



VOLUNTEER HANDBOOK

2017

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July 2017



Dear Pierce County Medical Reserve Corps Volunteer:

Thank you, again, for your willingness to volunteer for the Pierce County MRC. Our organization relies on individuals who are dedicated to protecting and serving their communities, and who are willing to generously donate their time and expertise to do so. We rely on individuals like you.

This handbook has been created to keep you in-the-know as much as possible about how the Pierce County MRC operates and functions. It will equip you with all of the important information you will need to not only be a safe and effective volunteer, but to also allow you to have a meaningful volunteer experience. Please also feel free to use this handbook as one tool option in the future to address questions or concerns.

Your service with the MRC is vital to our community. As with any area in the country, Pierce County is vulnerable to disasters and the severe damage they bring; an earthquake, flood, or disease outbreak could swiftly compromise our essential service systems, including our electrical, transportation, and hospital networks. And we would almost certainly be faced with a surge of individuals in need of medical care, of which our current system may not be able to provide.

An efficient and coordinated emergency response will be instrumental to the safety and recovery of our community if such an event were to occur. Your training as an MRC volunteer will equip you with the tools you will need to actively respond to disasters, and will focus on preparing you to provide the medical and health functions we will undoubtedly need. You will be offered a variety of training and real-life exercise opportunities to learn and master your local health response procedures. In addition, you will be provided with opportunities to address some of our communities' most pressing health needs, as instructed by the initiatives of the Surgeon General.

We could not do any of this without you! Our organization would not survive without its volunteers' dedication to service, coordination as a team, and passion to help others. I look forward to working with you in the future and wish you a wonderful experience as an MRC volunteer. Welcome to the team!

Sincerely,

Stephanie Dunkel

MRC Director

INTRODUCTION

Welcome to the Pierce County Medical Reserve Corps team! This handbook is designed to give you a detailed overview of how the Pierce County MRC operates and functions. The handbook is meant to demonstrate what being an MRC volunteer will entail, as well as to serve as a tool for future reference. Of course, if you have any questions that are not covered in this handbook, please feel free to contact the MRC coordinator. Please also remember that this handbook may likely undergo updates. We encourage all members to give recommendations and suggestions for improvement. If at any time a major change is made to this handbook, all MRC volunteers will be notified.

We believe that preparing for emergencies is an important part of keeping our communities safe and that addressing our public health needs is an essential part of keeping our communities healthy. As an MRC volunteer, you will be given ample opportunities to have a significant impact on your community. **Whether you decide to donate a large amount of time or agree to respond only to emergencies, every member of the Pierce County Medical Reserve Corps is an important player in our group and we rely on each person to meet our goals.** By the end of reviewing this handbook, you will be ready to initiate an educational and stimulating MRC experience, but more importantly, it is hoped that you will believe in the MRC's mission and vision just as much as we do.

HISTORY

“Uniting Communities – Preparing the Nation.” As a result of the events of 9/11, people began looking for ways to contribute to their communities and President Bush sought to formally capture this spirit of service. In his 2002 State of the Union Message, President Bush called on all Americans to make a lifetime commitment to serve their communities, the nation, and the world. President Bush announced the creation of the USA Freedom Corps to help Americans answer the call to service and to foster a culture of service, citizenship and responsibility. The USA Freedom Corps was designed to combine all national service areas, old and new, under the same service “umbrella”. Some old national programs that were combined into this category, for example, were the Peace Corps and AmeriCorps.

One newly created service program was the **Citizen Corps**. The Citizen Corps is the component of the USA Freedom Corps that creates local opportunities for individuals to volunteer to help their communities prepare for and respond to emergencies.

The Medical Reserve Corps is the component of the Citizen Corps that will bring together local health professionals and others with relevant health related skills to volunteer in their community. They will assist local, existing community emergency medical response systems as well as provide a group of readily trained and available resources to help our community deal with pressing public health needs and improvements.

NATIONAL MEDICAL RESERVE CORPS MISSION STATEMENT

The mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers.

PIERCE COUNTY

PIERCE COUNTY MRC MISSION STATEMENT

The mission of the Pierce County MRC is to utilize dedicated volunteers to improve the public health, preparedness, and emergency response capabilities of Pierce County.

PIERCE COUNTY MRC VISION STATEMENT

The Pierce County MRC will be a premier response organization, prepared to give effective and quality response medical services.

WE VALUE BEING:

Prepared. Effective. Responsive. Competent.

