Form Approved

OMB No. 0990-0302

Exp. Date XX/XX/20XX

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| Element | Data Element | Collection Tool |
|  | Sub Factor 1.1 Determine Jurisdiction Served  Jurisdiction Type: Mixed, Rural/Frontier, Suburban, Tribal, Urban | Unit Profile Data Elements |
|  | Sub Factor 1.1 Determine Jurisdiction Served  Coverage Type: City/Town, County | Unit Profile Data Elements |
|  | Sub Factor 1.1 Determine Jurisdiction Served  Select Jurisdiction: Add State, Select County or Zip Code, Add Selected County or Zip Codes | Unit Profile Data Elements |
|  | Sub Factor 1.1 Determine Jurisdiction Served  Jurisdiction Notes: Free Text Box | Unit Profile Data Elements |
|  | Sub Factor 1.3 Develop Mission Statement  Unit Mission Statement: Free Te  xt Box | Unit Profile Data Elements |
|  | Sub Factor 1.4 Determine Goals and ‘SMART’ Objectives  Unit Goals/Objectives: Free Text Box | Unit Profile Data Elements |
|  | Sub Factor 2.1 Develop Working Partnerships and Affiliations with Organizations in the Community  Partner Organization –Drop Down List  Health Department  Board of Health  Emergency Management Agency  Citizen Corps Council  Volunteer Center  Hospital/Health System  Non-Governmental Organizational  Medical/Professional Society  Civic Organization  Fire Department/Fire Protection District  Law Enforcement/Agency  EMS Agency  Regional Planning Council/Commission  Other  College/University  Other Local Governmental Agency/Department  American Red Cross Chapter  Faith-Based Organization  Private Sector –Business/Corporation  State Governmental Agency/Department  Urban Area Security Initiatives  Cities Readiness Initiative (CRI)  Strategic National Stockpile (SNS)  National Disaster Medical System (NDMS)  HOSA-Future Health Professionals  AmeriCorps/VISTA/Senior Corps  Animal Health/Veterinary Agency or Organization  County/State Animal Response Teams (CART/SART)  High School  Military Unit/Organization  Tribal Organization/Agency  Community Health Center | Unit Profile Data Elements |
| New | Sub Factor 2.1 Develop Working Partnerships and Affiliations with Organizations in Community  “Is your MRC unit included in your jurisdiction’s Emergency Operations Plan(s)?” | Unit Profile Data Elements |
|  | Sub Factor 3.2 Identify and Pursue Funding and/or Resources  Funding Sources:  In-kind from sponsor organization  In-kind from partner organization  Financial contributions/grants from private sector (business and industry)  Financial contributions/grants from foundations and other non-governmental organizations  Financial contributions/grants from local governmental agencies  Financial contributions/grants from state governmental agencies  Financial contributions/grants from federal governmental agencies | Unit Profile Data Element |
|  | Sub Factor 4.1 Identify and Appoint MRC Leadership  User Demographics: Name, Title, Organization, Address 1, Address 2, Phone, Fax, Email Address, Leader Type (Employee/Volunteer), Number of Hours per Week focus on MRC | User Profile Data Elements |
|  | Sub Factor 4.4 Determine Unit Composition  Number of Volunteers:  Acupuncturist  Chaplain/Clergy  Clinical Social Worker  Dentists  EMS Professionals  Licensed Practical Nurse/Licensed Vocational Nurse  Mental Health Counselor/Therapist  Non-Public Health/Non-Medical  Nurse Practitioner  Other Public Health/Medical  Pharmacist  Physician  Physician Assistant  Psychiatrist  Psychologist  Registered Nurse  Respiratory Therapist  Veterinarian  Veterinarian Technician | Unit Profile Data Elements |
|  | Sub Factor 4.4 Determine Unit Composition  Are your MRC members included, or do you plan to include them in the State Volunteer Registry (ESAR-VHP)? (Yes/No selection) | Unit Profile Data Element |
|  | Sub Factor 4.4 Determine Unit Composition  Does your MRC unit allow youth membership (under 18 years of age)? (Yes/No selection) | Unit Profile Data Element |
| New | Sub Factor 6.1 Screen and Select Volunteer for MRC Membership  To What Level are your unit’s MRC volunteers credentialed by either the local unit or the state? (Drop Down List Selection) with definition  Level 1: Identified volunteers who are clinically active in a hospital, either an employee or by having hospital privileges  Level 2: Identifies volunteers who are clinically active in a wide variety of settings, such as clinics, nursing homes and shelters  Level 3: Identified volunteers who meet the basic qualifications necessary to practice in the state in which they are registered  Level 4: Identified volunteers who have experience or education that would be useful not controlled by scope of practice laws (may include health professions students or retired health professionals who no longer hold a license  Level 5: Do not verify credentials | Unit Profile Data Element |
