
Person responsible: Medical Reserve Corps and Maine Responds State Coordinator
Back-up: Director of Emergency Preparedness

Rationale:

ESAR-VHP, (Maine Responds), is a federally mandated initiative to be implemented in the states for development and administration of a program for the recruitment, training, deployment, and management of public health volunteers. Maine Responds is intended to combine the myriad systems now in existence and serve as a single public health volunteer management system for each state. Maine Responds is administered by the federal Department of Health and Human Services/Office of the Assistant Secretary for Preparedness and Response (ASPR).

Maine Center for Disease Control, (MeCDC) hired in 2010, a FTE with the position of overseeing all aspects of the volunteer registry known as the Maine Responds State Coordinator. The State Coordinator plays a vital role of deploying credentialed volunteers in the event of declared emergencies where volunteers are needed. State Coordinators deploy all registered volunteers needed through the Maine Volunteer Registry, (Maine Responds) utilizing Medical Reserve Corps, as well as other professionals and lay persons registered in the system. Having a centralized system that has the capability to verify and credential all volunteers on site, as well as on a 30 day cycle, is critical. Badging software is available to easily identify each volunteer, while Medical Reserve Corps can play a vital role in responding at a more localized level.

Goals of the Maine Responds Registry are to:

- Standardize a more organized and structured method of utilizing volunteers by verifying and credentialing all volunteers needed in the event of an emergency all in one central location.
- Track all deployed volunteers based upon responses generated from the Maine Responds registry system
- Extract critical reports from all missions created and volunteers deployed upon request

Assumptions:

- The State MRC/Maine Responds Coordinator would be notified by Maine Emergency Management, (MEMA) if a state emergency was declared, requesting volunteers.
- State Coordinator would notify all MRC unit administrators if local MRC volunteers are needed
- The volunteer needs will change during a pandemic, depending on the severity of the pandemic, therefore tracking of all volunteers will be essential during deployments
- 24/7 technical support from current vendor is critical during a disaster to help with any technical issues while using the Maine Responds registry system.
- Legislation needs to be in place for liability concerns to help in non-state declared emergencies, decreasing any resilience from potential volunteers for both MRC and Maine Responds registrants.
- MRCs can be used to help local governments in emergency response and in non-emergency work such as diabetes screening, flu clinics, etc.
- Natural disasters are on the rise and without volunteers; people will have to rely on first responders.
- Volunteers may or may not be as prevalent during a disaster due to death, illness, or death or illness of family members or loved ones.

**Overview:**

This Annex provides recommendations on education, recruitment of volunteers, deployment of volunteers, and the potential impact of personnel needed. These recommendations include:

1. Reduce any hesitance from potential volunteers registering within their local Medical Reserve Corps, (MRCs) and within the volunteer registry.
2. Preparedness planning for just-in-time volunteers that are not registered into the ESAR-VHP, (Maine Responds) registry.
3. Training for all professional and lay persons volunteering with a local MRC and Maine Responds
4. Volunteer surveillance during deployment phase

Generally, the recommendations for the **Maine Inter-Pandemic and Maine Pandemic Alert Periods** focus primarily on public education and preparedness/readiness planning at the state level and at local levels within Medical Reserve Corps and Maine Responds Volunteer Registry.
Annex 3 Part 2. Volunteers

Maine Inter-Pandemic Period

Mitigation and Preparedness
ME Level 0, I, II

1. Medical Reserve Corps Volunteers:
   a. Increase recruitment numbers within local MRCs via education on-site, holding conference calls, WebEx, etc.
   b. Verify licensure and credentials.
   c. Create badges for each volunteer for easy identification with Photo ID
   d. Continue Advisory Group meetings, and development of policies and procedures
   e. Ensure baseline ICS training for all MRC Unit Coordinators, as well as registered volunteers
   f. Perform Exercises and Drills on an annual basis. Participants include but are not limited to: PHEP staff, Regional Resource Directors, MRC Unit Coordinators, Maine Emergency Management, Maine Primary Care Association, and District Liaisons.

2. Maine Responds registry:
   a. Recruit new volunteers
   b. Provide baseline training for volunteers
   c. Continually update information and training record for each volunteer in the registry system.
   d. Verify licensure and credentials. Maine Responds has the capability to credential and verify all licenses once registered and continue to verify on a 30 day cycle, notifying State Coordinator and volunteer with any non-valid or expired licenses.

3. Training
   a. Develop abbreviated just-in-time training modules

4. Software
   a. More fully implement the software to support the work of the Program.
   b. Train the MRC leaders on use of the software to support their work
   c. Exercise with the vendor
   d. Cross train PHEP staff on software as back up to state coordinator
5. Legal
   a. Work with legal counsel to clarify volunteer issues around liability

**Maine Pandemic Alert Period**

**Heightened Preparedness: On Standby**
**ME Levels III, IV**

1. Maine Responds and MRC
   a. Verify current volunteers are still available
   b. Verify volunteers’ contact information
   c. Recruit additional volunteers
   d. Complete new volunteer credentialing, verify licensure and provide badge
   e. Provide just-in-time training to new volunteers

2. MRC, in addition to above
   a. Maintain regular communication between state and local MRC lead; situational awareness and sharing information.
   b. MRC Unit Leaders will be on heightened alert, sending out messages to volunteers stating they should be prepared for possible deployment.

