

This document will serve to guide the volunteer members of the Greater La Crosse Area Medical Reserve Corps. The guidelines will be reviewed and updated as necessary to ensure relevancy based on current understandings of local disaster response.

*This document is primarily intended for the Greater La Crosse Area Medical Reserve Corps (MRC) use by **Members**. Each volunteer in the unit is encouraged to learn these guidelines, so they will see how their activities fit in the context of the unit as a whole.*

Overview of the Greater La Crosse Area MRC

History

The MRC is a specialized partner program component under the U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), Citizen Corps umbrella (www.citizencorps.gov) and provides the framework for health professionals and others to volunteer to strengthen public health within their community and the nation. MRC units are locally-based teams of medical and non-medical volunteers who can assist their community during large-scale emergencies, such as an influenza pandemic, a chemical spill, or an act of terrorism. MRC volunteers may work together to improve the overall health and wellbeing of their neighborhoods and communities through education and prevention.

In order to be most effective during emergencies, volunteers must be identified, organized, and trained prior to the need for volunteer support. The MRC is designed to provide the organizational structure and promote appropriate training of volunteers.

The MRC is intended to supplement the resources of the existing community emergency medical response system, as well as contribute to meeting the public health needs of the community throughout the year. During emergencies, MRC volunteers may provide the important “surge” capability when there is a shortage of regular healthcare providers or healthcare support staff. Each MRC unit selects a mission that best suits the unique challenges for its area. The community recognizes MRC volunteers to be responsible, trustworthy, and a valuable resource in time of disaster.

The Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) is headquartered in the Office of the Assistant Secretary for Preparedness and Response, within the U.S. Department of Health & Human Services. It functions as a clearinghouse for information and best practices to help communities establish, implement, and maintain MRC units nationwide. The DCVMRC sponsors periodic leadership conferences, hosts the National MRC Website, and coordinates with local, state, regional, and national organizations and agencies to help communities achieve their local visions for public health and emergency preparedness.

The United States & its territories (Virgin Islands, Puerto Rico & Guam) are divided into 10 MRC Regions. Wisconsin is in Region V with the Federal regional office administratively housed in Chicago, IL. Region V also includes the Midwestern states of Minnesota, Illinois, Indiana, Michigan, and Ohio. Other MRC units may be located on the MRC website at www.medicalreservecorps.gov.

The first grants to launch the Medical Reserve Corps were issued in July 2002. The Greater La Crosse Area Medical Reserve Corps was approved as a MRC unit on August 21, 2009.

Vision

Our vision is a community where people help each other by preparing themselves and being ready to respond to help others in a public health emergency. The MRC volunteers will work to build strong, healthy and prepared communities.

Mission Statement

The Greater La Crosse Area Medical Reserve Corps will contribute to a systematic, coordinated and effective voluntary response to incidents affecting area communities by pre-identifying and training volunteers. MRC volunteers supplement existing local emergency and public health resources.

Purpose

The Greater La Crosse Area Medical Reserve Corps was formed to preregister and educate/train volunteers for emergency preparedness, response and recovery in an effort to build a more resilient community

Goals:

- 1) The Greater La Crosse Area MRC will provide training and exercises on an regular basis to prepare volunteers to:
 - Set up/staff a Volunteer Reception Center
 - Support mass clinic dispensing
 - Support staffing for community sheltering
- 2) The Greater La Crosse Area MRC will attract and provide volunteers (medical and non-medical) with essential skills needed to work effectively in emergency situations.
- 3) The Greater La Crosse Area MRC will enrich public health preparedness and community health education through community outreach and partnerships.

Objectives:

- 1) All member candidates will complete the required training, as established by the WI Alliance, within one year of their joining the unit to be considered an active member.
- 2) All Unit members will participate in at least one POD exercise with a local health department(s) prior to POD deployment.

