

Medical Reserve Corps
Office of the Surgeon General
U.S. Department of Health and Human Services



Technical Assistance Series
***Organizing an MRC Unit:
Operational Components
and the Coordinator's Role***

Revised: August 2006



www.medicalreservecorps.gov

Medical Reserve Corps Technical Assistance Series



Office of the Surgeon General, U.S. Department of Health and Human Services

As part of its effort to support the growth and sustainability of **Medical Reserve Corps (MRC)** units across the United States, the MRC Program Office—headquartered in the Office of the U.S. Surgeon General—has developed a series of technical assistance documents. Each one addresses topics considered important for MRC units. The Technical Assistance Series is available at: www.medicalreservecorps.gov. Some of the topics addressed are as follows:

- **Getting Started: A Guide for Local Leaders**
Each MRC functions differently. The first step in forming a unit is to carefully evaluate your local situation. It is important to secure a broad base of support from others in your community. Identifying and acquiring resources is essential to meeting your MRC's operational needs.
- **Organizing an MRC Unit: Operational Components and the Coordinator's Role**
The coordinator's main job is matching community needs for emergency medical response and public health initiatives with local volunteer capabilities. Establishing and sustaining the unit's internal organization also is a priority.
- **Coordinating With Your Local Response Partners**
MRC units supplement a community's existing emergency medical response capabilities and public health infrastructure. Coordinating with local response partners is critical, as is developing and nurturing a broad network of partners. Conducting exercises with response partners will be necessary, as will close communications during and after an emergency or engagement.
- **Developing Volunteer Relationships and Capabilities**
Developing volunteer capabilities is a key mandate for every MRC unit. The process begins by advertising your MRC unit to the community. As volunteers are screened and matched with existing needs, they must be informed of any risks associated with their MRC activities. They also will require additional training.
- **Establishing and Maintaining Your MRC Unit's Organization**
A well-run organization is the foundation for every successful MRC unit. Information must be tracked and updated for volunteers and local partners. Policies must be established and followed. Operating funds must be solicited, along with leveraged public- and private-sector resources. Planning—strategically, financially, and operationally—is an essential, ongoing function of the MRC unit's administrators.
- **Special Topics**
Some of the more complex aspects of operating an MRC unit are related to differences in local laws and the evolving technical nature of the MRC's work. For example, legal liability is something every unit member should know about. Another special topic of interest to MRC units is sustainability. Special publications address these and other emerging topics.
- **Action Steps Checklist**
Each subtopic in this publication features suggested action items that can be found at the end of each section.



The **Medical Reserve Corps** program is sponsored by the U.S. Surgeon General's Office in cooperation with the White House's **USA Freedom Corps** and the Department of Homeland Security's **Citizen Corps**.





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The information in this publication is intended as a general guide to establishing and operating a Medical Reserve Corps unit. The MRC Program Office encourages communities to consider alternative approaches that may offer a better fit for their local circumstances, resources, and needs. The MRC Program Office welcomes learning from these successes.

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MRC Technical Assistance Series

Organizing an MRC Unit: Operational Components and the Coordinator's Role

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Contents

Key Activities	ii
Introduction	1
Topics Addressed in This Publication.....	1
The Primary Operational Components	2
External Coordination	3
Volunteer Relations	4
Internal Organization	5
The Coordinator’s Role	6
Management Structure	7
Operational Components and the Incident-Response Cycle	8
The Coordinator’s Changing Role	9

Organizing an MRC Unit: Operational Components and the Coordinator's Role

Key Activities

The information on starting a Medical Reserve Corps (MRC) unit in this publication is intended to support the following ongoing efforts:

1. **Considering all components of your MRC** so that your planning efforts address the necessities.
2. **Understanding the leadership role of the MRC unit's coordinator**—particularly regarding your unit's operational components.
3. **Visualizing the complete process of utilizing your volunteers—from start to finish**—so that your team can be better prepared and most effective.



