



Coordinating With Your Local Response Partners

Medical Reserve Corps Technical Assistance Series

*Produced by the MRC Program
Technical Assistance Team*

www.medicalreservecorps.gov

Rev Feb-04

The **Medical Reserve Corps** is a specialized component
of **Citizen Corps** and the **USA Freedom Corps**.



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

Medical Reserve Corps Technical Assistance Series



Produced by the **MRC Program Technical Assistance Team**

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

As part of its effort to support the growth of **Medical Reserve Corps (MRC)** units across the United States, the MRC program office—headquartered in the office of the U.S. Surgeon General—is developing a series of technical assistance booklets. Each one will address a topic considered important for MRC units. As each booklet is completed or updated, it will be available at: www.medicalreservecorps.gov. Following are some of the topics covered:

- **Getting Started: A Guide for Local Leaders**

Every 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 will be 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. Drilling with response partners will be necessary, as will close communications during and after an actual crisis or engagement.

- **Developing Volunteer Relationships and Capabilities**

Developing volunteer capabilities is a key mandate for every MRC unit. The process begins by getting the word out 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 will have to 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 to the evolving technical nature of the MRC's work. For example, legal liability is something every unit member should know about. Other issues pertain to verifying volunteer credentials. Special booklets will be produced to address these and other emerging topics.



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 booklet is intended as a general guide to establishing and operating a Medical Reserve Corps unit. It is not meant to discourage local initiative. For any of the issues addressed in this booklet, we strongly encourage communities to consider alternate approaches that may offer a better fit for their local conditions, resources, and needs. We also welcome learning from those successes.

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MRC Technical Assistance Series
Coordinating with Your Local Response Partners

Published by the Medical Reserve Corps Program Office
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Coordinating With Your Local Response Partners

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Coordinating With Your Local Response Partners

Key Activities

The information in this booklet on starting an MRC unit is intended to support the following ongoing efforts:

1. **Developing a network of community partners and supporters** that connects you to multiple resources and that optimizes the effectiveness of your MRC volunteers.
2. **Working with response partners to understand risks, needs, and resources** as an ongoing part of planning for volunteer utilization.
3. **Communicating before, during, and after an incident or utilization of volunteers** so that critical information can flow efficiently and accurately, and working procedures with response partners can be improved.
4. **Identifying activities for volunteers during non-crisis periods**, which can potentially expand your network of partners, offer your volunteers a way to stay connected with the MRC year-round, and provide needed health support to your community throughout the year.

Coordinating With Your Local Response Partners

How This Booklet Is Organized

The information in this booklet is presented so that you can access it in a variety of ways. How you do so depends on how you learn best and what your immediate needs are.

At-a-Glance

A quick look through the contents will illustrate what we consider to be the main issues for this topic. What we propose by way of action is summarized on the preceding “Key Activities” page.

Sequentially

Some of us want to know the whole story, whether we read through all the text systematically or simply browse to get a basic sense of it. The material is sequenced so that it follows a logical progression, with each subtopic building on those that came before.

Hitting the Key Points

You can get the main points by reading only the boxes that highlight the ideas under each subtopic. If you need or want more, read through some of the nearby text.

By Subtopic

Each subtopic section is designed to stand alone. Look through the contents page in the beginning and find the section that addresses your current concerns.

Focused on Action

Since you may need to hit the ground running, each subtopic in this booklet features a list of suggested action steps. You can go directly to the subtopic that most immediately addresses your concerns, or you can work through the whole “Action Steps Checklist” featured in the back of this booklet.

Covered in This Booklet

A Partnering Primer

≈

**Developing a
Community Network**

≈

**Working With Response
Partners to Understand
Risks, Needs,
and Resources**

≈

**Communicating During and
Debriefing After an Incident**

≈

**Identifying Activities
During Non-Crisis Periods**

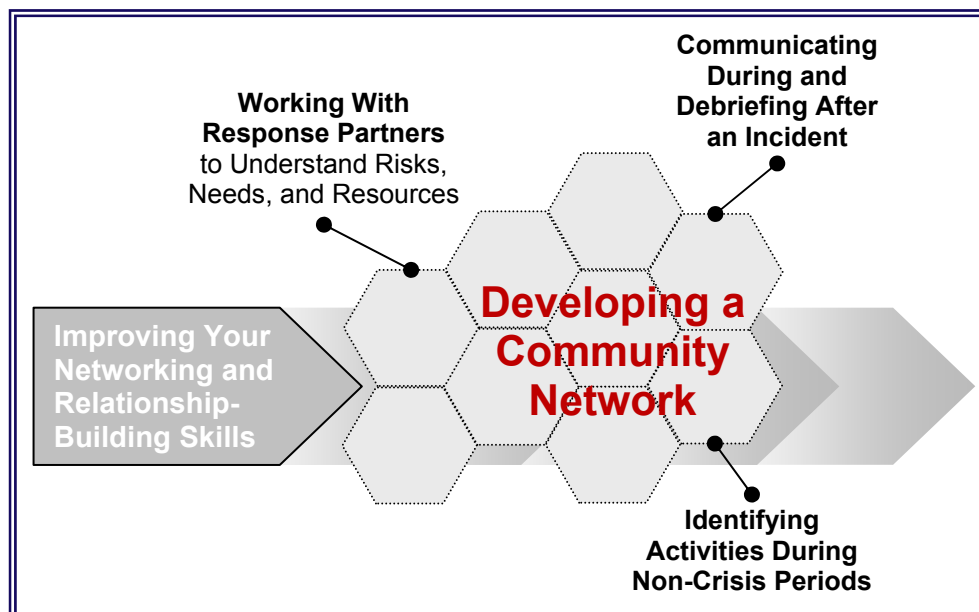
Introduction

Your Medical Reserve Corps (MRC) unit is intended to supplement your community's existing public health and emergency medical capabilities. Many of these organizations or groups already will have operational procedures in place and requirements for their paid staff. The MRC unit coordinator's task will be to facilitate the eventual integration of MRC volunteers into those already existing groups.

As part of your local preparedness efforts, MRC volunteers may need to train or drill in concert with your community response partners. The unit coordinator will need to maintain the best possible communications with them during an actual crisis or engagement. Debriefing afterwards will be part of an ongoing process of dialogue that will help improve responsiveness the next time your MRC volunteers are needed.

Given the MRC's supplementary role, coordination with local response partners is essential. Keep in mind that the form of that coordination may vary a great deal due to differing local conditions. It also is important to remember that the way you structure your MRC unit may change as learning takes place and as you become adept at expanding and nurturing your broad network of partners.

In this booklet, we talk about the process of partnering and developing a community network. We also describe some of the possible issues that may surface in the course of working with your local response partners. Examples of actual community practices are used to illustrate those general principles.



Use what you already know about building relationships to establish working relationships with community partners.

Mapping Your System: Action Steps

- *Create a map or chart showing all the potential individuals or groups with whom your MRC might partner.*
- *Ask others to help you make the map as complete as can be. Get them to brainstorm with you. Be as inclusive as possible.*

Making and Sustaining Contact: Action Steps

- *Make a list showing your most significant or likely partnering prospects.*
- *Start making calls and setting up appointments for preliminary discussions. Remember, you just want to talk about the possibility of working together. Neither party has to agree to anything beyond a conversation.*
- *Be persistent. People often are busy, and it may take them a while to understand how they might benefit from partnering with the MRC.*
- *Stay in touch and keep the door open for future possibilities.*

A Partnering Primer

Partnering is a complex process that occurs along a spectrum of related activities. You may never make it through every stage of that process with every potential partner. But each step along the way strengthens your MRC unit and your community. Partnering offers many benefits.

