

RI Responds Operations Manual

A Review of RI Responds' Policies and
Operations

RI DMAT/MRC

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Introduction

Purpose

The purpose of the Rhode Island Responds Operations Manual (Manual) is to inform administrators and community partners about the RI Responds web-based data system and volunteer management program. The Manual works to:

- a.) Provide an overview and history of the RI Responds system and its partners
- b.) Identify the basic administrative and operational processes of the system
- c.) Explain how the system is activated for response
- d.) Enhance the knowledge of the RI Responds system by describing the processes established to activate the system and utilize its personnel and resources for emergency medical operations and public health activities
- e.) Provide basic guidance on the effective activation of volunteers in emergency medical operations and public health activities through activation and demobilization templates

The Manual is a living document, with sections being revised and updated as new information becomes available. An electronic copy of the Manual may be obtained at the RI Responds website. [Insert link for RI Responds Resource Page](#)

Overview

Background

Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program

It is well documented that in an emergency situation, healthcare professionals are more than willing to volunteer their time and services; however, their willingness to help had often been denied due to the inability of hospitals and emergency agencies to verify the identity and professional credentials of spontaneous healthcare volunteers at the time of an emergency. In order for area hospitals, public health, and emergency authorities to utilize the services of volunteer health professionals to their fullest extent with a high level of trust in an individual's identity and credentials, the Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP) was created.

The goal of ESAR-VHP was for each state to build and maintain a registry of readily available, verifiable and up-to-date information regarding volunteer identity, licensing, credentialing, accreditation, and privileging. The creation of the standardized state systems provides each state with the ability to quickly identify volunteers in emergencies and disasters. This state-based approach to creating a national system with each state independently developing, maintaining, operating, and commanding its own system is dependent upon a number of core tenets including:

- Development and adherence to a common set of definitions.
- Collection and maintenance of a minimum data set.
- Commitment and assurance of interoperability.

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 in order 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 system meets all the federal ESAR-VHP requirements while at the same time aims to offer the healthcare professional in Rhode Island a choice in volunteer opportunities through collaboration with SERV-RI, RI MRC and RI DMAT.

RI Responds collaboration

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 1600 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 according to 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 in order 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 Registry of Volunteers - Rhode Island (SERV-RI)

Rhode Island's ESAR-VHP Program is named 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.

RI Responds System Goals

Goals of the RI Responds System

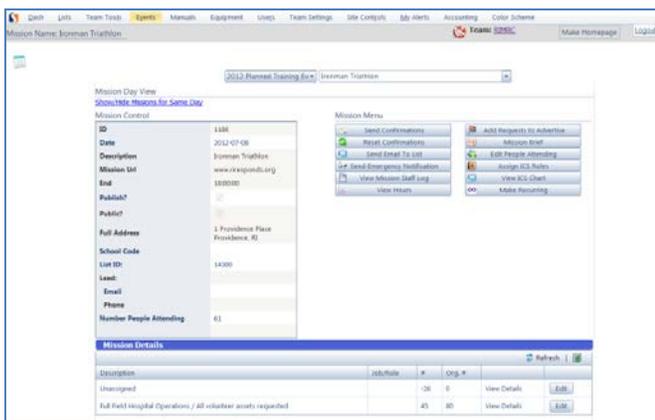
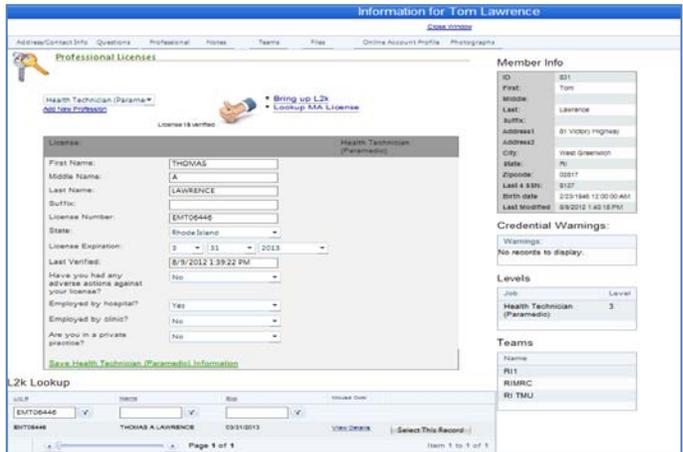
- Register interested healthcare professional and non-medical volunteers into a database capable of capturing volunteer contact and license information.
- Adhere to the ESAR-VHP standards for the verification of credentials for licensed healthcare professionals.
- Provide an option in volunteer commitment to the healthcare and non-medical volunteers in Rhode Island.
- Utilize a system capable of managing volunteer contact, professional, training and activation data.
- Establish an effective system for volunteer notification, tracking and deployment in Rhode Island.

