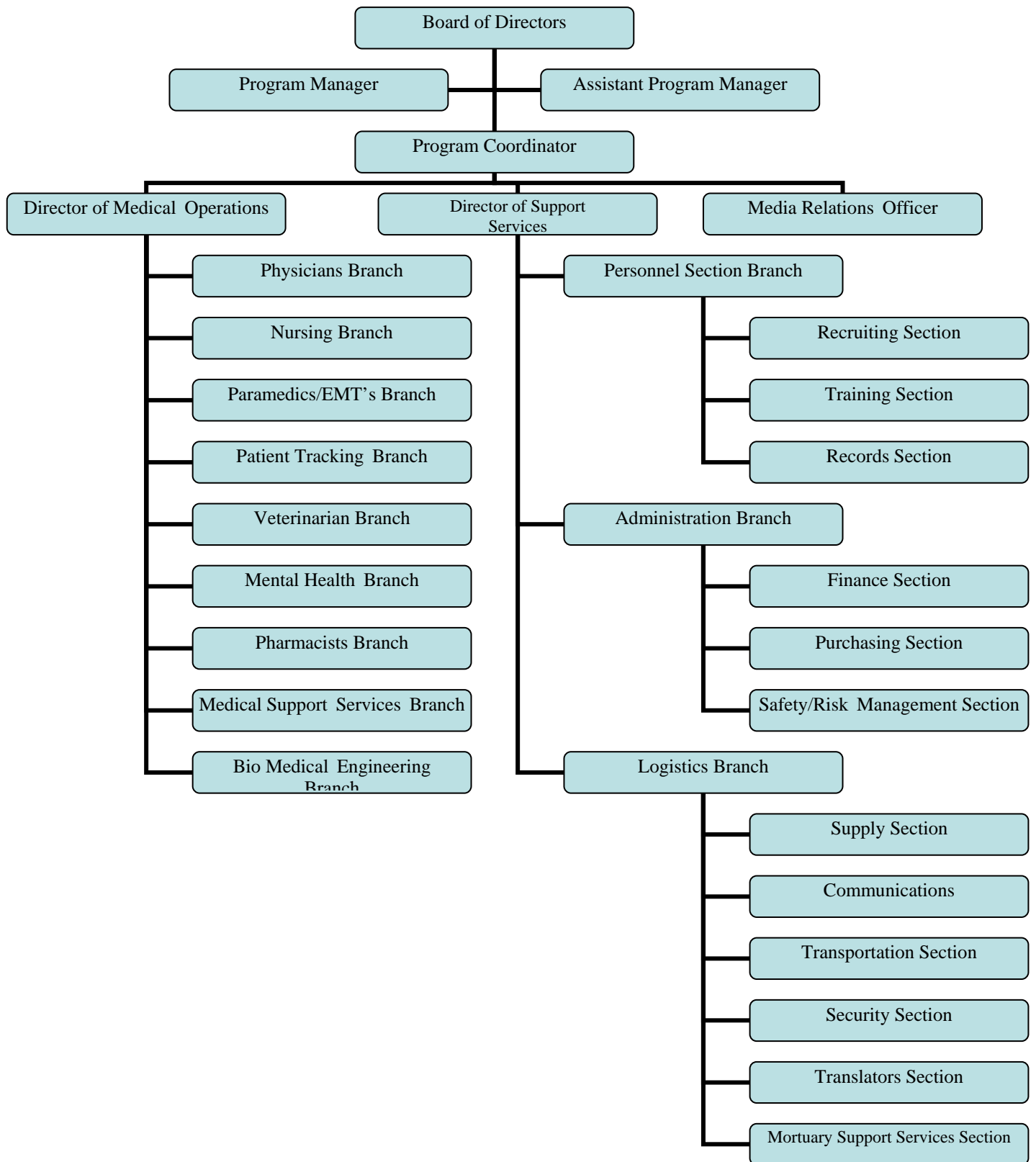


Figure A-2: Sacramento Regional Medical Reserve Corps organizational structure

APPENDIX B

SACRAMENTO REGIONAL MEDICAL RESERVE CORPS POSITION DESCRIPTIONS

Many Medical Reserve Corps position descriptions are based on the DHHS Health and Medical Response System *Response Teams Description Manual*, May 1999.

The Sacramento Regional Medical Reserve Corps personnel will normally be integrated into an Incident Command system in the field or healthcare facility and will assist primary responders or medical personnel with emergency medical and medical support operations. The Sacramento Regional Medical Reserve Corps personnel shall be trained in ICS/NIMS so that they may assume ICS/NIMS positions and duties commensurate with their training, experience, licensure and certifications.

COMMAND STAFF

Program Manager:

The Program Manager will be a Sheriff's Lieutenant and be responsible for overall management of the SRMRC program and provide consultation and support to the Program. He/She will also be responsible for the progressive development of the Sacramento Regional Medical Reserve Corps and act as a liaison with the Sacramento Area Terrorist Early Warning Group (TEWG) and Sacramento Regional Homeland Security Group.

The Program Manager is responsible for coordinating unit operations with other appropriate agencies as needed, including local, state and federal government agencies or private organizations. The Program Manager serves as an agency representative for the Sacramento Regional Medical Reserve Corps and has authority to make decisions on matters affecting the unit's participation at an incident.

In an emergency, the Program Manager will normally be assigned to an incident command post, host jurisdiction's EOC or healthcare facility EOC as a representative of the Sacramento Regional Medical Reserve Corps. The Program Manager:

- Ensures Sacramento Regional Medical Reserve Corps resources are properly checked-in at an incident.
- Provides input on the use of Sacramento Regional Medical Reserve Corps personnel and resources at an incident.
- Assists the Sacramento Regional Medical Reserve Corps Program Manager and SRMRC Command Staff to ensure the well-being of unit personnel assigned to an incident.
- Advises the Incident Commander with any special needs or requirements of the Sacramento Regional Medical Reserve Corps.

- Ensures the Sacramento Regional Medical Reserve Corps Medical Director and Assistant Medical director are kept informed of incident status and use of unit personnel and resources.
- Assists the Sacramento Regional Medical Reserve Corps Command Staff in ensuring all unit personnel and equipment are properly accounted for and released prior to departure from an incident.

Assistant Program Manager:

The Assistant Program Manager will be a Sheriff's Sergeant and act as the Program Manager during his/her absence. The Assistant Program Manager will assist the Program Manager in the daily development of the Sacramento Regional Medical Reserve Corps.

Medical Director:

The Medical Director is responsible for directing all aspects Medical operations of the Sacramento Regional Medical Reserve Corps during both day-to-day and emergency operations. The Medical Director:

- Ensures unit personnel are properly trained and equipped to carry out their assigned duties in support of emergency medical operations in the field and assisting the local medical and public health infrastructure.
- Manages and ensures proper and timely completion of Sacramento Regional Medical Reserve Corps functions and activities at an incident.
- Ensures that supplies and support necessary to accomplish unit assignments and activities are available.
- During deployments, interacts with the Incident Commander(s) and other officials for the coordination of unit activities and support requirements.
- Resolves any deployment ability issues of individual unit members.
- Works closely with the Sacramento Regional Medical Reserve Corps Steering Committee for the formulation of policies related to unit organization, operations and activities.
- Works closely with the Program Manager in development of this program.
- Medical Director reports directly to the MRC Board of Directors and Program Manager.

Assistant Medical Director:

The Assistant Medical Director is the second-in-command for Medical Operations of the Sacramento Regional Medical Reserve Corps unit during both day-to-day and emergency operations. The Assistant Director assists the Medical Director with the overall management and administration of the unit during an exercise or actual disaster event.

- Appoints special committees to conduct unit activities in accordance with the unit bylaws.
- Under the direction of the Medical Director, manages and ensures proper and timely completion of Sacramento Regional Medical Reserve Corps functions and activities at an incident.
- Assists the Medical Director in ensuring supplies and support necessary to accomplish unit assignments and activities are available.
- Serves in specialized positions as assigned by the Medical Director or Program Manager.
- Takes over responsibilities of the Medical Director in the absence of the Medical Director.
- The Assistant Medical Director reports directly to the Medical Director or Board of Directors.

Media Relations Information Officer:

The Media Relations Officer (PIO) is responsible for the formulation and release of information about the unit or incident to the news media, incident personnel and other appropriate agencies and organizations. During emergencies, the PIO is responsible for coordinating informational activities with the PIOs of other agencies in a Joint Information Center (JIC), if one is established. The PIO:

- Determines any limits on the release of information.
- Develops materials for use in briefings.
- Obtains the Incident Commander's approval of media releases.
- Provides information to the media and conduct media briefings.
- Arranges for tours, interviews or required or requested briefings.
- Obtains and disseminates information that may be useful to incident planning.
- Working with an incident's Situation Status Unit, maintains current information summaries and/or displays related to the incident and provide this information to assigned personnel.
- Working with appropriate unit functions (e.g., the Recruiting Unit), develops and disseminates marketing and related materials on the Sacramento Regional Medical Reserve Corps.
- The PIO reports to the MRC Board of Directors.

MEDICAL OPERATIONS DIVISION

Director of Medical Operations:

The Director of Medical Operations is responsible for the management of all unit medical and/or medical support operations directly applicable to the primary missions of the unit (i.e., supporting emergency medical operations in the field or assisting the local medical and public health infrastructure). The Director of Medical Operations:

- Oversees and directs medical elements of the unit in accordance with the requests for medical assistance.
- Facilitates the operation of the unit to ensure quality patient care and optimal support to Incident Commanders, public health agencies or healthcare institutions.
- Determines the unit's medical staffing and logistical needs during an emergency and requests additional resources as necessary.
- Ensures Universal Precautions for all personnel against exposure to communicable diseases.
- Coordinates operational actions with appropriate medical officials of other agencies and healthcare facilities.
- Receives briefings and situation reports, and ensures that all Medical Operations Division personnel are kept informed of mission objectives and status changes.
- Provides situation updates to the Program Manager and maintains records and reports of unit medical support activities.

The Director of Medical Operations must be a licensed physician. The Director of Medical Operations reports to the SRMRC Board of Directors.

Physicians Section Leader:

The Physicians Section Leader manages the operation of the Physicians Unit and provides direct medical care to victims of an emergency or disaster. The Physicians Section Leader:

- Supervises the overall flow of victims and medical care provided by the unit.
- Identifies conditions requiring urgent medical intervention and makes referral for patient care.
- Counsels medical personnel on difficult cases and the resolution of intensive treatment problems.
- Supervises the diagnosis and treatment of victims using disaster care medicine.