PIERCE COUNTY MEDICAL RESERVE CORP GOALS:

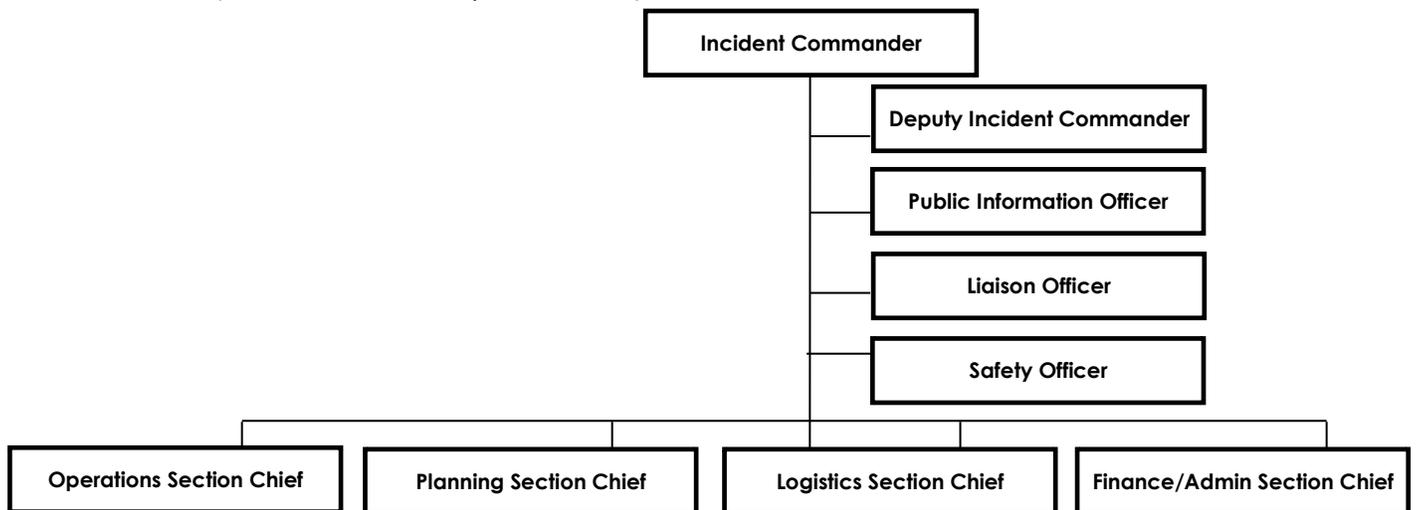
1. Recruit and train a reliable, dedicated, and knowledgeable volunteer force for disaster response.
2. Provide ample training and outreach opportunities
3. Provide incentives to volunteers to maintain membership.
4. Address the public health initiatives of the Surgeon General, as it pertains to our community.
5. Respond to disasters and assist at community events.

ORGANIZATIONAL STRUCTURE

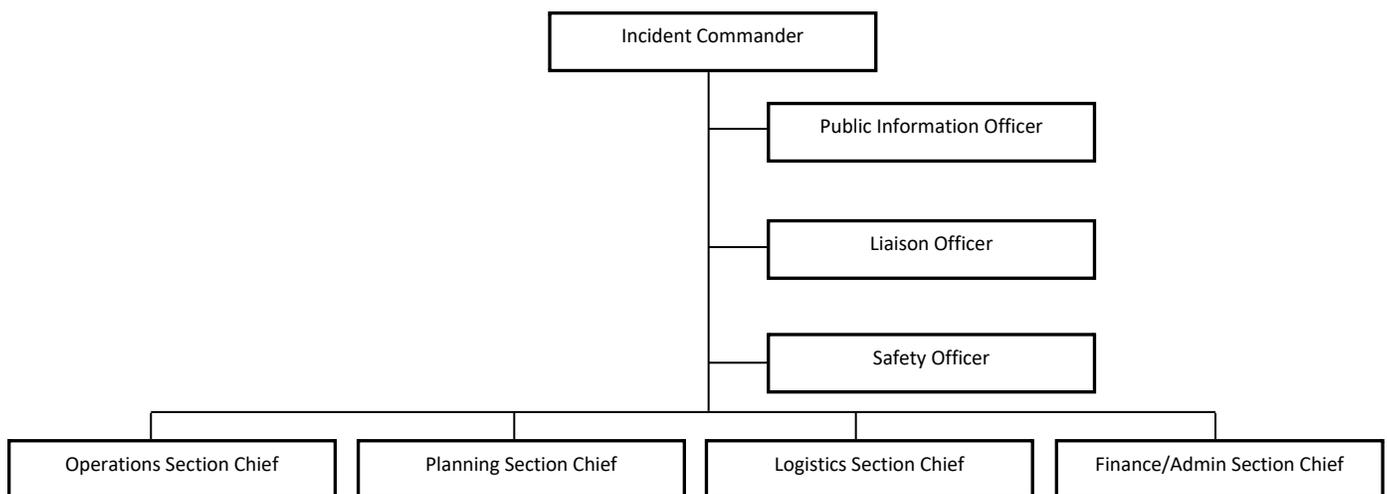
The Pierce County MRC is housed within the Tacoma-Pierce County Health Department, and is managed by the MRC Coordinator, a TPCHD employee. Beyond the MRC Coordinator, the Pierce County MRC has two general organizational leadership structures. Both structures are modeled after the general organization of the Incident Command System, using similar positions and terms.

