



Florida Medical Reserve Corps Network

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A Guide to Developing and Managing a Local MRC Unit (Part 2 - Appendices)

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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Acronyms and Definitions

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Sample Training Plan

MRC Training Matrix Example

Local MRC Web sites

Florida Statutes Related to Volunteers

Florida Medical Reserve Corps Network Orientation Guide Feedback Form

For additional resources and copies of templates go to the Coordinators Page on the Florida Department of Health, Office of Public Health Nursing, MRC Web page, www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html

Acronyms and Definitions

The National Medical Reserve Corps Web site has a link to an extensive list of acronyms used by government and non governmental agencies related to health, emergency preparedness, disasters and Medical Reserve Corps, at www.medicalreservecorps.gov/Acronyms. Included in this document are some acronyms referred to in this guide and/or used most frequently in Florida.

ABMS - American Board of Medical Specialties - A not-for-profit organization that assists 24 approved medical specialty boards in the development and use of standards in the ongoing evaluation and certification of physicians. www.abms.org.

AHEC - Area Health Education Centers - A national program developed by Congress in 1971 to recruit, train and retain a health profession workforce committed to underserved populations. The programs mission is to enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of health care professionals through community/academic educational partnerships. The Florida Network is an extensive, statewide system for health professional education and support founded upon 10 regional Area Health Education Centers supported by a program at one of the state's five medical schools. This organizational structure enables the AHEC to draw upon the resources of the academic health centers in addressing local health care issues. <http://flahec.org>.

ASPR - Assistant Secretary for Preparedness and Response - An office located in the U.S. Department of Health and Human Services. ASPR is the single office responsible for preparedness and response activities within the department of Health and Human Services. www.hhs.gov/aspr.

CHD - County Health Departments provide most of the public health services in Florida. Services are provided through a partnership between the state, district offices, and the counties. Most services are available at no charge or a small fee based upon income. County Health Departments are a critical partner and house many MRC units.

CHD MRC - An MRC unit that is under the auspices of the Florida Department of Health, County Health Department and utilizes the county health department as the fiscal agent for MRC funding. MRC units are designated as either a CHD MRC or a Non-CHD MRC.

CRI - Cities Readiness Initiative - A U.S. Department of Health and Human Services Centers for Disease Control, Emergency Preparedness and Response pilot program to aid cities in increasing their capacity to deliver medicines and medical supplies during a large-scale public health emergency such as a bioterrorism attack or a nuclear accident. www.bt.cdc.gov/cri.

DEA - United States Drug Enforcement Administration - The SERVFL Registry performs a volunteer check through the agency's federal database of persons and organizations certified to handle controlled substances under the Controlled Substances Act to determine if the DEA license information entered by the volunteer is valid. <http://www.deanumber.com/>.

DMAT - Disaster Medical Assistance Teams - DMAT is a group of professional and paraprofessional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide medical care during a disaster or other event. Each team has a sponsoring organization, such as a major medical center, public health or safety agency, non-profit, public

or private organization that signs a Memorandum of Agreement with the Department of Homeland Security. The teams are part of the National Disaster Medical System.
www.dmat.org.

ECL - Emergency Credential Level - A designation assigned to a health volunteer registered in an ESAR-VHP System based on possessed and verified credentials, as defined by Emergency Credentialing Standards. Each level has specific qualification requirements. The highest emergency credential level is 1. Level 1 confirms that the health volunteer is actively employed in a hospital or has hospital privileges and can practice in the state in a full and unrestricted manner. Level 2 confirms that the volunteer is clinically active in any setting other than a hospital. Level 3 confirms persons meet basic qualifications necessary to practice in the state such as verification of license or certification. Level 4 classifies persons with health care experience or education who can provide assistance not controlled by scope of practice laws.

EOC - Emergency Operations Center - The primary communications and command center for reporting emergencies and coordinating state response activities. It is maintained by the Florida Division of Emergency Management.

ESAR-VHP - Emergency System for Advance Registration of Volunteer Health Professionals - A standardized volunteer registration system within each state that includes readily available, verifiable and up to date information of the volunteer's identity, licensing, credentialing, accreditation and privileging in hospitals or other medical facilities that might need volunteers. Allows each state to quickly identify and utilize health professional volunteers in emergencies and disasters.

ESF-8 - Emergency Support Function 8 - One of 18 designations by the state representing specific response activities common to all disasters. All state agencies and volunteer organizations comprising the State Emergency Response Team are grouped into 18 ESF designations to carry out coordination and completion of assigned missions. ESF-8 is responsible for Health and Medical support. For a description of all Emergency Support Functions and their partners go to, www.floridadisaster.org.

FACHC - Florida Association of Community Health Centers - An association whose mission is to provide advocacy, resources and assistance to Florida's federally qualified Health Centers in their efforts to deliver quality health care services throughout the state, www.fachc.org.

FDENS - Florida Department of Health Emergency Notification System - A system to keep the public health community informed of situations using powerful and comprehensive notification and alerting tools.

FEMA - Federal Emergency Management Agency - Agency that became part of the U.S. Department of Homeland Security in 2003. Its role is to lead and support the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation. www.fema.gov.

HPP - Hospital Preparedness Program - A U.S. Department of Health and Human Services program to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. www.hhs.gov/aspr/oepo/hpp.

HRSA - Health Resources and Services Administration an agency of the U.S. Department of Health and Human Services - The primary Federal agency for improving access to health care

services for people who are uninsured, isolated or medically vulnerable. www.hrsa.gov. HRSA bioterrorism and emergency volunteer programs have moved to the U.S. Department of Health and Human Services Office of the Assistant Secretary for Emergency Preparedness and Response.

ICS - Incident Command System - A standardized, on-scene, all-hazard incident management protocol used by the Federal Emergency Management Agency. It provides a system for domestic incident management based on an expandable, flexible structure that uses common terminology and positions.

MAPP - Mobilizing for Action through Planning and Partnerships - A community-driven strategic planning tool for improving community health. This is an interactive tool to help communities apply strategic thinking to prioritize public health issues and identify resources for addressing them. www.naccho.org/topics/infrastructure/MAPP.cfm.

MQA - The Division of Medical Quality Assurance - Division within the Florida Department of Health that offers many services to licensees, health care businesses, citizens and visitors to Florida. Working in conjunction with 22 boards and six councils, MQA licenses and regulates seven types of facilities and 200-plus license types in more than 40 health care professions. Information is available to citizens, licensees and providers through the Web site at www.doh.state.fl.us/mqa.

NACCHO - National Association of County and City Health Officials - The national organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems. www.naccho.org. The site includes information identifying public health-related funding resources at the national and state levels from private foundations.

NDMS - National Disaster Medical System - A federally coordinated system that augments the Nation's medical response capability. The overall purpose is to establish a single integrated National medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conventional conflicts. www.hhs.gov/aspr/opeo/ndms

NHPP - National Healthcare Preparedness Program - A program under the Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response whose mission is to improve surge capacity and enhance community and hospital preparedness for public health emergencies in defined geographic areas. www.hhs.gov/aspr/opeo/nhpp.

NIMS - National Incident Management System - The single all-hazards incident management system required by a Homeland Security Presidential Directive. It is intended to govern the management of the National Response Plan. The National Incident Management System will replace the National Inter-Agency Incident Management System. It is a comprehensive system designed to improve response operations.

Non-CHD MRC - An MRC unit that follows all Florida Department of Health Medical Reserve Corps guidelines but is administered by an entity other than a county health department.

NPDB - National Practitioner Databank - A federal database that serves primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The database serves as a clearinghouse of information related to medical malpractice payments and adverse actions taken against the license, clinical privileges and professional memberships of physicians, dentists and other licensed health care practitioners. The information is intended to augment, not replace, traditional forms of credentials review. <http://www.npdb-hipdb.hrsa.gov/>.

NRF - National Response Framework - Replaced the National Response Plan March 22, 2008. It presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. It establishes a comprehensive, national, all-hazards approach to domestic incident response. The National Response Framework resource center can be found at www.fema.gov/emergency/nrf.

NRP - National Response Plan - Replaced by the National Response Framework on March 22, 2008. The plan established a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents. It formed the basis of how the federal government coordinated with state, local, and tribal governments and the private sector during incidents. For more information go to www.dhs.gov/xprepresp/committees/editorial_0566.shtm.

OCVMRC - Office of the Civilian Volunteer Medical Reserve Corps headquartered in the Office of the U.S. Surgeon General - The office responsible for facilitating the development, implementation and integration of MRC units nationwide. Regional coordinators are housed in the 10 Regional Health and Human Services offices. The office provides technical assistance to communities establishing or maintaining local medical or public health-related volunteer corps and functions as a clearinghouse for information and best practices. www.medicalreservecorps.gov/TASeries/GettingStarted/ProgramOffice.

OIG - Office of Inspector General - An office located in the U.S. Department of Health and Human Services with the mission to protect the integrity of HHS programs, as well as the health and welfare of the beneficiaries of those programs. The OIG established a program to exclude individuals and entities from participating in Federally-funded health care programs. The OIG Exclusion program maintains a list of currently excluded Individuals and Entities. Exclusions are based on a variety of legal authorities including convictions for patient abuse and licensing board actions. The SERVFL Registry performs a volunteer check through the exclusion database. For more information on the Office of Inspector General or the Exclusion Program see www.oig.hhs.gov.

PAHPA - The Pandemic and All Hazards Preparedness Act of 2006 (Public Law 109-417) - The act, signed in December 2006, amended the Public Health Service Act to improve bioterrorism and other public health emergency planning and preparedness activities. It consolidated U. S. Health and Human Services public health and medical response programs and established the Office of the Assistant Secretary for Preparedness and Response. A copy of the act can be found at <http://www.gpo.gov/>.

PIO - Public Information Officer - The person designated to manage and coordinate media response during an emergency event. The PIO supports the incident command on all public information matters relating to an incident.

POD - Point of Distribution/Dispensing - A center set up to distribute medication or vaccines that may become available in case of an emergency.

SERVFL - State Emergency Responders and Volunteers of Florida - Part of the national Emergency System for Advance Registration of Volunteer Health Professionals. The Registry was designed with input from primary user groups including Medical Reserve Corps units, county health department Chapter 110 volunteer programs, Strategic National Stockpile staff and others, www.servfl.com.

SNS - Strategic National Stockpile - A U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Emergency Preparedness and Response initiative which maintains large quantities of medicine and medical supplies to protect the American public if there is a public health emergency severe enough to cause local supplies to run out. www.bt.cdc.gov/stockpile.

MRC Implementing News Release

FOR IMMEDIATE RELEASE
Friday, November 01, 2002

Health and Human Services
HHS Press Office
(202) 690-6343

HHS Announces Creation of Medical Reserve Corps Units

Grants to 42 Community Groups Will Support New Volunteer Medical Response Teams
Health and Human Services Secretary Tommy G. Thompson announced 42 grants totaling \$2 million to community-based organizations to begin building local Medical Reserve Corps (MRC) units that will help local communities prepare and respond in the event of a public health emergency.

The local MRC units are comprised of local citizens, volunteers who are trained to respond to health crises. The volunteers' responsibilities will include emergency response, logistical planning, records keeping, assisting in public health and awareness campaigns, and public communications.

"The Medical Reserve Corps gives Americans an opportunity to help out in their community. All of us have talents and skills and there is no better place to use those talents than in service to the local community," Secretary Thompson said. "These awards will help empower our communities to plan and establish local citizen-centered volunteer Medical Reserve Corps units which will include not only physicians and nurses but also a broad range of skills in health and other fields."

"The USA Freedom Corps was created to enable more Americans to make a difference in their communities," said John Bridgeland, Assistant to the President for USA Freedom Corps. "Through the Medical Reserve Corps, health care professionals will have new opportunities to contribute to the safety and well-being of their communities through their volunteer service."

Each local MRC unit will be established, activated, and operated by the local community, in concert with established emergency response and public health systems. They will be an important additional resource to address health problems that a local community might incur because of a natural disaster or other catastrophic event. In addition, volunteers may help with local health campaigns—such as immunizations—and health education and awareness in the community throughout the year.

The MRC initiative will provide the local organizational framework, including training, locally agreed procedures and processes, and partnership building among local organizations, including local government agencies, and non-governmental organizations (e.g., faith-based groups, hospitals, health professions organizations, the American Red Cross, academic institutions and others).

President Bush, in his State of the Union address in January 2002, announced that he was launching the USA Freedom Corps to foster an American culture of citizenship, service, and responsibility. He formed the Citizen Corps initiative, of which the MRC is a part, to give individuals the opportunity to serve their neighbors by making our communities safe from threats of all kinds.

The Medical Reserve Corps is led by the Office of the Surgeon General in HHS. For more information including, the MRC guidance document "Medical Reserve Corps - A Guide for Local Leaders," information on training resources, and the monthly MRC newsletter please log onto www.medicalreservecorps.gov or call the Office of the Surgeon General at (301) 443-4000.

Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.



Florida Medical Reserve Corps Network Guidelines

The following are guidelines for local Medical Reserve Corps Units in Florida. The guidelines include federal recommendations and reflect the Florida program strategic priorities. This document is intended as a reference for building a local program.

Planning Strategically

- All MRC units should have a Mission Statement that clearly states what they are and what they do.
- An Action Plan is required of all MRC units that must guide their annual activities. An action plan includes goals and objectives that are measurable and reflect the Florida MRC Network Strategic Plan priorities— Volunteer and Leadership Development, Training and Exercising, Preparedness and Response, Sustainment of the Volunteer Management System, and MRC Regional Plan Development and Implementation.
- Local MRC unit plans should assist the state effort in achieving the Florida Medical Reserve Corps Strategic Plan for 2010 - 2013.

Recruiting and Maintaining a Volunteer Cadre

- Determine a target goal of new volunteers that will be recruited within the fiscal year. Identify strategies and activities for increasing volunteer counts, targeting recruitment efforts, and developing strategies to retain volunteers. Include these details in the annual action plan.
- Maintain the total number of volunteers by health care profession and other support volunteers.
- Procedures should be in place for volunteer screening and selection, including an application, interview process for potential volunteers, volunteer reference checks, and credentialing. The coordinator should determine which volunteers should complete the Chapter 110 volunteer application.
- Background checks should be completed based upon the role/responsibilities of the volunteer.
- MRC units must utilize the State Emergency Responders and Volunteers of Florida (SERVFL) as the volunteer management tool for volunteer counts, verifying licenses, and maintaining completed training by volunteer.

Training Volunteers

- Volunteers are required to complete ICS 100.b, ICS 700.a (NIMS) and a general orientation
- Minimum training includes an overview of MRC core competencies and an overview of Department of Health rules and regulations regarding all hazards ESF-8 Health and Medical responsibilities.

