Medical Reserve Corps

MRC Regional Deployment Protocols

Deploying Volunteers within MA Public Health Emergency Preparedness Region II

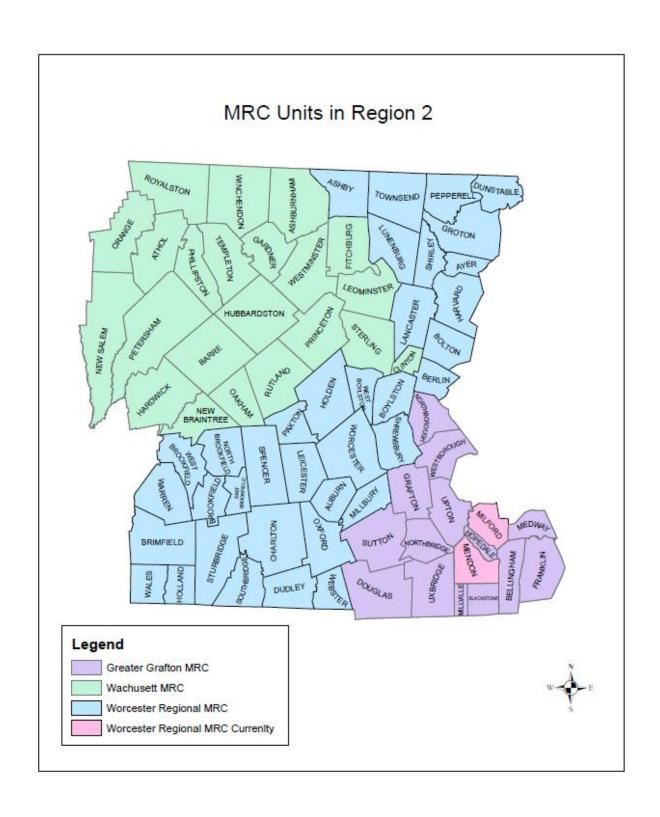


Established March 2014

Updated December 2019

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Unit Leaders

Wachusett MRC Coordinator Greater Grafton MRC Coordinator WRMRC Coordinator Judie O'Donnell (501c3) Marianne DeVries (Grafton Police) Lois Luniewicz (Worcester DPH)



TOWN OF GRAFTON

28 PROVIDENCE ROAD GRAFTON, MA 01519



GREATER GRAFTON MEDICAL RESERVE CORPS

E-mail: devriesm@grafton-ma.gov

Greater Grafton Medical Reserve Corps
Protocol for Request and Deployment of Volunteers
Emergency and Non-Emergency Requests

Bellingham Blackstone Douglas Franklin Grafton Hopedale Medway Millville Northbridge Northborough Sutton Westborough Upton Uxbridge

Marianne DeVries, Coordinator devriesm@grafton-ma.gov devries@graftonpolice.com

508-839-5343 x 224-Office; 508-864-5923, Cell

Policy:

The purpose of the Greater Grafton Medical Reserve Corps is to assist with and provide community support for emergency or non-emergency situations in the fourteen communities listed above that are covered by the unit.

Procedure:

- 1. Representative from community's health department /Central Mass Regional Public Health Alliance or emergency management contacts MRC Coordinator or Administrative Assistant if Coordinator not available.
- 2. Information that should be gathered by requestor before contact (see attached request form).
 - A. Date and time needed
 - B. Requestor's name and title
 - C. Address/Location of event
 - D. Point of Contact at event
 - E. Type of Event
 - F. Volunteer Info
 - a. Type of volunteers needed (medical/non-medical)
 - b. How many of each
 - c. Professions and skills needed

- d. Duration of Shift (s)
- e. Additional info (meals, supplies, lodging, transportation, parking etc)

G. Directions

- 3. Coordinator will contact members through the MA Responds system or other determined means if necessary and report back to requestor ASAP in the case of an emergency or at a designated date and time for a community event.
- 4. Other Region 2 MRC Coordinators or their designees should follow same procedure to request assistance. If the ESF-8 desk is activated, the state protocol should be followed.

Last Revised December 2019



Wachusett Medical Reserve Corps

Deployment Protocol Emergency and Non-Emergency Requests Dated 2014-02-07

Ashburnham	Athol	Barre	Clinton	Fitchburg
Gardner	Hardwick	Hubbardston	Leominster	New Braintree
New Salem	Oakham	Orange	Petersham	Phillipston
Princeton	Royalston	Rutland	Sterling	Templeton

Westminster Winchendon

Policy:

The purpose of the Wachusett Medical Reserve Corps is to assist with and provide community support for emergency or non-emergency situations in north Worcester County.

Procedure:

- 1. A representative from the community's health department or emergency management team will contact a member of the Wachusett MRC Executive Committee to request volunteer help.
- 2. Information to be provided with the request:
- Date and time needed
- B. Requestor's name and title
- C. Address/Location of event
- D. Point of Contact at event
- E. Type of Event
- F. Volunteer Info (see attached request form)
 - a. Type of volunteers needed (medical/non-medical)
 - b. How many of each
 - c. Professions and skills needed
 - d. Duration of Shift (s)
 - e. Additional info (meals, supplies, lodging, transportation, parking etc)

G. Directions

3. The contacted Executive member will request Wachusett MRC members through appropriate means determined by the request which can include but not be exclusive to phone, email, social media or the MAResponds system contact methods. Wachusett will report back to the

- requestor as soon as possible in the case of an emergency or at a designated date and time for a community event.
- 4. Other Region 2 MRC Coordinators or their designees will follow similar procedures for requests of assistance. If the ESF-8 desk is activated, the state protocol should be followed.

