

RI DMAT/MRC Volunteer Handbook

Overview of RI DMAT's Medical
Reserve Corps Program

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RHODE ISLAND

Welcome

Dear Rhode Island Medical Reserve Corps (RI MRC) Volunteer,

On behalf of the RIDMAT/MRC Executive Committee, welcome and thank you for joining our volunteer team.

This manual is intended to provide RIDMAT/MRC volunteers with a description of the DMAT/MRC program, to define the major policies and procedures and offer information that may be useful to newly oriented members of the program. The information in this handbook is extensive but not complete with sections being revised and updated as new information becomes available. An electronic copy of the handbook may be obtained on the RI Responds Website: www.riresponds.org/resouces

Welcome to RI DMAT/MRC!

History of RI DMAT/MRC and RI Responds

During the events of September 11, 2001, it became clear that there was no method for coordinating the services of thousands of well-meaning volunteers who showed up at disaster scenes wanting to help. There was no mechanism for checking credentials and assigning volunteers where they could do the most good, and no pre-planning to ensure their safety. Nor had these volunteers been trained in methods that would allow them to work effectively as a team, interacting with other agencies at the scene. In fact, the presence of unidentified care providers created numerous problems and potentially put trained rescuers at risk.

The Rhode Island Disaster Medical Assistance Team (RI DMAT), a component of the National Disaster Medical System, had been organizing medical health professionals to respond to extraordinary medical needs for the Federal Government since 1996 and when the RI DMAT team was activated to deploy to New York City the morning of September 11, 2001 it became abundantly clear that Rhode Island needed to mirror the efforts of the federal team to respond to emergencies locally. As a 501 (c) 3 non-profit organization, RI DMAT Inc. sponsored the 2003 application to start a Medical Reserve Corps unit in Rhode Island to become known as RI MRC.

The Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) is the National Leadership division for the Medical Reserve Corps program and is housed in the Office of the U.S. Surgeon General / Department of Health and Human Services www.medicalreservecorps.gov. There are currently over 900 MRC units in the United States; with 91 units in New England. These local MRC units help communities achieve

their local visions for public health and emergency preparedness by recruiting and training volunteers.

At approximately the same time that the national Medical Reserve Corps was being formed, a new federal program, called the *Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)* was also initiated. The ESAR-VHP program requires each state to have a system in place to register healthcare volunteers willing to help during an emergency. ESAR-VHP establishes standards for registration, emergency credentialing of healthcare professionals, and activation and deployment requirements. Rhode Island's response to the ESAR-VHP requirement and the nearly simultaneous emergence of the Medical Reserve Corps was to establish **RI Responds**, a partnership of state emergency health response programs.

The Rhode Island Department of Health (HEALTH) contracted with RI DMAT, Inc. to create, manage and maintain the State's ESAR-VHP system, RI Responds. The web-based system was released in 2006 and RI DMAT, through the RI MRC unit coordinator, manages the credentialing of registered volunteers, system maintenance, system upgrades, feeds, enhancements and overall administration. In addition, RI DMAT is tasked with managing a volunteer response at the request of HEALTH or the Rhode Island Emergency Management Agency (RIEMA).

Rhode Island's Implementation of ESAR-VHP

In Rhode Island the ESAR-VHP program, named the Statewide Emergency Registry of Volunteers in Rhode Island (SERV-RI), is housed under the umbrella system RI Responds along with the Rhode Island Medical Reserve Corps (RI MRC) and the Rhode Island Disaster Medical Assistance Team (RI DMAT). RI Responds operates as a collaborative program that the Rhode Island Department of Health (HEALTH) has initiated to identify and pre-credential healthcare providers who are licensed in Rhode Island *prior* to a large-scale disaster or public health emergency. The RI Responds credentialed healthcare volunteer will be available to assist with local area surge capacity issues and emergency response situations within Rhode Island.



The RI Responds Collaborative

Rhode Island Disaster Medical Assistance Team (RI DMAT)

The Rhode Island Disaster Medical Assistance Team, Inc. (RI DMAT) is a 501 c3 non-profit organization that works to enhance the response capabilities for the State of Rhode Island and other partners by securing, managing and maintaining a cache of emergency medical response equipment and by recruiting, training and managing the activation of volunteer health professionals and non-medical volunteers in response to public health emergencies and disaster response.



RI DMAT is also comprised of a level 1, federally deployable team that falls under the auspice of the National Disaster Medical System (NDMS) housed within the Office of the Assistant Secretary for Preparedness and Response in the Department of Health and Human Services (HHS). RI-1 DMAT is a level one team with over 100 members and the team has responded to multiple major disasters with NDMS since 1995.

HEALTH contracted with RI DMAT to create, manage and maintain the State's ESAR-VHP system, RI Responds. The web-based system was released in 2006 and RI DMAT, through the RI MRC Unit Coordinator, manages the credentialing of registered volunteers, system maintenance, system upgrades, licensing feeds, system enhancements and overall administration. In addition, RI DMAT is tasked with managing a volunteer response at the request of HEALTH or the Rhode Island Emergency Management Agency.

Rhode Island Medical Reserve Corps (RI MRC)

The Rhode Island Medical Reserve Corps is an organization that identifies, trains, and organizes local healthcare volunteers able to assist in both large-scale state emergencies and/or smaller community based public health initiatives.



With over 1500 registered volunteer health professionals and non-medical volunteers, the RI MRC is an active participant in preparedness and response activities within the State of Rhode Island. Sponsored by the Rhode Island Disaster Medical Assistance Team (RI DMAT), the 501c3 organization provides training opportunities to its volunteers in the form of field hospital operations at mass gathering events across the State. The goal of these events is aimed at training medical health professional volunteers to prepare for and respond to public health and emergency response disasters by providing hospital level care to participants and spectators. RIDMAT/MRC's participation at these events alleviates surge on local EMS services and area hospitals.

The RI MRC program utilizes and manages the State of Rhode Island's Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP), RI Responds, to register, contact and credential its volunteers. Licenses are credentialed

per the standards dictated by the Department of Health and Human Services ESAR-VHP guidelines.

RI MRC aims to provide support to public health initiatives across the State to improve the health and wellness of Rhode Island, ultimately reducing the vulnerability of the population to disaster risk and improving our overall response efforts.

Statewide Emergency Registration of Volunteers – Rhode Island (SERV-RI)

Rhode Island's ESAR-VHP Program is named the Statewide Emergency Registry of Volunteers in Rhode Island, SERV-RI. The system was designed to identify and credential healthcare providers who are licensed in Rhode Island prior to a large-scale disaster or public health emergency. The SERV-RI healthcare volunteers are not contacted on a regular basis, however the license and credential information of registered members are verified on a regular basis and SERV-RI volunteers will be contacted to supplement the RI RMC and RI DMAT volunteer response in a large-scale emergency in the State of Rhode Island.