PIERCE COUNTY MRC LEADERSHIP STRUCTURE

The organizational Leadership Structure consists of positions that handle daily MRC activities and administrative tasks. The positions below make up the Leadership Council. Each member of the leadership council oversees all activities and functions beneath them, and all positions, besides the Incident Commander (who may be the MRC Director or a Leadership Council member) are filled by volunteers.



PIERCE COUNTY MRC EMERGENCY RESPONSE STRUCTURE (ACTIVATION)



MEMBERSHIP & REQUIREMENTS

This section will highlight what it means to be a Pierce County Medical Reserve Corps volunteer, including information regarding basic requirements and involvement expectations.

QUALIFICATIONS

Pierce County MRC volunteers include both medical and nonmedical professionals. The minimum age to join is 15.

Pierce County MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Many community support members – interpreters, chaplains, office workers, legal advisors, and others – can fill also key support positions. Whether we are responding to a major disaster or running a flu vaccination clinic, there is a job for everyone.

The Pierce County Medical Reserve Corps reserves the right to refuse membership based upon background check failure, credentialing, and licensure issues of concern and those with a non-disclosed criminal history.

TRAINING

All volunteers must attend a “New Volunteer Orientation”, which lasts about an hour. The “New Volunteer Orientation” will provide information on MRC history, unit organization and activities, family preparedness, and integration of the unit into the health department’s emergency response.

There will be annual refresher trainings. Beyond the annual “New Volunteer Orientation” and refresher course, there will also be many training sessions provided throughout the year. It is encouraged that volunteers attend as many training sessions as possible.

Involvement is voluntary, however the more training our volunteers receive, the greater types of emergencies we will have the capacity to respond to.

DOCUMENTATION

- Emergency Worker Card
- Background Check
- Confidentiality Agreement
- Image Release
- Credentialing and Licensure (provide a copy of any professional licenses. Credential verification is performed at the state level to ensure license legitimacy.)

INVOLVEMENTS & EXPECTATIONS

Volunteers of the Pierce County MRC have a number of opportunities for involvement, including training, response and outreach activities. **The degree of involvement in these activities is flexible in that it allows volunteers to choose their level of activeness with the organization.** We believe that this accommodation for our volunteers is an important

part of ensuring that the volunteers' expectations are met in addition to those of the organization. We greatly value the invested time of each volunteer. We strongly encourage our volunteers to take advantage of all unit training opportunities, meetings and events.

SUPPLIES AND EQUIPMENT

Supplies: All disposable supplies (such as gauze, hand cleaner, etc) will be provided to the volunteers during training exercises. During activation, all supplies will also be provided to the team members by the appropriate agency. Restocking of your personal supplies from unit supply cache is NOT allowed without prior written authorization from the MRC Director.

Equipment: Any equipment necessary for the completion of your training will be supplied by the Pierce County MRC as requested by the MRC Director. However, you may use your own equipment in exercises with prior authorization by the MRC Director or a staff member. The Pierce County MRC will not be liable for any loss or repairs to your personal equipment.

ID BADGE & UNIFORM

ID Badge: An identification badge shall be issued to all volunteers who meet the requirements for activation of the Pierce County MRC (including an active Emergency Worker Card and completion of the FEMA independent study courses IS-00100.b and IS-00700.a, which serve as an introduction to the Incident Command System and can be found at <https://training.fema.gov/is/crslist.aspx>. The ID badges are to be carefully guarded for security purposes. The ID badges are not to be borrowed or loaned to any other individual and will be surrendered by the volunteer upon request of the MRC coordinator or other staff member. **ID badges include the following information:** photo, first name, emergency worker number, expiration date, license number, emergency contact, special needs and allergies.

