<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Mission</td>
<td>4</td>
</tr>
<tr>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>Assumptions</td>
<td>5</td>
</tr>
<tr>
<td>Concept of Operations</td>
<td>5</td>
</tr>
<tr>
<td>Assignment of Responsibilities</td>
<td>9</td>
</tr>
<tr>
<td>Volunteer Protections</td>
<td>13</td>
</tr>
<tr>
<td>Training Requirements</td>
<td>19</td>
</tr>
<tr>
<td>Plan Development and Maintenance</td>
<td>20</td>
</tr>
<tr>
<td>National Incident Management System (NIMS)</td>
<td>21</td>
</tr>
<tr>
<td>MSRT Position Descriptions</td>
<td>23</td>
</tr>
<tr>
<td>Authorities and References</td>
<td>23</td>
</tr>
</tbody>
</table>
Introduction

The Wisconsin Disaster Medical Response Team Medical Reserve Corps (WDMRT MRC) supports healthcare and public health response to natural or man-made disasters. Since 2009, the WDMRT MRC has been developing medical surge response resources, assets, and plans to prepare for, respond to and recover from a healthcare or public health emergency. This includes the incorporation of our activities into hospital emergency preparedness plans for surge capacity and a supplemental response staff for public health emergencies.

Medical surge for the purposes of this document is defined as the rapid expansion of the capacity and capability of a healthcare system to provide the appropriate and timely clinical level of care in response to an incident that causes increased numbers (capacity) or special types of patients (capability) that overwhelm the day-to-day acute-care medical resources, and the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

During a healthcare incident there may be limited personnel resources to support medical surge plans and response. In 2008 the Federal Department of Homeland Security (DHS) and Federal Emergency Management Association (FEMA) developed Medical and Public Health typed resource packages or teams to support large scale public health and medical events or incidents. WDMRT MRC has implemented a program know as the medical and public health surge response program that will mirror the initiative to develop disaster medical teams. These teams will serve as a resource within their respective region as well as other regions, to provide care and support during an emergency.

Purpose

The Wisconsin Disaster Medical Response Team Medical Reserve Corps (WDMRT MRC) in collaboration with other Wisconsin MRC units will be able to configure medical and public health surge response resources that follow defined FEMA resourced typed teams depending on the need of the requesting healthcare agency or jurisdiction:

- Mobile Field Medical Teams Type II and Type I
- Adult Patient Care Teams Type II and Type I

And future development of;

- Emergency Care Team Type II and Type I
- Pediatric Care Team Type II and Type I
- Burn Care Team Type II and Type I
A Type II team is a 14+ plus member team designed to provide medical care at any of the following:

- As replacement or a medical surge augmentation staff at a hospital after a disaster
- Staffing for Alternate Care Facility or mass immunization site
- Staffing for first aid and medical care at large mass gathering events
- Patient collection point during an evacuation after a catastrophic event

A Type II team deploys without a medical cache and is meant to provide surge medical care in an intacted but overwhelmed system.

A Type I team is a 20+ member team that can function as “stand-alone” medical unit that deploy with assets that include a Mobile Medical Unit (MMU) surge shelters and a 48 hour limited medical cache to provide medical care in any of the following:

- Mobile medical care where patient care is provided in a field shelter setting
- Staffing for a federal medical operation

This model allows for the flexibility of our medical surge response resources and assets to meet the needs for various types’ of emergencies or disasters that may occur in a local community or anywhere in the state. Medical surge response resources may be deployed through intrastate or interstate mutual aid agreements through the Emergency Management Assistance Compact (EMAC) to other states. EMAC requests are coordinated through the State’s Emergency Operations Center (SEOC) in collaboration the Wisconsin Department of Health Services. WDMRT MRC will maintain medical surge response members, that are trained, exercised and prepared to respond to an incident should the need occur. In addition WDMRT MRC maintains 4 Mobile Medical Units. This surge type facility can be used as fixed 10 bed medical care facility, a low acuity Alternate Care Facility, or POD site or when combined with other MMU’s, a full 40 bed Mobile Medical Care Facility.

**Mission**

To develop medical surge response resources that are trained and prepared to respond and assist with medical treatment, at the request of a healthcare or public health agency when activated by Wisconsin Disaster Medical Response Team.
Background

From 2010 - 2014 Wisconsin Disaster Medical Response Team – Medical Reserve Corps developed a 40-bed mobile medical unit capability known as a Mobile Medical Care Facility (MMCF).

This resource is available to any healthcare facility or a requesting jurisdiction during a disaster. The MMCF can also be utilized as large stand alone first aid station during special mass gathering events. The MMCF is housed in Appleton.

During an event or incident, staffing may be needed to prepare for or respond to a healthcare emergency without deploying a MMCF.

To ensure redundancy in staffing both the MMCF and a surge event at a healthcare facility, Wisconsin Disaster Medical Response Team – Medical Reserve Corps is embracing a medical surge concept that follows the medical and public health teams defined by the U.S. Department of Homeland Security (DHS) and FEMA.

Medical surge response resources and assets were initiated in 2010 and once completed; the WDMRT MRC will maintain a list of available staff, as well as policies and procedures to activate these teams. These teams will be capable of providing medical services in abnormal circumstances upon notification of an event or incident.

Medical surge response resources may be developed in collaboration with other pre-identified teams including Hospital Emergency Response Teams, other Medical Reserve Corps units, and the Wisconsin Emergency Assistance Volunteer Registry. The purpose of these teams is not to re-create teams that may already exist within the state, but rather to provide guidance, consistency and similarity when requesting personnel resources.

Assumptions

- During a medical surge incident, there may be limited staffing available to support the operations of a hospital, a Alternate Care Facility, or Federal Medical Station that may be deployed in the state after a catastrophic incident.

- WDMRT MRC’s approach in developing medical and public health surge response resources is to offer assistance in establishing redundancy in staffing and to ensure an effective response to any requesting healthcare facility, or public health department.

- WDMRT MRC will implement, train and exercise medical and public health surge response resources and assets.
• WDMRT MRC will deploy medical surge response resource type teams in needed configurations.

Concept of Operations

WDMRT MRC will work to develop, refine, plans and procedures to ensure incident management decisions during medical surge incidents are coordinated through multi-agency collaboration representative of the community healthcare organizations’ priorities and needs.

Medical and public health surge response resources are multifaceted and can provide healthcare services as needed for diverse events or incidents. Ideally, each team will maintain multiple volunteers to ensure redundancy in planning and training when healthcare staffing shortages exist.

Role of Medical Surge Response Resources

Medical surge response resources and assets may be deployed to assist communities’ through-out Wisconsin or other neighboring states during surge or mass casualty incidents.

WDMRT MRC will activate medical or public health surge response resources and assets within a region as needed or requested by a healthcare facility or system, or Public Health Department and maintain communications with the Wisconsin MRC Coordinator. Wisconsin Department of Health Services may also request the teams through the Wisconsin MRC/ESAR VHP coordinator to assist during an event to support Wisconsin's Emergency Response Plan ESF#8.

Minimum Team Eligibility Requirements

Wisconsin Disaster Medical Response Team will consider the following requirements for staff on the various Type I, Type II teams and Public Health Surge Response Team:

• Registered as a volunteer in the Wisconsin Emergency Assistance Volunteer Registry (WEAVR)
• Pass a criminal and licensure background check
• Maintain a clinical license or certified to practice where applicable within the state of Wisconsin
• Physically fit to handle the rigors of disaster environments
Minimum Requirements for Deployment

To be considered for deployment, members must already have on file:

- Application reviewed and approved
- Required Core Training’s completed
- Up-to-date copies of medical licensure on file

All medical surge response members should deploy with at least a 1-day supply of food and water as well as items for sleeping arrangements. During a disaster, requesting agencies may not be able to guarantee that these provisions will be available. Team members should plan to take care of their own needs to prevent adding further burden to response initiatives.

Members responding to an incident need to have the following personal items:

- Individual personal basic deployment gear (see Appendix A)
- Drivers licenses and other forms of personal identification
- Up-to-date emergency contact information
- Personal hygiene supplies

Emergency Activation

There are two methods to request activation of medical or public health surge response resources and assets.

Medical surge response, public health surge response and the MMU are activated by the Wisconsin Disaster Medical Response Team during a local, state or national declaration of emergency. Local or regional requests for medical surge response resources and assets should be made through the WDMRT MRC Duty Officer who will communicate this activation to the Wisconsin MRC/ESAR VHP coordinator.

Requests made through the Emergency Management Assistance Compact (EMAC) will be made to the State Emergency Operations Center (SEOC) who will then contact the Wisconsin Department of Health Services (DHS).

DHS will then coordinate and determine the availability of medical surge response teams; DHS may also coordinate and deploy other Wisconsin Medical Reserve Corps units as well as registered Wisconsin ESAR VHP members depending on the request from a state EOC.
As such, an organization or agency requesting medical surge response assistance should be able to provide the following unless other agreements have been made:

- Security
- Housing
- Food
- Work facilities

Medical surge and public health response resources are configured into the needed resource type team that deploy within 24 hours of an incident occurrence and are designed to work up to 3 days. After 3 days an incident has usually concluded or team members are relieved by or integrated with federal medical teams.

**Alert Notification of response resources**

Team members will be notified via email and/or phone. WDMRT MRC resources are not first responders to an incident. However medical surge and public health response team members should keep in mind once they receive a deployment notification our goal is to be operating in the field anywhere in the state within 6 to 8 hours from the time an alert is received by the member.

**Deployment**

Team members should report to the Medical Unit Team Leader or their designee at the staging area. It is the responsibility of the Medical Unit Team Leader or their designee to determine team staffing and availability, and report this information to the MRC Duty Officer.

Once preparations have been completed and while en route to the incident site, the Team Leader will establish an operations schedule based upon two 12-hour shifts per day. Each shift will include specific areas of responsibility. As deployment strategies vary based upon the event/incident, scheduling strategies may be altered.

When arriving at the event or incident site, the medical surge response members should configure into the required resource type team and fit within the local Incident Command Structure that is established. It is suggested that only the Team Leader immediately report to the local Liaison Officer or Operations Section Chief when arriving at the event or incident site to determine the needs of the mission. All medical surge response team members may need additional credentialing at a facility or incident site and should wear this and any additional identification at all times.
On-Site Orientation

It is recommended that when a medical surge response team is deployed, minimum on-site training is provided which includes:

- Type of event or incident
- Site orientation including organizational structure and who to report too
- Local record keeping requirements for patients if different from the MMCF system’s
- Any local or site Standard Operating Procedures as applicable
- Job action sheets, if different from team standards
- Safety and infection control, if different from team standards

On-Site Communications

While face to face communication is usually our primary and most optimal tool for communications during a surge event, WDMRT MRC has worked with healthcare organizations, and the state EMS office to develop procedures for information sharing and communications. These procedures assist our medical and public health surge resources with coordination of transport decisions and options during a medical surge incident if we are operating our MMU or MMCF.