System Components

- Public interface for volunteer registration
- Administrator interface for team management
- Credentialing interface for verification of credentials
- Inventory Control (Active RFID)
- Notification System
- Employer Credentialing Verification Interface (ECI)
- Online signup for mission and training events
- Time tracking and volunteer accountability

Central: - <https://central.riresponds.org>

Central is the portal where the healthcare professional *credential verification process occurs*. Licensing feeds are stored in Central and all accounts can be edited and maintained. Central also offers reporting and profession management tools



T-Rex: - <http://trex.riresponds.org>

T-Rex allows for team and volunteer management including notification, training, tracking and activation. T-Rex allows administrators to setup trainings, create missions, form and edit lists, contact volunteers and create reports based on lists and rosters.



www.riresponds.org is the site where volunteers register and edit their personal and professional information and sign up for training events and missions

System Feeds

Through data-sharing agreements, the RI Responds system is able to verify credentials against the database maintained by HEALTH's Licensing Unit (License 2000) for up-to-date, in-state license information on healthcare volunteers, as well as verify information against the:

- Office of the Inspector General (OIG)

As new boards or organizations become available, RI Responds will build the appropriate interfaces to ensure that automation occurs between systems and that RI Responds has access to the most up-to-date information about licensing status. RI Responds also utilizes an interface accessed by local hospital credential and medical staffing offices that are able to view the lists of registered health professionals who indicated active employment or privileging rights at their facility in order to electronically verify employment/privileges annually or on an as needed basis.

Stakeholders

Stakeholders include, but are not limited to state volunteers, HEALTH, RI DMAT, and RI MRC.

Administrators

State ESAR-VHP Coordinator

The Interim Chief of the Center for Emergency Preparedness and Response at HEALTH is currently the state ESAR-VHP Coordinator and has access to Central and T-Rex . The ESAR-VHP Coordinator is the direct point of contact with the RI Responds Administrator, who is the MRC State and Unit Coordinator. Written plans indicate that the Chief, or her designee (CEPR on-call or ESF #8 Liaison) be notified for any request for the use of volunteer health professionals via ESF #8 and the ESF #8 liaison will utilize the RI Responds Resource Request Form to contact the RI Responds Administrator for notification to and activation of volunteers.

RI Responds Administrator

The RI Responds Administrator is an employee of RI DMAT, Inc., and is the primary administrator of the RI Responds System. The RI Responds Administrator is responsible for the credentialing of all volunteer accounts in the RI Responds System. The RI Responds Administrator has access to all three components of the system for SERV-RI, RI MRC and RI DMAT and acts as the primary contact for volunteers, stakeholders and the system architects. Currently, the RI Responds Administrator is the RI MRC Unit Coordinator and a State Coordinator for the Medical Reserve Corps program.

Team Administrators

Team Administrators have access to T-Rex to manage and update member information, setup and track volunteer training and to notify their registered volunteers through email and/or using the Emergency Notification system. In the RI Responds system, team administrators include the RI MRC Unit Coordinator, RI DMAT Administrative Officer, DMAT/MRC Leadership, and the Tactical Medical Unit Team Leaders. Permissions settings in the system allow team administrators to see, edit, activate and/or contact only volunteers that are registered with their team unless the permissions are altered.

Volunteer Access

Registered volunteers have access to the MY Accounts page of RI Responds where they are able to view and/or edit the professional and contact information stored in the system. Volunteers are also able to view trainings and/or events that are being offered by their team and sign up to attend.

Membership

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

Registered MRC/DMAT members become eligible for training programs and receive team related correspondence once the on-line application process has been complete. SERV-RI members do not receive regular correspondence and are not eligible for MRC/DMAT trainings, aside from MRC Orientations, unless they express an interest.

