



Florida Medical Reserve Corps Network

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A Guide to Developing and Managing a Local MRC Unit (Part 1)

The most effective response starts at the local level

Florida Department of Health, Office of Public Health Nursing

January 2011

“Volunteering can be an exciting, growing, enjoyable experience. It is truly gratifying to serve a cause, practice one's ideals, work with people, solve problems, see benefits, and know one had a hand in them.”

-- Harriet Naylor

This guide was developed by the Florida Department of Health, Office of Public Health Nursing, to strengthen the capacity of Florida's Medical Reserve Corps (MRC) Network. This document is designed to provide an orientation for new Medical Reserve Corps units and to assist all community Medical Reserve Corps units build infrastructure and enhance program practices.

Information contained in this document includes Florida specific information and will serve as a supplement to national Medical Reserve Corps information and resources. The document provides information to assist with program development, implementation, evaluation, maintenance and improvement.

It is not expected that coordinators will have the opportunity to read, study and learn this document in its entirety before having to function as a coordinator. However, once familiar with the document and its contents, it can serve as a valuable reference tool.

This document is not intended to be all inclusive of information necessary to successfully establish and operate a community Medical Reserve Corps unit. It is for technical assistance purposes and does not eliminate the need for a coordinator or other unit leaders from maintaining close contact with the Florida MRC Network and the Department of Health, Office of Public Health Nursing. Project information or materials on the department's Web site or received from the department supersedes information contained in this document.

Web site links are included as possible sources of information and assistance. Listing as a resource does not constitute or imply endorsement by the department. The department makes no representation or warranty regarding the accuracy, reliability, completeness or timeliness of information contained in these links. Information contained on these sites may be subject to copyright and licensing restrictions.

As local units use this guide and its resources, suggestions for additional information or revisions are welcomed by the department.

The Office of Public Health Nursing would like to acknowledge and thank Florida's local Medical Reserve Corps coordinators and the Department of Health Volunteer Health Services Program for information, input and assistance in the development of this guide.

For more information on Florida's Medical Reserve Corps Network contact the Department of Health, Office of Public Health Nursing at (850) 245-4746 or visit www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html.

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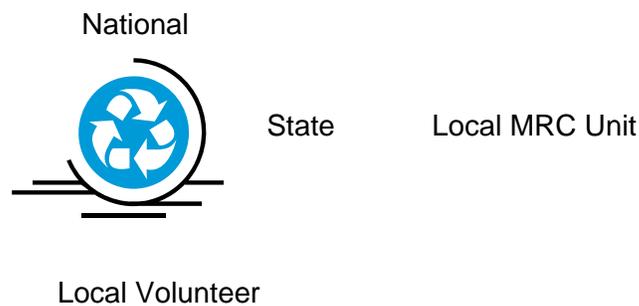
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I. Introduction

The Medical Reserve Corps (MRC) was established in 2002. The Office of the Civilian Volunteer Medical Reserve Corps reports directly to the U.S. Surgeon General, Department of Health and Human Services. See Appendix for a copy of the news release establishing the MRC. The Medical Reserve Corps is a partner program with the Citizens Corps, a national network of volunteers dedicated to ensuring hometown security. Citizens Corps, along with AmeriCorps, Senior Corps and the Peace Corps are part of the President's USA Freedom Corps. The USA Freedom Corps is an office of the White House, created to strengthen and expand volunteer services. It began following an announcement by President Bush in his 2002 State of the Union Address.

The Medical Reserve Corps is a Partnership



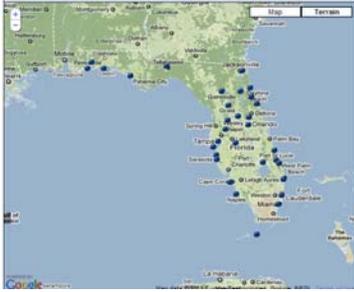
The Medical Reserve Corps is a national program designed to support community efforts to “utilize local medical and health volunteers during emergencies and at other times of community need.” MRCs are community-based and function as a way to locally organize and utilize volunteers who want to donate their time and professional skills to promote healthy living throughout the year as well as to prepare and respond to emergencies.

Volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians and non medical community members who can provide assistance and fill vital support positions such as interpreters, office workers, legal advisors and religious leaders.

The Florida Department of Health established the Florida Medical Reserve Corps Network in 2004. The Office of Public Health Nursing has lead responsibility for developing the statewide Florida Medical Reserve Corps Network and coordinating statewide efforts. The state program provides resources, technical assistance and information to local units for building capacity and responding effectively.

The mission of the Florida Medical Reserve Corps Network is to augment local community and state-level health and medical services with pre-identified, trained and credentialed volunteers during emergency medical operations and other vital public health activities.

Local communities have been quick to respond. As of January 2011, this network included 33 local units covering 60 of Florida's 67 counties and approximately 12,000 volunteers. Most MRC units are located at county health departments. Others are stationed with local municipalities or community organizations.



Community Medical Reserve Corps units reflect and meet local needs and resources. Individual units are designed to provide organizational structure and promote appropriate training of community volunteers. The initiative is built on the concept that communities can help themselves by organizing local volunteer resources.

While communities are different and each unit is unique, basic guidelines and principles apply. Units can also benefit by sharing resources and lessons learned. This guide is designed to provide background and information for new and existing MRC units. In conjunction with tools and resource materials on the Florida Department of Health Web site, it provides easy access to materials for building infrastructure and enhancing program practices. www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html

SERVFL is a network of volunteers supported with resources. SERVFL consists of the Florida Medical Reserve Corps Network and volunteer management resources that support the statewide program of recruiting, training and retaining health volunteers. Partnerships are the key to the successful expansion of Florida's volunteer network and preparedness activities. State network partners include: the Department of Health, Division of Emergency Medical Operations, Cities Readiness Initiatives and the Strategic National Stockpile; Florida Association of Community Health Centers; county health departments; Volunteer Florida and other volunteer organizations and local municipalities.

The State Emergency Responders and Volunteers of Florida

(SERVFL) is part of a national emergency system for the advance registration of volunteer health professionals (ESAR-VHP). The State Emergency Responders and Volunteers of Florida housed at www.servfl.com serves as a uniform advance registration database allowing the state to quickly identify and utilize volunteer health professionals during an emergency event requiring large numbers of health professionals.



In addition to being a site where persons can sign up to be part of Florida's Medical Reserve Corps, the Registry, as it is often called, functions as the volunteer management tool and database for management of MRC volunteers, tracking of training, message delivery, report development, license verification and credentialing, and mission tracking. Future plans include using it for verifying information on accreditation and privileging in hospitals or other medical facilities. See [Section III Managing a Community Medical Reserve Corps](#) for more information on using the Registry.

"Volunteering creates a national character in which the community and the nation take on a spirit of compassion, comradeship and confidence."

-- Brian O'Connell

II. Medical Reserve Corps Program Overview

Purpose and Objectives – Florida MRC Strategic Plan 2011-2013

The Florida Medical Reserve Corps strategic plan for 2011-2013 was developed based on national guidance with input from Florida's MRC unit coordinators. The strategic plan drives activities to achieve the following five priorities:

- Volunteer and Leadership Development
- Training and Exercising
- Preparedness and Response
- Sustainment of the Volunteer Management System
- MRC Regional Plan Development and Implementation

A copy of the plan is located at

http://www.doh.state.fl.us/PHNursing/MRC/MRC_Coordinator_Info.html

The five State MRC Program goals include:

- Ensure a skilled MRC volunteer workforce
- Maintaining the SERVFL (ESAR-VHP) registry
- Provide MRC support to the County Health Departments (CHDs) and Emergency Support Function 8 (ESF-8)
- Increase the number of MRC Volunteers
- Increase Florida's MRC Network representation

It is a goal of the Department of Health, Office of Public Health Nursing, to assist MRC units by providing the guidance and resources to help meet local priorities of collaboration, operations and management, strategic planning as well as recruiting, registering, training, exercising and retaining private health care and other volunteers.

Florida's priorities support the national Medical Reserve Corps goal to strengthen the community public health infrastructure. The national MRC program is guided by the U.S. Surgeon General's priorities for the health of individuals, and the nation. MRCs play an important role in supporting the priorities of the U.S. Surgeon General:

- Promoting disease prevention
- Improving health literacy
- Eliminating health disparities
- Enhancing public health preparedness

The U.S. Department of Health and Human Services (HHS), Office of the Civilian Volunteer Medical Reserve Corps is charged to "establish systems to pre-enroll, credential, train, and deploy Medical Reserve Corps personnel who are willing to provide emergency health and

medical services after a catastrophic event.” The strengthening and inclusion of the Medical Reserve Corps as part of the larger public health infrastructure and National Disaster Medical System (NDMS) is an element of the U.S. Department of Health and Human Services Strategic Plan - FY 2007-2012 for improving the health and well-being of the Nation. NDMS began in 1984 and works as a partnership between the Departments of Health and Human Services (where NDMS was first located), the department of Defense, Veterans Affairs, and the Federal Emergency Management Agency within the Department of Homeland Security.

The System has three components: direct medical care; patient evacuation; and definitive care. NDMS was created as a nationwide medical response system to: supplement state and local medical resources during disasters and emergencies; provide back-up medical support to the military and VA health care systems during an overseas conventional conflict; and to promote development of community based disaster medical systems. The NDMS medical response component is comprised of over 9,000 private sector medical, mortuary, veterinary medical and support personnel organized into 107 teams across the nation. -- FEMA

A copy of the HHS Strategic Plan can be found at, <http://aspe.hhs.gov/hhsplan/2007>.

Florida Medical Reserve Corps Network Guidelines and Requirements

Medical Reserve Corps units benefit from operating under standardized guidelines for assuring consistent training, development and readiness of all MRC volunteers. Florida guidelines were developed from national guidelines and reflect priorities of the Florida MRC Strategic Plan. The guidelines are included in the Appendix and can also be found on the department’s MRC Web page www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html. The guidelines include recommendations for strategic planning as well as recruiting, training and maintaining volunteers and establishing and maintaining community partnerships.

Local units that are part of the Florida MRC network are eligible for MRC Program capacity building funding opportunities. To receive funding, there are certain programmatic procedures and reporting requirements. These requirements are detailed in the funding mechanism or agreements with the Florida Department of Health, MRC Guidelines and in the Memorandum of Understanding between the department and local MRC coordinators.

Authority:

Medical Reserve Corps are authorized under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188), which amended the Public Health Service Act, adding Section 319C-1 (42 U.S.C. 247d-3), which supports activities related to preparing for a terrorist attack or public health emergency.

Responsibilities include:

MRC Unit Coordinators and their designees are responsible for meeting all program requirements as stated in the MRC Operational Guidelines, including:

- (a) Ongoing recruitment and retention of volunteers;
- (b) Ensuring MRC volunteers have completed required MRC training (Core Competencies – https://www.nova.edu/sbin/biohazard/bh_regis.cgi and ICS 100.a and 700.a courses – www.aheceducation.com) and annual exercises;
- (c) Entering, managing, and monitoring the State Emergency Responders and Volunteers of Florida (SERVFL) registry and successfully completing SERVFL Local Administrator Training;
- (d) Maintaining MRC Volunteer data, checking SERVFL system data and utilizing SERVFL for volunteer management, missions, ID badges, messaging, updates, status and ad-hoc reporting;
- (e) Completing reports based upon state and national requirements;

(f) Updating the national Medical Reserve Corps Network web site as to volunteers numbers, activities, and impact of activities at least once every three months of the calendar year, and providing the MRC Program Office with action plan and budget spending updates quarterly on the third week of the last month of each quarter;

(g) Obtaining County Health Department (CHD) approval in advance for all MRC Unit activities and response; for volunteers to be covered with Chapter 110 protection, the following questions must be answered “yes.” Is the Public event within the mission of the CHD? Does the CHD Administrator/Director approve of this event as a public health related activity? Will DOH Staff supervise the MRC Volunteers?

The local MRC Unit must meet all of the above requirements in order to be able to participate and be eligible to receive funding to support MRC Program related activities.

In addition to describing responsibilities of the MRC coordinators, the Memorandum of Understanding clarifies roles and responsibilities of the department and the MRC units to provide effective coordination and cooperation. The memorandum is reviewed and renewed annually. See a sample copy of the Memorandum of Understanding on the MRC Web page.

For more information on administering a successful MRC unit, see [Section III Managing a Community Medical Reserve Corps](#).