WDMRT MRC maintains a cache of small, low power handheld radios that are used as primary communication devices within our MMU. Two handheld WISCOM radios’ that are also stationed in our Planning and Operation Sections.

Redundancy is built into our communication plan by backing up these radios’ with unit cell phones and internet connections that can be achieved in all urban and most rural parts of the state.

The Team Leader or Logistics Section Chief should meet with the local incident command to determine a Communications Plan for the team, prior commencing on-site operations.

On-Site Operations

Due to the various types incidents and types of healthcare systems the team could deploy to, it is difficult to determine the exact roles and responsibilities of each medical surge response team member, prior to a surge event or incident.
Therefore, it will be important that upon arrival at an event or incident that the Team Leader identifies the team’s role within the local incident command system and follows the direction of the requesting agency. Team members should be aware that they may or may not function at their Scope of Practice. A team member’s job will depend on the needs identified for the incident or event.

In rare instances, multiple teams may be deployed depending upon the severity and needs of the responding agencies. Flexibility and a strong work ethic are important attributes of team members, as events and incidents may evolve over time.

**Demobilization**

Demobilization and release of the medical surge response team will take place when determined by the local Incident Commander. It is important that a team member does not leave their shift without notifying or receiving instructions from the Medical Unit Team Leader.

**Post Incident**

After an event or incident, it is important for the team members to debrief. Lessons learned and corrective actions may be taken into consideration for future planning and/or deployments. This may be done in conjunction with the incident command system established at the event or incident site. Some debriefings may occur directly after the event or incident while others may be deferred to a later time.
Assignment of Responsibilities

A Type I Medical Surge Response Team will be deployed with equipment and supplies usually with the WDMRT- MRC MMCF.

This team consists, at a minimum, the following roles:

**Type I Medical Surge Response Team**

- 1 Medical Unit Team Leader
- 1 Physician (MD or DO or EM, or trauma surgeon preferred)
- 1 Physician Assistant or Advanced Practice Nurse (Critical Care, ER, ICU, Peds, preferred)
- 6 Registered Nurses
- 1 Respiratory Therapist
- 4 EMTs and 2 Paramedics (preferred) OR 2 Patient Care Technicians -Licensed Practical Nurses or Nurses Aids
- 4 Stretcher Bearers
- 2 Behavioral Health Specialist

Various Logistics and Administration personnel

Responsibilities may include:

- Providing a range of clinical services in a mobile environment
- Maintaining a range of equipment and supplies
Type II Medical Surge Response Team

This team consists, at a minimum, the following roles:

- 1 Medical Unit Team Leader
- 1 Physician
- 1 Physician Assistant or Advanced Practice Nurse
- 6 Registered Nurses
- 2 EMT’s and 2 Paramedics (preferred) or 4 Patient Care Technicians - Licensed Practical Nurses or Nurses Aids
- 1 Behavioral Health Specialists

Responsibilities may include:

- Staff augmentation where specialties/personnel are requested to provide medical support in established care sites
- Staffing for Alternate Care Facility
- Staffing for first aid and medical care at large mass gathering events
- Patient collection point during an evacuation mission

For a Type II team, equipment and supplies are provided by the requesting jurisdiction.

Public Health Surge Response Team

Various configurations may be requested.

Responsibilities may include:

- Staffing for First Aid and Post Evaluation Stations
- Staffing for Mass Immunizations
- Staffing for Triage
- Staffing for Greeters, Door Security
IC (MUTL)

PIO

Liaison

Safety

Operations

Planning

Logistics

ADMIN

Emergent TX Area

MD or DO

Paramedic

NP or PA or RN

RTT

Non Emergent TX

NP or PA or RN

LPN or EMT

Holding Observation

NP or RN

EMT

EMT or CNA

EMT or CNA

EMT

Discharge

Discharge BHS

Registration

Registration

Int. Patient Trans.

Family Services Unit (opt)

Housekeeping Opt.

Logis

Maint

Logis

Maint

TYPE I ICS Chart

Medical Surge Response Team

When deployed with the Mobile Medical Unit to assist a healthcare system during an MCI.
Volunteer Protections

Legal authority, liability and protection for individual medical surge response volunteers will vary depending on a variety of factors, including but not limited to:

- Jurisdictions involved
- Whether or not a state disaster or state of emergency has been declared
- Volunteer’s profession
- Volunteer’s affiliation and employment status
- For whom and in what setting the volunteer is providing services

Volunteers often serve in a limited capacity, for a limited period of time and in places or positions in which they may not normally practice. Therefore, team members should be aware of federal, state and local emergency powers and how these powers may affect their liability, licensure and credentialing. Team members should never self-deploy to disaster areas. For their own protection, at this point it is imperative that during a disaster the medical surge response teams work through a state activation at a declared local or state disaster. A requesting agency may assume liability and malpractice of all team during a deployment this arrangement should be made in writing before the Team is operational on a site. At this stage in development, it is intended for team members who are willing to render aid or perform health services to do so on a temporary basis without pay or remuneration.

Currently, there are no provisions for compensating team members. Some employers support employee volunteer and community service activities. Team members are encouraged to check with their own employer for more details.

In Wisconsin, volunteers may be protected from civil liability through the following statutes:

**WISCONSIN STATE STATUTE CHAPTER 257**

**EMERGENCY VOLUNTEER HEALTH CARE PRACTITIONERS**

257.01 Definitions.

257.02 Volunteer registry.

257.03 Volunteer practitioners indemnified.

257.04 Health care facilities indemnified.
257.01 Definitions. In this chapter:

(1) “Behavioral health provider” means any of the following:

(a) An individual who, under ch. 455, is licensed as a psychologist or, under ch. 457, is certified as a social worker or licensed as a clinical social worker, a marriage and family therapist, or a professional counselor.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a psychologist under ch. 455 or certified as a social worker or licensed as a clinical social worker, a marriage and family therapist, or a professional counselor under ch. 457, if the individual’s license or certification was never revoked, limited, suspended, or denied renewal.

(c) An individual who holds a valid, unexpired license, certification, or registration issued by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as those acts that an individual under par. (a) is licensed or certified to perform.

(1g) “Clinical laboratory technician” means an individual who holds a valid, unexpired certification as a clinical laboratory technician or technologist from an organization from which the department recognizes certification for purposes of this chapter.

(2) “Emergency medical services provider” means any of the following:

(a) An individual who is licensed as an emergency medical technician or certified as a first responder under s. 256.15.

(b) An individual who was at any time in the previous 10 years, but is not currently, licensed as an emergency medical technician or certified as a first responder under s. 256.15, if the individual’s license was never revoked, limited, suspended, or denied renewal.

(c) An individual who holds a valid, unexpired license, certification, or registration issued by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as those acts that an individual under par. (a) is licensed or certified to perform.

(3) “Funeral director” means any of the following:

(a) An individual who is licensed as a funeral director under ch. 445.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a funeral director under ch. 445, if the individual’s license was never revoked, limited, suspended, or denied renewal.
(c) An individual who holds a valid, unexpired license, certification, or registration issued by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as those acts that an individual under par. (a) is licensed to perform.

(4) “Health care facility” has the meaning given in s. 150.84 (2).

(5) “Health care provider” means any of the following:

(a) An individual who is licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 453, or certified as a respiratory care practitioner under ch. 448.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife, under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 453, or certified as a respiratory care practitioner under ch. 448, if the individual’s license or certification was never revoked, limited, suspended, or denied renewal.

(c) An individual who holds a valid, unexpired license, certification, or registration issued by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as those acts that an individual under par. (a) is licensed or certified to perform.

(6) “Mass clinic” means a designated space that is arranged by a local health department or by the department and operated during a defined period of time to provide vaccination, prophylaxis, medication, or other specialized treatment to a population in response to a public health emergency.

(7) “Nurse aide” means any of the following:

(a) An individual who satisfies the requirements for a nurse aide under s. 146.40 (2) (a), (c), (e), (em), or (g).

(b) An individual who did at any time within the previous 10 years, but does not currently, satisfy the requirements for a nurse aide under s. 146.40 (2) (a), (c), (e), (em), or (g), if the individual’s name has never been listed under s. 146.40 (4g) (a) 2., 2005 stats., or s. 146.40 (4g) (a) 2.
(c) An individual who holds a valid, unexpired license, certification, or registration issued by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as those acts that an individual under par. (a) is qualified to perform.

(8) “Practitioner” means a behavioral health provider, clinical laboratory technician, emergency medical services provider, funeral director, health care provider, nurse aide, pupil services provider, or substance abuse prevention provider.

(9) “Pupil services provider” means any of the following:

(a) An individual who is licensed as a school counselor, school psychologist, or school social worker under rules promulgated by the department of public instruction.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a school counselor, a school psychologist, or a school social worker under rules promulgated by the department of public instruction, if the individual’s license was never revoked, limited, suspended, or denied renewal.

(c) An individual who holds a valid, unexpired license, certification, or registration issued by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as those acts that an individual under par. (a) is licensed to perform.

(10) “State of emergency” means a state of emergency declared under s. 323.10 or 323.11 or a federal state of emergency.

(11) “Substance abuse prevention provider” means any of the following:

(a) An individual who is certified as a counselor, supervisor, or specialist described under s. HFS 75.02 (11) and (84), Wis. Adm. Code, in effect on January 20, 2006, or certified as a substance abuse counselor, clinical supervisor, or prevention specialist under s. 440.88.

(b) An individual who was at any time in the previous 10 years, but is not currently, certified as a counselor, supervisor, or specialist described under s. HFS 75.02 (11) and (84), Wis. Adm. Code, in effect on January 20, 2006, or certified as a substance abuse counselor, clinical supervisor, or prevention specialist under s. 440.88, if the individual’s certification was never revoked, limited, suspended, or denied renewal.

(c) An individual who holds a valid, unexpired license, certification, or registration issued by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as those acts that an individual under par. (a) is certified to perform. History: 2009 a. 42 ss. 245 to 250, 258 to 267; Stats. 2009 s. 257.01; 2009 a. 42.
257.02 Volunteer registry. The department shall establish and maintain an electronic system that may be used to verify the credentials of and register volunteer practitioners before or during a state of emergency. History: 2009 a. 42.