3. Software vendor
   a. Update emergency contact information with software vendor
   b. Verify incident support from vendor

4. Advisory group
   a. Convene or communicate with MRC Advisory Group to address last minute pandemic readiness
   b. Order or redistribute pre-event supplies/equipment

**Maine Pandemic Period**

**Activate Response Plan**
**ME Levels V, IV**
During the **Maine Pandemic Period**, with an increasing number of natural disasters within the US and State of Maine, volunteers will be deployed upon their indication of their jurisdiction preferences: local, regional, or statewide. This would be initiated through the direction of Maine Emergency Management, proceeding on to deployment made by the State Coordinator.

1. Daily Call-ins from Regional Resource Directors and MRC Unit Leaders for situational awareness and information sharing.
2. Preparedness and safety measures for all state and local administrators will be addressed:
   a. Working from home for their own safety and deploy only when needed
   b. MRC State Coordinator at EOC or working from home depending on severity
   c. Local Unit Coordinators preparing their volunteers for possible deployment contingent upon their own personal safety and well-being.
3. State Coordinator will deploy all necessary volunteers as requested
4. Just-in-time volunteers can register, be credentialed and have badges developed for easy identification.
5. Provide just-in-time training for new recruits.
6. Provide logistical support to MRCs as needed/as possible.
7. If Pandemic is severe enough to where volunteers are not available, recruitment would need to be a priority by advertising through, television, local news, newspapers, and blast emails.

### Maine Post Pandemic Recovery

**Recovery Activities**  
**ME Levels VII**

1. Convene Advisory Group
2. Conduct incident debriefing, data gathering, and formulation of After Action Reports by both State Coordinator, as well as local MRC Unit Coordinators noting: number of missions created, volunteers deployed, and number of deaths of volunteers reported.
3. Evaluate vendor support during incident.
4. Communicate with vendor.
5. Compile Lessons Learned noting what went well and what needs improvement.
6. Develop and implement an incident Improvement Plan to correct any opportunities for improvement.
7. Update plan.
8. Verify post pandemic volunteer list
9. Update volunteers contact information
10. Recruit and process new volunteers
11. Reassess both baseline training curriculum, and just-in-time training; alter as indicated.
12. Restock supplies and equipment as possible
### Annex 3. Part 2. Volunteers Summary Matrix:

<table>
<thead>
<tr>
<th>Volunteers</th>
<th>Maine Inter-Pandemic Period: Awareness Mitigation/ Preparedness ME Level 0, I, II</th>
<th>Maine Pandemic Alert Period: Standby Heightened Preparedness ME Levels III, IV</th>
<th>Maine Pandemic Period: Activate Response ME Levels V, IV</th>
<th>Maine Post Pandemic Recovery Period Recovery ME Levels VII</th>
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</thead>
<tbody>
<tr>
<td>Planning in collaboration with the Advisory Group</td>
<td>More fully develop volunteer program (P&amp;Ps); Develop plans</td>
<td>Review plans; Prepare to activate</td>
<td>Implement plan; mobilize volunteers</td>
<td>Stand down; Complete AAR, IP; Revise plan, P&amp;Ps as indicated</td>
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<tr>
<td>Recruit volunteers</td>
<td>Recruit</td>
<td>Recruit</td>
<td>Recruit!</td>
<td>Recruit</td>
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<tr>
<td>Verify volunteer contact information</td>
<td>Verify contact information</td>
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<tr>
<td>Credentialing/verify License of volunteers</td>
<td>Credentialing/verify licensure</td>
<td>Credentialing/verify licensure</td>
<td>Credentialing/verify licensure</td>
<td>Credentialing/verify licensure</td>
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<tr>
<td>Badging of volunteers</td>
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<tr>
<td>Training/exercise</td>
<td>Baseline training for all volunteers; Develop just-in-time training modules; Train and exercise plans with stakeholders, volunteers and vendor</td>
<td>Just in time training;</td>
<td>Just in time training</td>
<td></td>
</tr>
<tr>
<td>Software vendor</td>
<td>More fully utilize software to support program; Train MRC leads and crosstrain</td>
<td>Update contact information; insure vendor support</td>
<td>Incident vendor support</td>
<td>Evaluate vendor support and software product; feedback</td>
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<tr>
<td>Task</td>
<td>Description</td>
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<tr>
<td>PHEP staff; develop relationship with vendor</td>
<td>Develop relationships with community partners</td>
<td>Situational awareness with response partners</td>
<td>Coordinate response</td>
<td>Debrief and evaluate</td>
</tr>
</tbody>
</table>