- Refers patients for further consultation and treatment, when necessary.
- Recommends methods and procedures for coordination of medical services with other medical activities.
- Performs major medical care that requires a licensed physician.
- Supervises medical treatment administered by other unit professional and technical personnel to assure that adequate medical services are provided to patients.

The Physicians Section Leader must be a licensed physician. The Physicians Section Leader reports to the Director of Medical Operations.

Nursing Section Leader:

The Nursing Section Leader manages the nursing operations of the Sacramento Regional Medical Reserve Corps and performs direct nursing services. The Nursing Section Leader:

- Provides leadership, direction and supervision of unit nursing care operations.
- Identifies and assesses needs, trends, issues and developments that may impact nursing services.
- Serves as the focal point for the identification and analysis of problems and issues affecting nursing services and recommends actions to overcome them.
- Ensures compliance with established procedures and protocols, including maintaining professional nursing standards.
- Provides direct nursing services, if required, including the assessment of injuries and illnesses, performing or assisting in life support procedures and conducting required diagnostic tests.
- Performs other related duties as required to facilitate efficient nursing care operations.

The Nursing Section Leader must be a licensed nurse. The Nursing Section Leader reports to the Director of Medical Operations.

EMS Section Leader:

The EMS Section Leader manages the EMS operations of the Sacramento Regional Medical Reserve Corps and performs a variety of ALS and BLS health care activities. The EMS Section Leader:

- Ensures the application of the full range of ALS and BLS functions for patients.
- Identifies traumatic and non-traumatic injuries and provides treatment according to established protocols.

- Recognizes symptoms that require referrals and makes such recommendations to unit physicians/ nurses.
- Performs medical procedures as necessary, including resuscitations, insertion of intravenous lines, insertion of endotracheal tubes and esophageal airways and the treatment of shock victims with volume expanders, as needed within their scope of practice.
- Ensures unit EMS activities are collaborated with medical personnel in the identification and management of disaster patients in accordance with established protocols.

The EMS Section Leader must be a licensed EMT or paramedic. The EMS Section Leader reports to the Director of Medical Operations.

Pharmacy Section Leader:

The Pharmacy Section Leader is responsible for compounding and dispensing prescriptions requested by physicians and other licensed practitioners at the site of an emergency or disaster. The Pharmacy Section Leader carries out the clinical pharmacy functions of drug selection, compounding and dispensing of a variety of pharmaceuticals. The Pharmacy Section Leader:

- Maintains responsibility for the distribution and accountability of pharmaceuticals utilized by the Sacramento Regional Medical Reserve Corps at the incident site.
- Fills written orders for pharmaceuticals according to established procedures.
- Maintains required controls on the dispensation of all pharmaceuticals.
- Provides information to medical personnel regarding concentration, number of dosages in a solution, etc.
- Makes judgments concerning drug effects and patient behavior, especially adverse effects. Brings potentially serious situations to the attention of medical personnel.
- Prepares detailed reports and records involving inventories, requisitions and issuance of drugs according to applicable laws and regulations.
- Develops special formulas, extemporaneous compounding and special preparations as required.
- Resolves problems in the area of biopharmaceutic effectiveness, including problems concerning solubility, stability, incompatibility, etc.
- Suggests alternative medications to avoid incompatibilities, alleviate side effects, overcome potentiating drug combinations and prevent antagonistic reactions.
- Provides clinical pharmacology consultation to medical personnel.

- Develops and implements plan to secure any controlled substances utilized by the unit.

The Pharmacy Section Leader must be a licensed pharmacist. The Pharmacy Section Leader reports to the Director of Medical Operations.

Veterinary Unit Leader:

The Veterinary Section Leader manages the veterinary operations of the Sacramento Regional Medical Reserve Corps. The Veterinary Section Leader diagnoses, treats and controls diseases among animals affected by an emergency or disaster. The Veterinary Section Leader:

- Performs surgery on sick or injured animals and prescribing and administering medicine and vaccines.
- Conducts post-mortem examinations of animals and ensuring laboratory tests and procedures, including hematology, parasitology, microbiology and clinical pathology, are conducted as required.
- Assists in providing preventive medicine support, sanitation inspections, proper sheltering and treatment of livestock and control of infectious diseases (i.e., epizootic and zoonotic).
- Assists animal control agencies, humane societies, public health agencies, local veterinary associations and state departments of agriculture with:
 - ❑ Proper sheltering and treatment of livestock
 - ❑ Providing preventive medicine support, sanitation and water quality inspections
 - ❑ Coordinating control of stray and abandoned animals
 - ❑ Rescue and rehabilitation of affected wildlife
 - ❑ Vaccination of animals in the disaster area against preventable zoonotic diseases
 - ❑ Recommending proper disposal of animal carcasses in conjunction with county departments of agriculture, health, or environmental protection
 - ❑ Laboratory evaluation of dead animals
- Assists with the establishment of animal retrieval plans in conjunction with animal control and humane society personnel.

The Veterinary Section Leader must be a licensed veterinarian. The Veterinary Section Leader reports to the Director of Medical Operations.

Mental Health Unit Leader:

The Mental Health Section Leader manages the mental health operations of the Sacramento Regional Medical Reserve Corps. In collaboration with local mental health programs and services, the Mental Health Section Leader implements and coordinates mental health services for disaster victims, including children and their families. The Mental Health Section Leader may:

- Assist with the implementation of mental health and crisis counseling services for on-site first responders and medical personnel, including Sacramento Regional Medical Reserve Corps volunteers.
- Identify appropriate intervention and prevention techniques and counseling for early identification of victims at risk of mental health and related problems.
- Consult with unit volunteers, mental health providers and family members to identify needed clinical testing and evaluation procedures for disaster victims.
- Plan for and arranges professional assistance and consultation regarding treatment planning and other interventions efforts.
- Plans for and arranges professional assistance and consultation regarding treatment planning and other interventions efforts.
- Initiates efforts to develop mental health resources to serve the special needs of infants and children during disaster situations.
- Recommend stress reduction measures for unit volunteers, as necessary.

The Mental Health Section Leader must be a licensed mental health professional, e.g., a clinical psychologist, mental health counselor or related professional. The Mental Health Section Leader reports to the Director of Medical Operations.

Patient Tracking Unit Leader:

The Patient Tracking Section Leader manages the unit's system to track the location and disposition of patients at all times at an incident or within a healthcare facility's patient care system. The Patient Tracking Section Leader:

- Establishes a work area to track patient arrivals, location and disposition.
- Obtains patient census from the Nursing Unit Leader, admitting personnel (if working in a healthcare facility) or other sources.
- Ensures sufficient assistance is available to document current and accurate patient information.
- Ensures the proper use of the established patient tracking system for all newly arrived or admitted patients.
- Meets with appropriate officials, e.g., PIOs and Liaison Officers, on a routine basis to update and exchange patient information and census data.
- Ensures the maintenance of logs documenting the location and time of all patients receiving care.

The Patient Tracking Section Leader reports to the Director of Medical Operations.

Bio Medical Engineering Section Leader:

General Description:

This position is accountable for the operation, maintenance and documentation of all clinical equipment within any assigned facility. The position requires a working knowledge of hospital engineering functions.

Qualifications:

Knowledge of:

- Clinical equipment repair used in health care procedures
- Basic human anatomy and physiology
- Electronic, mechanical and medical terminology
- Communications and computer networks
- Medical gas systems
- Health and Safety Codes and JCAHO requirements
- Basic computer skills

BIOMEDICAL EQUIPMENT TECHNICIAN

Ability To:

- Maintain clinical and non clinical hospital equipment
- Comprehend electronic schematics, diagrams, blue print drawings of building structures, mechanical, electrical, water, steam, communications and medical gas systems
- Utilize applicable test equipment
- Perform electrical safety testing of hospital environments and equipment with the use of safety analyzers
- Utilize safe working practices while performing duties within the scope of hospital policies and procedures.
- Prioritize work assignments
- Respond effectively to emergency situations

Physical Factors:

- Physically able to walk, stand, stoop and lift, climb, work from ladders, Work in confined areas, and areas that may not be environmentally controlled.
- Able to lift equipment and supplies of various weight and size.
- Good manual dexterity
- Visual and auditory acuity
- Reasonable accommodations may be made to enable individuals with disabilities to Perform the essential functions.

The Bio-Medical Section Leader reports directly to the Director of Medical Operations

SUPPORT SERVICES DIVISION

Director of Support Services:

The Director of Support Services directs the medical logistics, personnel and administrative operations of the Sacramento Regional Medical Reserve Corps. The Director of Support Services:

- Oversees and directs the operation and administration of unit support elements and functions (i.e., personnel, administration and medical logistics sections and their subordinate units).
- Ensures unit medical and support personnel receive the training, equipment, supplies, communications, transportation and other support required to conduct emergency medical operations in the field or assist the local medical and public health infrastructure.
- Determines the unit's support staffing and logistical needs during an emergency and requests additional resources as necessary.
- Coordinates unit support services with appropriate officials of other agencies and healthcare facilities.
- Receives briefings and situation reports, and ensures that all Support Services Division personnel are kept informed of mission objectives and status changes.
- Provides situation updates to the Unit Commander and maintains records and reports of unit personnel, administrative and logistical activities.

The Director of Support Services reports to the SRMRC Board of Directors.

Personnel Section:

Personnel Officer:

The Personnel Section Leader directs the personnel, recruiting, training and personnel records functions of the Sacramento Regional Medical Reserve Corps. The Personnel Officer:

- Reviews unit personnel requirements and develops staffing plans.
- Develops, coordinates and implements the unit's bylaws and policies related to personnel, recruiting and training.
- Assists the Administrative Officer with the development and maintenance of unit bylaws.
- With the Recruiting Unit Leader, ensures the development and implementation of the unit recruiting program.
- Ensures the development and implementation of a comprehensive unit training program.

- With the Records Unit Leader, ensures the proper and accurate maintenance of personnel and training records.
- Identifies position vacancies and oversees efforts to fill them. Directs the development and dissemination of applicable recruiting materials.
- Conducts orientations for new volunteers. Explains unit mission, policies, procedures and expectations to new volunteers.
- Responds to requests for information and assistance from volunteers, the Command Staff, outside agencies and the public.
- Reviews and evaluates volunteer applications and makes recommendations to selection boards and the Command Staff.
- Conducts interviews of applicants for Sacramento Regional Medical Reserve Corps positions.
- Develops and manages the unit awards and recognition program.
- Administers policies and procedures related to personnel issues (e.g., membership, training, etc.) in accordance with the unit bylaws and the *Operations and Policies Manual*.
- Advises the Unit Director and staff on volunteer personnel matters.

The Personnel Officer reports to the Director of Support Services.