257.03 Volunteer practitioners indemnified

(1) Except as provided in sub. (3), a practitioner who, during a state of emergency and in a geographic area in which the state of emergency applies, provides services for which the individual is or has been licensed, certified, registered, or, in the case of a nurse aide, qualified, is, for any claim arising from the provision of the services, a state agent of the department under ss. 165.25 (6), 893.82, and 895.46 and, except as provided in sub. (2), is considered an employee of the state for worker’s compensation benefits under ch. 102 if all of the following apply:

(a) The services are provided on behalf of a health care facility or mass clinic, or at the request of the department or a local health department.

(b) The health care facility, mass clinic, department, or local health department on whose behalf the practitioner provides the services does not compensate the practitioner for the services, except the health care facility, mass clinic, department, or local health department may reimburse the practitioner for travel, lodging, or meals. The practitioner’s employer may compensate the practitioner for the services as long as the employer is not the health care facility, mass clinic, department, or local health department on whose behalf the services are provided.

(c) The practitioner is registered in the system under s. 257.02.

(d) If the practitioner provides the services at a health care facility or mass clinic, the practitioner first registers in writing with the health care facility or mass clinic.

(2) A practitioner who provides services under sub. (1) is not considered an employee of the state for worker’s compensation benefits under ch. 102 if the practitioner’s employer compensates the practitioner for providing the services.

(3) A practitioner is not a state agent of the department under ss. 165.25 (6), 893.82, and 895.46 if the practitioner’s acts or omissions involve reckless, wanton, or intentional misconduct. History: 2009 a. 42 ss. 251, 270 to 273.

257.04 Health care facilities indemnified. The health care facility on whose behalf services under s. 257.03 are provided is for the provision of the services, a state agent of the department for purposes of ss. 165.25 (6), 893.82, and 895.46. History: 2009 a. 42.
Volunteer Protection Act of 1997, Public Law 105-19, 42 USC Chapter 139

Volunteers of nonprofit and governmental entities may also be protected from civil liability under this federal law. However, it does not protect against harm caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed. (Please refer to law for additional exceptions).

While acting on behalf of a governmental agency, a volunteer is immune from tort liability if the volunteer is acting or reasonably believes he or she is acting within the scope of his or her authority, the governmental agency is engaged in the exercise or discharge of a governmental function, and the volunteer’s conduct does not amount to gross negligence that is the proximate cause of the injury or damage. This Act does not provide immunity for medical treatment or care to a patient, with limited exceptions. However, other laws discussed in this section may apply to provide protection from liability for medical care.

Wisconsin Interstate Emergency Management Assistance Compact, (§ 323.80, Stats.)

Provides mutual assistance between party states in managing emergencies declared by the Governor of the affected state

Deploying personnel considered agents of requesting state for tort liability and immunity for good faith acts

Personnel injured treated the same as if injured in own state for Worker Compensation purposes.

Requesting state shall reimburse requesting state. Aiding state may donate services for no cost

Coverage during Training Exercises and First Aid Staffing

Wisconsin Disaster Medical Response Team provides insurance to our team members for these events.
Medical Surge Response Training Requirements

The following trainings are required to be completed prior to a team members’ deployment as a minimum. Many of these are available online at the Wisconsin Public Health Training Portal. All are free of charge and CEU’s are available for the many of these courses

- MRC/Mobile Medical Unit Orientation
- FEMA IS -100 Incident Command System (ICS)
- FEMA IS – 200 Basic Incident Command System
- FEMA IS - 700 National Incident Management System (NIMS)
- Personal and Family Preparedness
- Weapons of Mass Destruction Awareness
- Bloodborne Pathogens and PPE
- Triage
- Psychological First Aid
- Working in a POD - REQUIRED If wanting to deploy on the Public Health Response Team
- Mass Dispensing: A Primer for Volunteers - REQUIRED If wanting to deploy on the Public Health Response Team
- Hold a current medical license for those required specialties
- Resource mobilization and set up
- Medical care in an austere environment

Leadership Training Recommended

- ICS 300
- ICS 400
- Leadership and Influence
- Effective Communications
- Managing Workplace Conflict
- Decision Making and Problem Solving
- Risk Communications
The following trainings are recommended to be completed prior to a team deployment at a minimum:

- Basic Disaster Life Support or equivalent
- Basic Helicopter Operations
- GPS/Field Technology

For Medical Licensed Personnel:

Pediatric Advanced Life Support (PALS), Advanced Cardiac Life Support (ACLS), Pre-Hospital Trauma Life Support (PHTLS) or Advanced Trauma Life Support (ATLS) are also recommended.

Training and Exercising will be offered on a quarterly basis to Medical Surge Response Team members to those who have completed the required core training courses to develop their skills in disaster medicine.

**Plan Development and Maintenance**

The Medical Surge Response Guidelines will be reviewed annually by Wisconsin Disaster Medical Response Team Medical Reserve Corps
The National Incident Management System (NIMS) Compliance

The National Incident Management System (NIMS) provides a systematic, proactive approach that guides Wisconsin Disaster Medical Response Team Medical Reserve Corps (WDMRT MRC) medical surge response resources and all other resources under our housing organization to work seamlessly with all levels of government, nongovernmental organizations and the private sector to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment.

It is important to remember that NIMS is a system of incident management. It is more a “culture” and a process about how our organization manages an incident rather than a checklist of actions. The following are some examples of what WDMRT MRC has done in its planning so that we are consistent with the response of our other emergency response partners:

Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.

WDMRT MRC completes After Action Reports for each exercise and then prioritizes and follows up on these prioritized Corrective Actions and tests those Corrective Actions in a subsequent exercise and then updates its Standard Operating Guidelines as necessary.

Participate in interagency mutual aid and/or assistance agreements to include agreements with the public and private sector and nongovernmental organizations.

WDMRT MRC has established mutual-aid agreements with hospitals and public health, etc., as appropriate and necessary.

Identify the appropriate personnel to complete ICS 100 HICS, ICS 200 HICS, IS 700 and IS 800 or equivalent courses.

All appropriate persons on WDMRT MRC complete these trainings.

Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communication standards.

Manage all emergency incidents, exercises and pre-planned (recurring/special) events in accordance with ICS organizational structures, doctrines, as defined by NIMS.
The WDMRT MRC has adopted a version of the Hospital Incident Command System (HICS) as the means by which to manage incidents, exercises and pre-planned events.

HICS is a methodology for using the Incident Command System (ICS) in a hospital/healthcare environment. HICS is an incident management system based on the Incident Command System that assists hospitals and hospital response groups in improving their emergency management planning, response, and recovery capabilities for unplanned and planned events. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. This is evidenced by reference to the Incident Command in all team SOG’s and related documents.

**Ensure that Public Information procedures and processes gather, verify, coordinate and disseminate information during an incident or an event.**

WDMRT MRC has trained its staff on how communications are managed under ICS. To ensure consistency of messaging, the Public Information Officer coordinates all messages with the Joint Information Center.
Medical Surge Response Resources Job Descriptions
## Advanced Practice Registered Nurse (ARPN’s)

**Supervisor:** Physician  
Works closely with: Nursing staff, EMS and Nurse Aides, Operations Section Chief or Treatment Team Leader

**Mission:** The primary purpose of an advanced practice registered nurse is to function as a health care professional licensed to diagnose and treat a range of health problems working either independently or in collaboration with a physician or other licensed independent practitioner. To supervise patient care and safety. To supervise assigned team members. Ensure safety of team members and patient.

### Initial On Scene Operations (0-2 Hours)
- Report to Medical Unit Team Leader/IC.
- Obtain Medical supplies from the Logistics Officer.
- Brief team members on roles and responsibilities.
- Assist with station set-up.
- Inspect and familiarize self with station location and equipment.
- Test assigned communications equipment.
- Review Medical Plan and Section Guide with team members.
- Communicate additional staffing and equipment needs to Logistics Officer.

### Intermediate Operations Period (2-12 Hours)
- Provides professional skills and knowledge of established concepts, principles, and practices, depending on the situation may need to perform advanced professional nursing assignments of considerable difficulty.
- Prepares and reviews patient records. Observes and records patient condition and assess nursing care needs.
- Provides leadership in comprehensive nursing, preventive and therapeutic health care service to patients at a disaster or emergency site.
- Provides comprehensive nursing care to patients based on physical, mental, and emotional needs of the patient as necessary.
- Depending on the situation, may be asked to administer medications and treatments authorized by a physician.
- Provides emergency treatment to trauma victims, depending on the situation, which may include suturing as necessary.
- Depending on the situation, may be asked to interpret laboratory tests records information on patients’ chart and maintain accurate records of intake and output as necessary.
- Performs examinations and treatments as necessary.
- Directs the work of nurses, paramedics and emergency medical technicians.

### Deactivation/Demobilization Period
- Complete all required documentation and turn in to Planning Section.
- Submit all required documentation to Planning Section Chief.
- Close and clean-up of the facility or station as required.
- Return unused supplies to the Logistics Section.
- Complete event evaluation and debrief.
# Education and Training Requirements

## Advanced Practice Registered Nurse (ARPN’s)

### Education

Graduate of an accredited nursing program with graduate (masters or above) level advanced education and clinical training as an advanced practice registered nurse or nurse practitioner.

**Completion of the following courses/curricula: Required**

1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness
7. CPR

### Licensing

Active status of legal authority to function as an advanced practice nurse, nurse practitioner, CRNA, or midwife without restrictions granted by the state.

### Recommended Training

1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   - Or equivalent Disaster Medicine
3. PALS or PEARs (Pediatric Emergency Assessment, Recognition and Stabilization)
4. ACLS (Advanced Cardiac Life Support)
5. Psychological First Aid
6. Bloodborne Pathogens Standard Precautions

### Experience

1. Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

### Certification

Current DEA registration if granted prescriptive privileges by the state of primary registration

### Other

Refer to immunization recommendations for emergency responders by Centers for Disease Control.
## Behavioral Health Specialist - Licensed

**Supervisor:** Planning Section Chief, or Admissions Supervisor, or Lead Patient Care Technician

**Mission:** The Behavioral Health Specialist 1. Assures the provision for behavioral health triage, assessment and stabilization. 2. Assures the need for psychological, spiritual and emotional support to the facility patients, staff, and patient family members. 2. Initiate and organize the Psychological First Aid process as needed or referral of responders and affected populations. 3. In addition, a licensed behavioral health specialist, including but not limited to psychologists, LMFT, LCSW, Licensed Professional Counselors or state-recognized equivalent, is qualified to provide and supervise diagnosis and treatment of mental and emotional disorders within the context of various family systems.

