

BEFORE THE BOARD OF COMMISSIONERS  
FOR COLUMBIA COUNTY, OREGON

In the Matter of Establishing the Columbia County  
Medical Reserve Corps Unit

ORDINANCE NO. 2020-3

The Board of County Commissioners for Columbia County, Oregon, ordains as follows:

**SECTION 1. TITLE.**

This Ordinance shall be known as Ordinance No. 2020-3 and may also be cited and referred to as the "Columbia County Medical Reserve Corps Ordinance."

**SECTION 2. AUTHORITY.**

This Ordinance is adopted pursuant to ORS 203.035, 401.358 to 401.378, 431.133, and 431.415.

**SECTION 3. PURPOSE.**

The Medical Reserve Corps ("MRC") Program is a national network of volunteers who are organized at the local level to assist in the event of large-scale, health-related emergencies. The MRC network currently comprises nearly 200,000 local volunteers in almost 1,000 units across the United States and its territories.

The purpose of this Ordinance is to establish and maintain an MRC unit in Columbia County that operates in accordance with ORS 401.358 to 401.378 under the direction of the Columbia County Public Health Director. The Columbia County MRC will be a pool of pre-identified, pre-credentialled licensed or certified health and medical professionals and paraprofessionals who have volunteered to provide surge capacity for health/medical response during large-scale public health crises, as well as to support local public health and emergency management exercises and other initiatives. The Columbia County MRC may also collaborate with other MRC units from neighboring counties to coordinate regional responses to public health disasters.

**SECTION 4. ADMINISTRATOR.**

The Columbia County Public Health Director, under the direction of the Board of County Commissioners, shall be the Administrator of this Ordinance. The Board may change the Administrator of this Ordinance by order or resolution.

**SECTION 5. COLUMBIA COUNTY MEDICAL RESERVE CORPS UNIT  
ESTABLISHED AND COLUMBIA COUNTY ACTIVATION AND  
DEPLOYMENT PLAN ADOPTED.**

The Columbia County Medical Reserve Corps Unit is hereby established, and the Columbia County Medical Reserve Corps Volunteer Activation and Deployment Plan (hereinafter also referred to as the "Activation and Deployment Plan"), which is attached hereto

as Exhibit A and incorporated herein by this reference, is hereby adopted. The Administrator shall create and maintain a pool of volunteers to assist with public health emergencies. The Administrator shall operate the MRC unit in accordance with ORS 401.358 to 401.378 and the Activation and Deployment Plan.

#### SECTION 6. AMENDMENT.

This Ordinance may be amended by ordinance; however, the Activation and Deployment Plan and the designation of Administrator of this Ordinance may be amended by Board order or resolution.

#### SECTION 7. SEVERABILITY.

The provisions of this Ordinance are severable. If any provision of this Ordinance is determined to be invalid by a court of competent jurisdiction, such provision shall be considered a separate, distinct and independent provision, and the decision shall not affect the validity of the remaining portions thereof.

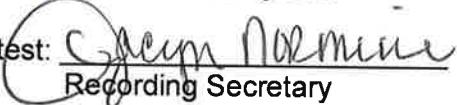
#### SECTION 8. SCRIVENER'S ERRORS.

A scrivener's error in any portion of this Ordinance or its attachments may be corrected by order of the Board of County Commissioners.

#### SECTION 9. EMERGENCY CLAUSE.

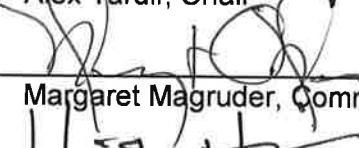
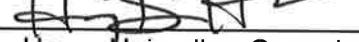
This Ordinance being immediately necessary to maintain the public health, safety and welfare, an emergency is declared to exist, and this Ordinance shall take effect immediately upon adoption.

DATED this 18 day of March, 2020.

Approved as to form  
By:   
Office of County Counsel  
Attest:   
Recording Secretary

First Reading: 3/18/2020  
Second Reading: 3/18/2020  
Effective Date: 3/18/2020

#### BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, OREGON

By:   
Alex Tardif, Chair  
By:   
Margaret Magruder, Commissioner  
By:   
Henry Heimuller, Commissioner



**Columbia County**

# **Volunteer Activation and Deployment Plan**

Originated: 2008

Anne Parrott  
1-6-2020

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## Volunteer Activation and Deployment Plan

### Review/Update Documentation Sheet

DATE	PRINTED NAME	SECTIONS UPDATED	INITIALS
10/22/2015	Anne Parrott	Plan reviewed & updated by MRC Advisory Council	AP
2/23/2016	Anne Parrott	Second review by Advisory Council. Changes on pgs 5, ¶6;	AP
9/15/2016	Anne Parrott	Continued review & updates: pgs 4, 5, 7, 8, 9, 10, 12; added pgs 14-18	AP
11/29/2016	Anne Parrott	Pg 11 last 2 paragraphs	AP
6-9/2017	Anne Parrott	Minor edits throughout document; added Tier Levels (pg 11)	AP
1/23/2018	Anne Parrott	Edit pg 4, communication arrows; pg 9, added 3.J.; pg 22, added 3 questions to post-deployment questionnaire	AP
6/12/2018	Anne Parrott	Replaced PHFCC logo with County logo	AP
11/1/2018	Anne Parrott	Replaced PHFCC w/ Columbia County PH (CCPH)	AP
12/10/2019	Anne Parrott	New cover pg; update admin/oversight diagram; addition #3, pg 6; minor changes to formatting	AP
1/6/2020	Anne Parrott	Added alternate activation authority language: pgs 5, ¶4 and 22, ¶1	AP