Recruiting Section Leader:

The Recruiting Section Leader manages the Sacramento Regional Medical Reserve Corps' volunteer recruitment program. The Recruiting Section Leader:

- Manages the development of a comprehensive plan to recruit volunteers for vacant Sacramento Regional Medical Reserve Corps positions.
- Develops relationships with healthcare facilities, medical schools, professional associations, government agencies and other groups to facilitate recruiting efforts.
- Promotes, plans and directs recruiting events.
- Schedules recruiting appointments, presentations, speaking engagements and related events to reach potential volunteers and provide them with information on volunteer opportunities available with the Sacramento Regional Medical Reserve Corps.
- Provides prospective volunteers, the media and the public with promotional information.
- Maintains a current database of prospective volunteers.

- Contacts prospective volunteers and conducts interviews to obtain necessary data.
- Reviews volunteer applications and provides relevant information to selection boards.
- Assists the Personnel Officer with obtaining background checks on all prospective volunteers.
- Assists the Training Unit with the development and implementation of an orientation and training program for new volunteers.
- Develops printed materials that explain the Sacramento Regional Medical Reserve Corps and its mission and activities.
- Ensures that marketing materials are available for distribution, stocked by area volunteer agencies and available in public facilities throughout the region.

The Recruiting Section Leader reports to the Personnel Officer.

Training Unit Leader:

The Training Section Leader manages the Sacramento Regional Medical Reserve Corps' training program. The Training Section Leader:

- Plans, develops and implements initial, advanced and specialized training for unit personnel, to include working with the Continuing Education Coordinator to identify mandated continuing education requirements of the medical staff.
- Coordinates unit training activities:
 - ❑ Schedules classes
 - ❑ Coordinates the efforts of unit staff and instructors
 - ❑ Manages and participates in the development of classes, handbooks, manuals, course outlines, and other material
 - ❑ Recommends training courses and materials to the Personnel Officer, Division Chiefs and Command Staff
- Monitors and evaluates results of training programs and initiate changes, if necessary.
- Identifies outside training courses of interest and benefit to unit volunteers.
- Researches, analyzes and evaluates the unit's training program and courses as related to current practices, legislation, volunteer feedback and fulfillment of unit needs.
- Coordinates the unit's participation in local and regional drills and exercises.
- Develops and administers the unit's training budget and forecast funding needs, equipment, materials and supplies.

The Training Section Leader reports to the Personnel Officer.

Records Section Leader:

The Records Section Leader is responsible for maintaining unit personnel records and collecting data on unit members. The Records Section Leader:

- With the Personnel Officer, Chief of Support Services and Unit Commander, determines the type of information contained in personnel records.
- Develops and maintains a filing system for unit personnel records, including procedures for access, retrieval, archiving and destruction of records.
- Maintains administrative records and files pertaining to unit volunteers.
- Ensures personnel records contain required information, e.g., training completed, copies of licenses and certifications, etc.
- Researches and revises or corrects problem files.
- Identifies appropriate physical location(s) for storage of files.
- Identifies and implement security measures for protection of personal information.
- Ensures procedures related to collection, access and release of information comply with all applicable state and federal laws and regulations.

The Records Unit Leader reports to the Personnel Officer.

Administrative Section:

Administrative Section Leader:

The Administrative Section Leader manages all administrative and financial functions of the Sacramento Regional Medical Reserve Corps. The Administrative Section Leader:

- Ensures that the unit organization and operations conform to DHHS guidelines and Sacramento Regional Medical Reserve Corps bylaws and policies.
- Maintains a document filing and control system.
- Develops, publishes and disseminates unit meeting notices, agendas and summaries.
- Develops, updates and maintains unit plans, manuals, bylaws and standard operating procedures.
- Develops, updates and disseminates a roster of unit personnel and contact information.
- Maintains unit Duty Officer schedule.

- Documents by written, visual and audio means, the activities of the Sacramento Regional Medical Reserve Corps for the purposes of after-action reporting and historic documentation.
- Prepares recurring and special one-time reports regarding unit activities.
- Develops and submits grant applications for the unit.
- During deployments, coordinates unit security requirements and activities with host agencies and jurisdictions.
- Oversees deployment arrangements in conjunction with the Command Staff and Division Chiefs.
- Provides situation updates to the Chief of Support Services and maintains records and reports of Administration Section activities.
- Oversees unit financial matters and reviews financial activities with the Finance Unit Leader.
- Oversees the development of fiscal and purchasing procedures for the unit.
- Ensures that sound financial practices and procedures are followed.

The Administrative Section Leader reports to the Director of Support Services.

Finance Unit Leader:

The Finance Section Leader is responsible for all financial and cost analysis activities of the unit. The Finance Section Leader:

- Implements unit fiscal and purchasing procedures.
- Provides cost analysis and financial information to meet planning requirements.
- Develops and manages unit budget(s).
- Ensures property accountability.
- Provides procurement oversight and coordination with the Medical Logistics Section.
- Reviews and advises unit personnel on procurement requests received from the Medical Logistics Section.
- Assists the Medical Logistics Section with the documentation of lost, damaged or destroyed property.
- Implements sound financial practices and procedures.

The Finance Section Leader reports to the Administrative Officer.

Risk Management/Safety Officer:

The Risk Manager is responsible for the MRC risk management activities which include but may not be limited to: administering a risk management program on a daily basis, managing and analyzing risk management data, working within general programmatic authority delegated by the MRC Director of Support Services.

The Risk Manager reports directly to the MRC Director of Support Services.

The MRC Risk Manager works with other MRC Division leaders to identify risk management concerns and needs; provide consultation in the development of processes to reduce or eliminate identified risks; act as consultant on risk issues.

- The MRC Risk Manager works with the MRC Program Manager to provide a day-to-day resource for high-risk issues, concerns and questions by MRC members and staff.
- Promote a positive energy and culture of constant teamwork towards providing safe and compassionate patient care and work place safety.
- Responsible for identifying and communicating regulatory requirements.
- Assesses compliance to all specialty standards of practice.
- Initiate the completion of the DSW potential claims within authority level maintaining an on-going log with an annual report to the MRC Board of Directors.
- Develop and maintain collaborative relationships with key Branch/functions, such as quality management, nursing, medical staff, medical education, compliance, safety, and infection control, in order to enhance program effectiveness.
- Develop statistical and qualitative reports on risk management trends and patterns, and communicate this information effectively to appropriate audiences, including regular reports to the Board of Directors.
- Develop, implement and monitor risk reduction strategies in collaboration with senior management, medical staff, safety committee, nursing managers, and employees to decrease the frequency/severity of incidents involving patients, visitors and employees.
- Serve as Patient Safety Officer for the MRC.

LOGISTICS SECTION

Logistics Section Leader:

The Logistics Section Leader is responsible for planning, management and coordination of medical equipment and supply, communications and transportation operations for the Sacramento Regional Medical Reserve Corps. The Logistics Section Leader:

- Implements and manages an efficient supply management program to satisfy the immediate and long-term logistical needs of the unit.
- Provides overall guidance and direction of procurement activities.
- During mobilization, directs loading and transportation of the unit equipment cache.
- In conjunction with the Incident Commander, Unit Commander and Chief of Support Services, determines an acceptable unit equipment cache storage site upon arrival at an incident and plans the physical layout to facilitate proper unit operations.
- Manages the set-up of the unit equipment cache and oversees the issuance of supplies and equipment.
- Reviews and analyzes requests for unit supplies and equipment.
- Establishes ordering procedures in consultation with the Administrative Officer and Finance Unit Leader.
- Investigates and submits documentation and reports on lost or destroyed property to the Administrative Officer and Finance Unit Leader for the purpose of accountability and replacement.
- Maintains an adequate level of supplies and equipment necessary to accomplish the unit mission at all times during a deployment.
- Develops transportation resources and coordinates transportation schedules to ensure a sufficient number of vehicles are available for transport to assigned location(s) as well as while on-site.
- Implements and maintains an up-to-date logistical tracking system to maintain an accountability of supplies and equipment expended and distributed from the unit cache.
- Maintains a document control system that facilitates ease of transition from active disaster files to archived files.
- Provides procurement oversight and coordination with the Supply Unit Leader in obtaining needed external logistical support.
- Reviews and advises staff on procurement requests.

The Medical Logistics Section Leader reports to the Director of Support Services.

Communications Section Leader:

The Communications Section Leader is responsible for the management of unit communications activities and operation and maintenance of unit communications equipment. Duties may include:

- Manages unit communications activities.
- Assesses overall communications needs and development of the unit communications plan.
- Obtains radio frequencies. Sets up, operates and maintains unit communications systems during incident operations.
- Coordinates communications with appropriate entities, such as local EMS agencies, Amateur Radio Emergency Services (ARES), medical examiner/coroner, hospital communications, etc.
- Ensures accountability, maintenance and minor repairs of all issued communications equipment.
- Establishes and posts contact information for incident operations (i.e., telephone numbers, pagers, radio designations, etc.).

The Communications Section Leader reports to the Medical Logistics Officer.

Mortuary Support Services Section Leader:

The Mortuary Support Services Section Leader manages the mortuary services of the Sacramento Regional Medical Reserve Corps. Depending on the expertise of unit personnel, these services may include assisting local authorities with victim recovery, identification, cause of death and the preparation, processing and disposition of remains to the next of kin. The Mortuary Support Services Section Leader:

- Assists local authorities with the set-up, staffing and operation of temporary or field morgues, family assistance centers, disaster site operations areas and other work areas related to mortuary or forensic services.
- Ensures mortuary procedures are in compliance with OSHA standards.
- Assists local authorities with the systematic processing of victims through all phases of recovery, storage, identification, transportation and release of remains.
- Ensures Universal Precautions for unit personnel against exposure to communicable diseases.
- Assists local authorities with proper documentation of autopsy results.

- Ensures chain of custody for the preservation of medical and legal evidence and body part remains.

The Mortuary Support Services Unit Leader must be a licensed medical examiner, pathologist, forensic technician, funeral director or related professional. The Mortuary Support Services Section Leader reports to the Medical Logistics Section Leader.

Security Section Leader:

The Security Section Leader manages on-scene security activities for the Sacramento Regional Medical Reserve Corps unit. The Security Section Leader:

- Establishes contacts with local law enforcement agencies as required.
- Coordinate incident security activities with appropriate law enforcement and/or security personnel.
- Contacts incident Agency Representatives to discuss any special custodial requirements which may affect unit operations.
- Assists law enforcement or healthcare facility security personnel with security and access control of medical work areas.
- Ensures security of unit equipment and supplies.
- Assists law enforcement personnel and medical examiner/coroner with removal, processing and disposition of victim remains.
- Assists law enforcement and other agency personnel with evidence collection and crime scene preservation, especially related to victims' remains and belongings.