The National Association of County and City Health Officials (NACCHO) also provides funding based on a competitive awards process. These annual awards sometimes range from \$5,000 to \$10,000.

Identifying and Establishing Your Role in the Community

Each community is different and each MRC unit should be developed in response to local needs and resources. Some newly established units find it difficult to become an active participant in community planning, drills and Emergency Operation Center (EOC) directives. Others find it difficult getting the full support of their sponsoring agency or organization. MRC coordinators need to be able to convey the importance of an active and involved community Medical Reserve Corps. Units need to foster and build on support generated during the establishment of the unit.

Why is an MRC unit important to a county?

What is the long-term benefit of the investment of time & resources in a MRC?

There are many reasons why communities should support an MRC. Some of the benefits to local communities reported by the national Medical Reserve Corps and local MRC units include:

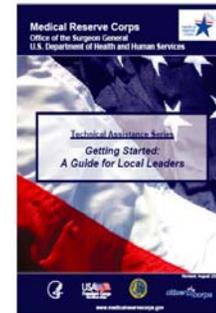
- Preparing the community to respond quickly to public health emergencies
- Strengthening public health and emergency response by providing pre-certified registered volunteers to supplemental help in times of need
- Enabling the community to meet specific health needs
- Allowing the community to be less dependent on state and national resources
- Giving community members and leaders a voice in developing strategies to meet health and emergency needs
- Providing a means to share information and coordinate community partner organizations

- Providing a forum for communication between local emergency management and public health agencies

Some typical MRC activities that offer considerable benefits to the community include: meeting local hospital and health department surge personnel needs during emergencies, and providing direct service on the scene of an emergency or public health situation. They can also provide vital non-emergency public health activities such as, flu shots or other vaccination clinics, back to school screenings, blood drives and public education workshops, meetings and events.

MRCs are designed to supplement existing local health care and emergency systems not to compete with them.

The national MRC Web site general guidelines for establishing a local MRC, www.medicalreservecorps.gov/StartMRC, and the technical assistance guide, **Getting Started: A Guide for Local Leaders** can help local leaders plan for and establish an MRC. The guide also provides information that can assist you in securing your place as part of the community emergency planning team.



Key Activities

Even though each Medical Reserve Corps unit will be different there are some key steps to be taken as part of developing and establishing a community Medical Reserve Corps:

- Strategic planning for effectively defining the mission, goals, objectives and activities for obtaining, organizing and managing volunteers and program resources
- Developing unit policies and procedures including at a minimum deployment activities
- Establishing partnerships to best integrate with existing community public health and response agencies
- Identifying and recruiting volunteers
- Establishing a plan for monitoring and evaluating activities to show positive impact and determine steps for improvement

III. Managing a Community Medical Reserve Corps

Managing Volunteers

Volunteers are the Medical Reserve Corps. A registry of pre-identified, trained, committed volunteers is vital to the success of the program. One of the Florida Department of Health's performance measures is to "Increase the number of volunteers in the Florida Medical Reserve Corps Network." The goal is to increase the number of volunteers by 20% statewide each year. The department works closely with local MRC units to assist in building volunteer capacity and competency. These guidelines are provided to assist units in the recruitment, training, management and maintenance of volunteers.

In addition, the national MRC Web site has resources and technical assistance guides to help you establish your volunteer base. The guide, **Developing Volunteer Relationships and Capabilities**, www.medicalreservecorps.gov/TASeries/Developing has information on

recruiting, preparing and maintaining volunteers. The [Action Steps Checklist](#) on this link provides a summary of suggested actions you can take in developing your volunteer program.

Best practices in volunteer management discussed in this section include:

- Having position descriptions that reflect a match between community needs and volunteer skills and opportunities
- Having a procedure for interviewing volunteers to match interests and skills with volunteer opportunities and needs
- Providing training and other opportunities for skill and professional development
- Maintaining contact and communication with volunteers to keep them informed and make them feel like an important part of the organization
- Providing recognition for volunteer contributions to the organization and community

Chapter 110 Florida Statutes

Chapter 110, Florida Statutes establishes a system of personnel management for the state. This system provides the guidelines regarding recruiting, selecting, training, developing, and maintaining an effective and responsible workforce. Part IV of this Chapter relates to the services of volunteers, including regular-service volunteers, occasional-service volunteers, or material donors, to assist in programs administered by the state department or agency. Volunteers in the Medical Reserve Corps support initiatives of the Florida Department of Health. In managing local MRC volunteers, coordinators are expected to follow Chapter 110 policies and procedures. This will be discussed further in the section [Registering as a Chapter 110 F.S. Volunteer](#).

Types of Volunteers

Active licensed health care professional volunteers include physicians, nurses, pharmacists, mental health professionals, respiratory therapists, emergency medical technicians and paramedics, dentists, pharmacists, veterinarians and other public health professionals. These volunteers are the ones who usually provide direct services on the scene of an event or public health activity.

Not currently licensed/retired health care volunteers include persons who have retired and may not have maintained their license or health professionals from other states, not currently licensed in Florida. These volunteers can still be very helpful performing supervised activities that do not require licensing.

Retired health care professionals can be especially valuable as they may have more time to participate in local events and may not be called up to a hospital or clinical practice during a local emergency event. Retired medical volunteers who have maintained active licenses can be very beneficial. You may be able to assist retired health professional volunteers obtain limited licenses or certifications. It may be possible for a retired physician or osteopathic physician to obtain a limited medical license to work as a volunteer in accordance with Section 458.317 and Section 459.0075 Florida Statutes. Also, it is possible for a retired practical or registered nurse desiring to serve indigent, underserved, or critical need populations in the state to apply for a retired volunteer nurse certificate in accordance with Section 464.0205, Florida Statutes. See the Appendix for copies of these statutes.

Support volunteers such as clerical, administrative, translators, interpreters, legal advisors or spiritual leaders can perform essential services, often working behind the scenes to support the efficient operation of the MRC. Support volunteers during all-hazard response can assist with record keeping, inventory, communications and more. At other times, non-medical support volunteers such as information technology specialists, grant writers, event planners, marketing specialists and even college students with expertise in computers, journalism or graphics design can provide needed assistance.

“Just in time” volunteers **must** not work with special populations (children, elders or persons with disabilities) until a full screening is completed.

“Just in time” volunteers are persons who are not pre-registered but want to volunteer as a response to a specific emergency. The Chapter 110, F.S. Volunteer program refers to these persons as “Post Event” volunteers. Through SERVFL these persons may be quickly registered and credentialed. Caution should be taken however, since they may not have completed required training or background screening.

Identifying and Recruiting Volunteers

One of the first steps in establishing your program is developing a plan for recruiting volunteers. This plan will address issues such as determining community volunteer needs, how and where to find potential volunteers, how to get your message out and how you can motivate potential volunteers to register. See more about the Recruitment Plan in the section [Administrative Management - Administrative Plans](#).

When developing your recruitment plan begin with a needs assessment to identify the appropriate types and numbers of screened and credentialed volunteers critical for meeting local needs. New MRC units can probably start by doing general recruiting to find interested volunteers. As you build your volunteer base, recruitment needs should be reassessed to determine if it would be more efficient and practical to target recruitment efforts to particular skills.

Coordinators need to look at and compare the skills distribution of the registered volunteers with the needs of the community. For example, does the community and the MRC Unit need more volunteer physicians, nurses, support etc.? Is there a special focus or particular area like behavioral health or manning of PODs (Point of Distribution/Dispensing) where you are lacking the volunteer skills necessary to respond to an emergency?

Types of volunteers and their functions should reflect local community needs.

- Ask yourself what kinds of volunteers are needed. Are you looking for volunteers with special skills or characteristics
- Perform an analysis comparing your needs assessment with the volunteers already available to your unit
- Determine if targeted recruitment is necessary or desired to better meet need
- Target recruiting efforts for those skills where there is the greatest need

When planning for recruitment consider how your MRC wants to utilize volunteers. In addition to being deployed as part of response teams during public health emergencies, volunteers can

be an important part of supporting local public health initiatives and community emergency preparedness.

Best Practice: One MRC unit in a community with a significant number of special medical high risk elder residents has, in coordination with the local aging network, established special response teams with skills to provide assistance at retirement condominiums during emergency events. These volunteers can provide timely important services to elders, on site, during an emergency event keeping them from overcrowding the hospital system for chronic and medication needs.

As you plan for and assess recruitment needs, consider issues that may be out of your control. You may believe there are a significant number of registered volunteers. If there is a health care emergency in your own community, however, the first responsibility of the medical professional may be to report to their hospital, clinic or office. In reality, will there be enough volunteers who can report and be available for deployment?

Once you have identified and determined your community volunteer needs and goals, it is time to define the specific roles you are seeking to fill.

Position descriptions and Job Action Sheets

To meet the requirements for Chapter 110, Florida Statutes volunteer protection, use the Chapter 110 Position Description form.

In planning your recruitment, it is important to have written descriptions for the volunteer positions you are looking to fill. Position descriptions are written statements that usually include title, expected duties or roles and responsibilities, sample activities, required qualifications, desired qualifications and required competencies such as training, skills and experience.

Copies of the Chapter 110 Position Description form can be obtained from the local Chapter 110 Volunteer coordinator or from the Volunteer Program Policies and Procedures. While it is required that this form be used, information contained on the form will depend on local needs, goals and expectations.

Experienced Florida MRC coordinators have indicated a preference for using basic position descriptions for Licensed Health Care Provider and Non Health Care Support rather than specific job titles like physician, pharmacist, EMT, chaplain or administrative assistant. This allows position descriptions to be flexible and not specific to a particular emergency incident. See the Appendix for sample Licensed Health Care Provider and Non-Health Care Support Volunteer job descriptions that use the required Chapter 110, Florida Statutes Position Description Form.

Some coordinators prefer descriptions that follow National Incident Command System disaster response functions such as planning, logistics or operations. MRC units targeting specific recruitment may want to consider position descriptions designed for specific occupations such as Nurse or Mental Health Counselor. Regardless of the position titles used, the written description should contain enough information to provide the volunteer an understanding of duties and expectations.

Some agencies have begun to model their position descriptions on FEMA descriptions that provide proposed minimum criteria for personnel to be deployed. Go to <http://www.fema.gov/> and search for job titles and descriptions of the most commonly requested public health and medical personnel in a state-to-state mutual aid-based response.

In addition to information on the position description, more detailed disaster related **job action sheets** listing specific actions or activities associated with different phases of an emergency response can help clarify the functional roles and responsibilities of volunteers during an exercise or deployment. Job Action Sheets can be part of your MRC Operational Guidelines and can be revised to fit event specific situations. Volunteers would be provided copies of the Job Action Sheet and informed of expectations during event briefing or preparation sessions.

The Information Exchange section of the Coordinator page on the department's MRC Web pages contains examples of Job Action Sheets that have been used by other MRC units.

The national MRC Web site has links to a wide variety of sample volunteer job descriptions and job action sheets, ranging from dentist to health educator to pharmacist and more. Insert the terms, "job description" at <http://www.medicalreservecorps.gov> Additional examples of MRC Job Action sheets can be found at www.town.duxbury.ma.us/public_documents/duxburyma_mrc/jas and www.nyc.gov/html/doh/downloads/pdf/em/mrc-pod-job.pdf.



Once you have identified the primary roles of your MRC for community response and prepared your job descriptions, it is time to begin your recruitment outreach and marketing campaigns.

Recruitment Marketing

What are your goals?

Who are you targeting?

What message are you trying to get out?

How does your message relate to what is important to your target audience?

What is your budget?

What is the most effective way to reach your intended audience?

MRC units with successful recruitment marketing results found using multiple approaches to be most effective. Depending on your answers to the above questions, a variety of techniques such as: press releases; public service announcements; announcements on local cable television stations; brochures; fact sheets; presentations; direct mail outs; or displays at community events, can be chosen. Referrals from existing volunteers have also proven to be an effective recruitment strategy.

Get to know your local media before an emergency or public health event occurs. A simple search on www.google.com for "media outlets" in your community can return a free listing of newspaper, television, radio and local magazine contacts. Know who they are and what formats they prefer so you can have materials ready to use.

Learn how to communicate with persons in the media. Before contacting the media, make sure you have the facts and know the issue well. It is ok if you do not have all the answers. Do not try to fake it. If asked a question you are unsure about, let them know you will get back to them

with the information. Learn about writing press releases and public service announcements. Work with your county health department communications specialist or community college. Perhaps you can recruit a volunteer who has media or journalism expertise.