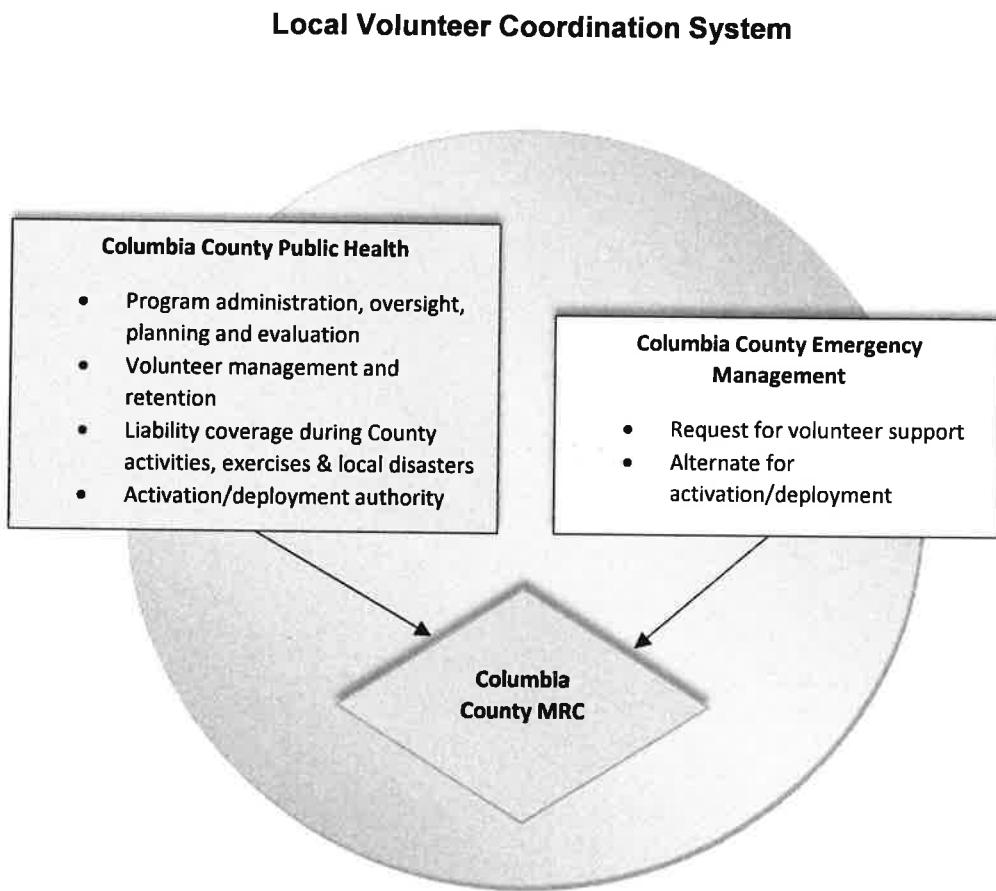
# COLUMBIA COUNTY MRC

## VOLUNTEER ACTIVATION & DEPLOYMENT PLAN

### INTRODUCTION

The Columbia County Medical Reserve Corps (hereafter referred to as MRC) is a voluntary group, housed within Columbia County Public Health (CCPH), who are dedicated to aiding the County's emergency response system. MRC volunteers are medical, paramedical, or paraprofessional individuals who are willing to assist Columbia County in the event of natural or human-caused disasters. Volunteer duties may include: providing surge at local clinics, staff Points of Dispensing (POD), provide medical assistance at medical care points, and assist public health authorities in conducting epidemiological investigations, disease surveillance or health education and outreach. Columbia County Public Health provides oversight of the MRC.

### ADMINISTRATIVE AND OVERSIGHT STRUCTURE:

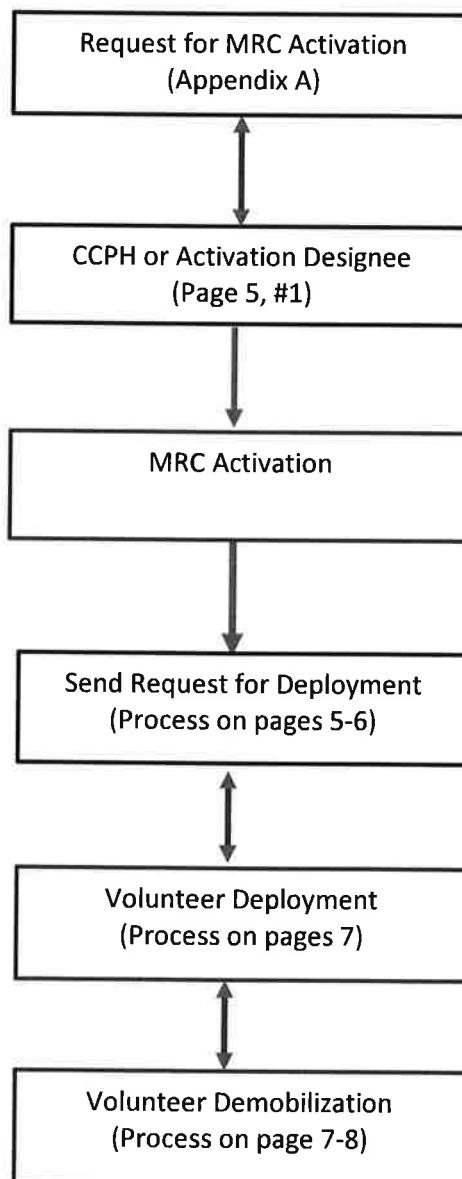


During emergency response, MRC Coordinator (or designee) will work within the Local Volunteer Coordination System