The Security Section Leader reports to the Medical Logistics Section Leader.

Supply Section Leader:

The Supply Section Leader assists the Medical Logistics Officer in the packing, transportation, set-up, operation and accountability of unit equipment and supply activities. The Supply Section Leader:

- Manages the unit's supply function.
- Assists with packaging, loading and unloading of unit equipment.
- Sets up equipment as necessary for unit operations.
- Identifies the appropriate source of supply and carries out the acquisition process as determined by the Medical Logistics Officer and the Chief of Support Services.

- Works with unit personnel to determine the status of supplies and immediate needs to sustain acceptable level of effectiveness. Notes shortages and determines why they exist.
- Reports status of stock levels and shortages to the Medical Logistics Officer on a regular basis, along with recommendations for corrective action. Recommends possible substitutions.
- Orders and receives equipment and supplies to meet anticipated needs.
- Distributes supplies and equipment, as requested.
- Ensures that equipment and supplies are safely secured and maintained in an acceptable state of readiness for immediate distribution and use.
- Assists with inventory and maintenance of unit equipment and supplies.

The Supply Section Leader reports to the Medical Logistics Section Leader.

Translators Section Leader:

The Translators Section Leader manages the activities of volunteer translators affiliated with the Sacramento Regional Medical Reserve Corps. The Translators Section Leader:

- Ensures a current list of translators and interpreters, fluent in the major foreign languages used across the greater Sacramento area (including American sign language), is readily available.
- Develops procedures for contacting and deploying translators and interpreters in the event of an emergency.
- Ensures translators and interpreters can effectively communicate a wide variety of information, including medical and/or technical information, to non-English speaking patients and disaster victims.
- Ensures adequate equipment and supplies are available for translators to produce or transcribe written materials, e.g., prescriptions, instructions, letters, brochures, forms, etc.
- Ensures the well-being of translators and interpreters at an incident site.

The Translators Section Leader reports to the Medical Logistics Officer.

Transportation Section Leader:

The Transportation Section Leader manages transportation operations for the Sacramento Regional Medical Reserve Corps. The Transportation Section Leader:

- Provides safe and reliable transportation for unit deployments and operations.

- Maintains an inventory of all modes of transportation available to unit volunteers and other health and medical personnel.
- Prepares time records on rental equipment and contract drivers.
- Ensures unit vehicles are maintained in serviceable operating condition by:
 - Performing normal maintenance checks (tires, fuel, oil, water, belts, fans, etc.)
 - Inspecting equipment and performing preventive maintenance as required
 - Overseeing vehicle repairs as required and performing operational tests and inspections
- Prepares the transportation plan for approval by the Medical Logistics Officer.
- Operates, as necessary, medium size trucks and light vehicles, assuming vehicle operator duties and responsibilities when driving.
- Maintains liaison with other agencies relative to transportation matters.

The Transportation Section Leader reports to the Medical Logistics Section Leader.

APPENDIX C

INCIDENT MANAGEMENT SYSTEM POSITION DESCRIPTIONS

This appendix describes the ICS positions commonly established for the management of a mass casualty incident or similar emergency requiring field medical operations. During emergency medical operations in the field, Sacramento Regional Medical Reserve Corps volunteers may find themselves supporting individuals assigned to the ICS positions described below. It is also possible that Sacramento Regional Medical Reserve Corps volunteers could be asked to serve in some of these ICS positions.

Incident Commander

The Incident Commander is responsible for overall incident activities and disaster response. The Incident Commander will designate the Medical Sector Leader.

Medical Sector Leader

The Medical Sector Leader is responsible for overall EMS operations at an incident, appointing all other EMS team members, and forwarding all EMS recommendations to the Incident Commander.

Liaison Officer

The Liaison Officer is responsible for coordinating with other appropriate agencies as needed, including other local agencies, federal, state or private sector agencies. These agencies may or may not be located at the command post.

Public Information Officer

The Public Information Officer is responsible for formulating and disseminating factual and timely information regarding the incident to the news media and other appropriate agencies. Other personnel should not give statements to the media unless authorized by the Public Information Officer.

Safety Officer

The Safety Officer is responsible for monitoring emergency operations to ensure the safety of all personnel and equipment and reporting any problems directly to Incident Commander.

In coordination with the MGH Environment of (EOC) Care Manager this position develops, implements and monitors the Health, Safety and Security Programs that are designed to ensure a safe environment for all who enter Mercy General Hospital. The position purpose is to minimize the impact of occupational injuries/illnesses, property damage and other operational errors associated with Environmental and Safety Management. The position has the authority to take immediate action to protect the health, safety and security of patients, staff, physicians and visitors.

A. NATURE AND SCOPE

1. Reporting Relationships

This position reports directly to the EOC Manager. This position also collaborates with peers at MRC functions and training facilities. Reporting to this position are the membership of the Safety Committee and its sub-committees.

2. Position Scope

This position designs, implements and monitors the safety program for the Sacramento Regional Medical Reserve Corps while working with the EOC Manager to promote standardized safety and security programs while the unit engages in “live” or training activities throughout the region for security, hazardous materials management, emergency/disaster preparedness, fire life safety, equipment management and utilities management. This position also works with the Safety Committee representatives and with the Bio-Engineering Branch in designing and implementing safety related policies and procedures.

Coordinates with the EOC Manager in overseeing OSHA and other regulatory agencies and enforces corrective actions.

Keeps abreast of diverse and complex codes (hazardous materials, life safety, environmental), policies and regulations/standards that are applicable to environmental health and safety issues and assesses the MRC’s compliance with them.

Interprets, understands and ensures compliance with local state and federal regulations.

3. Subordinates – none

Planning and Intelligence Section Chief

The Planning and Intelligence Section Chief is responsible for understanding the current situation and predicting the probable course of the incident. This section chief makes recommendations on optional courses of action. Under this section chief’s direction, a **Status Unit Leader** will be responsible for collection and display of current situation information, including the current status of resources (personnel, equipment, apparatus, etc.), and **Technical Advisory Unit Leader**, who is responsible for collecting, evaluating and dissemination information concerning specialized technical data.

Logistics Section Chief

The Logistics Section Chief is responsible for managing those units that provide personnel, ambulances, equipment, facilities, and personal needs in support of the incident activities. Under this team member’s direction, a **Supply Unit Leader** will order, receive, store, distribute and maintain inventory of all supplies, and a **Communications Unit Leader** will be responsible for establishing and supervising the handling of radio and telephone

communications. Under this team member, the ***Water Unit Leader*** will be responsible for the development of adequate water sources in a fire suppression situation.

Sector Leader

The Sector Leader is responsible for a specific geographic area or specific function other than those listed (e.g., Hazardous Materials Sector Leader, Cave-In Sector Leader, etc.).

Triage Officer

The Triage Officer is responsible for the management of victims where they are found at the incident site, and for sorting and moving victims to the treatment area. This officer shall ensure coordination between extrication teams and patient care personnel to provide appropriate care for entrapped victims. The Triage Officer reports to Medical Sector Leader.

Triage Personnel

Triage Personnel appropriately treat patients on-scene and assign them to treatment areas.

Treatment Officer

The Treatment Officer is responsible for sorting patients at the treatment area to establish priorities for treatment and transport, and for directing coordination with medical professionals mobilized to the scene. The treatment area should be headed by an individual who routinely functions in pre-hospital EMS, or a previously identified individual who is designated by position, and participates in pre-hospital mass casualty drills. If at all possible, this person should be a physician or the highest ALS available. The Treatment Officer reports to the Medical Sector Leader.

Medical Transportation Officer

The Medical Transportation Officer is responsible for arranging appropriate transport vehicles (ambulances, helicopters, buses, vans, etc.) for those patients that the Treatment Officer has selected for transport.

Morgue Manager

The Morgue Manager is responsible for Morgue Area activities until relieved of that responsibility by the Office of the Coroner.

Hospital Emergency Response Team (HERT)

A Hospital Emergency Response Team is recommended to consist of a minimum of three (3) medical personnel, optimum of five (5) medical personnel, which includes a team leader and any combination of physicians, nurses or physicians' assistants. HERTs will be requested through the Incident Commander. HERTs report to the Treatment Team Leader and assume responsibility for patient assessment and treatment as assigned.

APPENDIX D

REQUIRED INITIAL TRAINING FOR SACRAMENTO REGIONAL MEDICAL RESERVE CORPS VOLUNTEERS:

Sacramento Regional Medical Reserve Corps volunteers shall be required to successfully complete the following required initial training courses before being eligible to participate in actual unit deployments or missions:

1. ***Sacramento Regional Medical Reserve Corps Orientation Course*** - This course provides students with an overview of the Sacramento Regional Medical Reserve Corps. This course shall cover topics such as:
 - ❑ Background and history of the Medical Reserve Corps program
 - ❑ Purpose and mission of the Sacramento Regional Medical Reserve Corps
 - ❑ Sacramento Regional Medical Reserve Corps organization and composition
 - ❑ Expected roles, tasks and duties of Sacramento Regional Medical Reserve Corps volunteers in an emergency
 - ❑ Unit concept of operations, including field medical operations, public health operations, hospital operations and IMS
 - ❑ Overview of local and regional emergency services organizations and operations
 - ❑ Awareness of communications equipment and procedures
 - ❑ Unit training and exercise program
 - ❑ Uniforms and equipment
 - ❑ Unit bylaws
 - ❑ Liability protection for volunteers

This will be a locally developed orientation course.

2. ***Basic Incident Command System Course*** - This course is designed to provide students with a basic understanding of the principles of the Incident Command System (ICS) and to acquaint students with the basic ICS structure and terminology. This course introduces students to ICS organization and structure, basic terminology and common responsibilities. This course is available from a variety of providers, including SEMA and KDEM.
3. ***Emergency Response to Terrorism: Basic Concepts*** - This course addresses the special needs of responders to incidents which may have been caused by terrorist action. Topics include:
 - ❑ Definition of terrorism
 - ❑ History of terrorism
 - ❑ Discussion of biological, nuclear, incendiary, chemical and explosive incidents
 - ❑ Other agents terrorists may use
 - ❑ Suspicious incidents
 - ❑ Self-protection during a terrorist incident
 - ❑ Crime scene considerations dealing with evidence collection and preservation
 - ❑ Specialized incident command issues

This course is available from a variety of providers, including SEMA and KDEM.