Overview of the Rhode Island Medical Reserve Corps

Unit Jurisdiction

The RI MRC is a state-based unit designed to serve all five counties- Bristol County, Kent County, Newport County, Providence County, and Washington County - covering the state of Rhode Island.

The program and equipment is housed at RI DMAT, Inc. Headquarters located at 50 Barnett Lane West Greenwich, Rhode Island with an administrative office in Providence, Rhode Island.

Mission

The Mission of the Rhode Island Medical Reserve Corps is to draw medical professionals to volunteer service and train them to respond to the needs of the Rhode Island community, thus enhancing local emergency response efforts. The Rhode Island Medical Reserve Corps will provide reserve medical professionals at the local level to respond to community and state needs.

Goal

The RI MRC aims to provide useful training opportunities that prepare a volunteer corps to safely and properly respond to the needs of its community.

Organizational Structure

Director initiated the formation of the RI MRC and is ultimately responsible for all aspects of the unit. Determines when the unit will be deployed and which activities warrant involvement by members.

RI MRC Coordinator Manages day-to-day operations involved in the recruitment and credentialing of interested volunteers. Maintains regular contact with registered

volunteers and organizes training programs and drills, organizes meetings, maintains contract and grant requirements, and participates in partner building and meeting national program requirements.

Operations Responsible for meeting the operational goal to provide useful training opportunities to prepare a volunteer corps, maintaining overall operability at Headquarters, building reliable partnerships to further involvement in preparedness and response

Logistics Ensures facility and support needs are met, including: supply and re-supply of Medical and non-medical equipment and materials, headquarter support, communications, IT support, and food and water for staff/volunteers.

Hospital Operations Ensures that clinical staff are familiar with their responsibilities, training is in line with organizational goals and that patients are treated properly and safely during a response and/or training.

Medical Director Responsible for overall management of medical operations with support from the Operations, Logistics, and Hospital Operations.

Membership

Any person interested in joining RI MRC is eligible to complete the online application.

Registered MRC members become eligible for training programs and receive basic correspondence once the on-line application process has been complete.

Members are not required to live or work in the state however, must understand that if a member is a licensed healthcare provider in a neighboring state and does not have a valid healthcare license in Rhode Island, that member will fill a non-clinical role to meet the credential requirement of the RI Responds system.

In the event of a large public health emergency, RIDMAT/MRC members will be utilized commensurate with their training and skills. Though there are some tasks that members whose licenses have expired will be prohibited from performing, their expertise and training may be used in other areas.

If an emergency is of sufficient magnitude, the governor may waive licensure requirements and authorize retired and out-of-state medical professionals to perform various procedures. In this case, members whose licenses are inactive may be granted additional capabilities to meet the urgent needs and address the unusual life threats that may be posed by a disaster.

The Rhode Island Disaster Medical Assistance Team/Medical Reserve Corps does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Eligibility and Active Membership Requirements

- **RI MRC Online Application** – RI MRC volunteers register at www.riresponds.org and must include an active email address with last name and first name.
- **New Member Orientation Session** - Orientations are required for new members of RI MRC in order to be covered and considered active. Orientations offer a tour of the facility, badge picture and t-shirt distribution as well as a review of the Medical Reserve Corps and its mission. The orientations last one hour and are offered at the RI MRC/RI DMAT headquarters at 50 Barnett Lane West Greenwich, RI 02817.
- **Exclusion from the Office of the Inspector General’s List of Excluded Individuals** – OIG has the authority to **exclude individuals** and entities from federally funded health care programs and maintains the **List of Excluded Individuals** and Entities. The LEIE is updated monthly with all individuals and entities that have been excluded from participation in Federal health care programs and each registered volunteer is credentialed against this list.
- **License Verification**- All registered healthcare professionals’ licenses are verified through the RI Responds system. The RI Responds system verifies credentials against the database maintained by HEALTH’s Licensing Unit (License 2000) for up-to-date, in-state license information on all of its healthcare volunteers. Eligible accounts are also verified against the American Board of Medical Specialties (ABMS), the Drug Enforcement Agency (DEA), the Office of the Inspector General (OIG), and the Federation of State Medical Boards (FSMB).

NEW RI DMAT/MRC EMT PERSONNEL AND STUDENTS REQUIREMENTS:

Newly joined RIDMAT/MRC EMT students and EMT renewals, to be recognized as an active RIDMAT/MRC volunteer, must attend and complete an orientation session and volunteer at least 24 hours at either logistics days, planned training events or activations to be signed off as a volunteer with DMAT/MRC.

Training

Required RI MRC Training

Orientations are required for new members of RI MRC to be covered and considered active. Orientations offer a tour of the facility, badge picture and t-shirt distribution as well as a review of the Medical Reserve Corps and its mission. The orientations last just over an hour and are all located at the RI MRC/RI DMAT Warehouse at 50 Barnett Lane West Greenwich, RI 02817. [RI MRC / RI DMAT Warehouse Map](#)

- Overview of the National MRC program
- Introduction to RI MRC
 - Role of RI MRC
 - Activation Processes
 - Training Opportunities
- Team shirt and ID badge presented to new members.

Incident Command System (ICS) 100 and National Incident Management System (NIMS) 700

FEMA's online training site offers multiple independent study courses geared toward the first responder and Incident Command Systems (ICS). It is a useful tool that is always available. ICS 100 and NIMS 700 are the courses required by MRC and are available on the site. The links to those specific classes are below:

ICS 100b Introduction to Incident Command
<http://training.fema.gov/emiweb/is/is100b.asp>

ICS 700a National Incident Management System (NIMS) an Introduction
<http://training.fema.gov/emiweb/is/is700a.asp>

Core Competencies

Health, Safety and Personal Preparedness

Protecting the well-being of the MRC member, the member's family and the MRC unit as a whole

Roles and Responsibilities of Individual Volunteers

Introduce the volunteer to the on-the-ground practices they will encounter during an activation (Planned Training Events)

Public Health Activities and the Incident Command System

Incident Command System 100a an Introduction to Incident Command

Incident Command System 700b an Introduction to NIMS (National Incident Management System)

Additional training opportunities

- Hospital Operations at planned events
- Point of Dispensing (POD) training
- CPR/AED skills for Health Care Professionals and non-clinical volunteers
- Personal Preparedness
- ACLS Refresher
- FAST and Shelter Operations

Planned Event Hospital Operations – RI DMAT/MRC's planned events offer members the opportunity to set-up and train on field hospital equipment in real scenarios at mass gathering events across the state. The goal of these events is aimed at training

DMAT/MRC volunteers to prepare for and respond to public health emergencies. These planned events help Rhode Island and requesting communities address EMS and hospital surge issues while at the same time offers members the opportunity to gain experience with the medical cache, the logistics cache and more importantly, each other.