Make sure your public/media message supports the message of other emergency response partners and **please**, avoid using acronyms in presentations and written materials. It is ok to use generic MRC recruitment and promotional materials but it is important to make them more meaningful by using local information, data, examples or stories.

If you have limited time and resources you will need to target your recruitment marketing to groups and organizations with the highest potential return of the types of volunteers you are seeking.

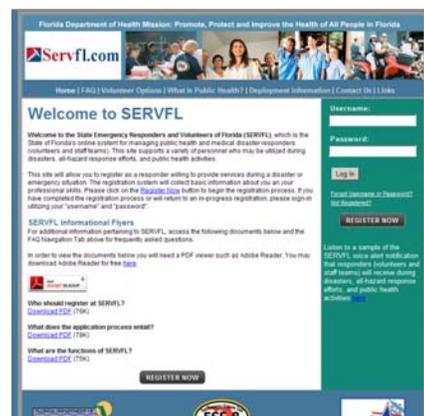
Best Practice: One MRC unit reports excellent success from using a direct mail out targeted to local medical providers. Another works with a local hospital and schedules “meet and greet” activities for doctors or nurses.

Planned strategies and activities should be part of your Recruitment Plan. Creative activities such as submitting an announcement to be played on the bottom scroll line of your local weather channel can not only result in volunteer recruitment, but can also build awareness and credibility of your unit and help establish the unit as an integral part of a local emergency response team. See the Appendix for a sample mail out letter.

Statewide activities are designed to supplement local recruitment efforts. A question is included on the department’s Medical Quality Assurance license renewal system that asks persons if they would like to be a volunteer. If the person answers “yes,” they are automatically directed to the SERVFL Web site to register. In addition the department promotes the program statewide through press releases, publication of advertisements and information in professional state level magazines, links to SERVFL on other state agency Web sites and presentations at meetings and conferences.

Some recruitment marketing is being done by the Florida Department of Health.

As a result of successful local and statewide promotional and volunteer recruitment strategies, persons will want to volunteer with your MRC unit. The first step in the volunteer registration process takes place when the person goes to SERVFL to sign up for the volunteer registry.



Using the SERVFL Registry

The State Emergency Responders and Volunteers of Florida (also called The Registry) is the department’s central repository for pre-registering and verifying private health professional volunteers. The intent of the Registry is to provide emergency surge capacity and meet local volunteer needs for routine community activities. Ongoing license verification is built into the database with required health care licenses verified automatically every 30 days. Local administrators can re-check licenses at any time.

The features and capabilities of the Registry continue to evolve. Its success is based on local use and input. The SERVFL Registry can be an excellent tool not only for managing

membership but also for preparing reports and communicating with volunteers. The Registry has the ability to assist coordinators with managing volunteers through an application process, collection of information regarding volunteer interests and skills, mission tracking to identify volunteers for disaster or routine events and tracking of completed training.

The Registry provides automatic license verification through the Department of Health, Division of Medical Quality Assurance, and automatic license verification from the U.S. Drug Enforcement Agency and automatic review of the U.S. Office of the Inspector General exclusion database. Medical specialties will be verified through the American Board of Medical Specialties (ABMS). See the Appendix for a summary of the initial process steps for the Registry.

Training in using the SERVFL Registry is available for all coordinators.

Refer to the Administrators Guide located on the SERVFL Web site.

Credentialing and Emergency Credential Levels

Credentialing is the process of collecting information for evaluating and documenting the qualifications of licensed professionals including information about a person's current license or degree; training or experience; and competence or certification. Credentials are used with the ESAR-VHP and SERVFL systems to determine the health volunteer's Emergency Credential Level.

Emergency credentialing standards establish common personnel definitions that help organizations best utilize and manage volunteer personnel during an emergency or disaster. Credentialing evaluates the person's ability to meet a nationally accepted minimum standard as defined by the Assistant Secretary for Preparedness and Response. ASPR has developed a system of classifying and assigning volunteers registering with SERVFL into one of four credential levels in accordance with these standards. Level 1, 2, 3 or 4 is assigned based on the possessed and verified credentials for each health volunteer registered. ASPR guidelines determine requirements for each level and how volunteers assigned to each level may be used during a disaster. See below for tables that summarize the credential verification elements that apply to assigning Emergency Credential Levels.

More information on Emergency Credential Standards and Levels is included in the National ESAR-VHP Guidelines.

Credential Levels

To make the most effective use of healthcare workers who may have varying levels of clinical competency, ASPR has developed a system of classifying and assigning volunteers into one of four "credential levels." The following is a basic description of what is required for assignment to each credential level, why each credential level was developed, and how volunteers in each level might be used in a disaster:

ESAR-VHP Credential Level 1

Level 1 ensures that an adequate supply of hospital-qualified health professionals is available to work in hospitals in times of an emergency. Hospital-qualified health professionals are distinguished from other health professionals through a rigorous and constant review of credentials and performance. ASPR standards for assignment to Credential Level 1 were

developed in consultation with the hospital industry and reflect the level of review hospitals would require before accepting a volunteer into their facility. Assignment to Level 1 requires confirmation that the volunteer is clinically active in a hospital, either as an employee or by virtue of having hospital privileges.

ESAR-VHP Credential Level 2

Level 2 ensures the availability of highly qualified individuals who may deliver services in a wide variety of settings such as clinics, nursing homes, and shelters. Typically, these health professionals possess all the credentials and qualifications of a Level 1 health professional except that they are not employed in a hospital nor do they have hospital privileges.

Assignment to Level 2 requires confirmation that the volunteer is clinically active in any setting other than a hospital (e.g., clinic, private practice, nursing home, etc.). Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meet other occupational specific qualifications identified later in this document.

ESAR-VHP Credential Level 3

Level 3 classifies individuals who meet the basic qualifications necessary to practice in the State in which they are registered. Assignment to Level 3 requires verification of a volunteer's license, certification, or other State requirement to practice. In situations where the State does not govern a profession, ASPR has identified requirements that are deemed to be usual and customary for employment in the profession, which must be verified.

ESAR-VHP Credential Level 4

Level 4 classifies individuals who have healthcare experience or education in an area that would be useful in providing basic healthcare not controlled by scope of practice laws and to assist clinicians. Assignment to Level 4 requires that the volunteer possess verified documentation of healthcare education or experience. This level may include, but is not limited to, healthcare students or retired healthcare professionals who no longer hold a license.

ESAR-VHP Emergency Credential Standards

Following is a summary of Credential Verification elements defined by the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response for designating Emergency Credential Levels. Included are interim standards for the 20 health care professional occupations chosen for their ability to provide assistance during or right after a declared emergency. Emergency credentialing standards are updated, revised and expanded as necessary and will be updated by FEVHR as appropriate. Standards define required credentials, methods for verifying and acceptable documentation. **The following tables are for information purposes only.** Coordinators must work closely with the State MRC Coordinator in following policies and procedures governing deployment of volunteers. More information on Emergency Credential Standards and Levels and definitions of specific Required Credential Elements related to each occupation will be available as part of the Assistant Secretary for Preparedness and Response, **Interim Technical and Policy Guidelines, Standards, and Definitions.** These guidelines are currently being updated and will be provided when available.

√ Indicates Verified Credential TBD = To be determined

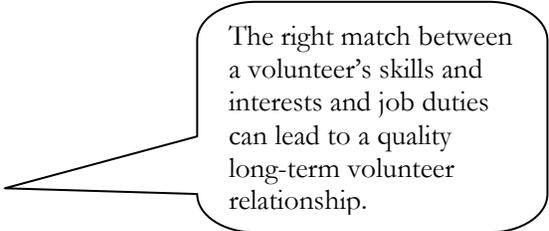
Advanced Practice Registered Nurse	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to practice	√	√	√	
Certification/registration				
Specialty certification	√	√	√	
Hospital-active	√			
Clinically active		√		
Record of adverse actions	TBD	TBD		
Inspector General status	√	√	√	√
DEA registration	√	√		
Education or Experience				√
Clinical Social Worker Marriage and Family Therapist Mental Health Counselor Pharmacist Registered Nurse Respiratory Therapist Licensed Practical Nurse/ Licensed Vocational Nurse	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to practice	√	√	√	
Certification/registration				
Specialty certification				
Hospital-active	√			
Clinically active		√		
Record of adverse actions				
Inspector General status	√	√	√	√
DEA registration				
Education or Experience				√
Dentist Psychologist	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to practice	√	√	√	
Certification/registration				
Specialty certification				
Hospital-active	√			
Clinically active		√		
Record of adverse actions	TBD	TBD		
Inspector General status	√	√	√	√
DEA registration	√	√		
Education or Experience				√

Physician	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to practice	√	√	√	
Certification/registration				
Specialty certification	√	√		
Hospital-active	√			
Clinically active		√		
Record of adverse actions	TBD	TBD		
Inspector General status	√	√	√	√
DEA registration	√	√		
Education or Experience				√
Physician Assistant	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to practice	√	√	√	
Certification/registration	√	√	√	
Specialty certification				
Hospital-active	√			
Clinically active		√		
Record of adverse actions	TBD	TBD		
Inspector General status	√	√	√	√
DEA registration	√	√		
Education or Experience				√
Veterinarian	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to practice		√	√	
Certification/registration				
Specialty certification				
Hospital-active				
Clinically active		√		
Record of adverse actions				
Inspector General status		√	√	√
DEA registration		√		
Education or Experience				√
Cardiovascular Technologist/Technician Medical/Clinical Laboratory Technician Medical/Clinical Laboratory Technologist Radiologic Technologist/Technician	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to	√	√	√	

practice				
Certification/registration	√	√	√	
Specialty certification				
Hospital-active	√			
Clinically active		√		
Record of adverse actions				
Inspector General status	√	√	√	√
DEA registration				
Education or Experience				√
Diagnostic Medical Sonographer	Emergency Credential Level			
Medical Records/Health Information Technician	1	2	3	4
Unencumbered license or equivalent State authorization to practice				
Certification/registration	√	√	√	
Specialty certification				
Hospital-active	√			
Clinically active		√		
Record of adverse actions				
Inspector General status	√	√	√	√
DEA registration				
Education or Experience				√
Emergency Medical Technician/Paramedic	Emergency Credential Level			
	1	2	3	4
Unencumbered license or equivalent State authorization to practice		√	√	
Certification/registration		√	√	
Specialty certification				
Hospital-active				
Clinically active		√		
Record of adverse actions				
Inspector General status		√	√	√
DEA registration				
Education or Experience				√

Screening and Selection

Not all volunteers will be a “right fit” for your MRC unit. Once a potential volunteer has registered on the SERVFL registry, a “user pending” email notice is sent to the appropriate local MRC SERVFL administrator. The administrator can ultimately accept, decline or transfer the potential volunteer to another volunteer program.



The right match between a volunteer’s skills and interests and job duties can lead to a quality long-term volunteer relationship.

Unless the potential volunteer is clearly unsuitable for the MRC program, they should be contacted to obtain more information, instructed to complete required forms and go through the formal Chapter 110 application/registration process. To maintain the potential volunteer's interest, personal contact should happen as soon as possible but no later than two weeks after completing the SERVFL application. The local coordinator/SERVFL administrator can classify the potential volunteer in "research" status while processing paperwork. Telephone or face-to-face interviews can help you better determine a volunteer's interest, skills, time available, possible conflicting obligations or other special considerations. In addition to going over responses to questions on the SERVFL application, ask questions that relate to your units specific goals and operations. Here are some examples:

- How did you hear about the Medical Reserve Corps?
- Why are you interested in volunteering with the Medical Reserve Corps?
- Are you available to volunteer during an emergency situation?
- Would you be interested in and available to be sent to another location during a disaster?
- Are you interested in volunteering for non-emergency public health events?
- Do you have experience working with persons with special needs?
- Do you have any special skills or experiences that support public health activities?

As part of the interview and selection process, make sure that the potential volunteer is aware of benefits, expectations, responsibilities and any risks that may be associated with being a MRC volunteer.

Registering as a Chapter 110 F.S. Volunteer

Persons accepted as MRC volunteers must be registered in accordance with Florida Department of Health, "Chapter 110 Volunteer Program" Policies and Procedures.

Registering the volunteer using Department of Health forms and procedures will provide the volunteer protection and benefits under Chapter 110, Part IV, Florida Statutes including state liability protection and workers' compensation. See the Appendix for a copy of the statute. The Appendix also includes additional Florida Statutes concerning volunteer sovereign immunity and liability.