### Initial On Scene Operations (0-2 Hours)

- □ Assist with external and internal set-up of the facility or station as required.
- □ Review Medical Plan and Section Guide.
- □ Participate in Communications, Safety, and Site Brief.
- □ Inspect and familiarize self with facility or station location and equipment.

### Intermediate Operations Period (2-12 Hours)

- □ Assist in preparing the patient Discharge Area.
- □ Ensure that all patients transiting to the Discharge Area have had their needs met and are ready for discharge back into the disaster zone.
- □ Provide on-site counseling.
- □ Identify and refer any patient needing a mental health referral and/or follow-up.

### Deactivation/Demobilization Period

- □ Assist with the break-down and the Discharge Area.
- □ Ensure the collection of all paperwork and turn in to the Administrative Supervisor or Planning Section Chief.
- □ Attend debrief.
- □ Complete event evaluation.
# Education and Training Requirements

## Behavioral Health Specialist - Licensed

### Education
Completion of a Master's or Doctoral degree in behavioral health, mental health, or its equivalent from an accredited college or university.

**Completion of the following courses/curricula: Required**

1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness

### Licensing
Active status of legal authority to function as a Psychologists or Social Worker without restrictions granted by the Wisconsin Department of Safety and Professional Services

### Recommended Training

1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   - Or equivalent Disaster Medicine
3. CPR
4. Bloodborne Pathogens Standard Precautions
5. Psychological First Aid
6. Crisis Intervention or Disaster Behavioral Health Training

### Certification
DEA registration with prescriptive privileges as needed

### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
# Behavioral Health Specialist - Unlicensed

**Supervisor:** Planning Section Chief, or Admissions Supervisor, or Lead Patient Care Technician

**Mission:** The primary purpose of an unlicensed behavioral health specialist is to provide supportive mental health or substance abuse services in a disaster setting. An unlicensed behavioral health specialist is qualified to provide supportive disaster behavioral health interventions, behavioral health triage, assessment, and stabilization or referral of responders, disaster survivors, and affected populations. Unlicensed behavioral health specialists are individuals with undergraduate degrees or training in fields that may include, but are not limited to, psychology, social work, counseling, substance abuse, and pastoral care.

### Initial On Scene Operations (0-2 Hours)
- Assist with external and internal set-up of the facility or station as required.
- Review Medical Plan and Section Guide.
- Participate in Communications, Safety, and Site Brief.
- Inspect and familiarize self with facility or station location and equipment.

### Intermediate Operations Period (2-12 Hours)
- Assist in preparing the patient Discharge Area.
- Ensure that all patients transiting to the Discharge Area have had their needs met and are ready for discharge back into the disaster zone.
- Provide Psychological First Aid.
- Provide on-site counseling.
- Identify and refer any patient needing a mental health referral and/or follow-up.

### Deactivation/Demobilization Period
- Assist with the break-down and the Discharge Area.
- Ensure the collection of all paperwork and turn in to the Administrative Supervisor or the Planning Section Chief.
- Attend debrief.
- Identify issues for the After Action Report process.
- Complete event evaluation.
## Education and Training Requirements

### Behavioral Health Specialist - Unlicensed

**Education**
Completion of an undergraduate degree in behavioral sciences such as psychology, social work, counseling or its equivalent from an accredited college or university

### Completion of the following courses/curricula: Required

1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness

### Recommended Training

1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   - Or equivalent Disaster Medicine
3. CPR
4. Bloodborne Pathogens Standard Precautions
5. Psychological First Aid
6. Crisis Intervention or Disaster Behavioral Health Training

### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
# Lead Patient Care Technician (Senior Registered Nurse)

**Supervisor:** Physician  
**Works closely with:** Nursing staff, EMS and Nurse Aid, Operations Section Chief or Treatment Team Leader

**Mission:** The primary purpose of an advanced practice registered nurse is to function as a health care professional licensed to diagnose and treat a range of health problems. To supervise patient care and safety. To supervise assigned team members. Ensure safety of team members and patient.

## Initial On Scene Operations (0-2 Hours)
- Report to Medical Unit Team Leader / IC.
- Obtain medical supplies from the Logistics Officer.
- Brief team members on roles and responsibilities.
- Assist with facility set-up.
- Inspect and familiarize self with station location and equipment.
- Test communications equipment.
- Review Medical Plan and Section Guide with team members.
- Communicate additional staffing and equipment needs to Logistics Officer.

## Intermediate Operations Period (2-12 Hours)
- Provides professional skills and knowledge of established concepts, principles, and practices depending on the situation, may need to perform advanced professional nursing assignments of considerable difficulty.
- Prepares and reviews patient records. Observes and records patient condition and assess nursing care needs.
- Provides leadership in comprehensive nursing, preventive, therapeutic health care service to patients, at a disaster or emergency site.
- Provides comprehensive nursing care to patients based on physical, mental, and emotional needs of the patient, as necessary.
- Depending on the situation, may be asked to administer medications and treatments authorized by a physician.
- Provides emergency treatment to trauma victims, depending on the situation which may include suturing as necessary.
- Depending on the situation, may be asked to interpret laboratory tests records information on patients’ charts and maintains accurate records of intake and output as necessary.
- Performs examinations and treatments as necessary.
- Directs the work of nurses, paramedics and emergency medical technicians.

## Deactivation/Demobilization Period
- Complete all required documentation and turn in to the Planning Section.
- Submit all required documentation to the Planning Section Chief.
- Close and clean-up of the facility.
- Return unused supplies to the Logistics Section.
- Complete event evaluation and debrief.
## Education and Training Requirements

### Registered Nurse

**Education**  
Graduate of an accredited nursing program

**Completion of the following courses/curricula: Required**

1. MRC Orientation  
2. ICS-100: Introduction to ICS  
3. ICS-200: Basic ICS  
4. FEMA IS-700: NIMS, an Introduction  
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI  
6. Personal and Family Preparedness  
7. CPR

**Licensing**  
Active status of legal authority to function as a registered nurse without restrictions granted by the Wisconsin Department of Safety and Professional Services

**Recommended Training**

1. BDLS – Basic Disaster Life Support  
2. ADLS – Advanced Disaster Life Support  
   - Or equivalent Disaster Medicine  
3. PALS or PEARS (Pediatric Emergency Assessment, Recognition and Stabilization)  
4. ACLS (Advanced Cardiac Life Support)  
5. Bloodborne Pathogens Standard Precautions  
6. Psychological First Aid

**Experience**

Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

**Certification**

Active Specialty Certification in the practice area/specialty requested

**Other**

Refer to immunization recommendations for emergency responders by Centers for Disease Control
## Licensed Practical Nurse

**Supervisor:** Lead Patient Care Technician, or RN  
**Works closely with:** Nursing staff, EMS personnel, Medical Unit Team Leader  

### Mission:

The Licensed Practical Nurse provides technical nursing care, to those that are injured or have become ill due to a disaster or major emergency within their scope of practice.

### Initial On Scene Operations (0-2 Hours)

- Assist with external and internal set-up of facility or station as required.
- Review Medical Plan and Section Guide.
- Participate in Communications, Safety, and Facility Brief.
- Inspect and familiarize self with facility location and equipment.

### Intermediate Operations Period (2-12 Hours)

- Provides direct supportive nursing care to patients who have been injured or have become ill as a result of a disaster; or who were already on medical treatment before a disaster.
- Observes and records patient condition. Checks vital signs and ascertains whether or not the patient is bleeding, is in shock, or appears to have a broken bone and takes appropriate first aid measures.
- Responds to emergency situations such as cardiopulmonary arrest. Recognizes the need for emergency measures and calls for professional assistance.
- Assists or performs a range of treatment procedures depending on the situation which may include application and changing of dressing, monitoring IV’s, set up and operate any special equipment needed with these procedures.
- May be called upon to assist other medical staff in non-traditional care such as applying casts, or repairing wounds not requiring the services of a physician, etc.
- Ensures patient comfort and care.
- Supervises and assists in patient transport, if necessary.
- Provides for emotional support, physical comfort and safety of patients.
- Participates in patient care planning as a member of the nursing team.

### Deactivation/Demobilization Period

- Assist with the closing and clean-up of the facility or station.
- Oversee the appropriate inventory and return of supplies to the Logistics Section.
- Ensure the completion and collection of all required documentation.
- Attend debrief.
- Complete event evaluation.
## Education and Training Requirements

### Licensed Practical Nurse

#### Education
Graduate of an accredited nursing program

#### Completion of the following courses/curricula: Required
1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness
7. CPR

#### Licensing
Active status of legal authority to function as a registered nurse without restrictions granted by the Wisconsin Department of Safety and Professional Services

#### Recommended Training
1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   • Or equivalent Disaster Medicine
3. PALS or PEARS (Pediatric Emergency Assessment, Recognition and Stabilization)
4. ACLS (Advanced Cardiac Life Support)
5. Bloodborne Pathogens Standard Precautions
6. Psychological First Aid

#### Experience
Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

#### Certification
Active Specialty Certification in the practice area/specialty requested

#### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
<table>
<thead>
<tr>
<th>Medical Unit Team Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisor:</strong> Local Operation Section Chief, or Local Liaison Officer / Unit Coordinator</td>
</tr>
<tr>
<td><strong>Works closely with:</strong> All other command staff, physicians, ARPN’s, Patient Care Team Leader</td>
</tr>
<tr>
<td><strong>Mission:</strong> The primary focus of the Medical Unit Team Leader is patient and medical team safety through the coordination of all medical team activities. The Medical Unit Team Leader: 1. Assists in the identification and allocation of resources to support medical missions. 2. Facilitates the communication of information within the medical team. 3. Coordinates medical team activities within the incident command structure.</td>
</tr>
</tbody>
</table>

**Initial On Scene Operations (0-2 Hours)**

- Meet with requesting agency or Unit Coordinator. Receive the following information:
  - Site/facility location
  - Determine staffing requirements
  - Equipment necessary
  - Event Medical Plan
  - Determine operational periods
  - Event Communications Plan
  - Job Action sheets
  - The media policy
- Personally inspect the site recommended and report suitability of the site and possible alternates.
- Meet with Physicians, Nurses, Lead Patient Care Technician.
- Brief teams on medical plan and communications plan.
- Assign team responsibilities and equipment.
- Set time that station will be ready for pre-opening brief.

**Intermediate Operations Period (2-12 Hours)**

- Obtains and sets up required equipment for facility or station, if necessary.
- Assists in the identification and allocation of resources to support medical missions.
- Communicates additional staff and supply needs to the Operations or Unit Coordinator.
- Coordinates medical team activities within the incident command structure.
- Monitors performance and makes necessary changes to ensure smooth operation.
- Handles all media inquiries. Per protocol of requesting agency.