Five Stages of Partnering

1. Mapping Your System
2. Making Contact
3. Negotiating
4. Working Out Conflict
5. Optimizing Shared Resources

Mapping Your System

Partnering starts simply enough with identifying potential individuals or groups with whom you might want to work. In that sense, partnering begins even before you've made any actual contacts. Just becoming aware of the organizations and groups that are out there will begin to change the way you envision your MRC's contribution. A large part of community building is extending our vision of who we think belongs in that community. An expanded vision, in turn, affects our sense of real constraints and our picture of available resources. We become better oriented to the reality of our situations.

Making and Sustaining Contact

The next step in partnering is making contact with the potential partners you've identified. This can take time and persistence, as you may already know from establishing any relationship. Some prospects are warmer than others; some may barely give you the time of day. But that doesn't mean you shouldn't hang in there and keep revisiting the possibility of a more substantial engagement in the future. Remaining in touch leaves the door open in case there is a more pressing need for interaction down the road. In all relationships, we have to make some sign of acknowledgement before we can begin an exchange.

Identifying Needs and Negotiating Differences: Action Steps

- *Be clear about what you can offer your partner. And, be clear about what you would like in return.*
- *Be flexible if it is likely to benefit both parties in the long run.*
- *Agree to less than you might have hoped for if you see a chance to gain more in the future as the partnership develops a track record and trust.*
- *Follow up conversations with letters outlining what you understand to be the gist of the exchange and the agreement.*
- *Ask partners for letters of intent once you've come to an agreement, explaining that such letters help in your other fundraising and network-building efforts.*

Identifying Needs and Negotiating Differences

Each partner in a potential working relationship brings a set of needs to the table. It is ideal when those needs are complementary. But usually there are differences, too. So partnering will mean negotiating and finding ways to work with or around those differences. Dialogue is a process of talking back and forth; but it also is a give and take of resources. In exchange for what your partner brings, you offer what you have to give.

Partnerships ideally benefit all parties involved. But keep in mind that the process of achieving that agreement rarely is quick and easy. It requires persistence, clarity, ingenuity, flexibility, generosity, and faith that everyone involved wants the best for themselves and their partners. Of course, that won't always be the case, but we extend the benefit of the doubt precisely to engage those partners with whom we anticipate creating something productive.

Sending follow-up letters after a meeting can be a way to outline and document what you understood to be the gist of the exchange and any agreements reached.

Once you've come to a clear agreement, ask your partner for a letter of intent, explaining that such letters help in your other fundraising and network-building efforts. They can offer concrete evidence of community support for the MRC.

A letter of intent or commitment can take time to develop, depending on the complexity of factors involved in working together. Having such a letter in hand doesn't always guarantee that a partner will follow through on commitments. Partners may be unable to fulfill their parts of an agreement for any number of reasons. In many cases, however, MRC units still will benefit from keeping positive relationships with such organizations—especially since they may be willing to participate in the future.

Working Out Conflicts

Working out conflicts is perhaps the hardest aspect of partnering. It can be a pretty miserable task, but conflicts are a fact of community life. So, the sooner we work them out, the better we get at doing it. The more conflicts we resolve amicably, the sturdier

Working Out Conflicts: Action Steps

- *Approach conflicts head-on, rather than avoiding them.*
 - ⇒ Nothing produces more anxiety and mistrust than a conflict everyone knows is there but won't talk about. It usually won't just go away.
- *Let the resolution follow its own course as long as conversations are taking place in a constructive spirit.*
 - ⇒ Premature resolutions usually indicate that one party has given in, or that both sides want to end the discomfort and ambiguity before reaching a real agreement. That not only postpones the inevitable showdown but can foster bitterness and mistrust.
- *Use a neutral mediator if you get stuck. Sometimes it helps to have an outside point of view.*

Optimizing Shared Resources: Action Step

- *Be aware of the resources within your network of partners. Look for opportunities to share them when possible.*
 - ⇒ Often partners have surpluses that can be redistributed easily and willingly once there is a network of open communication, goodwill, and trust in the community. As the old saying goes, "Sometimes two can eat as cheaply as one."

and more flexible our working relationships will become. Instead of wasting time and resources fighting or avoiding disagreements, we learn how to approach our difficulties head-on. That in turn strengthens trust, which is essential when working together in times of crisis.

Optimizing Shared Resources

The rough spots in partnering are worked through when it becomes second nature to coordinate and take action with local partners. Then, working with others can become a creative, community-enlivening process. Because collaborative efforts optimize resource sharing, everyone stands to benefit. Resources also are more easily distributed once a community network has been established.

Partnering counters the unfortunate effects of community divisiveness and isolation. And because partnering networks grow stronger over time, they represent one of the most important forms of investing in our communities' futures.

At its heart, this kind of investment is what the Medical Reserve Corps is all about.

Understand where you typically get bogged down in the process of partnering.

Strengthen those areas through practice.

Build a network that keeps you in contact with all the key stakeholders in your community, such as response partners, local government officials, community champions, neighborhood representatives, and others.

Developing a Community Network

Communities are as strong as the networks—of relationships, information flows, and shared resources—that hold them together. The Medical Reserve Corps is uniquely positioned to play a significant role in building and strengthening such community networks. The MRC unit coordinator can begin by identifying and contacting all organizations and groups that can make use of its MRC volunteers.

Partners can be found locally, at the county level, statewide, or regionally, depending (1) on the geographic area from which you can realistically recruit and train volunteers, and (2) on the area in which you effectively can make use of those volunteers.

Possible Points of Contact

Some obvious points of contact exist between your MRC unit, local Citizen Corps Councils, and other volunteer-based organizations. It may be possible to join forces for the purposes of promoting volunteerism and recruiting volunteers. Those other organizations may have access to certain resources—information, contacts, in-kind goods and services, training resources, and funds—which

Possible Points of Contact: Action Steps

- *Work with your local Citizen Corps Council and with other volunteer-based organizations.*
- *Keep the lines of communication open with public health, medical, and emergency response groups in your area.*
 - ⇒ *These might include public health offices, public health action coalitions, front-line EMS (emergency medical services) groups, hospital-based trauma units, emergency planning commissions, and emergency response offices. Networks devoted to statewide health and emergency response efforts also may provide important linkages.*
- *Seek out local government officials and other individuals or even corporations who can function as “community champions.”*
- *Approach faith-based organizations, groups that work with the elderly or disabled, agencies that work with non-English speaking populations, neighborhood representatives, etc.*
- *Make contact, where appropriate, with Federal-level programs such as MMRS (Metropolitan Medical Response System), DMAT (Disaster Medical Assistance Team), NDMS (National Disaster Medical System), and CCRF (Commissioned Corps Readiness Force).*



Identifying Partnership Opportunities

- What local efforts already are underway that the MRC can help support?
- To what ongoing community needs might your MRC volunteers usefully respond?
- What vulnerable segments of your community—low-income groups, non-English language speaking populations, seniors, persons with disabilities, etc.—could use your MRC volunteers' services during non-emergency times as well as during crises?

Other Related Programs of the U. S. Government

- U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP)
- HHS Bioterrorism Hospital Preparedness Program
- Department of Homeland Security (DHS) Division of Emergency Preparedness and Response (FEMA)
- DHS National Pharmaceutical Stockpile
- Centers for Disease Control and Prevention (CDC)
- CDC Bioterrorism Health Preparedness and Response
- Department of Veterans Affairs (VA)

they may be willing and able to share.