MRC Unit Coordinators and their designees are responsible for meeting all program requirements as stated in the MRC Operational Guidelines, including: Obtaining County Health Department (CHD) approval in advance for all MRC Unit activities and response. This assures that volunteers will be covered by Chapter 110 protection. The following questions must be answered "yes" to qualify for Chapter 110 protection: Is the public event within the mission of the CHD? Does the CHD Administrator/Director approve of this event as a public health related activity? Has a DOH Staff or their designee been identified to supervise the MRC Volunteers? When an emergency has been declared and there is an emergency operations center mission request for MRC volunteer support, those volunteers will also qualify for Chapter 110 protection. MRC volunteers, when serving as Uncompensated Employees of the State, are qualified for Chapter 110 protection.

Chapter 110 volunteer coordinators are designated in each county health department. MRC coordinators should meet with the designated Chapter 110 volunteer coordinator to discuss the “Chapter 110 Volunteer Program” Policies and Procedures. MRC coordinators working under the supervision of the local county health department can obtain the Florida Department of Health Volunteer Enrollment Application Form DH 1474 and other required forms from the local designated Chapter 110 volunteer coordinator. MRC units operating as community-based organization MRC units **do not** have the authority to register persons as Florida Department of Health Volunteers and must coordinate with the local health department to register volunteers under Chapter 110.

With the exception of adding the MRC logo to the application or other required forms, additional changes cannot be made without approval from the Florida Department of Health. Following is a summary of current forms that are appropriate for the Medical Reserve Corps. Some of these are discussed elsewhere in more detail:

- Position Description DH 1493
- Enrollment Application DH 1475
- Florida Department of Health Code of Ethics and Attestation Form
- Teen Volunteer Parental Consent DH 1145 (if applicable)
- Volunteer Record Check-Background Screening (if applicable - locally approved equivalent form is acceptable)
- Volunteer Personal Reference Check Forms (locally approved equivalent form is acceptable)
- Volunteer Notice of Termination DH 1498 (optional - recommended to document an adverse action or adverse resignation)

It is important to maintain contact with the local volunteer coordinator to ensure you are using the most recent forms and meeting Chapter 110, Florida Statutes requirements.

Best Practice: One MRC unit finds that an effective way to get potential volunteers to complete the registration process is to follow-up soon after the person applies on SERVFL with a letter thanking them for applying, describing the mission of the program and describing the next steps. “To complete the registration process you need to.....” The letter makes it clear that they need to be registered under Chapter 110, F.S. to be covered under state liability protection. The Chapter 110 application and a pre-addressed stamped return envelope are included with the welcome letter.

Becoming a Volunteer Member of the MRC Unit

In addition to completing the Chapter 110 volunteer application, additional forms and steps are necessary before the volunteer can become an active member of the MRC Unit. This includes completing a program orientation and meeting background screening requirements, if necessary. Other actions include receiving an identification badge or card and signing additional required or desired forms. Additional forms and sign-offs can be done as part of the initial interview process or can be included as part of the required volunteer orientation training. See section on Training and Preparing Volunteers. Additional required volunteer forms include:

an attestation of receipt of the volunteer **code of conduct** or ethics, **information security and confidentiality** or **HIPAA**, and any other locally required or desired sign offs such as a media release or photograph consent form.

Coordinators from units affiliated with county health departments should check with the health department human resources section to find out about local policies and forms that may be necessary or desired for volunteers, in addition to the required Florida Statutes, Chapter 110 volunteer forms.

Since Non-health department MRC units do not have authority to register persons as Chapter 110 volunteers, they will work with local volunteer coordinators to learn about required forms and make arrangements for registering persons. These coordinators can also discuss other health department local policies and forms to see if they would be helpful or desired. Non-health department MRC units with additional policies, requirements or forms need to ensure that they have the approval of governing boards and/or legal counsel.

Code of Conduct or Ethics - Volunteers need to understand their responsibilities and expected behaviors. Volunteers are subject to the same conduct and ethical standards as employees of the state of Florida and organization they work for. Chapter 110, Florida Statutes, **Volunteer Policies and Procedures state that volunteers should receive a copy of the Florida Department of Health Code of Ethics**. This document can be included as part of a new volunteer application packet or handbook or can be provided and discussed during orientation. Volunteers should sign a form or attestation stating that they have received a copy of the Code. To ensure coordinators are using the most current Code of Ethics and Attestation Form, access the document from the Coordinator page on the Florida Department of Health, Office of Public Health Nursing MRC Web page or obtain a copy from the state MRC coordinator.

Confidentiality and Security Statement - Volunteers who use program computers or have access to confidential information or sensitive data should sign a confidentiality agreement. This especially applies to any volunteer who has access to health information protected under the Health Insurance Portability and Accountability Act (HIPAA). While licensed health care professionals are likely very familiar with HIPAA policies and regulations, volunteers are still expected to review security and confidentiality policies and sign a confidentiality agreement. The Florida Department of Health information and security policies and standards apply to all department workers including employees, contractors and volunteers. Volunteers using Florida Department of Health computers are expected to have the same training and follow the same Security and Privacy Policy as any department employee.

Media Release Form - If you want to use volunteer names, pictures or voice on your Web site, in publications, in press releases etc, **permission should be obtained to record, use or reproduce the images**. MRC units that are part of the county health department should use the Florida Department of Health Media release form. To ensure you have the latest form, check with the health department communications section, the state MRC coordinator or obtain the form from the Coordinator section of the department's MRC Web page. See the Appendix for an example of a Media Release Form that can be used by a Non-CHD MRC.

Background Screening

The credentialing process for SERVFL Registry verifies licensure but does not completed a background check. **Therefore, it is the responsibility of the MRC coordinator to determine which volunteers, based on position responsibilities, whether a background screening is needed**. A level two Background screening is generally required for all volunteers assigned to positions of special trust, responsibility or sensitive location as well as for those who have direct

contact with children, elders or persons with disabilities. The background screening box on a volunteers profile will say “not performed” unless a coordinator marks this otherwise. The necessity for background checks depends on the job description and types of assignments.

MRC Unit's operational guidelines should include a policy for background screening. Unless county health department policies are stricter, the MRC unit should follow the Florida Department of Health Chapter 110, Florida Statute policy and standards for background screening. Coordinators should discuss background screening with their health department human resources office. In addition to coordinating with health department human resource offices, non-health department MRCs should also review their policy with governing boards and legal counsel.

It is the policy of the Department of Health (DOHP 60-5-08) that employees and certain other persons (volunteers) in positions of special trust, responsibility, or sensitive location will be background screened in accordance with Sections 110.1127 and 435.04, Florida Statutes (F.S.). Initial screening generally includes fingerprint checks through the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI). Re-screening requires only correspondence checks through FDLE every five years. In addition, all cooperative agreements and contracts must be in compliance with the department's Information Security and Privacy Policy (DOHP 50-10-07). See the Appendix for the specific Florida Department of Health policy on background screening that pertains to volunteers.

Certain health care occupations and facilities regulated by the Florida Department of Health and Agency for Health Care Administration require background screening as part of the professional or facility license. Knowing which professions or facility personnel have background screening as part of their initial licensing or renewal process is valuable information for the MRC coordinator. While this information can be helpful, it does not relieve you of the responsibility to provide background screening checks.

Background Screening License Requirements

The table on the next page represents the level of background screening requirements for health care professions overseen by the Department of Health, Division of Medical Quality Assurance (as of 2/4/2008)

Level I Criminal History - consists of a state only name based query of the Florida Department of Law Enforcement (FDLE) database for the criminal arrest history of an individual.

Level II Criminal History - consists of a state and national fingerprint search of the FDLE and the Federal Bureau of Investigations (FBI) databases for any criminal arrest information.

For more information and questions and answers from the Florida Department of Law Enforcement go to, www.fdle.state.fl.us/criminalHistory/BackgroundChecks_FAQs_070108.pdf.

Five occupations receive background screening during initial licensure and at renewal. These are Chiropractic, Podiatry, Medical Doctor, Osteopathic Physician, and ARNP. A clear and active license for these occupations indicates that no adverse disciplinary action is found at the time of licensure or renewal. Even though background screening results come back as “clear” or “ok,” additional information may be available or desired. Coordinators can visit the Department of Health, Medical Quality Assurance practitioner profiling site, www.doh.state.fl.us/MQA/profiling, to obtain additional information about a particular practitioner such as, self reported specialty certifications, disciplinary actions or liability claims.

Training and Preparing Volunteers

Training provides a volunteer the skills necessary to meet minimum qualifications or requirements for a particular emergency or public health event. MRC Unit training and exercises should be designed to prepare volunteers for future disasters. See [Administration Management - Administrative Plans](#) for information on developing a Training Plan. See the Appendix for sample training evaluations.

All training should be evaluated to assure knowledge has been gained.

Required Training - Florida Department of Health Guidelines for Florida Medical Reserve Corps and the Memorandum of Understanding between the Florida MRC Network and the MRC coordinators requires certain training activities. **Mandatory training requirements** are:

- Program Orientation
- Overview of MRC Core Competencies and Florida Department of Health rules and regulations regarding all hazards ESF-8 Health and Medical responsibilities
- Incident Command System IS-100.b or equivalent
- National Incident Management System IS-700.a (NIMS) or equivalent

The scheduling and format of these trainings are up to the individual MRC Units.

Program Orientation should, at a minimum, describe the MRC Unit’s operations, policies and procedures, and volunteer rights and responsibilities. Specific

Profession	Level 1*	Level 2**
Drugs, Devices and Cosmetics-Certified Designated Representative (CDR) 2388		Y
Drugs, Devices and Cosmetics-Diethyl Ether 2310		Y
Drugs, Devices and Cosmetics-Prescription Drug Wholesaler		Y
Drugs, Devices and Cosmetics-Prescription Drug Wholesaler (Broker-Only)		Y
Drugs, Devices and Cosmetics-Out-of-State Prescription Drug Wholesaler		Y
Chiropractic (Initial Lic)		Y
Chiropractic (Renewal)	Y	
Podiatry (Initial Lic)		Y
Podiatry (Renewal)	Y	
Osteopathic Physicians (Initial Lic)		Y
Osteopathic Physicians (Renewal)	Y	
Medical Doctor (Initial Lic)		Y
Medical Doctor (Renewal)	Y	
Medical Doctor Public Psychiatry Certificate		Y
Medical Doctor Public Health Certificate		Y
Limited License Medical Doctor		Y
Area of Critical Need Medical Doctor		Y
Medical Faculty Certificate		Y
Visiting Faculty Certificate		Y
ARNP (Initial Lic)		Y
ARNP (Renewal)	Y	
RN/LPN (Endorsement)		Y
RN/LPN (Exam, in state)	Y	
CNA’s (Reciprocity)		Y
CNA’s (Exam) (Has lived in Florida for the last 5 years consecutively)	Y	
CNA’s (Exam) (Has not lived in Florida for the last 5 years consecutively)		Y
* Level 1= Instate background check based on Name, DOB, SSN, and Gender		
** Level 2= National background check based on fingerprints run through the FDLE and FBI		

topics can include communications, safety and risk reduction, code of conduct and HIPAA training. The required overview of MRC Core Competencies and department ESF-8 responsibilities can be incorporated into program orientation. See sample New Volunteer Orientation Agenda in the Appendix.

For more information on the Health Insurance Portability and Accountability Act from the U.S. Department of Health and Human Services, Office of Civil Rights, go to www.hhs.gov. For links from the Florida Department of Health, Division of Medical Quality Assurance to HIPAA information sources, go to www.doh.state.fl.us/mqa/HIPAA.html.

For access to a Florida Department of Health HIPAA PowerPoint presentation, go to www.doh.state.fl.us/family/mch/attachments/hipaa/dohhipaahsc.ppt.

Best Practice: Because of the difficulty in scheduling health care professionals to attend group setting orientations, some units have found it effective in also offering individual orientation electronically on the Internet or through the use of DVDs.

IS-100.b is an introduction to the Incident Command System. The training is provided by the Florida Keys Area Health Education Center (AHEC) and introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training.

<http://www.aheceducation.com/ELearning/CourseCatalog.aspx>

This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). The course may be taken online as part of the FEMA Emergency Management Institute, Independent Study Program, <http://training.fema.gov>

IS-700.a (NIMS) is a course that introduces the National Incident Management System (NIMS) and explains the purpose, principles, key components and benefits of NIMS. The training provided by the Florida Keys Area Health Education Center (AHEC)

<http://www.aheceducation.com/ELearning/CourseCatalog.aspx>

also contains "Planning Activity" screens giving an opportunity to complete some planning tasks during the course. Planning activity screens are printable so they can be used after the course is completed. The course may be taken online as part of the FEMA Emergency Management Institute, Independent Study Program, <http://training.fema.gov>



Best Practice: One MRC Unit reports having more success getting medical professionals to make time to take the required training by partnering with a local Community College, AHEC or Medical Society to offer the training so volunteers can receive CME (Continuing Medical Education) credits.