- It is recommended that MRC units participate in local exercises/drills annually to maintain essential skills in emergency response.

Maintaining Partnerships / Relationships

- MRC unit coordinators should work with other volunteer health care professional/emergency preparedness entities in determining and meeting community needs.
- New partnerships, that fulfill an unmet need for an all-hazard response, should be included in the annual action plan.

Managing a Local MRC Unit

- MRC unit coordinator and/or a designated representative shall attend monthly conference calls.
- Two face-to-face meetings with MRC unit coordinators and/or designated representative will be conducted during the fiscal year. Participation is encouraged and based on funding and travel restrictions.
- As travel funds and guidelines allow, the MRC unit coordinator should attend national and regional MRC meetings.
- Sample volunteer job descriptions should be available as a reference for volunteers on their roles during planned activities.
- MRC coordinators are required to update their unit profile on the National MRC website at www.medicalreservecorps.gov at least once every three months of the calendar year.
- Local MRC units must have a detailed budget utilizing the Budget Proposal Spending Plan Template. Expenditures should relate to strategic priorities – Collaboration, Operations and Management, Recruitment, Strategic Planning, and Training.
- MRC coordinators are required to submit semi-annual progress reports (January 30, 2011 and May 1, 2011) and provide an update on the following: recruitment, training, evaluation of activities and spending allocated funds. Failure to do so may result in the lack of future funding.
- A final report on all strategic plan activities is due within sixty days following the end of the funding period. Failure to do so may result in the lack of future funding.
- The Florida Department of Health will review the progress of the MRC units toward meeting direct spending, programmatic, and reporting requirements.
- MRC coordinators, using the Registry, should know deployment availability of all volunteers—local deployment, in-state deployment or federal deployment.

Memorandum of Understanding between Florida MRC Network and the MRC Unit Coordinators



Memorandum of Understanding between Florida MRC Network and the Medical Reserve Corps Unit Coordinators

Purpose:

The purpose of this memorandum of understanding (MOU) is to clarify the roles and responsibilities of the Florida Medical Reserve Corps (MRC) Network and the MRC Units to provide effective coordination and cooperation between the entities. The Florida MRC Network is responsible for reviewing the progress of each MRC Unit towards meeting programmatic, fiscal, and reporting requirements as stated in MRC Operational Guidelines.

Medical Reserve Corps:

The purpose of the Florida Medical Reserve Corps Network is to effectively develop a cadre of health and medical volunteers for local, state, and federal emergency response in every county within Florida. The mission of the Florida MRC Network is to augment state and local community health and medical services with pre-identified, trained and credentialed volunteers during emergency medical operations and vital public health activities.

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:

The Medical Reserve Corps is a jointly shared responsibility between the Florida Department of Health and local MRC Unit Coordinators.

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 – www.nova.edu/allhazards and ICS 100.a and 700.a – www.ahceducation.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.

The memorandum of understanding will be reviewed and renewed annually from date of signature.

Signed and Dated:

Florida MRC Network
State Coordinator or Designee

MRC Unit Coordinator

CHD Administrator/Director



Sample Health Care Volunteer Position Description

To be completed by requesting program, facility or CHD/CMS volunteer coordinator

DATE: _____ SUPERVISOR: Medical Director/County Health Department Director

POSITION TITLE: Licensed Health Care Provider

LOCATION OF POSITION: Name of County Health Department

TIME COMMITMENT: Varies - As required

DURATION OF POSITION: Indefinite

DUTIES: Provides health care services in accordance with license requirements as assigned by the supervising Department of Health official. The position may be called on in public health emergencies or to assist in year-round public health activities. All assignments are voluntary and the volunteer may choose which assignments to accept.

Assignments could involve field work requiring physical effort including: stooping, kneeling, bending, walking, standing for long periods of time, lifting and working in unlit locations. During disaster response, work may be outside with exposure to weather conditions, chemicals, fumes, communicable diseases and unsanitary conditions. Assignments may include evenings and weekends.

QUALIFICATIONS: Clear and active State of Florida health care professional license.

- Ability to work in crisis situations
• Ability to communicate with a diverse population
• Knowledge of disease transmission and public health principles

TRAINING: Volunteer in this position will be provided program orientation and complete Introduction to Incident Command System (IS 100) and National Incident Management System (NIMS 700) training before receiving any assignments. Detailed activity Job Action Sheets and additional training may be provided prior to specific job assignments.

WILL THIS POSITION REQUIRE BACKGROUND SCREENING? YES X NO _____

MRC Leader
CONTACT PERSON

(555) 123-4567
TELEPHONE NUMBER

Sunshine Medical Reserve Corps
PROGRAM/FACILITY

123 Sun Street Key Lime Florida 33333
ADDRESS CITY STATE ZIP

DH 1493, 10/05



Sample Support Volunteer Position Description

To be completed by requesting program, facility, or CHD/CMS volunteer coordinator.

DATE: _____ SUPERVISOR: Supervising Authority

POSITION TITLE: Non Health Care Support

LOCATION OF POSITION: Name of County Health Department

TIME COMMITMENT: Varies - As required

DURATION OF POSITION: Indefinite

DUTIES: Provides non medical services in support of the Department of Health mission and functions as assigned by the supervising Department of Health official. The position may be called on in public health emergencies or to assist in year-round public health activities. All assignments are voluntary and the volunteer may choose which assignments to accept.

Volunteer support duties will be based on individual training and skills.

Assignments could involve field work requiring physical effort including: stooping, kneeling, bending, walking, standing for long periods of time, lifting and working in unlit locations. During disaster response, work may be outside with exposure to weather conditions, chemicals, fumes, communicable diseases and unsanitary conditions. Assignments may include evenings and weekends.

QUALIFICATIONS:

- 18 years or older
- Valid Florida Drivers License preferred
- Ability to communicate with a diverse population

TRAINING: Volunteer in this position will be provided program orientation and briefed on specific duties and responsibilities. Introduction to Incident Command System (ICS 100) and National Incident Management System (NIMS 700) or other training may be provided prior to specific job assignments. Depending on responsibilities, detailed activity Job Action Sheets may be provided prior to specific job assignments.

WILL THIS POSITION REQUIRE BACKGROUND SCREENING? YES _____ NO _____
(depends on job responsibilities)

MRC Leader
CONTACT PERSON

(555) 123-4567
TELEPHONE NUMBER

Sunshine Medical Reserve Corps
PROGRAM/FACILITY

<u>123 Sun Street</u>	<u>Key Lime</u>	<u>Florida</u>	<u>33333</u>
ADDRESS	CITY	STATE	ZIP
DH 1493, 10/05			

Sample Direct Mail Recruitment Letter

This is a sample physician recruitment letter adapted from one used successfully by the Palm Beach County Medical Reserve Corps. This letter can be easily adapted for other targeted recruitment efforts.

Dear Colleague:

As we move into the hurricane season, it is time for physicians to prepare their practices and community. The [insert name] sponsors the Medical Reserve Corps (MRC) volunteers in our area. With over [insert number] physicians and other health care volunteers registered to serve during disaster events, we invite you to join our MRC team.

We understand your patients and your hospital responsibilities are your first priorities, however, we found that many physicians are able to donate time whether volunteering to serve in this county, other areas of Florida or the nation. The choice to serve in any particular disaster is always your decision at the time of the event. **The key is to sign up before an event so you are credentialed and registered as a medical disaster volunteer.**

By registering as a Medical Reserve Corps volunteer physician you will:

- *Have full control in deciding when, where, and how much time you volunteer.*
- *Have sovereign immunity as a MRC volunteer.*
- *Have special MRC travel privileges during disaster curfews period.*
- *Receive Continuing Medical Education approved “disaster medicine” training.*
- *Make an important contribution to our community when you are needed the most.*
- *Be recognized for your volunteerism.*
- *Know that you will not be turned away to help others during a disaster event.*

Please join our MRC team today and make a difference.

For more information on the Medical Reserve Corps and to register as a volunteer go to: www.servfl.com or contact [insert contact information- name address phone number, email.]

Sincerely,

SERVFL Registration Process for Local MRC Coordinators

Refer to the SERVFL Administrators Guide and Department of Health SERVFL Operational Plan for detailed information on the Registry.

The SERVFL Registry can be an excellent tool not only for managing membership but also for preparing reports and communicating with volunteers. Following is a summary of the initial process steps for the data base.

Step 1: Coordinators register on the SERVFL.com Web site as a volunteer. If a coordinator wants to walk through the registration process before registering, they can go to the training site at <https://florida.training.collaborativefusion.com/> **Note:** this training site can also be used in group meetings when walking potential volunteers through the registration process.

Step 2: Once registered, new coordinators must notify the SERVFL System Administrator who will upgrade the status of the coordinator to local administrator.

Step 3: Potential volunteers register on the site and select their occupation and county where they would like to volunteer. (Note: Coordinators will also be able to submit the registration for persons unable to use or access the site.)

Step 4: If the occupation listed by the applicant is one that can be credentialed by Florida's Department of Health, Division of Medical Quality Assurance (MQA) health care licensing data base, the system does a search to see if the person's license is valid in the state. (A list of verifiable occupations can be found on the site on the Create Verification Request page.)

Step 5: The system does a check through the U.S. Drug Enforcement Administration (DEA) and Office of Inspector General (OIG).

DEA: Checks the federal database for certification to handle controlled substances under the Controlled Substances Act to determine if the DEA license information entered by the volunteer is valid. This works similar to the MQA verification in that it will mark the user as either Verified or Indeterminate based on the results returned.

OIG: Checks the OIG exclusion database. If the volunteer is found in the exclusion database, they are marked as having a civil or criminal conviction in federal or state court, or had any adverse federal or state licensing actions, or been excluded from participating in federal or state health care programs. Volunteers found in the OIG exclusion database will be given an Inspector General status of Indeterminate.

Step 6: Once verified an Emergency Credential Level is automatically assigned.

Step 7: The potential volunteer is classified as a "pending user" with an assigned Emergency Credential Level of 1-4 depending on the license status.

Step 8: A "user pending" email notice is sent to the appropriate local administrator.

Step 9: The administrator can change the classification to “research” as paperwork is being processed, accept, decline or transfer the potential volunteer to another volunteer program.

Step 10: The potential volunteer receives an email message advising them of their status as a user.

Step 11: Users are sent email reminders every 90 days to update their profile.

Step 12: When a user creates a password it is given an expiration date anywhere from 1 to 6 months in the future based on their role in the system. Users will be prompted to change an expired password when they log into SERVFL.

Sample Medical Reserve Corps Media Release Form

MRC units that are part of the county health department should use the Florida Department of Health Media release form located on the Coordinator Section of the department's MRC Web pages www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html. This is a sample of a Media Release form for an entity that has direct program funding and does not utilize the local county health department as its fiscal agent. **Any form used for this purpose should be reviewed and approved by an organization's legal counsel.**

[Name of] Medical Reserve Corps respects the privacy of its volunteers. Therefore we request your permission to use your name, likeness, voice and quotations as needed for broadcast media, publications, Internet, promotion and/or public education. Please read and sign below to grant this permission. By signing below, permission is granted indefinitely. This permission may be revoked in writing at any time.

I hereby permit the [Name of] Medical Reserve Corps to record and use my name, likeness, voice and quotations and to release these images to the news, media, use for posting on the Internet, use in internal or external publications, or use in any manner deemed appropriate by the Medical Reserve Corps to publicize and promote its programs and activities. The [name of] Medical Reserve Corps has the right, among other things, to edit and/or otherwise alter the visual or sound recording or photographs, as needed. I understand that I will receive no compensation for the appearance of the below named person.

By signing this form, I give the [name of] Medical Reserve Corps permission to transfer these rights to the Florida Department of Health.

_____ Name (print name)

Signature of subject, parent or legal guardian (if minor)

Witness (print name)

Address of subject, parent, or legal guardian

Signature of Witness

City, State, Postal Code

Date

Telephone Number

Date

Sample Training Evaluation - Classroom or Web Based Training

Name of Training _____ Location _____ Date _____

Rate the following criteria	Excellent	Good	Fair	Poor	NA
How well did the training meet your expectations					
How well did the training increase your knowledge					
How well will the training increase your ability to perform volunteer activities					
How well did the content meet stated objectives					
Knowledge and effectiveness of the instructor					
Quality and value of handouts or resource material					
Time allotted for training					
Training location and facility					
Ease and convenience of using Web based training					

1. What part of the training was most helpful? _____

2. What part of the training was least helpful? _____

3. Was there something you wanted to hear/learn more about? _____

4. Do you have any recommendations to improve the training? _____

5. How likely are you to take additional training?

(Not Likely) 1 2 3 4 5 (Very Likely)

7. What additional training would you like? _____

8. Other comments (use reverse of sheet if necessary): _____

Sample Training Evaluation - Exercise or Drill

Name of Exercise _____ Location _____ Date _____

Rate the following criteria	Excellent	Good	Fair	Poor	NA
How well did the exercise meet your expectations					
Overall experience of the exercise					
How well will the exercise increase your ability to perform volunteer activities					
Time allotted for instructional portion of exercise					
Time allotted for practical portion of exercise					
Quality and value of written materials					
Quality and value of instructional portion of exercise					
Quality and value of practical portion of exercise					

1. What was the best part of the exercise? _____

2. What part of the exercise could be improved? _____

3. Could there have been other instructions to better prepare you? If, so please explain

4. Are there written materials you would to have liked to receive? If, so please explain

5. Do you have any recommendations to improve the training? _____

6. Other comments (use reverse of sheet if necessary): _____

Sample MRC New Volunteer Orientation Agenda

Group orientations can build teamwork, enthusiasm and motivation. Recognizing time limitations of health care professional volunteers, this sample agenda provides a brief program orientation and introduction to the Medical Reserve Corps. Independent study or longer, more detailed group orientations can include training on specific policies, completion of forms etc. Orientation agendas can also follow the contents of an MRC unit Volunteer Handbook or Operational Guidelines. See sample handbooks and guidelines on the Department of Health MRC Web page.

Agenda
 [Name of] Medical Reserve Corps New Volunteer Orientation
 Location, Date

Thanks for Volunteering - Welcome and Introductions	9:00 a.m.
MRC Background, Mission and Goals	9:15 a.m.
MRC Unit Organization and Operations Overview	9:30 a.m.
Overview of State Emergency System and Support Functions	9:50 a.m.
Overview of Roles, Tasks and Duties of MRC Volunteers In an emergency and during a local public health event	10:00 a.m.
Break	10:15 a.m.
Overview of the State Emergency Responders and Volunteers of Florida (SERVFL) Purpose and functions Communicating with volunteers (emails and messages) Updating volunteer information	10:30 a.m.
Volunteer Rights and Responsibilities Health Insurance Portability and Accountability Act (HIPAA) Code of Ethics Information Security and Privacy Liability Protection	10:45 a.m.
Volunteer Education, Training and Exercise Overview of Core Competencies Required Other available training Individual Training Plan Other resources - local, state and national Web site	11:15 a.m.
What next? Completing the registration and credentialing process Reviewing your Volunteer Handbook Staying in touch	11:45 p.m.