**Deactivation/Demobilization Period**

- Oversee the closing and clean-up of the site.
- Oversee the appropriate inventory and return of supplies.
- Ensure the completion and collection of all required documentation.
- Complete event evaluation.
- Conduct debrief.
- Provide After Action Report to the Unit Coordinator.
# Education and Training Requirements

## Medical Unit Team Leader

<table>
<thead>
<tr>
<th>Completion of the following courses/curricula: Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MRC Orientation</td>
</tr>
<tr>
<td>2. ICS-300: Intermediate ICS</td>
</tr>
<tr>
<td>3. ICS-400: Advanced ICS</td>
</tr>
<tr>
<td>4. FEMA IS-700: NIMS, an Introduction</td>
</tr>
<tr>
<td>5. OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI</td>
</tr>
<tr>
<td>6. Personal and Family Preparedness</td>
</tr>
</tbody>
</table>

## Recommended Training

<table>
<thead>
<tr>
<th>Recommended Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. E/L 950: NIMS ICS All-Hazards Position Specific Incident Commander</td>
</tr>
<tr>
<td>2. E/L 952: NIMS ICS All-Hazards Position Specific Public Information Officer</td>
</tr>
<tr>
<td>3. E/L 956: NIMS ICS All-Hazards Position Specific Liaison Officer</td>
</tr>
<tr>
<td>4. G-191 ICS/EOC Operations</td>
</tr>
<tr>
<td>5. IS-702 NIMS Public Information System</td>
</tr>
<tr>
<td>6. G-290a Basic PIO and G-290b Advanced PIO</td>
</tr>
<tr>
<td>7. IS-703 Resource Management or followed by G276 Resource Management</td>
</tr>
<tr>
<td>8. IS-701 Multi-Agency Coordination (MAC)</td>
</tr>
<tr>
<td>9. G-775 EOC Management and Operations</td>
</tr>
<tr>
<td>10. Psychological First Aid</td>
</tr>
</tbody>
</table>

## Experience

<table>
<thead>
<tr>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. At least 2 years supervisory experience. Recommend in a health setting.</td>
</tr>
<tr>
<td>2. Participation in a mass casualty incident or full-scale exercise in a leadership position</td>
</tr>
</tbody>
</table>

## Other

Refer to immunization recommendations for emergency responders by Centers for Disease Control
# Paramedic

**Supervisor:** Physician, or Lead Patient Care Technician  
**Works closely with:** Nursing staff, EMS personnel, Medical Unit Team Leader  
**Mission:** The Paramedic is responsible for performing a variety of difficult patient care duties, highly specialized and diversified health care activities during a disaster or exercise mission.

<table>
<thead>
<tr>
<th><strong>Initial On Scene Operations (0-2 Hours)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Assist with external and internal set-up of the facility or station as required.</td>
</tr>
<tr>
<td>□ Review Medical Plan and Section Guide.</td>
</tr>
<tr>
<td>□ Participate in Communications, Safety, and Site Brief.</td>
</tr>
<tr>
<td>□ Inspect and familiarize self with facility location and equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Intermediate Operations Period (2-12 Hours)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Carries out a full range of life support functions for injured or ill patients during a disaster, i.e. CPR, treatment for severe bleeding, shock, splinting, etc. to relieve patient’s pain and suffering to increase patient’s care and comfort.</td>
</tr>
<tr>
<td>□ Depending on the situation <strong>may</strong> be called upon to perform complete patient assessments, reassessments and resuscitation procedures, including IV fluids, ET tubes, spine/extremity immobilization, and other specialized life support procedures. These procedures will usually be done under the supervision of a higher medical authority.</td>
</tr>
<tr>
<td>□ Assisting in securing emergency equipment for use by the medical staff from logistics i.e. oxygen and respirators, etc, and is accountable for all issued equipment.</td>
</tr>
<tr>
<td>□ Observes conditions of patients during treatment and based on judgment and experience adjusts techniques or procedures as necessary to produce a positive response. Discontinues procedures when necessary.</td>
</tr>
<tr>
<td>□ May be called upon to perform as a Lead Patient Care Technician.</td>
</tr>
<tr>
<td>□ Prepares detailed records of patient’s physical condition and complete medical report for the attending medical officer, including patient’s emotional condition.</td>
</tr>
<tr>
<td>□ Performs additional tasks or duties as assigned during a mission.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Deactivation/Demobilization Period</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Oversee the closing and clean-up of the facility or station as required.</td>
</tr>
<tr>
<td>□ Oversee the appropriate inventory and return of supplies to the Logistics Section.</td>
</tr>
<tr>
<td>□ Ensure the completion and collection of all required documentation.</td>
</tr>
<tr>
<td>□ Attend debrief.</td>
</tr>
<tr>
<td>□ Complete event evaluation.</td>
</tr>
</tbody>
</table>
## Education and Training Requirements

### Paramedic

### Education
Completion of the Wisconsin Paramedic program based on NHTSA National Standard Curriculum

**Completion of the following courses/curricula: Required**

1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness
7. CPR

### Licensing
Licensed by Wisconsin Department Of Health Services to function as an Emergency Medical Technician without restrictions.

### Recommended Training

1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   - Or equivalent Disaster Medicine
3. PALS or PEARS Pediatric Emergency Assessment, Recognition and Stabilization (EMT-B)
4. ACLS (EMT-I) (Advanced Cardiac Life Support)
5. Bloodborne Pathogens Standard Precautions
6. Psychological First Aid

### Experience
Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
**Patient Care Technician (EMT, NA)**

**Supervisor:** Lead Patient Care Technician  
**Works closely with:** Nurses, EMS personnel, Treatment Area Leader  
**Mission:** To provide medical care and life support to patients at the direction of the Lead Patient Care Technician.  
Secondary, depending on the situation, may include assisting in direct non-emergency patient care, planning and assessments including documentation of vital signs, height, weight, input and output, collection of specimens, report and record patient conditions and treatments, and assists with patient mobility, positioning and transfers under the supervision of the nursing staff.

### Initial On Scene Operations (0-2 Hours)
- Assist with external and internal set-up of the facility or station as required.
- Participate in Communications, Safety, and Site Brief.
- Review Medical Plan and Section Guide with team members.
- Inspect and familiarize self with station location and equipment.

### Intermediate Operations Period (2-12 Hours)
- Provides basic life support and first aid procedures.
- Under supervision of the Lead Patient Care Technician, checks vital signs, applies splints to broken or suspected broken bones, and applies dressings to wounds to stop bleeding and prevent infection.
- Depending on the situation may also be called upon to assist other medical staff in non-traditional care such as applying casts, and wound care not requiring the services of a physician, etc.
- Ensures patient comfort and care.
- Secures emergency equipment for use by the medical staff, i.e., oxygen and respirators, etc, and is accountable for all issued equipment.
- Observes patients for changes in attitudes, behavior, and physical condition.
- Assesses routine physical condition of patients, and reports changes to his or her behavior to their supervisor. Records patient’s conditions.
- Obtains litters or assists in the physical transporting and evacuation of patients. Loads and unloads patients from ambulances, aircraft and other conveyances — Litter Bearers.

### Deactivation/Demobilization Period
- Assist with the closing and clean-up of the facility or station.
- Assist with any appropriate inventory and return of supplies to the Logistics Section or their Supervisor.
- Ensure the completion and collection of all required documentation.
- Attend debrief.
- Complete event evaluation.
## Education and Training Requirements

### Patient Care Technician (EMS – Paramedics, EMT-I’s EMT-B’s)

#### Education
Completion of the Wisconsin EMT or Paramedic program based on NHTSA National Standard Curriculum

#### Completion of the following courses/curricula: Required
1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness
7. CPR

#### Licensing
Licensed by Wisconsin Department Of Health Services to function as an Emergency Medical Technician without restrictions.

#### Recommended Training
1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   - Or equivalent Disaster Medicine
3. PALS or PEARS Pediatric Emergency Assessment, Recognition and Stabilization (EMT-B)
4. ACLS (EMT-I) (Advanced Cardiac Life Support)
5. Bloodborne Pathogens Standard Precautions
6. Psychological First Aid

#### Experience
Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

#### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
## Physician

**Supervisor:** Operations / Medical Unit Team Leader – Or Local Medical Control  
**Works closely with:** Physician Assistants, Lead Patient Care Technician, Nursing staff, paramedics

**Mission:** The Physician directs medical care and makes medical diagnoses and administers medical treatment to those that are injured or have become ill due to a disaster or major emergency.

### Initial On Scene Operations (0-2 Hours)
- Assist with external and internal set-up of the facility or station as required.
- Review Medical Plan and Section Guide.
- Participate in Communications, Safety, and Site Brief.
- Inspect and familiarize self with station location and equipment.

### Intermediate Operations Period (2-12 Hours)
- Assesses patients and performs appropriate patient care, treats simple fractures and wounds and provides a wide range of ambulatory medical interventions.
- Diagnoses traumatic and non-traumatic injury, providing treatment when symptoms are clear.
- Responsible for recognizing symptoms that require referrals to a higher level of care and makes such recommendations to Operations or Medical Unit Team Leader.
- Diagnose musculoskeletal and neurological injuries by physical examination.
- Stabilizes musculoskeletal injuries in those cases where normal treatment procedures can be applied.
- Identifies and treats internal and external hemorrhage by pressure.
- Depending on the situation may prescribe and administer drugs for infection control, pain relief, and other conditions if there are no complicating factors such as a patient’s medical history. May need to order laboratory tests as necessary.
- Identifies conditions requiring urgent surgical intervention, and makes referral for service. Classifies and prioritizes patients for further treatment and evacuation if necessary.
- Evaluates and advises local public health agencies on medical issues when requested by the Medical Unit Team Leader.
- Performs additional tasks or duties as assigned during a mission. *May include* supervising physician assistant(s), respiratory therapist(s), paramedics, and EMTs.

### Deactivation/Demobilization Period
- Oversee the closing and clean-up of the facility or station as required.
- Oversee the appropriate inventory and return of supplies to the Logistics Section.
- Ensure the completion and collection of all required documentation.
- Conduct debrief
- Complete event evaluation.
# Education and Training Requirements

## Physician

### Education
Completion of the following:
1. Graduate of an accredited medical school
2. Minimum one year of post-graduate training

### Completion of the following courses/curricula: Required
1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness
7. CPR

### Recommended Training
1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   - Or equivalent Disaster Medicine
3. PALS or PEARS (Pediatric Emergency Assessment, Recognition and Stabilization)
4. ACLS (Advanced Cardiac Life Support)
5. Bloodborne Pathogens Standard Precautions
6. Psychological First Aid

### Experience
Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

### Certification
Current DEA registration if granted prescriptive privileges by the state of Wisconsin primary registration and expected to prescribe and/or administer medications commensurate with the mission assignment

### Licensing
Active status of legal authority to function as an all opathic or osteopathic physician without restrictions granted by the Wisconsin Department of Safety and Professional Services

### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
**Physician Assistant**

**Supervisor:** Physician or Operations or Medical Unit Team Leader  
**Works closely with:** Nursing and EMS personnel, Patient Care Team Leader

**Mission:** The Physician Assistant performs direct medical care when appropriate and assists in medical triage and treatment of those that are injured or have become ill due to a disaster or major emergency.

