

WISCONSIN DISASTER MEDICAL RESPONSE TEAM



*medical
reserve
corps*

Membership
Handbook
Jan 2013

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I. Introduction

A. Purpose of the Operations and Policy Manual

1. This manual will establish the necessary organizational, operational, and administrative procedures for the effective operation of the Wisconsin Disaster Medical Response Team Medical Reserve Corps.
2. This manual will provide guidance to Wisconsin Disaster Medical Response Team Medical Reserve Corps members, medical practitioners, public health officials, emergency services personnel, and others for the effective deployment of members in emergency medical operations and public health activities.
3. This manual will enhance the community's knowledge of the Wisconsin Disaster Medical Response Team Medical Reserve Corps and describes the process established to activate the team and utilize its personnel and resources for emergency medical operations and public health activities.

B. Program Overview

1. The Medical Reserve Corps (MRC) is a component of the Citizen Corps that brings together local health professionals and others with relevant health-related skills to volunteer in their community. These members will assist local, existing community emergency medical response systems to augment, assist, and support existing medical and public health systems during disasters, public health, and other emergencies.
2. This Medical Reserve Corps team—Wisconsin Disaster Medical Response Team Medical Reserve Corps—shall be herein referred to as WDMRT MRC.
3. WDMRT MRC was created through a partnership with K-9 Emergency Response Teams—herein referred to as KERT—and the U.S. Surgeon General in the Office of the Civilian Medical Reserve Corps (OCMRC).
4. KERT is a volunteer search and rescue organization that consists of canine, ground search, and medical teams. The organization responds to wilderness, water, human remains, and disaster search and rescue missions.
5. The WDMRT MRC is an “all hazards” resource; that is, the team's members and resources may be utilized in any type of natural, technological, or man-made emergency, including search and rescue missions. Team members will only be used in functional areas or given assignments for which they are properly trained and equipped.
6. WDMRT MRC may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. The team's members and resources may also be used in smaller incidents involving a single jurisdiction or agency.
7. The primary region served by WDMRT MRC is central Wisconsin, including the following counties: Marathon, Wood, Waupaca, Portage, and Langlade. However, WDMRT MRC can also serve all of Northern Wisconsin if necessary.
8. The WDMRT MRC is trained to serve as a local/regional resource, used prior to the arrival of a Disaster Medical Assistance Team (DMAT) or a Metropolitan Medical Response Team.
9. WDMRT MRC members and resources may be assigned to area hospitals, public health agencies, or mass care facilities to augment and assist the staff of these healthcare facilities.

10. WDMRT MRC will not replace existing Emergency Medical Systems or their resources. During emergencies, WDMRT MRC members may provide an important “surge” capability to perform some functions usually performed by emergency medical response teams that have been mobilized.

11. WDMRT MRC members are also good resources for helping the community plan its response to numerous health-related situations. For example, they can assist with distribution of pharmaceuticals and provide numerous tasks to help the community manage public health issues when there is a shortage of regular healthcare providers or healthcare support staff because of a local, man-made, or natural disaster.

C. Purpose

WDMRT MRC can:

- a. Provide a cadre of NIMS-credentialed, medical volunteers who, during a disaster, search and rescue, mass casualty, or public health event, can supplement a local, regional, state, and national response.
- b. Provide outreach and education to the public on disaster preparedness and injury prevention.
- c. Provide education to non-team, health care, and medical responders on specialized medicine.
- d. Provide our partner organization, K-9 Emergency Response Teams (KERT), with rehabilitation and field medical support for the team’s human and canine members.

D. Mission Statement

The mission of the Wisconsin Disaster Medical Response Team Medical Reserve Corps is to create a cadre of credentialed health and medical volunteers that can serve and support first responders, area hospitals, and public health officials in times of major emergencies or disasters.

E. Description of Local Situation

1. There are numerous emergency medical services (EMS) agencies (both private and local government entities) in the WDMRT MRC coverage area providing Basic and Advanced Life Support (BLS and ALS) services. However, few of these services are prepared to handle specialized medical situations that involve extended, on-scene times beyond the “Golden Hour” or to perform medicine in an austere environment. Physicians and/or nurses do not normally respond to emergencies in the field with these EMS agencies.

2. There are 9 acute care hospitals with a combined total of less than 1000 beds in WDMRT MRC’s primary region, serving a population of nearly a half million people. A large-scale emergency with mass casualties has the capability of severely taxing the resources of our local healthcare facilities.

3. No Disaster Medical Assistance Teams (DMAT) exist within the state of Wisconsin. The nearest DMAT are in St. Paul, Minnesota, and Springfield, Illinois. Out-of-area, specialized, emergency medical resources may take at least 12-24 hours (possibly longer, depending upon availability) to arrive in Northern Wisconsin.

4. In addition, DMAT can only be utilized:

- a. By a presidential declaration of a disaster,
 - b. By request for major medical assistance from a state health official under provisions of the Public Health Service Act, or
 - c. In a foreign military conflict involving U.S. Armed Forces, where casualty levels are likely to exceed the capacity of the Department of Defense-Veterans Administration Medical System.
5. Historically, medical personnel spontaneously volunteer to assist during emergencies or disasters. Spontaneous volunteers may not be familiar with the organization and structure of the existing local emergency response system and, therefore, may not be as effective and efficient in the provision of emergency medical services as members of organized response groups. Additionally, well-qualified medical professionals may not be put to their best use when they spontaneously volunteer for lack of verification of licensure or qualifications.
6. Local public health agencies do not have adequate staffing to execute large-scale mass immunization or prophylaxis operations and will need assistance from volunteer medical and other personnel in these and other public health operations.

F. Assumptions

1. Emergencies may require medical response operations in unconventional or hostile environments for extended periods of time.
2. Adequate supplies of required medical equipment and pharmaceuticals may not be immediately available to medical personnel due to logistical disruptions or other limitations caused by an emergency situation.
3. Because of this, WDMRT MRC members will have adequate personal protective equipment and supplies to operate for at least 72 hours.
4. WDMRT MRC members will be well versed in the National Incident Management System (NIMS) and can be readily integrated into the existing emergency medical response system. To help facilitate this integration, WDMRT MRC members will meet NIMS Emergency Responder Credentialing Job Titles in one of three categories: Medical and Public Health, Search and Rescue, or EMS.
5. Area hospitals, emergency services organizations, and public health agencies are aware of the organization and capabilities of the WDMRT MRC and may request the team's assistance in emergencies.
6. In a large-scale mass casualty event, it is assumed that emergency rooms in many of the area's acute care hospitals will be quickly overwhelmed, and the traditional "treat and transport" mechanism may not be sufficient to minimize loss of life. Due to the potential delay in treatment at emergency rooms, patients may need to be properly triaged, periodically re-assessed, and receive life-saving care at the scene of an emergency event. WDMRT MRC members will be able to assist with these field medical operations.

II. Team Organization and Composition

A. Organizational Structure

The WDMRT MRC organizational structure is composed of the following functional areas:

1. Management Team
2. Medical Response Personnel
3. Support Personnel

B. Team Composition

The WDMRT MRC shall be composed of the following:

1. Management Team
 - a. The WDMRT MRC Director is a member of KERT's Management Team, is responsible for overall management of the WDMRT MRC, and provides consultation and support to WDMRT MRC. He or she is responsible for the oversight and administrative control of the development, implementation, and operational aspects of WDMRT MRC.
 - b. The WDMRT MRC Coordinator ensures the goals and day-to-day operations of WDMRT MRC are carried out.
 - c. The WDMRT MRC Medical Director works with the WDMRT MRC Director and Coordinator on WDMRT MRC medical issues.
2. Medical Response Personnel
 - a. Physician or Physician Assistant – The primary duty of the physician or physician assistant is to assist in direct patient care, including planning and assessments. Physicians or physician assistants may oversee nurses, paramedics, and EMTs that are WDMRT MRC members while on a deployment. This position must meet Tier III membership requirements, at a minimum.
 - b. Advanced Practice Registered Nurse or Registered Nurse – The primary duty of the Advanced Practice Registered Nurse or Registered Nurse is to function as a health care professional licensed to diagnose and treat a range of health problems. An APRN or RN works in collaboration with a physician or other licensed practitioners such as other nurses or paramedics. This position must meet Tier III membership requirements, at a minimum.
 - c. EMT (P, I, and B) – The primary duty of the EMT is to provide basic triage, assessment, and noninvasive interventions to reduce the morbidity and mortality associated with acute, out-of-hospital medical and traumatic emergencies. This position must meet Tier III membership requirements, at a minimum.
 - d. Medical Search and Rescue Technician – The primary duty of the medical search and rescue (SAR) technician is the general health considerations of and delivery of medical care to all search and rescue team personnel and victims during non-disaster search and rescue missions. Any general practice physician, registered nurse, physician assistant, or EMT can fill this position. This position must meet Tier I membership requirements.

e. Medical Search and Rescue Disaster Technician – The disaster medical technician is similar to a medical search and rescue technician; however, his or her focus is confined space and crush syndrome medicine. Any general practice physician, registered nurse, physician assistant, or EMT can fill this position. This position must meet Tier I membership requirements.

f. Veterinarian Manager – The primary duty of the veterinarian manager is to oversee the coordination of veterinarians and veterinarian technicians on WDMRT MRC. A veterinarian manager must meet Tier II membership requirements.

g. Veterinarian – The primary duty of the veterinarian is to provide basic triage and assessment and life-sustaining interventions to all the KERT canines. Veterinarians must meet Tier II membership requirements.

h. Veterinarian Technician – The primary duty of the veterinarian technician is the general health considerations for and delivery of medical care to all the KERT canines. The veterinarian technician is responsible for the implementation of the canine medical action plans specified by the Veterinarian Manager. Veterinarian technicians must meet Tier II membership requirements.

i. Pharmacist – The primary duty of the pharmacist is the compounding and dispensing of prescriptions requested by physicians and other licensed practitioners at the site of an emergency or disaster. The pharmacist maintains responsibility for the distribution and accountability of pharmaceuticals utilized by WDMRT MRC at the incident site. This position must meet Tier III membership requirements, at a minimum.

j. Pharmacy Technician – The primary duty of the pharmacy technician is to carry out the clinical pharmacy functions of drug selection and compounding and the dispensing of pharmaceuticals. The pharmacy technician makes judgments concerning drug effects and patient behavior, especially adverse effects. The pharmacy technician brings potentially serious situations to the attention of medical personnel. This position must meet Tier III membership requirements, at a minimum.