For information on other training opportunities through the FEMA Emergency Management Institute, Independent Study Program go to, www.training.fema.gov/is

Recommended Training - In addition to required trainings, MRCs develop additional training based on the identification of local needs. A variety of training opportunities and exercises are recommended to ensure the best preparation of volunteers. **Recommended trainings** include:

- Core Competencies - The U.S. Office of the Surgeon General has developed a suggested guide for training local volunteers. The Core Competencies cover minimum basic skills and knowledge that all volunteers should have regardless of their role or community differences. For more information on national MRC training resources and Core Competencies, see the next section and go to www.medicalreservecorps.gov/TRAINResources.

The Florida developed training on core competencies will be available as another resource.

- Annual local exercises/drills - Drills and exercises should be designed to provide hands on experience to prepare volunteers and the community for events that could affect the community. Examples of drills and exercises conducted by MRC units include mock incidences as hurricanes, pandemic flu and chemical spills. It is recommended that MRCs coordinate with the local Emergency Operations Center to participate in EOC trainings.
- Other and continuing training based on local and volunteer needs - An assessment of individual skills and expected MRC activities can help you develop individual training plans to make the volunteer more effective. Other training opportunities that meet unit objectives can be offered. Some MRC Units report successful training for issues dealing with veterinary medicine during a disaster, disaster mental health and fighting terrorism.

Once all forms, background screening (if necessary) and required training are completed, the person can be considered an active volunteer member of the MRC unit and ready for assignments. Keeping volunteers qualified, skilled, well motivated and involved is the next step.

Maintaining and Keeping Volunteers Informed and Engaged

Volunteer turnover is common and can reduce the effectiveness of your ability to meet MRC goals. Retaining volunteers is not an easy task. Today's volunteers often work and/or have other commitments. There is also a large demand from other community organizations for available volunteers.

Make sure volunteers understand their importance and how they fit into the larger community emergency response picture. **In order to keep volunteers enthusiastic and dedicated, it is important to stay in touch and keep them in touch with the mission of the MRC.**

Contacting volunteers only when there is threat of a disaster can result in finding they are no longer available or interested. Keeping volunteers informed, interested and active can be a challenge.

- Inviting volunteers to participate in community public health activities is a valuable way to not only serve the community but also to motivate volunteers.
- Inviting volunteers to participate in local drills, exercises and continuing education courses is a valuable way to not only maintain their skills and readiness to respond to a disaster but also to motivate volunteers.

- Inviting volunteers to participate on advisory boards or planning committees is a valuable way to not only benefit from their knowledge and expertise but also to motivate volunteers.
- Inviting volunteers to regularly scheduled lunch or evening social and educational meetings with guest speakers is a valuable way to not only share information and provide teambuilding but also to motivate volunteers.

Regular communication with volunteers is necessary to keep them informed up-to-date and motivated. Emails and newsletters can be effective. You do not need fancy published newsletters to communicate your message. If you want to send newsletters but do not have funds, graphic skills or access to a publishing program, you can prepare a narrative memo style or simple newsletter using templates available in Microsoft word. You can find a sample on the Florida Department of Health MRC Coordinator Web page, www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html.

The SERVFL system can be an excellent and efficient method for communicating internal messages, sending emails and attaching newsletters. See the SERVFL Administrators Guide for information and instructions.

Best Practice: One MRC unit, recognizing that volunteers are busy people with many responsibilities and little time to attend meetings and trainings, has successfully moved to Web based communication to provide training and stay in touch. Alternatives are offered for those who prefer face-to-face contact or are not skilled in computer use.

A very important way to keep volunteers enthusiastic and dedicated and motivate them to continue working with your program is to let them know what they do is important and appreciated. Recognize volunteers for their services and contributions.

Volunteer Recognition

“Without community service, we would not have a strong quality of life. It's important to the person who serves as well as the recipient. It's the way in which we ourselves grow and develop...”

-- Dr. Dorothy I. Height

Volunteer recognition can be used to recognize achievements and activities and to promote a sense of teamwork and partnership. Creative thinking can result in ways to recognize volunteers without expending program funds. A sincere thank you can go far. When planning recognitions, consider individual volunteer needs. Some volunteers may not be comfortable with public forms of recognition.

110.503 Responsibilities of departments and agencies.--

Each department or agency utilizing the services of volunteers shall:

- (1) Take such actions as are necessary and appropriate to develop meaningful opportunities for volunteers involved in state-administered programs.
- (2) Comply with the uniform rules adopted by the Department of Management Services governing the recruitment, screening, training, responsibility, use, and supervision of volunteers.

(3) Take such actions as are necessary to ensure that volunteers understand their duties and responsibilities.

(4) Take such actions as are necessary and appropriate to ensure a receptive climate for citizen volunteers.

(5) Provide for the recognition of volunteers who have offered continuous and outstanding service to state-administered programs. **Each department or agency using the services of volunteers is authorized to incur expenditures not to exceed \$100 each plus applicable taxes for suitable framed certificates, plaques, or other tokens of recognition to honor, reward, or encourage volunteers for their service.**

(6) Recognize prior volunteer service as partial fulfillment of state employment requirements for training and experience pursuant to rules adopted by the Department of Management Services.

History.--s. 3, ch. 78-263; s. 24, ch. 79-190; s. 38, ch. 92-279; s. 55, ch. 92-326; s. 42, ch. 96-399; s. 13, ch. 99-399.

Volunteer recognition can range from informal to formal and from ongoing to a big annual event. Simple informal showings of appreciation such as a handwritten thank you note or birthday card can build volunteer loyalty. More formal certificates of appreciation, letters from a high level local official recognizing participation in a community event, and news releases recognizing volunteer accomplishments have all proven to be effective. Annual celebrations such as recognition lunches or dinners or participating in National Volunteer Appreciation Week Celebrations can be even more formal ways of showing appreciation. Because of ASPR Hospital Preparedness Program Cooperative Agreement or other program funding limitations and restrictions, consider joint celebrations with other community emergency response partners. Look to your business partners to help support recognition efforts but remember to recognize your business partners!

You may be able to provide volunteers recognition through existing and established volunteer awards programs. Many local communities have annual volunteer recognition events. Healthy Communities and Public Safety and Emergency Response are priority areas for the President's Volunteer Service Awards. Volunteers can earn a President's award after tracking a designated number of volunteer hours. Florida's Governor has a Points of Light Award program which recognizes residents and organizations that demonstrate exemplary volunteer service to the community. The Governor's Points of Light Awards are presented monthly based on specific volunteer focus areas.



For information on the President's Volunteer Service Awards go to, www.presidentserviceawards.gov.

For information on the Governor's Points of Light Award through Volunteer Florida go to <http://www.floridasfoundation.org/>

For general ideas and suggestions on recognizing and rewarding volunteers visit the Points of Light & Hands on Network Web site, www.pointsoflight.org .

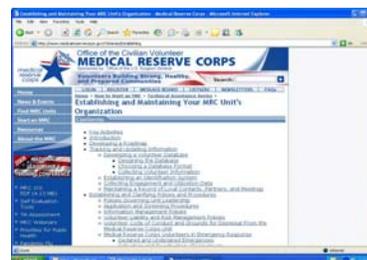
Administrative Management

Managing the MRC Unit

Proper program administration and oversight is critical to the success of the MRC. A supply of registered volunteers is of no value without skilled administrative guidance and leadership. The department works closely with local MRC units to assist in building unit infrastructure and to ensure accountability for effective MRC practices and guiding principles. Information in this guide provides basic principles and links to more information to assist MRC coordinators in the daily operations and management of an MRC unit.

The national MRC Web site has resources and technical assistance guides to help you establish and manage an MRC unit. The guide **Establishing and Maintaining Your MRC Unit's Organization**

www.medicalreservecorps.gov/TASeries/Establishing has information on policies and procedures, record keeping and leveraging resources. The [Action Steps Checklist](#) on this link provides a summary of suggested management activities.



Additional technical assistance guides that can be downloaded from www.medicalreservecorps.gov/TASeries include:

- Organizing an MRC Unit: Operational Components and the Coordinator's Role
- Coordinating with your Local Response Partners
- Developing Volunteer Relationships and Capabilities
- Risk Management and Liability Basics for MRC Units
- MRC Training and Core Competencies
- Sustainability
- Volunteer Retention and Recognition
- Guidelines for Developing and Managing an MRC Unit

Best practices in administrative program management recommended by the national MRC to help you accomplish your mission and guide activities include:

- Policies governing unit leadership
- Application and screening procedures
- Information management policies
- Risk management policies
- Activation/deactivation procedures
- Policies and procedures regarding deployment and demobilization of the unit or of individual volunteers

- Required and recommended training for volunteers

Policies Governing Unit Leadership

MRC Units are administered locally. The Florida Department of Health may require or recommend certain policies as part of funding contracts or Memorandums of Understanding. If your unit is housed in and supported through the local county health department, you may be asked to follow their policies or guidance. Some MRC Units receive guidance from other agencies, advisory boards, a steering committees or a board of directors.

Bylaws - Bylaws can be used to clarify and define an organization and/or advisory or governing body's role, responsibility and authority. While bylaws should be unique to each organization, they generally have similar configuration and objectives. Bylaws define the purpose, membership, structure and powers of the organization and governing body. Bylaws are the written rules for conduct and operation with procedures for holding meetings, electing officers, describing duties of officers, establishing and defining committees, etc. Incorporated MRC units may also have a charter or written document that creates and defines the corporation. Charters show the basic outline of a corporation and include official articles of incorporation.

See the Appendix for sample MRC organizational and governing body bylaws. Additional examples can be found by searching for "bylaws" at www.medicalreservecorps.gov. A free toolkit for Boards containing sample bylaws, roles and responsibilities, policies, planning, legal issues and more can be found at www.managementhelp.org/boards/boards.htm.

Operational Handbook - Each unit should have an operational guide or MRC unit handbook. This guide would describe the local management plan and policies and partnership with the Florida Department of Health. The local operational guide should contain enough detail to allow a new MRC coordinator or back up staff to maintain or continue unit operations. Your guide or handbook would include topics such as: unit mission and overview; volunteer recruitment and screening procedures; volunteer position descriptions and job action sheets; deployment procedures and activities; training requirements; and other unit policies and procedures.

The national MRC provides a sample outline and contents for a unit handbook at www.medicalreservecorps.gov/TASeries/Guidelines/AppendixA. Sample MRC handbooks can be found in the Information Exchange section of the Coordinator page on the department's MRC Web page, www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html.

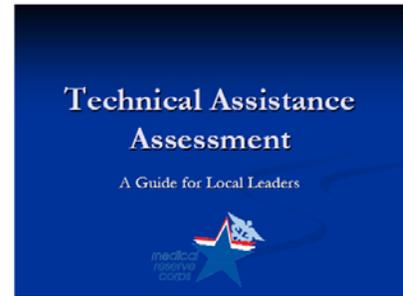
In addition to general operating procedures, the unit will be directed by or operate based on a series of locally developed plans. Plans may include a Strategic Plan, Action Plan, Spending Plan, Recruitment Plan and Training Plan. These plans could become part of your overall operational guide. Plans are discussed in more detail later in this guide. Plans for evaluating operations and activities need to be built in to any other plan.

Managing Information on the National MRC Site - Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC)

One of the first steps you took as a new MRC was registering your MRC unit through the national program. The national site can be a valuable source of resources and information sharing. MRC coordinators are expected to update their local unit profile, volunteer numbers, and recent activities on the national site. **Updates to the OCVMRC website should be made at least once every three months of the calendar year** in accordance with the schedule in the Guidelines for the Medical Reserve Corps that are part of Florida Department of Health funding agreement or the Memorandum of Understanding.

Technical Assistance Assessment

An assessment tool and process for guiding discussion about a local unit's technical assistance needs is available through telephone conversation with the U.S. Department of Health and Human Resources MRC Region IV Coordinator. The assessment can help units identify areas for growth and areas needing additional assistance or resources. The assessment can also assist in identifying priorities for organizational development. As a result of the assessment, the Regional Coordinator will develop a plan of action and recommendations for resources and tools to assist the unit. For more information on the tool and process see [Technical Assistance Assessment - A Guide for Local Leaders](http://www.medicalreservecorps.gov/TAAssessment) at www.medicalreservecorps.gov/TAAssessment.