<table>
<thead>
<tr>
<th>Initial On Scene Operations (0-2 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Assist with external and internal set-up of the facility or station as required.</td>
</tr>
<tr>
<td>□ Review Medical Plan and Section Guide.</td>
</tr>
<tr>
<td>□ Participate in Communications, Safety, and Site Brief.</td>
</tr>
<tr>
<td>□ Inspect and familiarize self with station location and equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate Operations Period (2-12 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Performs prescribed medical examination and treatment on victims suffering acute illnesses or injury. Assesses medical needs to provide safe and efficient emergency care, under the direction of Medical Control.</td>
</tr>
<tr>
<td>□ Works collaboratively in the identification and management of disaster patients. In accordance with established protocols, performs triage of patients on entry to medical services.</td>
</tr>
<tr>
<td>□ Assesses injuries and illness. Depending on the situation may be asked to perform resuscitation, inserts IV’s, and airways. In accordance with established protocols, treats shock victims with volume expanders.</td>
</tr>
<tr>
<td>□ Depending on the situation, may be asked to administer drugs for infection control, pain relief, and other conditions if there are no complicating factors or patient allergy history.</td>
</tr>
<tr>
<td>□ Examines and treats all types of illnesses and wounds. Depending on the situation may be asked to perform diagnostic tests.</td>
</tr>
<tr>
<td>□ Diagnoses traumatic and non-traumatic injury, providing treatment when symptoms are clear. Recognizes symptoms that require referrals and make such recommendations.</td>
</tr>
<tr>
<td>□ Diagnoses musculoskeletal and neurological injuries by physical examination. Stabilizes musculoskeletal injuries in those cases where normal treatment procedures can be applied.</td>
</tr>
<tr>
<td>□ Identifies internal and external hemorrhages, arrests hemorrhage by pressure and by ligation of superficial vessels.</td>
</tr>
<tr>
<td>□ Maintains complete and current clinical records.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deactivation/Demobilization Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Oversee the closing and clean-up of the facility or station as required.</td>
</tr>
<tr>
<td>□ Oversee the appropriate inventory and return of supplies to the Logistics Section.</td>
</tr>
<tr>
<td>□ Ensure the completion and collection of all required documentation.</td>
</tr>
<tr>
<td>□ Attend debrief.</td>
</tr>
<tr>
<td>□ Complete event evaluation.</td>
</tr>
</tbody>
</table>
### Education and Training Requirements

**Physician Assistant**

#### Education
Graduate of an accredited or state-recognized physician assistant program

<table>
<thead>
<tr>
<th>Completion of the following courses/curricula: Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MRC Orientation</td>
</tr>
<tr>
<td>2. ICS-100: Introduction to ICS</td>
</tr>
<tr>
<td>3. ICS-200: Basic ICS</td>
</tr>
<tr>
<td>4. FEMA IS-700: NIMS, an Introduction</td>
</tr>
<tr>
<td>5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI</td>
</tr>
<tr>
<td>6. Personal and Family Preparedness</td>
</tr>
<tr>
<td>7. CPR</td>
</tr>
</tbody>
</table>

#### Recommended Training
1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   • Or equivalent Disaster Medicine
3. PALS or PEARs (Pediatric Emergency Assessment, Recognition and Stabilization)
4. ACLS (Advanced Cardiac Life Support)
5. Bloodborne Pathogens Standard Precautions
6. Psychological First Aid

#### Experience
Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

#### Licensing
Active status of legal authority to function as an all opathic or osteopathic physician without restrictions granted by the Wisconsin Department of Safety and Professional Services

#### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
## Registered Nurse

**Supervisor:** Physician, Advanced Practice Registered Nurse  
**Works closely with:** LPN’s, CNA’s, EMS personnel  

**Mission:**  
The Registered Nurse provides professional nursing care to those that are injured or have become ill due to a disaster or major emergency. The Registered Nurse reports to the Physician, or local Medical Control or the Incident Command Team.

<table>
<thead>
<tr>
<th><strong>Initial On Scene Operations (0-2 Hours)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Assist with set-up of the facility or station as required.</td>
</tr>
<tr>
<td>□ Review Medical Plan and Section Guide.</td>
</tr>
<tr>
<td>□ Participate in Communications, Safety, and Site Brief.</td>
</tr>
<tr>
<td>□ Inspect and familiarize self with station location and equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Intermediate Operations Period (2-12 Hours)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Provides treatment to disaster victims and depending on the situation may require some complex emergency nursing techniques and procedures.</td>
</tr>
<tr>
<td>□ Prepares and reviews patient records. Observes and records patient condition and assesses nursing care needs.</td>
</tr>
<tr>
<td>□ Provides basic nursing care to patients based on physical, mental, and emotional needs of the patient.</td>
</tr>
<tr>
<td>□ Depending on the situation may be asked to administer medications and treatments authorized by a physician.</td>
</tr>
<tr>
<td>□ Depending on the situation may need to record information on patients’ chart and maintains accurate records of intake and output.</td>
</tr>
<tr>
<td>□ May be called upon to supervise LPNs, Paramedics, and EMTs.</td>
</tr>
<tr>
<td>□ Assists in the performance of the less complex tests, examinations, and treatments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Deactivation/Demobilization Period</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Oversee the closing and clean-up of the facility or station as required.</td>
</tr>
<tr>
<td>□ Oversee the appropriate inventory and return of supplies.</td>
</tr>
<tr>
<td>□ Ensure the completion and collection of all required documentation.</td>
</tr>
<tr>
<td>□ Conduct debrief</td>
</tr>
<tr>
<td>□ Complete event evaluation.</td>
</tr>
</tbody>
</table>
## Education and Training Requirements

### Registered Nurse

#### Education
Graduate of an accredited nursing program

#### Completion of the following courses/curricula: Required
1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness
7. CPR

#### Licensing
Active status of legal authority to function as a registered nurse without restrictions granted by the Wisconsin Department of Safety and Professional Services

#### Recommended Training
1. BDLS – Basic Disaster Life Support
2. ADLS – Advanced Disaster Life Support
   - Or equivalent Disaster Medicine
3. PALS or PEARs (Pediatric Emergency Assessment, Recognition and Stabilization)
4. ACLS (Advanced Cardiac Life Support)
5. Bloodborne Pathogens Standard Precautions
6. Psychological First Aid

#### Experience
Minimum of 2 years of experience in a practice setting commensurate with the mission assignment

#### Certification
Active Specialty Certification in the practice area/specialty requested

#### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
Non Medical Position Descriptions
<table>
<thead>
<tr>
<th><strong>Admissions Supervisor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisor:</strong> Planning Chief or Medical Unit Team Leader or Unit Coordinator</td>
</tr>
<tr>
<td><strong>Works closely with:</strong> Registration Technician, Triage Officer, Behavioral Health Specialists</td>
</tr>
<tr>
<td><strong>Mission:</strong> Maintains control of team and patient documentation, by supervising team documentation, patient registration, treatment, and disposition of records. Maintains control along with the Triage Officer the tracking of patients admitted to the facility by supervising the internal patient transport section. The internal patient transport section will be responsible for moving patients from the Admissions/Registration area to their assigned bed or from their assigned bed to discharge.</td>
</tr>
</tbody>
</table>

### Initial On Scene Operations (0-2 Hours)
- Initiate the Volunteer Staff Registration Form (Form 253), in conjunction with the Volunteer Liability Release.
- Assist with establishment of Patient Registration/Discharge areas.
- Review Medical Plan and Section Guide
- Participate in Communications, Safety, and Site Brief
- Inspect and familiarize self with station location and equipment

### Intermediate Operations Period (2-12 Hours)
- Initiate the Disaster Victim/Patient Tracking Form (Form 254) to track the number of victims received at the facility, to track and display patient arrivals, discharges, transfers, locations and dispositions.
- If patient evacuation is planned or in progress, initiate the Master Patient Evacuation Tracking Form (Form 255) to track patient information and evacuation location.
- Coordinate with Planning Section Chief for bed availability and tracking, as appropriate.
- Determine patient/victim tracking mechanism utilized by field providers and establish method to attempt integration and continuity with facility patient tracking systems.
- Maintain regular communications and provide patient registration information and updates to the Planning Section.
- Continue coordination of rapid care and disposition of patients.
- Ensure patient records are being prepared correctly and collected.
- Continue coordinating discharge of patients to home or transfer to another facility.
- Ensure access to IT systems with e-mail/internet communication to increase communication and document sharing with all sections (if available) and other healthcare agency or local, or state EOC.
- Ensure that:
  - Discharged patients and their dispositions are tracked and documented.
  - Patients are triaged and prioritized to receive care.
  - All discharged patients receive written and verbal discharge instructions including next physician follow up.
- Receive, coordinate, and forward requests for personnel and supplies to the Planning Section Chief.
- Advise Planning Section Chief immediately of any operational issues you are not able to correct or resolve.
- Check the accuracy and completeness of records submitted. Correct errors or omissions by contacting appropriate section staff.
- Report equipment and supply deficiencies to Logistics Section Chief as appropriate.
□ Ensure that:
   • Discharged patients and their dispositions are tracked and documented.
   • Patients are triaged and prioritized to receive care.
   • All discharged patients receive written and verbal discharge instructions including next physician follow up.
□ Receive, coordinate, and forward requests for personnel and supplies to the Planning Section Chief.
□ Advise Planning Section Chief immediately of any operational issues you are not able to correct or resolve.
□ Check the accuracy and completeness of records submitted. Correct errors or omissions by contacting appropriate section staff.
□ Report equipment and supply deficiencies to Logistics Section Chief as appropriate.
□ Ensure that patient status and location information is being regularly submitted to the Planning Section Chief.
□ Ensure patient records and documentation are being prepared correctly and collected.
□ In collaboration with the Operations Section Chief and Planning Section Chief, prioritize and coordinate patient transfers to a definitive non-compromised healthcare facility, as appropriate.