4. **Mass Fatalities Incident Response** - This course is designed to prepare state, local and other response agencies to effectively handle mass fatalities and to work with survivors in an emergency or disaster. The course is designed for a wide audience, encompassing the range of personnel with a role to play in a mass fatalities incident. Coroners, medical examiners, funeral directors, first responders, planners and emergency management personnel will benefit from this course. This course is available from SEMA and KDEM.
5. **Medical Considerations of WMD Events** - This course focuses on medical planning requirements for response to a WMD event, with an emphasis on chemical and biological agents. It encompasses mass casualty considerations and hospital procedures from triage to tertiary care. The course also deals with hospital certification requirements as they incorporate WMD planning considerations. This course is available from SEMA.
6. **Community First Aid and Safety** - This course combines lectures, demonstrations and video with hands-on training and practice. Participants in this course learn to recognize and respond to emergencies including shock, cardiac and breathing emergencies for adults, children and infants, heat and cold emergencies, sudden illnesses and poisonings. Additionally, participants will learn first aid for everything from cuts and scrapes to muscle, bone and joint injuries. This course is available from the American Red Cross.
7. **Adult, Child and Infant CPR** - This hands-on skills training prepares students to respond to breathing and cardiac emergencies in victims aged 8 and above. *Infant CPR* is also available separately as a 3 ½ hour course that applies to infants up to 12 months; a four hour *Child CPR* course is available separately and applies to children age 1 to 8 years. These courses are available from the American Red Cross.
8. **Refresher Course on Triage and Emergency Trauma Stabilization** (physicians, nurses, EMTs/paramedics and other emergency medical providers *ONLY*) – This refresher course should focus on a review of protocols and procedures associated with patient triage, emergency trauma stabilization and other essentials of pre-hospital care. These courses may be available from area hospitals, local community colleges or professional organizations (e.g., the Midwest Trauma Society).

The Sacramento Regional Medical Reserve Corps should consider providing its volunteers training on the administration and distribution of Strategic National Stockpile pharmaceuticals and mass prophylaxis in the event of a biological incident, e.g., mass inoculations for smallpox.

Sacramento Regional Medical Reserve Corps members who (1) are physicians, nurses, pharmacists, EMTs/paramedics or other licensed and/or certified healthcare professionals and who (2) fill unit positions utilizing their specialized medical skills (Chief of Medical Operations, Nursing Unit Leader, etc.) must ensure their medical training, licenses and/or certifications are current for the duration of their Sacramento Regional Medical Reserve Corps appointments. This issue is further addressed under credentialing.

Other training courses will include instruction in Haz Mat, Cultural Diversity/Sexual Harassment, Infectious Diseases, Patient Tracking Ergonomics, HIPPA Regulations.

APPENDIX E

SOURCES OF TRAINING FOR SACRAMENTO REGIONAL MEDICAL RESERVE CORPS VOLUNTEERS

The following is a preliminary listing of educational and training sites (facilities and websites) and documents which may be helpful to Sacramento Regional Medical Reserve Corps volunteers in considering training opportunities. This information is from the *Medical Reserve Corps: A Guide for Local Leaders*, published by the U.S. Department of Health and Human Services and available at the Medical Reserve Corps website, www.medicalreservecorps.gov.

TRAINING CENTERS

Clara Barton Center for Domestic Preparedness – Pine Bluff, Arkansas

A center of the American Red Cross.

Public Health Service Noble Training Center – Anniston, Alabama

Trains doctors, nurses, paramedics and emergency medical technicians to recognize and treat patients with chemical exposures and other public health emergencies. A training program has been developed for pharmacists working with distribution of the National Pharmaceutical Stockpile. Expansion of the bioterrorism component of the Noble Training Center curriculum is a high priority for the U.S. Department of Health and Human Services (DHHS).

Federal Emergency Management Agency National Emergency Training Center – Emmitsburg, Maryland

FEMA's National Training Center.

BROADCAST TRAINING-LIVE RESPONSE PROGRAMS

The Office for Domestic Preparedness (ODP) and the Technical Support Working Group (TSWG), in cooperation with the Federal Emergency Management Agency (FEMA) Education Network (EENET), sponsor "**Live Response**." "**Live Response**" is an hour-long training broadcast in which a panel of experts explores topics related to WMD consequence management and engages in question and answer sessions with the program audience. "**Live Response**" is produced by the National Terrorism Preparedness Institute (NTPI) of St. Petersburg College and is a recurring satellite and internet training broadcast offering WMD related awareness information to the nation's civilian and military emergency response communities. Examples of topics included are: understanding the capabilities and limitations of response equipment and technologies and the need to establish redundant systems for making time-critical decisions in the field, understanding what resources exist to match unmet functional needs with possible technological solutions, and cross-training technical support personnel. "**Live Response**" experts welcome phone calls concerning these and other issues and invite viewers to network during the program on the program's interactive message board.

For more information visit the following website:

<http://terrorism.spjc.edu/NTPTliveresponse.htm>

Broadcast network coordinators and distance learning site administrators may register to participate in the program at the following website: <http://www.dlnets.com/cdvregistration.htm>. The program is also broadcast at: <http://terrorism.spjc.edu/webcast.htm>.

INTERNET-BASED EDUCATION AND TRAINING

FEMA Training

Federal Emergency Management Agency

<http://www.fema.gov>

National Library of Medicine (NLM)

NLM has rapidly accessible information on the transmission, diagnosis and treatment of possible agents of biological and chemical warfare.

<http://www.sis.nlm.nih.gov/Tox/biologicalwarfare.htm>

<http://www.sis.nlm.nih.gov/Tox/ChemWar.html>

<http://www.nlm.nih.gov/medlineplus/anthrax.html>

NDMS Response Team Training Program

The goal of this program is to ensure that all National Disaster Medical System team members have appropriate orientation and training for optimal in-field performance. This on-line training program allows team members to receive training as their schedule permits from any computer that has Internet access. Content has been developed by a functional working group of response team members under the guidance of the DHHS Office of Emergency Response. On-line assessment tools verify competency and completion of each module. Individual progress is tracked by both OEP and response team administrators. At this time, this training is available only to NDMS team members. Information about becoming an NDMS member is available at: <http://www.ndms.dhhs.gov>.

Commissioned Corps Readiness Force (CCRF) Training Program

This is an online training program for members of the U.S. Public Health Service Commissioned Corps Readiness Force, to help ensure that members have appropriate orientation and training for operational field performance. CCRF Members Categorized as **Non-Medical** (dietitians, engineers, environmental health officers, health services officers, pharmacists, scientists, and therapists) complete the following curriculum:

- Introduction to the CCRF
- Introduction to NDMS
- Preparing for Deployment
- Establishing the Base of Operations (BOO)
- Disaster Health
- Disaster Issues in Public Health
- Cultural Sensitivity in Disaster Response
- Rapid needs Assessment for Disaster Health Response
- International Public Health Response
- Mental Health Preparedness for Responders

CCRF Members categorized as **Medical** (dentists, health services officers/physician assistants, medical officer and veterinarians complete the following additional units in addition to the above:

- Civil-Military Operations in Disaster Response
- Trauma and Injuries
- Special Issues in Disaster Care
- Special Therapeutic Interventions

Program development and technical support for this training is provided by the Department of Emergency Health Services, University of Maryland Baltimore County and Wired4Life.

<http://www.ehs.umbc.edu/>

American Medical Association - Bioterrorism and other Disaster Resources for the Physician

This educational resource currently includes information on anthrax, antibiotic misuse, bioterrorism, botulinum toxin, chlordane during time of disaster, organized medicine's role in the national response to terrorism, diagnosis and treatment related to disaster medicine problems, hospital preparedness, post-traumatic stress disorder, smallpox, tularemia and responding to the growing threat of biological weapons.

<http://www.ama-assn.org/ama/pub/category/6671.html>

Bioterrorism Practical Readiness Network (Bio-PRN)

This free educational and informational program serves as a quick reference and intervention guide for physicians and healthcare administrators in studying, recognizing and treating diseases associated with bioterrorism. This network was established through a partnership of three businesses (AdvancePCS, the Medical Group Management Association and the Medical Learning Co.). Bio-PRN can be accessed through each of the partners' Web sites:

www.AdvancePCSMdnet.com/phys_bioterror.html; www.mgma.com/bioprn.cfm, or www.familypractice.com. The site is recommended for physicians and healthcare administrators. Physicians can examine virtual hypothetical patients exposed to agents used in bioterrorism. The site provides comprehensive references on biological agents; disease management flash cards with information on history, signs, symptoms, diagnosis, testing, treatment and prevention.

Medical Response to Weapons of Mass Destruction

This course is collaboration among Lippincott Williams & Wilkins, the Uniformed Services University of the Health Sciences (USUHS) and Medantic Technology. It is a course on nuclear, biological and chemical warfare for healthcare providers. This interactive online course is designed to provide medical professionals with information and rapid decision-making skills for response environments. The web-based format allows for easy access. The content is from experts at the U.S. Uniformed University of Health Sciences (USUHS). It includes ten interactive modules that address the most likely agents connected with terrorist attacks, including anthrax, smallpox and agent 15. The modules include lectures, cases and tests. Additional lecture modules are available, including psychological/psychiatric aspects, decontamination and logistics. A certificate of completion is issued by USUHS. For more information go to <http://www.wmddemo.com>. To order call: 1-800-326-1685 or email halexand@Lww.com

Primary Care Physicians-Diagnosis of smallpox, anthrax and other Bioterrorism-Related Infections

This website is sponsored by the Agency for Health Research and Quality (AHRQ) of DHHS. It is directed toward the estimated 265,000 primary care physicians across the country to enhance their ability to diagnose and treat rare infections and exposures to bioterrorism agents, such as smallpox and anthrax. The site was prepared by the University of Alabama at Birmingham under a contract from AHRQ. It offers five online courses for hospital emergency department physicians, nurses, radiologists, pathologists and infection control practitioners. Courses cover identification of potential bioterrorism agents, including smallpox and anthrax and commonly associated syndromes.

<http://www.bioterrorism.uab.edu>

American Academy of Pediatrics

This website provides information about the special vulnerabilities and the unique treatment needs of children during disasters. For example, children need different dosages of medicine than adults, different sized equipment than adults, as well as special consideration during decontamination efforts. Children also have unique mental health needs. It is critical that all community preparedness efforts involve pediatric health experts as well as key facilities, institutions and agencies that care for children.

<http://www.aap.org>

An Orientation to Community Disaster Exercises (FEMA)

This study course includes a videocassette and a student manual that provides an orientation to the types of exercises used to test and evaluate a community's emergency plan. The content illustrates the eight basic steps to exercise design and emphasizes the use of a design team to ensure the success of a community's exercise program. The training is web-based with a video available. Target audience: administrators/managers, community leaders, planners. No cost.