Other natural points of contact for MRC units exist with any of the public health, medical, and emergency response groups in your area. These might include public health offices, public health action coalitions, front-line EMS (emergency medical services) groups, hospital-based trauma units, emergency planning commissions, and emergency response offices. Networks devoted to statewide health and emergency response efforts may provide important linkages, as may your state's office of volunteerism. It also may help to consider how local volunteers can assist in the event of a regional health effort or crisis. The net can be cast even wider to include contacts with representatives from Federal-level programs such as MMRS (Metropolitan Medical Response System), DMAT (Disaster Medical Assistance Team), NDMS (National Disaster Medical System), and CCRF (Commissioned Corps Readiness Force).

It is vital to reach beyond the more obvious networks. Other community groups—such as faith-based organizations, groups that work with the elderly or disabled, agencies that work with non-English speaking populations, and so on—may point to unmet community needs and offer valuable resources in knowledge, personnel, and possible material resources that may be of use to your MRC effort.

Appealing to Hospital Preparedness Planning

When talking with hospital representatives, ask them to consider:

- Using volunteers and integrating them into their preparedness scenarios.
- Developing an emergency plan that takes into account JCAHO standard MS.5.14.4.1, which recommends establishing procedures for quickly verifying volunteer credentials in the event of an emergency (when unable to handle immediate patient needs) and granting disaster privileges to pre-qualified individuals.
- Partnering with a local MRC or starting an MRC to optimize emergency planning and volunteer integration into existing systems, including prescreening volunteers for greater operational efficiencies during actual emergencies.
- Using volunteers throughout the year, during non-crisis periods, to strengthen relationships with the medical and public health volunteer community. This will promote familiarity among individuals (staff and volunteers) and encourage awareness of operational systems and organizational cultures so that emergency utilization will flow more smoothly.



Working Toward Shared Missions and Objectives: Action Steps

- *Identify areas of shared mission, complementary or similar activities, and needs for supplementary services that your MRC might provide.*
- *Identify areas of overlap that might signal unnecessary duplication of services or perceived competition for resources or “turf.”*
- *Leverage sharable resources when possible—especially when working toward common community objectives.*

Side-Stepping Political Feuds: Action Steps

- *Stay out of conflicts between two or more of your network partners; but stay in contact with all of them.*
 - ⇒ Your job is to be a cooperative group member, not a mediator or go-between.
- *Keep in mind a realistic history of community conflicts that may be longstanding. They can take time to be worked out, and some of them simply never will be resolved.*
- *Lead the way for other partners by demonstrating your commitment to a larger vision and mission.*

Working Toward Shared Missions and Objectives

As a general rule, it helps to seek out partnering organizations with similar goals, and with objectives that are compatible with those of the MRC. Such areas of overlap also make it important to work together to avoid interfering with each other’s efforts, to coordinate timelines, and even build upon each other’s budgets and resources. We know that moderate levels of funding from one donor organization can be leveraged into far more substantial amounts when your requests for funds are combined with those of other agencies working on similar community issues—especially when that collaboration enhances the overall capacity of the community to respond to public health needs and emergencies. Partnering organizations that share objectives can usefully work together to develop strategies that are mutually beneficial.

You may need to address how to handle volunteers working for a response partner as well as for the MRC. Having such a dual role is not inherently a problem, but policies pertaining to utilization and prioritization will be essential to ensuring that volunteers know where they are expected to show up. It also can create tension between the partners, each of whom may see the other as appropriating a scarce resource.

Side-Stepping Political Feuds

MRC units likely will work with a number of groups, agencies, offices, and departments. Some of these groups may have longstanding disagreements concerning procedures for taking action or for allocating resources. There may be a history of “turf wars.” Though such conflict does not prevent MRC collaboration, it does require an effort to model a spirit of cooperation among participating groups.

MRC unit coordinators will need to be sensitive to tensions between potential partners in their community to avoid being caught in the middle of any preexisting conflicts. The solution isn’t to avoid the conflicting parties. That only reinforces the lack of open communication and cooperation in the community and keeps things shut down. Instead, while negotiating collaborative partnerships, the unit coordinator must hold a realistic picture of the history of the conflict. This will require maintaining



Non-Governmental Partners: Action Step

- *Approach non-governmental organizations (NGOs) whose mission might overlap or complement that of your MRC.*

perspective on the larger vision and mission against which differences may seem less consequential. It also will require remaining cautious about acting as the mediator. When two parties sincerely want to mend a breach, they will find a way to do it, sometimes by asking a neutral third party to act as a mediator. When there is no genuine effort to resolve conflict, a non-neutral third party—such as an MRC unit coordinator—may get pulled into interactions that only perpetuate the longstanding animosity. When there is no genuine effort to work out differences, you don't want to be left holding someone else's bag of resentments.

Non-Governmental Partners

If local leaders are interested in establishing a local MRC unit, it is recommended that they also work with non-governmental organizations to help carry forward the effort.

Non-governmental organizations (NGOs) usually play important, trusted roles in a community and can provide vital support to an MRC unit. Often, they have a broad range of experience, including emergency response, volunteer utilization, event planning, and fundraising, to name a few.

The coordinator must seek to work with key agencies in the community, establishing the MRC as a legitimate venture within that larger network. At the same time, it is essential to operate with enough political savvy not to step on the toes of other agencies or organizations, instead developing their support where skepticism may exist and working out conflicts with partners who may disagree on the issues.

Types of Non-Governmental Organizations (NGOs)

- Humanitarian organizations, such as the local chapters of the American Red Cross
- Civic organizations, such as the Jaycees, Rotary Club, and League of Women Voters
- Health professions organizations, such as the American Medical Association, the American Nurses Association, and the American Pharmacists Association
- Faith-based organizations, such as the Salvation Army
- Veterans organizations, such as the VFW
- Local hospitals and health facilities, including community health centers, nursing homes and assisted living facilities
- Schools, universities, and community colleges
- Businesses, such as pharmacies, transportation facilities, health and medical supply companies, restaurants, food suppliers, and printing companies
- Media outlets, such as local newspapers, TV and radio stations

Cooperate with local response partners to conduct a risk and needs assessment that goes beyond the assessment you conducted when first forming your unit.

Working With Response Partners to Understand Risks, Needs, and Resources

The work of building local partnerships and community networks serves a highly practical purpose. The objective is to make the most productive and effective use of your MRC volunteers in a way that also makes a significant contribution to your community.

Thoroughly assessing your local risks and needs will go a long way toward identifying uses for MRC volunteers that initially may not have been considered. You already will have conducted some kind of preliminary risk and needs assessment during the initial process of forming your MRC. As a next step, it is important to include your response partners in that ongoing process.

That kind of cooperative assessment process will help pinpoint the exact nature of the supplementary aid needed so that existing capabilities are not duplicated. Based on your risk and needs assessment, the ongoing nature of contingency planning also is a good way to maintain practical contact with your response partners throughout the year, and to stay focused on the purpose for that partnering.

Assessing Local Risks and Needs

An assessment can be a highly technical, time-consuming process, especially when considering all the factors that go into community medical and public health preparedness. When you think of the amount of information you might need to gather and evaluate to fully plan for your locality, the prospect may seem overly daunting. But it is important not to let that objective interfere with the basic principles of assessment, which can be implemented immediately in simpler forms.