3. Support Personnel

a. Hazardous Materials Technician – The hazardous materials technician provides assistance and information to medical personnel regarding Haz-Mat or WMD exposure and injuries. The hazardous materials technician would be called upon to assist WDMRT MRC at a known Haz-Mat, WMD, or disaster event. This position must meet Tier II membership requirements, at a minimum.

b. Logistics Technician – The logistics technician is responsible for supplying the logistical needs of the WDMRT MRC. This position must meet Tier II membership requirements, at a minimum.

4. WDMRT MRC Teams

a. WDMRT MRC is developing a team-concept approach to response, based on NIMS Medical Resource Typing. Each team will be comprised of the following, with additional personnel to support logistical concerns:

- 2 – Physicians (1 could be PA)
- 6 – Nurses
- 5 – EMT's (P, I, or B)
- 1 – Pharmacist or Pharmacy Technician
- 2 – Non-medical support personnel

b. WDMRT MRC has a goal to build two (2) of the above listed teams and place the teams in a manner that each area of the region can be covered by at least one initial team; support would come from the additional team as necessary.

III. WDMRT MRC Operations

A. Incident Command System

WDMRT MRC will operate under the Incident Command System (ICS). The use of this system allows WDMRT MRC to be readily integrated into the emergency response system used by local emergency service agencies throughout the region.

B. Member Requirements for Response

1. All WDMRT MRC members responding to team call outs shall meet the following requirements:
 - a. Must be current with WDMRT MRC requirements and have proper identification.
 - b. Retain a current and valid driver's and/or vehicle operator's license.
 - c. Have a current and valid vehicle registration and license for any/all vehicles used for call outs, responding to missions, or attending WDMRT MRC activities, classes, and training sessions.
 - d. Have, and be familiar with, the basic requirements for 24-hour and 48-hour packs (with the National Association for Search and Rescue—NASAR—current pack list)
 - e. Shall be familiar with the use, handling procedures, and policies regarding radios and other communication equipment during a mission,
2. All members responding on an official mission call out shall have met the minimum requirements for a medical or support specialty for the particular type of mission underway and shall perform in that particular role or function as needed during the mission.
3. Every operational member eligible to respond to a mission is responsible for notifying the WDMRT MRC Coordinator of his or her availability.
4. It is the affirmative responsibility of each member responding to or participating in a call out or mission to inform the WDMRT MRC Coordinator if the member is not qualified to perform the functions assigned or if the member feels uncomfortable accepting the assignment.

C. Activation of the WDMRT MRC

1. Activation Authority – As a resource, WDMRT MRC may be activated by:
 - a. Local or state government public safety officials, officials responsible for emergency management or public health, or their designated representatives.
 - b. Emergency Operations Centers.
 - c. Wisconsin Department Health Services, the State MRC Coordinator, or their designee.
 - d. Hospital chief executive officers, emergency department directors, or their designated representatives.
 - e. In the event of a National Deployment request, authority would come from either the State of Wisconsin or National MRC Office.

2. Any member receiving a request for assistance from one of the above or any authorized agent thereof shall immediately contact the WDMRT MRC Director or Coordinator for review, coordination, and dispatch.
3. When a mission is being activated, WDMRT MRC shall generally follow the guidelines outlined in the team Standard Operating Guidelines (SOG) and the following:
 - a. Only active operational members and associate members having expertise and proper current license are allowed to participate in missions.
 - b. The membership of any team member deploying to an incident representing KERT or WDMRT MRC and without being dispatched or knowledge of the team WDMRT MRC Director or Coordinator will be terminated.

D. Activation Procedure

1. WDMRT MRC will be activated by the KERT Duty Officer, who will contact and coordinate with the WDMRT MRC Coordinator and/or Director. Members will usually be notified via phone tree.
2. WDMRT MRC members may be put on stand by for a possible or an imminent deployment. This is usually done via e-mail, occasionally by phone.
3. Officials needing WDMRT MRC services normally contact the KERT pager. Occasionally the State MRC coordinator will contact the WDMRT MRC via team e-mail.
4. Local officials requesting the activation of WDMRT MRC must provide the following information to the Duty Officer or his or her designee:
 - a. The nature and scope of the emergency.
 - b. The location of the emergency.
 - c. The estimated number of patients and their injuries.
 - d. The staging area(s) or location(s) to which the teams are being deployed.
 - e. A contact phone number and/or radio frequency.
5. Elements of the WDMRT MRC or members with specialized skills may need to deploy in support of emergency medical response efforts, rather than the entire unit.
6. In Field Medical Operations, non-SAR WDMRT MRC members may be deployed to an emergency scene in the field, to a hospital or other healthcare facility, or to any other location where their services are needed or directed by the WDMRT MRC Director or Coordinator.
7. WDMRT MRC members will then report to the staging area for the mission or may assemble at a pre-designated location and prepare for deployment to the emergency scene(s). All WDMRT MRC members shall park where directed by the agency Incident Command, Operations Chief, Staging Area Manager, or WDMRT MRC Incident Command Team.
8. Once on scene, WDMRT MRC members will check in with the appropriate officials (usually at a staging area), and team members will be integrated into the mission as directed by the Incident Command Team.
9. In the event of a National Deployment request, the same issues as above will be addressed. WDMRT MRC teams deployed into a domestic response plan will qualify as limited-term federal employees for the purposes of insurance and liability coverage.

E. Field Medical Operations

1. WDMRT MRC will usually not be a free-standing medical resource at incident scenes. Rather, team members shall be integrated into the field emergency medical response system and, to the extent of their training and capabilities, provide medical assistance and support as needed.
2. WDMRT MRC members may also be utilized at local mass causality incidents to assist in triage.
3. In a hazardous materials or related incident with casualties, WDMRT MRC members may be utilized for post-decontamination triage, stabilization, and patient care prior to transportation to hospital emergency departments. Such activities shall be confined to the “cold zone” of a hazardous materials incident and shall generally be in support of EMS resources at the scene.
4. Depending on their availability, WDMRT MRC members may support and assist local EMS and other emergency response agencies in any field medical operation for which the members are properly licensed, trained, or equipped.

F. Public Health Operations

1. For mass immunization or prophylaxis operations conducted by a local public health agency, volunteer medical personnel will be needed to augment the public health staff in administering vaccines, handling patient education, emergency medical response to potential vaccine reactions, and other activities. WDMRT MRC members may assist public health agencies with these kinds of operations.
2. In operations involving the deployment of the Strategic National Stockpile (SNS), WDMRT MRC pharmacists, pharmacy technicians and other members may augment and/or assist individuals from the state health department, Centers for Disease Control and Prevention (CDC), and other personnel responsible for reformulations and breakdown of bulk packages to smaller, patient-specific prescriptions. In the event of an SNS deployment, WDMRT MRC members will operate in accordance with procedures set forth in the regional area bioterrorism response plans.
3. WDMRT MRC members may assist in staffing quarantine or isolation facilities, consistent with CDC and/or public health agency protocols and local plans.
4. Depending on their availability, WDMRT MRC members may support and assist local public health agencies in other emergency operations, such as assistance at a Federal Field Hospital or an Acute Care Center for which they are properly licensed, trained, or equipped.

G. Search and Rescue Medical Operations

1. When WDMRT MRC is requested by our partner organization KERT for support at a search and rescue mission, WDMRT MRC members will be assigned to provide medical support and safety to resources operating in the field. Only Tier I members will be activated for KERT missions.
2. Those WDMRT MRC members operating in the field will have met the certification requirements for a Search and Rescue Medical Technician II or be crossed-certified as Wilderness Search Technician. In rare cases, non-Search and Rescue Medical Technicians may be utilized in the field, but only at the discretion of the KERT Incident Command Team, and they must operate in conjunction with a Wilderness Search Technician.

3. If a WDMRT MRC member is part of the team that finds a subject, the highest-licensed care provider on that team becomes responsible for patient care. Once the find has been made, and the patient's ABC's are confirmed, that information must be passed on to command. Once command is made aware of the find and location of the patient, the care provider must contact the local EMS and or Medical Control to establish proper medical treatment protocols; this may be done through the local on-scene or team commander.
4. WDMRT MRC members should identify themselves by name and current level of licensure when contact is first made with the local EMS system and prior to establishing treatment protocols. WDMRT MRC members may not always be given permission to work within their Scope of Practice. If this is the case, the WDMRT MRC member must provide basic first aid care. If WDMRT MRC members do anything outside of this level of care, their state license may be suspended, and their WDMRT MRC membership may be terminated.
5. If contact with local EMS or Medical Control cannot be made with local EMS or Medical Control, the WDMRT MRC member must provide the patient with the best care possible within the scope of his or her training and equipment available.

H. Non-Medical Operations

WDMRT MRC will be asked to promote the team at different public events such as safety fairs, health fairs, or agency open houses. These events are just as important as emergency responses, as these help WDMRT MRC in securing future missions and are the main way the team promotes its goal of educating the public on Disaster Preparedness and Injury Prevention. Members are expected to attend all these events.

IV. Communications

A. Radios

1. WDMRT MRC utilizes radios from KERT's communication cache. KERT uses 16-channel portable VHF radios and maintains a 125-channel base radio and FRS radios.
2. WDMRT MRC radio communications will operate on KERT's primary channel, which should be used during missions and mutual aid trainings, unless otherwise instructed by a Command Staff member or training host.
3. State MARC and national tactical channels will be used when directed.
4. To facilitate communications between emergency response agencies, the State of Wisconsin has granted KERT written authorization to transmit calls on certain state radio frequencies. Use of these frequencies, except the state SAR frequency, normally will be limited to the KERT Incident Commander and/or Command Staff.
5. All WDMRT members should have in their vehicles a copy of the State of Wisconsin letter that authorizes KERT to use NATSAR and the other, granted state-approved frequencies for radio communications.