Members are not required to live or work in the state however, must understand that if they are 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-scale public health emergency, RI Responds 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.

Eligibility and Active Membership Requirements

- **Complete Online Application** – RI Responds volunteers register at www.riresponds.org and must include an active email address with last name and first name.
- **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- IF Applicable** - All registered healthcare professionals’ licenses are verified through the RI Responds system. The RI Responds system is able to verify 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, as well as 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).

RI Responds Activation

In the event of a local or state-wide public health emergency or disaster situation, the RI Responds system can be activated by:

- The submission of a formal RI Responds 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 for shelter support
- Field hospital activation
- Point of dispensing for essential state employees
- Immunization efforts

- Community preparedness
- Public health screening activities

RIDMAT/MRC Functional Assessment Service Teams for Regional Shelter Support



Influences for FAST Planning

- Whole Community Planning
- Functional Needs Support Services Guidance
- Lessons Learned from Past Disasters
- Integrating FAST Equipment, Documentation and Volunteers into Sheltering Response
- Identifying Gaps and Limitations to Current Plan

FEMA Functional Needs Support Services Guidance

Services that enable children and adults with disabilities and functional access needs and/or medical dependencies to maintain their health, safety and independence in a general population shelter

- FNSS includes:
 - reasonable modification to policies, practices and procedures
 - durable medical equipment (DME)
 - consumable medical supplies (CMS)
 - personal assistance services (PAS)
 - other goods and services as needed

Functional Assessment Service Teams = FAST

- The purpose of the FAST program is to conduct assessments of shelter residents when their needs cannot be met by the residents' service provider, i.e. Visiting Nurse Association or home healthcare agency.
- The assessment performed by FAST will help evaluate the functional and/or medical dependency needs a person has and work to determine if the resources necessary to support their needs in a general population shelter are available or determine triage out of the shelter for a higher standard of care.

RI DMAT/MRC's Approach to FAST

- Identification of FAST members based on:
 - Core Competencies exhibited at training events

- Interpersonal skills
 - ACLS vs BLS
 - Work Experience
 - DMAT/MRC FAST Training Program
 - Volunteer availability
- Initial FAST teams will consist of 2 - 3 member teams based on availability
 - Pre-activation: FAST teams are notified and queried for possible activation
 - If shelters are opened, RIDMAT/MRC Emergency Operations Center will open
 - Requests for FAST will come from the ESF #8 liaison
 - FAST members will arrive at shelter with basic supplies to assess the needs of the shelter resident(s) and notify the Shelter Manager and DMAT/MRC EOC of additional staffing and/or medical equipment needs
 - MRC Coordinator, along with ESF #8, will work to identify resources at the recommendation of FAST

FAST Assessments include but are not limited to

- Mobility impairments/self-ambulating, with or without durable medical equipment
- Medically stable requiring minimal monitoring
- Oxygen dependent; has own supplies (if facility is capable of supporting)
- Feeding occurs through a tube
- Chronic condition controlled by self-administered medications /has own supply of medications/supplies
- Bedridden but stable and able to swallow
- Incontinent; requires regular catheterization or bowel care
- Hypertensive, no medication
- No prescription medication to control chronic condition
- Wound management

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, volunteers 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.

Volunteers 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 volunteers' chronic or recent health conditions.

RI DMAT/ RI 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
2 team pick-up trucks	Medical gators for patient transport to field hospital

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.

Appendix

Event / Incident Specific Email Template

Mission Description: ENTER NAME OF MISSION / Incident

Provide a brief description of the mission/Incident

For Example: Mission is to provide Physician Level care and first aid to participants and spectators at the event in the main hospital located at the finish line as well as provide basic first aid along the race route. Treatments provided are typical of marathons to include but not limited to: dehydration, SOB, cramping, hypotension, abrasions, lacerations, wound care, sprain/strain. Event allows for surge capacity relief on area EMS and hospitals and allows for the set up and operation of field hospital and ICS activation.