Like many other aspects of the MRC, assessment is a learning process. You will build your capabilities in that area—as in all areas—one step at a time. Initially, you may not have the resources to conduct the assessment you'd like or need, but

Assessment Basics

- Identify where you are now and where you want to be ideally.
- Be realistic—consider likely risks in your area.
- Use past experiences—what worked and what didn't?
- Build a more encompassing vision by leveraging resources.
- Track your assessment process as you refine it.

Assessing Local Risks and Needs: Action Steps

- *Identify where you are now, in terms of your recognized risk or problem, and where you want to be ideally, in terms of your proposed solution. Let your plan logically connect those start and end points.*
- *Be realistic about your proposed solution.*
- *Consider the most likely risks in your area, as well as the most likely available resources.*
- *Look at the past experiences in your community. What has worked in the past and what hasn't? What can be replicated and what needs to be improved?*
- *Start with the most pressing risks and use what you learn from those successes to expand your scope of response gradually.*
- *Keep track of the method or procedure you used for your assessment process so you don't have to reinvent it the next time.*
- *Make use of existing assessment instruments, as long as they measure what is relevant to your MRC's vision.*

by beginning the process sooner rather than later, you can begin to build the sophistication you eventually will require.

Identifying Start and End Points

At its simplest, assessment is a process of identifying where you want to be, where you are now in relation to that goal, and the distance and context you will need to traverse to get from here to there. How you will get there is part of planning and strategy, which we will discuss later. In order to plan effectively, you first need to know your start and end points, and should have some idea of the terrain between them.

Being Realistic

When talking about your end or ideal goals, it is essential to be realistic. Of course, we'd all like to avoid pain and loss, and we'd like our communities to be picture-perfect. However, we know from experience that harsher things sometimes await us. Assessment, then, is a process of facing those eventualities head-on and figuring out how to make the best of situations that are most likely to overwhelm your community's ability to respond.

Considering Likely Local Risks

Your end goals always will be slightly unpredictable since they will occur at some point in the future. When we're looking at risks, for example, we can determine, perhaps, the likelihood of certain things happening in our localities—earthquakes, floods, hurricanes, fires, drought, or other public health threats—but we can never know for sure. Nonetheless, when considering local risks and needs, in effect, we are saying, "If this happens at some point in the future, this is how we want to prevent or lessen the damage and harm in our community."

Making Use of Past Experience

Some communities may know—perhaps with greater certainty—that their areas will be struck by particular natural disasters or other public health problems. They may know from experience that their areas are vulnerable in certain ways, and that in order to be ready for such eventualities, certain predictable measures need to be taken. Based on where you are today and where you would like to



Capacity Assessments

Just as a community may have material or social vulnerabilities, it also may bring certain capabilities to the table. For example, a health system may not have adequate resources to supply medical staff with diverse language skills in a large-scaled, unanticipated emergency vaccination initiative, leaving non-English speaking segments of the population vulnerable. However, community-based clinics and other organizations serving non-English segments of the community may have interpretation resources that could benefit public health personnel if those interpreters are adequately trained to translate health-related information.

HEAT: A Comprehensive Measure of Hospital Emergency Preparedness

HEAT (Hospital Emergency Analysis Tool) is being developed to assess emergency preparedness in the U.S. Navy Medical Department—an organization that operates medical centers, hospitals, and clinics around the world.

HEAT measures 100 critical preparedness and emergency response factors, based on current JCAHO (Joint Commission on Accreditation of Healthcare Organizations) standards. These include communications, HEICS (Hospital Emergency Incident Command System), unified command, surge capacity, staffing, education, all hazards training, NBC (nuclear, biological, and chemical) training, triage, treatment, decontamination, PPE (personal protective equipment), and drills. The resulting readiness score can be used for self-assessment, evaluating improvement, and benchmarking with different institutions—regardless of size or level of care. HEAT enables navy hospitals to pinpoint strengths, areas of expertise, and weaknesses, and ultimately allows for a more focused approach to emergency preparedness.

be tomorrow, as a community, you will have completed the simplest form of an assessment.

So you may know, for example, that the last time a flu epidemic struck your local nursing homes, a lack of readily available medical supplies interfered most with response measures. You also may know that nothing has been done since then to rectify the problem. In identifying those two conditions, you essentially will have conducted a simple assessment. You will have identified your start and end points. Your local planning effort will determine how to close that gap between current and more ideal conditions.

Leveraging a More Encompassing Vision

Medical and public health preparedness is an ongoing process. As with other forms of safety, there always is an additional measure or precaution that can be taken. Once you begin to think about your local history, you'll begin to remember that there are more things to be concerned about than were considered initially. Of course, you and your response partners will start with the most pressing or likely risks. You won't be able to handle everything at once. In fact, trying to do so will only overwhelm your capabilities.

Once you begin to figure out how to work collaboratively with your response partners on the most pressing local concerns or risks, you may begin to find that preventive measures taken to resolve one potential problem will serve double-duty for another. Over time, it is possible to build a more encompassing vision of safety and health for your community because the investment in building response capabilities can be leveraged to other concerns. You will be able to do more with relatively fewer resources.

Tracking Your Assessment Process

Once you've developed a procedure for conducting an assessment of risks and needs in your community, it is extremely important to write down or record what you did and what you considered. You won't want to have to reinvent what you did this time. Instead, you'll want to build on your prior work. This is exactly how more sophisticated assessment procedures are developed. They don't happen all at once. They are built by adding to previous successes. Most importantly, you'll want

to be able to share your assessment process with other local response partners and with other MRC units. It can be part of your legacy to your MRC unit once you've moved on to other work.

Even from the point of view of soliciting funds for your MRC unit, it can help your cause a great deal if you can describe succinctly how you have looked thoughtfully at the medical and public health situation in your community and how you have identified your ideal preparedness and response scenario based on existing capabilities, risks, and needs. You'll be able to argue that your MRC volunteers are not duplicating services already in place. And you will be able to claim the support of your response partners who will be confident that the MRC is not infringing on their domains but simply supplementing their capabilities.

Locating Existing Assessment Tools

We've outlined a process for conducting an assessment using minimal resources. There also are some existing standardized assessment instruments that you may be able to use in your area. Some are aimed specifically at hospitals, while others focus on public health situations. The American Society for Healthcare Engineering has developed a Hazards Vulnerability Assessment (HVA) tool, which can be accessed by members and nonmembers at [www.hospitalconnect.com/ ashe/resources/hazvulanalysis.html](http://www.hospitalconnect.com/ashe/resources/hazvulanalysis.html). Other tools can be found on the CDC's Web page for the Office of Workforce Policy and Planning www.phppo.cdc.gov/owpp/assessmenttools.asp.

Many of your local response partners—such as hospitals, emergency management offices, public health departments, etc.— already may be using risk and needs assessment tools for their existing planning purposes. Those tools may be sufficient for what you need to participate in the planning process and to identify how your MRC volunteers can make a difference.

Just because a tool has been developed and is potentially useful does not mean its measures reflect the vision for your local community's health and well-being. Choose assessment tools that will provide an ideal outcome or end point reflective of your MRC unit's activities with your response partners.

Planning and Resource Sharing

Once you and your response partners collectively know where you are and where you want to be, you're in an excellent position to begin planning how to get there.

In many respects, planning is one of the MRC unit coordinator's primary tasks. There will be a need to think through and prepare for all operational or functional areas of the MRC, from procedures for volunteer utilization to volunteer training, to managing internal information and databases. In this booklet, however, we will be talking primarily about the planning for volunteer utilization in cooperation with your MRC unit's response partners.

Again, in first forming your MRC unit, you already will have begun an internal planning process that ideally will take into account others in your community. A next step is to work more closely with response partners to develop the utilization aspects of your MRC's plan. Cooperation in this regard is essential.