**Deactivation/Demobilization Period**

□ Assure discharges of all patients, manage the Patient Registration/Discharge area(s), and provide for a controlled patient discharge.
□ Assist with the appropriate inventory and return of supplies to the Logistics Section.
□ Ensure the completion and collection of all required documentation.
□ Attend debrief.
□ Complete event evaluation.
## Education and Training

### Admissions Supervisor

### Education
High School diploma, certificate or equivalent

### Completion of the following courses/curricula: Required
1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. ICS-300: Intermediate ICS
5. FEMA IS-700: NIMS, an Introduction
6. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
7. Personal and Family Preparedness

### Recommended Training
1. BDLS (Basic Disaster Life Support)
2. ADLS (Advanced Disaster Life Support)
3. Bloodborne Pathogens Standard Precautions
4. Psychological First Aid
5. NIMS ICS All-Hazards Finance/Administration Section Chief Course (E/L-0973)

### Experience
Administrative Assistant and or Administrative Supervisor in a fast pace environment.

### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
# Documentation/Registration Technician

**Supervisor:** Medical Unit Team Leader or Planning Officer or Admissions Supervisor  
**Works closely with:** Behavioral Health Specialists  
**Mission:** Maintain the location of patients at all times within the facility. Collect information necessary to complete reports. Ensure that all incidents and patient information is properly documented. Ensure that patient data is protected at all times.

## Initial On Scene Operations (0-2 Hours)

- Report to Medical Unit Team Leader or Operations Officer.  
- Open the Registration or Documentation Area. Start HICS Form 253 for tracking staff.  
- Open the Discharge Area (if applicable).  
- Ensure that those areas have the equipment and proper forms necessary to register, discharge patients and document accurate patient information.  
- Identify additional staffing and equipment supply needs and communicate to Medical Unit Team Leader or Operations Officer.

## Intermediate Operations Period (2-12 Hours)

- Greet patients as they arrive at the facility.  
- Obtain patient demographics and document on Patient Care Record and Patient Tracking Log.  
- Obtain Authorization to Treat from each patient (if able).  
- Maintain patient documentation as required.  
- Ensure that required supplies are available to registration and discharge area.  
- Maintain log to document the location and time of all patients cared for.  
- Monitor patient flow through the facility.  
- Ensure Patient Discharge sheet is completed before each person leaves the site.  
- Coordinate and communicate with Operations Officer as to disposition of patients; document disposition on Patient Tracking Log.

## Deactivation/Demobilization Period

- Complete all required patient documentation.  
- Close out logs when authorized by the MUTL or Planning Officer or Administration Supervisor.  
- Return supplies to Logistics.  
- Submit all required documentation to the MUTL or Planning Officer or Administration Supervisor.  
- Complete event evaluation and debrief.
## Education and Training

**Documentation/Registration Technician**

### Education

High School diploma, certificate or equivalent

<table>
<thead>
<tr>
<th>Completion of the following courses/curricula: Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MRC Orientation</td>
</tr>
<tr>
<td>2. ICS-100: Introduction to ICS</td>
</tr>
<tr>
<td>3. ICS-200: Basic ICS</td>
</tr>
<tr>
<td>4. ICS-300: Intermediate ICS</td>
</tr>
<tr>
<td>5. FEMA IS-700: NIMS, an Introduction</td>
</tr>
<tr>
<td>6. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI</td>
</tr>
<tr>
<td>7. Personal and Family Preparedness</td>
</tr>
</tbody>
</table>

### Recommended Training

1. BDLS (Basic Disaster Life Support)
2. ADLS (Advanced Disaster Life Support)
3. CPR
4. Bloodborne Pathogens Standard Precautions
5. Psychological First Aid

### Experience

Administrative Assistant in a fast pace environment.

### Other

Refer to immunization recommendations for emergency responders by Centers for Disease Control
<table>
<thead>
<tr>
<th>Safety Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisor:</strong> Medical Unit Team Leader or Unit Coordinator or Local Command Staff</td>
</tr>
<tr>
<td><strong>Mission:</strong> Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health. Organize and enforce facility protection and traffic security.</td>
</tr>
</tbody>
</table>

### Initial On Scene Operations (0-2 Hours)
- Report to Medical Unit Team Leader or Unit Coordinator.
- Identify additional staffing and equipment supply needs and communicate to Medical Team Unit Leader or Unit Coordinator.
- Determine safety risks of the incident to personnel, the facility, and the environment. Advise the Incident Commander and section chiefs of any unsafe condition and corrective recommendations.
- Communicate with the Logistics Chief to procure and post barriers around unsafe areas.
- Ensure the following activities are initiated as indicated by the incident/situation:
  - Evaluate building or incident hazards and identify vulnerabilities.
  - Specify type and level of personal protective equipment (PPE) to be utilized by staff to ensure their protection, based upon the incident or hazardous condition.
- If during a WMD: establish a Hazardous Materials Command Post, in collaboration with the Operations Section
  - Monitor operational safety of decontamination operations.
  - Ensure that safety staff identify and report all hazards and unsafe conditions to the Operations Section Chief.
- Assess operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.
- Initiate the Incident Action Plan Safety Analysis (Form 261).
- Ensure implementation of all safety practices and procedures.
- Initiate environmental monitoring as indicated by the incident or hazardous condition.
- Attend all command briefings and Incident Action Planning meetings to gather and share incident and hospital/facility safety requirements.
- Document all key activities, actions, and decisions in an Operational Log (Form 214) on a continual basis.

### Intermediate Operations Period (2-12 Hours)
- Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility information.
- Contribute safety issues, activities and goals to the Incident Action Plan.
- Continue to assess safety risks of personnel, the facility and the environment. Advise the Incident Commander and section chiefs of any unsafe condition and corrective recommendations.
- Ensure proper PPE needs are met and equipment is operational prior to each operational period.
- Continue to document all actions and observations on the Operational Log (Form 214) on a continual basis.
☐ Continue to update the Incident Action Plan Safety Analysis (Form 261) for possible inclusion in the MMCF/hospital Incident Action Plan.

☐ Continue to assess facility operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.

☐ Continue to attend all command briefings and incident action planning meetings to gather and share incident and facility information.

☐ Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to Command Staff.

☐ Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.

---

**Deactivation/Demobilization Period**

☐ Complete all required documentation.

☐ Close out logs when authorized by the Medical Unit Team Leader or Unit Coordinator.

☐ Return supplies to Logistics.

☐ Submit all required documentation to the Medical Unit Team Leader or Unit Coordinator.

☐ Complete event evaluation and debrief.
# Education and Training

## Safety Officer

### Education
High School diploma, certificate or equivalent

<table>
<thead>
<tr>
<th>Completion of the following courses/curricula: Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MRC Orientation</td>
</tr>
<tr>
<td>2. ICS-100: Introduction to ICS</td>
</tr>
<tr>
<td>3. ICS-200: Basic ICS</td>
</tr>
<tr>
<td>4. ICS-300: Intermediate ICS</td>
</tr>
<tr>
<td>5. FEMA IS-700: NIMS, an Introduction</td>
</tr>
<tr>
<td>6. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI</td>
</tr>
<tr>
<td>7. Personal and Family Preparedness</td>
</tr>
</tbody>
</table>

### Recommended Training

<table>
<thead>
<tr>
<th>Recommended Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BDLS (Basic Disaster Life Support)</td>
</tr>
<tr>
<td>2. ADLS (Advanced Disaster Life Support)</td>
</tr>
<tr>
<td>3. CPR</td>
</tr>
<tr>
<td>4. Bloodborne Pathogens Standard Precautions</td>
</tr>
<tr>
<td>5. Psychological First Aid</td>
</tr>
<tr>
<td>6. NIMS ICS All-Hazards Safety Officer Course (E/L-0954) or equivalent</td>
</tr>
</tbody>
</table>

### Experience
Security, Safety or Law Enforcement Background

### Other
Refer to immunization recommendations for emergency responders by Centers for Disease Control
**Logistics Chief**

**Supervisor:** Medical Unit Team Leader or Unit Coordinator or Local command staff

**Mission:**
- Organize and direct those operations associated with the set up and maintenance of the physical environment and maintain the facilities communication system, water supply for staff, and supplies to support the medical objectives. Maintain the integrity of the physical facility to the best level.
- Organize and supply medical and nonmedical care equipment and supplies.

### Initial On Scene Operations (0-2 Hours)
- Obtain briefing from MUTL or Unit Coordinator.
- Establish Logistics Section in proximity to Communications Section.
- Attend assessment meeting with MUTL or Unit Coordinator.
- Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements.
- Instruct all team members to evaluate equipment and resource needs.
- Report equipment and supply resource inventories to Planning Section.
- Identify equipment holding/storage areas within the facility, as appropriate.
- Coordinate the delivery of needed equipment and supplies to requesting area within the facility.

#### Assess infrastructure capacity to deliver needed:
- Facility heating and air conditioning, if on hand
- Power
- Communications
- Potable and non-potable water
- Medical gas delivery, if on hand
- Sanitation
- Damage assessment and repair
- Facility cleanliness
- Facility access
- Dispatch pre-designated supply carts to activated triage and treatment areas.