Strategic Planning

There is no such thing as a perfect or finished plan.

A strategic plan is a guideline that helps clarify purpose. It tells you where you want to be and helps you determine how you are going to get there. A strategic plan is an ongoing process that is regularly reviewed, enhanced, modified and adjusted. A strategic plan evolves as changes occur in the community or environment in which you operate.

A well developed strategic plan allows you to efficiently target resources to meet priorities. No matter how much energy you expend or how hard you work, you will not get very far until organization leaders and partners agree on a common direction or goal. A strategic plan is a management tool to:

- Help an organization do a better job by clarifying purpose, establishing direction and setting, short term, intermediate and long term goals
- Focus energy and resources by identifying who is doing what, by when, and what resources are necessary. It allows an organization to focus on key priorities and ensures the most effective use of resources
- Ensure that all persons involved are working toward the same goal by developing consensus on the direction you are going
- Adjust direction in response to a changing environment by allowing modification as circumstances change and preparing you to consider the effects of potential changes before they occur
- Develop a results oriented accountability, evaluation and performance improvement system by setting realistic goals that are achievable, observable and measurable

A strategic plan allows you to step back and look at the big picture by addressing the following questions.

- Where are we now?
- What do we have to work with?

- Where do we want to be?
- How do we get there?
- How do we know if we got there?

Your strategic plan will include project goals or broad general statements that explain what you want to accomplish. A few carefully selected goals will set the long-term direction for the program. Each goal should include objectives that define expected results. A good objective is a **SMART** one, **S**pecific, **M**easurable, **A**chievable, **R**elevant and includes a **T**ime frame.

Each objective would be further broken down into activities or action steps. Meeting your objectives can lead to short, medium and long-term outcomes or intended changes or benefits as a result of activities. There are many ways to visualize your plan. Following is a simple example:

Goal: Improve community ability to respond to public health emergencies

Objective	Activity	Outcome		
		Short -term	Intermediate	Long-term
By June 30, 2011 increase the number of MRC volunteers by 20%	Conduct recruitment needs assessment	Raise Awareness	Increased number of available active Volunteers	Improved care of community residents during emergencies
	Conduct multimedia recruitment campaign			
	Participate in three Outreach activities			
By June 30, 2011 provide required training to 75% of registered volunteers	Conduct quarterly training sessions	Improved contact with volunteers	Increased response skills	
	Offer ongoing on-line courses		Increased knowledge of emergency care	

For other examples and more information on strategic planning, logic models, establishing outcomes, writing goals and SMART objectives, see the resource list in the Appendix.

Evaluation and Accountability

In order to measure progress and update your strategic, action or other plans, outcomes and objectives should include evaluation criteria. Evaluation is a way of looking at your activities to learn if they are working well and tell you if you are meeting your goals. Evaluation results provide the feedback needed to make decisions about future plans, actions and activities. Evaluations are **not** intended to criticize or judge instead they are used to:

- Analyze project efficiency and effectiveness
- Measure project changes and impact on the community

- Make conclusions and recommendations for project activities
- Identify and document successful activities and accomplishments
- Identify areas needing improvement
- Compare accomplishments over time
- Show accountability for funding and justify budget and grant requests
- Establish credibility with community partners

The real value of an evaluation is using the results to **take actions** that will help a specific activity or the program become more effective or valuable. Let the information from the evaluation help you make decisions that can lead to changes and improvements. Ask yourself what you can learn from your evaluation. Use the results for program planning. Use the results to improve policies. Use the results to review and improve training.

Evaluations can be done by measuring accomplishments against established benchmarks or standards through surveys, test results, group feedback and even through observations that can be documented.

- If you find you are accomplishing your goals, keep up the good work and find new ways to expand your successes and challenge your program.
- If you find you are not meeting your standards, look back at your activities and implementing steps to determine if additional or different ones are necessary.
- If you find you are not meeting your standards, look back and see if your activities and implementation steps were realistic or determine if there are additional or different resources necessary.
- If you find you are not meeting your standards, look back and see if there are external influences outside of your control that need to be considered.

Your strategic plan can easily be turned into an evaluation plan. Following is a simple example of how evaluation criteria for overall objectives can be visualized:

Goal: Improve community ability to respond to public health emergencies

Objective	Activity	Lead	Time Frame	Indicator/Measure
Increase the number of MRC volunteers	Conduct recruitment needs assessment	MRC Coordinator	06/30/11	Registered volunteers will increase by 20% (go from 100 to 120)
	Conduct multimedia recruitment campaign	Communication Volunteer	06/30/11	
	Participate in three outreach activities	MRC Coordinator	06/30/11	

Objective	Activity	Lead	Time Frame	Indicator/Measure
Provide required training	Conduct quarterly training sessions	MRC Coordinator	06/30/11	75% of volunteers will have certificate of completion within 3 months of registration
	Offer ongoing on-line courses	MRC Coordinator	06/30/11	

The national Medical Reserve Corps Web site at www.medicalreservecorps.gov/SelfEvaluationTools contains tools and resources developed specifically for MRC units to learn how to:

- Identify program strengths and opportunities for improvement
- Assess organizational goals and performance
- Apply information to decision-making and action planning

The site includes an Evaluation Toolkit with information on Strategic Planning, Logic Models and Performance Measurement. There are also samples of surveys that can be used to collect information from volunteers and a Webinar introduction to program self-evaluation.

MRC Quality Improvement Assessments

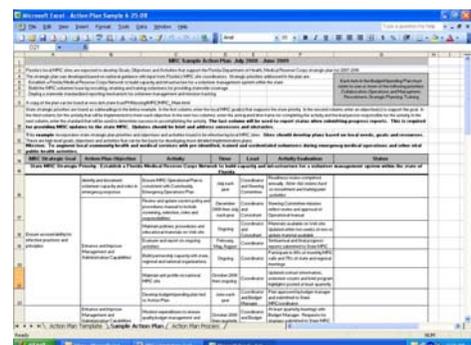
Onsite MRC Quality Improvement Assessments will be held to determine if technical assistance is needed at the local level and to share best practices from these onsite visits with other MRC units. The goal of the MRC Quality Improvement Visit Assessment tool that is used in the quality improvement process, is to provide guidance that will assist the MRC unit in identifying area(s) that the MRC may need technical assistance and/or additional resources; as well as to identify priorities for organizational development. The objectives of the quality improvement process are to assist the State MRC program office in identifying areas that will support and strengthen MRC units in an overall effort to build the infrastructure and capacity of the Florida MRC Network. (See Appendix for a copy of the MRC Quality Improvement Assessment Tool).

Administrative Plans

Management or administrative plans should be shared with or reviewed by your organizations management, steering committee and or community leaders. Obtaining commitments to support your plans, and ensuring your plans are in line with the overall goals of the community's emergency response and public health priorities, will improve chances for success.

Program and administrative plans are not just an administrative exercise. They should not be developed for the sake of producing a plan. While you can get excellent ideas from samples or other program plans, your plan needs to be developed in response to local needs and to accomplish local goals. Plans are meant to be a guide to help you achieve goals and help you learn and improve your program as activities are implemented. As indicated in the previous section, plans should include an evaluation component and should be revised and updated as you learn from your activities. In addition to measuring performance against objectives, plans should include evaluation criteria to measure progress in accomplishing specific activities.

Action Plan - Local MRC Action plans should be designed to support the state Medical Reserve Corps Strategic Plan and justify program budgets. Each unit is



required to submit an action plan as part of its application for funding from the Florida Department of Health. This is an excellent tool for establishing activities, time frames and responsibilities for meeting objectives. It also establishes evaluation criteria to monitor progress toward meeting objectives. This is a picture of a sample action plan in Excel format. This sample plan also includes a format for reporting status or progress. To see the sample plan, go to the Organizational/Administrative Tools Section of the Coordinator's Page on the Florida Department of Health MRC Web page, www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html. See the Appendix for general guidelines on developing and using an MRC action plan.

Spending Plan - Local MRC budgets or spending plans should be designed to support activities in the action plan. Each unit is required to submit a budget proposal as part of its application for funding from the Florida Department of Health. This is an excellent tool for planning expenditures and relating them to one or more of the following priorities: collaboration; operations and management; recruitment; strategic planning; and training. For more information on the spending plan, see the Appendix and the section in this guide called [Managing Project Funding](#).

Recruitment Plans - As discussed in the section, [Identifying and Recruiting Volunteers](#), MRC units should develop a plan for recruiting new volunteers based on its own local needs, goals and resources. This plan should support and provide more detailed implementation steps for activities in the unit's Action Plan. This tool will allow you to formulate and identify actions to help you meet your goals. It can also provide a way to continually evaluate progress prompting you to make changes or adaptations as necessary. See the Appendix for a sample Recruitment Plan.

Training Plans - Each unit should develop an overall organizational training plan for offering, tracking and evaluating volunteer training activities. In developing the plan, it is important to consider the overall needs and goals of your local MRC as well as the needs of individual volunteers. A plan for training volunteers should include not only the required and optional courses, but also the methods for assessing individual and program training needs, methods for increasing skills and meeting the gaps in needed training, resources for providing training, and benchmarks for measuring the effectiveness of training activities.

Volunteers should be assessed to determine their particular needs and to develop their individual training plans. Individual training activities can be tracked in the SERVFL system. Health professional volunteers often have numerous responsibilities and are interested in training independently during non traditional business hours. Others prefer the chance to complete the training in a face-to-face classroom or field setting. You will need to determine what works best for your unit. Training plans that incorporate options for independent, classroom and field study seem to be the most effective.

Plan samples can also be found in the Appendix and on the department's MRC Web pages, www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html.

Establishing and Maintaining Partnerships

Just as partnerships are the key at the state and national level, they are critical to the success of community sites. A strong community network with support and commitment from government officials, local emergency management, volunteer organizations, regional Area Health Education Centers and business partners will improve desired outcomes. A strong partnership will help determine community need and can result in better response to these needs not only in times of disaster or emergency, but also during ongoing public health and disease prevention

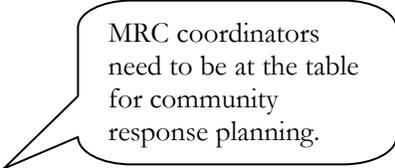
activities. Partnerships can include:

MRC units collaborate with various local organizations, such as:

- Departments of public health
- Health care systems, hospitals, and clinics
- Centers for Disease Control and Prevention
- Medical retirement groups
- Medical societies
- Medical examiners' offices
- Healthcare outreach coalitions
- Retired and senior volunteer programs
- Nursing and medical schools
- American Red Cross
- Emergency medical services
- Metropolitan Medical Response System
- Local and state emergency management agencies
- Emergency planning committees
- Voluntary organizations active in disaster
- Police and fire departments
- Community-based disaster preparedness groups
- Military organizations and National Guard
- Public schools
- Universities
- Citizen Corps councils
- Neighborhood associations
- Volunteer centers
- Faith-based organizations
- Nonprofit community organizations
- City attorneys' offices
- Local government offices and departments
- Regional commissions and planning groups
- Individual business such as home improvement stores
- Corporations

MRC units supplement community resources and therefore do not and can not function independently. In addition to your own strategic plan, the MRC needs to be part of the local emergency response plan. This means you need to be part of the local emergency response team.

During an incident, an MRC should be in a partnership position to become part of the overall community emergency response plan. Coordinators working closely with local response planning will know how MRC volunteers fit in the community emergency response organizational structure. As one experienced Florida MRC coordinator stated, "If you are not at the table, your efforts could be getting in the way."



MRC coordinators need to be at the table for community response planning.

See the national MRC technical assistance guide, **Coordination with your Local Response Partners**, for a discussion on partnering and developing a community network, a description of issues that may arise, information on National Incident Command System job functions during an incident and more, www.medicalreservecorps.gov/TASeries/Coordinating.

Reaching out to Partners - Marketing strategies were previously discussed in relation to recruiting volunteers. Marketing techniques are also important in building and maintaining community support and partnerships.

Be creative in establishing partnerships with agencies that share your goals or can play a role in helping you achieve your goals.

What community agencies or potential business partners share your mission or complement your goals and activities?

What are the needs and goals of the potential partners?

How can you foster, encourage and promote partnership buy-in?

How can you get the local emergency response team to invite you to the table?