Model Organizational Bylaws

This document can be used by MRCs as a model for developing bylaws. Items in [brackets] indicate choices or opportunities for placement of local information. **This document is only a sample.** Specific language and requirements are to be written and approved by members. Regardless of the language, bylaws generally include information on: Name, Purpose, Membership, Structure, Duties and Powers and Meetings. While bylaws define the rules of operation and conduct of an organization and its governing body, they are not fixed in stone. As an organization develops, amendments will be likely. For additional examples go to www.medicalreservecorps.gov and search for bylaws.

Bylaws of the [insert name] Medical Reserve Corps

ARTICLE I – NAME

The name of this organization shall be the [insert name] Medical Reserve Corps (MRC).

ARTICLE II – PURPOSE AND GOALS

- A. The purpose of the [name of county] Medical Reserve Corps is to enhance the county's emergency preparedness and response by ensuring that a pre-identified trained and credentialed group of health professional and other support volunteers are ready to respond to public health emergencies.
- B. The organization has been formed to: [The following are samples. Insert local goals.]
1. Improve community ability to respond to public health emergencies.
 2. Recruit and train health care professionals and non medical volunteers to respond to the specific public health needs of the community.
 3. Recruit and train health care professionals and non medical volunteers to prepare for and respond to public health emergencies.
 4. Recruit and train health care professionals and non medical volunteers to support local public health initiatives and advance the priorities of the U.S. Surgeon General.

ARTICLE III - MEMBERSHIP

All actively registered volunteers shall be members of the [insert name] Medical Reserve Corps.

ARTICLE IV - ADVISORY BOARD

- A. The [name] Medical Reserve Corps shall be governed by an Advisory Board.
- B. The Advisory Board shall be vested with powers to manage the business and affairs of the [name] Medical Reserve Corps subject to the Laws of the State of Florida, and the bylaws of this organization.

ARTICLE V – ADVISORY BOARD MEMBERSHIP

- A. The advisory board shall consist of no less than [10] members and no more than [30] members.

- B. Members shall be initially appointed by the [name] Medical Reserve Corps unit coordinator with the approval of the local county health department administrator. Future members shall be appointed by the advisory board.
- C. Members shall include the local Medical Reserve Corps unit coordinator and individual representatives of the local community emergency response team, first responder organizations, disaster relief groups, community safety and health organizations, business or educational partnerships or other community volunteer organizations. [Include the name of specific organizations if desired.]

In addition, at least [one (1)] member shall be appointed to represent volunteers.

- D. Membership shall require participation in designated board meetings. A member shall be removed from membership for missing [three (3)] consecutive meetings without submitting an acceptable explanation to the board Chairperson.
- E. Members shall be appointed for [three (3)] years and may be reappointed for one additional term.
- F. Members serve on a volunteer basis and serve without compensation.

ARTICLE VI – ADVISORY BOARD MEETINGS

- A. Meetings will be held quarterly at a time and accessible location designated by the board Chairperson with approval of the members.
- B. Special meetings may be called by the board Chairperson or by any [3 members] as needed provided all members are given a [7 day] notice.
- C. Notice of meeting and agendas will be provided to board members and actively registered volunteers of the organization at least [seven (7) days] in advance of the meeting date. Notice may be sent electronically.
- D. Meetings shall be conducted in accordance with the Florida Government in the Sunshine Law, Chapter 286, Florida Statutes.
- E. Meetings shall be conducted in accordance with Robert’s Rules of Order.

ARTICLE VII - VOTING

- A. Each member of the Advisory Board will be allowed one (1) vote. There will be no proxies.
- B. A quorum of the Advisory Board for the purpose of conducting business shall consist of not less than [30%] of appointed members. The vote of the majority of authorized voting members present at a meeting is necessary for the adoption of all matters voted on.

ARTICLE VIII – ADVISORY BOARD OFFICERS AND DUTIES

- A. The officers of the Advisory Board shall consist of a Chairperson, Vice-Chair and Secretary.

- B. Officers shall be elected annually by the members of the Advisory Board.
- C. The Chairperson shall preside at all meetings of the Advisory Board and be the official spokesperson for the Board.
- D. The Vice-Chair shall preside at meetings and fill in for other duties when requested by the Chairperson or when the Chairperson is not available.
- E. The Secretary shall take and maintain minutes of all meetings, present minutes at each meeting, maintain the bylaws and make available any and all non confidential reports or records upon request.

ARTICLE IX - COMMITTEES

- A. An executive committee shall be composed of officers and chairs on any additional designated committees.
- B. Committees may be appointed to address specific concerns or issues such as program planning, policy, public relations and marketing, recruitment, training, evaluation etc. All committees should have a mission statement that clarifies their role.
- C. Committees shall be appointed by the Chairperson as needed for a designated purpose and time.
- D. Any member of the Advisory Board or actively registered volunteer of the organization can be appointed to a committee.

ARTICLE X - AMENDMENTS

These bylaws may be amended by a [two-thirds] majority vote of the Advisory Board present at any regularly scheduled meeting. Written notice of any proposed bylaws change and the intent to amend bylaws at a meeting must be provided to all members of the Advisory Board at least [seven (7)] days prior to the meeting.

ARTICLE XI – CONTACT WITH STATE AND NATIONAL AUTHORITY

The local Medical Reserve Corps unit coordinator shall represent the organization and be responsible for overseeing organization reporting requirements and finances and shall serve as organizational liaison and signing authority to the State and National MRC.

Model Governing Body Bylaws

This document can be used by MRCs as a model for developing local Steering Committee or Advisory Council bylaws. Items in [brackets] indicate choices or opportunities for placement of local information. **This document is only a sample.** Specific language and requirements are to be written and approved by members. Regardless of the language, bylaws generally include information on: Name, Purpose, Membership, Structure, Duties and Powers and Meetings. While bylaws define the rules of operation and conduct of a governing body, they are not fixed in stone. As an organization develops, amendments will be likely. For additional examples go to www.medicalreservecorps.gov and search for bylaws.

Bylaws of the [insert name] Medical Reserve Corps [Advisory Board] [Steering Committee] [Board of Directors] [Council]

ARTICLE I – NAME

The name of this [board] shall be the [insert name] Medical Reserve Corps (MRC) [Advisory Board].

ARTICLE II – PURPOSE AND GOALS

- A. The purpose of the [Board] is to guide the [name of county] Medical Reserve Corps in enhancing the county's emergency preparedness and response by ensuring that a pre-identified trained and credentialed group of health professional and other support volunteers are ready to respond to public health emergencies.
- B. The [Board] has been formed to assist the MRC: [The following are samples. Insert local goals.]
 1. Improve community ability to respond to public health emergencies.
 2. Recruit and train health care professionals and non medical volunteers to respond to the specific public health needs of the community.
 3. Recruit and train health care professionals and non medical volunteers to prepare for and respond to public health emergencies.
 4. Recruit and train health care professionals and non medical volunteers to support local public health initiatives and advance the priorities of the U.S. Surgeon General.

ARTICLE III – MEMBERSHIP

- A. The [Board] shall consist of no less than [10] members and no more than [30] members.
- B. Members shall be initially appointed by the [name] Medical Reserve Corps unit coordinator with the approval of the local county health department administrator. Future members shall be appointed by the [Board].
- C. Members shall include the local Medical Reserve Corps unit coordinator and individual representatives of the local community emergency response team, first responder

organizations, disaster relief groups, community safety and health organizations, business or educational partnerships or other community volunteer organizations. [Include the name of specific organizations if desired]

In addition, at least [one (1)] member shall be appointed to represent volunteers.

- D. Membership shall require participation in designated [Advisory Board] meetings. A member shall be removed from membership for missing [three (3)] consecutive meetings without submitting an acceptable explanation to the [Board] Chairperson.
- E. Members shall be appointed for [three (3)] years and may be reappointed for one additional term.
- F. Members serve on a volunteer basis and serve without compensation.

ARTICLE IV – MEETINGS

- A. Meetings will be held quarterly at a time and accessible location designated by the [Board] Chairperson with approval of the members.
- B. Special meetings may be called by the [board] Chairperson or by any [3 members] as needed provided all members are given a [7 day] notice.
- C. Notice of meeting and agendas will be provided to [board] members and actively registered volunteers of the [insert name] Medical Reserve Corps at least [seven (7) days] in advance of the meeting date. Notice may be sent electronically.
- D. Meetings shall be conducted in accordance with the Florida Government in the Sunshine Law, Chapter 286, Florida Statutes.
- E. Meetings shall be conducted in accordance with Robert’s Rules of Order.

ARTICLE V - VOTING

- A. Each member will be allowed one (1) vote. There will be no proxies.
- B. A quorum for the purpose of conducting business shall consist of not less than [30%] of appointed members. The vote of the majority of authorized voting members present at a meeting is necessary for the adoption of all matters voted on.

ARTICLE VI – OFFICERS AND DUTIES

- A. officers shall consist of a Chairperson, Vice-Chair and Secretary.
- B. Officers shall be elected annually by the membership.
- C. The Chairperson shall preside at all meetings and be the official spokesperson for the [Board].
- D. The Vice-Chair shall preside at meetings and fill in for other duties when requested by the Chairperson or when the Chairperson is not available.

- E. The Secretary shall take and maintain minutes of all meetings, present minutes at each meeting, maintain the bylaws and make available any and all non confidential reports or records upon request.

ARTICLE VII - COMMITTEES

- A. An executive committee shall be composed of officers and chairs on any additional designated committees.
- B. Committees may be appointed to address specific concerns or issues such as program planning, policy, public relations and marketing, recruitment, training, evaluation etc. All committees should have a mission statement that clarifies their role.
- C. Committees shall be appointed by the Chairperson as needed for a designated purpose and time.
- D. Any member or actively registered volunteer of the [insert name] Medical Reserve Corps can be appointed to a committee.

ARTICLE VIII - AMENDMENTS

These bylaws may be amended by a [two-thirds] majority vote of members present at any regularly scheduled meeting. Written notice of any proposed bylaws change and the intent to amend bylaws at a meeting must be provided to all members at least [seven (7)] days prior to the meeting.

ARTICLE X – CONTACT WITH STATE AND NATIONAL AUTHORITY

The local Medical Reserve Corps unit coordinator shall represent the [Board] and the [insert name] Medical Reserve Corps and be responsible for overseeing MRC reporting requirements and finances and shall serve as MRC liaison and signing authority to the State and National MRC.

Developing and Using an MRC Action Plan

Following are general guidelines for developing and utilizing an MRC Action Plan. More information along with a blank template and sample plan can be found in 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.

Action Plan Principles

An action plan provides the description of program actions or activities necessary to achieve strategic goals and objectives. It includes intended activities for the project period, lead roles for activities, timeframes and evaluation criteria for determining success in achieving and determining the difference made by the activity.

Activity evaluation strategies included in the plan allow you to document and report accomplishments and success. They also allow you to identify strengths and weaknesses to help make program decisions regarding opportunities to change, enhance and improve activities, management and operations. This information will drive the development of the local MRC program.

Evaluation strategies should be reviewed, modified or added throughout the implementation of the plan to make sure they are helping you determine "What difference did the effort make?"

If you find you are not meeting your evaluation standards, look back at your implementing steps to determine if additional or different activities are necessary to achieve your goals.

If you find you are not meeting your evaluation standards, look back at your implementing steps to determine if additional or different resources (money, staff, time) are necessary to achieve your goals or if there are external influences (out of your control) affecting your outcomes.

Evaluation standards in the sample plan reflect progress toward meeting the plan activity. To truly identify strengths and weaknesses and make program decisions you also need to measure your performance toward meeting your objectives. The next page includes examples of objective performance measures.

The local action plan should relate to the Florida Medical Reserve Corps Network Strategic Plan, the Community Emergency Response Plan and the local MRC Budget/Spending Plan.

Action Plan Definitions

Strategic planning terms are often defined in many ways depending on the document being referenced. The following definitions reflect terms used in the MRC sample action plan and instructions:

- Priorities - Collaboration, Operations and Management, Recruitment, Strategic Planning, Training. These headings reflect core MRC program activities and link the action plan to the spending plan
- Strategic Priority - An area of great importance to achieve the mission of the program
- Goal - Broad general statement that describes what you want to achieve. It sets the long-term program direction. There may be more than one goal for a priority
- Objective - Statement that explains how the goal will be achieved and defines expected results. There may be several objectives for a goal. Objectives should be specific, measurable, achievable, relevant, and contain a time frame for accomplishment. (The SMART approach to writing objectives)
- Activities - The events and actions conducted with available program and community resources

- Performance Measure - An indicator that reflects the achievement of the desired outcome of the objective. May be quantitative or qualitative
- Standard - The benchmark or standard used as a reference point for measuring progress in meeting an objective. It can be used for comparing progress annually

Action Plan Process Steps

When developing an annual action plan, follow these necessary steps:

- Review previous year plan, analyze achievements and areas for improvement
- Review the Florida MRC Network Strategic Plan
- Analyze local needs and goals to see how they fit in with State Strategic Priorities, Goals and Objectives
- Review the community Emergency Response Plan to determine areas for coordination and ensure compatibility
- Draft local goals and objectives
- Identify actions that need to be customized to meet local needs, goals and available resources
- Review draft plan to ensure it assists state MRC efforts in achieving Florida MRC Network Strategic Plan
- Meet with Community leaders and/or Advisory Committees to discuss and obtain plan input and support
- Have community leaders or Steering Committee review and approve Annual Action Plan

Action Plan Resource Information

The Department of Health, Office of Public Health Nursing, MRC Resource Web page contains more information and links to resources for developing strategic plans, writing objectives and developing local Action Plans. www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html.

One resource is an *Outline for Developing Strategic Action Plans* developed by **The Community Toolbox**. The Community Toolbox is a service of the Work Group for Community Health and Development at the University of Kansas. <http://ctb.ku.edu> .

Action Plan Performance Measures

The following table provides **example** performance measures for objectives included in the sample MRC Action Plan found on the department's MRC Web page. Challenge your program but be realistic in establishing standards. You may not know what goals to set for your first program year. Use the results from your first year to set future benchmarks, goals or standards.

*A Florida Department of Health, Surgeon General's Performance measure for the Office of Public Health Nursing is to have a 20% annual increase of new volunteers in the Florida Medical Reserve Corps Network.