Locating and Upgrading Existing Capabilities

Just as some of your response partners already may be conducting an assessment of local risks and needs, they may have begun to articulate a plan to achieve their assessment goals. In that case, the MRC unit may be able to integrate its volunteers into an existing public health or emergency response plan.

Planning and Resource Sharing: Action Steps

- *Include in your MRC utilization plan a concise description of the results of your community's risk and needs assessment.*
- *Indicate what currently is in place to address these risks or problems, including what is needed to supplement them.*
 - ⇒ Note the structure of the current emergency and public health response system and capabilities within your community and state (including plans for medical triage, medical evacuation, backup referrals to other health facilities, alternatives for additional bed capacity and staffing, quarantine and decontamination measures, evidence preservation, etc.).
- *Outline the contributions to be made by your MRC volunteers. If possible, include a list of individual volunteers and their areas of expertise, as well as an organizational chart of your MRC unit showing its "chain of command."*
- *Designate clear roles and responsibilities for all response partners, including a system for communicating and decision making.*
 - ⇒ Clearly state any legal or professional practice restrictions governing the participation of your MRC volunteers. Make sure your volunteers understand those distinctions before they are utilized.
- *Specify methods for transporting staff and injured individuals, along with alternate transportation routes and alternatives to ambulances.*
- *Provide an inventory of available supplies and equipment along with their locations and how to obtain access.*
- *List key community leaders and organizations, including complete contact information.*
- *Agree on a clear procedure for activating your local MRC unit, including the names/titles of individuals with the authority to activate.*
 - ⇒ You will need to learn the communication, command, or deployment systems already in use by your response partners.
- *Develop a comprehensive communications plan with backup (including both a unified communication system and redundant systems, such as ham radio operators).*
- *Devise a method for evaluating the effectiveness of the utilization plan—in particular, its use of MRC volunteers.*



Utilization Plan Components

1. The results of the risk/vulnerability assessment for your local community
2. The structure of your community's and state's current emergency and public health response system and capabilities (including plans for medical triage, medical evacuation, backup referrals to other health facilities, alternatives for additional bed capacity and staffing, quarantine and decontamination measures, and evidence preservation)
3. An outline of how those systems and capabilities will be supplemented by MRC volunteers
4. The organization chart of your MRC unit and its "chain of command"
5. A comprehensive list of volunteers and their areas of expertise
6. A list of clear roles and responsibilities
7. Transporting staff and injured persons, along with alternate transportation routes and alternatives to ambulances
8. An inventory of available supplies and equipment, their location and how to obtain access
9. A list of key community leaders and organizations, including comprehensive contact information
10. A clear procedure for activating your local MRC unit, including names of individuals with the authority to activate
11. A comprehensive communications plan with backup (including both a unified communication system and redundant systems, such as ham radio operators)
12. A method for evaluating the effectiveness of the plan, in particular its use of MRC volunteers

Nonetheless, as a fully participating partner at the planning table, it will be important for you to understand the basics of such plans, not only to identify where your volunteers might be of use, but also to suggest areas for improving those existing plans.

One of the first things that a response plan should contain is a concise description of the results of your risk or vulnerability assessment. Those results will set the context for everything else that will follow.

It is important to describe what currently is in place before establishing what is needed to achieve improvements identified in the assessment. Therefore your plan should detail the structure of the current emergency and public health response system and capabilities in your community as well as your state. These would include all principal participants, resources, and procedures, including plans for medical triage, medical evacuation, backup referrals to other health facilities, alternatives for additional bed capacity, as well as staffing, quarantine, decontamination measures, and evidence preservation.

It is important to include a description of procedures used during routine, non-crisis periods along with routine methods of sharing information among different functional groups or organizations. Quite often, routine resource management procedures can help a great deal in an emergency or crisis situation as long as everyone is familiar with the procedures.

Similarly, the plan should detail the organization of your MRC unit, including its "chain of command"—who reports to whom and who is responsible for what activities. You also will want to include a comprehensive list of volunteers and their areas of expertise. Though this may change a great deal over the course of a year, it provides a general picture of what your MRC unit is capable of delivering.

From the MRC unit's point of view, a clear map of the existing structure will help determine where the system and its capabilities can be supplemented by MRC volunteers. Remember that, given differing local needs and capabilities, your unit's physicians may find themselves involved in very different

activities, from providing direct care to offering medical support, expert knowledge, and public education. All of these differences and determining conditions should be spelled out in the plan.

Assigning Roles and Responsibilities

Accomplishing these specific tasks in collaboration with your response partners will require that everyone is on the same page concerning roles and responsibilities. Ultimately, this will determine what your MRC volunteers are permitted to do. Of course, that determination also will take into account appropriate training, required certification, and any legal restrictions that might apply in your area. But to begin, you will want to be clear about the needs of your community partners and how they envision integrating your volunteers into their existing operations.

Critical to a well-developed plan is knowing who officially will have the authority to declare an emergency or public health crisis in your community. It is important to decide when to activate an emergency or response plan, and to recognize that the determination should not be made without appropriate information and authority. If it has not been decided already, this will need to be established in advance with your mayor or state governor.

Once the designated authority has recognized a valid need to implement the response plan, it is important that key decision makers be available along the way to determine what aspects of the plan to implement. Remember, most plans will cover many more contingencies than are needed in a given incident. From the MRC's point of view, this also means that even though its volunteers are assigned certain roles relative to existing capabilities, the nature of an incident may not warrant their participation.

Every local plan must be flexible enough to accommodate the unexpected. This means the plan ideally should exceed needs at any given time and have built-in flexibility. This is a tall order, but one that is possible to achieve over time. If your community is new to this kind of planning, you may not achieve balance at the start. By taking steps to begin the planning process, and by revisiting that plan on a regular basis, you will be surprised at how adept you and your response partners become at juggling all these factors.

For example, one of the main reasons the MRC was formed was to plan for the fact that spontaneous health and medical volunteers almost always show up at times of community need. This well-meaning display of community spirit, however, can sometimes interfere with the difficult and complex procedures that must be implemented by the regular emergency and public health response crews. Training medical and public health volunteers ahead of time, and defining their roles and responsibilities within the larger response system is one way to convert a potential problem into a potential resource.

Despite such preparation, however, we remain fairly certain that spontaneous medical and health volunteers will appear during community

**Policy on Unsolicited
Medical Volunteers**
American College
of Emergency Physicians

The American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP) believe an organized approach is needed for the utilization of unsolicited medical personnel who volunteer to respond to disaster scenes or mass casualty incidents. To ensure the efficient, effective, and safe mobilization of such volunteer medical resources, medical command must come under the authority of the medical director for the emergency medical services (EMS) system and the jurisdiction's established incident command system (ICS). This practice will ensure the integration of all medical functions in the area and accountability under the jurisdiction's established ICS without hampering authorized and established functioning rescue efforts.

Volunteer medical personnel (e.g. physicians, nurses, emergency medical technicians, etc.) should not respond to a disaster scene unless officially requested by the jurisdiction's established ICS. All personnel must understand the authority and resources of local EMS and health care systems, the importance of staffing their facilities as their primary responsibility, and the dangerous conditions associated with onsite operations.

emergencies. These individuals may not have heard of the MRC, may be newly drawn to the idea of volunteering, or may be visiting from other states or communities. Regardless, it is important to plan for this eventuality, determining how to respond to these “spur-of-the-moment” individuals, making sure they remain safe and non-interfering, and using what they have to offer. The American College of Emergency Physicians has formulated a policy regarding this issue, summarized in the box to the left. As always, check first to see what local policies and procedures already are in place.

