

 

 **Member Handbook**

Revised 9/26/19

 

Dear Volunteer,

On behalf of the Carnation-Duvall Medical Reserve Corps (CDMRC), we welcome and thank you for joining our local team. The mission of CDMRC is to serve the citizens of the Snoqualmie Valley by organizing and preparing committed volunteers to support the medical services of our first responders and Public Health during an emergency or disaster.

Medical Reserve Corps volunteers throughout the nation donate their time and talents to help local public health agencies at times of surge capacity during major emergencies and/or disasters as well as during special events like fairs, flu shot clinics and emergency preparedness drills. Volunteers can choose to help only in their local communities, for the entire region or they can choose to be of assistance during emergencies in other more distant areas.

To get started, you will complete a background check, get your photo taken for an emergency worker badge and receive this manual. In the first three months you will complete two free online courses as described in the following pages, you will become familiar with our Core Competencies and you will learn about the opportunities to help in Operations, Planning, Logistics and Finance and Administration. You will also have the opportunity to refresh your First Aid and CPR training as necessary. During your first year you will participate in your first table-top or fully functional exercise. You will participate in monthly meetings that provide further training and education. Meetings are held each third Wednesday of the month except for December. They are held in the meeting room at the Duvall Fire Station at the corner of 1st and Stella St. beginning at 6:45 p.m. and lasting about 2 hours.

Our Medical Reserve Corps unit needs volunteers like you to accomplish all our goals. Once again, thank you for making the Carnation-Duvall Medical Reserve Corps part of your volunteer activities. We value your participation and wish you a rewarding experience as an MRC volunteer.

 **MRC Organization**

CDMRC leadership is organized based on the Incident Command System (ICS) structure.

**Incident Commander:**

**Safety Officer:**

**Liaison Officer:**

**Public information Officer:**

**Operations Section Chief:**

**Planning Section Chief:**

**Logistics Section Chief:**

**Administration &**

**Finance Section Chief:**

**Medical Lead:**

**Nursing Lead:**

As you can see, there are many opportunities to be involved in leadership whether or not you are medically trained.

When you join MRC, your contact information will be placed on a contact list so that you will be able to be contacted In the event of a disaster in which we are activated. Your contact information will also be in the King County Office of Emergency Management’s (KCOEM) database. It is important that your contact information be kept current.

**Membership Criteria**

 Eligibility Requirements:

1. Minimum age of 18

2. Able to pass Washington State Patrol background check

3. Speak, read and write English

4. Willingness to have at least one phone number provided to all members

1

**Minimum Commitment Expectations**

**1**. There are training meetings and drills offered each year. You are encouraged to attend as many as possible to maintain preparedness. Three tiers of involvement are available- 3. Basic - available for deployment in an actual emergency; 2. Active - participate in trainings and drills; 1. Leadership - take on a role within our leadership structure

**2**. Certification in CPR and First Aid training is encouraged but optional. American Heart Association training is offered periodically for MRC members.

**3**. We currently require the completion of two on-line FEMA courses covering the Incident Command System (ICS) and the National Incident Management System (NIMS). These don’t require a lot of time and should be completed within your first three months. Certificates of completion can be downloaded and turned in to the coordinator. The courses are as follows:

- <https://training.fema.gov/IS/courseoverview.aspx?code=IS-100.c>

- [https://training.fema.gov/IS/courseoverview.aspx?code=IS-700.](https://training.fema.gov/IS/courseoverview.aspx?code=IS-700.c)b

**4**. Medical personnel are to keep licensing current and accessible to the Coordinator to check as needed.

**5**. Be prepared to follow current CDMRC response guidelines. Normally, in a disaster or event in which our unit is activated, you will be contacted through one of the communication methods currently being developed- e-mail or text from MRC coordinator, contact from KCOEM, contact from CDCCC. In the event all communications go down, the procedure is to care for yourself and your family and neighbors first and then if you are able, proceed to the downtown Duvall FD45 fire station or Eastside Fire & Rescue station in Carnation, and look for a brightly colored paper posted on or nearby the door with instructions for responding if we are being activated. It is important to note that only MRC leadership is to go into the fire station and approach station personnel in the aftermath of a disaster.