MEDS/POD Training - The MEDS program, run by HEALTH, maintains the State's plan to receive, stage, distribute, and dispense medical countermeasures and supplies during a public health emergency with the assistance of state and federal partners. The MEDS program reviews and offers guidance for all local MEDS Point-of-Dispensing (POD) plans, provides POD staff training, and gives direction for dispensing the countermeasures to the general public.

CPR Skills Session - A skills session is the hands-on portion of an AHA eLearning course and includes Parts 2 and 3, skills practice and testing. It is conducted in-person after a student completes Part 1 online. Skills Sessions allow RIDMAT/MRC members to renew or complete BLS/CPR Training Certification online at <http://www.onlineaha.org>. Members complete the online BLS Course and a DMAT/MRC AHA Educator will complete the skills check in person, at the DMAT HQ on a designated evening. DMAT/MRC members must sign up at riresponds.org in order to complete the skills check.

ACLS re-certification Course - An ACLS recertification course is designed for certified ACLS medical providers such as physicians, nurses, mid-levels, paramedics, respiratory therapists, and other professionals whose daily occupation requires them to either direct or participate in the resuscitation of a patient, whether in or out of hospital.

FAST and Shelter Operations - RIDMAT/MRC Functional Assessment Service Teams provide assessments at general population shelters at the request of shelter managers to help determine if a shelter resident with a functional and/or access need or medical dependency can be safely accommodated in a general population shelter with reasonable accommodations, including durable medical equipment and personal care assistance. FAST training provides review of tools used in assessing medical dependencies and negotiation of treatment in emergency shelter situations.

Naloxone and Overdose Prevention Education (NOPE-RI) Program - Drug overdose is currently the leading cause of accidental death in adults in Rhode Island and most overdose fatalities are preventable if witnesses have appropriate training and are prepared to respond in an effective manner. Overdose prevention education includes knowledge of risk factors, recognition, and response including calling 911, providing rescue breathing, and administering naloxone, an opioid antagonist. The Naloxone and Overdose Prevention Education program (NOPE-RI) will leverage the large RIDMAT/MRC volunteer health professional base to provide opioid overdose prevention education training, training materials and overdose responder kits, including Naloxone, to staff, clinicians and volunteers of organizations and programs serving affected populations.

RI DMAT/MRC Activations

In the event of a local or state-wide public health emergency or disaster situation, RIDMAT/MRC can be activated by:

- The submission of a formal request form through the ESF#8 Liaison at the State EOC
- RI DMAT Team Leader
- RI MRC Unit Coordinator
- Rhode Island State ESAR-VHP Coordinator

Types of Activations

- Public health emergencies
- Functional Assessment Service Teams (FAST) for shelter support
- Field hospital activation
- Point of dispensing for essential state employees
- Immunization efforts
- Community preparedness
- Public health screening activities

RI DMAT/ MRC Response Capabilities for RI Responds

Well-equipped medical cache housed in 48' tractor trailer field hospital and team warehouse consisting of consumable and durable medical equipment capable of sustaining hospital and force protection operations for up to 72 hours without resupply.

Field hospital operations can be scaled to fit the requested need.

- 2 Light Field Aid Station Trailers (LFAS) used for patient treatment
- Several rapidly deployable Base-X tents used for hospital operations
- Communications trailer and satellite system
- Administrative trailer for volunteer check-in/accountability
- Logistics Support Unit trailers (LSU 1 & 2)
- Deployable emergency pharmacy cache
- Team pick-up trucks
- Medical gators for patient transport to field hospital

Volunteer Activation, Training and Deployment Procedures

Deployment Rules:

1. NEVER self-deploy. RIDMAT/MRC volunteers are requested to follow the procedures listed below in order to participate in an activation.

2. *If for any reason you wish to decline the invitation to activate, you may do so. You are always free to accept or decline the opportunity to respond.*

DMAT/MRC Activation Stages

This portion of the volunteer handbook highlights the steps taken in a DMAT/MRC activation and helps members recognize the different phases of an activation cycle and identify expectations for each phase

The activation process begins with **Pre-Activation** planning. When imminent threats, natural disasters, or public health emergencies take place, a request for MRC volunteers may follow.

Pre-Activation:

- Warning Order (Blast EMAIL, SMS and PHONE NOTIFICATION to entire DMAT/MRC database)
- Alert Order (Specific EMAIL NOTIFICATION to DMAT/MRC Members signed up for potential shift)
- Activation Order (Notification to specific members to activate)

Warning Order:

A Warning Order advises team members of a possible activation. All three types of notification may be used to warn DMAT/MRC members of a possible activation situation. A warning order also increases DMAT/MRC's Emergency Operations Center's (EOC) activity level to "elevated". During this time DMAT/MRC's EOC increases monitoring of information, logistical activity and operations based on anticipated response request. DMAT/MRC members are asked to be "on-call" should a response be needed.

Alert Order:

An alert order puts members on alert. DMAT/MRC members that signed up for a potential shift through RI Responds should begin to make preparations for activation including placing personal items in a go-bag (stethoscope, work gloves, pertinent weather gear, snacks and food and personal items).

Activation Order:

An activation order is an official activation of the DMAT/MRC members. Those who receive the activation order will receive the event specific detail email (as described below) that includes:

- where and when to report, including where to park
- how long the event is anticipated to last
- what to bring with you
- whether or not food will be provided

Activation

At the activation stage, DMAT/MRC members activate per instructions received during the Activation Order.

Notification of Activation or Training:

For planned events, notification is normally provided via email.

In an actual emergency, the most expedient forms of contact will be used, including *email, phone, text or all three*.

Telephone contact will consist of emergency notification via RI Responds, which will broadcast an automated message to registered members. Listen carefully, as you may be asked to respond to the notification call by using the touch tone key pad on your phone or by calling back a designated number.

If for any reason you wish to decline the invitation to activate, you may do so. You are always free to accept or decline the opportunity to respond.

Activation or Training Instructions:

Shortly after you have agreed to participate in a training or activation, via online sign up-instructions below, you will receive a system generated confirmation that will then be followed by Event Specific Instructions.