<http://www.fema.gov/emi/is120.htm>

Nor-E First Response, Inc. This firm produces and sells decontamination equipment. Their on-line interactive discussion sessions provide useful information ranging from WMD basics to proven decontamination processes. Their on-line transmissions include, for example, answers to frequently asked questions regarding decontamination systems and processes. Email: info@nor-e.com; <http://www.nor-e.com>

HANDS-ON TRAINING/COURSES

American Heart Association (AHA)

The AHA and its local chapters provide training for basic life support (BLS), cardiopulmonary resuscitation (CPR), automated external defibrillator (AED) use and other "Heartsaver" training. Courses are posted on the AHA website at: www.americanheart.org. Many of these courses are free. For example, the AHA will pay for training for up to two teachers or school staff members per high school to become instructors who can teach the Heartsaver CPR in their school.

American Red Cross - Health and Safety Training

(Courses and materials are available in Spanish and English) The American Red Cross provides training for the public in first aid, cardiopulmonary resuscitation, and automated

external defibrillators (AEDs). Information on specific course availability is available through local chapters.

National Association of School Nurses (NASN)

NASN offers "Managing School Emergencies" training, a three-part course. Part III addresses responding to multiple trauma and mass casualty incidents. Information is available at: www.nasn.org

American Red Cross Training for Professional Rescuers

This is a comprehensive course for first responders based on the 1995 U.S. DOT First Responder National Standard Curriculum. Courses include:

- CPR for the Professional Rescuer
- AED Essentials
- Oxygen Administration
- Preventing Disease Transmission

Videos are available on multiple topics for community disaster education (e.g., chemical emergencies, earthquakes, hurricanes, winter storms, general preparedness).

<http://www.americanredcross.org/services/hss/courses>

Society of Critical Care Medicine

Fundamental Critical Care Support (FCCS) Program. Provider and instructor courses are held throughout the year at both domestic and international sites. The Society's FCCS course provides instruction on the initial management of the critically ill or injured patient while awaiting critical care expertise. This includes care related to mechanical ventilation, monitoring, organ hypoperfusion and neurological support. The FCCS course consists of: interactive standardized lectures, interactive skill stations, and the Third Edition Textbook. The FCC covers principles required for the first 24 hours of critical care and complements ACLS and ATLS instruction. The FCCS program is most beneficial to healthcare providers without formal critical care training, including: primary care physicians, emergency medicine physicians, nurses, critical care fellows beginning their training, residents in training, physician assistants and pre-hospital providers with lengthy patient transfer. For additional information e-mail: fccs@sccm.org or go to www.sccm.org.

ACADEMIC INSTITUTIONS

Dartmouth College, Institute for Security Technology Studies

Terrorism First Response ADL Project

Louisiana State University (LSU), Department of Environmental Studies, Disaster Science and Management Program

Studies using models to understand hazards-vulnerability and consequence assessment.

<http://www.risk.lsu.edu>

St. Petersburg College, National Terrorism Preparedness Institute (NTPI)

In cooperation with the Office of Domestic Preparedness (ODP) and the Technical Support Working group (TSWG), and the FEMA Emergency Education Network (EENET) regular hour-long training broadcasts explore topics related to WMD consequence management.

Each session involves a panel of experts and there is a live question and answer session with the broadcast audience. The program is available for viewing over various government and commercial networks. Topics include: understanding the capabilities and limitations of response equipment and technologies and the need to establish redundant systems for making time-critical decisions in the field, understanding what resources exist to match unmet functional needs with possible technological solutions and cross-training technical support personnel. The panel welcomes phone calls concerning these issues and invites viewers to network during the program's interactive message board. For more information visit the following website: <http://terrorism.spjc.edu/NTPTIiveresponse.htm>. To register to participate in a program go the following website: <http://www.spjc.edu/>. Programs are webcast at: <http://terrorism.spjc.edu/webcast.htm>.

STATE PROGRAMS

CURRICULA AND LITERATURE

New Disaster Curriculum for Schools of Public Health. This new book can be ordered from the Public Health Foundation: <http://bookstore.phf.org/prod170.htm>. This book highlights the curriculum which is described below.

Disaster Preparedness in Schools of Public Health: A Curriculum for the New Century. This document contains a model curriculum for schools of public health and others involved in training programs for emergency preparedness. Materials include transparencies and 13 tabbed modules in a 3-ring binder. Examples of the modules include:

- Overview of types of hazards and disasters and their consequences
- Roles and responsibilities of public health in disaster preparation, mitigation, planning, and response
- Bioterrorism issues in public health response to disaster
- Evaluation methods for assessing the medical and public health response to disaster

The course was designed to be flexible in meeting the needs of schools. Instructors may wish to teach the modules as a unified course or may choose to use individual modules as lectures in already established courses. *Disaster Preparedness in Schools of Public Health: a Curriculum for the New Century* was edited by Linda Landesman, Dr. PH, MSW, formerly of the Albert Einstein College of Medicine, through support of the Centers for Disease Control and Prevention and the Association of Schools of Public Health. Target Audience: academicians, community leaders, environmental health professionals, health planners, infection control professionals, program managers, public health program staff. Price: \$73.50.

Biological Warfare and Terrorism - Medical Issues and Response, Student Material Booklet, Food and Drug Administration and the U.S. Army Medical Research Institute of Infectious Diseases, September 2000. This document contains information on threats of biological warfare and terrorism, including biological agents; principles for managing a bio-weapon attack using a military scenario; and response to bioterrorism, including response to foodborne bioterrorism. Limited copies may be obtained through direct request to the Office of the Surgeon General at (301) 443-4000.

Health Management of Natural Disasters, Scientific Publication No. 407, Pan American Health Organization, Washington, D.C. 20037. This publication provides information on structuring health disaster management, disaster preparedness, disaster mitigation in the health sector, coordination of disaster response activities and assessment of health needs, mass casualty management, epidemiological surveillance and disease control, environmental health management, food and nutrition, communications and transport, management of humanitarian relief supplies, management of international humanitarian assistance, and reestablishment of normal health programs. Website: <http://www.paho.org/disasters>

The Public Health Consequences of Disasters, edited by Dr. Eric Noji, Oxford University Press, USA Dictionaries Program, 263 Main, Suite 301, Old Saybrook, CT 06475, Phone: (860) 388-6664. This book summarizes recent and useful information about the public health impact of natural disasters, illustrated by examples from recent research in the field. The author starts with a section on the concepts and role of surveillance and epidemiology, highlighting general environmental health and health concerns. The other chapters cover discrete types of natural and technological hazards, covering their history, origin, nature, observation, prevention, and control. Throughout the book the focus is on the level of epidemiological knowledge on each aspect of natural disasters. Noji emphasizes the need for better epidemiological awareness as the basis for better understanding and control of the different types of disasters. Each chapter is based on a variety of experiences and literature drawn from both developing and industrialized countries. Target Audience: academicians, community leaders, environmental health professionals, health planners, infection control professionals, program managers, public health program staff.

Emergency Medical Services, June 2001, Volume 37, Number 6. "Core Competencies for Medical First Responders to Chemical, Biological, Radiological, and Nuclear Energy Events." This is the report of a study by an expert task force which assessed the needs, demands, feasibility and content of training for U.S. civilian emergency medical responders (paramedics, nurses, and physicians) for nuclear, biological and chemical (NBC) terrorism. The task force recommends training programs and materials that need to be developed to overcome the identified barriers and challenges to learning for these groups.