Sample Action Plan Performance Measures

Objective	Measure	Standard
Identify and document volunteer capacity and roles in emergency response	Percent of volunteers who have been credentialed, trained in competencies and meet FEMA standards to function during an incident	60%
Enhance and Improve Management and Administrative Capabilities	Percent of policies and operating procedures reviewed and updated at least annually	75%
Identify, document and report program activities, progress, strengths and opportunities for enhancements	Percent of semi annual and final state progress reports that identify strengths, weaknesses, conclusions, recommendations and updated action plan	100%
	Percent of quarterly National MRC project profile updates	100%
Increase the number of MRC volunteers through recruitment	Percent over prior year volunteers who complete the registration process	20%*
Maintain current volunteer cadre	Percent of current volunteers who are still active at end of program year	90%
Increase training capacity and ensure volunteer competencies through training and educational opportunities	Percent of new volunteers that successfully complete training in IS 100.a and 700.a within 90 days of program orientation	25%
	Percent of volunteers who obtain certificates of completion for core competencies during the program year	25%
Improve local partnerships and communications to enhance community health and medical services	Number of jointly held activities to improve community health	2
Increase strategic planning capacity	Number of new community leaders and partners input in the planning process	1
Utilize State Emergency Responders and Volunteers of Florida as tracking and management tool	Percent of volunteer registration, training records and mission tracking accomplished through SERVFL	90%

Budget Proposal Spending Plan Sample

This is a picture of what a Budget Spending Plan Proposal might look like as completed by a local Medical Reserve Corps. You can find the Excel Plan Template and Sample on the Coordinator's section of the MRC Web page at www.doh.state.fl.us/PHNursing/MRC/MRC_Main.html.



Florida MRC Network - Budget Spending Plan Template for FY10 - 11

Name of MRC Unit:	Sunshine MRC	Report Date:	
County served:	Harris County	Reviewed and Approved by:	
		Budget Manager Signature:	_____ Date: _____
		MRC Coordinator Signature:	_____ Date: _____

Spending Categories

Program expenses are to be directly linked to Strategic Priorities, the Action Plan, and one of the following five (5) spending categories.

Funds may be requested for the purpose of building capacity within the Florida Medical Reserve Corps Network.

Expenditures must directly relate to a strategic priority, goal and objective described in the MRC Action Plan.

Specific requirements of each category needed to justify the MRC Budget Spending Proposal must be included in the MRC Budget Narrative.

Contractual - Funds for specialized skills and services provided by persons who are not DOH employees. Includes consultants, contracted temporary agency services, trainers, speakers or other contracted services necessary to assist with service delivery and completion of action plan such as rental of conference or meeting space, and advertising.

Equipment - Individual items costing \$1,000 or more with a life expectancy of more than one year such as laptop computer, and laser printer.

Supplier (Expense) - Consumable goods such as office, educational or training supplies, blackboard, cell phone, and small equipment purchases under \$1,000 such as desktop printers.

Travel - Any travel required to accomplish MRC objectives performed by MRC coordinators or volunteers. Coordinators should plan for two (2) in state meetings. Travel for regional and national meetings is also allowable but optional. **All travel requires prior approval by supervisor.**

Other - Allowable expenditures that do not fit into other categories such as printing of training or recruitment material, postage, monthly cell phone, blackberry service, and internet access fees.

Do not under estimate expenditures. List each item on a separate or under the appropriate budget spending category. Provide the date for each item. Include a list of names of funding from other sources or a grant used to supplement grant funds. Total costs in categories to be rounded to the nearest dollar. Funds not listed to be added to the total.

Item Description List each item in the spending category on a new row	Strategic Priority Select from the Summary: Contractual; Operations and Management; Recruitment; Strategic Planning; Training	Quantity	Change to Goal		Other Funding Source: Y or N	Budget Narrative - Provide a summary for each spending category stating to how those purchases or spending support the Long Range Reserve Corps Goal [Attach additional pages if needed]
			Net Cost	Total Cost		
Contractual						
Consultant for Website design and development	Recruitment and Training	1	\$18,000.00	\$18,000		
Trainer to give and conduct monthly educational workshops and seminars	Training	18	\$300.00	\$5,400		
Total Contractual				\$23,400		
Equipment						
XVI2 Compaq C450 LCD Printer with software, cable and user guide	Recruitment and Training	1	\$3,600.00	\$3,600	H	
Total Equipment				\$3,600		
Supplier (Expense)						
MIMS Quick Reference Tool Guides	Training	450	\$21.35	\$9,607.50		
Consumable office supplies, pens, paper, notebooks, pads, paper bags, etc.	Recruitment, Training and Operations and Management	1	\$500.00	\$500		
15" x 11" 1501823 45 watt TV with built in DVD	Training and Operations and Management	1	\$375.00	\$375		
Household supplies		1	\$2,187.00	\$2,187		
Total Supplier (Expense)				\$12,670		
Travel						
In-state 2 day Coordinator meeting, luncheon at hotel, parking, hotel and per diem	Operations and Management and Strategic Planning	2	\$850.00	\$1,700	H	
Out-of-state 3 day county training conference, luncheon at hotel, parking, hotel and per diem	Operations and Management and Strategic Planning	1	\$1,200.00	\$1,200	Y (Scholarship for registration fees)	
Coordinator supplies for materials and training	Recruitment, Training and Contractual	450	\$8.45	\$3,802.50	H	
Total Travel				\$6,702.50		
Other						
Monthly internet internet charges	Operations and Management	12	\$125	\$1,500	H	
Monthly Blackberry charges	Operations and Management	12	\$150	\$1,800	H	
Postage for many of recruitment brochures and meeting notices	Recruitment, Training and Contractual	2500	\$8.45	\$21,125	H	
Printing of brochures	Recruitment	2000	\$8.50	\$17,000	H	
Household supplies and supplies	Recruitment and Training	2	\$250.00	\$500	H	
Total Other				\$41,925		
Grand Total - All Spending Categories				\$73,527.50		

Budget Proposal Spending Plan Expenditure Report Sample
This is a picture of what a Budget Spending Plan Expenditure Report might look like as completed by a local Medical Reserve Corps.

SAMPLE Budget Spending Plan Expenditure Report									
Name of MRC Site and region/counties served:					Report Date: July 1, 2010				
Sunshine Medial Reserve Corps, Home Town County					Reviewed and Approved by:				
					Budget Manager _____			Date _____	
					MRC Coordinator _____			Date _____	
Spending Category									
Program expenses are to be linked to one of the following five (5) spending categories:									
Funds may be requested for the purpose of building capacity within the Florida Medical Reserve Corps Network. Expenditures must directly relate to a strategic priority, goal and objective described on the MRC action plan.									
Contractual - Funds for specialized skills and services provided by persons who are not agency employees. Includes consultants, contracted temporary agency services, trainers, speakers or other contracted services necessary to assist with service delivery and completion of action plan such as rental of conference or meeting space.									
Equipment - Individual items costing \$1,000 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, blackberries, cell phones and small equipment purchases such as desktop printers.									
Travel - Any travel required to accomplish MRC objectives performed by MRC coordinators or volunteers. Coordinators should plan for two (2) in state meetings. Travel for regional and national meetings is also allowable but optional. All travel requires prior approval by supervisor. Travel expenses shall be in accordance with Section									
Other - Allowable expenditures that do not fit into other categories such as printing of training or recruitment materials, postage, cell phone services and Internet access fees.									
Copy the data from the first 4 columns on your Budget - Spending Plan to this worksheet.						Enter the total quarterly expenditures for each line item. Remaining funds will be automatically Computed.			
Item Description List each item in the spending category on a new line	Priorities Select from the following: Collaboration; Operations and Management; Recruitment; Strategic Planning; Training	Quantity	Charges to Grant		July 1, 2010 - September 30, 2010	Oct 1, 2010 - December 31, 2010	January 1, 2011 - March 31, 2011	Total Expenditure	Funds Remaining
			Unit Cost	Total Cost					
Contractual									
Consultant for Web site design and development	Recruitment and Training	1	\$10,000.00	\$10,000	\$7,000.00			\$7,000.00	\$3,000.00
Trainer to plan and conduct monthly educational meetings and exercises	Training	10	\$300.00	\$3,000	\$1,200.00			\$1,200.00	\$1,800.00
				\$0				\$0.00	\$0.00
Total Contractual				\$13,000	\$8,200.00	\$0.00	\$0.00	\$8,200.00	\$4,800.00
Equipment									
XYZ Company C450 LCD Projector with speakers, cable and laser pointer	Recruitment and Training	1	\$3,600.00	\$3,600	\$0.00			\$0.00	\$3,600.00
				\$0				\$0.00	\$0.00
Total Equipment				\$3,600	\$0.00	\$0.00	\$0.00	\$0.00	\$3,600.00
Supplies									
NIMS Quick Reference Field Guides	Training	150	\$21.35	\$3,233	\$0.00			\$0.00	\$3,232.50
Consumable office supplies, pens, paper, notebooks, pads, paper clips, etc.	Recruitment, Training and Operations and Management	1	\$500.00	\$500	\$125.00			\$125.00	\$375.00
DVD	Management	1	\$375.00	\$375	\$375.00			\$375.00	\$0.00
Miscellaneous supplies		1	\$2,107.00	\$2,107	\$1,500.00			\$1,500.00	\$607.00
				\$0				\$0.00	\$0.00
Total Supplies				\$6,275	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$4,274.50
Travel									
In-state 2 day Coordinator meeting. Includes air fare, parking, hotel and per diem.	Operations and Management and Strategic Planning	2	\$850.00	\$1,700	\$0.00			\$0.00	\$1,700.00
National 3 day annual training conference. Includes air fare, parking, hotel and per diem. Coordinator vicinity miles to meetings and training	Operations and Management and Strategic Planning	1	\$1,200.00	\$1,200	\$0.00			\$0.00	\$1,200.00
	Recruitment, Training and Collaboration	450	\$0.45	\$200	\$75.00			\$75.00	\$125.25
				\$0				\$0.00	\$0.00
Total Travel				\$3,100	\$75.00	\$0.00	\$0.00	\$75.00	\$3,025.25
Other									
Monthly wireless Internet charges	Operations and Management	12	\$125	\$1,500	\$375.00			\$375.00	\$1,125.00
Monthly Blackberry charges	Operations and Management	12	\$150	\$1,800	\$450.00			\$450.00	\$1,350.00
Postage for mailing of recruitment brochures and meeting notices	Recruitment, Training and Collaboration	2500	\$0.43	\$1,225	\$245.00			\$245.00	\$380.00
Printing of brochures	Recruitment	2000	\$0.50	\$1,000	\$0.00			\$0.00	\$1,000.00
Miscellaneous printing and copying	Recruitment and Training	2	\$250.00	\$500	\$25.00			\$25.00	\$475.00
				\$0				\$0.00	\$0.00
Total Other				\$6,025	\$1,095.00	\$0.00	\$0.00	\$1,095.00	\$4,930.00
Grand Total - All Spending Categories				\$32,000	\$11,370.00	\$0.00	\$0.00	\$11,370.00	\$20,629.75

MRC Spending Plan Q & A

What is it?

The MRC spending plan is your program budget for funds received from the Florida Department of Health. It identifies specific items and costs necessary to support program needs. The spending plan relates directly to your action plan and defines what you need and want to buy to support program goals and objectives. Your spending plan breaks the budget into individual items, quantities and anticipated costs.

Why is it important?

Funding awarded to MRCs from the Florida Department of Health is based upon the proposed spending plan. The plan allows you to manage and track program funds and ensures that expenditures are in line with and directly relate to program goals, objectives and activities.

What are my spending categories?

Planned expenses are broken down among five spending categories:

- Contractual - Funds for specialized skills and services provided by persons who are not agency employees. Includes consultants, contracted temporary agency services, trainers, speakers or other contracted services necessary to assist with service delivery and completion of action plan such as rental of conference or meeting space.
- Equipment - Items costing \$1,000 or more with a life expectancy of more than one year such as laptop computers and laser printers. This is based on the individual piece of equipment and price. If purchasing several items together totaling more than \$1,000 but each item is less than \$1,000, the purchase is not considered in the equipment category. Software at any price is not equipment.
- Supplies - Consumable goods such as office or training supplies, identification devices, blackberries, cell phones and small equipment purchases such as desk top printers.
- Travel - Any travel required to accomplish MRC objectives performed by MRC coordinators or volunteers. Coordinators should plan for two (2) in state meetings. Travel for regional and national meetings is also allowable but optional. All travel requires prior approval by supervisor. Travel expenses shall be in accordance with Section 112.061, Florida Statutes.
- Other - Allowable expenditures that do not fit into the other categories such as printing of training or recruitment materials, postage, cell phone services and internet access fees.

What are allowable expenditures?

Allowable expenditures are those necessary to build capacity of the MRC. This includes activities related to recruitment, retention and training of volunteers. Also includes items necessary to support volunteer activities such as medical supplies necessary for "to go" bags. See the MRC funding application for additional information and examples of allowable expenditures.

What expenditures are not allowed?

Expenditures that are not related to capacity building activities are not allowed. See the MRC funding application for additional information and contact your local business managers for additional information relating to disallowable expenditures.

Why do I need to relate items to my Action Plan?

Planned expenses must directly relate to the action plan to ensure that costs are justified, reasonable and necessary to achieve strategic priorities, goals and objectives designed to build capacity of the Florida Medical Reserve Corps network.

How should I monitor my plan?

It is important to work closely with the county or non profit budget manager and review charges and expenses monthly. This will allow you to stay on top of expenditures to determine if there will be a shortage or identify areas where you may have allocated more funds than necessary.

How can I make revisions to the plan?

With quality monitoring of your plan, you may find an excess or shortage of funds in a category or you may have an unexpected or unanticipated need. An email request which includes justification for desired modifications should be forwarded to the state MRC coordinator. Once the request is received, additional steps or instructions will be provided.

What if I have funds left over at the end of the contract?

If you have been monitoring and managing your plan and expenditures throughout the year, this will hopefully not be the case. If there are some funds remaining, you may be able to apply for a no cost extension to use the funds. There is no guarantee that this extension will be available or approved so all attempts should be made to utilize your budget as planned.

How are my purchases identified in the Financial Information System?

Purchases are identified by a series of codes beginning with the "Org" or organizational code, followed by the OCA, then the EO and ending with the "Object Code" which is the lowest identifying code level.

What do those and all the other letters that I keep hearing mean?