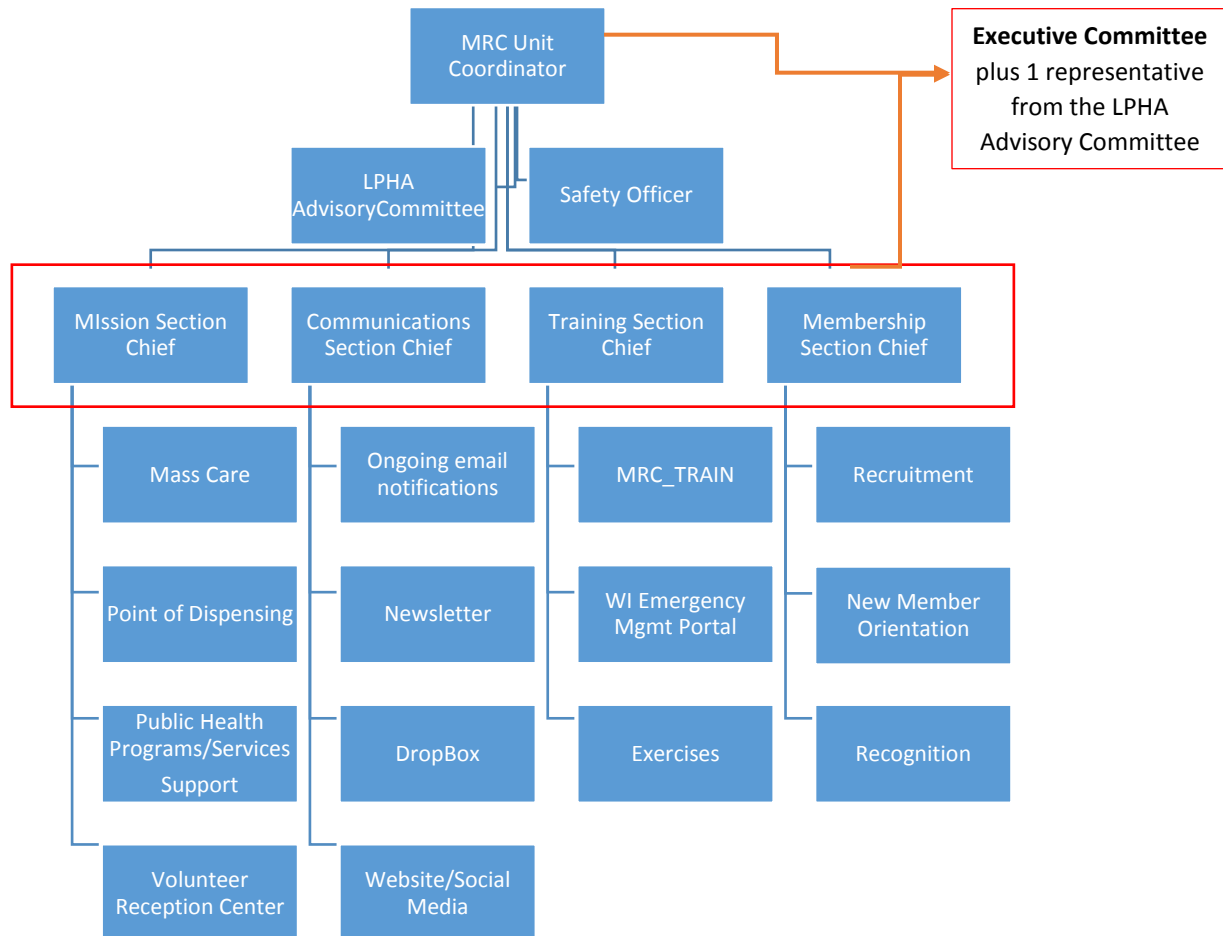
- The Unit will provide an annual training in sheltering, behavioral health, or volunteer reception for unit members. All Unit members will participate in one Unit-endorsed exercise or training each year.

Jurisdiction Served/Service Area

The Greater La Crosse Area MRC Unit serves the geographic area identified as the WI Region 4 Healthcare Coalition ([See Map](#)). The representative government units include seven counties: Buffalo, Crawford, Jackson, La Crosse, Monroe, Trempealeau, Vernon, and one tribe: the Ho-Chunk Nation. The region is bordered on the east by US Interstate 94 and on the west by the Mississippi River.

The Greater La Crosse area MRC will also work with neighboring counties in Minnesota including Houston and Fillmore in cases when the local MRC unit requests assistance.

Organizational Structure



Unit Composition

LPHA Advisory Committee – Determine and review mission, goals, objectives and structure/function of the MRC Unit. The LPHA Advisory Committee is made up of representatives from each County served by the Greater La Crosse MRC who are employed by the local public health department or designated by a public health department employee.

Safety Officer – Ensure the Risk Management functions, as identified by the Unit Coordinator, are completed by MRC Unit Members.

MRC Unit Coordinator – Determine when the unit will be deployed and which activities warrant involvement by members. Manages the Unit budget. Handles day-to-day operations of the Greater La Crosse Area Medical Reserve Corps. Works directly with the executive committee and interns. Recruits, organizes and manages section chiefs and the LPHA Advisory Committee.