Uniform: It is highly recommended that when participating in any MRC event and for deployment situations, MRC volunteers wear the issued MRC polo shirt, keeping the rest of their attire appropriate to the situation. Only the approved Pierce County MRC logo shall be identifiable on any uniform clothing.

MEMBER BENEFITS

It is our hope that you have an educational, exciting and rewarding experience as an MRC volunteer. We think that your experience will be personally beneficial, as well. From prior experiences, we believe that it will be: 1) the opportunities you are presented with, and 2) the peer and colleague recognition you receive for being of service to your community that will be of most significant benefit to you.

Opportunities: As an MRC volunteer, you will be presented with a number of opportunities to better your community and make a difference such as, running a flu vaccination clinic for people experiencing homelessness, providing health screening services to low-income families, or responding to a full-scale pandemic influenza exercise. We also provide training. The skills and training you receive as an MRC volunteer will be skills that will help you better serve your community for a lifetime.

Recognition: Though we know our volunteers do not join for recognition purposes, peer and colleague recognition remains one of the best reasons for participating in the MRC. We encourage recognition as often as possible. If you have articles that you would like to see published or if you would like to present on an approved topic for a training opportunity, please let the MRC coordinator know and all effort will be made to showcase your topics. We are willing to submit articles written by local medical professionals as best practices for publication in the national program newsletter.

Continuing Education: Many PCMRC volunteers are medical professionals who wish to maintain their license and therefore, require continuing education each year. PCMRC allows members the opportunity for contact hours through many different response and volunteer activities. There is also a Continuing Education Hours Tracking Sheet available so that healthcare professionals can track their continuing education with ease.

LIABILITY: THE EMERGENCY WORKER ACT

The mission of the MRC is to provide medical services during a disaster response, it is important for every MRC volunteer to understand the liability coverage policy of the State of Washington. Washington State legislation RCW 38.52.180 (also referred to as the "Emergency Worker Act") clearly states liability immunity for emergency workers in the case of responding to a state-identified disaster or disaster exercise, if the volunteer is registered through the state as an emergency worker.

COMMUNICATIONS

It is important for our unit leadership to keep in close contact with volunteers of the general membership; for this reason, we have created a number of standard, ongoing ways of making sure every volunteer is involved and in-the-know about MRC events, meetings and program updates.

- **EMAIL:** The primary method of communication between leadership and the general membership is email. Volunteers can expect to receive a steady flow of emails from the MRC Coordinator and members of the Leadership Council, primarily to provide reminders of upcoming meetings/trainings/events. We do cater to volunteers without email, by making routine phone call updates and/or by sending letters through the postal service.
- **PHONE:** The phone number you provide in your application will be mostly used for activation (either cell phone or home phone, although landlines are more reliable in some types of emergencies) so it is important to keep both of these updated in your volunteer profile.
- **WEBSITE:** The MRC Coordinator and/or members of the Leadership Council will ensure the frequent updating of the unit website, found at <http://piercecounymrc.org/> . Members can find calendars and announcements on this website.

CONTACT US

All members are welcome to contact the unit leadership at any time with questions, suggestions and/or concerns. Contact information:

- MRC Director, Stephanie Dunkel: (253) 798-6548, email: @tpchd.org
- Members of the Leadership Council: (253) 798-3566, email: mrc@tpchd.org

Address: Pierce County MRC/TPCHD, 3629 S D St, Tacoma, WA 98418.

Fax: (253) 798-7627

TRAINING

NEW VOLUNTEER ORIENTATION

All members must attend the 1-hour "New Volunteer Orientation" training session. This orientation will provide each volunteer an overview of the MRC program including who we are and what we do as an organization.

FEMA INDEPENDENT STUDY COURSES

In the first **two months** of membership, volunteers are required to complete FEMA independent study courses IS-100.b and IS-700.a. Training topics range from radiological emergency management to decision making and problem solving.