B. Radio Procedures

1. Before being deployed into the field during missions and trainings, each team should have a fully-functioning radio that can both send and receive communications with base.
2. Each member assigned a radio ensures that his or her radio is functional and must possess a back-up battery pack prior to leaving base for a mission or training exercise.
3. To confirm that a radio is sending and receiving communications properly, WDMRT MRC members will call base to perform a "radio check" shortly after being deployed.
4. Per NIMS, all transmissions should be clear text or plain language (English). No codes are to be used.

C. Location and Status Reports

Base Operations shall conduct status checks on all fielded teams every 60 minutes after sunrise and every 30 minutes after sunset.

D. Dealing with the Media

1. At a mission, all requests for information concerning the mission shall be referred in a polite and courteous manner to the designated mission Public Information Officer.
2. If the mission Public Information Officer requests that a WDMRT MRC team member address the media specifically concerning operations, all statements will be made by the team's Public Information Officer (PIO) or other member specifically designated and authorized by the WDMRT MRC Director.
3. Except as authorized above, no member shall make comments concerning a mission in progress at any time to any member of the media.
4. Routine media requests for information concerning KERT or WDMRT MRC (aside from mission operations) are to be referred to the KERT Incident Commander or Command Staff.
5. Members addressing the media should have NIMS Public Information Officer training.

V. Trainings, Meetings, and Exercises

A. Required Training

1. Once an applicant has been screened and accepted for membership in WDMRT MRC, he or she must complete an orientation course before participating in deployments.
2. WDMRT MRC mandates that all active members receive instruction in and maintain as current, the following minimum training courses per WDMRT MRC and NIMS:
 - a. Introduction to the Incident Management System (IS-100)
 - b. Introduction to the National Incident Management System (IS-700)
 - c. Basic Incident Command System (IS-200)

The following must be completed within one year from membership date:

- a. Hazardous Materials Awareness per NFPA 472
 - b. WMD Awareness
 - c. Disaster Preparedness
 - d. CERT Awareness
 - e. START/MCI Triage
 - f. CPR Certified
 - g. Psychological First Aid
 - h. Strategic National Stockpile, Wisconsin use policy and procedures
 - i. Blood Borne Pathogens - renew every two years
 - j. OSHA 1210.120 Respiratory Hygiene
3. WDMRT MRC may set higher standards than NIMS requires for its different membership positions.
 4. WDMRT MRC Field Trainings will usually be held on the weekends. Weekend training will normally start at 9:00 a.m. and run to 5:00 p.m., unless otherwise specified.
 5. Other classes of interest to the entire group will be held on any day of agreement to the group.
 6. Classes will be held at a location specified by the WDMRT MRC Coordinator or agency hosting the class.
 7. Members are expected to attend meetings and training sessions regularly in accordance with their level of membership.

B. Meetings

1. The WDMRT MRC Director, with input from the WDMRT MRC Coordinator, will decide when to hold business meetings of the general membership.
2. A reminder announcing the scheduled meeting will be sent within 48 hours prior to the meeting.

3. All meetings, classes, and training sessions shall be held in a non-smoking environment, and smoking in other areas shall be permitted according to the rules of the hosting agency.
4. Members are expected to attend meetings and training sessions regularly in accordance with the current attendance policy.

C. Exercises

1. KERT together with WDMRT MRC will hold at least one training exercise a year that will include testing the NIMS concepts and principals.
2. After each annual NIMS exercise, the team will complete an internal team critique—After Action Report (AAR)—that will identify any shortfalls that emerged during the exercise. Corrective actions will be identified and applied to all subsequent missions and exercises.

D. Training and Mission Documentation

1. WDMRT MRC will use NIMS ICS forms when applicable at all trainings, drills, exercises, and missions.
2. Members are required to sign in and out on the team sign-in sheets at all meetings, training sessions, and missions.
3. It is each member's responsibility to keep track of the time to and from classes, training sessions and missions, and to report this on the appropriate form.
4. If any member leaves home on a mission (call out) and is turned around before or upon arrival to base, it is the member's responsibility to report the correct time to the WDMRT MRC Coordinator or KERT Duty Officer for recording on the mission paperwork.
5. Each member shall keep copies of his or her training records and certificates and maintain a file of these records.
6. Certificates from training internally and externally shall be NIMS compliant, meaning certificates should follow credentialing and resource typing where appropriate.
7. WDMRT MRC shall maintain training records on all team members. It shall be the WDMRT MRC Coordinator's responsibility to maintain them at the team's office.
8. A second copy of all team medical certificates and licenses should be maintained at a separate location, under the control of the WDMRT MRC Director.
9. The training host that oversees the administration of each training session is responsible to complete and submit any applicable forms, such as the Training Roster, Radio Log, Equipment Use Log, and After Action Reports, to the WDMRT MRC Coordinator.
10. Any WDMRT MRC member that is subpoenaed to court regarding a mission or any other KERT/WDMRT MRC-related matter shall immediately advise the WDMRT MRC Coordinator or Director of the date, time, and location of the trial or hearing, the mission report involved, and the content of the subpoena.

VI. Property and Equipment

A. Team Property

1. WDMRT MRC enjoys a strong partnership with KERT. One of the benefits of this partnership is the sharing of personnel and equipment resources within the teams.
2. Any WDMRT MRC or KERT owned, leased, or rented vehicles and equipment must be properly cared for, and operators of team vehicles and equipment are held responsible for proper operation.
3. Any kind of personal use of WDMRT MRC or KERT vehicles/facilities, equipment, and supplies is prohibited, unless specific permission has been received from the WDMRT MRC Director. Misuse or abuse of team vehicles/facilities, equipment, and supplies will lead to disciplinary action. Operation of team vehicles or equipment while under the influence of intoxicating beverages, narcotics, or drugs may result in membership termination.
4. All WDMRT MRC or KERT items issued to team members become each team member's maintenance and financial responsibility while the item is in his or her care. The team recognizes that normal wear and tear is reasonable and to be expected; however, damage that occurs due to negligence, misuse, or personal/unauthorized use is not. Members issued WDMRT MRC items for their personal use will be required to sign a form accepting responsibility for that/those item(s).
5. All WDMRT MRC items must be returned to an individual's immediate manager or the WDMRT MRC Coordinator within a specified timeframe upon the individual's resignation or termination from the team.

B. Medical Equipment

1. WDMRT MRC and KERT share a small cache of medical equipment, as well as basic decontamination Level C Personnel Protection Equipment and extra personnel safety equipment for rapid deployment in an enclosed cargo trailer owned by KERT.
2. The WDMRT MRC Director and Coordinator will be responsible for coordinating and obtaining medical equipment and supplies for use by WDMRT MRC.

C. WDMRT MRC Pharmaceuticals

1. WDMRT MRC maintains a small cache of over-the-counter pharmaceuticals that consist mainly of the same medications that WDMRT MRC members carry in their packs.
2. These medications are available only to team members. Any medication from this cache may be purchased by a team member for a nominal price.
3. The WDMRT MRC Director, Coordinator, and Veterinarian along with a team Pharmacist will be responsible for coordinating and obtaining pharmaceuticals for use by WDMRT MRC.
4. If used, pharmaceuticals will be stored and managed in accordance with state and federal laws and regulations pertaining to controlled substances.
5. Pharmaceuticals purchased from the cache must be logged.
6. Pharmaceuticals should not be administered to a team member unless directed to by a team physician.

D. Equipment Maintenance

1. Proper maintenance of WDMRT MRC equipment is the responsibility of all members using it. When equipment is used trainings or incidents, the equipment must be operated by members as they were trained to operate it. Members who have not been trained on a particular piece of equipment should not use it. This policy ensures equipment longevity, but more important, team members' safety.
2. There are specific locations for storage of equipment. Containers that hold multiple pieces of equipment often house checklists that outline what items should be present. Members will return items to specific locations based on the checklists. If an item is missing after training, a team manager must be notified as soon as practical.
3. If a piece of equipment needs to be repaired, it must be tagged as such and the responsible manager must be made aware of the issue as soon as possible.
4. There are an assortment of procedures and forms associated with equipment management. Members will be made aware of them through the course of their training. These forms will be used and procedures followed, along with equipment training, as required.

E. Equipment Cache, use by other MRC units

WDMRT maintains caches of equipment in Northeastern and Southeastern Wisconsin, for events throughout the State. Use of this equipment requires an equipment sharing MOU with the MRC requesting equipment. The medical kits are stocked to the First Responder level of care. Advanced level supplies and equipment are not available for loan. A full list of available equipment is located in Annex H. Use of the equipment is subject to the following terms;

1. The requesting unit has a signed valid MOU on file with the team.
2. The requesting unit sends the request at least two weeks prior to the event.
3. The requesting unit provides transportation for the equipment to and from the event.
4. The requesting unit assumes full responsibility for loss, damage, and replacement of consumables in the kits.

Requests for equipment during emergency or non-emergency events will follow the same procedure as for unit activation.

VII. Uniforms and Individual Equipment

A. Uniforms

1. WDMRT MRC requires its members to wear an approved uniform while working or training. When uniforms are required, select items, such as shoulder patches will be at the team's expense. This will include normal replacement costs.
2. Members required to wear uniforms are expected to wear them properly and in their entirety according to the team's requirements. Uniforms must be clean and neatly maintained. Footwear must be in good condition.
3. Uniforms are to be worn while volunteering for all team deployments and PR events, unless specific permission has been granted by the WDMRT MRC Coordinator to do otherwise. WDMRT MRC logo'd items are not to be worn as personal clothing. Non-team WDMRT MRC logo'd items should be worn at one's own discretion.
4. Any uniform items issued by WDMRT MRC are to be returned to the individual's immediate manager upon membership resignation or termination from WDMRT MRC, unless specific permission has been granted from the WDMRT MRC Director to do otherwise.
5. The dress code shall be maintained during all team functions. Exceptions to wearing of the full uniform will be with the approval of the WDMRT MRC Coordinator.