Membership Section Chief - Maintains ongoing contact with members, welcomes new applicants, guides new members through orientation, tracks member data, organizes & plans recruitment efforts, and facilitates recognition program for MRC Unit members.

Training Section Chief - arranges training programs and drills, organizes meetings, represents unit at public meetings/trainings/seminars, maintains WEM, and coordinates training resources as provided and directed by the Unit Coordinator.

Communications Section Chief – organizes and helps facilitate meetings, represent unit at public meetings, ensures recruitment messaging provided by Membership Chief and Unit Coordinator are reflective effective communication strategies.

Missions Section Chief – work with section chiefs to ensure that the unit is supporting the MRC Unit mission objectives, ensuring volunteers are prepared and assigned to specific roles within the mission sections of the MRC unit, and works with the Training Chief and Coordinator to identify exercises needed for preparation of volunteers.

Executive Committee – Comprised of the Unit Coordinator, a representative designee of the advisory committee, and section chiefs. Meets regularly to evaluate ideas and offer suggestions for running the unit. The Advisory Committee helps to foster good relations between the unit and local & regional partner organizations.

Members – At a minimum, stay in contact with the MRC Coordinator and their designated section chief to ensure that their records and contact information are up to date, so they can be notified for the appropriate activities. Utilize their training if called upon during an emergency

Volunteer Rights

Confidentiality Statement

The Greater La Crosse Area MRC is committed to respecting the privacy of volunteers and protecting the confidentiality of personal information. Confidential information obtained by the Greater La Crosse Area MRC will not be utilized for furthering any private interest, or as a means of personal gain. Anyone with access to volunteer information will take proper precautions for preventing unintentional disclosure of confidential information. Information gained through the Greater La Crosse Area MRC database, deployment records, privileged communications, volunteer applications, or other avenues is considered confidential and disclosure by staff and result in civil or criminal penalties.

All Greater La Crosse Area MRC volunteers are required to sign a confidentiality/HIPPA agreement (Appendix I) to protect the privacy of other volunteers and individuals they may come into contact with during an incident.

Integrity and Privacy of Member Data

Policies are in place to ensure the integrity and privacy of member data.

Storage: Approved WEAVR member data is stored within the Wisconsin Department of Health internal server for the Wisconsin Emergency Assistance Volunteer Registry.

Security: All member records will be treated as confidential, and protected from unauthorized use.

Sharing: Health Directors, Emergency Planners and representatives of the Greater La Crosse Area Medical Reserve Corps Advisory Council can be given the names and specialties of members in their community upon request, with contact information as needed, if events of interest to a specific sub-group have been authorized.

Equal Opportunity Statement

The Greater La Crosse Area MRC extends equal opportunity to individuals who meet the membership requirements, complete the orientation process, and agree to adhere to the guidelines established in this handbook, regardless of race, color, religion, national origin, sex, or disability.

Membership

Anyone who sincerely wants to become a member of the Greater La Crosse Area Medical Reserve Corps and support its mission is welcome to join at any time. Applicants must be a citizen of the United States of America. The minimum age for volunteering is 18 years old. Members must be willing to participate in activities within the Greater La Crosse area service jurisdiction.

Application Procedures

There are three ways to initiate the membership process in the Greater La Crosse Area MRC:

1) Submitting an Application electronically through Wisconsin Emergency Assistance Volunteer Registry (WEAVR), <https://weavrwi.org/index.php>. All applications received through WEAVR receive an acknowledgement and the Unit Coordinator is notified of a new Pending Application. Paper applications are available on a limited basis.

2) Sending an e-mail indicating interest to MRC Coordinator bhanson@lacrossecounty.org. E-mails should provide the following information:

- Name, Address, City/State/Zip
- Home and work e-mail addresses
- Home, business, and cell phones
- Specialty (Physician, EMT/Paramedic, nursing, other licenses and certifications)
- Or – Non-medically trained volunteer

3) Speaking with the MRC Coordinator or Membership Section Chief (by phone or in person)

The MRC Coordinator welcomes members who join through phone calls, at meetings, and in other forums.

The MRC Coordinator acknowledges the receipt of all new applications by mail, e-mail or phone call as soon as possible. The purpose is to welcome the new volunteer to the unit, answer any questions and schedule new member orientation.