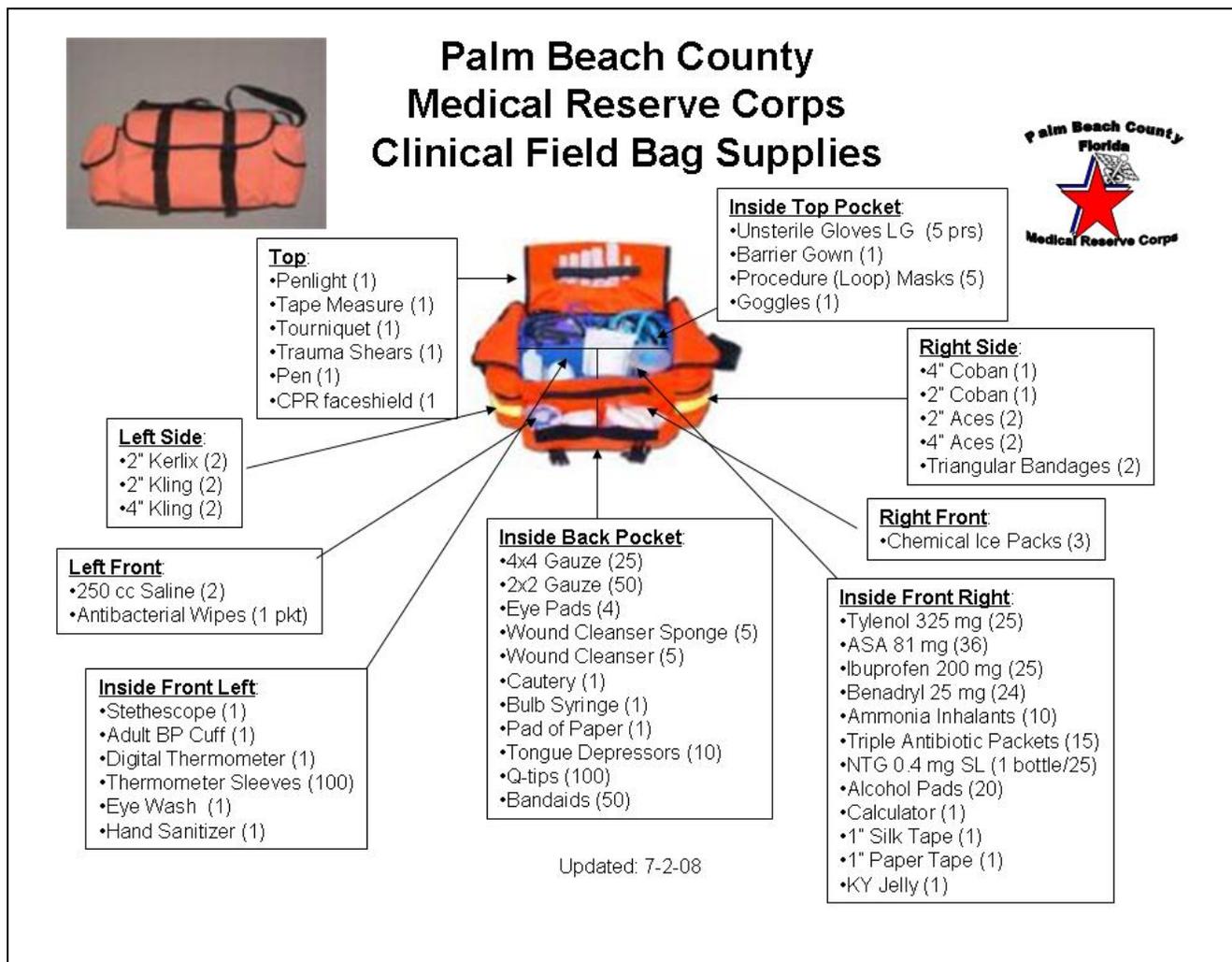
Work closely with your budget manager and they will handle most activities associated with "all those letters." It is important however for you to be aware of how these letters affect your program. Here are some of the ones you may commonly hear:

- **BHP#** - Bioterrorism Hospital Preparedness - This is the funding source for MRCs. The initials and number represent the project OCA (see below) code and fiscal year.
- **Schedule C** - A budgetary tool used to document the county health department operating and non operating budget and state funding allocations. This serves as the spending authority for MRC expenditures
- **DO** - Direct Order - A written order issued in response to an approved purchase request. This document authorized payment for a commodity or service. May also be known as a Purchase Order (PO).
- **EO** - Expansion Option - Used in the Florida accounting system to identify the appropriate funding code.

- **FIS** - Florida Information System - Records program spending. This is an excellent tool for preparing reports to see what has been spent and where money has gone.
- **FLAIR** - Florida Accounting Information Resource System for accounting and reporting.
- **OCA** - Other Cost Accumulator - This identifies the specific program and projects for which budget has been provided and identifies the funding source.
- **OCO** - Operating Capital Outlay - All equipment and other tangible personal property of a non-consumable nature, the value or cost of which is \$1,000 or more and all hardbound books with a life expectancy of one year or more, the cost of which is \$250 or more.
- **RFA** - Request for Application - Process by which the department makes MRC funding available for organizations not affiliated with county health departments.

Sample Volunteer "To Go" Bag

The following sample of an allowable expenditure that can provide valuable support for MRC volunteers was provided by the Palm Beach County Medical Reserve Corps.



Sample MRC Recruitment Plan

This sample recruitment plan further details recruitment objective activities on the sample MRC Action Plan*

An objective in any MRC strategic and action plan is to recruit new volunteers. This requires a more detailed action oriented recruitment plan that includes implementation steps and evaluation criteria. Many formats can be used for this purpose. Recruitment plans are closely tied to marketing techniques and activities. The following is an **example** and **is not** intended as a plan to be followed by each MRC. It includes some activities found to be effective in recruiting new volunteers. **Each MRC unit will develop its plan based on local needs, goals and resources.** Once the plan is developed, regularly scheduled reviews can be performed to track progress and outcomes.

*Objective: Increase the number of MRC Volunteers

Activity	Implementing Step	Lead	Time Frame	*Expected Outcome	Status/Notes
Conduct recruitment needs assessment	Meet with local community and emergency management officials to discuss needs and gaps in public health care and emergency response	Coordinator	Each May	Identification of gaps in preparedness	Meeting held May 12. Developing readiness review report
	Research historical specific community medical or public health risks or needs	Public Health Intern/ Coordinator	May 2011	Identification of gaps in preparedness	Completed. CHD provided data. History of high risk for flu
	Review specific community demographics or environmental factors that might influence need for public health volunteers	Public Health Intern/ Coordinator	May 2011	Identification of gaps in preparedness	Completed. Reviewed DOH Community Health Assessment Report
	Determine specific knowledge or skills necessary to meet need	Coordinator	Each June	Plan for meeting gaps	Completed. In conjunction with Emergency Mgmt team
	Inventory and review skills distribution of current volunteers to match with need	Coordinator	Each June	Plan for meeting gaps	Reviewed SERVFL registry. 75% physicians; 20% nurses; 5% other

Activity	Implementing Step	Lead	Time Frame	*Expected Outcome	Status/Notes
	Inventory existing volunteer available time commitment	Coordinator	Each June	Plan for meeting gaps	Completed. 85% available weekends only
Develop targets for recruitment and marketing	Meet with local volunteer agencies to coordinate activities	Coordinator	July 2010 and ongoing	Enhanced coordination and partnerships	Completed. Will develop MOU
Develop targets for recruitment and marketing (cont)	Prepare list of occupations or positions for targeting recruitment	Coordinator	August 2010	Plan for meeting gaps	Completed. Includes 3 major classes; Vet; pharmacy, nurse
	Prepare list of organizations, groups or locations with potential candidates	Coordinator	August 2010	Plan for meeting gaps	Completed
	Prepare position descriptions	Coordinator	September 2010	Plan for meeting gaps	In process
	Develop list of local media outlets	CHD PIO	September 2010	Increase volunteers	Completed. 5 radio, 2 TV, 2 newspapers
	Develop list of local publications	CHD PIO	September 2010	Increase volunteers	Completed. 3 found
Conduct multimedia recruitment campaign	Issue Press Release	CHD PIO	October 2010	Increase volunteers; increase public awareness	1 Article published in local news paper
	Develop recruitment brochures for use at meetings and for direct mail out.	Coordinator	November 2010	Increase volunteers; increase public awareness	Brochure drafted. Seeking funding to print
	Update Web site to include recruitment information and link to register	Consultant	December 2010	Increase volunteers	Negotiating contract
	Prepare and distribute public service announcement	CHD PIO	December 2010	Increase volunteers; increase public awareness	Sent to 3 radio and 1 television station. PSA ran 6 times in January on local PBS station

Activity	Implementing Step	Lead	Time Frame	*Expected Outcome	Status/Notes
	Include interest card in hospital annual retiree pension statement	Coordinator	December 2010	Increase volunteers	25 cards returned
	Write letter to the editor of local newspaper	Coordinator	January 2011	Increase volunteers; increase public awareness	Postponed
	Meet with local newspaper editorial board	Coordinator	January 2011	Improve partnerships; increase awareness	Meeting scheduled for May
	Submit print ads to local newspapers and trade magazines	Coordinator	February 2011	Increase volunteers; increase public awareness	2 Ads developed
Conduct multimedia recruitment campaign (cont)	Link to local volunteer and professional organizations Web sites	Coordinator	April 2011	Improve partnerships; increase volunteers	
	Provide personal follow up contact with persons expressing interest through SERVFL	Coordinator	Ongoing	Increase volunteers	Through March, 20 persons contacted
	Send letters to members of Medical Society	Coordinator	May 2011	Increase volunteers	Indicate % contacted who return interest card
	Mail letter to doctors and nurses with practice in the county	Coordinator	June 2011	Recruit targeted volunteers	Indicate % contacted who return interest card
Participate in a minimum of three outreach activities	Hold a meet and greet activity with doctors at local hospital	Coordinator	August 2010	Recruit targeted volunteers	Met with hospital. Event scheduled for June 25
	Make a presentation at the quarterly County Medical Society meeting	Coordinator	September 2010	Recruit targeted volunteers	Measure # recruited after presentations
	Set up exhibit at annual community health day at local mall	Coordinator	September 2010	Public education; increase volunteers	Measure # who return interest cards

Activity	Implementing Step	Lead	Time Frame	*Expected Outcome	Status/Notes
	Make a presentation at an AARP membership meeting	Coordinator	November 2010	Recruit retirees	Measure # recruited after presentations
	Make presentations to local university and community college medical careers students	Coordinator	December 2010 & June 2011	Expand awareness and interest in volunteering	2 Presentations in December. 5 students recruited
	Participate in annual community pre hurricane preparedness awareness event	Coordinator	May 2011	Public education; increase volunteers	
Evaluate recruitment activity effectiveness	Analyze results/outcome of each recruitment strategy	Coordinator	Ongoing	Develop recommendations for future activities	
	Survey new volunteers to determine how they learned about the MRC	Coordinator	Ongoing	Develop recommendations for future activities	Added survey question to face-to-face interview. Created tally sheet
	Record number who submit interest card in response to presentations and mail outs	Coordinator	Ongoing	Develop recommendations for future activities	
Evaluate recruitment activity effectiveness (cont)	Track the number of potential volunteers who complete the application process and become active volunteers	Coordinator	June 2011	Establish benchmark for % completing application process	Need benchmark from first year to establish future goal
	Measure percent increase in new volunteers	Coordinator	June 2011	Increase volunteers by 20%	Compare with previous Fiscal year
	Prepare recruitment report with recommendations for future recruitment activities	Coordinator	July 2011	Improve future recruitment efforts	Include as part of final state MRC report

*A Florida Department of Health, Surgeon General's Performance measure for the Office of Public Health Nursing is to have a 20% annual increase of new volunteers in the Florida Medical Reserve Corps Network. While this is also an overall expected outcome for MRC units, activities and implementing steps have supporting or short term outcome expectations.

Specific implementing steps may need to be further broken down into a work plan or list of tasks.

An interesting training article on developing a recruitment plan from the on line library at the Center for Community-Based and Nonprofit Organizations at Austin Community College can be found at, <http://www.austincc.edu/npo/>

Sample Training Plan
Sample MRC Training Plan for Management Planning

This sample training plan further details training objective activities on the sample MRC Action Plan*

An objective in any MRC strategic and action plan is to ensure volunteer competencies through training and education. This requires a more detailed action oriented training plan that includes implementation steps and evaluation criteria. Many formats can be used for this purpose. MRC management training plans are closely tied to recruitment activities and individual training plans. Individual training activities can be tracked through the State Emergency Responders and Volunteers of Florida (SERVFL). This is an **example** and **is not** intended as a plan to be followed by each MRC. It includes some activities found to be effective in planning training for new volunteers and ongoing training to ensure readiness, skill development and skill enhancement. **Each MRC unit will develop its plan based on local needs, goals and resources.** Once the plan is developed, regularly scheduled reviews can be performed to track progress and outcomes.

*Objective: Increase training capacity and ensure volunteer competencies through training and educational opportunities

Activity	Implementing Step	Lead	Time Frame	Expected Outcome	Status/Notes
Evaluate volunteer training needs	Conduct needs assessment to determine current skills and competencies of volunteers	Coordinator	Each June Ongoing for new volunteers	Analysis of individual skills and needs and development of individual training plans	
	Compare current skills and competencies with skills and knowledge needed to accomplish MRC mission	Coordinator	Each June Ongoing for new volunteers	Prioritize training opportunities to meet training needs	This will also help determine recruitment needs and plan
	Compile and analyze results of needs assessment compared to required and desired skills and competencies	Coordinator	Each June	Determine and prepare report on training necessary to support MRC mission and goals	

Activity	Implementing Step	Lead	Time Frame	Expected Outcome	Status/Notes
Establish standardized training program	Determine training objectives, skills to be learned, time requirements and necessary training activities	Coordinator	July 2010	Determine training meet need	
	Develop list of required and recommended trainings	Coordinator	July 2010	Determine training to meet requirements and need	See MOU with DOH to ensure requirements are met
	Develop list of special trainings determined necessary or desirable as a result of training needs assessment	Coordinator	July 2010	Fill gaps identified by training needs assessment	
Establish standardized training program (cont)	Identify training available through local, state and Federal entities	Coordinator	July 2010	Maximize funding and administrative capabilities by taking advantage of already available and tested trainings	
	Develop partnerships to provide continuing education and continuing medical education credits for training	Coordinator	Ongoing	Encourage more volunteers to take training	
	Develop list of training groups such as Orientation, Introduction to Incident Command	Coordinator	July 2010	Create training details	
	Determine size of group to be trained	Coordinator	August 2010	Create training details	
	Determine available resources, if a consultant trainer is needed and define deliverables	Coordinator	August 2010	Hire consultant if necessary	
	Determine training schedules, delivery methods and tools and materials needed for training	Consultant	September 2010	Begin training implementation	
	Review curriculum for any locally developed training with MRC, FEMA, CDC and Florida DOH guidelines	Coordinator	October 2010	Ensure curriculum meets national, state and local goals and objectives	

Activity	Implementing Step	Lead	Time Frame	Expected Outcome	Status/Notes
	Develop training materials	Consultant	November 2010	Prepare all materials to support training	
	Test and refine training materials	Consultant	November 2010	Ensure materials are useable and accomplish intended goals	
	Determine evaluation criteria and how feedback will be obtained to evaluate training to ensure training objectives are achieved	Consultant	November 2010	Development of evaluation tools	
Offer flexible opportunities for training	Offer required training online	Consultant	December 2010 & ongoing	Ability to complete required training quickly	
	Offer required training in group sessions	Coordinator	Quarterly begin Dec 10	Meet volunteer training needs	
Offer flexible opportunities for training (cont)	Offer training in MRC core competencies online	Consultant	December 2010 and ongoing	Encourage more volunteers to participate in training activities	
	Offer training in MRC core competencies in group sessions	Coordinator	Quarterly begin Dec 10	Meet volunteer training needs	
	Facilitate opportunities by including training and educational information and links on Web site	Consultant	December 2010 and ongoing	Increase volunteer competencies	Link to MRC-Train
Coordinate participation in local drills and exercises	Conduct or participate in at least one local drill annually	Coordinator	As available At least annually	Maintain volunteer interest and skills. Enhance teamwork	
Evaluate training	Develop and use pre and post tests as appropriate	Consultant	Ongoing	Ensure learning has occurred	

Activity	Implementing Step	Lead	Time Frame	Expected Outcome	Status/Notes
activity effectiveness	Develop or utilize existing evaluations for all training classes	Consultant	Ongoing	Find opportunities for improvement	
	Analyze individual training activity evaluations and pre/post test results	Coordinator	Ongoing	Make changes in curriculum as needed	
	Measure percent of volunteers who participate in at least one training activity	Coordinator	June 2011	Increase over previous year participation	
	Measure percent of persons trained who successfully complete and receive certification	Coordinator	June 2011	Meet established performance measure	Compare with previous year or benchmark
	Evaluate volunteer competencies	Coordinator	Ongoing	Volunteers report or demonstrate increased skills and competencies	
	Prepare training report with recommendations for training enhancements and future activities	Coordinator	Each June	Support and feedback from steering committee, county leaders, partners and the state. Improved future action and training plans	

Specific implementing steps may need to be further broken down into a work plan or list of tasks.