Introduction

The success of the Medical Reserve Corps (MRC) as a national movement rests largely with the energy and dedication of its volunteers. The MRC is different from other volunteer-intensive efforts. The nature of its work can be highly technical. Close coordination is required between the MRC unit and the organizations that utilize its medical and public health volunteers with specialty skills.

Recruiting, training, and retaining those volunteers present another set of challenges for the MRC unit's leadership. In addition, a great deal of planning and effort will go into developing and sustaining a viable internal organization that will be responsive to local changes.

In this guide, we take a look at the average MRC unit's overall operations and at its leadership and management functions. You can also explore, in greater depth, any of the topics addressed in this overview by reading the accompanying publications in the Technical Assistance Series:

- *Coordinating with Your Local Response Partners*
- *Developing Volunteer Relationships and Capabilities*
- *Establishing and Maintaining Your MRC Unit's Organization*
- *Special Topics*

Topics Addressed in This Publication

This publication discusses topics related to organizing an MRC unit, its operational components, and the MRC unit coordinator's role. Topics include the following:

- The primary operational components
 - External coordination
 - Volunteer relations
 - Internal organization
- The coordinator's role
- Operational components and the incident-response cycle

The Primary Operational Components

Differences in organization will exist among Medical Reserve Corps (MRC) units. Your unit’s organizational structure will be determined by factors such as existing resources, local health and medical needs, and volunteer availability.

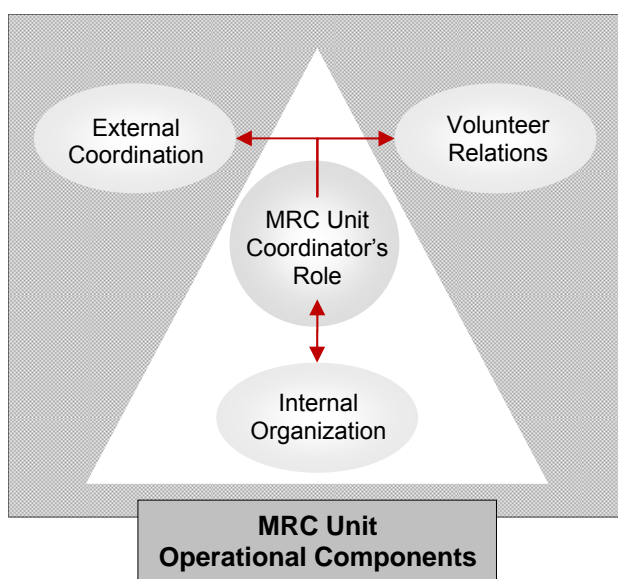
Despite these differences, it may be useful to evaluate the similarities among MRC units.

For example, each MRC unit will include leadership and management, whether a coordinator, leadership team, or an advisory board.

Each MRC unit, regardless of its organizational structure, must address three primary operational issues:

1. External coordination
2. Volunteer relations
3. Internal organization

These operational components do not suggest organizing your unit any differently than what you may have already. However, consider the overall picture and note certain priorities. Each operational priority addresses a particular range of activities, although in practice, there are many ways to accomplish them.



For example, external coordination and volunteer relations are critical enough to an MRC unit’s success that the unit coordinator’s main responsibility essentially can be defined as matching community needs—for emergency medical response and ongoing public health initiatives—with volunteer capabilities. This process is complicated, and it requires continual attention and re-evaluation as local needs and volunteer force evolve.

The third operational component involves establishing and maintaining an internal organization. This internal organization provides the necessary foundation for the other two focal components.

As outlined below, these three components address most activities an MRC unit coordinator will encounter and oversee.

The MRC unit coordinator’s primary responsibility is to match community needs—for emergency medical response and ongoing public health initiatives—with volunteer capabilities.

External Coordination

MRC volunteers are intended to supplement existing public health efforts and emergency medical capabilities in their communities. Regardless of how sophisticated your community is, the term *supplement* is used because volunteers always add to existing capacity. Generally, volunteers cannot replace professionally organized and staffed efforts. However, by serving, they can enhance your community's responsiveness to various public health and emergency medical needs.