One way is to invite them to your table. Invite key agency representatives to participate on your advisory board or steering committees.

Attend local emergency response coalition and emergency management meetings. Meet with and make presentations to potential partners. Personalize presentations for the person/group you are meeting with. Make sure they understand that the role and mission of the MRC is to support and supplement local emergency response and public health activities. Be prepared to let them know how MRC participation can benefit their agencies and help meet their goals. Show them how working together makes each more effective and benefits the community. Join their boards.

Partnerships can be valuable not only in preparing for and responding to emergency events, but also in accomplishing year round community public health goals, assisting with volunteer recruitment activities and sharing of resources, expertise and training.

Best Practice: One community has established a coalition made up of a network of representatives from hospitals and county emergency response agencies that jointly plan for health or medical response to natural or man-made disasters. The Palm Beach County Healthcare Emergency Response Coalition has a formal structure and goals. For more information and a copy of the *Guide to Establishing a Healthcare Emergency Response Coalition* go to <http://pbcms.org/herc>.

Don't forget the value of private business and industry partnerships such as individual businesses and Chamber of Commerce.

Best Practice: One MRC unit reports a successful partnership with a well known local business to conduct regularly scheduled outreach activities on preparedness education and volunteer recruitment on the business premises with the business providing event advertising and materials. This is a win-win situation because it brings people to the outreach event and to the business location.

Developing a Partnership MOU - Successful partnerships are those that are of value to both parties. Successful partnerships result in cooperation, coordination and collaborations that avoid duplication and misunderstanding and maximize effort, community resources and funds. The big winner however, is the community that benefits from improved public health response and activities.

Partnerships can be formalized and reinforced through the use of a Memorandum of Understanding or Agreement. Memorandums should be jointly developed and should describe the parties involved, the purpose of the agreement, supporting regulations or authority, roles and responsibilities of each party and effective dates. Agreements should also include any special requirements such as confidentiality.

Memorandums of Understanding allow partners to assess what is needed to accomplish the joint goal and determine what each partner is in the best position to provide. These allow each partner to focus its resources and activities on what they do best. Examples of items or responsibilities that can be specified in a memorandum between the MRC and local partners could be things like inclusion in each others emergency response plan; joint planning; sharing of resources, office space and administrative support; and joint promotional, educational and training activities.

Managing Project Funding/Budget

MRC projects can receive direct funding from the Florida Department of Health through the Hospital Preparedness Program to cover core program expenses for capacity building. This includes funds associated with the recruitment, retention and training of volunteers as well as program collaboration, operations and management and strategic planning. A notice of funding, along with application guidelines and instructions, is sent to all Registered MRC units prior to any award period.

The method of receipt of funds is different for MRCs operating within county health departments and for those operating as a Non-CHD MRC through another sponsor agency. Units utilizing local county health departments as the fiscal agent for awarded funds will receive spending authority through a "Schedule C." Schedule C is a budgetary tool used to document the county health department operating and non operating budget and state funding allocations. Units not using local county health departments as the fiscal agent for funding can apply for and receive funding through a Request for Application and contract process.

All units applying for and receiving funds are required to submit and maintain budget/spending plans as part of their funding agreement with the Florida Department of Health. The budget/spending plan should be completed with input from the budget manager and should relate to and support activities defined in the local strategic and action plan, goals and objectives.

MRC unit coordinators are responsible for monitoring approved spending plans and all expenditures. Coordinators should work closely with business/financial managers to ensure quality budget management and to ensure that expenditures are properly coded and submitted. Expenditures for MRCs associated with county health departments are also monitored internally by the state MRC coordinator. MRCs under contract with the Florida Department of Health are required to address expenditures in progress reports. An Excel file with a budget/spending plan and expenditure report template is available at www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html.

Coordinators can use this template to track expenditures.

The screenshot shows an Excel spreadsheet with the following sections:

- Metadata:** Name of MRC site and registration record, Report Date, Reviewed and Approved by, Budget Manager, Date, MRC Coordinator, Date.
- Spending Categories:** A list of categories with checkboxes:
 - Program expenses are to be linked to one of the following five (5) spending categories. Expenditures must directly relate to a strategic priority, goal and objective described on the MRC action plan.
 - Consultant - Funds for contracted staff and services provided by persons who are not agency employees. Includes consultants, contract temporary agency services, trainers, operators or other contracted services necessary to assist with project delivery and completion of action plan such as rental of conference or meeting space.
 - Equipment - Individual items costing \$1000 or more with a life expectancy of more than one year such as laptop computers and laser printers.
 - Supplies - Consumable goods such as office or training supplies, identification devices, flash drives, cell phones and small equipment purchases such as desk top printers.
 - Travel - Any cost required to accomplish MRC objectives performed by MRC coordinators or volunteers. Coordinators should plan for two (2) state meetings.
 - Travel for original and national meetings to also be allowed for approval. All travel requires prior approval by supervisor.
 - Other - Allowable expenditures that do not fit into other categories such as printing of training or recruitment materials, postage, cell phone services and internet services.
- Expenditure Table:** A table with columns: Row Description, Selected from the following: Collaboration, Operations and Management, Recruitment, Strategic Planning, Training, Quantity, Unit Cost, Total Cost, August 9, 2009 - Dec 31, 2009, Jan 1, 2009 - March 31, 2009, April 1, 2009 - August 8, 2009, Total Expenditure, Funds Remaining.

Row Description	Selected from the following: Collaboration, Operations and Management, Recruitment, Strategic Planning, Training	Quantity	Unit Cost	Total Cost	August 9, 2009 - Dec 31, 2009	Jan 1, 2009 - March 31, 2009	April 1, 2009 - August 8, 2009	Total Expenditure	Funds Remaining
Client contact				\$1				\$1.00	\$1.00
Consultant for web site design and development	Recruitment and Training	1	\$7,000.00	\$7,000.00				\$7,000.00	\$10,000.00
Trainer to plan and conduct meeting education	Training	10	\$100.00	\$1,000.00				\$1,000.00	\$10,000.00
Meeting and expenses				\$1,000.00				\$1,000.00	\$10,000.00
Travel				\$1,000.00				\$1,000.00	\$10,000.00
Travel/Conference				\$10,000.00				\$10,000.00	\$10,000.00
Equipment				\$1				\$1.00	\$10,000.00
ITC Company CRM LED-Program web	Recruitment and Training	1	\$10,000.00	\$10,000.00				\$10,000.00	\$10,000.00
Hardware, cables and laser printer				\$10,000.00				\$10,000.00	\$10,000.00

See the Appendix for a sample budget/spending plan proposal, frequently asked questions and a list of sample allowable expenditures.

Obtaining Additional Funding

Funding received from the Florida Department of Health may not provide enough resources to fully accomplish your goals.

MRC units can seek funding from a variety of other sources to expand and enhance program operations and services. Support and funds are out there, you just need to know where to find the opportunities and how to apply to increase your chances of success. A volunteer grant writer can be an immeasurable member of the MRC team. MRC coordinators with little experience in locating grant opportunities and writing proposals can check with the local library or community college for grant writing seminars and training sessions.

Local governments, national organizations, private foundations and even private business partners can be sources of funding or resources for donations of money, goods, equipment and services. **Please check with your local Business Manager to determine if donations to the MRC Unit will be allowed.** Units may be able to access resources of other local response partners or hold community fundraising events. Funding opportunities for health and medical initiatives from federal government agencies can be found through www.grants.gov. Other examples of organizations that have a history of offering funding opportunities for community health initiatives are the National Association of County and City Health Officials, Blue Foundation for a Healthy Florida and the Corporation for National and Community Services.

Here are some key tips to keep in mind when applying for funding:

- Be realistic about what you want and what you can do with the funding. Is the project in keeping with unit, community and program goals? Do you have support from management or community partners? Do you have the staff, time, facilities and matching funds to support the project and sustain it once funds expire? Don't risk future funding opportunities by putting yourself in a position of not being able to successfully complete the funded project.
- Carefully review the application for eligibility and other requirements. Does your agency meet the eligible applicant criteria? Is match required? If so, can you provide the match? Can you meet the time frame for submitting the application? Can you meet all the fatal criteria for eligibility and award?
- Keep a file of old funding applications and boilerplate information generally requested in applications such as agency mission, goals, and organizational structure. You may be able to use this information for future applications. Make sure to adapt or personalize the information for each application.
- Follow the proposal outline. Make it easy for reviewers to read and rate your proposal. Use headings and provide information in the order requested. Provide all information asked for. Use local information and statistics to justify local needs. Check for consistency in narrative, work plans and budget. Have you included all requested support materials and documentation?
- Double check your budget. If you use spreadsheets, check your formulas. What kind of and how much detail or narrative is requested to justify the budget? Ask yourself if your narrative budget justification clearly explains how the expense was calculated and why the expense is necessary.

- Rate your proposal before submitting it. Use the proposal evaluation form or criteria. How would you score yourself? If possible have someone who was not involved in writing the application score it against the rating criteria.
- If you don't get funded ask for feedback. You can ask for copies of reviewer evaluations and comments. You can also ask for copies of applications chosen for funding. This will help you improve your proposal the next time around.

See the [Additional Resources](#) section for sites that offer information on funding opportunities. One site, www.npqguides.org/guide provides an online grant writing guide for non profits from the National Association of County and City Health Officials NACCHO. The guide includes guidelines, tools and samples.

Communication and Networking

Effective management of an MRC unit requires continued communication and networking with other local sites, with the state, with other states and with national MRC and emergency response organizations. Communication and networking provides valuable opportunities for learning and information sharing.

To maintain communication on local and state issues, conference calls are conducted monthly between the Florida Department of Health, Office of Public Health Nursing, MRC State coordinator and local MRC coordinators. There are also two face-to-face state meetings annually. Communication is also achieved through the state MRC Web pages and guidance documents that provide programmatic direction and technical assistance. Florida MRC coordinators are also invited to attend regional and national meetings.

MRC coordinators can sign up to be part of the Office of the Civilian Volunteer Medical Reserve Corps listserv for sharing information, exchanging ideas and receiving announcements. Go to www.medicalreservecorps.gov/mrclistservs to subscribe to the listserv.

The Additional Resources section of this guide provides links to many related organizations. The national MRC Web site can provide links to MRC units throughout the county. See the Appendix for a list of Web site addresses for Florida MRC units.

Information Management

MRC coordinators are responsible for maintaining volunteer and programmatic records. Volunteer information including volunteer hours and training should be recorded and maintained on the SERVFL system. **Paper records such as Chapter 110 forms should be maintained in a secure and protected location and retained in accordance with local health department policy or the funding agreement with the Florida Department of Health.** Florida Department of Health Policy, DOHP 365-1-05 "[Chapter 110 Volunteer Program](#)" policies and procedures call for volunteer files to be maintained for three years following volunteer termination.

Reporting Requirements

MRC coordinators are responsible for reporting program progress and activities. As discussed earlier in this guide under [Florida Medical Reserve Corps Network Guidelines and Requirements](#), and as listed in the Memorandum of Understanding between the Florida Department of Health and MRC units, there are certain programmatic reporting requirements. At a minimum, the following reports are required:

- Quarterly unit profile updates on National Web site

- Semi-Annual Progress Reports - Use your approved Action Plan and Spending Plan to submit the reports. The Excel Action Plan includes a column for Status. The Excel Budget Spending Plan Template includes an Expenditure Report worksheet. Samples of both of these plans can be found on the Organizational/Administrative Tools section of the department's MRC Coordinator Web page, www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html
- Final Report due 60 days following the end of the funding period. - Your approved Action Plan and Spending Plan should also be used in preparing and submitting this report.

The following report is recommended:

- Chapter 110 Volunteer Program Annual report - This report is used to document and report the monetary value of MRC volunteer services. This information provides valuable justification for the program and support for program continuation, expansion, and future funding. A copy of the report form can be obtained from your local Chapter 110 volunteer coordinator. The completed form would be submitted to your local Chapter 110 volunteer coordinator with a copy to the State MRC coordinator. This report must be submitted in order for the county health department to document and receive credit for this effort.

The following sections contain additional information and resources to assist you in establishing, developing, maintaining and coordinating an effective and valuable local MRC unit. The Florida Department of Health MRC Coordinator and the Florida MRC Network are your partners and can provide valuable ongoing assistance.