Date and times:

Provide the Date and anticipated times of the missions with particular shifts if applicable

<u>5/2/2012:</u>	<u>0600 - 1500</u>	<u>Main Medical</u>
<u>5/2/2012:</u>	<u>0730 - 1500</u>	<u>Veterans</u>
<u>5/2/2012</u>	<u>0730 – 1500</u>	<u>Bullocks Point</u>
<u>5/2/2012</u>	<u>0700 – 1500</u>	<u>Blackstone Blvd</u>

Locations:

List Location of Check-In(s) and provide any helpful maps or links

[Main Medical and Aid Stations Map](#)

Main Medical: Exchange Terrace / Kennedy Plaza: Near 1 Union Station Providence, RI 02903

Veterans Memorial Aid Station: Overlook Parking lot on Veterans Memorial Parkway across from Mercer Street

Bullocks Point Aid Station: Park and ride of Washington Ave and Bullocks Point

Blackstone Blvd Aid Station: On Blackstone Blvd @ Swan Point Road

Parking:

Provide linked map and street address of designated parking areas if applicable. If costs are anticipated to be incurred, make note here and provide information on the process for reimbursement

Parking is not allotted for Main Medical. There is on-street parking for which you are encouraged to find near Exchange Terrace. If you are unable to find street parking, paid parking available at the [Union Station and Marriott Hotel Garages](#). You will be reimbursed for the out of pocket expense of parking in a garage near main medical. You must pay for your parking and submit your receipt for reimbursement: **Keep your receipt from the garage** and forward it to the attn of Jane Doe via email or fax: [401 489-7585](tel:4014897585) or info@riresponds.org

Check In

Provide any information about the start of shift / check in process for the mission

Once you arrive on scene, please sign-in with Admin. Breakfast will be available and there will be an Incident brief provided by the mission leads detailing volunteer staffing roles and responsibilities held inside Main Medical. Volunteers will be in position for the 0900 opening on the flight line and in the hospital.

Uniform:

Description of what the Volunteer should wear during their shift. specifications should be made about shoes and/or outwear based on weather and mission details

- Ironed Khaki Bottoms
- Team Shirt
- Badge and Lanyard
- Closed-toe comfortable shoes/boots

Please watch the weather and prepare as forecasted.

Food:

Provide information about what the volunteer can expect to be available for lunch/dinner/snacks. Always recommend that volunteers bring their own sustenance and that they account for any dietary concerns

Lunch is not guaranteed therefore it is suggested that all volunteers bring lunch/sustenance. There is often pizza and bananas, but this is not guaranteed for all locations. Please note that if you have any dietary concerns, it is always recommended to bring your own sustenance.

Personal Preparedness:

Provide information about personal gear the volunteer should have/bring with them to their shift: This included personal preparedness items, safety gear and hygiene items they may need or will find useful

Go Bag with personal gear:

- toiletries
- medications
- work gloves
- Wet Weather Gear
- Change of Clothes (additional layers)
- Work gloves for assistance with tent opening and dismantling
- Sun Screen
- Stethoscope

RI Responds Resource Request Form

RI Responds Resource Request Form

Requesting Entity Name:

Mission Name:

Mission Number:

MISSION DESCRIPTION

Provide a brief description of the mission objectives and overall performance of the work to be performed.

WORK DESCRIPTION AND ROLE

Describe the work to be performed on the project by the resource(s) and what role the individual(s) will play on the project team.

DESIRED SKILLS

Describe the technical, business or professional skills needed by the resource(s) to successfully meet the needs of the project.

DELIVERABLES

Describe the deliverables the resource(s) will be responsible to complete as a result of their work on the project.

DATES REQUESTED

Starting: mm/dd/yyyy Ending: mm/dd/yyyy

HOURS

Provide the estimated number of hours or the percent of time the individual(s) will be need to be allocated to work on the project.

WORK LOCATION

Describe all of the locations the resource(s) will be expected to be located – if multiple locations, provide dates as they are know at the time of the request.

REPORTING STRUCTURE

Describe the reporting structure for the project and how the individual(s) will be expected to operate within this structure.