This sample represents a management tool for establishing an overall organizational training plan. Other types of effective training plans include:

- A matrix of courses listing objectives, times, suggested trainees etc. (see example on next page).
- An individual plan for each course to be offered describing the scope of the training, the objectives or expected results, a general description or overview of the curriculum, training requirements such as who is to be trained, time frames, trainers or presenters, training resources and materials, evaluation tools etc.
- An individual plan for each volunteer or classification including specific training competencies and goals, courses to be taken etc.

The Northwest Center for Public Health Practice at the University of Washington School of Public Health and Community Medicine Web site 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.nwcphp.org .

The following link provides another example of a template for an organizational plan prepared in a narrative format.
www.hud.gov/offices/cio/sdm/devlife/tempchecks/tptemplate.doc.

The Florida Department of Health, Offices of Public Health Preparedness and Emergency Operations has a training and exercise planning Web page that include valuable resources such as a Training Catalog: Guidelines and Listings for county health departments, a Trainer Toolkit, a training exercise developed by the U.S. Department of Homeland Security and more.
www.doh.state.fl.us/demo/php/training.htm.

MRC Training Matrix Example

This matrix provides a list of current training opportunities offered by the [Name of] County MRC. Volunteers may review this matrix to assist them in developing their individual training plans. Volunteers should also visit www.mrc.train.org or www.training.fema.gov/is for additional training opportunities.

Training	Req	Rec	Competency/ Objective	Trainees	Method	Time	Schedule	Validation
Program Orientation	x		Understanding and overview of unit operations, policies procedures and rights and responsibilities	All new staff and volunteers	Classroom	4 hrs	Quarterly	Post Test
IS 100.a - Introduction to Incident Command System	x		Understand Incident Command System (ICS) and provide foundation for higher level ICS training	All staff and volunteers	Self Study FEMA EMI*	3 hrs	Within 3 months of registration	Completion Certificate
IS-700.a - Introduction to National Incident Management System	x		Understand the purpose, principles, key components and benefits of NIMS	All staff and volunteers	Self Study FEMA EMI*	3 hrs	Within 3 months of registration	Completion Certificate
MRC Core Competencies	x		Understand the purpose, principles, key components and benefits of the MRC	All staff and volunteers	Self Study and Classroom	3 hrs	Within 3 months of registration	Completion Certificate
IS-22 - Are you Ready? Disaster Preparedness Training		x	Help individuals better prepare for emergencies	All volunteers		1 hr	Ongoing	Completion Certificate
IS-808 Emergency Support Function (ESF) #8 – Public Health and Medical Services		x	Understand purpose scope and typical actions of ESF-8 (IS-800.B is prerequisite)	Team leaders	Self Study FEMA EMI*	½ hr	Ongoing	Completion Certificate
Insert other local MRC training								

*FEMA EMI - Federal Emergency Management Agency, Emergency Management Institute on-line independent study course

MRC Quality Improvement Visit Assessment Tool

Name of Local MRC Unit	Name of Onsite Reviewer(s)
Name of Local MRC Unit Coordinator	Office of Public Health Nursing, Florida Department of Health
Name(s) of SERVFL Local Administrator(s)	Site Visit Date
Schedule C Contractual	Report Date

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.

Program Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (list source and obtain copy)	Notes Explain Ratings 3 or Less: Attach Supportive Documentation, if necessary
	Explain		Partially	Fully	Not Applicable		
	No	In Process					
	1	2	3	4	N/A		
<u>1. Recruitment and Retention of Volunteer Cadre</u> (Procedures are in place for volunteer screening and selection)	<input type="checkbox"/>	How is this being maintained?					

Program Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (list source and obtain copy)	Notes Explain Ratings 3 or Less: Attach Supportive Documentation, if necessary
	Explain		Partially	Fully	Not Applicable		
	No	In Process					
1	2	3	4	N/A			
<u>2. Training of Volunteers</u>							
a. Required training for ICS 100.a and NIMS 700.a	<input type="checkbox"/>						
b. General Orientation	<input type="checkbox"/>						
c. Overview of MRC Core Competencies	<input type="checkbox"/>						
• Overview of Department of Health rules and regulations regarding all hazards ESF8 Health and Medical responsibilities	<input type="checkbox"/>						
d. Participation in local exercises/drills annually to maintain essential skills in emergency response	<input type="checkbox"/>						
e. Utilization of MRC-TRAIN	<input type="checkbox"/>						
f. Knowledge of HSEEP	<input type="checkbox"/>						

Program Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (list source and obtain copy)	Notes Explain Ratings 3 or Less: Attach Supportive Documentation, if necessary
	Explain		Partially	Fully	Not Applicable		
	No	In Process					
1	2	3	4	N/A			
<u>3. Maintaining Partnerships/Relationships</u>							
a. Community response integration into ESF-8 and Public Health Relationships	<input type="checkbox"/> <input type="checkbox"/>						
b. Faith-based Partners	<input type="checkbox"/>						
c. Community-based Partners (Rotary, Kiwanis, etc.)	<input type="checkbox"/>						
d. American Red Cross	<input type="checkbox"/>						
e. Hospitals	<input type="checkbox"/>						
f. Florida Public Health Preparedness Regional: Co-Chairs, SPNS Consultants, and Medical Co-Chairs, etc.	<input type="checkbox"/>						
g. Other MRC Units	<input type="checkbox"/>						
h. HHS Region IV	<input type="checkbox"/>						
i. State	<input type="checkbox"/>						
j. Universities/Community Colleges/Vocational Schools	<input type="checkbox"/> <input type="checkbox"/>						

Program Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (list source and obtain copy)	Notes Explain Ratings 3 or Less: Attach Supportive Documentation, if necessary
	Explain		Partially	Fully	Not Applicable		
	No	In Process					
1	2	3	4	N/A			
<u>Maintaining Partnerships/Relationships</u> k. Other Partnerships/Relationships (List below) _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<u>4. Managing a Local Medical Reserve Corps Unit</u> a. Updates the National Medical Reserve Corps website as to volunteer counts, activities, and impact on a quarterly basis	<input type="checkbox"/>						
b. Submits reports on a semi-annual and annual basis to include updating status of Action Plan and Budget Spending Expenditure Report	<input type="checkbox"/>						

Program Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (list source and obtain copy)	Notes Explain Ratings 3 or Less: Attach Supportive Documentation, if necessary
	Explain		Partially	Fully	Not Applicable		
	No	In Process					
1	2	3	4	N/A			
c. Utilizes SERVFL as the volunteer management tool for volunteer counts, verifying licenses, maintaining completed training by volunteer, and as a mission tracking tool	<input type="checkbox"/>						
d. Utilizes MRC website for resources and tools	<input type="checkbox"/>						
e. Participates in monthly scheduled Florida Medical Reserve Corps Network Conference Calls	<input type="checkbox"/>						
f. Participates in SERVFL trainings and WebEx or Live Meetings as scheduled	<input type="checkbox"/>						
g. Attended Facilitative Leadership Training or other Leadership Development Opportunities	<input type="checkbox"/>						
Comments by the Local MRC Unit Coordinator:							

Program Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (list source and obtain copy)	Notes Explain Ratings 3 or Less: Attach Supportive Documentation, if necessary
	Explain		Partially	Fully	Not Applicable		
	No	In Process					
1	2	3	4	N/A			
Overall QI Comments by the MRC State Coordinator:							
Grand Totals							

Local MRC Web sites

Following are links to Florida's local MRC unit Internet Home Pages. These sites can be a valuable source for ideas and information sharing. The Department of Health is not responsible for information contained on these sites and cannot guarantee their accuracy, currency or completeness.

<http://www.orchd.com/generalHealth/emergencyOp/medicalReserveCorp/index.asp> - Central Florida Medical Reserve Corps

www.escambiahealth.com/professional_corner/volunteer.htm - Medical Reserve Corps of Escambia County

www.myirchd.org/IRCMRC/ircmrc.htm - Indian River County Medical Reserve Corps

www.lakechd.com/MedicalReserve.asp - Lake County Medical Reserve Corps

www.miamidademrc.org - Miami-Dade County Medical Reserve Corps

www.pbcms.org/mrc - Palm Beach County Medical Reserve Corps

www.pinellashealth.com – Pinellas County Medical Reserve Corps

www.co.santa-rosa.fl.us/citizen corps/medicalcorps.html - Medical Reserve Corps - Santa Rosa

www.sarasotahealth.org/volunteers/mrc.htm - Medical Reserve Corps of Sarasota County

www.StJohnsCHD.org - St. Johns County Medical Reserve Corps

www.sbcmrc.com - St. Lucie County Medical Reserve Corps

www.wcfmrc.org - West Central Florida Medical Reserve Corps

Florida Statutes Related to Volunteers

This section contains some of the Florida Statutes that relate to volunteer health care and emergency services workers. Statutes are included here for convenience. To ensure you have the most current statutes or to search all of Florida's Laws and Statutes go to the Online Sunshine Web site, www.leg.state.fl.us. If you are using an electronic version of this document you can click on the statute number to link to the official statute.

14.295 Florida Volunteer and Community Service Act of 2001.--

- (1) This act may be cited as the "Florida Volunteer and Community Service Act of 2001."
- (2) It is the intent of the Legislature to promote the development of better communities by fostering greater civic responsibility through volunteerism and service to the community. Toward this end, the Executive Office of the Governor may establish policies and procedures which provide for the expenditure of funds to develop and facilitate initiatives by public agencies, scholastic institutions, private institutions, and individuals that establish and implement programs that encourage and reward volunteerism.
- (3) Initiatives and programs developed pursuant to this act shall have the following purposes and objectives:
 - (a) To place increased priority on citizen participation and volunteerism as a means of addressing the increasingly complex problems facing Florida's communities.
 - (b) To encourage local community leaders to implement strategies that expand civic participation based on the fact that volunteers represent a valuable and much-needed asset within communities.
 - (c) To promote the concept and practice of corporate citizenship, particularly in communities where such initiatives are less developed.
 - (d) To build the enthusiasm, dedication, and combined expertise of individual citizens and public and private systems to find new and creative ways to effectively use volunteerism and community service as a strategy to meet the challenges facing Florida's communities both now and in the future.
 - (e) To foster the alignment of community volunteer resources with the goals of the state.
 - (f) To implement policy and administrative changes that encourage and enable individuals to participate in volunteer and community service activities.
 - (g) To encourage nonprofit agencies to interweave volunteers into the fabric of their service delivery as a means of increasing the effectiveness and efficiency of their services.
 - (h) To support and promote volunteer service to all citizens as an effective means to address community needs and foster a collective commitment to lifelong community service.

(i) To recognize National Volunteer Week as a time to encourage all citizens of Florida to participate in local service projects.

(j) To recognize the value of individual volunteers and volunteer and service organizations and programs and to honor and celebrate the success of volunteers.

(k) To encourage volunteer and service efforts to point children in the right direction and to endow them with the character and competence they need to achieve success in life. In order to accomplish this, the citizens of Florida are encouraged to support America's Promise, the Alliance for Youth, and Florida's Promise for Youth through volunteerism and citizen service, to help ensure that children in Florida have the following five fundamental resources in their lives:

1. An ongoing relationship with a caring adult.
2. Safe places with structured activities during after-school hours.
3. A healthy start.
4. A marketable skill through effective education.
5. An opportunity to give back through community service.

History.--s. 1, ch. 2001-84.

Chapter 110, Part IV Volunteers ss 110.501-110.504

110.501 Definitions.--As used in this act:

(1) "Volunteer" means any person who, of his or her own free will, provides goods or services, or conveys an interest in or otherwise consents to the use of real property pursuant to chapter 260, to any state department or agency, or nonprofit organization, with no monetary or material compensation. A person registered and serving in Older American Volunteer Programs authorized by the Domestic Volunteer Service Act of 1973, as amended (Pub. L. No. 93-113), shall also be defined as a volunteer and shall incur no civil liability as provided by s. [768.1355](#). A volunteer shall be eligible for payment of volunteer benefits as specified in Pub. L. No. 93-113, this section, and s. [430.204](#).

(2) "Regular-service volunteer" means any person engaged in specific voluntary service activities on an ongoing or continuous basis.

(3) "Occasional-service volunteer" means any person who offers to provide a one-time or occasional voluntary service.

(4) "Material donor" means any person who provides funds, materials, employment, or opportunities for clients of state departments or agencies, without monetary or material compensation.

History.--s. 1, ch. 78-263; s. 24, ch. 79-190; s. 2, ch. 89-294; s. 671, ch. 95-147; s. 40, ch. 95-418; s. 47, ch. 96-399; s. 2, ch. 98-336; s. 15, ch. 2005-87.