EVENT SPECIFIC INSTRUCTIONS include:

- where and when to report, including where to park
- how long the event is anticipated to last
- what to bring with you
- whether or not food will be provided
- Remember to always bring your photo ID, your MRC badge and your MRC Team shirt:

MRC UNIFORM:

Whenever members are in uniform, be mindful that you are representing the national MRC system, as well as RIDMAT/MRC.

- MRC Team Shirt
- MRC Badge and Lanyard
- Khaki Bottoms
- Closed Toe Boots / Shoes

On-scene Protocols:

- Check-In - www.Mobile.RIResponds.org
 - When you first arrive at the site you will need to check in to ensure accountability and safety. RIDMAT/MRC uses Mobile.RIResponds to track volunteer activation and movement on scene.
- Just-In-Time Training / Incident Briefing

- Just in Time Training will cover information that is incident specific and an event briefing will be provided to the group, along with a brief review of the Incident Command System. In addition, orientation to the site will be provided as well as a briefing on any specific details that pertain to the goals of the activation/training.
 - If any disease - or agent -specific training is needed, that will also be provided.
- Finally, all volunteers with similar job duties will meet with a supervisor to review responsibilities, receive training if needed, and get answers to any questions they may have about their specific job.

Health and Safety Concerns for Volunteer Activation

During any activation to a disaster or public health emergency, leadership and volunteers should consider the risks to responders: unanticipated weather conditions, hazardous materials, and stress factors. These risks often accompany long shifts of irregular work hours and limited time for sleep and recreation.

Activation Stressors

DMAT/MRC members face any number of possible stressors during their activation. Those stressors may include:

Long Working Hours

- Shifts of 12 or more hours
- Work periods of 24 or more hours with few breaks
- Standing during those long shifts, often for 8 or more hours

Responder Working Conditions

- Working long hours in dusty or dirty air with a mask or respirator
- Working at night or in the dark
- Sometimes extreme temperatures below freezing or above 100 degrees Fahrenheit with high humidity
- Poor sleeping environment

Pre-Activation Health Check

With the above stressors expected, DMAT/MRC members should consider existing health conditions that may impair their ability to work in the conditions described above.

The following health conditions may significantly affect performance in the field and hinder proper response:

Health Conditions

- General surgery within the past 21 days
- High blood pressure: sustained systolic above 150 mm Hg or diastolic pressure above 90 mm Hg
- Limbs dependent on devices such as casts, canes, braces, crutches, or wheelchairs
- Presence of a prosthetic limb which hinders the ability to perform in the extreme conditions described in the above stressors
- Breathing conditions requiring continuous positive airway pressure (CPAP), supplemental oxygen, inhalers, or powered nebulizers
- Corrected vision worse than 20/50
- Current use of medications that may cause drowsiness, dizziness, or altered mental capacity
- Use of medications that require refrigeration
- Use of medical devices that depend on electric power sources for use or recharging
- Pregnancy
- Any medical condition requiring monitoring by a medical practitioner during the activation time

Deploying responders who cannot effectively perform in the often hazardous environments of a public health emergency or disaster may draw off resources.

DMAT/MRC members who bring chronic or other health conditions to the field usually worsen under the stress of irregular sleep. Planning staffing for activation demands careful consideration of DMAT/MRC members' chronic or recent health conditions.

Demobilization

Activation phase ends with Demobilization. For the purpose of this manual, demobilization practices include equipment and paperwork accountability and signing out with supervisor or admin.

Equipment and paperwork accountability

- Clean up area
- Repackage and return unused supplies and medical electronics to Logistics Officer or Supervisor
- Complete all required documentation
- Submit all documentation to Supervisor or Admin Unit Leader
- Participate in recovery activities as requested by Supervisor

Sign-Out

- Sign-Out - www.Mobile.RIResponds.org

When your active shift is done, you will need to check out to ensure proper accountability and safety. RIDMAT/MRC uses www.Mobile.RIResponds.org to track volunteer activation and demobilization from the event.

RIDMAT/MRC Volunteer Liability Coverage

MRC volunteers are protected under RI General Law 30.30.15 from liability during authorized training and deployment provided their actions are within the scope of their assigned duties and do not constitute gross negligence or willful or wanton misconduct.

All providers licensed or certified by the RI DOH are required by RI General Law 30.30.15 to perform within their legal scope of practice. Failure to do so may constitute "gross negligence or willful or wanton misconduct."

Excerpts from:

RI General Law 30.30.15

§ 30-15-15 - Immunity from liability – Compensation for death or injury of disaster response workers.

SECTION 30-15-15

§ 30-15-15 Immunity from liability – Compensation for death or injury of disaster response workers. – (a) All functions under this chapter and all other activities relating to disaster response are hereby declared to be governmental functions. Neither the state nor any political subdivision thereof nor other agencies of the state or political subdivision thereof, nor, except in cases in willful misconduct, gross negligence, or bad faith, any disaster response worker complying with or reasonably attempting to comply with this chapter, or any order, rule, or regulation promulgated pursuant to the provisions of this chapter, or pursuant to any ordinance relating to precautionary measures enacted by any political subdivision of the state, shall be liable for the death of or injury to persons, or for damage to property, as a result of disaster response activity. The provisions of this section shall not affect the right of any person to receive benefits to which he or she would otherwise be entitled under this chapter, or under the Worker's Compensation Act, chapters 29 – 38 of title 28, or under any pension law, nor the right of any person to receive any benefits or compensation under any act of congress.

(b) Any requirement for a licensee to practice any professional, mechanical, or other skill shall not apply to any authorized disaster response worker who shall, in the course of performing his or her duties as, practice any professional, mechanical, or other skill during a disaster emergency.

(c) In the absence of any other benefits as provided by law, all disaster response workers who shall be killed or sustain disability or injury while in training for or on disaster response duty shall be construed to be employees of the state, any other provisions of the law to the contrary notwithstanding, and shall be compensated in like manner as state employees are compensated under the provisions of chapters 29 – 38 of title 28.

(d) As used in this section, the term "disaster response worker" shall include any full or part time paid, volunteer, or auxiliary employee of this state, other states, territories, or possessions, the District of Columbia, the federal government, any neighboring country, or any political subdivision thereof, or any agency or organization or any private person, firm or corporation performing disaster response services at any place in this state subject to the order or control of, or pursuant to a request of, the state government or any political subdivision thereof.

RIDMAT/MRC Volunteer Code of Conduct

RIDMAT/MRC volunteers should recognize that even as a volunteer, members are subject to a code of ethics similar to that which binds the professional in the field in which they work. Volunteers assume certain responsibilities in agreeing to participate as a member of RIDMAT/MRC.