Membership Process

Levels of Involvement

- 1. Active**
- 2. Probationary**

To become a member of the Greater La Crosse Area MRC, an individual must first submit an application. How to obtain an application is listed ~~below~~^{above}. Upon approval of the application, all members become eligible for training programs and basic email correspondence for the Greater La Crosse Area Medical Reserve Corps. Upon the outcome of a background check and

completion of the new member intake checklist, applicants will be approved as **probationary** members and will be able to participate in community public health activities and emergency response efforts, while they continue to complete their required trainings. Once training is completed members will be considered an **active** member, meaning that they may be called upon for activation during an incident.

Probationary members will be expected to complete their required trainings during the specified timeframe and maintain the minimum requirements as outlined in the Position Description and Member Expectations to continue to be considered an active member. All documents for becoming an MRC member can be found in the Orientation Packet (Appendix I).

The steps for becoming a member are outlined in further detail below.

Basic Criteria for Service

Once an application has been submitted and approved applicants must review and complete the New Member Orientation Checklist. The New Member Orientation Checklist can be found in the Orientation Packet (Appendix I), obtained from the Membership Section Chief or obtained at www.getactivelacrosse.org or by visiting www.greaterlacrossemrc.org. In order for the approval to the Greater La Crosse Area MRC, applicants must meet several additional requirements before acceptance and are eligible for a full range of activities or deployments. These steps are documented on the New Member Orientation Checklist and include but are not limited to:

1. Attendance at a **New Member Orientation** or completion of the self-guided orientation and complete the orientation post-test. The post-test must be turned into the Unit Coordinator or Membership Section Chief for review.
2. **10 hours of participation annually**. This includes MRC volunteer meetings, exercises, trainings, and any other activities that may be determined by the Executive Committee.
3. **Tier I Training**: will be completed, as well as mission-related training appropriate for the event, the member's skill level, and the service(s) to be provided. National core competencies and training standards are utilized, which would allow members to be assigned at the highest level of capability. Most training will be provided free of charge. These required trainings are included in the 10 hrs of participation required.
4. Must create and MRC members must maintain a **profile in WEAVR** (WI Emergency Assistance Volunteer Registry).

For a full list of required membership steps, paperwork and training to be completed, see the MRC Volunteer Orientation Packet (Appendix I).

Once the required forms have been completed and returned to the Unit Coordinator or Membership Section Chief for review, applicants will be approved or denied for membership. If accepted to the Greater La Crosse Area Medical Reserve Corps, members must then review and sign the Volunteer Position Description and Member Expectations Form, found in the Orientation Packet to reach a probationary level of membership. A copy will be filed by the Membership

Section Chief and the volunteer will be able to retain a copy of the signed document for reference. Once all Tier I training is completed the volunteer will become an active member.

Termination of Membership

Active members may become probationary members if they do not maintain the minimum requirements stated above, including but not limited to compliance with the minimum 10 hours of annual participation. As a probationary member, if compliance is not completed after a year as a probationary member, the MRC Executive committee will discuss the need for termination of membership. Members will receive notification from the Unit Coordinator or Membership Section Chief of their consideration for termination. Members can then present a plan for completing required steps to obtain active membership to be approved or denied by the Executive Committee. Memberships will, at a minimum, be reviewed annual by the Membership Section Chief.

Membership Roles and Responsibilities

Readiness

Members of the Greater La Crosse Area Medical Reserve Corps are expected to have their own personal and family preparedness/readiness plans developed. This ensures not only your personal safety during an incident but increases the likelihood that you will be able to respond to an incident if called upon by the MRC. A Family Preparedness plan template is included in the Orientation packet (Appendix I).

The Greater La Crosse Area Medical Reserve Corps is not a First-Response agency, but would offer surge capacity later into the incident. The first line of defense in a disaster would be provided by existing First-Response agencies. All Medical Reserve Corps members that are called upon during an incident will need to make the decision for themselves as to whether they are prepared to respond and therefore accept or deny the request for service.

Tasking

MRC Volunteers may be activated to respond to identified threats to public health. These may include:

- Severe Weather (thunderstorms, tornadoes, winter storms, extreme cold and heat waves, floods)
- Unusual disease outbreaks or suspected bioterrorism events which may require massive immunization within a region or distribution of preventative medicine
- Emergency Related Hazards and Emergency Shortages/Outages (natural gas/petroleum products, electrical transmission, power outages/shortages)
- Extreme Water Shortages
- Health education, including nutrition, awareness programs for health and safety programs offered to vulnerable populations
- Support to existing community service organizations

Member Response-Abilities

The range of possible activities is as diverse as the membership itself. This section offers a partial list of potential member roles from which individuals may self-select. These include but may not be limited to:

- Supporting a Volunteer Reception Center to process spontaneous volunteers
- Supporting community Points of Dispensing (POD) aka. Mass Medication Clinics (antibiotics/vaccine)
- Staffing an emergency shelter, alternate care location, or overnight cooling center
- Participating in a “Strike Team” that provides antibiotics/vaccines to homebound individuals in an emergency situation

- Assisting with public health outreach information/activities in the community

**specific mission related training may be provided depending on the assignment and volunteer interests.*

Types of Service

Roles and responsibilities depend on the member's physical ability, interest, training, and expertise. All service is voluntary. MRC volunteers support emergency response systems in their local community. MRC volunteers may be activated to assist the local Public Health Departments in the Greater La Crosse Area to respond to an incident. Keep in mind your family comes first in an emergency.

Responsibilities can include, but are not limited to the following:

1. Medical

- Inoculation (immunization and prophylaxis)
- Clinic prep / set up (fill syringes, measure meds, other)
- Interviews for patient history
- First responder (initial assessment and vital signs)
- Triage
- Treatment (basic first aid)
- Primary Care
- Phone screening and consultation
- Local distribution of medications
- Communicable disease control measures
- Supporting health needs of vulnerable populations
- Assist in county American Red Cross shelters

2. Non-Medical

- Reception/Patient intake (basic data forms)
- People movers (assisting individuals through the process of a point of dispensing clinic)
- Translators
- Greeters
- Ham radio operators
- Administrative tasks
- Record keeping
- Comforting and consoling
- Clinic Preparation

3. Non-emergency

- Coordinate and evaluate training programs
- Assist in community health programs
- Support public awareness campaigns

- Advocate for MRC, La Crosse County Public Health and Emergency Management missions
- Promotion and public relations
- Participate in drills, exercises, and trainings

MRC Volunteer Leadership

Volunteers who are approved as members who wish to explore a leadership role within the Greater La Crosse Area MRC are encouraged to speak with the MRC Unit Coordinator to discuss personal strengths and goals, and to obtain a copy of the MRC Section Chief Position descriptions. The MRC Unit Coordinator and Executive Committee will determine appropriate and approval for of those interested in pursuing a leadership position. MRC Section Chiefs are expected to commit to a minimum of 2 years in additional to the other qualifications identified in the leadership position descriptions.

Volunteer Training Plan

The MRC Volunteer training plan is organized into three tiers of learning. Volunteers are required to complete Tier I training courses within their first year of membership.

Volunteers may be required to complete Tier II based on their interests and assignments within the MRC Unit. The MRC Volunteer Section Chiefs/Leadership are required to complete Tier III of training.

All volunteers will establish an account in TRAIN (www.wi.train.org). Within the “Group” tab, please select WI under state Group and La Crosse under MRC group.

A brief description of the courses required for each Tier of training is below. Specific course descriptions for each Tier can be found in the Orientation Packet.

Tier I Courses:

All Tier I courses must be completed within the first year of membership.

COURSES AT A GLANCE

TIER I: required for all MRC members
MRC Unit Orientation
IS 700: Introduction to NIMS (National Incident Management System)
IS 100: Introduction to the ICS (Incident Command System) or ICS 100.HC, Introduction to the Incident Command System for Healthcare/Hospitals
IS 200: ICS for Single Resources or HICS 200 (IS-200.HCA: Applying ICS to Healthcare Organizations)
WMD (Weapons of Mass Destruction) or HazMat (Hazardous Materials Awareness)
CPR (Cardiopulmonary Resuscitation): BLS for Healthcare Providers (medical) HeartSaver (non-medical) or American Red Cross equivalent.
Family Preparedness
Psychological First Aid
HIPAA: An Overview

Tier II & III Courses:

II and Tier III training may be completed at the convenience of the member, or in preparation for unit activities or pending deployment. See your unit coordinator for access.