## **CRITERIA FOR ACTIVATION:**

MRC volunteers may be activated during any County or State declared emergency when there is a need for skilled personnel to provide services such as triage, treatment and/or stabilization, or mental health support to injured or medically fragile individuals. MRC may also be activated to participate in emergency preparedness drills and exercises, for health promotion and education events, for the surveillance and investigation of diseases, and staffing of first aid or medical aid stations.

## **ACTIVATION AND DEPLOYMENT PROCESS**



## ACTIVATION PROCEDURES

### Exercises and Other Non-Emergency Requests for MRC Activation

All requests for volunteers must be directed to Columbia County Public Health. CCPH has the authority to activate and deploy MRC volunteers based on situation and needs assessment. Non-emergency requests for MRC activation may include but are not limited to county, regional or statewide exercises, public health initiatives, health screenings, and immunization clinics.

Once the decision is made to activate MRC, the MRC coordinator or designee will follow up on the request for deployment and the completed MRC Volunteer Request Form (Appendix D).

Refer to Appendix B for detailed communications protocol and Appendix C for point of contact information.

### Emergency Requests for MRC Activation

1. *County Declared or Local Emergency: volunteers are deployed within Columbia County*  
All requests for volunteers must be directed to Columbia County Public Health. The CCPH Director has the authority to activate and deploy MRC volunteers based on situation and needs assessment. In the event the CCPH Director is unavailable, the Emergency Management Director will serve as alternate for activation and deployment of the volunteers. The County will be the primary agency responsible for volunteer liability and accident insurance (Appendix H).

If the County Emergency Operations Center (EOC) is activated, requests for volunteers shall be directed to the EOC, which will be responsible for relaying the request to the CCPH Director. Once the decision to activate MRC has been made, the CCPH Director will contact the MRC coordinator or pre-designated alternate personnel with request for deployment and the completed MRC Volunteer Request Form (Appendix D). Please refer to Appendix B for detailed communications protocol and Appendix C for point of contact information.

If the EOC is NOT activated, requests for volunteers may also be directed to Columbia County Emergency Management (EM), which will then relay the request to the CCPH Director.

Once the decision to activate MRC has been made, the CCPH Director will contact MRC coordinator or other pre-designated personnel with request for deployment and completed MRC Volunteer Request Form (Appendix D). Please refer to Appendix B for detailed communications protocol and Appendix C for point of contact information.

2. *County Declared Emergency: volunteers are deployed outside of Columbia County*  
Requests for MRC activation may be made by other Counties within the State or the State Emergency Registry of Volunteers in Oregon (SERV-OR). Following a request from another County for MRC activation, the CCPH Director will make the decision regarding MRC activation based on pre-defined activation criteria. Intergovernmental Agreements should be followed for volunteer liability coverage, accident insurance, as well as for housing, feeding, and transport of volunteers. Once a decision to activate MRC has been made, CCPH Director will contact MRC coordinator or other pre-designated personnel with request for deployment and completed MRC Volunteer Request Form (Appendix D). Please refer to Appendix B for detailed communications protocol and Appendix C for contact information.

### 3. State Declared Emergency

All requests for volunteers must be directed to the Columbia County Public Health Director, which has the authority to activate and deploy MRC volunteers based on situation and needs assessment.

Requests for MRC activation may be made by other Counties within the State. Following a request from another County or SERV-OR for MRC activation, the CCPH Director will make decisions regarding MRC activation based on pre-defined activation criteria. Intergovernmental Agreements should be followed for volunteer liability coverage, accident insurance, as well as for the housing, feeding, and transport of volunteers.

Once the decision to activate MRC has been made, the CCPH Director will contact the MRC coordinator or other pre-designated personnel with the request for volunteer mobilization and completed Volunteer Request Form (Appendix D). The County EOC will be kept apprised of decisions to activate, deploy and demobilize MRC volunteers. Depending on the nature of the incident, notifications/alerts may be sent via phone calls, emails or mass media requests. Please refer to Appendix B for detailed communications protocol and Appendix C for contact information.

### Liability Coverage

Liability coverage for volunteers will be provided by Columbia County when the MRC is conducting duties directly for the County and will be provided by the agency requesting the use of MRC volunteers during requested and approved exercises and other non-emergency events. If under any circumstance liability coverage will not be provided for the volunteers, advance notice will be given provided the County is reasonable made aware of the potential need for coverage.

During Columbia County declared emergencies requiring MRC deployment within Columbia County, liability and accident insurance will be provided by the County.