Post Event/Mission Volunteer Survey Template

Please complete the following general questions about your recent volunteer role:

1. Which volunteer role were you assigned?

Clinical

Non-Clinical/Support

2. Were you a team leader or in a supervisory role?

Yes

No

3. What shift/location were you assigned?

AM

PM

All Day

4. My overall personal readiness state prior to taking on my volunteer assignment:

Sufficient

Needs Improvement

5. I have completed the following courses: (circle all that apply)

MRC Orientation

NIMS 700

ICS 100

Psychological First Aid

Please respond to following statements as they apply to your volunteer assignment:

1. The On-site Operational Briefing was clear and well organized

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

2. The content presented was relevant to learning and understanding my role for the assignment

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

3. Handouts and email instructions provided contained suitable information for me to understand my role prior to my assignment

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

4. Opportunity for discussion was provided and useful

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

5. Did the information sheets from the MRC adequately/accurately prepare me for the assignment?

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

6. Did you feel comfortable in your assigned role?

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

7. Were you comfortable with your workspace environment?

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

8. Did you have all the resources necessary to perform your specific task (i.e. radio, documents, etc.)?

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

9. Did you have all the necessary knowledge to perform your specific task?

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

10. Demobilization and release plan for my position was clear and concise

1 Strongly Disagree 2 Disagree 3 Undecided 4 Agree 5 Strongly Agree 6 Comment below

11. Overall, how would you rate your experience from this volunteer opportunity?

1 Excellent 2 Good 3 Fair 4 Poor

How can we (RI DMAT/MRC) prepare or improve your preparedness for a deployment of this size and nature?

Additional Comments:

Job Action Sheets

Admin Unit Leader	
Supervisor: Medical Director or Incident Commander	
Mission:	Maintain occupant registration records. Maintain a control register identifying occupants admitted
<u>ACTIVATION (PHASE I & II)</u>	
<input type="checkbox"/> Report to Medical Director/Incident Commander/Shelter Manager to obtain <input type="checkbox"/> Identification <input type="checkbox"/> Attend staff briefing <input type="checkbox"/> Receive assignment	<input type="checkbox"/> Set up Registration area <input type="checkbox"/> Establish and maintain registration log and registration procedures <input type="checkbox"/> Identify additional supply needs <input type="checkbox"/> Familiarize self with Site layout and personnel
<u>OPERATION (PHASE III)</u>	
<input type="checkbox"/> Prepare documents in compliance with the proper jurisdictions and/or EOC policies as assigned by the Planning Section Chief. This may include: <ul style="list-style-type: none"> ○ Client data entry into the appropriate database. ○ Agency specific records and summaries. ○ Unit log/status report compilation. <input type="checkbox"/> Maintain security of documents and records. <input type="checkbox"/> Ensure that all records are current and complete prior to demobilization. <input type="checkbox"/> Report disruptions and changes to Planning Section Chief.	<input type="checkbox"/> Release reports to Finance and Administration Section Chief as requested. <input type="checkbox"/> Provide routine progress and/or status reports to Planning Section Chief. <input type="checkbox"/> Monitor colleagues and clients for signs of fatigue or stress. Notify the person you report to as appropriate. <input type="checkbox"/> Perform other duties as assigned and approved by the person you report to. <input type="checkbox"/> Refer all media inquiries to PIO/Liaison Officer.
<u>DEACTIVATION (PHASE IV)</u>	
<input type="checkbox"/> Clean-up Registration area <input type="checkbox"/> Repackage and return unused supplies to Logistics Officer <input type="checkbox"/> Complete all required documentation	<input type="checkbox"/> Submit all documentation <input type="checkbox"/> Participate in recovery activities if needed <input type="checkbox"/> Leave site

Admin / Registration

Supervisor: Clerical Unit Leader

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

ACTIVATION (PHASE I & II)

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Report to Clerical Unit Leader and obtain identification<input type="checkbox"/> Attend staff briefing<input type="checkbox"/> Receive assignment from Clerical Unit Leader<input type="checkbox"/> Set up Registration area | <ul style="list-style-type: none"><input type="checkbox"/> Establish and maintain registration log and registration procedures<input type="checkbox"/> Identify additional supply needs and communicate to Clerical Unit Leader<input type="checkbox"/> Familiarize self with Site layout and personnel |
|--|---|

OPERATION (PHASE III)

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Review paper work for legibility and completeness<input type="checkbox"/> Assist clients to correct errors or omissions in paperwork | <ul style="list-style-type: none"><input type="checkbox"/> Notify Clinic Flow staff if clients appear to have special needs that have not been addressed<input type="checkbox"/> Direct clients to the appropriate next station or area |
|--|--|