B. Required Clothing Items

1. Field Uniform (During a deployment or training)
 - a. Shirt
Gray polo shirt with team logo plus team ID badge
 - b. Pants
Navy BDU pants or navy jump suit
 - c. Shoes
Dark uniform boots, hard toe or hiking style, waterproof, with shank
 - d. Hat (wear optional)
Navy blue baseball style cap with team name
 - e. Jacket
Team approved jacket
 - f. Patches
Approved patches may be worn on the jump suits or jackets
2. Public Relations Functions
Exceptions to this dress code will be made with the approval of the management.
 - a. Shirt
Gray polo shirt with team logo

- b. Pants
 - Navy BDU pants
- c. Shoes
 - Dark uniform shoes

C. Team Photo Identification

All members shall be issued a photo ID, listing current credentials. This ID shall be updated bi-annually and must be displayed during all mission operations. The ID card must be turned in upon membership resignation or termination.

D. Individual Equipment

1. WDMRT MRC members must carry the current NASAR SAR Tech II individual equipment items when deploying to the field to support emergency medical operations (including deployments to hospitals or local public health agencies). See Attachment G for the current list.

2. In addition to the individual equipment listed in Attachment G, WDMRT MRC members occupying medical positions should consider carrying the following items:

- a. Stethoscope
- b. Sphygmomanometer (blood pressure cuff)
- c. Waterless alcohol hand wash (medical personnel only)
- d. HEPA filter mask (medical personnel only)
- e. CPR Pocket mask
- f. Triangular bandages (2)
- g. 1" tape (2 rolls)
- h. Bandage scissors
- i. Hemostat

3. In cold weather WDMRT MRC members are recommended to carry or have available the following equipment:

- a. Long underwear
- b. Wool sweater
- c. Parka or heavy coat (water resistant)
- d. Winter scarf
- e. Heavy mittens or gloves
- f. Heavy wools socks

VIII. Volunteer Recruitment and Selection

A. Recruiting

1. Membership in WDMRT MRC is open to anyone who has a desire to serve his or her community.
2. Although the focus of WDMRT MRC is on medical operations and public health activities, healthcare experience is not a prerequisite for service with the team. For example, while doctors and nurses may provide direct care during an emergency, persons with no healthcare experience can assist with administrative and other essential support functions.
3. Applicants for membership will be screened, interviewed, and accepted by the WDMRT MRC Coordinator or his or her designee.

B. Selection

Criteria for selection of applicants shall include, but may not be limited to:

1. Possession of specialized skills, experience, licenses and/or certifications, if required by a team position.
2. Satisfactory verification of an applicant's professional credentials and/or character references, if applicable.
3. WDMRT MRC members who (1) are physicians, nurses, pharmacists, EMTs/paramedics or other licensed and/or certified healthcare professionals and who (2) fill team positions utilizing their specialized medical skills must ensure their medical training, licenses and/or certifications are current for the duration of their Medical Reserve Corps career.
4. Any person applying for a position with WDMRT MRC signs a disclosure statement authorizing Wisconsin Disaster Medical Response Team Medical Reserve Corps to inquire into the background of prospective members. This background check can be conducted prior to acceptance of the individual onto the team or at anytime during his or her involvement with the team.

C. Membership Resignation/Termination

1. A member wishing to resign from WDMRT MRC must notify his or her immediate manager or the WDMRT MRC Coordinator. A managerial or administrative member is urged to give at least two weeks notice. Such notice should be made in writing to one's immediate manager.
2. For either resignation or termination, the WDMRT MRC Coordinator is responsible for notifying the WDMRT MRC Director of the action, collecting from the former member WDMRT MRC or KERT issued property (using checklist, verifying receipt of WDMRT MRC property), and notifying the WDMRT MRC Director if the former member fails to surrender WDMRT MRC property.

IX. Administration

A. NIMS Statement

1. WDMRT MRC will follow the National Incident Management System (NIMS) in all applicable areas of our team.
2. WDMRT MRC shall manage all emergencies consistent with the ICS doctrine.
3. The WDMRT MRC point of contact for NIMS is WDMRT MRC Director Shawn Metzner.

B. Equal Opportunity

1. WDMRT MRC is non-discriminatory in employment/selection and promotion of members and members as regards race, ancestry, color, ethnic origin, age, creed, sex, marital status, family status, sexual orientation, religion, national origin, citizenship status, veteran status, or disability. Further, WDMRT MRC expects its personnel to carry out the spirit of this policy in day-to-day interaction with each other and the public.
2. Any member who feels that he or she has been or is being discriminated against is urged to immediately contact his or her team manager or the WDMRT MRC Director. All verbal complaints of such discrimination must be followed-up in writing within ninety (90) days of the event. These complaints will be investigated. If an investigation supports a finding that such discrimination occurred or is occurring, then appropriate corrective action and/or discipline of the offender up to and including membership termination will be implemented. This policy applies to all aspects of volunteerism or employment including recruitment, hiring, placement, promotion, transfer, compensation, training, education, and to the use of WDMRT MRC facilities.

C. Benefits Philosophy

1. Awards: Members may be eligible to receive awards commending outstanding service.
2. Ideas: Members have the distinct opportunity to provide constructive input into the team, thereby positively influencing not only the future of WDMRT MRC, but potentially the national MRC program as a whole. It is an objective of the team to provide not only the highest possible standards in MRC services but also to be recognized as leaders in this arena. Members' input into the team assists us in achieving these objectives.
3. Employability: Members participate in unique experiences, acquiring special skills not usually accessible in other venues. Many businesses today place a strong value on volunteerism among their current and future employees. In that regard, simply being a volunteer with WDMRT MRC boosts an individual's image in the workplace. However, there is considerably more to that in the MRC environment. Much of what we do exemplifies a volunteer's ability to work as part of a team or independently, respond to orders, lead, think quickly, communicate well under stress, accomplish goals in and organized, efficient and effective manner, and so on. Additionally, WDMRT MRC trainings allow members to develop specialized medical or technical skills. Volunteerism in WDMRT MRC allows the individual to market his or her experience in these areas to employers. It is an invaluable tool in building a career portfolio.

X. Personnel

A. Membership Tiers

WDMRT MRC and KERT recognize that members differ in many regards: age, interests, professional training, life experiences, and level of obligations to other volunteer or paid positions. The objective of the WDMRT MRC program is to create an atmosphere that works well for all members and ensures the community is prepared in the event of a natural or man-made emergency. The following tier system of volunteering facilitates that goal:

- a. Tier III: The Tier III volunteer chooses to be available only in the event of a large-scale national emergency. Typically, a Tier I volunteer does not have much time available to attend pre-event trainings or exercises, yet will be expected to fulfill all Tier I educational requirements and attend at least 25% of all team activities per year.
- b. Tier II: The Tier II volunteer is interested in obtaining advanced training, participating in exercises, and deploying on state and national WDMRT MRC call-outs. Tier II members need to attend at least 50% of all team activities per year.
- c. Tier I: The Tier I volunteer is interested in obtaining advanced training, participating in exercises, and deploying on national and state WDMRT MRC as well as local call-outs with our partner KERT. Tier III members need to attend at least 75% of team activities per year.

B. Management Team

The amount of training and the time commitment required for the members of the management team will depend upon the assignment and will be agreed upon with the selected and placed applicant. It is possible and likely for personnel to work in both management and response roles. However, field response is not required.

C. Position Descriptions

1. Each position on the WDMRT MRC has a job description. All regular and administrative/managerial members should have a copy of their job description. Job descriptions are available from the Management Team.
2. A position re-classification may occur when, in the opinion of the management team, the position has undergone a significant change in the difficulty, kind or degree of responsibility entailed in the work performed in that position.

D. Probationary Periods

A new WDMRT MRC team member shall serve a 6-month probationary period. This period is required regardless of whether or not that individual has administrative, managerial, or operational duties as a part of his or her job description.

E. Position Changes

The 6-month probationary period shall also be used for a member who transfers within the team to a different position that he or she has never held before. A member who does not satisfactorily complete the 6-month probation period or a member who does not desire to complete the 6-month probationary period can return to his or her previous position with no negative consequences.

F. Access to Personnel Files

1. WDMRT MRC maintains a personnel file on each member. The personnel file includes such information as the member's application, resume, records of training, medical reports, emergency contact information, and other volunteer records.
2. Personnel files are the property of WDMRT MRC. Access to the information they contain is confidential and restricted. Members who wish to review their own file should contact the WDMRT MRC Director. With reasonable advance notice, members may review their own personnel file in the presence of a management team member. Neither the file, nor any of its contents, may be altered, though dated additions may be made. The file must be returned to the appropriate location by the date specified by the WDMRT MRC Director.
3. A member wishing to have a copy of a document contained in his or her personnel file must make such request to the WDMRT MRC Director. WDMRT MRC will make the copy and provide it to the volunteer at a reasonable price.
4. A member who questions the accuracy of any document in his or her personnel file may request that the document be reviewed and removed by the WDMRT MRC Director. Should the member's request be denied, the member may then submit a written rebuttal, which will be attached to and filed with the original disputed document.

G. Health Requirements for Team Personnel

1. Within one year of joining the team, each WDMRT MRC member must submit a physician's statement that he or she is in good health and able to undertake the demands of disaster work. It is recommended that this physician statement be based on the recommended physical exam based on a standard Occupational Medicine Physical Exam. Health recertification must be made every two years. These exams and screenings will be the financial responsibility of the member.
2. Access to information on a member's medical condition or history will be limited to those who have a legitimate need to know.
3. Final processing of the application and the member's subsequent placement, should he or she be selected, will not occur without the physician's statement.
4. All members must be able to document complete Hepatitis B, TB, Tetanus, measles/mumps/rubella, and polio inoculation series or agree to obtain such documentation within one year of joining the team. WDMRT MRC reserves the right to restrict member activities if bio-hazard contamination is possible and the member has yet to receive or refuses to receive these inoculations.