In the event of a County declared emergency where volunteers are deployed outside of Columbia County, the liability coverage and accident insurance will be provided either by Columbia County or the agency requesting the use of MRC volunteers. For further details see the *Intergovernmental Agreement Between Clackamas County Health Housing and Human Services, Columbia County Public Health, Multnomah County Health Department, Washington County Health and Human Services and Yamhill County Public Health for the Sharing of Qualified Medical Reserve Corps volunteers*.

In the event of Governor declared emergencies, or state-authorized training or exercise, liability coverage for MRC volunteers becomes the responsibility of the State under the following conditions:

1. the volunteer is a registered member of the State Managed Volunteer Pool (SMVP)
2. the volunteer is licensed and in good standing or the volunteer's license has been inactive within the past ten years (OAR 333-003-0117)
3. the volunteer is serving as a SMVP volunteer to support an Oregon Health Authority Public Health Division response or exercise
4. the volunteer works under the directions of the incident management team (IMT)
5. the volunteer accepts no compensation for his/her work

The liability and injury protection is under the Oregon Tort Claims Act.

## **DEPLOYMENT PROCEDURES**

### **Deployment from Home Base**

Upon arrival to the designated site for deployment:

1. Screen volunteers for health status (medical information such as allergies, current medications, emergency contact, physician contact)
2. Review of pre-deployment paperwork including the Tier Levels for Training and Deployment (Appendix A) and Pre-Deployment Job Action Form (Appendix F)
3. Clarify what expenses may be reimbursed and documentation needed
4. Review housing, meals and transportation arrangements (if available/needed)
5. Review method of contact
6. Review volunteer expectations

### **Upon Arrival at Scene of Operation**

1. Volunteer sign in
2. ID and license verification
3. Safety briefing
4. Housing, meals and transportation needs clarified
5. Job assignment clarified
6. Supervisor identified
7. Support equipment distributed
8. Just-in-Time Training provided
9. Orientation to disaster scene
10. Incident briefing and shift assignment clarified

### **Equipment for Volunteers**

The sponsoring agency will provide MRC volunteers with the following equipment and supplies:

- Food and water for 48 hours
- Necessary medical supplies
- Necessary personal protective equipment
- Tissues, antibacterial hand wipes or hand sanitizer
- Office supplies (clipboard, pen/pencil/highlighter, paper, etc.)

See Appendix E for a suggested equipment/packing list of items MRC volunteers should provide depending upon the type of deployment.

## **DEMOBILIZATION PROCEDURES**

1. The Medical Reserve Corps personnel will support emergency medical, public health or healthcare operations for the duration of an incident or as long as their assistance is required. It is possible that some unit personnel and resources are demobilized before others as their assignments are completed.

2. Unit personnel will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.
3. When demobilizing, unit personnel should ensure the following actions are accomplished:
  - a. Ensure all assigned activities and shift (s) are completed.
  - b. Unit personnel should ask their immediate on-scene supervisor if additional assistance is required.
  - c. The Unit Commander should confer with the Incident Commander (or similar official if operating within a healthcare or public health agency setting) to determine whether additional assistance is required from the MRC.
  - d. If within the scope of one's assignment, help ensure all injured personnel and fatalities are properly processed and transported to appropriate facilities.
  - e. Account for unit equipment.
  - f. Clean up any debris or trash associated with unit assignments.
  - g. Volunteer completes shift(s) and is released from chain of command.
  - h. Participate in operational debriefing
  - i. Volunteer will be directed to designated rehab space to rest before completing final steps of demobilization.
  - j. Volunteer will be directed to designated rehab space to rest before completing final steps of demobilization.
  - k. Complete Post-Deployment Questionnaire (Appendix G)
  - l. Notify MRC coordinator, Columbia County EOC or other personnel that the volunteer assignment has been completed and volunteer has been released.
  - m. MRC coordinator, Columbia County EOC or other designated personnel communicate with the volunteer and document mission.
  - n. Unit Commander and Transportation Officer should ensure availability of transportation home for unit personnel.
  - o. Notify the Incident Commander (or similar healthcare clinic or public health agency official if operating within those settings) when unit personnel and resources depart the site.