TIER II: recommended for assigned participation in unit response & support operations
Public Health: Mass Dispensing
SNS 100: Introduction to Strategic National Stockpile & mass Prophylaxis
SNS 200: Working in a POD
Triage & Treatment for Specific Agent
ABC's of Pandemic influenza
Bloodborne Pathogen (BBP) Standard Precautions training
Hospital Surge Operations
First Aid (if non-medical)
Triage
Bloodborne Pathogen (BBP) Standard Precautions training
Core Disaster Life Support (CDLS) OR equivalent (BDLs or eCDLS)
Burn Training
Pediatric Care Training
Medical Helicopter Evacuation
Mass Care/Shelter Operations
ARC Disaster Services: An Overview (or equivalent)
ARC Shelter Operations (or equivalent)
ARC Shelter Simulation (or equivalent)
ARC Serving People with Functional and Access Needs in Shelters (or equivalent)
First Aid (if providing First Aid)
First Aid Station Operations
First Aid (if providing First Aid)
Triage
Bloodborne Pathogen (BBP) Standard Precautions training

Animal Response
IS-10.A: Animals in Disasters: Awareness and Preparedness
IS-111.A: Livestock in Disasters
Animal First Aid (if not a DVM)
Foreign Animal Disease Recognition/Response
Animal Decontamination
TIER III: recommended training for MRC Leaders
FEMA IS-240.A: Leadership & Influence
FEMA IS-241.A: Decision Making and Problem Solving
FEMA IS-242.B: Effective Communication
FEMA IS-244.B: Developing & Managing Volunteers
FEMA ICS 300: Intermediate ICS for Expanding Incidents

Volunteer Utilization

Liability

In the event of a large public health emergency, members will be utilized according to their training and skills. Retired and inactive professionals are welcome and encouraged to join and the authority for you to act is specified in the [Wisconsin State Statutes, Chapter 257: Emergency Volunteer Health Care Practitioners](#) and is clarified in further detail on the WI WEAVR website at weavrwi.org/faq.php. All past or inactive license information should be recorded when registering on the Wisconsin State WEAVR system.

Non-Licensed volunteers liability protections are clarified by the Department of Health Services (WI Statute Chapter 257). More information can be found at: www.dhs.wisconsin.gov/preparedness/mrc/index.htm

Service Environments

Members could find themselves serving the MRC in the following kinds of environments.

- Mass Dispensing Clinics (public health outbreaks, counteract toxic agents)
- Mass Fatality Administrative Support
 - Hotline
 - Family Information/Assistance Centers
- Emergency Shelters (residents displaced due to fires, floods, storms)
- Volunteer Reception Centers
- Health screenings, health fairs, conferences, training venues
- Local Health Department offices

Communications with Members

Current and planned methods of communication are as follows. These methods will vary depending on the situation and will be initiated by the Communications Sections Chief (ongoing interactions versus a call-out).

1. **Direct phone calls** - generated by the Unit Coordinator or designee.
2. **E-mail.** Emails are generated by the Unit Coordinator on a one-to-one or group basis.
3. **Emergency Deployment e-mail.** For an emergency deployment a back-up email address will be established. This address which will be monitored during an emergency deployment.
4. **Website.** Members are strongly encouraged to [check the website](#) on a regular basis.

5. **Quarterly Unit Newsletters.** Newsletters are sent by e-mail and posted on the website to all members quarterly.
6. **Meetings and training sessions.** Every time members congregate, there is an opportunity to strengthen communications. Any scheduled session can include kickoff announcements, follow-up socializing, and informal sharing of ideas.

The unit will continue to examine its methods of contacting its volunteers, and is open to creative ideas – especially as volunteer numbers continue to grow.

Communications with the Press and Outside Agencies

During a disaster, only the authorized County Public Information Officer – as specified through Incident Command – is authorized to official speak with the media. Members of the Greater La Crosse Area Medical Reserve Corps are instructed to refer the press to their supervisor (who would reference the Public Information Officer). Do not provide any opinions or information to the media unless it is cleared verbally by the County Public Information Officer.

Identification

All approved members completing Tier 1 training will be provided with a photo ID badge. Badges are to be worn on a lanyard provided by Greater La Crosse Area Medical Reserve Corps. All members must have a valid motor vehicle operator's license or other state identification. Badging will also occur specific to each assignment.

Deployment Procedures

Rules for Deployment

There are three (3) cardinal rules for deploying with the Greater La Crosse Area MRC.

1. The *only* way to request deployment is by contacting the Public Health Officer and/or MRC Unit Coordinator or their designee.
2. **Members MUST *never* self-deploy. Doing so may be grounds for dismissal. Self-deployment, and the contacting of individual members apart from established channels, interferes with these desired outcomes.**
3. If the La Crosse County Public Health Officer confirms that the assignment is appropriate, the information will be provided to the MRC Unit Coordinator to carry out the deployment procedures.

Overview of Activities

The type of disaster determines the specifics of each deployment.