DEACTIVATION (PHASE IV)

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|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Clean-up Registration area<input type="checkbox"/> Repackage and return unused supplies to Logistics Officer<input type="checkbox"/> Complete all required documentation | <ul style="list-style-type: none"><input type="checkbox"/> Submit all documentation to Clerical Unit Leader<input type="checkbox"/> Participate in recovery activities as directed by the Clerical Unit Leader |
|---|---|

Clinical Unit Supervisor

Supervisor: Medical Director

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)

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| <ul style="list-style-type: none"><input type="checkbox"/> Report to Medical Director<input type="checkbox"/> Identify immediate resource needs<input type="checkbox"/> Appoint and orient staff to clinical roles<input type="checkbox"/> Oversee the set up clinical unit workstations | <ul style="list-style-type: none"><input type="checkbox"/> Identify additional staffing and supply needs and communicate to Logistic Officer<input type="checkbox"/> Appoint leaders in each area (Aid Station, Red, Yellow and Green Areas)<input type="checkbox"/> Ensure coordination with Admin and Patient Registration |
|---|--|

OPERATION (PHASE III)

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| <ul style="list-style-type: none"><input type="checkbox"/> Ensure that required supplies are available to clinical unit staff<input type="checkbox"/> Assess staff and supplies at the end of each shift<input type="checkbox"/> Communicate additional staff and supply needs to the Logistics Officer | <ul style="list-style-type: none"><input type="checkbox"/> Monitor client flow through the Field Hospital<input type="checkbox"/> Assess Clinical Unit performance and make changes as necessary |
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DEACTIVATION (PHASE IV)

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| <ul style="list-style-type: none"><input type="checkbox"/> Close out logs when authorized by the Medical Director<input type="checkbox"/> Oversee closing and clean-up of Clinical Unit stations<input type="checkbox"/> Return supplies to Logistics Officer<input type="checkbox"/> Ensure safe disposal of medical and biohazard waste in coordination with Logistics Officer | <ul style="list-style-type: none"><input type="checkbox"/> Complete all required documentation<input type="checkbox"/> Submit all required documentation to the Medical Director<input type="checkbox"/> Participate in recovery activities as directed by the Medical Director |
|---|---|

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

ACTIVATION (PHASE I & II)

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| <ul style="list-style-type: none"> <input type="checkbox"/> Report to Clinical Unit Supervisor and obtain identification <input type="checkbox"/> Attend staff briefing <input type="checkbox"/> Receive assignments from Clinical Unit Supervisor <input type="checkbox"/> Review educational materials on medications to be dispensed or administered | <ul style="list-style-type: none"> <input type="checkbox"/> Review the medical standing order <input type="checkbox"/> Set up station <input type="checkbox"/> Identify additional supply needs and communicate to Clinical Unit Supervisor <input type="checkbox"/> Review clinic layout and flow |
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OPERATION (PHASE III)

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| <ul style="list-style-type: none"> <input type="checkbox"/> Ensure that the client understands why they are receiving the medication/vaccine/treatment <input type="checkbox"/> Confirm that the client is not contraindicated for the medication/vaccine <input type="checkbox"/> Confirm client's informed consent <input type="checkbox"/> Properly dispense or administer medication or vaccine or treatment | <ul style="list-style-type: none"> <input type="checkbox"/> Log the lot and dose administered to each client on the appropriate form <input type="checkbox"/> Properly complete PT Treatment form <input type="checkbox"/> Sign and date client's form <input type="checkbox"/> Practice universal precautions <input type="checkbox"/> Maintain medication logs |
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DEACTIVATION (PHASE IV)

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| <ul style="list-style-type: none"> <input type="checkbox"/> Clean-up service area <input type="checkbox"/> Dispose of waste properly and in coordination with Logistics Officer <input type="checkbox"/> Pack unused supplies and return to Logistics Officer | <ul style="list-style-type: none"> <input type="checkbox"/> Complete all required documentation <input type="checkbox"/> Submit all required documentation to Clinical Unit Supervisor <input type="checkbox"/> Participate in recovery activities as directed by the Clinical Unit Supervisor |
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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)

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

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

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

Staffing Coordinator

Supervisor: Medical Director or Incident Commander

Mission: Meet available staff and volunteers at a central point. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and nonmedical personnel. Assist in maintenance of staff morale.