H. Personnel Standards of Conduct

1. WDMRT MRC members perform duties that often place them in the public eye, whether those duties are part of a response team or part of a fundraising event. They are consequently subject to close public scrutiny. Personal appearance and professional demeanors are imperative to gaining and maintaining a favorable public opinion. Personal interactions should always be polite, and work tasks should be carried out in an efficient and conscientious manner.
2. Every team member is responsible for maintaining a positive group image. All WDMRT MRC members are equally responsible for maintaining the group's integrity and working in a mutually supportive and respectful manner.

3. Each member is to act in the best interests of WDMRT MRC, maintain the highest standards of ethics and conduct, and avoid situations that might involve a conflict or appearance of conflict between personal interests and the best interests of WDMRT MRC, its partners, and sponsor (KERT). Such actions should be considered in maintaining personal relations with members of mutual aid teams.
4. Each WDMRT MRC member shall adhere to the Code of Conduct and Professional Ethics signed upon joining the team.
5. All team positions have specific duties that need to be performed. In addition, situations may arise in which other team members may need help with their duties; team members are expected to help other members or to assume additional responsibilities as needed. Members should always keep in mind their own responsibilities as well as those of their fellow team members. A team approach will help ensure the efficient operation of WDMRT MRC and the satisfaction of its members.
6. WDMRT MRC values team member input. Personnel “on the line” are often in the best position to see an opportunity for improvement. Since constructive creativity is the best way to encourage improvement and facilitate understanding, all members are encouraged to offer suggestions to the WDMRT MRC Coordinator or Director.

I. Relationships with Other Personnel

1. WDMRT MRC recognizes that people who volunteer for emergency response organizations have close bonds with family, friends, and acquaintances. Emergency response volunteers typically benefit from the active support and understanding of those closest to them. In order to encourage and preserve these bonds, WDMRT MRC does not discourage family members from volunteering for the team, nor does WDMRT MRC discourage the development of any positive relationships among its personnel.
2. As discussed throughout this manual, WDMRT MRC aims for the highest possible professional standards. If personal issues of any nature disrupt operations, they will be addressed through standard formalized procedures. It is, therefore, imperative that teammates set aside any personal issues they may be having with one another while they are performing work for the team. If the issue is of a nature that requires it be dealt with by the team’s formalized process, team members should advise the WDMRT MRC Coordinator or Director of the issue. Examples of items that are not of a nature that WDMRT MRC would address are topics discussed while not representing the team, personal issues, or personal disagreements among team members.
3. All team members and individuals from partnering organizations must be able to trust one another to perform to the capacity to which all have been trained. Speculation and rumor can foster a sense of distrust of either the individual being discussed or the individual doing the talking, or both. Members who foster malcontent between other team members or any outside organization or individual interested in or affiliated with WDMRT MRC will be disciplined since their actions could create dangerous and potentially life-threatening situations when affected parties respond to an incident or participate in training.
4. Personal differences between individuals who must rely on each other must not be allowed to interfere with that trust. When responding with WDMRT MRC, team members must focus on those we are trying to help, not on personal issues.

J. Performance Improvement Notices (PIN)—Corrective Actions

1. For the safety and well-being of all personnel, rules, policies, and standards of conduct, procedures, and guidelines must be followed to ensure orderly and efficient operations. Many of these documents can be found in this manual. Additional items may be agreed upon as a part of the applicant's selection and placement process and found in training manuals and other materials received during the course of the member's work with WDMRT MRC. Conduct not specifically mentioned will be treated on a case by case basis. Members who fail to comply will be subject to disciplinary or corrective action.
2. It is WDMRT MRC's intent to have members assigned to duties they perform well. If a member is not able to perform assigned duties, he or she may be asked to consider a different position. This request is not a disciplinary action but a corrective one aimed at supporting the member's continued and appreciated involvement with the team.
3. Disciplinary and corrective actions will become a part of a member's personnel file and will be weighted against any future disciplinary and corrective actions for a period of up to one (1) year from the date of occurrence.
4. All disciplinary action procedures and violations are subject to the grievance procedure found in Section K below.
5. The following are some of the possible actions the team may take:
 - a. Corrective
 - 1) Provide guidance, point out areas of weakness, and recommend ways to overcome areas of concern.
 - 2) Issue a formal Performance Improvement Notice (PIN).
 - b. Disciplinary
 - 1) Step I PIN: Give an oral warning to the member and file written documentation that an oral warning was administered. Place this documentation in the member's file.
 - 2) Step II PIN: Give to the member a letter of warning advising him or her that any further breach of team rules, policies, guidelines, or other documents referred to above may result in termination of membership for cause.
 - 3) Step III PIN: Suspension without the ability to participate as a member of the team for a duration to be determined by management. In most cases 30, 60, or 90 days will be chosen.
 - 4) Termination of membership for cause.
 - c. Specific Statements Regarding Disciplinary and Corrective Action Procedures:
 - 1) When making a charge against fellow team members, the charge must be in writing and addressed to the next highest manager in that member's chain of command.
 - 2) No charges will be entertained against any member unless the charges are made within ninety 90 days of the violation's occurrence.
 - 3) Members may be suspended either "on-the-spot" (in extreme cases of health and safety risk) by any personnel of higher authority or after a series of other corrective and disciplinary approaches have been attempted.

- 4) Notice of the suspension shall be filed with the appropriate management personnel and include proper charges and infractions. A copy will be provided to the suspended member.
 - 5) Charges shall state specifically what rule was violated and how.
 - 6) All issues regarding disciplinary and corrective actions shall be reported to the management team as well as other relevant administrative personnel.
- d. PINs and Written Reprimands
- 1) A manager issues a Performance Improvement Notice (PIN) to a member whose conduct has caused legitimate concerns.
 - 2) The PIN is read and signed by the manager and the member.
 - 3) If the member refuses to sign the PIN, then a WDMRT MRC witness to this action must be obtained.
 - 4) PINs will be filed in the member's personal file. A copy will be given to the member.
 - 5) If, after verbal warnings and the issuance of a PIN, there is no sign of corrective behavior, then one of two things will occur:
 - a.) The member is asked to consider, or is re-assigned to, another position.
 - b.) Termination of the member's membership

K. Grievances

Should a team grievance arise while an individual is volunteering for the team, he or she should first attempt to settle it with his or her immediate manager. If the member believes that the complaint has not been handled satisfactorily, he or she may make an appeal, in writing, to the WDMRT MRC Coordinator to request a hearing from the management team. All decisions of the management team are final.

L. Personnel Status

All WDMRT MRC members shall, on changing place of residence, telephone number, or other information contained on their personnel files, promptly notify their team manager of such changes in writing.

M. Attendance

1. Every member of the WDMRT MRC is expected to attend at least the minimum number of trainings for his or her membership level.
2. If a member is unable to meet attendance requirements due to work changes, work requirements, health, or other reasons, the member may apply in writing for a leave of absence. If the request is granted, the member is identified in all records as "inactive" for the LOA's duration. Any LOA granted may not exceed current establish policy.
3. The WDMRT MRC Coordinator is responsible for maintaining attendance records for trainings and missions and notifying members of attendance on a quarterly basis.
4. Members may from time to time receive a notice of warning if their attendance at trainings or missions is less than the minimum expected for a quarter. If attendance

continues at less than the minimum for a second quarter, the group manager shall issue a PIN and follow the disciplinary measures up to and including termination.

5. Since one of WDMRT MRC's organizational goals is to provide public awareness, education, and promotion of the team, members are expected to attend public relations events as scheduled.

N. Inactive Membership Return Policy

Inactive members or members who have been granted an extended leave of absence and who wish to convert their membership to an active status must submit a written request to the WDMRT MRC Coordinator. The Coordinator forwards the request to the WDMRT MRC Director, and together they will review all written requests and determine whether or not to accept the request.

O. Safety

1. It is the policy of WDMRT MRC and KERT to provide safe working conditions for all team members and to comply with all federal, state, and local laws.

2. WDMRT MRC and KERT are committed to making reasonable efforts to provide a safe working environment for all members, safe experiences for all subjects, and safe interactions with fellow responders, within the limitations imposed by the natural landscape, structural conditions, and uncontrollable circumstances. As a part of this effort, all team members are responsible for carrying out their duties and responsibilities in a safe and efficient manner.

3. It is the intention of WDMRT MRC to comply with occupational safety and health regulations. Where personnel action or conduct is needed to comply with such regulations or their implementation, all members are expected to comply.

4. Team members should promptly report any unsafe conditions to their immediate manager. Managers are encouraged to advise such members of appropriate actions when practical. If a manager cannot be reached, members should respond to potentially unsafe situations by taking appropriate corrective measures, within the limits of their position description.

5. Team members who recognize unresolved or on-going safety concerns should contact the WDMRT MRC Coordinator for resolution. If possible, safety concerns will be resolved with input from appropriate managerial personnel.

6. WDMRT MRC integrates and implements safety concerns into training programs to provide all members with information aimed at helping them to perform safely their position functions. Members should not operate equipment or engage in any activity for which they have not been adequately trained. Prior to performing any task, members must alert their manager if they are aware of a need for additional safety training.

7. Members who jeopardize their own safety or the safety of others will be subject to disciplinary action.

8. Members must report all accidents, illnesses, and injuries received while performing team activities, regardless of severity, as soon as practical to their immediate manager and to the WDMRT MRC Coordinator or Director.

P. Reports

1. Team members must complete a variety of reports. These reports serve many functions and are necessary to the team's successful operation.

2. These reports allow for clear communication among WDMRT MRC members and aid in clear communication with outside agencies and individuals. Many of these reports are mandatory and time sensitive because of liability issues. WDMRT MRC requires all members to complete relevant reports in the assigned timeframe.

3. Team Call Out/Mission Reports, Patient Reports, and Team Member Health Forms are privileged information and will not be given out except for the below-listed reasons. Whenever such a report is released, a copy of the request will be kept on file and attached to the original report.