It is the expectation of RIDMAT/MRC that all volunteers adhere to the Code of Conduct in their interactions with patients, colleagues, other health professionals, and the public.

For the Code, there is reference to "volunteer". In this context, the term volunteer includes employees, members of the Executive Board, volunteers, contracted workers, students and instructors. The Code applies to all RIDMAT/MRC volunteers involved in the clinical and administrative activities of the organization and because of its broad reach, certain portions of the Code will be more directly applicable to some disciplines than to others. For example, the clinical portions apply to physicians, nurses, technicians and all other professionals engaged in patient care.

Failure to meet or attempt to meet obligations described below represents a violation of the RIDMAT/MRC Code of Conduct and will be addressed by the appropriate RIDMAT/MRC disciplinary committees and processes if necessary.

RIDMAT/MRC is committed to

1. Patient care
2. Education and training
3. Safety

A. Professional Volunteer Obligations

First and foremost, as a volunteer, RIDMAT/MRC recognizes that there may be instances that you are not able to fulfill the commitment that you signed up for. RIDMAT/MRC asks that ALL volunteers recognize that once you have signed up for a shift, that shift is removed from the system. Therefore, if you are no longer able to make your obligation, for any reason, please inform the mission lead or info@riresponds.org as soon as you know you can no longer fill the position. A no-call, no-show will only be tolerated once before notification is sent to the volunteer and the next mission lead.

Respect for Persons

- * Treat patients and staff with the same degree of respect you would wish them to show you.
- * Treat patients with kindness, gentleness and dignity.
- * Respect the privacy and modesty of patients.
- * Do not use offensive language, verbally or in writing, when referring to patients or their illnesses.
- * Do not harass others physically, verbally, psychologically or sexually.
- * Do not discriminate on the basis of sex, religion, race, disability, age or sexual orientation.
- * Refrain from behavior that includes intimidation, foul language, threats of violence or retaliation.
- * Refer to patients by their name, not by their diagnosis or location.
- * Avoid the use of first names without permission in addressing adult patients.
- * Respect with tolerance, the religion, culture and customs of patients, visitors and staff.
- * Realize that patients and their visitors are in an environment that can be unfamiliar and frightening. Communicate frequently in language that a layperson can understand.

Respect for Patient Confidentiality

- * Do not share medical information with anyone except those health care professionals integral to the care of the patient or within the context of Hospital operations.
- * Do not discuss patients or their illnesses in public places where the conversation may be overheard.
- * Do not publicly identify patients, in spoken words or in writing, without adequate justification.
- * Do not invite or permit unauthorized persons into patient care areas of the institution.
- * Do not access confidential patient information without a professional "need to know."
- * Do not misuse electronic mail.
- * Do not remove confidential patient information from the premises.

Responsibility for Patient Care

- * Obtain the patient's informed consent for diagnostic tests or therapies and respect the patient's right to refuse care or procedures.

- * Assume responsibility for the patients under your care until you have transferred the care to another professional and that professional has acknowledged the transfer of care.
- * Complete patient record documentation promptly and conscientiously.
- * Coordinate with your team the timing of information sharing with patients and their families to present a coherent and consistent treatment plan.
- * Do not abandon a patient. If you are unable/unwilling to continue care, you have an obligation to assist in making a referral to another competent practitioner willing to care for the patient.

Professional Growth & Awareness of Limitations

- * Be aware of your personal limitations and deficiencies in knowledge and abilities and know when and whom to ask for supervision, assistance or consultation.
- * Know when and for whom to provide appropriate supervision.
- * Students and other trainees should have all patient workups and orders reviewed and countersigned by the appropriate supervisor.
- * Do not involve patients in personal issues or solicit for personal gain.
- * Do not engage in unsupervised involvement in areas or situations where you are not adequately trained.

Department as a Professional

- * Clearly identify yourself and your professional level to patients and staff; wear your name badge at all times above the waist and in plain view.
- * Dress in a neat, clean, professionally appropriate manner. Maintain professional composure despite the stresses of fatigue, professional pressures, or personal problems.
- * Do not make offensive or judgmental comments about patients or staff, verbally or in writing.
- * Do not criticize the medical decisions of colleagues in the presence of patients or staff or in the medical record.
- * Do not access confidential staff information without a professional need to know.
- * Do not abuse alcohol or drugs that could diminish the quality of patient care or professional performance.
- * Do not participate in political campaigns including the wearing of political buttons and discussion of political issues while on WHHS premises.

Responsibility for Peer Behavior

- * Report serious breaches of the Code of Conduct to your supervisor or Incident Commander.

* Indicate disapproval or seek appropriate intervention if you observe less serious breaches.

* No action of retaliation or reprisal shall be taken against anyone who reports suspected fraud or improper conduct.

B. Disciplinary Procedures

Disciplinary action may be initiated to correct inappropriate performance, work-related behavior or behavior which reflects adversely upon RIDMAT/MRC. The degree of disciplinary action shall relate to the gravity of the improper performance or conduct. Disciplinary actions may consist of the following three-step process: verbal warning; written warning; and dismissal. Any disciplinary action must involve the MRC Coordinator.

Any of the following constitute cause for disciplinary actions:

- Incompetence.
- Work outside the scope of certification/licensure/job description.
- Breach of confidentiality.
- Inefficiency.
- Neglect of duty.
- Dishonesty.
- Intentional harm.
- Possessing, dispensing, under the influence or impaired by alcohol or an illegal substance while on duty, except in accordance with medical authorization.
- Commission or conviction of a felony or a misdemeanor, reflected on a CORI check or committed while an MRC volunteer.
- Any issues contained on a SORI.
- Discourteous treatment of the public or other responders.
- Willful disobedience of personnel policies, rules and regulations.
- Misuse of MRC property.
- Unsafe work habits.
- Seeking to obtain financial, sexual or political benefit from another employee, volunteer or client obtained by the use of force, fear or intimidation.
- Mishandling of public funds.
- Falsifying records.

- Any other improper conduct or performance that constitutes cause for disciplinary action.

C. Volunteer Dismissal

MRC volunteers agree that the MRC unit may, at any time, terminate the volunteer's relationship with the MRC based on the preceding disciplinary procedures. The MRC volunteer may at any time, for whatever reason, decide to sever his/her relationship with the MRC. Notice of such a decision should be communicated to the MRC Unit Coordinator as soon as possible.