|  | Sub Factor 6.1 Screen and Select Volunteer for MRC Membership  Does your MRC unit require “Fit-for-duty” checks (i.e. physical and mental)? (Yes/No selection) | Unit Profile Data Element |
|  | Sub Factor 7.1 Develop a Training Plan  Does your MRC unit utilize the MRC Core Competencies? (Yes/No selection) | Unit Profile Data Element |
|  | Sub Factor 7.1 Develop a Training Plan  Does your MRC unit utilize MRC-TRAIN or your state affiliated TRAIN? (Yes/No selection) | Unit Profile Data Element |
|  | Sub Factor 7.1 Develop a Training Plan  Is your MRC unit compliant or working toward compliance with NIMS requirements? (Yes/No selection) | Unit Profile Data Element |
|  | Sub Factor 7.1 Develop a Training Plan  Does your MRC unit participate in training exercises/drills with local partners? (Yes/No selection) | Unit Profile Data Element |
| New | Sub Factor 7.1 Develop a Training Plan  Which of the following competency areas does your unit have required training? (Select all that apply)  Personal and family preparedness for disasters and public health emergencies  Knowledge of personal safety measures that can be implemented in a disaster or public health emergency  Knowledge of one’s expected role(s) in organizational and community response plans activated during a disaster or public health emergency  Communicate effectively with others in a disaster or public health emergency  Knowledge of surge capacity assets consistent with one’s role in organizational, agency, and/or community response plans  Knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice  Situational awareness of actual/potential health hazards before, during and after a disaster or public health emergency  Knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies  Knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency  Knowledge of legal principles to protect the health and safety of all ages, populations and communities affected by a disaster or public health emergency  Knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency | Unit Profile Data Element |
|  | Sub Factor 8.2 Develop Procedures to Organize, Assemble and Deploy Volunteers  Do you track your MRC member’s willingness to deploy outside of the local jurisdiction? (Yes/No) | Unit Profile  Data Element |
| New | Sub Factor 8.2 Develop Procedures to Organize, Assemble and Deploy Volunteers  Does your unit have mobilization plan? | Unit Profile Data Element |
| New | Sub Factor 8.2 Develop Procedures to Organize, Assemble and Deploy Volunteers  Does your unit have a demobilization plan? | Unit Profile Data Element |
|  | Sub Factor 11.2 Determine Volunteer legal Protections  Legal Protections Row Headers  Liability/Malpractice  Workers Compensation  Re-employment Rights  No Legal Protections  Legal Protections Column Headers  During declared emergencies  During Non-Emergency/Public Health Event  During Training Activities  All MRC Related Activities | Unit Profile  Data Element |
|  | Sub Factor 11.2 Determine Volunteer Legal Protections  (Click all that apply)  Source of Legal Protections in Place  Local Agency  County legislation/regulation  State Agency  State Good Samaritan Laws  State Legislation specifically protecting volunteer health professionals  Purchased private insurance  Federal Volunteer Protection Act  Workers Compensation  Other (please specify) | Unit Profile  Data Element |
|  | Describe the Jurisdiction that your MRC unit will cover? | New Unit Interview Question |
|  | Describe the public health and emergency preparedness/response mission and focus of your mrc unit? | New Unit Interview Question |
|  | Describe the goals and objectives of your MRC unit? | New Unit Interview Question |
|  | Describe your MRC unit’s affiliations and partnerships with other local or state governmental or non-governmental organizations and agencies? | New Unit Interview Question |
|  | Describe how your MRC unit is integrated with the local and state emergency plans (ESF-8) for your jurisdiction? | New Unit Interview Question |
|  | Describe the organization structure of your MRC unit? | New Unit Interview Question |
|  | Describe the composition of your MRC unit? | New Unit Interview Question |
|  | Describe the recruitment plans of your unit? | New Unit Interview Question |
|  | Describe your MRC unit’s plans for screening and selecting members and staff, including the verification of professional credentials? | New Unit Interview Question |
|  | Describe your MRC unit’s administrative plans and procedures? | New Unit Interview Question |
|  | Describe how your MRC unit has participated in the MRC “network”? | New Unit Interview Question |

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