The MRC unit coordinator invests much effort seeking and developing relationships with *response partners*.

Response partners consist of the existing organizations in your community; many of which address public health needs or medical emergencies. These organizations have existing procedures and requirements for their paid staff. In this operational area, the MRC unit coordinator's job is to facilitate the integration of MRC volunteers into these groups.

Developing this network does not occur simultaneously or immediately. You may begin by contacting the organizations or groups that may utilize medically trained volunteers.

Each MRC unit should think creatively regarding places in the community that may utilize its volunteers. The possibilities are nearly limitless because the MRC responds to public health needs and emergency situations. Therefore, the range of volunteer skills at the unit's disposal may be extensive. Your volunteers will want to remain engaged, and locating areas where their skills are needed may require ingenuity. The payoff always yields a stronger, more tightly-knit community.

When working with local response partners, external coordination may entail:

- **Developing a community network** that consists of organizations or groups that can utilize your MRC volunteers. Your network may include partners in your local community, county, state, and region, depending on your range of engagement. You will work with these partners to determine their specific needs for volunteers and their training, conducting exercises, and other preparatory requirements. Working with your local Citizen Corps council, if one has been established, also may be invaluable.
- **Working with response partners to understand risks, resources, and needs**, and to plan for emergencies and determine other ways your volunteers can help. This also is an effective way to maintain communication with response partners throughout the year and to remain focused on the objectives.

MRC volunteers supplement existing public health efforts and emergency medical capabilities in their communities.

Think creatively about the places in your community that might utilize your volunteers.

- **Communicating during and post-response activities after an emergency or non-emergency event** is essential to facilitating information transfer between your unit's volunteers and response partners and to learning from the methods that succeeded during the most recent engagement or emergency. Communicating clearly improves your unit's responsiveness and effectiveness.
- **Identifying activities during non-emergency periods** allows you to utilize your volunteers in meaningful ways throughout the year and may strengthen your MRC unit's relationship with its existing partners. Identifying these activities also can extend and further develop your community network by involving new partners whose needs are less disaster oriented. This additional effort will strengthen your unit and your community by ensuring broad-based participation.

Volunteer Relations

In small MRC units, all volunteer-related activities likely will be managed by the individual who oversees the external coordination activities and internal organizational tasks. In larger units, these activities may be dispersed among several individuals. Nonetheless, they support the development of the volunteer corps, an important mandate for each MRC unit.

Regarding the importance of volunteers to the MRC, people sometimes think of traditional community service and goodwill. However, the MRC cannot rely solely on the average citizen who wants to volunteer during times of need. The MRC needs specialized volunteers, people with training and commitment, people who can be relied on during emergencies.

Developing an MRC is not as simple as gathering specialized medical and health volunteers and deploying them. Their skill sets must be carefully understood and matched to the various needs that arise in each community. They will likely require additional training and may need to exercise their roles with the MRC unit's other response partners.

Volunteer relations can involve:

- **Recruiting volunteers** by advertising in your community and informing prospects of your unit or of the types of skills the community needs. Each public relations or public awareness opportunity—even if intended for other community constituencies—is an opportunity to reach volunteers.
- **Interviewing and screening volunteers** to ensure you have a complete understanding of their skills and credentials and that they understand the facts and risks associated with working as an MRC volunteer.
- **Training volunteers** so they have the skills and information necessary to be effective when working with your local response partners, whether in emergency medicine or in public health.
- **Retaining volunteers** who may need:



- Debriefing following utilization, particularly if the engagement or emergency was traumatic
- Activities between engagements to stay connected to the unit, including: specialized training, exercises, public health initiatives, and community preparedness activities
- Recognition for their contributions
- **Advocating for volunteers** by being proactive in your community, county, or state concerning increased legal and disability protection for volunteers who assume considerable risk in giving their time and expertise to the community. Other advocacy issues also may arise.

Internal Organization

Substantial organizational resources will be devoted to volunteer relations and external coordination, but it is equally important to maintain a viable internal organization for your MRC unit. Many ongoing administrative tasks will be required to serve both volunteers and response partners adequately. A healthy, well-run organization is the foundation of every successful MRC unit.