APPENDIX F

SACRAMENTO REGIONAL MEDICAL RESERVE CORPS UNIFORM AND INSIGNIA

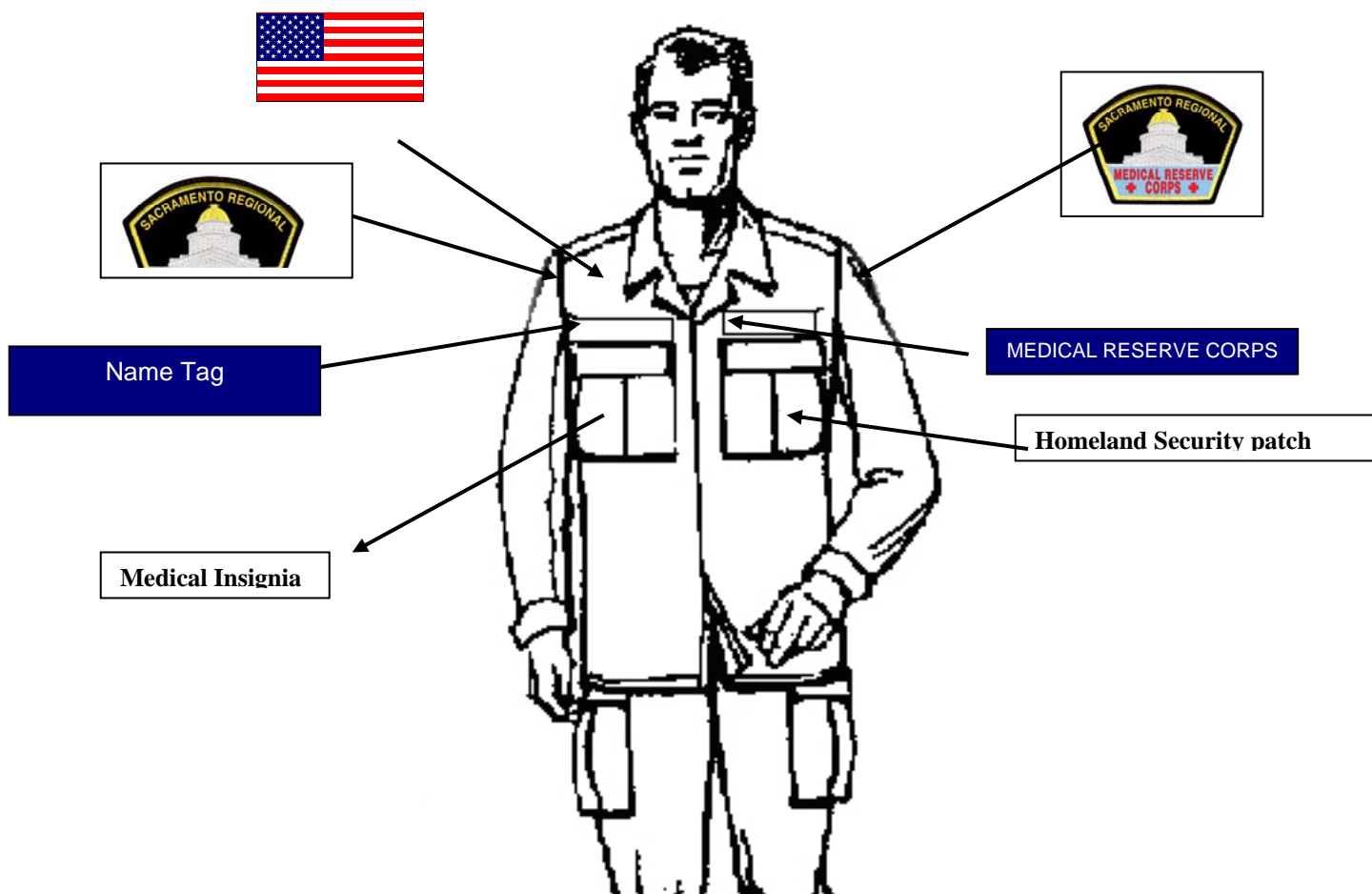


Figure F-1: Proper placement of patches on BDU



Figure F-2: Official unit cap and Polo - shirt

APPENDIX G

SACRAMENTO REGIONAL MEDICAL RESERVE CORPS IDENTIFICATION CARD

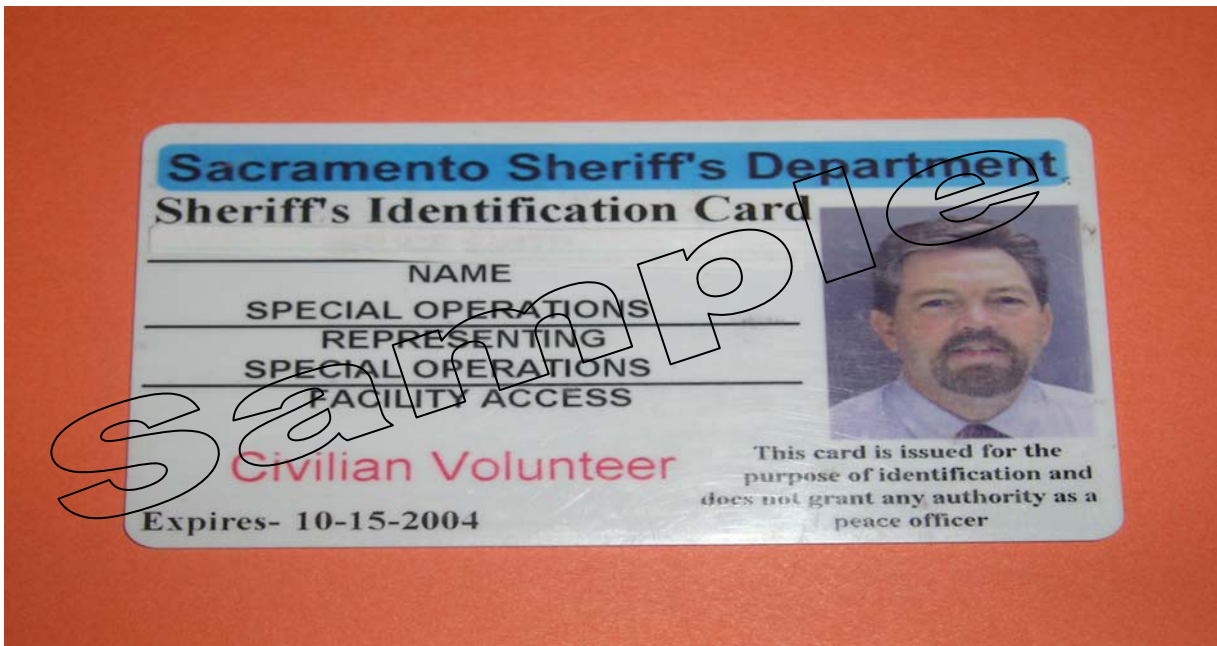


Figure – G-1: Identification card used by Sacramento Regional Medical Reserve Corps

APPENDIX H

BYLAWS

ARTICLE I: NAME

- A. The organization shall be known as the "Sacramento Regional Medical Reserve Corps", and shall be organized as a non-profit corporation, hereinafter referred to as "SRMRC."

ARTICLE II: MISSION

- A. It shall be the mission of SRMRC to develop partnerships within the Sacramento region medical profession (active and retired) that aid in the education, training and deployment of citizen volunteers and resources in the event of a large scale, local emergency.

ARTICLE III: VISION

- A. The vision of the Sacramento Regional Medical Reserve Corps (SRMRC) is to enlist citizen volunteers to assist in the establishment of an organized pool of resources capable of being deployed to support Emergency Management Systems already in place in the event of a major emergency. The goal of the SRMRC will be that of a support role in providing volunteer medical professionals and resources to augment those services in the community that engaged in the health and welfare of the citizenry.

ARTICLE IV: OBJECTIVES AND FUNCTIONS

- A. The Board of Directors of SRMRC shall establish a work plan that sets forth the objectives and functions of SRMRC. The Board of Directors shall review the work plan and amend it as necessary, but not less than on an annual basis.

ARTICLE V: MEMBERSHIP

- A. Membership in SRMRC is voluntary and non-binding. Membership shall be through member organizations such as Volunteers In Partnership with the Sheriff (VIPS), Neighborhood Watch Program (NWP), Sacramento Region Citizen Corps Council, Community Service Reserve Corps (CSRC), etc. and may include any private citizen, business, or agency that maintains a stated interest in furthering the goals of the SRMRC and agrees to abide by the By-laws as provided herein.

ARTICLE VI: OFFICERS AND THEIR DUTIES

- A. Officers of SRMRC shall include: Director, Assistant Director, Secretary and Treasurer.
1. **DIRECTOR** - shall preside at all meetings of SRMRC, shall establish all committees and fix their duties, and shall perform any and all other duties as may be required of the office of Director. The Director will also be the chairman of the Board members. The Director has the authority to enforce Bylaws provisions and decisions of the Board members.

2. **ASSISTANT DIRECTOR** - shall perform the duties of Director in the event of the absence of the Director and shall perform any and all other duties as may be required of the office of Assistant Director. Should the Director be unable to perform the duties of that office, the Assistant Director shall act as Director until an election can be held to fill the office of Director, or until the Director can resume the duties of the office. The Assistant Director will also serve as historian of SRMRC.
 3. **SECRETARY** - shall keep the minutes of all meetings of SRMRC, attend to all correspondence of SRMRC, shall be responsible for notification of Members of all meetings, events and activities, and shall perform all other duties as may be required of the office of Secretary. Should the Assistant Director be unable to perform the duties of that office, the Secretary shall act as Assistant Director until an election can be held to fill the office of Assistant Director, or until the Assistant Director can resume the duties of the office.
 4. **TREASURER** - shall collect and account for all contributions and disbursements. Shall pay all authorized bills by check of SRMRC, keep accurate financial records of SRMRC accounts, submit a financial report at each regular meeting, prepare and submit an annual financial report in writing at the January regular meeting, and shall perform any and all duties as may be required of the office of Treasurer. The Treasurer will prepare, or cause to be prepared, for filing each year, the appropriate tax return with the Internal Revenue Service and the California Franchise Tax Board.
- B. All Officers shall be nominated and elected by a majority vote of a quorum present at the January regular meeting, and shall hold office for a term of two (2) years or until their successors are elected. No Officer shall hold two consecutive terms in a single capacity as an elected Officer or Board Member. Officers shall assume their duties at the regular January meeting. Any vacancy during the year shall be filled by a special election to be held at the next regular meeting following the vacancy and the term of an Officer elected to fill a vacancy shall end at the subsequent January meeting.
- C. Any Member of the SRMRC may nominate an eligible individual to be a candidate for office.
- D. Any Officer may be removed from office for failure to perform the duties of said office as such. Removal shall require the affirmative vote of two-thirds (2/3) (rounded up) of a quorum of the Board Members.

ARTICLE VII: BOARD MEMBERS

- A. All Officers shall be Board Members of SRMRC. The President shall be the chairman of the Board. The Board Members are empowered to conduct such business and affairs of SRMRC not requiring the vote of the Members, and any and all other duties as may be required by the Members.
- B. Board Members: The SRMRC Board shall consist of the elected Officers, Executive Sponsors and up to eleven (11) Members.
- C. Total membership of the SRMRC Board, including Executive Sponsors, shall not exceed thirty (30) and be not less than nine (9).

- D. A quorum shall be three-fourths (3/4) (rounded up) of the elected Members, which includes at least two Officers of the elected Board Members.
- E. All Board Members shall be nominated and elected by a majority vote of a quorum present at the January regular meeting and shall hold office for a term of two (2) years or until their successors are elected. Board Members shall assume their duties at the regular January meeting. Any vacancy during the year shall be filled by a special election to be held at the next regular meeting following the vacancy and the term of a Board Member elected to fill a vacancy shall end at the completion of the term for that vacancy.
- F. The Director shall solicit from the general membership nominations for Officers and Board Members in October and close the nominations in November. During December the Board Members shall notify the Members of all the nominees. Any Member of the SRMRC may nominate an eligible individual as a candidate for Board Member.
- G. The Director's Board position will be up for re-election in the even year and the Assistant Director Board position will be up for re-election during the odd year. The outgoing Director will be made an ex-officio board member for a period of one year for the purposes of maintaining continuity within the organization.
- H. Minimum qualifications of a Board Member of SRMRC include the following:
 - 1. Citizen or legal resident of the United States of America;
 - 2. Reside or work in the Sacramento Region (El Doarado, Placer Sacramento and Yolo Counties);
 - 3. No felony convictions;
 - 4. Pass a background investigation acceptable to the Sacramento County Sheriff's Department;
 - 5. 18 years of age or older;
 - 6. No actions of morale turpitude; and
 - 7. Completion of Sacramento County Sheriff's Community Service Reserve Corps (CSRC) program or be an active volunteer or employee of the Sacramento County Sheriff's Department.
- I. The Board Members may appoint organizations that provide substantial support to the SRMRC or affiliated programs as Executive Sponsors. The Board annually shall reconsider and, if appropriate, reappoint each appointed Executive Sponsor.
- J. As the official sponsor of the Medical Reserve Corps, the Sacramento County Sheriff's Department is granted the privilege of voting power.
- K. The SRMRC Board is charged with oversight and management of the affairs of SRMRC and affiliated grants, whereas the SRMRC Board Members shall empower and delegate management authority to each SRMRC Program for the well being of the organization as a whole.
- L. The primary purpose for the SRMRC Board of Directors shall be to govern the fiscal well being of the organization and promote the SRMRC mission.

- M. The SRMRC authority of the Board Members shall extend to all fiscal matters, and any operational issue that may impact the SRMRC status as a (1) tax-exempt; (2) 501(c)(3); or (3) non-profit organization.
- N. Any Member of the Board may be removed from the Board for failure to perform the duties of a Board Member as such. Removal shall require the affirmative vote of two-thirds (2/3) (rounded up) of a quorum of the Board.