- a. Patient Report or Team Member Health request: a request in person, by the patient about whom the report is based, or the legal guardian if the patient is a minor—proof of guardianship is required. A signed and notarized written request by the patient or legal guardian must accompany the request.
- b. A request by the legal representative (i.e. the administrator of a will) of a deceased person involved in the report. Proof of standing will be required.
- c. A duly authorized and executed court order.
- d. A request from the agency in charge of the incident or the jurisdictional district attorney.

Q. Personnel Protective Equipment (PPE), Grooming Standards, and Personnel Protective Clothing (PPC)

1. Every WDMRT MRC member will be required to use some sort of personal protective equipment (PPE). Some items may require individual purchase and upkeep. Other items will be permanently issued to members at the team's expense. Other items will be assigned to members for the duration of an incident or training and then must be returned to their appropriate storage location in working order.

2. A member's life, the well-being of his or her fellow responders, the status of patient(s), and the ability of the team on the whole to accomplish its mission may very likely depend on the proper use and maintenance of PPE. Team members become an additional burden on the emergency response efforts if their PPE fails.

3. Once an individual has been accepted as a member and has begun training, he or she will be issued a list of required PPE items. Members will be trained on appropriate use and proper maintenance of these items. Fellow members can often assist with one-on-one questions, based on the breadth of their experience.

4. If the issued equipment is damaged while in the member's possession, the member is responsible for notifying his or her immediate manager of this as soon as possible. The circumstances of the damage will determine whether or not the member will be responsible for paying for the item.

5. All PPE items purchased by the team and issued to members for their personal use must be returned to their immediate manager upon their resignation or termination from WDMRT MRC. These items must exhibit only reasonable amounts of wear and tear.

6. Self Contained Breathing Apparatus: The use of Self Contained Breathing Apparatus (SCBA) shall be required of all members when exposed to smoke, toxic gases, heat or any other hazardous atmosphere.

- a. All members who may be exposed to a hazardous atmosphere shall don Self Contained Breathing Apparatus (SCBA) while responding.

- b. Self Contained Breathing Apparatus (SCBA) may need to be worn during decontamination operations, until such time as Team Command determines that the atmosphere is safe.
7. Members who are expected to use SCBA gear as part of their normal position duties will be required to maintain facial hair in a manner that allows for the its safe operation.
8. Personal Protective Clothing (PPC): In order to provide for the greatest degree of safety for all team members, wearing of personal protective clothing—which may differ for types of environments—shall be mandatory at all emergency incidents or at the direction of an immediate supervisor or a competent authority.
9. Donning PPC shall be completed prior to starting hazardous activities. An immediate supervisor or competent authority may allow members to remove PPC items only when, in his or her opinion, this will not adversely affect personnel safety. A Team Incident Commander may require wearing of PPC at any incident or training program when, in his or her opinion, the PPC use is necessary for the safety of WDMRT MRC members.

R. Public Relations and Political Activity

1. Whatever a member's position within WDMRT MRC, he or she will have contact with the public from time to time. Any such contacts should not be looked on as a nuisance or an annoying interruption of duties; they are a crucial part of a member's regular duties. That member may be the only contact with WDMRT MRC that an individual may ever have, and the impression made may be a lasting one.
2. When interacting with the public, members will not present personal opinions or beliefs as those belonging to the team, team members, or WDMRT MRC management.
3. Members who are uncertain as to whether their public statements conform to this policy consult with the team PIO, WDMRT MRC Coordinator, or Command staff.
4. While wide use of the WDMRT MRC name (including letterheads and logos) may seem like good public relations policy, the team reserves the right to restrict the use of the name and logo'd items to identify appropriate PPE & PPC unless the team member has received prior written approval from the Management team for the new use.
5. Political Activity - Members may not use affiliation with WDMRT MRC to further the interests of any municipal, county, state, or national political candidate, party, or issue unless authorized to do so by the WDMRT MRC Director. Members are not authorized to wear team uniforms or other team logo'd items while engaged in any political activity unless authorized to do so by the WDMRT MRC Director.
6. The above policy in no way jeopardizes a member's right to:
 - a. Vote
 - b. Express political opinion as an individual
 - c. Make personal contributions to political parties and/or candidates
 - d. Attend political meetings as an individual
 - e. Belong to a political organization

Appendix A

Federal Liability/Risk Management Protection for Volunteers

TITLE 42—THE PUBLIC HEALTH AND WELFARE

CHAPTER 139—VOLUNTEER PROTECTION

Sec. 14503. Limitation on liability for volunteers

a. Liability protection for volunteers

Except as provided in subsections (b) and (d) of this section, no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if—

1. The volunteer was acting within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity at the time of the act or omission;
2. If appropriate or required, the volunteer was properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity;
3. The harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and
4. The harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to—
 - a) possess an operator's license; or
 - b) maintain insurance.

b. Concerning responsibility of volunteers to organizations and entities

Nothing in this section shall be construed to affect any civil action brought by any nonprofit organization or any governmental entity against any volunteer of such organization or entity.

c. No effect on liability of organization or entity

Nothing in this section shall be construed to affect the liability of any nonprofit organization or governmental entity with respect to harm caused to any person.

d. Exceptions to volunteer liability protection

If the laws of a State limit volunteer liability subject to one or more of the following conditions, such conditions shall not be construed as inconsistent with this section:

1. A State law that requires a nonprofit organization or governmental entity to adhere to risk management procedures, including mandatory training of volunteers.
2. A State law that makes the organization or entity liable for the acts or omissions of its volunteers to the same extent as an employer is liable for the acts or omissions of its employees.
3. A State law that makes a limitation of liability inapplicable if the civil action was brought by an officer of a State or local government pursuant to State or local law.
4. A State law that makes a limitation of liability applicable only if the nonprofit organization or governmental entity provides a financially secure source of recovery for individuals who suffer harm as a result of actions taken by a volunteer on behalf of the organization or entity. A financially secure source of recovery may be an insurance policy within specified limits, comparable coverage from a risk pooling mechanism, equivalent assets, or alternative arrangements that satisfy the State that the organization or entity will be able to pay for losses up to a specified amount. Separate standards for different types of liability exposure may be specified.

- e. Limitation on punitive damages based on actions of volunteers
 - 1. General rule

Punitive damages may not be awarded against a volunteer in an action brought for harm based on the action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity unless the claimant establishes by clear and convincing evidence that the harm was proximately caused by an action of such volunteer which constitutes willful or criminal misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed.
 - 2. Construction

Paragraph (1) does not create a cause of action for punitive damages and does not preempt or supersede any Federal or State law to the extent that such law would further limit the award of punitive damages.
- f. Exceptions to limitations on liability
 - 1. In general

The limitations on the liability of a volunteer under this chapter shall not apply to any misconduct that—

 - a) Constitutes a crime of violence (as that term is defined in section 16 of title 18) or act of international terrorism (as that term is defined in section 2331 of title 18) for which the defendant has been convicted in any court;
 - b) Constitutes a hate crime (as that term is used in the Hate Crime Statistics Act (28 U.S.C. 534 note));
 - c) Involves a sexual offense, as defined by applicable State law, for which the defendant has been convicted in any court;
 - d) Involves misconduct for which the defendant has been found to have violated a Federal or State civil rights law; or
 - e). Where the defendant was under the influence (as determined pursuant to applicable State law) of intoxicating alcohol or any drug at the time of the misconduct.
 - 2. Rule of construction

Nothing in this subsection shall be construed to effect subsection (a)(3) or (e) of this section. (Pub. L. 105-19, Sec. 4, June 18, 1997, 111 Stat. 219.)

References in Text

The Hate Crime Statistics Act, referred to in subsec. (f)(1)(B), is Pub. L. 101-275, Apr. 23, 1990, 104 Stat. 140, which is set out as a note under section 534 of Title 28, Judiciary and Judicial Procedure.

Sec. 14504. Liability for non-economic loss

- (a) General Rule

In any civil action against a volunteer, based on an action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity, the liability of the volunteer for non-economic loss shall be determined in accordance with subsection (b) of this section.
- (b) Amount of Liability
 - 1. In general

Each defendant who is a volunteer, shall be liable only for the amount of non-economic loss allocated to that defendant in direct proportion to the percentage of responsibility of that defendant (determined in accordance with paragraph (2)) for the harm to the claimant with respect to which that defendant is liable. The court shall render a separate judgment against each defendant in an amount determined pursuant to the preceding sentence.
 - 2. Percentage of responsibility

For purposes of determining the amount of non-economic loss allocated to a defendant who is a volunteer under this section, the trier of fact shall determine the percentage of responsibility of that defendant for the claimant's harm. (Pub. L. 105-19, Sec. 5, June 18, 1997, 111 Stat. 221.)

Sec. 14505. Definitions

For purposes of this chapter:

1. Economic loss

The term "economic loss" means any pecuniary loss resulting from harm (including the loss of earnings or other benefits related to employment, medical expense loss, replacement services loss, loss due to death, burial costs, and loss of business or employment opportunities) to the extent recovery for such loss is allowed under applicable State law.

2. Harm

The term "harm" includes physical, nonphysical, economic, and non-economic losses.

3. Non-economic losses

The term "non-economic losses" means losses for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation and all other non-pecuniary losses of any kind or nature.

4. Nonprofit organization

The term "nonprofit organization" means—

A. Any organization which is described in section 501(c)(3) of title 26 and exempt from tax under section 501(a) of such title and which does not practice any action which constitutes a hate crime referred to in subsection (b)(1) of the first section of the Hate Crime Statistics Act (28 U.S.C. 534 note); or

B. Any not-for-profit organization which is organized and conducted for public benefit and operated primarily for charitable, civic, educational, religious, welfare, or health purposes and which does not practice any action which constitutes a hate crime referred to in subsection (b)(1) of the first section of the Hate Crime Statistics Act (28 U.S.C. 534 note).

5. State

The term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, any other territory or possession of the United States, or any political subdivision of any such State, territory, or possession.