**APPENDIX A**  
**Tier Levels for Training and Deployment**

Tiers	Training Requirements	Examples of Deployment Tasks
<b>Tier 4 Volunteer Leader</b>	<ul style="list-style-type: none"> <li>• Complete Tier 1, 2 &amp; 3 requirements</li> <li>• Complete Advanced Disaster Life Support class</li> <li>• Builds emergency preparedness skills by taking advanced trainings</li> <li>• Willing to be activated &amp; quickly assigned to leadership role</li> </ul>	<ul style="list-style-type: none"> <li>• Any Tier 1, 2 &amp; 3 tasks</li> <li>• POD supervisor</li> <li>• Other duties as assigned</li> </ul>
<b>Tier 3 Advanced Volunteer</b>	<ul style="list-style-type: none"> <li>• Complete Tier 1 &amp; 2 requirements</li> <li>• Complete Basic Disaster Life Support class</li> <li>• Build emergency preparedness skills (completion of trainings in Volunteer Handbook, pg 15)</li> </ul>	<ul style="list-style-type: none"> <li>• Any Tier 1 &amp; 2 tasks</li> <li>• Team Leader, advanced screening, dispensing consultation</li> <li>• Assessment, triage</li> <li>• Call in prescription refills</li> <li>• Other duties as assigned</li> </ul>
<b>Tier 2 Intermediate Volunteer</b>	<ul style="list-style-type: none"> <li>• Complete Tier 1 requirements</li> <li>• Complete Psychological First Aid training</li> <li>• Complete Point of Dispensing (POD) training</li> <li>• Complete/maintain 1<sup>st</sup> aid/CPR/AED training/certification*</li> </ul>	<ul style="list-style-type: none"> <li>• Any Tier 1 tasks</li> <li>• Screening, triage, dispensing</li> <li>• Vaccinations (within scope of license), health education</li> <li>• Basic 1<sup>st</sup> aid (treatment within scope of license/certification)</li> <li>• Health care within scope of practice</li> <li>• Reception center</li> <li>• Basic triage</li> <li>• Other duties as assigned</li> </ul>
<b>Tier 1 Basic Volunteer</b>	<ul style="list-style-type: none"> <li>• Complete MRC application on SERV-OR</li> <li>• Pass license verification (as applicable)</li> <li>• Complete interview</li> <li>• Sign &amp; return required paperwork</li> <li>• Attend MRC orientation</li> <li>• Complete HIPAA &amp; Blood Borne Pathogen training*</li> <li>• Complete Personal Preparedness training</li> <li>• Complete ICS-100 &amp; IS-700 courses</li> </ul>	<ul style="list-style-type: none"> <li>• Greeter/forms, runner, flow monitor, dispensing</li> <li>• Scribe/documentation</li> <li>• Call center</li> <li>• Registration</li> <li>• Other duties as assigned</li> </ul>

**\*For those volunteers whose employer requires this training, the volunteer must provide a copy of the Certificate of Completion to the MRC coordinator.**

**Professional training and experience may substitute for some of these trainings at the discretion of the MRC coordinator, Public Health Director and/or County Health Officer.**

**NOTE:** Upon deployment, position assignments will be based on training, licensure, and experience.

## APPENDIX B

### Communications Protocol

#### **In the event of an emergency and the MRC Coordinator is available:**

1. The Columbia County Public Health Director will contact the MRC Coordinator with the request for activation and a completed Volunteer Request Form (Appendix C).
2. MRC coordinator will contact volunteers using one or all of the following methods of communication:
  - a. Email
  - b. Text message
  - c. Phone
  - d. Mass media announcement
3. MRC coordinator will, to the extent possible, contact those volunteers with the skills needed and requested who are in the areas closest to those facilities requesting assistance.
4. The coordinator will also provide each volunteer with all the information provided by the County Public Health Director. In addition, the Coordinator will ask the volunteer to:
  - a. Wear MRC issued uniform (if possible) and appropriate, comfortable footwear
  - b. Bring MRC issued ID or a valid photo ID
  - c. Bring a cell phone
  - d. Bring 72-hour emergency pack and other applicable supplies, as applicable
5. Once volunteers have been notified and are on standby, the MRC Coordinator will verify volunteer licensure and credentials, report to the County Public Health Director and EOC with names of volunteers willing to deploy, their credentials, skill sets and any other pertinent information.
6. The County Public Health Director will then make the final decision for deployment. Volunteers will be notified by MRC Coordinator regarding decision to deploy via telephone, text message, email and/or mass media notification.

#### **In the event of an emergency and the MRC Coordinator is unavailable:**

A pre-designated person from Columbia County will be notified. The order of notification will be as follows:

1. Columbia County Public Health Director or designee
2. Columbia County Public Health Emergency Preparedness Coordinator (if different from MRC Coordinator)
3. Columbia County Emergency Management Director

All of these individuals will have access to current the MRC database and the following online medical professional license verification sites:

- Oregon State Board of Nursing, <http://osbn.oregon.gov/OSBNVerification/default.aspx>
- Oregon Board of Chiropractic Examiners, <http://obce.alcsoftware.com/liclookup.php>
- Oregon EMS License Verification, <http://orphcert.dhs.state.or.us/MyLicenseVerification/Search.aspx>
- Oregon Medical Board, <https://techmedweb.omb.state.or.us/Clients/ORMB/Public/VerificationRequest.aspx>
- Oregon Board of Pharmacy, <https://obop.oregon.gov/LicenseeLookup/>

The above individuals will follow the procedures outlined in the previous section to notify volunteers. Please refer to Appendix B for specific contact information.

**In the event of an incident that severely interrupts normal communication systems (i.e. catastrophic earthquake), MRC volunteers will:**

1. Take care of yourself and family first.
2. Respond/assist within your neighborhood as a good Samaritan and **not** as an MRC volunteer.
3. Report to the nearest fire station where you can assist as a **community** volunteer. As needed, take your personal and/or medical preparedness go-kit(s).