ACTIVATION (PHASE I & II)

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Receive appointment from Medical Director or Incident Commander.<input type="checkbox"/> Read this entire Job Action Sheet and review the organizational chart.<input type="checkbox"/> Put on position identification vest.<input type="checkbox"/> Obtain briefing from the Medical Director or Incident Commander.<input type="checkbox"/> Establish labor pool area and communicate operational status to Medical Director or Incident commander. | <ul style="list-style-type: none"><input type="checkbox"/> Inventory the number and classify staff presently available by skill set.<input type="checkbox"/> Establish a registration and credentialing desk for volunteers.<input type="checkbox"/> Obtain assistance Safety Officer in screening and identifying volunteer staff. |
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OPERATION (PHASE III)

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| <ul style="list-style-type: none"><input type="checkbox"/> Meet with Section Chiefs and Unit Leaders to coordinate long-term staffing needs.<input type="checkbox"/> Provide assigned staff with identification vests, job action sheets, and badges.<input type="checkbox"/> Ensure that all staff receives incident-specific just in time training.<input type="checkbox"/> Maintain log of all assignments.<input type="checkbox"/> Maintain a message center in labor pool area. | <ul style="list-style-type: none"><input type="checkbox"/> Ensure shift overlap at shift changes<input type="checkbox"/> Brief Medical Director or Incident Commander as frequently as necessary on the status of labor pool numbers and composition.<input type="checkbox"/> Develop staff rest and nutritional areas. Document actions and decisions on a continual basis.<input type="checkbox"/> Observe all staff, volunteers, and patients for signs of stress, fatigue, and inappropriate behavior. Provide for staff rest periods and relief. |
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DEACTIVATION (PHASE IV)

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| <ul style="list-style-type: none"><input type="checkbox"/> Coordinate with Medical Director or Incident Commander Plans for demobilization.<input type="checkbox"/> Assist with restoring facility to pre-event conditions.<input type="checkbox"/> When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.<input type="checkbox"/> Participate in scheduled debriefing at shift change or closing of facility. | <ul style="list-style-type: none"><input type="checkbox"/> Return identification (vest, id badge, etc.).<input type="checkbox"/> Sign-in equipment.<input type="checkbox"/> Pick up exit materials, as appropriate.<input type="checkbox"/> Sign-out. |
|---|--|

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 non-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)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Report to Medical Director/Incident Commander<input type="checkbox"/> Identify immediate resource needs such as computer, phone, plan, and other reference documents<input type="checkbox"/> Set up Logistics work area<input type="checkbox"/> Assign and orient Logistics staff<input type="checkbox"/> Establish simple protocols for requesting and acquiring supplies and staffing<input type="checkbox"/> Establish and maintain system for tracking supply requests and expenditures<input type="checkbox"/> Establish and maintain system for receiving and distributing site supplies | <ul style="list-style-type: none"><input type="checkbox"/> Ensure that appropriate personnel, equipment, and supplies are available, including maps, status boards, vendor references, and other resource directories<input type="checkbox"/> Establish and maintain effective communication system within the Medical and to Incident Command<input type="checkbox"/> Determine resource needs for the including computers, phones, plans, and other reference documents<input type="checkbox"/> Oversee initial receipt and distribution of supplies within the Site |
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OPERATION (PHASE III)

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| <ul style="list-style-type: none"><input type="checkbox"/> Participate in regular situation briefing meetings with the Medical Director/Incident Commander<input type="checkbox"/> Assess staff and supplies at the start and end of each shift<input type="checkbox"/> Monitor staff and supply needs<input type="checkbox"/> Assess performance and make changes as necessary | <ul style="list-style-type: none"><input type="checkbox"/> Ensure coordination with Finance and Administration Officer<input type="checkbox"/> Ensure that transportation requirements are met<input type="checkbox"/> Ensure that requests for facilities and facility support are addressed |
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DEACTIVATION (PHASE IV)