ARTICLE VIII: MEETINGS - REGULAR & SPECIAL

- A. Regular meetings of the SRMRC Board shall be scheduled monthly unless otherwise decided by the SRMRC Board Members.
- B. During each meeting, the SRMRC Board Members shall designate time for comments from the general membership.
- C. The regular meeting in January, in addition to the regular business of SRMRC, shall be the Annual Membership Meeting for the purpose of the annual election of SRMRC Officers and Board Members by the general membership. Thereafter, the new Director shall assume the chair for the duration of the meeting.
- D. Special meetings may be called:
 - 1. By the Director. The Secretary shall notify in writing or by e-mail, the Members of the time, place and purpose of the meeting within three business days. The meeting shall occur not less than 10 business days nor more than 15 business days from the date of notification.
 - 2. Upon request of the Board Members. Upon receipt of a petition, signed by 3 or more members of the Board, calling for a special meeting, the Director shall call such a meeting. The Secretary shall notify in writing or by e-mail, the Members of the time, place and purpose of the meeting within three business days. The meeting shall occur not less than 10 business days nor more that 15 business days from the date of notification.
- E. Meetings shall be conducted in an orderly and business like manner. Robert's Rules of Order shall guide and govern all meetings of SRMRC.
- F. Immediately following adoption of these Bylaws, the Interim Officers shall convene a Special Meeting to elect the Officers and Board Members to serve a two year term.
 - 1. Members present shall constitute a quorum for purposes of this Special Meeting.

ARTICLE IX: COMMITTEES

- A. The Director shall establish committees and assign duties as required to conduct the business of SRMRC. A committee may be either a standing committee or a special committee with a limited term.

ARTICLE X: BYLAWS AND AMENDMENTS

- A. These Bylaws shall not be altered, amended, or repealed except at a regular meeting of SRMRC and then only provided that the alteration, amendment, or repeal shall have been proposed at the previous regular meeting and further provided, the Secretary has notified, in writing, all members of the Board of proposed changes. Notifications shall be by mail or e-mail and not less than 10 days prior to the date of the regular meeting at which the proposed changes shall be brought to a vote.
- B. Votes required to approve proposed Bylaws changes shall be:
 - 1. A quorum consisting of fifty-one percent (51%) of the general membership is required to approve proposed Bylaws changes.
 - 2. Thereafter, a fifty-one percent (51%) vote of a quorum of the Board is required to approve and proposed future Bylaws changes that would not change the maximum or minimum membership of the SRMRC.
- C. The Bylaws of the Sacramento Regional Medical Reserve Corps shall become effective as adopted by a fifty-one percent (51%) majority vote of the Members present at a special meeting on a date to be determined, and modified and duly approved at the first regular Board meeting, on a date to be determined.

ARTICLE XI: VOTING

- A. Each Member present at a general or special meeting of the membership shall have one vote.
- B. Each Officer and Board Member present at a general or special meeting of the Board of Directors shall have one vote.
- C. For purposes of the Annual Membership Meeting and whenever a vote of the SRMRC membership may be required, ten percent (10%) of the Members shall constitute a quorum.

ARTICLE XII: FINANCES

- A. The fiscal year of the SRMRC shall be from July 1 through June 30.
- B. Designated funds shall be held in respective accounts for each affiliated program. Undesignated funds may be dispersed to affiliated programs based on need by the Board.
- C. No Member shall incur any indebtedness or make definite contracts for services or material or use the credit of the SRMRC without prior permission of the Board.
- D. The financial books will be audited annually by an audit committee established by the Director or, if the Board so decides, an outside auditor.

ARTICLE XIII: INDEMNIFICATION

- A. Members agree to sign a Release of Liability agreement for the SRMRC as a condition of their membership.
- B. Members should be made aware of their legal rights and potential risks of liability when applying for membership.
- C. The Board of SRMRC may acquire and maintain liability Insurance, including Board Members and Officers liability insurance.

ARTICLE XIV: STANDING RULES

- A. The Board Members may adopt standing rules to further define the operation of SRMRC.
- B. Standing rules shall not conflict with any bylaw.
- C. Standing rules may be adopted, amended or suspended without prior notice at any meeting of the Board.

APPENDIX I

LIABILITY/RISK MANAGEMENT PROTECTION FOR VOLUNTEERS

FEDERAL:

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 139--VOLUNTEER PROTECTION

Sec.14503. Limitation on liability for volunteers

a. Liability protection for volunteers

Except as provided in subsections (b) and (d) of this section, no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if--

1. The volunteer was acting within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity at the time of the act or omission;
2. If appropriate or required, the volunteer was properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity;
3. The harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and
4. The harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to--
 - a) possess an operator's license; or
 - b) maintain insurance.

b. Concerning responsibility of volunteers to organizations and entities

Nothing in this section shall be construed to affect any civil action brought by any nonprofit organization or any governmental entity against any volunteer of such organization or entity.

c. No effect on liability of organization or entity

Nothing in this section shall be construed to affect the liability of any nonprofit organization or governmental entity with respect to harm caused to any person.

d. Exceptions to volunteer liability protection

If the laws of a State limit volunteer liability subject to one or more of the following conditions, such conditions shall not be construed as inconsistent with this section:

1. A State law that requires a nonprofit organization or governmental entity to adhere to risk management procedures, including mandatory training of volunteers.
2. A State law that makes the organization or entity liable for the acts or omissions of its volunteers to the same extent as an employer is liable for the acts or omissions of its employees.
3. A State law that makes a limitation of liability inapplicable if the civil action was brought by an officer of a State or local government pursuant to State or local law.
4. A State law that makes a limitation of liability applicable only if the nonprofit organization or governmental entity provides a financially secure source of recovery for individuals who suffer harm as a result of actions taken by a volunteer on behalf of the organization or entity. A financially secure source of recovery may be an insurance policy within specified limits, comparable coverage from a risk pooling mechanism, equivalent assets, or alternative arrangements that satisfy the State that the organization or entity will be able to pay for losses up to a specified amount. Separate standards for different types of liability exposure may be specified.

e. Limitation on punitive damages based on actions of volunteers

1. General rule

Punitive damages may not be awarded against a volunteer in an action brought for harm based on the action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity unless the claimant establishes by clear and convincing evidence that the harm was proximately caused by an action of such volunteer which constitutes willful or criminal misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed.

2. Construction

Paragraph (1) does not create a cause of action for punitive damages and does not preempt or supersede any Federal or State law to the extent that such law would further limit the award of punitive damages.

f. Exceptions to limitations on liability

1. In general

The limitations on the liability of a volunteer under this chapter shall not apply to any misconduct that—

- a) Constitutes a crime of violence (as that term is defined in section 16 of title 18) or act of international terrorism (as that term is defined in section 2331 of title 18) for which the defendant has been convicted in any court;

- b) Constitutes a hate crime (as that term is used in the Hate Crime Statistics Act (28 U.S.C. 534 note));
- c) Involves a sexual offense, as defined by applicable State law, for which the defendant has been convicted in any court;
- d) Involves misconduct for which the defendant has been found to have violated a Federal or State civil rights law; or
- e). Where the defendant was under the influence (as determined pursuant to applicable State law) of intoxicating alcohol or any drug at the time of the misconduct.

2. Rule of construction

Nothing in this subsection shall be construed to effect subsection (a)(3) or (e) of this section. (Pub. L. 105-19, Sec. 4, June 18, 1997, 111 Stat. 219.)

References in Text

The Hate Crime Statistics Act, referred to in subsec. (f)(1)(B), is Pub. L. 101-275, Apr. 23, 1990, 104 Stat. 140, which is set out as a note under section 534 of Title 28, Judiciary and Judicial Procedure.

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 139--VOLUNTEER PROTECTION

Sec. 14504. Liability for non-economic loss

(a) General Rule

In any civil action against a volunteer, based on an action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity, the liability of the volunteer for non-economic loss shall be determined in accordance with subsection (b) of this section.

(b) Amount of Liability

1. In general

Each defendant who is a volunteer, shall be liable only for the amount of non-economic loss allocated to that defendant in direct proportion to the percentage of responsibility of that defendant (determined in accordance with paragraph (2)) for the harm to the claimant with respect to which that defendant is liable. The court shall render a separate judgment against each defendant in an amount determined pursuant to the preceding sentence.

2. Percentage of responsibility

For purposes of determining the amount of non-economic loss allocated to a defendant who is a volunteer under this section, the trier of fact shall determine the percentage of responsibility of that defendant for the claimant's harm. (Pub. L. 105-19, Sec. 5, June 18, 1997, 111 Stat. 221.)

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 139--VOLUNTEER PROTECTION

Sec. 14505. Definitions

For purposes of this chapter:

1. Economic loss

The term ``economic loss" means any pecuniary loss resulting from harm (including the loss of earnings or other benefits related to employment, medical expense loss, replacement services loss, loss due to death, burial costs, and loss of business or employment opportunities) to the extent recovery for such loss is allowed under applicable State law.

2. Harm

The term ``harm" includes physical, nonphysical, economic, and non-economic losses.

3. Non-economic losses

The term ``non-economic losses" means losses for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation and all other non-pecuniary losses of any kind or nature.

4. Nonprofit organization

The term ``nonprofit organization" means—

- A. Any organization which is described in section 501(c)(3) of title 26 and exempt from tax under section 501(a) of such title and which does not practice any action which constitutes a hate crime referred to in subsection (b)(1) of the first section of the Hate Crime Statistics Act (28 U.S.C. 534 note); or
- B. Any not-for-profit organization which is organized and conducted for public benefit and operated primarily for charitable, civic, educational, religious, welfare, or health purposes and which does not practice any action which constitutes a hate crime referred to in subsection (b)(1) of the first section of the Hate Crime Statistics Act (28 U.S.C. 534 note).

5. State

The term ``State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, any other territory or possession of the United States, or any political subdivision of any such State, territory, or possession.

6. Volunteer

The term ``volunteer" means an individual performing services for a nonprofit organization or a governmental entity who does not receive—

- A. Compensation (other than reasonable reimbursement or allowance for expenses actually incurred); or
- B. Any other thing of value in lieu of compensation, in excess of \$500 per year, and such term includes a volunteer serving as a director, officer, trustee, or direct service volunteer.(Pub. L. 105-19, Sec. 6, June 18, 1997, 111 Stat. 221.)

References in Text

The Hate Crime Statistics Act, referred to in par. (4), is Pub. L. 101-275, Apr. 23, 1990, 104 Stat. 140, which is set out as a note under section 534 of Title 28, Judiciary and Judicial Procedure.

APPENDICES