**NOTE:** Formal activation of MRC volunteers may not be possible for several days or weeks after a catastrophic event due to lack of communications. **Volunteers may not self-deploy as an MRC volunteer.**

**APPENDIX C**  
**Agency Contact Information**

*For Official Use Only by Authorized Personnel*

<b>Agency</b>	<b>Name and Position</b>	<b>Contact Info</b>
1. Columbia County Public Health	Coordinator, Public Health Emergency Preparedness & MRC	Anne Parrott Office: 503-366-3929 Cell: 503-926-2760 Home: 503-397-6431 <a href="mailto:anne.parrott@columbiacountyor.gov">anne.parrott@columbiacountyor.gov</a>
2. Columbia County Public Health	Director	Michael Paul Office: 503-397-7247 Cell: 971-225-8030 <a href="mailto:michael.paul@columbiacountyor.gov">michael.paul@columbiacountyor.gov</a>
3. Columbia County Public Health	Health Officer	Joseph Skariah, MD Cell: 630-853-2354 <a href="mailto:skariah@ohsu.edu">skariah@ohsu.edu</a>
4. Columbia County Public Health	24/7 After Hours (for reporting Public Health emergencies)	503-397-7247
5. Columbia County Emergency Management	Director	Steve Pegram Office: 503-366-3934 Cell: 360-920-6444 <a href="mailto:steve.pegram@columbiacountyor.gov">steve.pegram@columbiacountyor.gov</a>
6. Columbia County Emergency Management	Deputy Director	Shaun Brown Office: 503-366-3933 Cell: 530-313-3902 <a href="mailto:shaun.brown@columbiacountyor.gov">shaun.brown@columbiacountyor.gov</a>
7. Columbia County Emergency Management	EOC	503-366-3930
8. Columbia 911 Communication District	Non-Emergency Dispatch	503-397-1521

## APPENDIX D

### Columbia County MRC Volunteer Request Form

<b>Pre-Notification Information</b>	
Request Date and Time:	
Requesting Agency Name:	
Requesting Agency Contact:	
Person/authority at CCPH approving request:	
Agency responsible for liability and accident insurance:	
Brief description of incident & location:	
Number of volunteers requested:	
Occupation/specialty requested:	
Volunteer assignments (reference standing orders/SOPs):	
Date(s) service requested:	
Estimated length of shift(s):	
Work and environmental risks:	
<b>Activity Description</b>	
Position Title(s):	
Description of the activity and special or unique circumstances expected to be encountered:	

Blood Borne Pathogen Training required:  Yes  No

Immunizations required:  Yes Specify:  
 No

Special licensure/credentials needed:

#### **Physical Factors**

Check the box that best describes the overall amount of physical effort required to perform this job.

- Standard** – Normally seated, standing or walking at will; requires ability to do some bending and light carrying.
- Restricted/Not Mobile** - Confined to immediate work area; can only leave station during assigned breaks.
- Exertive** – Extensive walking, recurring bending, crouching, stooping, stretching, reaching or similar activities; recurring lifting of light or moderately heavy items.
- Strenuous** – Considerable and rapid physical exertion or demands on the body such as frequent climbing of tall ladders, continuous lifting of heavy objects, crouching or crawling in restricted areas; exertion requires highly intense muscular action could lead to substantial muscular exhaustion.

#### **Pre-Deployment Considerations**

Where does volunteer report to:

Contact person(s) at site:

ID needed to access incident/site:

Expense reimbursement (if any):

Method for contact and check-in:

Training needs (just-in-time training):

Who will provide training:

## APPENDIX E

### Pre-deployment Equipment Packing List

The deployment equipment list below is meant to guide you, since you know better than anyone the things you need day to day to keep yourself healthy and fully functioning. *Your work and sleeping environment may have very limited facilities. Electricity and potable water may be limited. You may be working several hours from where your lodging is located, which may be a tent or shelter. Conditions will be extreme; there will be no modern comforts. Prepare accordingly!*

#### Suggested Personal Equipment List:

• Sufficient amount of cash for food for number of days deployed. Credit cards may not work.
• Drinking water for 48-72 hours (2-3 gallons); options – Camel back, water bottle, filter, LifeStraw®
• Snacks and light food (protein bars, nuts, etc.)
• Eight changes of personal clothing <b>appropriate for weather conditions</b> or location of work (in community, dealing with large debris, etc). It may be necessary to hand wash some of your clothing.
• Two pairs of boots as nails, debris, mud, and water will be present. Inexpensive flip-flops for shower shoes, plenty of dry socks and undergarments.
• Jacket/wet weather gear/poncho
• Work gloves and hat
• Personal hygiene products: toilet paper, sunscreen, shampoo, shaving kit, deodorant, toothbrush, toothpaste, floss, foot powder, Kleenex, lip balm, wet wipes (this may be your bath) alcohol based hand sanitizer, feminine hygiene products
• Towel and wash cloth (quick drying, if possible)
• Extra eyeglasses, prescription and over the counter medications for up to 14 days (in original prescription bottles), allergy medication, eye drops, aspirin, etc.
• Cell phone (fully charged); AC and DC charging options
• Sunglasses and safety glasses
• Sleeping bag, pillow and air mattress
• Copy of professional license, driver's license, insurance cards, MRC identification badge
• Plate and utensils
• Manual can opener, Swiss army knife, multi-purpose tool, bandage scissors
• Backpack or Fanny Pack okay – <b>No Purses</b>
• Watch, whistle
• Personal flashlight /headlamp and extra batteries
• Two large trash bags for dirty clothing and to keep sleeping gear/luggage dry.
• Stethoscope, other exam tools (blood pressure cuff, pen light, etc.) and drug reference book if available
• Re-sealable plastic storage bag
• Duffel bag/soft carry-on bag, waterproofed
• Ear plugs and eye mask for sleeping
• Masks for respiratory protection