### Intermediate Operations Period (2-12 Hours)
- Continue coordination of transportation/shipment of resources into and out of the facility with the vendor by phone/radio, on site supervisor, or local HEOC or EOC.
- Continue coordination of transportation for patient transfers with:
  - Discharge area
  - EMS (public and private providers)
- Continue coordination of transportation/shipment of resources into and out of the facility with the vendor by phone/radio, on site supervisor, or local HEOC or EOC.
- Continue coordination of transportation for patient transfers with:
  - Discharge area
  - EMS (public and private providers)
  - Other hospitals
  - Local EOC
  - Military
- In the event of the evacuation of the facility and/or the relocation of medical services outside of existing structure, anticipate and prepare for transportation need.
- Place emergency order(s) for the critical supplies, equipment needed.
- Maintain communications with command staff and, Treatment Area Team Leaders to assess critical issues and resource needs.
- Ensure resource ordering procedures are communicated to appropriate sections and requests are timely and accurately processed.
- Ensure disinfection of reusable equipment, according to the appropriate method of equipment disinfection, per its intended use, manufacturer's recommendations, and existing policies.
- Obtain information and updates regularly from other section chiefs and Treatment Area Team Leaders maintain current status of all areas; pass status information to MUTL or Unit Coordinator.
- Ensure the following are being addressed:
  - Communications
  - Information technology/information services
  - Provision of food and water for staff
  - Provision of supplies
  - Facility maintenance
- Work through the MUTL or Unit Coordinator and Liaison Officer to request external resource acquisition assistance.
- Notify Security to insure control of medications, equipment and supplies, as needed.
- Monitor projected shortages of critical supplies or equipment that may affect response capacity or strategy.
- Monitor incident status factors such as, evacuation, or contamination that may alter assumptions about materiel and equipment needs and impact supplies.
- Report resource problems and issues to command staff as appropriate.
- Continue coordinating facility support services.
- Coordinate use of external resources to assist with maintenance and repairs.
- Initiate the Resource Accounting Record (Form 257) to track equipment used during the response.
- Obtain needed materiel and fulfill resource requests with the assistance of the Liaison Officer and MUTL or Unit Coordinator.
- Communicate frequently MUTL or Unit Coordinator.
- Obtain needed supplies with assistance of the MUTL or Unit Coordinator, Planning Section Chief, Communications and Liaison Officer.
- Develop a consolidated list of all necessary materiel or alternatives that are not already on hand in the facility supply cache, in collaboration with the command staff and Treatment Area Team Leader.
- Establish a contact list with just-in-time supply vendors/contractors, in coordination with MUTL or Unit Coordinator.
- Document all key activities, actions, and decisions in an Operational Log (Form 214) on a continual basis.
Deactivation/Demobilization Period

- Coordinate and ensure return of all assigned equipment to appropriate locations and restock supplies.
- Coordinate re-supply ordering and restocking for the facility.
- Coordinate replacement of broken or misplaced items.
- Work with the Planning Section and all section chiefs to complete cost data information.
- Debrief staff on lessons learned and procedural/equipment changes needed.
- Upon deactivation of your position, ensure all documentation and Operational Logs (Form 214) are submitted to the MUTL or Unit Coordinator.
- Close out logs when authorized by the Medical Unit Team Leader or Operations Officer.
- Complete event evaluation and debrief.
## Education and Training

### Logistics Chief

#### Education

High School diploma, certificate or equivalent

#### Completion of the following courses/curricula: Required

1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. ICS-300: Intermediate ICS
5. FEMA IS-700: NIMS, an Introduction
6. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
7. Personal and Family Preparedness

#### Recommended Training

1. BDLS (Basic Disaster Life Support)
2. ADLS (Advanced Disaster Life Support)
3. CPR
4. Bloodborne Pathogens Standard Precautions
5. Psychological First Aid
6. NIMS ICS All-Hazards Logistics Section Chief Course (E/L-0967)

#### Experience

Logistics Technician, Procurement

#### Other

Refer to immunization recommendations for emergency responders by Centers for Disease Control
Logistics Technician

Supervisor: Logistics Chief

Mission: Responsible for unpacking supplies as they arrive and organizing them within the storage area. Added responsibilities may include moving equipment and supplies into the supply area and distributing these items throughout the facility or station.

Initial On Scene Operations (0-2 Hours)

- Assist with set-up of the facility or station as required.
- Review Medical Plan and Section Guide.
- Participate in Communications, Safety, and Site Brief.
- Inspect and familiarize self with station location and equipment.

Intermediate Operations Period

- Determine on-hand inventory of the following, based on the type of event. May include, but is not limited to:
  - Airway equipment
  - Dressings/bandages
  - Chest tubes
  - Burn kits
  - Suture material
  - IV equipment and supplies
  - Sterile scrub brushes, normal saline, anti-microbial skin cleanser
  - Waterless hand cleaner and gloves
  - Fracture immobilization, splinting and casting materials
  - Backboards, rigid stretchers
  - Non-rigid transporting devices (litters)
  - Oxygen, administration masks, ventilators and suction devices
  - Personal protective clothing/equipment/masks/respirators.

- Determine on-hand inventory of the following:
  - Gasoline and other fuels
  - Medical gases
  - Power generators
  - Water (non-potable)

- Inventory and assemble litters, wheelchairs and stretchers in proximity to ambulance off-loading area and triage area
- Establish ambulance loading area in cooperation with Operations Section Chief. Advise local EMS of location.
- Prepare to receive additional equipment, supplies, and pharmaceuticals. Collaborate with requesting agency to track arriving supplies.
- Closely monitor equipment, supply, and pharmaceutical usage.
- Maintain regular contact with all areas to ensure necessary materials are provided in a timely manner and returned when no longer needed.
- Monitor projected shortages of critical supplies or equipment that may affect response capacity or strategy.
- Restock carts and treatment areas per request at least every 8 hours.

Deactivation/Demobilization Period

- Assist with the closing and clean-up of the facility or station as required.
- Assist with the appropriate inventory and return of supplies.
<table>
<thead>
<tr>
<th>Education and Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logistics Technician</td>
</tr>
</tbody>
</table>

**Education**
High School diploma, certificate or equivalent

**Completion of the following courses/curricula: Required**
1. MRC Orientation
2. ICS-100: Introduction to ICS
3. ICS-200: Basic ICS
4. FEMA IS-700: NIMS, an Introduction
5. OSHA 1910.120 HazMat Awareness Training or military equivalent basic instruction on responding to and operating in a CBRNE MCI
6. Personal and Family Preparedness

**Recommended Training**
1. BDLS (Basic Disaster Life Support)
2. ADLS (Advanced Disaster Life Support)
3. CPR
4. Bloodborne Pathogens Standard Precautions
5. Psychological First Aid

**Experience**

**Other**
Refer to immunization recommendations for emergency responders by Centers for Disease Control
References

FEMA Job Titles National Emergency Responder Credentialing System
Medical and Public Health

FEMA 508-8 Typed Resource Definitions - Medical and Public Health Resources
3/14/08

Hospital Incident Command System

Michigan Modular Emergency Medical System Toolkit
MI-TESA Medical Unit Concept of Operations

Illinois Medical Emergency Response Team Policy and Procedure Manual

Wisconsin State Expert Panel Guidelines for Managing Inpatient and Outpatient Surge Capacity.
Appendix A

MSRT and PHRT Personal Gear
MFMT
Personal Equipment List for Team Members

Team Members should establish two bags. One being a DAY PACK that should be carried in a (backpack style) bag. Day packs should contain items for 24 hour period. All other items needed to withstand the deployment period should be carried in a (duffle) type bag.

Quantities below are based on a (3) day deployment. Member will have a year to gather all gear. Team will issue uniform shirts.

Clothing:
- [ ] (3 pair) Pants acceptable for working conditions. Navy Blue BDU's etc. and Belt No Jeans!
- [ ] Sweatshirt Plain – No Markings
- [ ] (3) T-shirts Plain – No Markings
- [ ] (3 sets) of Medical Scrubs – For Medical Personnel
- [ ] (3 pair) Socks, wool or synthetic (No Cotton)
- [ ] (3) Underwear
- [ ] Large Bandanna
- [ ] Cap
- [ ] (1 pair) Boots, combat or work
- [ ] (1 pair) Tennis Shoes
- [ ] Parka or Jacket, rain or 60/40 shell
- [ ] Rain pants

Clothing (Cold Weather):
- [ ] (1) Wool shirt or sweater
- [ ] Coat, winter (polar guard or synthetic)
- [ ] Underwear, long (Synthetic, wool, silk)
- [ ] Wool cap
- [ ] (3 pair) Heavy Socks
- [ ] Gloves or mittens (Wool or synthetic)

Sleeping Gear:
- [ ] Sleeping bag (synthetic or down) and Pillow
  May substitute sheet & poncho liner during hot weather
- [ ] Foam pad (optional)
- [ ] Ground cloth
- [ ] One or Two Person tent or shelter (not required)

Cooking & Food:
- [ ] Mess kit (cup, and bowl)
- [ ] Knife, fork, and spoon
- [ ] 24-hour emergency rations
- [ ] Water purification tablets (optional)
- [ ] (2) One quart canteens w/ belt or camel

When appropriate team will issue:
- [ ] Hard hat
- [ ] Hearing protection
- [ ] Eye protection

Personal Equipment:
- [ ] Gloves, leather (must be with person all times)
- [ ] Head lamp (optional)
- [ ] Small Flashlight (must be with person all times)
- [ ] Extra bulbs for flashlight
- [ ] Extra batteries for flashlight
- [ ] Waterproof matches or waterproof case
- [ ] Safety pins
- [ ] Sun glasses
- [ ] Multi Purpose Tool
- [ ] ID, driver’s license, license or Pre-hospital credential
- [ ] List of medical diagnosis, allergies & chronic medications
- [ ] Money or Credit Card
- [ ] Pocket notebook and pencil
- [ ] Contact lens or prescription glasses
- [ ] Sewing kits
- [ ] Trauma Scissors, Hemostats (optional) Stethoscope (optional)
- [ ] Hand Wipes
- [ ] Shampoo and Soap
- [ ] Tooth paste/Tooth brush
- [ ] Shower Shoes
- [ ] Comb or brush
- [ ] Watch
- [ ] Razor with blades
- [ ] Shaving cream
- [ ] Toilet paper
- [ ] Mosquito netting
- [ ] Deodorant (unscented)
- [ ] Towel and Washcloth
- [ ] Lip salve or Chapstick
- [ ] Hand lotion
- [ ] Sun screen
- [ ] Insect repellent
- [ ] Foot powder
- [ ] Moleskin
- [ ] Cell Phone
- [ ] Personal medications
- [ ] Laundry bag
Appendix B

MSRT and PHRT Deployment Checklists
Member Activation Check List

- Once deployment orders are received:
  - Determine ability to deploy based on work schedule
  - Arrange for child-care if necessary
  - Check 24hr. and 48hr. gear bag's contents. Bring along any extra personal medication and extra cash.
  - Be prepared for 12 to 24 hours of operations
    - Total deployment time is generally less than 72 hours
    - Operational periods will generally be 12 hours
    - The length of the first operational period will be based on incident conditions
  - Be sure you have obtained a map, directions and if possible a physical address of the Volunteer Reception Center (VRC). If possible obtain a phone number for the VRC.

- Report to Point of Departure or Volunteer Reception Center (VRC)
- Sign in, Review HIPAA guidelines, Confidentiality Forms, Sign liability waivers
- Receive Briefing, Job Action Sheet, Just-In-Time Training/Orientation, and Team Assignment
- Receive Equipment
- Report to Team Leader
- Report to Job Site as a Team
- Keep your Supervisor or Team Leader updated on your status. Do NOT Freelance.
- Team Leader Reports to Site Supervisor
- Team Members Sign In and Receive Assignment
- Receive Report from the Person you are relieving
End of Shift

- Give Oral Report to Your Relief Person
- Report to Team Leader
- Sign out from Assignment Area
- Complete and Turn in all Paperwork
- Return Equipment
- Receive Information/Guidance on physical health and stress relief
- Sign Out at the Volunteer Reception Center
- Return to Point of Departure