110.502 Scope of act; status of volunteers.--

(1) Every state department or state agency, through the head of the department or agency, secretary of the department, or executive director of the department, is authorized to recruit, train, and accept, without regard to requirements of the State Career Service System as set forth in part II of this chapter, the services of volunteers, including regular-service volunteers, occasional-service volunteers, or material donors, to assist in programs administered by the department or agency.

(2) Volunteers recruited, trained, or accepted by any state department or agency shall not be subject to any provisions of law relating to state employment, to any collective bargaining agreement between the state and any employees' association or union, or to any laws relating to hours of work, rates of compensation, leave time, and employee benefits, except those consistent with s. 110.504. However, all volunteers shall comply with applicable department or agency rules.

(3) Every department or agency utilizing the services of volunteers is hereby authorized to provide such incidental reimbursement or benefit consistent with the provisions of s. 110.504, including transportation costs, lodging, and subsistence, recognition, and other accommodations as the department or agency deems necessary to assist, recognize, reward, or encourage volunteers in performing their functions. No department or agency shall expend or authorize an expenditure therefore in excess of the amount provided for to the department or agency by appropriation in any fiscal year.

(4) Persons working with state agencies pursuant to this part shall be considered as unpaid independent volunteers and shall not be entitled to unemployment compensation.

History.--s. 2, ch. 78-263; s. 24, ch. 79-190; s. 48, ch. 96-399.

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.

110.504 Volunteer benefits.--

- (1) Meals may be furnished without charge to regular-service volunteers serving state departments, provided the scheduled assignment extends over an established meal period, and to occasional-service volunteers at the discretion of the department head. No department shall expend or authorize any expenditure in excess of the amount provided for by appropriation in any fiscal year.
- (2) Lodging, if available, may be furnished temporarily, in case of a department emergency, at no charge to regular-service volunteers.
- (3) Transportation reimbursement may be furnished those volunteers whose presence is determined to be necessary to the department. Volunteers may utilize state vehicles in the performance of department-related duties. No department shall expend or authorize an expenditure in excess of the amount appropriated in any fiscal year.
- (4) Volunteers shall be covered by state liability protection in accordance with the definition of a volunteer and the provisions of s. 768.28.
- (5) Volunteers shall be covered by workers' compensation in accordance with chapter 440.
- (6) Incidental recognition benefits or incidental nonmonetary awards may be furnished to volunteers serving in state departments to award, recognize, or encourage volunteers for their service. The awards may not cost in excess of \$100 each plus applicable taxes.

(7) Volunteers, including volunteers receiving a stipend as provided by the Domestic Service Volunteer Act of 1973, as amended (Pub. L. No. 93-113), shall be covered by s. 768.1355, the Florida Volunteer Protection Act.

History.--s. 4, ch. 78-263; s. 24, ch. 79-190; s. 8, ch. 83-159; s. 49, ch. 96-399; s. 14, ch. 99-399.

Note.--Former s. 112.904.

397.451 Background checks of service provider personnel.--

(1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND EXCEPTIONS.--

(a) Background checks shall apply as follows:

1. All owners, directors, and chief financial officers of service providers are subject to level 2 background screening as provided under chapter 435. Inmate substance abuse programs operated directly or under contract with the Department of Corrections are exempt from this requirement.

2. All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level 2 background screening as provided under chapter 435.

(b) Members of a foster family and persons residing with the foster family who are between 12 and 18 years of age are not required to be fingerprinted but must have their backgrounds checked for delinquency records. Members of the foster family and persons residing with the foster family over 18 years of age are subject to full background checks.

(c) A volunteer who assists on an intermittent basis for fewer than 40 hours per month and is under direct and constant supervision by persons who meet all personnel requirements of this chapter is exempt from fingerprinting and background check requirements.

(d) Service providers that are exempt from licensing provisions of this chapter are exempt from personnel fingerprinting and background check requirements, except as otherwise provided in this section. A church or nonprofit religious organization exempt from licensure under this chapter is required to comply with personnel fingerprinting and background check requirements.

(e) Personnel employed directly or under contract with the Department of Corrections in an inmate substance abuse program who have direct contact with unmarried inmates under the age of 18 or with inmates who are developmentally disabled are exempt from the fingerprinting and background check requirements of this section.

(f) Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of the disqualification. Upon notification of the disqualification, the service provider shall comply with requirements regarding exclusion from employment in s. 435.06.

(g) The department may not issue a regular license to any service provider that fails to provide proof that background screening information has been submitted in accordance with chapter 435.

(2) EMPLOYMENT HISTORY CHECKS; CHECKS OF REFERENCES.--The department shall assess employment history checks and checks of references for all owners, directors, and chief financial officers, and the directors shall assess employment history checks and checks of references for each employee who has direct contact with children receiving services or adults who are developmentally disabled receiving services.

(3) PERSONNEL EXEMPT FROM BEING REFININGERPRINTED OR RECHECKED.--

(a) Service provider personnel who have been fingerprinted or had their backgrounds checked pursuant to chapter 393, chapter 394, chapter 402, or chapter 409, or this section, and teachers who have been fingerprinted pursuant to chapter 1012, who have not been unemployed for more than 90 days thereafter and who, under the penalty of perjury, attest to the completion of such fingerprinting or background checks and to compliance with the provisions of this section and the standards contained in chapter 435 and this section, are not required to be refingerprinted or rechecked.

(b) Service provider owners, directors, or chief financial officers who are not covered by paragraph (a) who provide proof of compliance with the level 2 background screening requirements which has been submitted within the previous 5 years in compliance with any other state health care licensure requirements are not required to be refingerprinted or rechecked.

(4) EXEMPTIONS FROM DISQUALIFICATION.--

(a) The department may grant to any service provider personnel an exemption from disqualification as provided in s. 435.07.

(b) Since rehabilitated substance abuse impaired persons are effective in the successful treatment and rehabilitation of substance abuse impaired adolescents, for service providers which treat adolescents 13 years of age and older, service provider personnel whose background checks indicate crimes under s. 817.563, s. 893.13, or s. 893.147 may be exempted from disqualification from employment pursuant to this paragraph.

(c) The department may grant exemptions from disqualification which would limit service provider personnel to working with adults in substance abuse treatment facilities.

(5) PAYMENT FOR PROCESSING OF FINGERPRINTS AND STATE CRIMINAL RECORDS CHECKS.--The employing service provider or the personnel who are having their backgrounds checked are responsible for paying the costs of processing fingerprints and criminal records checks.

(6) DISQUALIFICATION FROM RECEIVING STATE FUNDS.--State funds may not be disseminated to any service provider owned or operated by an owner, director, or chief financial officer who has been convicted of, has entered a plea of guilty or nolo contendere to, or has had adjudication withheld for, a violation of s. 893.135 pertaining to trafficking in controlled substances, or a violation of the law of another state, the District of Columbia, the United States

or any possession or territory thereof, or any foreign jurisdiction which is substantially similar in elements and penalties to a trafficking offense in this state, unless the owner's or director's civil rights have been restored.

History.--s. 3, ch. 93-39; s. 20, ch. 94-134; s. 20, ch. 94-135; s. 46, ch. 94-218; s. 16, ch. 95-152; s. 13, ch. 95-158; s. 36, ch. 95-228; s. 2, ch. 95-407; s. 126, ch. 95-418; s. 9, ch. 96-268; s. 222, ch. 96-406; s. 10, ch. 99-188; s. 12, ch. 2000-320; s. 6, ch. 2002-196; s. 1, ch. 2002-212; s. 986, ch. 2002-387; s. 45, ch. 2004-267; s. 7, ch. 2005-128; s. 6, ch. 2006-171; s. 23, ch. 2009-132.

458.317 Limited licenses.--

(1)(a) Any person desiring to obtain a limited license shall:

1. Submit to the board, with an application and fee not to exceed \$300, an affidavit stating that he or she has been licensed to practice medicine in any jurisdiction in the United States for at least 10 years and intends to practice only pursuant to the restrictions of a limited license granted pursuant to this section. However, a physician who is not fully retired in all jurisdictions may use a limited license only for noncompensated practice. If the person applying for a limited license submits a notarized statement from the employing agency or institution stating that he or she will not receive compensation for any service involving the practice of medicine, the application fee and all licensure fees shall be waived. However, any person who receives a waiver of fees for a limited license shall pay such fees if the person receives compensation for the practice of medicine.

2. Meet the requirements in s. 458.311(1)(b)-(g) and (5). If the applicant graduated from medical school prior to 1946, the board or its appropriate committee may accept military medical training or medical experience as a substitute for the approved 1-year residency requirement in s. 458.311(1)(f).

(b) After approval of an application under this section, no license shall be issued until the applicant provides to the board an affidavit that there have been no substantial changes in status since initial application.

(c) If it has been more than 3 years since active practice was conducted by the applicant, the full-time director of the county health department or a licensed physician, approved by the board, shall supervise the applicant for a period of 6 months after he or she is granted a limited license for practice, unless the board determines that a shorter period of supervision will be sufficient to ensure that the applicant is qualified for licensure. Procedures for such supervision shall be established by the board.

(d) The recipient of a limited license may practice only in the employ of public agencies or institutions or nonprofit agencies or institutions meeting the requirements of s. 501(c)(3) of the Internal Revenue Code, which agencies or institutions are located in the areas of critical medical need as determined by the board. Determination of medically underserved areas shall be made by the board after consultation with the Department of Health and statewide medical organizations; however, such determination shall include, but not be limited to, health professional shortage areas designated by the United States Department of Health and Human Services. A recipient of a limited license may use the license to work for any approved employer in any area of critical need approved by the board.

(e) The recipient of a limited license shall, within 30 days after accepting employment, notify the board of all approved institutions in which the licensee practices and of all approved institutions where practice privileges have been denied.

Nothing herein limits in any way any policy by the board, otherwise authorized by law, to grant licenses to physicians duly licensed in other states under conditions less restrictive than the requirements of this section. Notwithstanding the other provisions of this section, the board may refuse to authorize a physician otherwise qualified to practice in the employ of any agency or institution otherwise qualified if the agency or institution has caused or permitted violations of the provisions of this chapter which it knew or should have known were occurring.

(2) The board shall notify the director of the full-time local county health department of any county in which a licensee intends to practice under the provisions of this act. The director of the full-time county health department shall assist in the supervision of any licensee within the county and shall notify the board which issued the licensee his or her license if he or she becomes aware of any actions by the licensee which would be grounds for revocation of the limited license. The board shall establish procedures for such supervision.

(3) The board shall review the practice of each licensee biennially to verify compliance with the restrictions prescribed in this section and other applicable provisions of this chapter.

(4) Any person holding an active license to practice medicine in the state may convert that license to a limited license for the purpose of providing volunteer, uncompensated care for low-income Floridians. The applicant must submit a statement from the employing agency or institution stating that he or she will not receive compensation for any service involving the practice of medicine. The application and all licensure fees, including neurological injury compensation assessments, shall be waived.

History.--ss. 1, 8, ch. 79-302; s. 294, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 12, 25, 26, ch. 86-245; s. 23, ch. 89-162; s. 1, ch. 91-88; s. 4, ch. 91-429; s. 80, ch. 92-149; s. 1, ch. 97-3; s. 142, ch. 97-101; s. 205, ch. 97-103; s. 151, ch. 97-237; s. 20, ch. 97-264; s. 27, ch. 97-273; s. 243, ch. 98-166; s. 98, ch. 99-397.

459.0075 Limited licenses.--

(1) Any person desiring to obtain a limited license shall:

(a) Submit to the board a licensure application and fee required by this chapter. However, an osteopathic physician who is not fully retired in all jurisdictions may use a limited license only for noncompensated practice. If the person applying for a limited license submits a notarized statement from the employing agency or institution stating that she or he will not receive monetary compensation for any service involving the practice of osteopathic medicine, the application fee and all licensure fees shall be waived. However, any person who receives a waiver of fees for a limited license shall pay such fees if the person receives compensation for the practice of osteopathic medicine.

(b) Submit an affidavit that such osteopathic physician has been licensed to practice osteopathic medicine in any jurisdiction in the United States in good standing and pursuant to law for at least 10 years.

(c) Complete an amount of continuing education established by the board.

(d) Within 60 days after receipt of an application for a limited license, the board shall review the application and issue the limited license or notify the applicant of denial.

(2) If it has been more than 3 years since active practice was conducted by the applicant, the full-time director of the local county health department shall supervise the applicant for a period of 6 months after the applicant is granted a limited license to practice, unless the board determines that a shorter period of supervision will be sufficient to ensure that the applicant is qualified for licensure pursuant to this section. Procedures for such supervision shall be established by the board.

(3) The recipient of a limited license may practice only in the employ of public agencies or institutions or nonprofit agencies or institutions meeting the requirements of s. 501(c)(3) of the Internal Revenue Code, which agencies or institutions are located in areas of critical medical need or in medically underserved areas as determined pursuant to 42 U.S.C. s. 300e-1(7).

(4) The board shall notify the director of the full-time local county health department of any county in which a licensee intends to practice under the provisions of this section. The director of the full-time county health department shall assist in the supervision of any licensee within her or his county and shall notify the board if she or he becomes aware of any action by the licensee which would be a ground for revocation of the limited license. The board shall establish procedures for such supervision.

(5) The State Board of Osteopathic Medicine shall review the practice of each licensee under this section biennially to verify compliance with the restrictions prescribed in this section and other provisions of this chapter.

(6) Any person desiring a limited license shall meet all the requirements of s. 459.0055, except s. 459.0055(1)(d).

(7) Any person holding an active license to practice osteopathic medicine in the state may convert that license to a limited license for the purpose of providing volunteer, uncompensated care for low-income Floridians. The applicant must submit a statement from the employing agency or institution stating that he or she will not receive compensation for any service

involving the practice of osteopathic medicine. The application and all licensure fees, including neurological injury compensation assessments, shall be waived.

History.--ss. 13, 14, 15, 25, 30, 34, 62, ch. 80-406; s. 2, ch. 81-318; ss. 7, 27, 29, ch. 86-290; s. 2, ch. 91-88; s. 4, ch. 91-429; s. 88, ch. 92-149; s. 2, ch. 97-3; s. 143, ch. 97-101; s. 213, ch. 97-103; s. 31, ch. 97-264; s. 102, ch. 99-397; s. 19, ch. 2001-277.

464.0205 Retired volunteer nurse certificate.--

(1) Any retired practical or registered nurse desiring to serve indigent, underserved, or critical need populations in this state may apply to the department for a retired volunteer nurse certificate by providing:

(a) A complete application.

(b) Verification that the applicant had been licensed to practice nursing in any jurisdiction in the United States for at least 10 years, had retired or plans to retire, intends to practice nursing only pursuant to the limitations provided by the retired volunteer nurse certificate, and has not committed any act that would constitute a violation under s. 464.018(1).