## APPENDIX F

### Pre-Deployment Job Action Form

**Instructions:** The worker/responder reviews the form, fills in their personal information and signs at the bottom.

<b>Personal Information</b>	
Name:	
Phone:	
Profession/Specialty:	
License/License Number:	
Emergency Contact:	
Primary Care Provider (name & phone):	
<b>Activity Description (to be completed by Coordinator or designee)</b>	
Position	
Title:	
Description of the activity and special or unique circumstances expected to be encountered:	
Bloodborne Pathogen training required:	
Immunizations required (specify):	
Special licensure/credentials needed:	
<b>Physical Factors</b>	
Check the box that best describes the overall amount of physical effort required to perform this job.	
<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Standard</b> - Normally seated, standing or walking at will; requires ability to do some bending and light carrying.</li><li><input type="checkbox"/> <b>Restricted / Not Mobile</b> - Confined to immediate work area; can only leave station during assigned breaks.</li><li><input type="checkbox"/> <b>Exertive</b> - Extensive walking, recurring bending, crouching, stooping, stretching, reaching or similar activities; recurring lifting of light or moderately heavy items.</li><li><input type="checkbox"/> <b>Strenuous</b> - Considerable and rapid physical exertion or demands on the body such as frequent climbing of tall ladders, continuous lifting of heavy objects, crouching or crawling in restricted areas; exertion requires highly intense muscular action could lead to substantial muscular exhaustion.</li></ul>	
If you have any health or physical limitations please explain:	

**Do you have any allergies (food, medication, insect, dust, latex, etc.)?**

- No
- Yes (If "Yes", please specify):

**Signature**

By signing below, I understand and acknowledge that as part of my participation in emergency response activities, there are physical and emotional demands to every assignment. I have read and reviewed the expected activities, working conditions, physical factors, and immunization requirements, as described in this document and feel that I am currently physically and emotionally capable of performing the tasks required.

I understand that if selected, I may be asked to verify my immunization history or immunity status, or additional health information, as it pertains to the risks associated with the assignment.

I also acknowledge that it is my responsibility to inform my incident supervisor if, for whatever reason, I am unable to meet the physical and emotional demands of the assignment.

---

Sign Name

Print Name

Date

## Appendix G

### Post-Deployment Questionnaire

Today's Date: \_\_\_\_\_

**Instructions:** The Safety Officer (SOFR) or Incident Commander determines when this tool is implemented. The responder completes the form and the SOFR (or assigned personnel) reviews the form to determine any follow-up actions.

#### **Personal Information**

**Name:** \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact** (name and phone number): \_\_\_\_\_

**Primary Care Provider** (name and phone number): \_\_\_\_\_

What organization are you affiliated with? \_\_\_\_\_

#### **Incident Information**

**Incident Name:** \_\_\_\_\_

**Incident Position:** \_\_\_\_\_

**Dates Deployed/Activated:** \_\_\_\_\_ to \_\_\_\_\_

**Location(s):** \_\_\_\_\_

**Supervisor(s) on scene:** \_\_\_\_\_

#### **What were your duties while deployed?**

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**Have you experienced any physical or mental/behavioral health symptoms related to this deployment?**

Yes / No

**If yes, please explain:**

## Would you like professional support?

Yes/No

If No and you change your mind, please contact the Unit Coordinator.

## How long will it take you to get home?

Approximate amount of time:

## Do you feel safe transporting yourself home?

Yes/No

\*If No, notify Unit Commander or Transportation Officer to make transportation arrangements for the volunteer.

### **Is there someone at home who can support you?**

Yes/No

## Appendix H

### **Columbia County MRC Volunteer Policy Statement**

#### **Mission Statement**

The mission of the Columbia County Medical Reserve Corps is to establish and maintain a pool of pre-identified and pre-credentialled licensed or certified health and medical professionals, paramedical and paraprofessionals to provide surge capacity for health/medical response during natural or human-caused disasters and large-scale public health crises, as well as to provide support for local public health initiatives and emergency management exercises and other initiatives. The Columbia County MRC will also collaborate with other MRC units from neighboring counties (Clackamas, Clark, Multnomah, and Washington) to coordinate regional response to public health disasters.

#### **Who can volunteer?**

MRC volunteers are medical, paramedical, and paraprofessional individuals who are willing to assist Columbia County in the event of natural or human-caused disasters. A wide range of health and medical professionals are eligible to become MRC volunteers. These include Medical Doctors, Doctors of Osteopathic Medicine, Physician Assistants, Podiatrist, Acupuncturists, Registered Nurses, Licensed Practical Nurses, Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Certified Nursing Assistants, Emergency Medical Technicians, Paramedics, Pharmacists, Pharmacy Technicians, Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors/Therapists, Respiratory Therapy Technicians, Radiologic Technologists, Environmental Health Specialists, Dentists, and Veterinarians. This is not an exhaustive list of professionals.