- Whether members are needed for one site or many depends on the scope of the emergency. For example, members could be assigned to:
 - Clinics in several towns across the west central Wisconsin region to prevent the spread of an infectious disease outbreak that has put the region at risk
 - To various emergency shelters, if a flood or snowstorm displaces people from their homes; or regionally, to assist in more than one community;
 - A single staging area, if there is a localized mass-casualty incident (such as an apartment fire or building collapse).
- The type of event impacts the methods of activation to be used in each case.
 - The Wisconsin Emergency Assistance Volunteer Registry System would be considered the primary source of activation for large-scale responses, particularly when multiple communities and services are involved
 - Alternate notification (HAM operations, radio and text-message contacts) must be tested in case the usual methods of contact (phone and email through Wisconsin Emergency Assistance Volunteer Registry System) are disrupted.
 - Media outlets (cable TV, major news stations, radio) will be tapped depending on the scope and urgency of notifying volunteers.
- The chain of contact for the unit always begins with the MRC Unit Coordinator
 - The MRC Unit Coordinator would carry out notifications and other disaster activities, as instructed by the County Public Health Officer or designee.
 - Designees would be pre-appointed to serve as alternate contacts, in case the MRC Unit Coordinator is unavailable or absent during an emergency.
- Reporting and coordination with other agencies is part of any response.
 - Incident Command must assess the scope of the disaster, identify necessary resources, and address safety issues before dispatching responders.

- The County Health Director would request that the appropriate number and type of volunteer response takes place, on behalf of the unit.
- If the disaster occurs outside of the unit region and a request for assistance is received, the Public Health Officer would determine whether response outside this area is appropriate. Greater La Crosse Area Medical Reserve Corps members will be asked if they are willing to respond beyond their usual service area, factoring in any reciprocity issues.
- Greater La Crosse Area Medical Reserve Corps members would arrive at a specified location, with the appropriate identification and equipment. They would interact with other participants as specified by the National Incident Management System and local protocols, and operate within the scope of their training.
- Procedures for checking in and out, completing forms and reports, and other mechanisms for accountability would be specified by the requesting agency, and adhered to by all volunteers.
- The situation must be monitored so staffing can scale up or down as needed, and shift assignments can be adjusted.
- The MRC Unit Coordinator would ensure that deactivation of the unit as a whole is carried out effectively, and that after-action reports and recognition of members takes place in a timely manner.

Sources of requests for Greater La Crosse Area Medical Reserve Corps response can include local, state, and federal agencies.

Types of Deployment

Members may be deployed in local, regional, statewide; both in small-scale and large-scale incidents.

Local Activation

It is surmised that this will be the primary deployment of all Greater La Crosse Area Medical Reserve Corps volunteers.

- If it is determined that the Greater La Crosse Area Medical Reserve Corps is not required, the members will not be activated. **Note:** It is *never* a problem if the unit is contacted but not activated! Rather, it is better to provide advance notice and discover no assistance is needed, than to hold off until the last possible moment and then call when a catastrophe is clear, giving the unit minimal lead-time in which to prepare.
- If the crisis is confined to one community then members who work or reside in that community would be called first.
- If specialists are required (such as trauma nurses and paramedics, or physicians with expertise in infectious disease agents), they would be called immediately.
- If only a limited number of Greater La Crosse Area Medical Reserve Corps members are needed, the notifications would cease as soon as that number is reached.

- If additional staffing is required, or if an insufficient number of members are available from within the affected community, then the next members to be contacted would be those who live at increasing distances from the emergency

Local Activation during a Large-Scale Disaster

An incident that results in vast numbers of victims, causes many critical injuries, or encompasses more than one community, constitutes a large-scale activation. Greater La Crosse Area Medical Reserve Corps volunteers will be requested to activate.

- Regional emergencies impact multiple communities within the Greater La Crosse Area Medical Reserve Corps jurisdiction.
- Requests will be funneled through the La Crosse Area Public Health Officer. When requests are processed through the leading unit authority, personnel can be allocated at the appropriate skill levels and numbers, to the locations where they can do the greatest good for the greatest number.
- State and federal disasters can generate requests from elsewhere in the state (e.g. Wisconsin Emergency Management) or the nation (e.g. Federal Emergency Management Agency) typically, a “state of emergency” would be declared through government officials. These situations could result in requests for the activation of several Medical Reserve Corps units across the State of Wisconsin.

Point of Dispensing Site—Overview

A point of dispensing site, or POD, is a large scale clinic designed to enable the public health agency to rapidly administer vaccinations or dispense medications to a large number of the civilian population. POD’S are activated when a normal public health response system must be supplemented due to the severity of the public health crisis. They are established to provide the first 12 – 72 hours “surge” capacity necessary to distribute needed medication to a large population to prevent mass casualties.