RIDMAT/MRC Volunteer Social Media Policy

RIDMAT/MRC volunteers are asked to please follow this policy when posting on/to RIDMAT/MRC's social media (for example, our Facebook page or Twitter feed), or when it's likely that your content could be interpreted as representing RIDMAT/MRC.

General policy

1. RIDMAT/MRC values the conversations and contributions that arise from social media use. Always keep in mind your association with RIDMAT/MRC, use good judgment and make sure your profile settings and content are consistent with how you wish to represent yourself personally and professionally.
2. RIDMAT/MRC volunteers are encouraged to share content posted by RIDMAT/MRC on its website and other media outlets.
3. As a RIDMAT/MRC volunteer, consider whether your post(s) could be interpreted as representing RIDMAT/MRC's position. When publishing content that may bring confusion or controversy to RIDMAT/MRC's brand, include a disclosure, such as, "The postings on this site are my own and don't necessarily represent RIDMAT/MRC's position, strategy or opinion."
4. Don't publish or publicly discuss RIDMAT/MRC or another organization's confidential information, whether or not the content ties back to your role as a RIDMAT/MRC volunteer. This includes unauthorized release of images, video, or other content.
5. When referencing information cited by someone else, include the link back to the source from which you heard the information wherever possible.
6. Avoid publishing anything that is disrespectful, damaging or potentially embarrassing to an individual or organization.
7. Always get permission prior to using the RIDMAT/MRC logo.
8. Respect copyright and fair use laws.
9. RIDMAT/MRC may remove, or request the removal of, any posts/publications in conflict with this policy.

Social Media Rules during Activation

In addition to the above policy, due to the confidential and sensitive information that volunteers have access to during RIDMAT/MRC deployments, the following special rules apply to your social media use regarding these events:

1. Do not post any confidential content from an activation. This includes, but is not limited to: a) the condition of the patients and b) the progress of the response.
2. Be aware that as a RIDMAT/MRC volunteer, your posting about a RIDMAT/MRC deployment has an increased likelihood of being interpreted as representing RIDMAT/MRC's position.
3. Unless specifically authorized by RIDMAT/MRC staff, do not take or publish any photos or video from the deployment. This includes photos or videos taken by cell phone, even if these images are "just for me." The act of taking these photos on site can damage RIDMAT/MRC's relationship with its partners and may be in violation of HIPPA laws and regulations.
4. Talk to your Team Leader about appropriate ways to capture images of activity and colleagues. In most circumstances, this can be accommodated with photos taken away from the field hospital location, the aid station, shelter or patient treatment area. However, do not take or publish any such photos or videos until authorized by on-site RIDMAT/MRC staff or designated Team Leader. Sometimes the patient treatment areas may not be public knowledge.
5. Do not publish anything that is disrespectful, damaging, or embarrassing to any of our deployment partners or volunteers, including the inviting organization and other organizations working on the response.
6. As always, you are encouraged to share content RIDMAT/MRC has published on social media, such as press releases, Facebook posts and albums, and tweets. You may also share and post content that has already been published by other media sources.

We encourage you to err on the side of caution with your deployment-related communication. If you have any questions about a communication, please discuss them with the Team Leader or Unit Coordinator. You are always welcome to contact RIDMAT/MRC with your questions, or if you have an idea about communication or a content suggestion.

Communications with the Press and Outside Agencies

During a disaster or training event, only the Public Information Officer (PIO) – as specified through Incident Command – is authorized to speak with the media. Members of the MRC are instructed to refer the press to their supervisor (who would reference the PIO), rather than providing any opinions or information for the public.

RIDMAT/MRC Volunteer Incentive Program (VIP)

Whether a member volunteers once a week or once a month, their dedication to helping others and the Rhode Island Medical Reserve Corps deserves more than a pat on the back. Every time a member volunteers, they are sacrificing their time and energy for the greater good of their community and should be awarded as such. The appreciation for our volunteers is the single reason for creating the Volunteer Incentive Program (VIP). With this program, volunteers are recognized for their dedication and hard work. Based on the number of hours served, the volunteer can be awarded prizes and certificates, eventually being acknowledged as a premiere member of the RIMRC. With this membership in hand, the volunteer can earn prizes that change on a yearly basis.

How to Earn Hours?

There are over 34, 8 hour planned events offered each year with a 3 hour, once a week logistics day held all year. That is over 428 potential volunteering hours each and every year. These volunteer hours can be logged at the beginning and end of each event through the RI Responds Time Tracker system. Certain classroom training sessions do not count towards the incentive program, strictly because these sessions are an incentive in and of themselves. They provide necessary training an education for each participant to successfully and efficiently deal with the task at hand. From a mathematical standpoint, the prizes are earned through hour blocks. Whether the first prize may be earned after volunteering for 3 hours or 40 hours, the prizes are earned based on hour blocks. Volunteering for 50 minutes does not qualify as 1 hour, but as 50 minutes. Time will be logged on a 10 minute scale with appropriate rounding. For example, volunteering for 12 minutes will be logged as 10 minutes, but 15 minutes will be logged as 20 minutes.

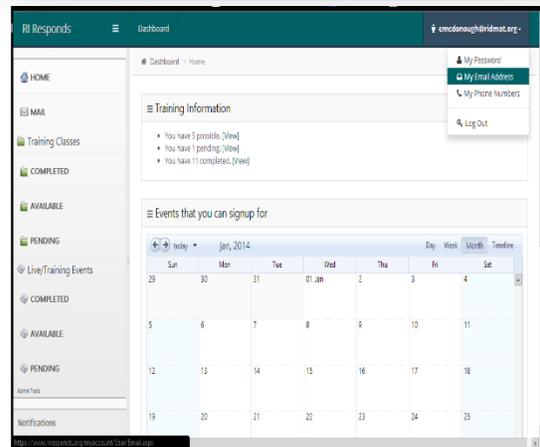
Conditions

The required hours to earn a reward must be tracked within the same year. Hours do not roll over to the next year, strictly because rewards can be earned on a yearly basis. The prizes may remain the same depending on the tier level, or they may vary with a timely notification to our volunteers. One member can only participate in the incentive program once a year. Meaning that extra hours logged in over the maximum prize value will not earn further prizes of higher or lesser magnitude. Extra hours logged are purely for the satisfaction of the person volunteering. Hours can be logged based on the duration of the volunteer's stay. Volunteer hours, in order to be counted, must be tracked through the RI Responds Time Tracker system. This allows the unit coordinator to know the exact times volunteers sign in and out.