Medical volunteers must be licensed or certified to provide health care services in Oregon. Upon application, license verification will be performed for each volunteer and a background check may be performed as needed. License status will be routinely re-verified to confirm active status and good standing. In the event of a Governor declared disaster, healthcare professionals whose license has been inactive not more than 10 years will be able to practice under their prior Scope of Practice. Reference: OAR 333-003-0100 thru 333-003-0119.

#### **Application Process**

1. Complete online volunteer registration at **SERV-OR.org**.
2. Participate in a brief face-to-face interview with the MRC coordinator.
3. Complete confidentiality consent and additional required documents.

#### **Volunteers' Roles during Emergency Response**

Unless specifically directed, volunteers will be required to only perform or provide services authorized under the terms and conditions of their professional licenses. These services/activities may involve:

- Dispensing medication or vaccines
- Reviewing medical histories
- Medical Triage

- Providing first aid services
- Documentation support for medical volunteers
- Providing psychological first aid
- Conduct health screenings
- Participating in County emergency preparedness exercises
- Participating in local public health initiatives
- Other medical or healthcare services as needed

### **Activation and Deployment**

Columbia County MRC volunteers shall provide or perform services under the direction of duly authorized agency representatives and for which they are authorized to perform or provide under the terms and conditions of their professional licenses. **Volunteers shall not self-activate or self-deploy.** MRC volunteers can only be activated and deployed at the request of the Columbia County Public Health Director. In the event the CCPH Director is unavailable, the Emergency Management Director will serve as alternate for activation and deployment of the volunteers. Volunteers may be activated and deployed for emergency response purposes, and to participate in public health initiatives or preparedness exercises. As necessary, volunteers will be activated via phone, text message, email and/or mass media requests.

### **Annual Volunteer Notification and Mock Activation Exercise**

In order to test our organization's emergency notification and communications procedures, the MRC performs an annual mock activation exercise, which may coincide with planned countywide emergency exercises.

### **General and Professional Liability Coverage**

With the exception of oral health care, liability coverage for volunteers is available from Columbia County under the conditions that volunteers serve without compensation, act under the direction of the County, and provide or perform services for which they are authorized under the terms and conditions of their professional licenses.

Liability coverage for physicians, chiropractors, acupuncturists, naturopaths and dentists is available from Columbia County under the above stated conditions.

### **Workers Compensation**

Columbia County MRC volunteers are covered for accident insurance through Columbia County for injuries incurred during deployment by the agency.

### **Identification**

All Columbia County MRC volunteers will be issued an identification badge.

### **Orientation and Training**

All Columbia County MRC volunteers are required to participate in one orientation/training session and complete self-study courses. Training topics will include Incident Command Structure (ICS), management and operation of points of dispensing sites, use emergency communication equipment and additional courses as determined appropriate by the volunteer coordinator.

## APPENDIX I

### State Emergency Registry of Volunteers in Oregon

The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a statewide registry system to help pre-credentialed health care professionals (physicians, nurses, behavioral health providers and others) volunteer their services during emergencies with significant health impacts. The registry is sponsored by the Oregon Health Authority Public Health Division in partnership with the Medical Reserve Corps. SERV-OR is established in response to a Federal mandate, known as the Emergency System for the Advanced Registration of Volunteer Health Professionals, which establishes a set of National standards that gives each State the ability to quickly identify and assist in the coordination of volunteer health professionals in an emergency. SERV-OR targets all licensed/certified healthcare professionals within the State of Oregon. These licensing boards allow real-time licensure verification: Athletic Training, Chiropractic, Direct Entry Midwifery, Dentistry, Denture Technology, Dieticians, EMTs/Paramedics/Emergency Medical Responders, Licensed Professional Counselors and Therapists, Massage Therapy, Medical Board (Medical Doctors, Osteopathic Medicine, Podiatric Physicians, Physician Assistants, Acupuncturists), Medical Imaging, Naturopathic Medicine, Nursing, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Psychology, Respiratory Therapy, Social Work, and Speech-Language Pathology and Audiology.

All Oregon MRC units and unit administrators have the opportunity to participate in SERV-OR at no cost to the unit or to the unit's housing organization. Some basic operational guidelines apply. Through SERV-OR, local unit administrators have the ability to quickly send alerts, activation notifications and other announcements to all volunteers within the unit simultaneously via email and/or telephone. Unit administrators will have access to an automated system for licensure verification as well as a training and deployment log. Unit administrators will also have a quick and efficient method to quarry for volunteer skill sets during an emergency. SERV-OR provides a highly secure deposit of volunteers' personal information.

The SERV-OR allows prospective volunteers to apply through a web-based process. It is simple, straight forward, and takes less than 30 minutes to complete. A qualifying medical/health professional registering on SERV-OR has the opportunity to join either the State Managed Volunteer Pool (SMVP) or the MRC unit within their County of residence. Volunteers living in a County without a MRC unit will be able to join the SMVP. Volunteers will also be able to indicate their deployment preferences. For example, volunteers may choose to be deployed locally, in-state, or out-of-state.

Volunteers who have registered to join a local MRC unit will be independently assessed by the unit administrator and approved/disapproved by him/her. Volunteers under a local MRC unit are first and foremost local resources. The Oregon Health Authority Public Health Division does not have the privilege or authority to administer, activate or deploy local MRC volunteers. In the event of an emergency, the Oregon Health Authority Public Health Division may request volunteers through local MRC units or SERV-OR.