(c) Proof that the applicant meets the requirements for licensure under s. 464.008 or s. 464.009.

(2) All related administrative costs shall be borne by the applicant.

(3) The board may deny a retired volunteer nurse certificate to any applicant who has committed, or who is under investigation or prosecution for, any act that would constitute a ground for disciplinary action under s. 464.018.

(4) A retired volunteer nurse receiving certification from the board shall:

(a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. 458.317 or s. 459.0075, a physician licensed under chapter 458 or chapter 459, an advanced registered nurse practitioner certified under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.

(b) Comply with the minimum standards of practice for nurses and be subject to disciplinary action for violations of s. 464.018, except that the scope of practice for certified volunteers shall be limited to primary and preventive health care, or as further defined by board rule.

(c) Work only in a setting for which there are provisions for professional liability coverage for acts or omissions of the retired volunteer nurse.

(d) Provide services under the certificate only in settings whose sponsors have been approved by the board.

(5) A retired volunteer nurse receiving certification from the board shall not:

(a) Administer controlled substances.

(b) Supervise other nurses.

(c) Receive monetary compensation.

(6) A retired volunteer nurse certified under this section may practice only in board-approved settings in public agencies or institutions or in nonprofit agencies or institutions meeting the requirements of s. 501(c)(3) of the Internal Revenue Code, which agencies or institutions are located in areas of critical nursing need as determined by the board. Determination of underserved areas shall be made by the board after consultation with the Department of Health,

the Department of Children and Family Services, the Agency for Health Care Administration, and the Department of Elderly Affairs; however, such determination shall include, but not be limited to, health manpower shortage areas designated by the United States Department of Health and Human Services. The sponsoring agencies desiring to use certified retired volunteer nurses shall submit to the board verification of their status under s. 501(c)(3) of the Internal Revenue Code, the sites at which such volunteer nurses would work, the duties and scope of practice intended for such volunteer nurses, and the training or skills validation for such volunteer nurses.

(7) The retired volunteer nurse certificate shall be valid for 2 years, and a certificate holder may reapply for a certificate so long as the certificate holder continues to meet the eligibility requirements of this section. Any legislatively mandated continuing education on specific topics must be completed by the certificate holder prior to renewal; otherwise, the provisions of s. 464.013 do not apply.

History.--s. 85, ch. 97-264; s. 101, ch. 2001-277.

768.13 Good Samaritan Act; immunity from civil liability.--

(1) This act shall be known and cited as the "Good Samaritan Act."

(2)(a) Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations related to and arising out of a public health emergency declared pursuant to s. 381.00315, a state of emergency which has been declared pursuant to s. 252.36 or at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

(b)1. Any health care provider, including a hospital licensed under chapter 395, providing emergency services pursuant to obligations imposed by 42 U.S.C. s. 1395dd, s. 395.1041, s. 395.401, or s. 401.45 shall not be held liable for any civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another.

2. The immunity provided by this paragraph applies to damages as a result of any act or omission of providing medical care or treatment, including diagnosis:

a. Which occurs prior to the time the patient is stabilized and is capable of receiving medical treatment as a nonemergency patient, unless surgery is required as a result of the emergency within a reasonable time after the patient is stabilized, in which case the immunity provided by this paragraph applies to any act or omission of providing medical care or treatment which occurs prior to the stabilization of the patient following the surgery.

b. Which is related to the original medical emergency.

3. For purposes of this paragraph, "reckless disregard" as it applies to a given health care provider rendering emergency medical services shall be such conduct that a health care provider knew or should have known, at the time such services were rendered, created an unreasonable risk of injury so as to affect the life or health of another, and such risk was substantially greater than that which is necessary to make the conduct negligent.

4. Every emergency care facility granted immunity under this paragraph shall accept and treat all emergency care patients within the operational capacity of such facility without regard to ability to pay, including patients transferred from another emergency care facility or other health care provider pursuant to Pub. L. No. 99-272, s. 9121. The failure of an emergency care facility to comply with this subparagraph constitutes grounds for the department to initiate disciplinary action against the facility pursuant to chapter 395.

(c)1. Any health care practitioner as defined in s. 456.001(4) who is in a hospital attending to a patient of his or her practice or for business or personal reasons unrelated to direct patient care, and who voluntarily responds to provide care or treatment to a patient with whom at that time the practitioner does not have a then-existing health care patient-practitioner relationship, and when such care or treatment is necessitated by a sudden or unexpected situation or by an occurrence that demands immediate medical attention, shall not be held liable for any civil damages as a result of any act or omission relative to that care or treatment, unless that care or

treatment is proven to amount to conduct that is willful and wanton and would likely result in injury so as to affect the life or health of another.

2. The immunity provided by this paragraph does not apply to damages as a result of any act or omission of providing medical care or treatment unrelated to the original situation that demanded immediate medical attention.

3. For purposes of this paragraph, the Legislature's intent is to encourage health care practitioners to provide necessary emergency care to all persons without fear of litigation as described in this paragraph.

(d) Any person whose acts or omissions are not otherwise covered by this section and who participates in emergency response activities under the direction of or in connection with a community emergency response team, local emergency management agencies, the Division of Emergency Management of the Department of Community Affairs, or the Federal Emergency Management Agency is not liable for any civil damages as a result of care, treatment, or services provided gratuitously in such capacity and resulting from any act or failure to act in such capacity in providing or arranging further care, treatment, or services, if such person acts as a reasonably prudent person would have acted under the same or similar circumstances.

(3) Any person, including those licensed to practice veterinary medicine, who gratuitously and in good faith renders emergency care or treatment to an injured animal at the scene of an emergency on or adjacent to a roadway shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

History.--ss. 1, 2, ch. 65-313; s. 1, ch. 78-334; s. 62, ch. 86-160; s. 46, ch. 88-1; s. 4, ch. 88-173; s. 42, ch. 88-277; s. 1, ch. 89-71; s. 37, ch. 91-110; s. 33, ch. 93-211; s. 3, ch. 97-34; s. 1164, ch. 97-102; s. 2, ch. 2001-76; s. 3, ch. 2002-269; s. 65, ch. 2003-416; s. 1, ch. 2004-45.

768.1345 Professional malpractice; immunity.--

No person shall have a claim for professional malpractice against a licensed professional who provides services for which no compensation is sought or received to such person during the period of a declared emergency if the professional services arose out of the emergency and if the professional acted as an ordinary reasonably prudent member of the profession would have acted under the same or similar circumstances.

History.--s. 32, ch. 93-211.

768.1355 Florida Volunteer Protection Act.--

(1) Any person who volunteers to perform any service for any nonprofit organization, including an officer or director of such organization, without compensation, except reimbursement for actual expenses, shall be considered an agent of such nonprofit organization when acting within the scope of any official duties performed under such volunteer services. Such person shall incur no civil liability for any act or omission by such person which results in personal injury or property damage if:

(a) Such person was acting in good faith within the scope of any official duties performed under such volunteer service and such person was acting as an ordinary reasonably prudent person would have acted under the same or similar circumstances; and

(b) The injury or damage was not caused by any wanton or willful misconduct on the part of such person in the performance of such duties.

1. For purposes of this act, the term "nonprofit organization" means any organization which is exempt from taxation pursuant to 26 U.S.C. s. 501, or any federal, state, or local governmental entity.

2. For purposes of this act, the term "compensation" does not include a stipend as provided by the Domestic Service Volunteer Act of 1973, as amended (Pub. L. No. 93-113), or other financial assistance, valued at less than two-thirds of the federal hourly minimum wage standard, paid to a person who would otherwise be financially unable to provide the volunteer service.

(2) Except as otherwise provided by law, if a volunteer is determined to be not liable pursuant to subsection (1), the nonprofit organization for which the volunteer was performing services when the damages were caused shall be liable for such damages to the same extent as the nonprofit organization would have been liable if the liability limitation pursuant to subsection (1) had not been provided.

(3) Members of elected or appointed boards, councils, and commissions of the state, counties, municipalities, authorities, and special districts shall incur no civil liability and shall have immunity from suit as provided in s. 768.28 for acts or omissions by members relating to members' conduct of their official duties. It is the intent of the Legislature to encourage our best and brightest people to serve on elected and appointed boards, councils, and commissions.

(4) This section may be cited as the "Florida Volunteer Protection Act."

History.--s. 1, ch. 93-139; s. 50, ch. 96-399.

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www.medicalreservecorps.gov

Home Page

The screenshot shows the homepage of the Office of the Civilian Volunteer Medical Reserve Corps. At the top, there is a navigation bar with links for LOGIN, REGISTER, PHOTO GALLERY, LISTSERV, NEWSLETTERS, and FAQs. A search bar is also present. The main header features the organization's logo and the text "Office of the Civilian Volunteer MEDICAL RESERVE CORPS", sponsored by the Office of the U.S. Surgeon General. Below this is a banner with the slogan "Volunteers Building Strong, Healthy, and Prepared Communities" and a photo gallery. A central section highlights the Surgeon General, Dr. Regina M. Benjamin, with the text "Engaging volunteers to strengthen public health, emergency response and community resiliency." Below this is a "Did you know...?" section featuring an article about the Hillsborough County MRC. To the right is an "MRC Info" section showing 888 MRC Units and 205,700 Volunteers. At the bottom, there are three columns of links: "Volunteers" (About Volunteering, FAQs, MRC Spotlights, Find MRC Units), "Leaders" (Update My MRC, Identity Guide - Logo Use, Memo and ARC-MOU Template, Unit Leader Development Tools, Training Resources), and "Media" (Media Relations Guide, SG Priorities and the MRC, MRC Fact Sheets, News and Events). A vertical navigation menu on the left side includes links for Home, News & Events, Find MRC Units, Start an MRC, Toolkit, MRC Deployment, About the MRC, H1N1 Influenza Planning and Response, NIMS Guidance, MRC Strategic Plan, MRC/ESAR-VHP Integration PDF (44 KB), Self Evaluation Tools, TA Assessment, Priorities for Public Health, and NACCHO Preparedness.

News and Events

The screenshot shows the website for the Office of the Civilian Volunteer Medical Reserve Corps. The header includes the logo, the text "Office of the Civilian Volunteer MEDICAL RESERVE CORPS", and "Sponsored by: Office of the U.S. Surgeon General". Below the header is a navigation menu with links for LOGIN, REGISTER, PHOTO GALLERY, LISTSERV, NEWSLETTERS, and FAQs. A search bar is also present. The main content area is titled "News and Events" and features a list of recent news items. A sidebar on the left contains a menu with categories like "Home", "News & Events", "Find MRC Units", "Start an MRC", "Toolkit", "MRC Deployment", and "About the MRC". A "News Archive" box on the right lists years from 2010 to 2003.

Office of the Civilian Volunteer
MEDICAL RESERVE CORPS
Sponsored by: Office of the U.S. Surgeon General
Volunteers Building Strong, Healthy, and Prepared Communities

Search:

LOGIN REGISTER PHOTO GALLERY LISTSERV NEWSLETTERS FAQs

Home >
News and Events

- [MRC In Focus National Newsletters](#)
- [MRC Response to the 2008 Hurricanes - Final Report](#)

Latest News

- [School Sports Physicals Available](#)
July 12, 2010
The Bays Medical Society, Bay County Health Department, Bay Area Medical Reserve Corps, and Bay District Schools are sponsoring free school sports physicals to students who meet income requirements for free and reduced lunch and who do not have insurance or Medicaid.
- [Medical Reserve Corps a Success and Growing in Dutchess County](#)
July 11, 2010
The Medical Reserve of Dutchess County is a local cadre of capable, competent and credentialed individuals to assist our community partners.
- [Free CEU's For Wisconsin Disaster Course](#)
July 8, 2010
The Southeast Wisconsin Medical Reserve Corps is sponsoring a Community Preparedness Conference Sept. 17-18 at the Sheriff's Training Academy in Franklin, focusing on disaster preparedness, response, and recovery.
- [Maine Township's Cohen Recognized for his Mentoring](#)
July 1, 2010
Robert Cohen, Director of the Maine Township's Office of Emergency Management (OEM) and the Regional Medical Reserve Corps (RMRC), was awarded the Office of Civilian Volunteer Medical Reserve Corps (a department under the Office of US Surgeon General) 2010 Mentor of the Year Award at the Township's board meeting on June 22. The Maine Township RMRC was chosen out of 886 possible units across the country.
- [Mentor Award to Medical Reserve Corps](#)
June 30, 2010
The Lake County Health Department's Medical Reserve Corps has been awarded a 2010 Mentor Award.
- [Rosenblatt Memories: Learning to Love](#)
June 28, 2010
With the College World Series in its final days at Rosenblatt Stadium, fans have a love affair with the place. For some it's been a sixty year relationship.

News Archive

- [2010](#)
- [2009](#)
- [2008](#)
- [2007](#)
- [2006](#)
- [2005](#)
- [2004](#)
- [2003](#)

Home
News & Events
Find MRC Units
Start an MRC
Toolkit
MRC Deployment
About the MRC

- ▶ H1N1 Influenza Planning and Response
- ▶ NIMS Guidance
- ▶ MRC Strategic Plan
- ▶ MRC/ESAR-VHP Integration PDF (44 KB)
- ▶ Self Evaluation Tools
- ▶ TA Assessment
- ▶ Priorities for Public Health
- ▶ NACCHO Preparedness

Find MRC Units

http://www.medicalreservecorps.gov/FindMRC.php

Office of the U.S. Surgeon General
MEDICAL RESERVE CORPS
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Volunteers Building Strong, Healthy, and Prepared Communities

Search:

LOGIN REGISTER PHOTO GALLERY LISTSERV NEWSLETTERS FAQs

Find MRC Units

Search by: **Region** State Zip Code Help

Select a Region

Map Terrain

POWERED BY Google
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[Regional Coordinators](#) | [State Coordinators](#)

- Home
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Florida Medical Reserve Corps Network Orientation Guide Feedback Form

Your help is requested in evaluating the value and use of "A Guide to Developing and Managing a Local MRC." Please respond to the following and return by email to Rick_Miller@doh.state.fl.us or fax to (850) 245-4746. Your comments will help ensure that the best possible, most valuable information is available for MRC coordinators.

Name _____ Date _____

Is the guide easy to understand and use? Yes _____ No _____

Comments _____

Is the guide helpful and useful? Yes _____ No _____

Comments _____

Are resources listed/referenced in the guide helpful? Yes _____ No _____

Comments _____

What information did you find most helpful? _____

What information did you find least helpful? _____

Is there any information you need/want that is not included in the guide? _____

Are there other samples or materials you would like included in the appendix to the guide?

Do you have any suggestions to improve the guide? _____

Did you find information or resources needing corrections or revisions?

Yes _____ No _____

If so, please explain _____

Other comments (Please use additional sheet if necessary) _____

Thank you for your feedback!