**6.** You will sign a Code of Conduct and Confidentiality Agreement at each event you are involved in. Our C**ode of Conduct** is as follows:

As an MRC volunteer, **I will:**

* Maintain and abide by the standards of my profession, including licensure, certification and/or training requirements to support my MRC role
* Not act in the capacity of a MRC responder, nor present myself as a MRC volunteer, at any given site without prior authorization/deployment from my County Health Department or MRC Coordinator
* Dress for the environment. Wear closed toe shoe-wear if activated
* Avoid profane and abusive language and disruptive behavior
* Avoid behavior that is dangerous to self and others; including acts of violence, physical or sexual abuse, or harassment
* Avoid situations that could be interpreted as a conflict of interest as a MRC volunteer
* Abstain from the use of County equipment/resources for personal use
* Abstain from transport, storage and / or consumption of alcoholic beverages and / or illegal substances while performing volunteer duties
* Abstain from responding for duty under the influence of alcohol or illegal substances or under the influence of prescription/non-prescription medication that may influence my ability to perform.
* Abstain from the use of audio or video recording equipment, unless authorized
* Keep contact information current with the CDMRC
* Put safety first in all volunteer activities
* Respect and use all equipment appropriately
* Promote healthy and safe work practices
* Take care of self and others
* Report injuries, illnesses, and accidents to the appropriate staff member
* Respect the cultures, beliefs, opinions, and decisions of others although I may not always agree
* Treat others with courtesy, sensitivity, tact, consideration, and humility

2

* Accept the chain of command and respect others regardless of position

As an MRC volunteer I **shall not**:

* Comment, answer questions or divulge any information to media; refer media up the chain of command.
* Accept or seek on behalf of myself or any other person, any financial advantage or gain as a result of my volunteer affiliation with the Medical Reserve Corps
* Publicly use any Medical Reserve Corps affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue
* Disclose or use any confidential Medical Reserve Corps information that is available solely as a result of the volunteer’s affiliation with the Medical Reserve Corps, to any person not authorized to receive such information
* Knowingly take any action or make any statement intended to influence the conduct of the Medical Reserve Corps in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation
* Authorize the use of or use for the benefit or advantage of any person, the name, emblem, services, or property of the Medical Reserve Corps, except in conformance with Medical Reserve Corps policy

Our **Confidentiality protocol** is as follows:

During a volunteer’s involvement with the MRC, s/he may be privy to sensitive confidential information. Protected health, confidential and sensitive information is either information that is protected by law or is of such a personal nature that it is not treated as public record and must be safeguarded according to HIPAA protocol.

All information pertaining to personal facts, medical records and/or circumstances seen, obtained and/or overheard in conversation is confidential, and all information that identifies an individual must also be protected as Patient Health Information (PHI). This includes information that can be linked to a specific person through name or identifying numbers such as a social security number, address or phone number, a person’s medical records, excerpts from the medical record, or conversations that identify an individual.

Confidentiality policies, forms, and agreements also pertain to all MRC members’ personal information. Members’ information that is accessible within the confines of any MRC jurisdiction is not to be utilized or shared outside of CDMRC authorized situations or events.

For further details and information about HIPAA, refer to the following website: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

**7**. You will sign a Liability Agreement at each event you are involved in. Washington State has a Good Samaritan law that protects responders from liability if they are acting in good faith, with no intent to do harm and are operating within the course and scope of supervised direction and skills and knowledge they possess. MRC volunteers are also protected under RCW 38.52.180 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 Washington State Dept. of Health are required by RCW 18.130.180 to perform within their legal scope of practice. Failure to do so may constitute “gross negligence or willful or wanton misconduct.” CDMRC makes every effort to minimize and prevent risk to volunteers. Attempts to reduce risk to volunteers include training, education, and use of universal/standard precautions. Be aware however, that some unanticipated risk possibilities may be present both during emergency and non-emergency work, both with and without direct patient contact. MRC volunteers will understand that there are potential risks. Any incidents, accidents or injuries during the course of volunteer activities should be reported to the CDMRC unit coordinator immediately.

**Identification Badge**

Since CDMRC volunteers may come in contact with vulnerable populations, a basic check of the Washington State Patrol Criminal History database will be run. Then having passed that, you will have your photo taken or you can submit one for an emergency worker badge issued by King County. There is no charge for this service. ID badges should be worn at all CDMRC events.

3

**Acknowledgement of Receipt of CDMRC Member Handbook**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , acknowledge receipt of a copy of the CDMRC Member Handbook.

I also acknowledge that I am responsible for knowing the content and inserting all revisions and updates upon receipt.

I acknowledge that I am responsible for updating my contact information with the CDMRC Coordinator as it changes.

 I understand that this handbook has been compiled to provide basic information to the volunteer members. It may be altered as laws and policies and procedures change.

I agree to be involved in CDMRC at the following level of commitment:

 Level 1: Basic - Available to be notified for deployment in an actual emergency or event

 Level 2: Active - Level 1 plus available to participate in as many trainings and drills as possible

 Level 3: Leadership - Level 1 and 2 and be trained for a leadership position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CDMRC Member Date

­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name