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 ServedJurisdiction Type: Mixed, Rural/Frontier, Suburban, Tribal, Urban | Unit Profile Data Elements |
|  | Sub Factor 1.1 Determine Jurisdiction ServedCoverage Type: City/Town, County | Unit Profile Data Elements |
|  | Sub Factor 1.1 Determine Jurisdiction ServedSelect Jurisdiction: Add State, Select County or Zip Code, Add Selected County or Zip Codes | Unit Profile Data Elements |
|  | Sub Factor 1.1 Determine Jurisdiction ServedJurisdiction Notes: Free Text Box | Unit Profile Data Elements |
|  | Sub Factor 1.3 Develop Mission StatementUnit Mission Statement: Free Text Box | Unit Profile Data Elements |
|  | Sub Factor 1.4 Determine Goals and ‘SMART’ ObjectivesUnit Goals/Objectives: Free Text Box | Unit Profile Data Elements |
|  | Sub Factor 2.1 Develop Working Partnerships and Affiliations with Organizations in the CommunityPartner Organization –Drop Down ListHealth DepartmentBoard of HealthEmergency Management AgencyCitizen Corps CouncilVolunteer CenterHospital/Health SystemNon-Governmental OrganizationalMedical/Professional SocietyCivic OrganizationFire Department/Fire Protection DistrictLaw Enforcement/AgencyEMS AgencyRegional Planning Council/CommissionOtherCollege/UniversityOther Local Governmental Agency/DepartmentAmerican Red Cross ChapterFaith-Based OrganizationPrivate Sector –Business/CorporationState Governmental Agency/DepartmentUrban Area Security InitiativesCities Readiness Initiative (CRI)Strategic National Stockpile (SNS)National Disaster Medical System (NDMS)HOSA-Future Health ProfessionalsAmeriCorps/VISTA/Senior CorpsAnimal Health/Veterinary Agency or OrganizationCounty/State Animal Response Teams (CART/SART)High SchoolMilitary Unit/OrganizationTribal Organization/AgencyCommunity 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 ResourcesFunding Sources:In-kind from sponsor organizationIn-kind from partner organizationFinancial contributions/grants from private sector (business and industry)Financial contributions/grants from foundations and other non-governmental organizationsFinancial contributions/grants from local governmental agenciesFinancial contributions/grants from state governmental agenciesFinancial contributions/grants from federal governmental agencies | Unit Profile Data Element |
|  | Sub Factor 4.1 Identify and Appoint MRC LeadershipUser 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 CompositionNumber of Volunteers:AcupuncturistChaplain/ClergyClinical Social WorkerDentistsEMS ProfessionalsLicensed Practical Nurse/Licensed Vocational NurseMental Health Counselor/TherapistNon-Public Health/Non-MedicalNurse PractitionerOther Public Health/MedicalPharmacistPhysicianPhysician AssistantPsychiatristPsychologistRegistered NurseRespiratory TherapistVeterinarianVeterinarian Technician | Unit Profile Data Elements |
|  | Sub Factor 4.4 Determine Unit CompositionAre 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 CompositionDoes 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 MembershipTo What Level are your unit’s MRC volunteers credentialed by either the local unit or the state? (Drop Down List Selection) with definitionLevel 1: Identified volunteers who are clinically active in a hospital, either an employee or by having hospital privilegesLevel 2: Identifies volunteers who are clinically active in a wide variety of settings, such as clinics, nursing homes and sheltersLevel 3: Identified volunteers who meet the basic qualifications necessary to practice in the state in which they are registeredLevel 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 licenseLevel 5: Do not verify credentials | Unit Profile Data Element |
|  | Sub Factor 6.1 Screen and Select Volunteer for MRC MembershipDoes 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 PlanDoes your MRC unit utilize the MRC Core Competencies? (Yes/No selection) | Unit Profile Data Element |
|  | Sub Factor 7.1 Develop a Training PlanDoes 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 PlanDoes 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 PlanWhich of the following competency areas does your unit have required training? (Select all that apply)Personal and family preparedness for disasters and public health emergenciesKnowledge of personal safety measures that can be implemented in a disaster or public health emergencyKnowledge of one’s expected role(s) in organizational and community response plans activated during a disaster or public health emergencyCommunicate effectively with others in a disaster or public health emergencyKnowledge of surge capacity assets consistent with one’s role in organizational, agency, and/or community response plansKnowledge 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 practiceSituational awareness of actual/potential health hazards before, during and after a disaster or public health emergencyKnowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergenciesKnowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergencyKnowledge of legal principles to protect the health and safety of all ages, populations and communities affected by a disaster or public health emergencyKnowledge 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 VolunteersDo you track your MRC member’s willingness to deploy outside of the local jurisdiction? (Yes/No) | Unit ProfileData Element |
| New | Sub Factor 8.2 Develop Procedures to Organize, Assemble and Deploy VolunteersDoes your unit have mobilization plan?  | Unit Profile Data Element |
| New | Sub Factor 8.2 Develop Procedures to Organize, Assemble and Deploy VolunteersDoes your unit have a demobilization plan?  | Unit Profile Data Element |
|  | Sub Factor 11.2 Determine Volunteer legal ProtectionsLegal Protections Row HeadersLiability/MalpracticeWorkers CompensationRe-employment RightsNo Legal ProtectionsLegal Protections Column HeadersDuring declared emergenciesDuring Non-Emergency/Public Health EventDuring Training ActivitiesAll MRC Related Activities | Unit ProfileData Element |
|  | Sub Factor 11.2 Determine Volunteer Legal Protections (Click all that apply)Source of Legal Protections in PlaceLocal AgencyCounty legislation/regulationState AgencyState Good Samaritan LawsState Legislation specifically protecting volunteer health professionals Purchased private insuranceFederal Volunteer Protection ActWorkers CompensationOther (please specify) | Unit ProfileData 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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