Executive Committee Members

Judith O'Donnell RN MPH WMRC Coordinator/President P.O. Box 555 Hubbardston, Ma 01452 Home 978-928-4086 Office 978-928-3834 Cell 978-270-9935

> PJ Taucer M.Ed Vice President Cell: 508-847-0093 Work: 508-616-2822

Dennis O'Donnell Secretary/Treasurer Home 978-928-4086 Cell 978-270-9934

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Worcester Regional Medical Reserve Corps (WRMRC)

Ashby Auburn Ayer Berlin Bolton Boylston Brimfield Brookfield Charlton Dudley
Dunstable East Brookfield Groton Harvard Holden Holland Lancaster Leicester
Lunenburg. Mendon Milford Millbury North Brookfield Oxford Paxton Pepperell Shirley
Shrewsbury Spencer Southbridge Sturbridge Townsend Wales Warren Webster West
Boylston West Brookfield Worcester

Deployment Protocol - Emergency and Non-Emergency Requests

Policy:

The mission of the Worcester Regional MRC is to provide medical and non-medical volunteer services to cities and towns in Central MA (Public Health Region 2) to supplement existing resources in the case of disasters or in non-emergency situations.

The Worcester Regional MRC (WRMRC) is not a first responder organization and it is not within WRMRC capability to respond within minutes of an event. Although there may be circumstances when a rapid response is needed, the WRMRC must first send out a volunteer notification in order to coordinate a response. It is our goal to provide support in the first few hours of an event upon request.

Procedure:

1. A representative from a community's health department or emergency management will contact Lois Luniewicz (508-450-4226) or one of her alternates listed in order below with a request for volunteers.

Please include (see attached request form):

- A. Date(s) and time(s) needed
- B. Requestor's name and title
- C. Address/Location of event or requested response
- D. Point(s) of Contact at deployment site
- E. Type of Event
- F. Volunteer Info
 - a. Type of volunteers needed (medical/non-medical)
 - b. Number of each needed
 - c. Professions and skills/specified training needed
 - d. Duration of Shift(s)

- e. Number of anticipated shifts
- f. Length of each anticipated shift
- g. Additional info (meals, supplies, lodging, transportation, parking etc)
- G. Directions
- H. Condition of access roads
- I. Will special clearance be needed for entry
- 2. Coordinator will contact volunteers through the MA Responds system or other determined means if necessary and report back to requestor as soon as possible in the case of an emergency or at a designated date and time for a community event.
- 3. If for any reason the WRMRC is unable to provide enough support, the coordinator will then reach out to other MRC units within Region II.
- 4.If support is needed beyond Region II, the WRMRC will follow State protocol for requesting MRC volunteers beyond this jurisdiction.

Primary Contact
Lois Luniewicz, WRMRC Coordinator
Loisluniewicz@comcast.net

Office, Cell: 508-450-4226 Home: 978-874-2858

Back-up contacts in order of call down: Katrina Stanziano, Region 2 PHEP Regional Coordinator

StanzianoK@worcesterma.gov Office: 508-799-8531 x 33175 Cell: Cell: 774-303-0667

Alissa Errede, Region 2 HMCC HMCC Program Manager <u>ErredeA@worcesterma.gov</u> Office: 508-799-8531 x 33158

Cell: 508-439-1195

Colleen Bolen
Deputy Director, City of Worcester
BolenC@worcesterma.gov

Office: 508-799-8531 x 33166

Cell: 508-579-9769

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Massachusetts Volunteer Request Form To be used for organizations, towns, agencies, etc. requesting MRC volunteers



Description of event:					
Region:		real adams and the Draw			
Local MRC leader: Requesting Agency	Information	Has local MRC been contacted? Yes	No		
Date:	mormation				
	1				
Requestor's name:					
Requestor's telephor	1e:				
Requestor's email:					
Event Information					
Date:					
Address/Location:	1				
Point of Contact at Si	ite:	: Number:			
Type of event?	nelter	ency Other			
How quickly is		louici de la company de la com			
response needed?					
response needed.					
Volunteer Informat	tion				
Description of					
Volunteer Duties:		Iob Descriptions included? ☐Yes ☐No			
	1.16 11.14	,			
Type of volunteers*		-			
Will unit accept non-MA Responds volunteers? □Yes □No					
How many of each?					
Professions & skills 1	1eeded:				
Date/time/duration	of shift(s)				
and check-in time:					
Who do volunteers r	oport to?	Phone Number:			
	-	Filone Number:			
Additional Info(meals, supplies, lodging, transportation, parking, etc)					
louging, transportati	on, parking, etc)				
D					
Directions					

All deployable volunteers must be credentialed and belong to the requested unit.

^{*}Credentialed volunteers shall pass all background checks (CORI, VSOS or SORI and Medical Licensure Verification) before being contacted and/or