Finally, it is important to have in place a procedure for deactivating your regular MRC volunteers—for their own safety and so they do not interfere with existing capabilities once they are no longer needed. It is as important to know when to cease activity as when to initiate it.

Identifying and Sharing Resources

In addition to indicating key personnel, your response plan will need to identify the resources required, their location and relevant operating procedures, and perhaps even a plan for developing those resources if your community doesn't have ready access to them. You may already be familiar with the idea of “Emergency Support Functions” (ESFs). Twelve ESFs have been defined to designate the resources provided by the Federal government during emergencies. Some of these resources are transportation, communication, health and medical services, hazardous materials, and so on. A complete list is provided in the chart on the next page, along with the names of the lead agencies responsible for supplying each ESF.

Even if your emergency does not require Federal-level intervention, the 12 ESFs offer a useful overview of all the possible functional areas that should be considered when planning.

For example, transportation resources usually are key in any response activity, in terms of getting personnel where they need to be, moving injured persons to safety or to medical treatment facilities, and hauling materials and resources as needed. Part of your community's disaster response plan should indicate primary and alternate transportation routes, based on considerations of safety and efficiency. There also should be backup plans for



Emergency Support Functions (ESF)

Resources provided by the Federal government are grouped into 12 Emergency Support Functions (ESFs):

- ESF 1: **Transportation.** Providing civilian and military transportation. Lead agency: U.S. Department of Transportation
- ESF 2: **Communications.** Providing telecommunications support. Lead agency: National Communications System
- ESF 3: **Public Works and Engineering.** Restoring essential public services and facilities. Lead agency: U.S. Army Corps of Engineers, Department of Defense
- ESF 4: **Firefighting.** Detecting and suppressing wildland, rural, and urban fires. Lead agency: U.S. Forest Service, Department of Agriculture
- ESF 5: **Information and Planning.** Collecting, analyzing, and disseminating critical information to facilitate the overall Federal response and recovery operations. Lead agency: Federal Emergency Management Agency
- ESF 6: **Mass Care.** Managing and coordinating food, shelter, and first aid for victims; providing bulk distribution of relief supplies; operating a system to assist family reunification. Lead agency: American Red Cross
- ESF 7: **Resource Support.** Providing equipment, materials, supplies, and personnel to Federal entities during response operations. Lead agency: General Services Administration
- ESF 8: **Health and Medical Services.** Providing assistance for public health and medical care needs. Lead agency: U.S. Public Health Service, Department of Health and Human Services
- ESF 9: **Urban Search and Rescue.** Locating, extricating, and providing initial medical treatment to victims trapped in collapsed structures. Lead agency: Federal Emergency Management Agency
- ESF 10: **Hazardous Materials.** Supporting Federal response to actual or potential releases of oil and hazardous materials. Lead agency: Environmental Protection Agency
- ESF 11: **Food.** Identifying food needs; ensuring that food gets to areas affected by disaster. Lead agency: Food and Nutrition Service, Department of Agriculture
- ESF 12: **Energy.** Restoring power systems and fuel supplies. Lead agency: Department of Energy

vehicles that can function as ambulances and that can handle other critical transport needs. Again, these are considerations that may or may not affect the work of your MRC, depending on your unit's mission and scope of practice.

Another resource consideration is an inventory of available supplies and equipment necessary for various emergency and public health response incidents. Their locations should be well marked and communicated to everyone involved, and there should be clear instructions for accessing those supplies. This doesn't mean that you have to secure the supplies yourself. You just want to know where they can be accessed, if needed. The same would go for making a list of available facilities needed for accomplishing the various parts of the response plan, such as hospitals, central coordinating stations for workers and volunteers, temporary structures, and so on. All of these should be available in an emergency, and their security should be carefully protected. The mayor or city manager's office may be a good initial contact point to locate such an inventory. If there is none, the MRC unit, in cooperation with its response partners, should support the development of one.

You also may require resources that aren't covered by the Federal ESFs. For instance, some of the resources needed for planning will be less tangible and may be needed even before an incident or crisis occurs. Training is a prime example. Though we discuss the issues involved in training volunteers elsewhere in this series, it is important to remember that your response partners may already have training in place for their regular, paid workers. If so, it represents a valuable resource that your response partners may be willing to share and



COMMUNITY PRACTICES

MRC units are partnering with their public schools to gain access to buildings that will house help centers or other activities key to their MRC objectives. Schools are often ideal facilities because they are centrally located, residents are familiar with them, and they have parking as well as generators.

make available to your MRC volunteers. It is important to investigate such a possibility. Not only will it save financial resources for your unit, but it also will ensure that your volunteers are being trained, and in some cases drilled in accordance with the procedures used by your response partners. Shared training can optimize coordination of efforts, especially during an actual response.

Another equally important intangible resource is the provision of liability protections and workers compensation, should your volunteers be sued for unintentional harm resulting from their MRC activities or become injured themselves in that process. Keep in mind that some of your response partners may be able to extend to your volunteers the liability and workers compensation privileges that normally apply to their regular workers. If so, it represents an invaluable resource for your MRC unit, and because it helps protect your MRC volunteers from risk, it also means that your volunteers may be able to offer more of their services and time in return. These services and time represent another significant resource in your community's overall response plan.

Structuring Your Reporting and Communications Procedures

Though communications is listed as a separate emergency support function (ESF), it also is a significant process that is closely tied to reporting structures, proper channels for authorization, and critical information flows. All of these should be detailed in your local response plan.

Every organization and individual participating in a local planning and response effort should be assigned a position within an organizational structure that has clear reporting and decisionmaking responsibilities. It is important to know who makes critical decisions at what points within the organization, how those decisions will be communicated and delegated in terms of implementation, and how information should flow up, down, and across the organizational hierarchy. A clear map of the system allows everyone to function in concert, rather than in a fragmentary fashion.

Some of these reporting structures already may be in place within the organizations making up your community's planning and response effort. Your MRC unit, for example, will have its own organizational structure covering its areas of direct responsibility and scope of practice. But the overall community will need to design a structure that integrates all these components so that they can work together during the planning, implementation, and debriefing phases of a response effort.



Once such a structure has been agreed upon, each response partner will be required to fulfill its role. For example, your community public health or emergency response plans already may be organized around what is called an “incident command system” (ICS). ICS refers to an organized response approach first developed in California in the 1970s to respond more effectively to the complexities of fighting massive fires that often crossed jurisdictional boundaries, involving multiple agencies and organizations. Since then, the ICS model has been applied across a wide variety of large-scale disasters, smaller disaster scenarios, and non-emergency situations, such as challenges faced by organizations in the corporate sector. We describe the ICS in some detail here because it is used so frequently, and because some of its ideas can be helpful when designing alternative response systems.

Primarily, ICS consists of a series of operating principles. The first is that there are five essential management activities or actions that must be performed regardless of the circumstances or size of the incident, whether it involves thousands of people or just two. These essential management activity areas cover (1) Command, (2) Planning, (3) Operations, (4) Logistics, and (5) Finance/ Administration.

Depending on the nature of the incident, an ICS has the capability of expanding—by adding more people under the various activity areas—or of contracting—by consolidating those activities under the roles of fewer individuals. The size of an ICS is determined by the resources needed for a particular incident response. As more and more resources are supplied, there will be a need for more supervisory roles so that no one is overextended at any given time in terms of span of control. This means that at any given time there shouldn’t be too many managers, nor should any manager have more direct reports than she/he can reasonably oversee.