6. Volunteer

The term "volunteer" means an individual performing services for a nonprofit organization or a governmental entity who does not receive—

A. Compensation (other than reasonable reimbursement or allowance for expenses actually incurred); or

B. Any other thing of value in lieu of compensation, in excess of \$500 per year, and such term includes a volunteer serving as a director, officer, trustee, or direct service volunteer. (Pub. L. 105-19, Sec. 6, June 18, 1997, 111 Stat. 221.)

References in Text

The Hate Crime Statistics Act, referred to in par. (4), is Pub. L. 101-275, Apr. 23, 1990, 104 Stat. 140, which is set out as a note under section 534 of Title 28, Judiciary and Judicial Procedure.

Appendix B

State Liability/Risk Management Protection for Volunteers

State of Wisconsin Referenced Statutes:

Good Samaritan Law

895.48 (1) Wis. Stats.

Any person who renders emergency care at the scene of any emergency or accident shall be immune from civil liability for his or her acts or omissions in rendering such emergency care. This immunity does not extend when employees trained in health care or health care professionals render emergency care for compensation and within the scope of their usual and customary employment. This would **not necessarily** include Medical Reserve Corps members.

Wisconsin Emergency Management Statutes

166.03 (10) Wis. Stats.

No person who provides equipment, materials, facilities, labor, or services is liable for the death of or injury to any person or damage to any property caused by his or her actions if the person did so under the following conditions: (1) under the direction of the governor, the adjutant general, the governing body, chief or acting chief executive officer, or head of emergency management services of any county, town, municipality, or federally recognized American Indian tribe or band in this state, the department of health and family services if that department is the lead agency, or the local health department if it is acting as an agent of the department of health and family services; (2) in response to enemy action, a natural or man-made disaster, or a federally declared disaster, or a federally declared state of emergency or during a state of emergency declared by the governor; (3) the act or omission did not involve reckless, wanton, or intentional misconduct.

166.03 (8) Wis. Stats.

Volunteer emergency management workers are employees of the emergency management unit with whom they are duly registered in writing for purposes of worker's compensation benefits. Emergency management workers shall be indemnified by their sponsor against any tort liability to 3rd persons incurred in the performance of emergency management activities while acting in good faith and in a reasonable manner.

166.09 Wis. Stats.

Any person owning or controlling real estate or other premises who voluntarily and without compensation grants to the state or any of its political subdivisions a license or privilege, or otherwise permits the state or any of its political subdivisions to inspect, designate and use the whole or any part thereof for the purpose of sheltering persons during an actual, impending, mock, or practice attack shall, together with his or her successors in interest, if any, not be civilly liable for negligently causing the death or injury to any person on or about such real estate or premises under such license, privilege, or permission or for loss or damage to the property of such person, if the owner or controller has made known to the licensee any hidden dangers or safety hazards which are known to the owner or occupant of said real estate or premises which might possibly result in death or injury or loss of property to any person making use thereof.

Automated External Defibrillators

895.48 (4) Wis. Stats.

The person who renders the care, the owner of the automated external defibrillator, the person who provides the defibrillator for use (if the person ensures that the defibrillator is maintained and tested in accordance with any operational guidelines of the manufacturer), and the person who provides training in the use of the defibrillator to the person who renders care are immune

from civil liability for the acts or omission of a person in rendering good faith emergency care by use of an automated external defibrillator to an individual who appears to be in cardiac arrest. This immunity does not cover emergency medical technicians or first responders. The immunity does not extend to a person whose act or omission constitutes gross negligence or a health care professional who renders emergency care for **compensation and within the scope of his or her usual** and customary employment. Medical Reserve Corps is not considered customary employment.

Health Care Volunteers

250.042 Wis. Stats.

States that actions during a state of emergency that is declared by governor or by a county, city, village, or town, by a physician; physician assistant; podiatrist; registered nurse; practical nurse; nurse-midwife; dentist; pharmacist; psychologist; soc. worker; clinical soc. worker; marriage & family therapist; professional counselor; school counselor; school psychologist; school soc. worker; nurse aide; veterinarian; certified respiratory care, substance abuse counselor, supervisor, or specialist that is **currently or has been** licensed in Wisconsin at some point in previous 10 years is are covered individuals, are state agents and they are:

- **Indemnified:** State pays damages and costs. Damages capped at \$250,000; punitive damages prohibited
- DOJ may defend agent in civil, criminal or legal proceedings (if requested by DHS)
- Claimant must file notice of claim with AG within specified time
- Afforded the same workers compensation as state agents

As long as the healthcare volunteer provides only services that he or she is licensed or certified to provide and has not had their credential/license limited, suspended, or revoked.

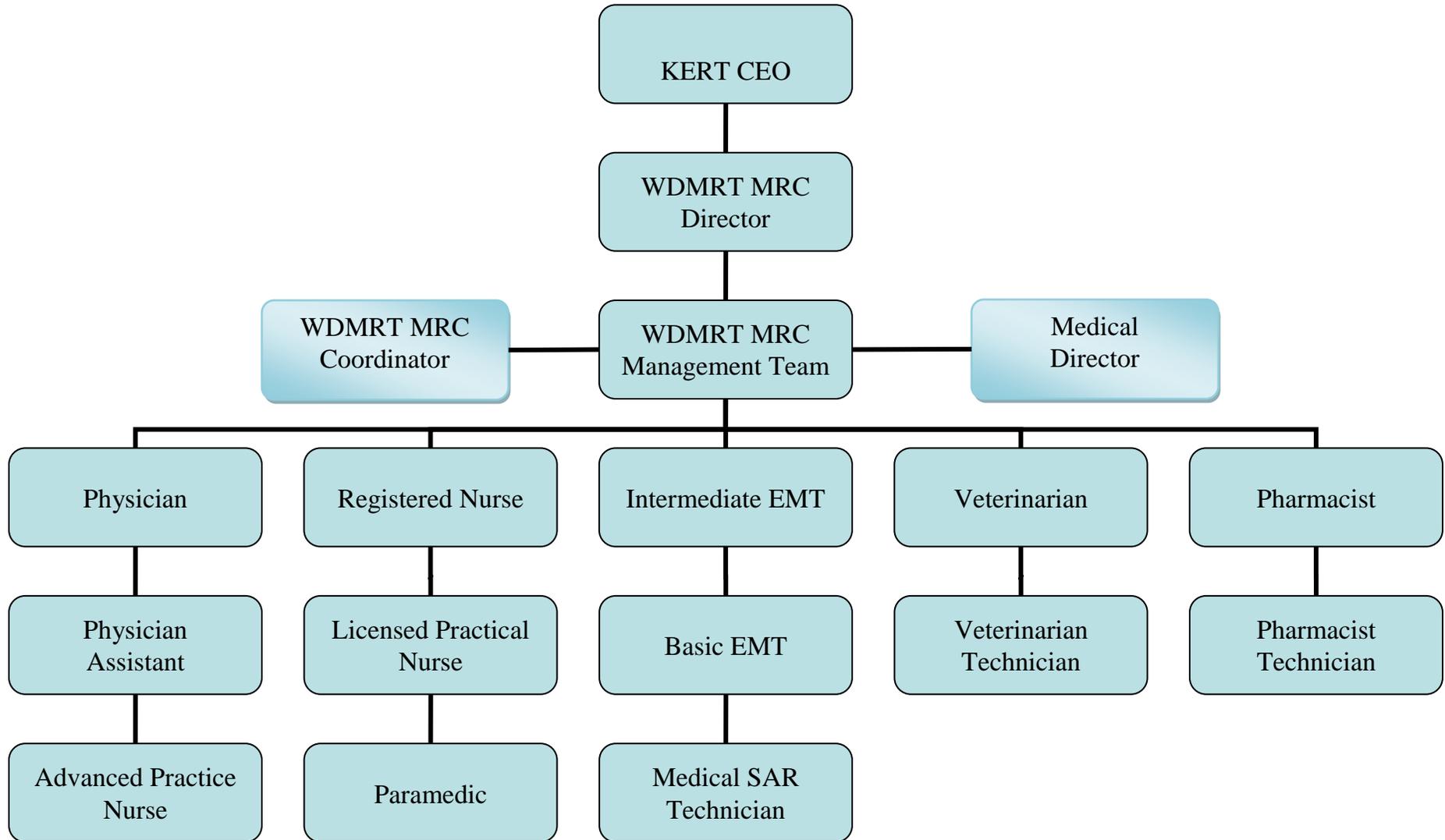
Appendix C

Local Liability/Risk Management Protection for Volunteers

FORTHCOMING

Appendix D

Wisconsin Disaster Medical Response Team—Organizational Chart



Appendix E

K-9 Emergency Response Teams—Organizational Chart



Appendix F

Wisconsin Disaster Medical Response Team—Education Requirements

Tier III

- WDMRT MRC Orientation
- Introduction to the Incident Command System (IS-100)
- Basic Incident Command System (IS-200)
- Introduction to the National Incident Management System (IS-700)
- Hazardous Materials Awareness Per OSHA 1910.120
- Weapons of Mass Destruction Awareness
- Disaster Preparedness
- CERT Awareness
- Psychological First Aid
- Blood-Borne Pathogens Per OSHA
- Respiratory Hygiene
- Strategic National Stockpile
- START MCI Triage
- CPR Certified

Tier III courses must be completed within one year of joining the team in order to maintain WDMRT MRC membership.