"You don't have to be great to get started, but you have to get started to be great."
-- Les Brown

Additional Resources

www.medicalreservecorps.gov - The national Web site for the Medical Reserve Corps. The site includes general guidelines covering many key issues to assist communities with planning. The site also includes technical assistance documents, samples of brochures, presentations and other tools and resources. This site is used to update unit profiles.

www.medicalreservecorps.gov - Page on the national Medical Reserve Corps site where you can search for resource information.

www.medicalreservecorps.gov/QuestionsAnswers/MemberResources The MRC Member Resources area allows communities and individuals to communicate, convey questions and answers, and view and share documentation (forms, presentations, policies, etc.) with each other. Member Resources include the MRC bulletin board, a clearinghouse of current MRC materials, MRC logo authorization request forms, and a page for submitting MRC success stories.



Inclusion on this list is for information only and does not constitute endorsement by the Florida Department of Health. The department makes no representation or warranty regarding the accuracy, reliability, completeness or timeliness of information contained in these resources. Information contained on these sites may be subject to copyright and licensing restrictions. It is the user's responsibility to secure any necessary permission for the use or reproduction of materials contained in these sites.

General Resources

www.asph.org - The Association of Schools of Public Health Web site contains a variety of information and reports. Follow the link for the Centers for Public Health Preparedness (CPHP) Network, a CDC funded national network of academic institutions working in collaboration with state and local public health departments and other community partners <http://preparedness.asph.org/>. Look under the Publications and Research submenu at the top of the page to locate the CPHP Educational Resource Guides.

www.capna.com - Center for Health Policy, Columbia University School of Nursing. Contains links to public health training curriculums and toolkits such as the Public Health Emergency Exercise Toolkit. It contains a link to this and other publications available to order or download.

www.citizencorps.gov - Citizen Corps coordinated by the Department of Homeland Security is a component of the USA Freedom Corps. It was created to help coordinate volunteer activities to make communities safer, stronger, and better prepared to respond to any emergency situation. The Medical Reserve Corps is one of the partners in the Citizens Corps.

www.doh.state.fl.us/MQA/profiling - This site contains find profiles for all licensed doctors of medicine, osteopathy, chiropractic, podiatric and advanced registered nurse practitioners. A profile is self-reported information about the practitioner. Click on "Use the Profile Search System" to obtain information about a particular practitioner.

www.fema.gov/emergency/nrf - Web pages for the National Response Framework Resource Center which is part of the Federal Emergency Management Agency Web site. Includes documents and information on Emergency Support Functions and annexes, listings of trainings and references including a link to definitions of key terms used within the National Response Framework.

www.floridadisaster.org/citizencorps - Web site for the Florida Division of Emergency Management, Florida Citizen's Corps with links to local Citizen Corps and the divisions scheduled events and trainings.

www.hhs.gov/ocr/hipaa - U.S. Department of Health and Human Services, Office of Civil Rights Web page with information and resources regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Includes regulations, fact sheets, frequently asked questions, educational information and more. Includes special links and information regarding HIPAA and Emergency Planning Preparedness and Response
www.hhs.gov/ocr/hipaa/emergencyPPR.html.

www.hhs.gov/aspr - Web site for the U.S. Department of Health and Human Services Health Resources Services Administration, Office of the Assistant Secretary for Preparedness and Response. The site provides a link to the Office of Preparedness and Emergency Operations.

www.naccho.org/pubs - A collection of tools and publications from the National Association of County and City Health Officials to ensure a practice-relevant approach. Products are offered to members for free or at discounted rates. An example of one product recommended by a Florida MRC coordinator is "Master the Disaster!" an interactive, customizable tabletop exercise builder.

www.naccho.org/toolbox/program.cfm?v=0&id=18 - The Medical Reserve Corps (MRC) Toolkit is an online repository of public health related resources and tools developed by NACCHO or local health agencies. General public health resources have been organized to provide MRC leaders and volunteers easy access to items such as fact sheets, templates, exercises, activities, and training modules.

www.nationalservice.gov - Web site for the Corporation for National and Community Service whose mission is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. The Corporation provides grants, training and technical assistance for developing and expanding volunteer organizations.

www.nationalservice.gov/for_organizations/volunteers - Part of the Corporation for National and Community Service Web site that contains resources to help organizations recruit volunteers. Includes links to information on volunteer management, working with the media and funding opportunities.

www.nimsonline.com - A commercial Web site designed to support federal, state, local and tribal efforts to implement the National Incident Management System (NIMS). This site describes itself as "a public service effort of EMAC (Emergency Management and Command) International LLC and is not intended to infringe upon any official efforts or sources for NIMS information." The site provides current NIMS news, information and document access.

www.servfl.com - Web site for the Florida Emergency Health Volunteer Registry.

USA Freedom Corps, an office of the White House, to advance opportunities for Americans to make a difference in their community and country through volunteer service.

Resources for Grants and Funding Information

<https://www.cfda.gov/> - Catalogue of Federal Domestic Assistance (CFDA) The online Catalog of Federal Domestic Assistance gives you access to a database of all Federal programs available to State and local governments (including the District of Columbia); federally - recognized Indian tribal governments; Territories (and possessions) of the United States; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals. After you find the program you want, contact the office that administers the program and find out how to apply. Includes tips for applying for and writing grant proposals. Note some programs listed on CFDA Web site may be inactive; active grant programs are posted on Grants.gov.

www.bluefoundationfl.com - Web site for the Blue Foundation for a Healthy Florida, Inc., the philanthropic affiliate of Blue Cross and Blue Shield of Florida that supports community-based solutions to enhance access to quality health-related services for uninsured and underserved Floridians. Grant proposals are accepted twice a year from 501(c)(3) organizations in Florida that provide community-based solutions to improve program capacity and reduce barriers to access; nurture community health leadership to reinforce local solutions, foster innovation and sustain quality; and leverage financial, human and other resources to maximize measurable impact. Past grants have been awarded for programs that educate, train and improve the lives of Floridians.

www.fema.gov/government/grant/index.shtm - Web site for FEMA grants and assistance programs.

www.Foundationcenter.org - Web site for the Foundation Center established in 1956. The Foundation Center provides information on philanthropy and provides information and tools to connect nonprofits and grant makers. The Center maintains a database of U.S. grant makers and their grants and operates research, education and training programs designed to advance philanthropy.

www.grants.gov - Web site that is the source to find and apply for federal government grants. Grants.gov is a central storehouse for information on over 1,000 grant programs and provides access to approximately \$400 billion in annual awards.

www.google.com/grants - The Google Grants program supports 501 (c)(3) non-profit organizations through its in-kind advertising program. Non-profits can apply to Google AdWords, for online advertising to raise awareness, inform and engage constituents.

www.hrsa.gov/grants/default.htm - Web site that provides a list of grant opportunities from U.S. Department of Health and Human Services, Health Resources and Services Administration. Applicant must be registered with grants.gov to apply for these grants.

www.naccho.org - Web page from the National Association of County and City Health Officials (NACCHO). NACCHO works with The Foundation Center to identify public health-related funding resources at the national and state levels from private foundations. Each month, the site highlights one area of public health. Check out their grant writing guide for non profits at www.npqguides.org/guide.

www.nationalservice.gov/for_organizations/funding - Part of the Corporation for National and Community Service Web site that provides information on their funding opportunities.

<http://www.nationalservice.gov/> - Corporation for National and Community Service Resource Center. Includes general grant resource information and grant opportunities by category.

Resources for managing non-profits and volunteers, marketing, training, program evaluation, strategic planning, outcomes and logic models

http://ctb.ku.edu/en/tablecontents/section_1106.htm - Section of the University of Kansas on line Community Toolbox. This section focuses on recruiting and training volunteers. The table of contents for the Community Toolbox, <http://ctb.ku.edu/en/tablecontents> will direct you to over 300 sections with guidance in specific community-building skills including needs assessment, coalition building, evaluation, marketing and more.

<http://national.unitedway.org> - Home page for the United Way of America, search for Outcome Measurement information, documents and links to resources related to identifying and measuring outcomes.

www.businessballs.com/freeonlineresources.htm - Commercial Web site that provides links to free management and training templates, resources and tools.

www2a.cdc.gov/phtn/ - Department of Health and Human Services, Centers for Disease Control and Prevention, Public Health Training Network a distance learning network to help access distance learning courses and resources.

http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf - Department of Health and Human Services, Centers for Disease Control and Prevention, *State Program Evaluation Guides* developed for the Division of Heart Disease and Stroke prevention. Includes guides for Writing SMART Objectives, Developing and Using a Logic Model and Developing an Evaluation Plan. The guides include information on plan development, sample templates and a step by step process that can be adapted for other programs.

www.cdc.gov/eval/resources.htm - Department of Health and Human Services, Center for Disease Control and Prevention Web site with an extensive list of links to information and assistance on conducting evaluations. Resources include manuals, planning and performance improvement tools and more.

www.congress.org/congressorg/dbq/media - Web page where you can find contact information for local media by Zip Code. The page is part of Congress.org a service of Capitol Advantage and Knowlegis, LLC which describes itself as private, non-partisan companies that specialize in facilitating civic participation.

www.gdrc.org/ngo/media - A toolbox of resources for working with the media from the Global Development Research Center. Includes how to, dos and don'ts and more.

www.energizeinc.com - Commercial Web site with resources and information for "leaders of volunteers." Includes some free information and ideas.

www.managementhelp.org - Web site for the Free Management Library with extensive resources for all aspects of management and leadership. One section, www.managementhelp.org/boards/boards.htm#anchor133574 provides a free Toolkit for Boards, including sample roles and responsibilities, bylaws, articles of incorporation, board policies and much more. Another section, www.managementhelp.org/trng_dev/gen_plan.htm provides "Complete Guidelines to Design Your Training Plan."

www.naccho.org/topics/infrastructure/MAPP.cfm - Web site of the National Association of County and City Health Officials with information and tools for assessing community needs and developing strategic goals and strategies.

www.nlctb.org/ns.htm - Section of the Web site for the Nonprofit Leadership Center of Tampa Bay with free tools and resources for staff and board members of nonprofit organizations.

<http://www.nwcphp.org/evaluation/training-needs/assessment-tools/?searchterm=Assessment> - Section of the Web site of the Northwest Center for Public Health Practice at the University of Washington School of Public Health and Community Medicine. The Assessment Section contains training planning information including a template for a Training Needs Assessment Survey, a Training Assessment Readiness Report and a template for a detailed narrative training plan.

www.serviceleader.org - Web site that is a project of the RGK center for philanthropy and Community Service at the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin. The site includes information on all aspects of volunteerism including best practices and volunteer management.

www.surveymonkey.com - Commercial Web site that provides a tool to design, create and publish custom on-line surveys. The site offers a free limited account for creating surveys that store up to 100 responses.

www.volunteerresource.org - An online library of resources and practices on volunteer management from the Points of Light Foundation. Includes a Web page with resources on Disaster Program Volunteering, www.pointsoflight.org.

www.wkkf.org - Link to the W.K. Kellogg Foundation Evaluation Toolkit containing information and resources and two manuals, *Logic Model Development Guide* and the *Evaluation Handbook* which can be downloaded or ordered free.

Resources for Legal and Regulatory Issues

<http://www.gpo.gov/> - Search for the Federal Volunteer Protection Act of 1997 - Public law 105-19, June 18, 1997 provides certain protections to volunteers, nonprofit organizations, and governmental entities in lawsuits based on the activities of volunteers. (Also 42 U.S.C. Chapter 139.)

<http://www.gpo.gov/> - Search for the Federal Public Health Security and Bioterrorism Preparedness and Response Act of 2002 - Public Law 107-188, June 12, 2002. See Section 107, Emergency System for Advance Registration of Health Professions Volunteers.

<http://www.ll.georgetown.edu/guides/health.cfm> - Report of Legal and Regulatory created by faculty, students, and staff at the Center for Law and the Public's Health at Georgetown and

Johns Hopkins Universities. The report discusses issues that relate to or impact the development and implementation of state based Emergency System for Advanced Registration of Volunteer Health Professionals.

www2a.cdc.gov/phlp/lawmat.asp - The Center for Disease Control, Public Health Law Program Web site which includes material and links on the law of public health emergency legal preparedness.

www.fdle.state.fl.us/BackgroundChecks/ - Web site for the Florida Department of Law Enforcement Volunteer and Employee Criminal History System. Describes the mission, frequently asked questions and information on how an organization can participate.

www.floridafaf.org/sunshinefaq.htm - Florida First Amendment Foundation is a 501(c)(3) tax-exempt, non-profit organization established to protect and advance First Amendment, public records, and open meetings rights of Floridians by providing education and training, legal aid and information services.

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