Other principles cover:

1. The need for clear incident command operating within a stable hierarchy so that all participants know where they fall in the decision tree—that is, where they will be responsible for decisions and where they will be responsible for receiving and implementing orders.
2. The importance of planning as a means of establishing this organizational structure.
3. The need to segment the other activities of the organization—occurring before, during, and after an incident—so that operations are prioritized, supported

Five Primary Components of an Incident Command System (ICS)

COMMAND: Sets objectives and priorities. Has overall responsibility at the incident or event.

PLANNING: Develops the action plan to accomplish the objectives. Collects and evaluates information. Maintains resource status.

OPERATIONS: Conducts tactical operations to carry out the plan. Develops the tactical objectives and necessary organization. Directs all resources.

LOGISTICS: Provides support to meet incident needs. Provides resources and all other services needed to support the incident.

FINANCE/ADMINISTRATION: Monitors costs related to incident. Provides accounting, procurement, time recording, and cost analyses.



by logistical efforts, and finally backed up by sound financial and administrative functions. Each activity area fulfills a distinct and necessary role or function in relation to the primary response objective.

Along with the widespread use of ICS, certain criticisms of the approach also have emerged, which are important to consider. Some communities have even taken these to heart in redesigning their local ICS. For example, critics claim that ICS overemphasizes the need for a single leader to oversee the entire operation. This is because in complex or unpredictable situations, no single organization can know enough to intelligently direct all activities, and in some cases organizational structures need to evolve spontaneously to meet unforeseen circumstances. Critics of ICS further claim that while a degree of centralization can be helpful, often it is best to plan that centralization around specific response locations and functions (as enumerated in the prior list of ESFs). For instance, firefighters and public health officials, as groups, each hold very different kinds of knowledge. In any given emergency or crisis situation, each will have the expertise to respond in ways that the other cannot, yet working collaboratively may be essential. It is therefore important to share information and allow a certain degree of autonomy.

Bearing these criticisms in mind, it also is important to understand the reasons ICS so often has proven successful. First, it gives everyone involved the same operating principles and terminology, which facilitates quick structural changes. It is ideally a flexible model, which is essential when responding to situations that cannot be fully predicted ahead of time. It also acknowledges the need to keep activities within a reasonable span of control so that resources are not overwhelmed. Training is a necessity in this regard, and there are various available resources (a few listed in the box to the left).

Looked at most broadly then, the ideal response system would incorporate some degree of centralization, especially within small areas of expertise or function. It also will be important to balance this with some degree of decentralized decision making and resource management—particularly during more complex emergencies or public health response scenarios. There should be a system of accountability and responsibility, along with information sharing among the different response partners. It also is important to be familiar with routine operating procedures, especially since not all response partners will use the same organizational or reporting structures routinely.

For information on ICS training, contact your local office of the U.S. Forest Service, your state forestry agency, or:

FIRESCOPE
Operations Coordination Center
P.O. Box 55157
Riverside, CA 92517
www.firescope.org

USDA Forest Service
P.O. Box 96090, Room 1001 RP-E
Washington, DC 20090-6090
www.fs.fed.us

National Interagency Fire Center
Attention: Public Affairs Officer
3905 Vista Drive
Boise, ID 83705
www.nifc.gov

U.S. Department of Homeland Security
Online training modules:
www.auxetrain.org/icsmodule1.htm

Determining an organizational structure with rules for decision making, action, and information flows is as essential for good communications as is a physical system made of wires, switching mechanisms, and software for handling complex telecommunications. In practice, this can play out in a number of different ways for your community.

For example, you may choose to use ICS principles in a particular emergency support function, such as transportation or volunteer support. That would entail at least designating a lead agency or individual to take the command position for that function.

Still, functional areas can be delineated without broad-based implementation of ICS. Just because certain functions or organizations within a response effort are operating with an ICS does not mean the entire effort will be following that system. We saw an example of this in New York City following the attacks on the World Trade Center, where organizations that worked together on certain tasks operated quite independently of the overarching command system, but were still very successful in meeting the overall objectives of the response.

So however you choose to organize locally, it's important to design your plan using as full a picture as possible while taking into account the unpredictable nature of incident response activities. Resources should be assessed realistically, and critical information must be communicated well before an incident occurs. Everyone needs to be trained to understand the model to be used so that all can fulfill their roles in the plan.

**Revisit your assessment
periodically.**

**Keep it an ongoing part
of your community
planning efforts.**

Understand the communications role and responsibilities of the MRC unit during an incident or engagement that might utilize MRC volunteers.

Be prepared to stand by.

Sometimes the MRC's most important role may be that of offering the security of backup support.

And like a safety net, your backup may not always be utilized.

Conduct a thorough debriefing following every incident, whether or not MRC volunteers were used.

Be clear about what worked and what didn't.

Communicating During and Debriefing After an Incident

In addition to understanding the overall communications plan that will synchronize the activities of the various response partners, the MRC unit leader or coordinator must be clear about her or his particular communication responsibilities.

These will vary depending on where things stand in the incident response cycle. Prior to an incident, for example, the MRC unit's leader may adopt a more collegial stance with respect to the other response partners, proposing new ideas, advocating for certain policies and procedures, developing relationships, and so on. During such times, adhering to a more formal "chain of command" is probably unnecessary and undesirable.

During an incident, however, it will be essential to adapt one's communication style and role to fit more effectively into the hierarchical reporting and decision-making structures required by most incident response systems. For the MRC unit coordinator or designee, it will be necessary to efficiently and accurately transfer information back and forth between the incident response leader and the MRC unit's volunteers. It will be necessary to implement all delegated activities and, where appropriate, to correspondingly direct those volunteers who report to the MRC unit coordinator or designee.

Once the MRC volunteers are no longer needed in an incident, communications may take the form of simply standing by, either to await further activation orders or to allow the other response partners to complete their duties. The MRC unit, once finished with its activities, may be ready to debrief, but it may have to wait until its partners have completed theirs.

When the time is appropriate to conduct a full debriefing following an incident, it will be important for the MRC unit coordinator to have compiled a complete summary of the unit's volunteers' activities and a complete report of problems encountered, along with an accounting of practices that worked well. It also will be necessary to listen closely to what others report as a way of learning from their mistakes and successes and as part of continually keeping the larger picture in mind.

Whatever mode of communication an MRC unit leader employs at any given time, clear and consistent communications practices always improve unit responsiveness and effectiveness.

Expand the scope of your network by reaching out to partners who might be able to use MRC volunteers during non-crisis periods.

Identifying Activities During Non-Crisis Periods

Once a crisis or emergency has passed and all debriefing activities have been completed, the MRC unit's activities will return to some semblance of "business as usual." Some of that business will entail continued planning with response partners, which will be an ongoing part of every MRC unit's ordinary activities—especially for the unit coordinator or leader.

In addition to supporting your response partners by supplementing their missions and ongoing responsibilities, you also can take a more proactive role in identifying other activities that will be suitable for your MRC volunteers during non-crisis periods and that will meet previously unidentified needs of your response partners. In the process of continually expanding and developing your network, you may partner with organizations that previously were not part of your original community response group and whose needs may be less crisis-oriented. Either way, you strengthen the bonds with your response partners and nurture the sense of belonging and commitment experience by your volunteers, both necessary to sustaining your unit over the long run.

Keep the planning effort going with response partners.

Establish periodic reviews in order to update your utilization plan as necessary.