Tier II

Must Complete all Tier III Courses

- Introduction to the National Response Framework (IS 800)
- WMD Basic Concepts or WMD Operations Level Training
- Helicopter Operations
- GPS Awareness
- Technical Rescue Awareness Per NFPA 1670
- Canine First Aid Awareness
- Introduction to Search and Rescue including written exam (NASAR SAR Tech Level III)
- Disaster Medicine CD/DVD Course

Tier I

Must Complete all Tier III and II Courses

For Medical Search and Rescue Technician

- Wilderness First Aid
- Working K-9 Medicine
- Respiratory Fit Test
- Rope Rescue Operations Per NFPA 1670
- Water Rescue Operations Per NFPA 1670
- Confined Space Rescue Operations Per NFPA 1670
- Wilderness Search and Rescue Per NASAR SAR Tech II
- Certified as a NASAR SAR Tech II

For Medical Search and Rescue Technician-Disaster

All of the above and

- USAR Medicine
- Pre-Hospital Trauma Life Support
- Advanced Cardiac Life Support
- Pediatric Advanced Life Support

Appendix G

WDMRT MRC Minimum Personal Equipment List

The following equipment is commonly compiled to form what is referred to as a "24-hour ready pack". Such a pack holds those items that will assist the holder in functioning safely, effectively, and efficiently in a disaster environment. Some items may be carried on a belt, in pockets, or strapped to the person. This is the minimum equipment is recommended to be with you on all missions. Your local equipment requirements may vary. Consult a physician for recommendations about analgesics and other drugs that you may carry in your pack.

Personal First Aid and Survival Kit

- 1 - Plastic bag, zip lock, qt. size, for kit
- 4 - Acetaminophen or aspirin tablets
- 4 - Antacid tablets
- 2 - Antiseptic cleansing pads
- 1 - Antiseptic ointment
- 6 - Band aids, various sizes
- 1 - Candle, long burning
- 2 - Cotton swabs, non sterile
- 1 - Duct tape, 5-10 ft.
- 1 - Leaf bag, large
- 8 - Matches in a waterproof container
- 1 - Moleskin
- 2 - Quarters for phone call
- 1 - Razor blade, single edge safety type
- 1 - Roller gauze bandage
- 2 - Safety pins, large
- 1 - Splinter forceps, tweezers
- 1 - Space type blanket or space type sleeping bag
- 1 - Towelette, clean
- 1 - Whistle

(Non-urban) Personal SAR Equipment

- 1 - Pack, 1800 cubic inch (minimum)
- 4 - Bags, various sizes, zip locked
- 1 - Bandanna, handkerchief
- 1 - Cap or other headgear
- 2 - Carabiners, locking gate
- 1 - Clothes bag, waterproof
- 1 - Clothing, adequate for climate
- 1 - Clothing, extra set, suitable for climate
- 1 - Compass, orienteering
- 1 - Flagging tape, roll
- 1 - Flashlight or lantern
- 1 - Flashlight extra, extra batteries and bulb
- 1 - Footwear, sturdy, adequate for climate
- 1 - Gloves, durable, even in summer
- 1 - Goggles, or eye protection, clear
- 1 - Insect repellent
- 1 - Knife, multi-purpose
- 1 - Lip balm, with sunscreen
- 1 - Measuring device, 18 in. minimum
- 1 - Metal cup or pot
- 1 - Mirror, small
- 1 - Nylon twine or small rope, 50 feet
- 1 - Pad and pencil
- 2 - Prusik cords (6mm – 8mm; 6 ft. length)
- 1 - Rainwear, durable
- 1 - SAR personal identification
- 1 - Shelter Material, 8x10 plastic or coated nylon
- 1 - Scissors, multi-purpose
- 1 - Socks, extra pair
- 1 - Sunscreen lotion
- 1 - Tissue paper or baby wipes (recommended)
- 1 - Tracking stick, 42" long
- 1 - Watch
- 2 - Water containers, at least liter size
- 1 - Webbing, 1" tubular - length suitable for harness
- 1 - Wire, 5-10 ft., woven steel
- 8 - Wire ties, plastic, self locking

Optional Personal Support Equipment Recommended by Not Required

- 2 - Antihistamine, 25mg Benadryl
- 2 - Extra leaf bags
- 1 - Extra water container
- 1 - Foam pad
- 2 - Food, nonperishable
- 1 - Gaiters
- 1 - Rain cover, pack
- 1 - Sterno or stove
- 1 - Sun glasses, 97% UV protection
- 1 - Trail snacks
- 1 - Water purification tabs

Personal First Aid and Survival Kit (Same as in the 24-hour pack.)
(Urban) Personal Equipment

1 - Fanny pack, 600-1200 cubic inch

- 4 - Bags, various sizes, zip locked
- 1 - Bandanna, handkerchief
- 1 - Cap or other headwear
- 1 - Clothing, adequate for climate
- 1 - Compass, orienteering
- 1 - Flagging tape, roll
- 1 - Flashlight or lantern
- 1 - Footwear, sturdy, adequate for climate
- 1 - Knife, multi-purpose

1 - Map

- 1 - Mirror, small
- 1 - Raincoat & pants durable
- 1 - SAR personal identification
- 1 - Small pad and pencil
- 1 - Sunglasses, 97% UV protection
- 1 - Sunscreen lotion
- 1 - Tissue paper or baby wipes
- 1 - Tracking stick, 42" long
- 1 - Watch
- 1 - Water container, at least liter size

ANNEX H. MRC EQUIPMENT REQUEST FORM

Item Description	Check Out	Check In	Notes
20'X15' Pop up tent w/ 4 sidewalls			
20'X15' Pop up tent w/ 4 Sidewalls			
15'X10" pop up tent w/ 4 sidewalls			
10'X10' Pop up tent w/ 1 side wall			
Field Desk			
Field Desk			
First Aid Unit Kit #1			
First Aid Unit Kit #2			
First Aid Station Kit #1			
First Aid Station Kit #2			
MRC Jump Kit #1			
MRC Jump Kit #2			
MRC Jump Kit #3			
BP Cuff Set #1			
BP Cuff Set #2			
DHS Shelter Nursing Kit			
Folding Stretcher			
Disaster Bed #1			
Disaster Bed #2			
Disaster Bed #3			
Disaster Bed #4			
Misting Fan (requires water and electricity)			
Stacking Chairs (4 available)			

Signature

Descriptions of equipment

First Aid Unit Kit

TRAY

10	Tongue Depressors
10	Sterile Swabs
20	Alcohol Pads
20	Antiseptic Wipes
2	Penlights
1	Trauma Shears
1	Bandage Scissors
1	Tweezers
1	Ring Cutter
1	Thermometer
2	Flash Lights
1	Hemostat

TOP BIN

1	Hibicleans
1	Blood Pressure Cuff Kit
1	CPR Mask
1	Eye Wash
3	Gauze Trays
1bx	Thermometer Covers
1bx	Band-Aids
2	SAM Splint

Center Bin

6	Triangular Bandage
6	4" Roll Gauze
4	2" Roll Gauze
4	Instant Cold Pack
3	4" Elastic Bandage
2	2" Elastic Bandage
2	1" Cloth Tape
2	1" Paper Tape
2	4" Coban
2	2" Coban
20	4"X4" Gauze Pad
20	2"X2" Gauze Pad
2	5"X9" Gauze Pad
4	Eye Pads
6	Surgical Scrub Brush

BOTTOM BIN

4	Blanket
1	Cavicide Wipes
4	Sterile Water for Irrigation
1	Paper Towels
8	Kleenex
1bx	Large Gloves
1bx	Medium Gloves
1bx	Small Gloves
1	Basin
5	Trash Bags
2	Isolation Gowns
2	Safety Goggles
10	Loop Masks
10	Zip-Loc Bags
4	Chem Lights
20	Under Pads
1	Hand Sanitizer

First Aid Station Kit

Left Pocket PPE

Isolation Gown	2
Loop Masks	5
Goggles	2

Left Mesh Pocket

BP Kit	1
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Right Pocket

Paper Towels Roll	1
Toilet Tissue Roll	1
Zip Loc Bags	10
Trash Bags	2

Right Mesh Pocket

CPR Mask	1
Flashlight	1

Door Pocket

Antiseptic Towelette	12
Alcohol Pads	12
Pen Light	1
Hemostat	1
Trauma Shears	1
Bandage Scissors	1
Tweezers	2
Pen	1
Sharpie Marker	1
Nitrile Gloves	20pr

Above Bags

Blanket	1
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Bag 1 Misc Table Items

Cold Pack	4
1" Cloth Tape	4
1" Paper Tape	4
Band Aids	20
Knuckle Band Aids	10
4oz Eye Wash	1
4oz Hand Sanitizer	1
Thermometer	1
Thermometer Covers	60
Tongue Depressors	10

Bag 2 Wound care and cleaning

Hibicleans	1
4X4 Gauze Tray	4
Wound Cleaning Sponge	2
Cotton Swabs	10

Bag 3 Sterile Gauze

4X4 Gauze Pads	20
5X9 Gauze Pads	4
2X2 Gauze Pads	10
Eye Pads	4

Bag 4 Bandaging Materials

4" Kerlix Gauze	2
2" Kerlix Gauze	2
4" Conform Gauze	2
2" Conform Gauze	2
4" COBAN	1
2" COBAN	1

Bag 5 Sprains and Fractures

Sam Splint	2
Triangular Bandage	4
4" Elastic Bandage	2
2" elastic Bandage	2

Under Bag 5

Stretcher	1
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MRC JUMP KIT**FRONT LEFT**

4	Eye Pads
20	2" X 2" Gauze Pads
20	Band-Aids
1	Hibicleans 8oz.
1	Wound Cleaner Sponge
10	Antiseptic Wipes
10	Alcohol Pads
1	Disposable Razor
2	Pen
1	Black Sharpie

INSIDE LEFT

1	BP Cuff
1	Stethoscope
1	Calculator

INSIDE FRONT

20	4" X 4" Gauze Pads
----	--------------------

OUTSIDE LEFT

2	2" KERLIX
2	4" KERLIX

INSIDE TOP FLAP

10	Tongue Depressors
10	Cotton Tip Applicators

FRONT RIGHT

1	Trauma Shears
1	1" Paper Tape
1	1" Cloth Tape
1	4" COBAN
1	2" COBAN
1	Digital Thermometer
1	Penlight

INSIDE RIGHT

4	Instant Cold Packs
60	Thermometer Covers

INSIDE REAR

1	SAM Splint
10 pr	Nitrile Gloves
2	Gown
1	Goggles
5	Loop Masks
1	Hand Sanitizer
1	CPR Mask

OUTSIDE RIGHT

4	Triangular Bandage
2	2" ACE Wrap
2	4" ACE Wrap