During a public health crisis the speed with which medication is dispensed to the public is directly related to preventing illness and saving lives. Public Health agencies support the preparation and implementation of the PODs and provide the needed medication and staffing resources. However, public health does not have adequate numbers of employees to handle this alone. Because the required numbers are so large, members of the community, such as MRC volunteers, may actually staff the PODs during a large scale public health emergency.

The La Crosse County will exercise setting up PODs from time to time in the county and will include MRC volunteers whenever possible.

Greater La Crosse Area Medical Reserve Corps Staff Responsibilities during Activation & Deployment

MRC Unit Coordinator responsibilities during Activation

When a call, text message, and/or email are received for Greater La Crosse Area Medical Reserve Corps assistance, the MRC Unit Coordinator is responsible for the following:

- Initiating procedures to ensure that the appropriate number and type of members are activated, at the necessary skill levels. This will include sending alerts through the area media.
- Ensuring that members respond to the appropriate locations (such as a predefined staging area) with the appropriate gear and instructions
- Maximizing each member's personal safety: decontamination, hazmat, and other threats on scene are identified and planned for; members are trained to operate safely in that environment; recognizing and avoiding undue risk
- Monitoring responses and staffing levels with direction from the Incident Commander
- Maintaining contact with members or monitoring their involvement, as needed
- Request backup support from other Wisconsin Medical Reserve Corps Coordinators, if necessary
- Verifying that reporting and deactivation procedures are followed
- Keep tabs on changes in the situation
- Check on safety issues as needed
- Schedule members in shifts, for events of long-term duration
- Maintain communication with the Incident Commander and Public Health Officer

MRC Member Responsibilities in a Deployment

According to Incident Command System procedures, members should respond according to the following checklist.

- It is crucial for members to sign in and out from their responsibilities at the scene for safety reasons as well as accountability.
- Receive your incident assignment from the Greater La Crosse Area Medical Reserve Corps; probably through the Unit Coordinator. This should include, at a minimum: reporting location and time, expected length of assignment, brief description of your role, route information, and a designated communications link if necessary. **(Depending on the situation, alternate transportation methods may be advised. Never self-deploy!)**
- Bring any specialized supplies or equipment required for the job. Be sure you have adequate personal supplies to last for the duration of the assignment
- Sign in upon arrival at the check-in location for the given assignment
- Use clear text (no codes) during any radio communications. Refer to incident facilities by incident names. Refer to personnel by Incident Command System title, not by numeric code or name
- Obtain a briefing from your immediate supervisor. Be sure you understand your assignment
- Acquire necessary work materials then locate and set up your work station

- Organize and brief any subordinates assigned to you
- Brief your relief at the end of your shift and at the time you are demobilized from the incident
- Complete required forms and reports delivering them to your supervisor or the Documentation Unit before you leave
- Demobilize according to the plan

Demobilization and Debriefing

Each incident should include assurance that members have signed out from the scene and have the chance to share their observations afterwards. These comments can be included in an after-action report for the Greater La Crosse Area Medical Reserve Corps, and can be shared as needed (with the volunteer's name removed for confidentiality, if appropriate) in overall post-event reviews with other agencies.

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

Acronyms & Glossary

CDC – Centers for Disease Control and Prevention (U.S. HHS)

DHS – U.S. Department of Homeland Security

EMAC – Emergency Management Assistance Compact

EMT – Emergency Medicine Technician

FEMA – U.S. Federal Emergency Management Agency (DHS)

HHS – U.S. Department of Health and Human Services

HIPAA – Health Insurance Portability and Accountability Act

LPHA- Local Public Health Agencies

MRC – Medical Reserve Corps

NVOAD – National Voluntary Organizations Active in Disaster

OCVMRC – Office of the Civilian Volunteer Medical Reserve Corps

POD – Point of Dispensing

SCC MRC – La Crosse County Medical Reserve Corps

SUV – Spontaneous Unaffiliated Volunteer or a big gas guzzling 4WD truck

WI DHS – Wisconsin State Department of Health Services

VOAD – Voluntary Organizations Active in Disaster

WEAVR – Wisconsin Emergency Assistance Volunteer Registry (WI DHS)

Greater La Crosse Area Medical Reserve Corps Contact Information

Contact information for general issues regarding the Greater La Crosse Area Medical Reserve Corps is as follows:

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Find out more by visiting: www.greaterlacrosseemrc.org