Action Steps Checklist

The checklist of possible “action steps” below follows the basic outline of this particular technical assistance topic. Remember: these are only suggestions. We offer them as a quick reference guide and as something to stimulate your own thinking through some of the complexities you may face in your MRC unit. You may choose to follow a different approach. If so, we hope you’ll share your “best practices” as you go along. We all have a lot to learn.

A PARTNERING PRIMER

- Use what you already know about building relationships to establish working relationships with community partners.
- Understand where you typically get bogged down in the process of partnering. Strengthen those areas through practice.

Mapping Your System

- Create a map or chart showing all the potential individuals or groups with whom your MRC might partner.
- Ask others to help you make the map as complete as can be. Get them to brainstorm with you. Be as inclusive as possible.

Making and Sustaining Contact

- Make a list showing your most significant or likely partnering prospects.
- Start making calls and setting up appointments for preliminary discussions. Remember, you just want to talk about the possibility of working together. Neither party has to agree to anything beyond a conversation.
- Be persistent. People often are busy, and it may take them a while to understand how they might benefit from partnering with the MRC.
- Stay in touch and keep the door open for future possibilities.

Identifying Needs and Negotiating Differences

- Be clear about what you can offer your partner. And, be clear about what you would like in return.
- Be flexible if it is likely to benefit both parties in the long run.
- Agree to less than you might have hoped for if you see a chance to gain more in the future as the partnership develops a track record and trust.
- Follow up conversations with letters outlining what you understand to be the gist of the exchange and the agreement.
- Ask partners for letters of intent once you’ve come to an agreement, explaining that such letters help in your other fundraising and network-building efforts.

Working Out Conflicts

- Approach conflicts head-on, rather than avoiding them.
 - ⇒ *Nothing produces more anxiety and mistrust than a conflict everyone knows is there but won't talk about. It usually won't just go away.*
- Let the resolution follow its own course as long as conversations are taking place in a constructive spirit.
 - ⇒ *Premature resolutions usually indicate that one party has given in or that both sides want to end the discomfort and ambiguity before reaching a real agreement. That not only postpones the inevitable showdown but can foster bitterness and mistrust.*
- Use a neutral mediator if you get stuck. Sometimes it helps to have an outside point of view.

Optimizing Shared Resources

- Be aware of the resources within your network of partners. Look for opportunities to share them when possible.
 - ⇒ *Often partners have surpluses that can be redistributed easily and willingly once there is a network of open communication, goodwill, and trust in the community. As the old saying goes, "Sometimes two can eat as cheaply as one."*

DEVELOPING A COMMUNITY NETWORK

- Build a network that keeps you in contact with all the key stakeholders in your community: response partners, local government officials, community champions, neighborhood representatives, etc.

Possible Points of Contact

- Work with your local Citizen Corps Council and with other volunteer-based organizations.
- Keep the lines of communication open with public health, medical, and emergency response groups in your area.
 - ⇒ *These might include public health offices, public health action coalitions, front-line EMS (emergency medical services) groups, hospital-based trauma units, emergency planning commissions, and emergency response offices. Networks devoted to statewide health and emergency response efforts also may provide important linkages.*
- Seek out local government officials and other individuals or even corporations who can function as "community champions."
- Approach faith-based organizations, groups that work with the elderly or disabled, agencies that work with non-English speaking populations, neighborhood representatives, etc.

- Make contact, where appropriate, with Federal-level programs such as MMRS (Metropolitan Medical Response System), DMAT (Disaster Medical Assistance Team), NDMS (National Disaster Medical System), and CCRF (Commissioned Corps Readiness Force).

Working Toward Shared Missions and Objectives

- Identify areas of shared mission, complementary or similar activities, and needs for supplementary services that your MRC might provide.
- Identify areas of overlap that might signal unnecessary duplication of services or perceived competition for resources or “turf.”
- Leverage sharable resources when possible—especially when working toward common community objectives.

Side-Stepping Political Feuds

- Stay out of conflicts between two or more of your network partners; but stay in contact with all of them.
 - ⇒ *Your job is to be a cooperative group member, not a mediator or go-between.*
- Keep in mind a realistic history of community conflicts that may be longstanding. They can take time to be worked out, and some of them simply never will be resolved.
- Lead the way for other partners by demonstrating your commitment to a larger vision and mission.

Non-Governmental Partners

- Approach non-governmental organizations (NGOs) whose mission might overlap or complement that of your MRC. [See *list of types of NGOs on page 8.*]

WORKING WITH RESPONSE PARTNERS TO UNDERSTAND RISKS, NEEDS, AND RESOURCES

- Cooperate with local response partners to conduct a risk and needs assessment that goes beyond the assessment you conducted when first forming your unit.
- Revisit your assessment periodically. Keep it an ongoing part of your community planning efforts.

Assessing Local Risks and Needs

- Identify where you are now, in terms of your recognized risk or problem, and where you want to be ideally, in terms of your proposed solution. Let your plan logically connect those start and end points.
- Be realistic about your proposed solution.

- Consider the most likely risks in your area, as well as the most likely available resources.
- Look at the past experiences in your community. What has worked in the past and what hasn't? What can be replicated and what needs to be improved?
- Start with the most pressing risks and use what you learn from those successes to expand your scope of response gradually.
- Keep track of the method or procedure you used for your assessment process so you don't have to reinvent it the next time.
- Make use of existing assessment instruments, as long as they measure what is relevant to your MRC's vision.

Planning and Resource Sharing

- Include in your MRC utilization plan a concise description of the results of your community's risk and needs assessment.
- Indicate what currently is in place to address these risks or problems, including what is needed to supplement them.
 - ⇒ *Note the structure of the current emergency and public health response system and capabilities within your community and state (including plans for medical triage, medical evacuation, backup referrals to other health facilities, alternatives for additional bed capacity and staffing, quarantine and decontamination measures, evidence preservation, etc.).*
- Outline the contributions to be made by your MRC volunteers. If possible, include a list of individual volunteers and their areas of expertise, as well as an organizational chart of your MRC unit showing its "chain of command."
- Designate clear roles and responsibilities for all response partners, including a system for communicating and decision making.
 - ⇒ *Clearly state any legal or professional practice restrictions governing the participation of your MRC volunteers. Make sure your volunteers understand those distinctions before they are utilized.*
- Specify methods for transporting staff and injured individuals, along with alternate transportation routes and alternatives to ambulances.
- Provide an inventory of available supplies and equipment along with their locations and how to obtain access.
- List key community leaders and organizations, including complete contact information.
- Agree on a clear procedure for activating your local MRC unit, including the names/titles of individuals with the authority to activate.
 - ⇒ *You will need to learn the communication, command, or deployment systems already in use by your response partners.*

- Develop a comprehensive communications plan with backup (including both a unified communication system and redundant systems, such as ham radio operators).
- Devise a method for evaluating the effectiveness of the utilization plan—in particular, its use of MRC volunteers.

COMMUNICATING DURING AND DEBRIEFING AFTER AN INCIDENT

- Understand the communications role and responsibilities of the MRC unit during an incident or engagement that might utilize MRC volunteers.
- Be prepared to stand by. Sometimes the MRC's most important role may be that of offering the security of backup support. And like a safety net, your backup may not always be utilized.
- Conduct a thorough debriefing following every incident, whether or not MRC volunteers were used. Be clear about what worked and what didn't.

IDENTIFYING ACTIVITIES DURING NON-CRISIS PERIODS

- Keep the planning effort going with response partners. Establish periodic reviews in order to update your utilization plan as necessary.
- Expand the scope of your network by reaching out to partners who might be able to use MRC volunteers during non-crisis periods.