Internal organization activities that have particular relevance for MRC units include:

- **Tracking and updating information** related to volunteers, local contacts, partners, and specific emergencies or engagements will be critical for several reasons. Volunteer records will allow you to: 1) ensure credentialing information is current, and 2) track volunteer activities when soliciting operating funds and communicating success to your larger community. Current and accurate volunteer information will be essential for distributing identification cards and other necessary information during an emergency or engagement.
- **Developing policies, procedures, and strategic priorities** will be necessary, given the complexity of MRC unit activities. The unit's volunteers likely will find themselves in many difficult situations. As such, it is important to define and communicate policies related to risk management, liability, the use of MRC identification cards, communications, and incident reporting and post-response activities. Your unit also will be operating in a continually evolving community context; navigating the complexity will require clear, strategic priorities. Planning likely will be an ongoing part of your unit's operations, not an annual activity.
- **Achieving long-term sustainability** is an administrative activity involving a particular type of networking, which includes grant writing and other solicitations of funds, updating local officials on your unit's activities, etc. The unit coordinator will function as an ambassador who strengthens the unit's foundation and administrative structure. Meeting and office space may need to be secured through funds or in-kind donations, and additional staff may be required. As always, the emphasis will be on asking others to support the highly complex work of utilizing medical and health care volunteers in a coordinated fashion.

The Coordinator's Role

Similar to most organizations, the leadership function of a Medical Reserve Corps (MRC) unit is aligned with the organization's mission or function. The primary mission of an MRC unit is to facilitate maximum utilization of medical and health care volunteers in the community. The unit leader's first responsibility is to remain focused on the mission and ensure all organizational activities support it.

When a unit's organization or staff is small, the coordinator may be involved with the daily operations of all three operational components: external coordination, volunteer relations and internal organization. As the unit's administrative staff grows, the tasks associated with the operational components may be assigned to several individuals. The unit leader must continue to be familiar with these areas and provide strategic guidance to help them collaborate. Additionally, all team members should record how their roles support the overall mission of the MRC unit.

Although an MRC unit's staff may differ from that described in this publication, the unit coordinator's role is characterized according to specific activities to stimulate brainstorming and facilitate planning. Simultaneously, creative solutions to these common organizational challenges are encouraged.

For example, the unit coordinator will need to:

- Draft a management plan to include objectives, action steps, a timeline, and resources necessary to achieve the plan.
- Apply for and manage grants to secure additional funding.
- Address political, jurisdictional, and intergovernmental agency issues.
- Match community resources and needs.
- Attract volunteers subsequent to obtaining buy-in from organizations or groups from which these volunteers will be drawn.
- Document unit achievements and write reports as needed, particularly inform public officials of MRC activities.
- Use multiple resources.
- Mentor others seeking to make a contribution to the MRC.

Although these may describe the daily work of coordinators in small MRC units, they may be

Leadership is a function that may be shared by multiple individuals.

Leadership guides the organization's mission in a particular strategic direction.

Individuals offer different strengths to their roles as leaders.

Understand what you do well, learn what you need to improve, and bring in others to bridge the gaps.



distributed among several individuals working as a team in larger units.

Remember, individuals have different strengths relative to their roles as coordinators. Some naturally will be oriented toward inspiring and recruiting volunteers; others will be more adept at organizing logistical or financial details. It is important to recognize such strengths and to identify areas needing improvement. To help balance the overall combination of talent needed to run an MRC unit, additional staff or volunteer board members or advisors may supplement the coordinator's skills.

Management Structure

A local MRC unit should have a core leadership and management structure to function effectively. Some key positions that might be useful to an MRC unit, whether managed by one or several individuals, include:

- Unit coordinator
- Assistant coordinator
- Supervisory physician
- Supervisory nurse
- Supervisory pharmacist
- Public health specialist
- Mental health specialist
- Logistics officer
- Public information officer
- Communications officer
- Volunteer recruiter/coordinator
- Training officer
- Chaplain
- Legal counsel
- Financial specialist
- Administrative support

These suggestions serve as action items that can be accomplished in several ways. The unit coordinator's role may refer to the administrative leader of the MRC unit or an individual who coordinates a particular task. These suggestions are helpful in dealing with the complexities that MRC units must deal with in achieving their mission.