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| <ul style="list-style-type: none"><input type="checkbox"/> Repackage unused supplies<input type="checkbox"/> Oversee the return of supplies to appropriate authority or organization<input type="checkbox"/> Ensure safe disposal of medical and biohazard waste<input type="checkbox"/> Close and clean-up workstation | <ul style="list-style-type: none"><input type="checkbox"/> Complete all required documentation<input type="checkbox"/> Submit all required documentation to Medical Director<input type="checkbox"/> Participate in recovery activities as directed by the Medical Director |
|--|---|

Point of Dispensing Staffing Needs – Roles and Personnel

Large Prophylaxis POD		Large Vaccination POD	
ICS Role	Professional Role	ICS Role	Professional Role
Intake Team	Non-clinical	Intake Team	Non-clinical
Intake Team	Non-clinical	Intake Team	Non-clinical
Intake Team	Interpreter	Intake Team	Interpreter
Intake Team	Non-clinical	Intake Team	Non-clinical
Intake Team	EMT Student	Intake Team	EMT Student
Intake Team	Non-clinical	Intake Team	Non-clinical
Intake Team/Health Education	EMT	Intake Team/Health Education	EMT
Intake Team / Health Education	EMT-C	Intake Team / Health Education	EMT-C
Screening Team	EMT-B	Screening Team	EMT-B
Screening Team	EMT-B	Screening Team	EMT-B
Screening Team	Non-clinical	Screening Team	Non-clinical
Screening Team	RN	Screening Team	RN
Screening Team	EMT Student	Screening Team	EMT Student
Screening Team	RN	Screening Team	RN
Health Assessment Team/Triage	RN	Health Assessment Team/Triage	RN
Health Assessment Team/Triage	RN	Health Assessment Team/Triage	RN
Health Assessment Team/Triage	EMT-P	Health Assessment Team/Triage	EMT-P
Health Assessment Team/Behavioral Health	LICSW/Psychiatrist/Psychologist/MHC	Health Assessment Team/Behavioral Health	LICSW/Psychiatrist/Psychologist/MHC
Health Assessment Team/Behavioral Health	LICSW/Psychiatrist/Psychologist/MHC	Health Assessment Team/Behavioral Health	LICSW/Psychiatrist/Psychologist/MHC
Dispensing/Vaccination	RN	Dispensing/Vaccination	RN
Dispensing/Vaccination	RN	Dispensing/Vaccination	RN
Dispensing/Vaccination	Pharmacist	Dispensing/Vaccination	RN
Dispensing/Vaccination	Pharmacist	Dispensing/Vaccination	RN
Dispensing/Vaccination	RN	Dispensing/Vaccination	RN
Dispensing/Vaccination	Pharmacist	Dispensing/Vaccination	RN
Flow Monitors	Non-clinical	Dispensing/Vaccination	RN
Flow Monitors	Non-clinical	Dispensing/Vaccination	RN
Flow Monitors	Non-clinical	Dispensing/Vaccination	RN
Flow Monitors	Non-clinical	Flow Monitors	Non-clinical
POD Supervisor	Leadership	Flow Monitors	Non-clinical
Chief Medical Officer	MD/DO	Flow Monitors	Non-clinical
Chief Pharmacist	Pharmacist	Flow Monitors	Non-clinical
Logistics Chief	Leadership	POD Supervisor	Leadership
Admin Chief	Leadership	Chief Medical Officer	MD/DO
Treatment Area Lead	RN/NP	Chief Pharmacist	Pharmacist
		Logistics Chief	Leadership
		Logistics Deputy/Supply	Leadership
		Admin Chief	Leadership
		Admin Deputy	Leadership
		Treatment Area Lead	RN/NP
		Treatment Area	RN/EMT-P

Functional Assessment Service Team – Roles and Personnel

Functional Assessment Service Teams	
ICS ROLE	Profession
FAST Team Leader	RN/NP/EMT-P
FAST Team Member	RN/NP/EMT-P/EMT-C/EMT-B/NA
FAST Team Member	RN/NP/EMT-P/EMT-C/EMT-B/NA
BH Team Member	Behavioral Health Specialist
FAST IC	Leadership
Staffing Coordinator	Leadership
Admin Officer	Leadership
Medical Control	MD/DO/NP
Chief Medical Officer	MD/DO
Logistics Chief	Leadership
Logistics support	Non-Clinical