Hours	Incentive
0	T-Shirt and Badge
15	Fleece Vest
30	Back pack
60	Crank Radio

Appendices

RI Responds Activation and Training Online Signup Instructions



Job Action Sheets

Admin Unit Leader

Supervisor: Medical Director or Incident Commander

Mission: Maintain occupant registration records. Maintain a control register identifying occupants admitted

ACTIVATION (PHASE I & II)

- Report to Medical Director/Incident Commander/Shelter Manager to obtain
- identification
- Attend staff briefing
- Receive assignment
- Set up Registration area
- Establish and maintain registration log and registration procedures
- Identify additional supply needs
- Familiarize self with Site layout and personnel

OPERATION (PHASE III)

- Prepare documents in compliance with the proper jurisdictions and/or EOC policies as assigned by the Planning Section Chief. This may include:
 - Client data entry into the appropriate database.
 - Agency specific records and summaries.
 - Unit log/status report compilation.
- Release reports to Finance and Administration Section Chief as requested.
- Provide routine progress and/or status reports to Planning Section Chief.
- Monitor colleagues and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- Perform other duties as assigned and approved by the person you report to.
- Maintain security of documents and records.
- Refer all media inquiries to PIO/Liaison Officer.
- Ensure that all records are current and complete prior to demobilization.
- Report disruptions and changes to Planning Section Chief.

DEACTIVATION (PHASE IV)

- Clean-up Registration area
- Repackage and return unused supplies to Logistics Officer
- Complete all required documentation
- Submit all documentation
- Participate in recovery activities if needed
- Leave site

Admin / Registration

Supervisor: Admin Unit Leader

Mission: To assure collection of complete and accurate client information.

ACTIVATION (PHASE I & II)

- Report to Clerical Unit Leader and obtain identification
- Attend staff briefing
- Receive assignment from Clerical Unit Leader
- Set up Registration area
- Establish and maintain registration log and registration procedures
- Identify additional supply needs and communicate to Clerical Unit Leader
- Familiarize self with Site layout and personnel

OPERATION (PHASE III)

- Review paper work for legibility and completeness
- Assist clients to correct errors or omissions in paperwork
- Notify Clinic Flow staff if clients appear to have special needs that have not been addressed
- Direct clients to the appropriate next station or area

DEACTIVATION (PHASE IV)

- Clean-up Registration area
- Repackage and return unused supplies to Logistics Officer
- Complete all required documentation
- Submit all documentation to Admin Unit Leader
- Participate in recovery activities as requested by the Admin Unit Leader

Behavioral Health Specialist

Supervisor: Clinical Unit Supervisor

Mission: To serve as a brief counseling resource, provide assessment and crisis intervention, and refer clients to existing community resources as appropriate.

Qualifications: Must be a licensed mental health counselor and behavioral health specialist including: CSW, PhD, MSW, PsYD

ACTIVATION (PHASE I & II)

- Report to Clinical Unit Supervisor and obtain identification
- Attend staff briefing
- Receive assignment from Clinical Unit Supervisor
- Set up Mental Health station
- Identify additional supply needs and communicate to Clinical Unit Supervisor
- Familiarize self with Site layout and personnel
- Review educational materials on health threat and medications to be dispensed or administered

OPERATION (PHASE III)

- Collaborate with Clinical Unit Staff to create a safe and comfortable environment for clients
- Manage clients with acute mental health issues
- Report activities and recommendations to the Clinical Unit Supervisor
- Work with security staff if clients become disruptive or unruly
- Refer clients to mental health services outside of the Site when necessary
- Complete appropriate paperwork for each client

DEACTIVATION (PHASE IV)

- Clean-up workstation
- Pack and return unused supplies to Logistics Officer
- Assist in the clean-up of the Site
- Complete all required documentation
- Submit all required documentation to Clinical Unit Supervisor
- Participate in recovery activities as directed by the Clinical Unit Supervisor

Clinical Provider: POD / Field Hospital / First Aid

Supervisor: Clinical Unit Supervisor

Mission: To dispense or administer appropriate medication/vaccine/treatment according to existing protocols in the medical standing order(s).

Qualifications: Must be a licensed health care provider (MD, DO, NP, RN, EMS, Pharmacy, Allied Health, etc.)

ACTIVATION (PHASE I & II)

- Report to Clinical Unit Supervisor and obtain identification
- Attend staff briefing
- Receive assignments from Clinical Unit Supervisor
- Review educational materials on medications to be dispensed or administered
- Review the medical standing order
- Set up station
- Identify additional supply needs and communicate to Clinical Unit Supervisor
- Review clinic layout and flow

OPERATION (PHASE III)

- Ensure that the client understands why they are receiving the medication/vaccine/treatment
- Confirm that the client is not contraindicated for the medication/vaccine
- Confirm client's informed consent
- Properly dispense or administer medication or vaccine or treatment
- Log the lot and dose administered to each client on the appropriate form
- Properly complete PT Treatment form
- Sign and date client's form
- Practice universal precautions
- Maintain medication logs

DEACTIVATION (PHASE IV)

- Clean-up service area
- Dispose of waste properly and in coordination with Logistics Officer
- Pack unused supplies and return to Logistics
- Complete all required documentation
- Submit all required documentation to Clinical Unit Supervisor
- Participate in recovery activities as directed by the Clinical Unit Supervisor

Clinical Unit Supervisor

Supervisor: Ops Section Chief

Mission: To ensure that clinical staff are familiar with their responsibilities and the clients are treated professionally at the mission or training event.

ACTIVATION (PHASE I & II)

- Report to Medical Director
- Identify immediate resource needs
- Appoint and orient staff to clinical roles
- Oversee the set up clinical unit workstations
- Identify additional staffing and supply needs and communicate to Logistic Officer
- Appoint leaders in each area (Aid Station, Red, Yellow and Green Areas)
- Ensure coordination with Admin and Patient Registration

OPERATION (PHASE III)

- Ensure that required supplies are available to clinical unit staff
- Assess staff and supplies at the end of each shift
- Communicate additional staff and supply needs to the Logistics Officer
- Monitor client flow through the Field Hospital
- Assess Clinical Unit performance and make changes as necessary

DEACTIVATION (PHASE IV)

- Close out logs when authorized by the Medical Director
- Oversee closing and clean-up of Clinical Unit stations
- Return supplies to Logistics Officer
- Complete all required documentation
- Submit all required documentation to the Medical Director
- Participate in recovery activities as directed by the Medical Director

Logistics Officer

Supervisor: Medical Director/Incident Commander

Mission: To ensure that the facility and support needs are met, including: staffing, supply and re-supply of Medical and no-medical areas with equipment and other relevant materials, physical plant support, communications, IT support, and food and water for staff/volunteers.