Remember—no single leadership and management model fits all MRC units.

Your unit's organization and size will depend on various factors, including:

1. Your community's size
2. The number of volunteers
3. Your community's identified vulnerabilities
4. Your community's health needs and priorities

The MRC Program Office welcomes feedback on which suggestions are helpful and on any that may be unclear. Sharing the solutions you developed to meet the problems and challenges identified in this publication is encouraged. The MRC Program Office may seek your permission to include these suggestions in future guides that support community efforts to utilize medical and public health volunteers.

Operational Components and the Incident-Response Cycle

The operational or functional components of a Medical Reserve Corps (MRC) unit can be organized into three areas. In practice, they occur simultaneously and interdependently.

1. External Coordination
2. Volunteer Relations
3. Internal Organization

At any given time, the combination of these organizational activities also is determined by which area the MRC unit is in relative to the incident-response cycle.

1. PRE-Emergency or Engagement Activities
2. TRANS-Emergency or Engagement Activities
3. POST-Emergency or Engagement Activities

The unit's activities occur prior to an engagement or emergency, during and after the engagement or emergency, or during a critical period of post-response activities and recovery. Utilization of MRC volunteers follows a cyclical process.

***The Utilization of MRC
volunteers
follows a cyclical process.
Track your progress
in this cycle and adjust
your priorities accordingly.***

In the following table, the MRC unit's operational components—and the coordinator's changing role—are segmented according to where these activities fall relative to the engagements and emergencies involving MRC volunteers.

The Coordinator's Changing Role

The Coordinator's Changing Role (in relation to the primary operational components)			
Coordinator's Role	PRE-Emergency or Engagement Activities	TRANS-Emergency or Engagement Activities	POST-Emergency or Engagement Activities
1. Collaborate with response partners to ensure proper coordination of volunteer contributions <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> External Coordination </div>	<ul style="list-style-type: none"> Familiarization with the community's emergency response system and contacting all parties Conducting needs assessments with response partners Planning jointly for training and utilization; defining roles and procedures Participating in emergency exercises with response partners 	<ul style="list-style-type: none"> Supporting health and medical response organizations Verifying volunteer credentials and qualifications Relaying information between health and medical response organizations and volunteers 	<ul style="list-style-type: none"> Critiquing events with response partners Assessing unit performance (lessons learned) and applying corrective actions, as needed Identifying possible public health and medical issues Identifying non-emergency activities
2. Allow volunteers to make the best use of their skills <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> Volunteer Relations </div>	<ul style="list-style-type: none"> Recruiting, public relations, and public awareness Interviewing and screening volunteers Training and participating in emergency exercise with response partners Volunteer retention activities Advocating for volunteers 	<ul style="list-style-type: none"> Contacting volunteers Ensuring volunteers are apprised of the situation Verifying volunteer credentials and qualifications 	<ul style="list-style-type: none"> Assessing unit performance (lessons learned) and applying corrective actions, as needed Providing follow-up support Recognizing volunteers Engaging in non-emergency activities
3. Secure funds, resources, and infrastructure necessary to achieving primary objective <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> Internal Organization </div>	<ul style="list-style-type: none"> Tracking volunteer, local contacts, and other information Clarifying policies and strategic priorities Grant writing and leveraging public and private resources Ensuring local officials are aware of activities Identifying needs and resources (equipment, supplies, communications, etc.) Managing other administrative functions 	<ul style="list-style-type: none"> Assessing whether internal organizational activities need to be postponed depending on the engagement or emergency Verifying volunteer credentials and qualifications 	<ul style="list-style-type: none"> Assessing unit performance (lessons learned) and applying corrective actions, as needed Organizing and summarizing all engagement-specific information Communicating successes