ACTIVATION (PHASE I & II)

- Report to Medical Director/Incident Commander
- Identify immediate resource needs such as computer, phone, plan, and other reference documents
- Set up Logistics work area
- Assign and orient Logistics staff
- Establish simple protocols for requesting and acquiring supplies and staffing
- Establish and maintain system for tracking supply requests and expenditures
- Establish and maintain system for receiving and distributing site supplies
- Ensure that appropriate personnel, equipment, and supplies are available, including maps, status boards, vendor references, and other resource directories
- Establish and maintain effective communication system within the Medical and to Incident Command
- Determine resource needs for the including computers, phones, plans, and other reference documents
- Work with Medical Director to determine hours of operation and staff needs
- Develop plan for on-going staffing as needed
- Oversee initial receipt and distribution of supplies within the Site

OPERATION (PHASE III)

- Participate in regular situation briefing meetings with the Medical Director/Incident Commander
- Assess staff and supplies at the start and end of each shift
- Monitor staff and supply needs
- Assess performance and make changes as necessary
- Ensure coordination with Finance and Administration Officer
- Ensure that transportation requirements are met
- Ensure that requests for facilities and facility support are addressed

DEACTIVATION (PHASE IV)

- Repackage unused supplies
- Complete all required documentation
- Oversee the return of supplies to appropriate authority or organization
- Submit all required documentation to Medical Director
- Ensure safe disposal of medical and biohazard waste
- Participate in recovery activities as directed by the Medical Director
- Close and clean-up workstation

Medical Director

Supervisor: Incident Commander

Mission: The Medical Director is responsible for overall management of Medical Emergency operations with support from the Operations, Logistics, and Planning Sections of the Command and General Staff. The Medical Director has executive responsibility for directing all aspects of deployment, operation and maintenance, and deactivation of the Site.

ACTIVATION (PHASE I & II)

- | | |
|---|---|
| <input type="checkbox"/> Meet with Operations Section Chief. Receive the following information: | <input type="checkbox"/> Report to Emergency Medical location and identify immediate resource needs |
| <ul style="list-style-type: none">• Site location | <input type="checkbox"/> Appoint and orient Medical staff |
| <ul style="list-style-type: none">• Response objectives for the Medical Emergency Operations | <input type="checkbox"/> Set time that stations will be ready for pre-opening review |
| <ul style="list-style-type: none">• Medical Staffing organization chart | <input type="checkbox"/> Review all Medical stations prior to opening and make necessary changes for smooth operation |
| <ul style="list-style-type: none">• Job action sheets | |
| <ul style="list-style-type: none">• Guidelines regarding the frequency of updates to Operations Section Chief | |
| <ul style="list-style-type: none">• The media policy | |

OPERATION (PHASE III)

- | | |
|--|--|
| <input type="checkbox"/> Oversee training and orientation of staff members with delegated roles | <input type="checkbox"/> Monitor performance and make necessary changes to ensure smooth operation of the Site |
| <input type="checkbox"/> Identify leaders in each area to provide focus and coaching | <input type="checkbox"/> Submit shift reports to Operations Section Chief |
| <input type="checkbox"/> Assess staff and supplies at the start and end of each shift | <input type="checkbox"/> Refer all media inquiries to the Public Information Officer |
| <input type="checkbox"/> Communicate additional staff and supply needs to the Operations Section Chief | |

DEACTIVATION (PHASE IV)

- | | |
|---|---|
| <input type="checkbox"/> Oversee the closing and clean-up of the site | <input type="checkbox"/> Ensure the completion and collection of all required documentation |
| <input type="checkbox"/> Oversee the appropriate return of supplies | <input type="checkbox"/> Participate in recovery activities as directed by the Operations Section Chief |

Field Aid Station Protocols

Level of Care:

The Medical Aid Stations is designed, equipped and staffed specifically to treat patients who need medical treatment but do not require the advanced life support (ALS) provided in a hospital or medical facility. Patients who present with symptoms of a concurrent medical or surgical emergency, such as heart attack or major trauma, may need to be stabilized, but will be a priority for transfer to a hospital.

Scope:

1. This policy and its related protocols are intended for use only in public gatherings of groups of persons such as marathons, concerts and rallies, and in only those circumstances/situations covered with a Rhode Island Emergency Management Agency Mission Number as requested by RIDMAT/MRC leadership.
2. This policy is designed to give clear guidelines to RIDMAT/MRC providers and allow them the option of treating patients with minor injuries and/or medical complaints without transporting the patients to a medical facility.
3. This policy will apply to any patient that meets the patient profile (below) that requires basic medical care only. RIDMAT/MRC providers are expected to use good clinical judgment and complete documentation. Providers may request transport to a medical facility for any patient regardless of the patient's chief complaint, presenting symptoms or clinical assessment.
4. **Any patient, who asks to be transported to a medical facility, even if the RIDMAT/MRC provider feels that the patient could be treated and released under this policy, will be transported.**

Any patient that exceeds the capabilities of the provider will be referred to local EMS and/or transported to closest hospital for more advanced treatment and care.

Inclusion Criteria:

Patients Covered under this Policy

1. Those patients with a reliable history and examination:
 - a. Alert and oriented to person, place, time & events
 - b. **No** suggestion of drug, alcohol or other substance usage/abuse.
 - c. **No** suggestion of psychological/psychiatric problems.
 - d. **No** head injury (including loss of consciousness or altered mental status).
2. Patient is able to communicate adequately and to understand what is being communicated to him/her.
3. Injuries sustained where mechanism of injury is very low risk for significant injury.
4. Patient has no spinal injury, pain, tenderness or deformity on exam, and has a normal sensory/ motor exam.
5. Patient does not exhibit any signs of chest pain or shortness of breath.
6. Patient will have vital signs within age specific normal limits.

EXCLUSION Criteria:

Patients Excluded from this Policy:

1. Any patient with a pain scale assessment higher than an "8" on a 1 to 10 scale.
2. Any patient who does not meet all requirements in the Inclusion section.
3. Any patient who requests transportation to a medical facility.
4. Any patient for whom the EMS/911 System has been appropriately activated.

Medical Oversight

The RIDMAT/MRC Medical Director retains oversight of all medical care provided by RIDMAT/MRC volunteers. Physician's on-scene may provide direct medical direction at the discretion of the Medical Director.

Standing Admission Orders

- To facilitate rapid triage and treatment, standing predefined orders may be used. These orders provide a template for patient care.
- These standing predefined orders address the basic components of emergency care, such as hydration, pain management, and other provisions of basic patient care.