1. IS-100.b: [Introduction to Incident Command System, ICS-100](#)
2. IS-700.a: [National Incident Management System \(NIMS\) An Introduction](#)

To enhance your understanding of the Incident Command System and the National Incident Management System, we recommend the following courses:

- 1) IS-200.b: [ICS for Single Resources and Initial Action Incidents](#)
- 2) IS-800.b: [National Response Framework, An Introduction](#)

All courses can be found at: <http://training.fema.gov/IS/crslist.asp>. Upon completion of any of FEMA course, *please send a copy of your certificate of completion to the MRC office.*

CPR AND FIRST AID CERTIFICATION

As a Citizen Corps program, all MRC volunteers are able to take First Aid and CPR training courses through the Mount Rainier Chapter of the American Red Cross at no charge. **Visit <http://www.rainier-redcross.org/> for course dates and times.**

EXERCISES AND DRILLS

Several times throughout the year, the Pierce County MRC will participate in an incident exercise. This includes full-scale exercises, sometimes involving several thousand persons throughout the county or state, while other times this means working on a smaller scale "table-top" exercise. Primarily, we will exercise our procedures involving Points-of-Dispensing, Alternate Care Facilities, and incoming patient triage.

MRC-TRAIN

The National Office of the Civilian Medical Reserve Corps has invested in an in-depth computer based training systems that allows MRC volunteers across the country to have the opportunity to participate in hundreds of different web-based trainings. The Pierce County MRC Coordinator has designed a "Training Plan" that includes several courses that meet the national meet the national "Core Competencies."

Follow these steps to set up an account:

- 1) Go to <http://www.mrc.train.org>

- 2) Click "Create Account"
- 3) Follow the instructions for input requirements
- 4) Make sure to choose Washington State, Tacoma-Pierce County Health Department or Pierce County Medical Reserve Corps when prompted.
- 5) After you have created an account, you can click on "Training Plan" to see a list of recommended courses.

MRC-CORE COMPETENCIES

The National Office of the Civilian Medical Reserve Corps has developed a set of core competencies that represent a knowledge-set that units across the nation are encouraged to develop while conducting trainings. All of our training opportunities offer some knowledge and development of these competencies. The core competencies are as follows:

- 1) Personal Protection Protocols (PPP)
- 2) Personal/Family Protection Plan
- 3) Chain of Command
- 4) Role of MRC in emergencies
- 5) MRC Communication protocols
- 6) Mental/Behavioral Health
- 7) Volunteer Activation and De-Activation
- 8) Personal Limitation Awareness

MEDICATION CENTER (MC) TRAINING

The Pierce County MRC offers a training opportunity specifically designed to enhance its members' understanding of how to run Point-of-Dispensing sites (also known as mass dispensing, mass vaccination sites, and PODs). Since the Pierce County MRC will be heavily relied upon to staff these sites, we strongly encourage all MRC volunteers to attend this training. In fact, in times of dire needs for staff, the Tacoma-Pierce County Health Department will expect MRC volunteers to manage these sites.

At this training, each member will:

- 1) Learn when a mass dispensing or mass vaccination site is needed
- 2) Become familiar with the logistical and safety concerns of running such a site
- 3) Learn the algorithms used to efficiently determine who can and cannot receive medications
- 4) Learn the job descriptions of each position within a POD.

VACCINATION SKILLS REVIEW

Staffing Points-of-Dispensing sites, involving the mass vaccination and dispensing to the public, is one of the primary roles of MRC volunteers in an incident. The Pierce County MRC provides opportunities to all nurses to refresh their vaccination skills. Regardless of each nurse's experience and background in any particular specialty, it is important that all licensed nurses are able to administer vaccinations. In order to give vaccinations at any MRC event involving such, including Project Homeless Connect, various flu vaccination clinics and during exercises, **every nurse must attend vaccination skills review training.**

This training varies depending on the event that it is intended to prepare for. In general, volunteers will learn about how to properly give a variety of different vaccinations to both children and adults. This training will be offered several times throughout each year.

POD TRAILER AND SUPPLIES TRAINING

The Pierce County MRC has twelve trailers stocked with the supplies and equipment required to set-up and operates Points-of-Dispensing sites (a location where medicine or vaccine is given to large numbers of people), two trailers have two PODs worth of supplies, two trailers have one POD worth of supplies. While Pierce County will receive a large volume of medical and other supplies from the Strategic National Stockpile that will contribute to the operation of a POD, the MRC trailers also have a number of critical supplies.

In order to ensure the smooth operation of a POD, we offer a specific training that allows MRC volunteers to sort the supplies of a POD training to learn what we will have to work with in the event of needing to set-up a POD. It is important that all volunteers know what resources the MRC has to protect our community. While we recommend this training to all MRC volunteers, it is particularly recommended to those interested in logistics and management.

MEETINGS

Pierce County MRC holds general meetings **quarterly**. While we understand that volunteers are very busy, we highly recommend and request that every volunteer make a strong effort to attend these meetings.

Meeting agendas will be sent out within one week of the meeting for prior review. Meeting topics vary greatly, and include anything from updates from the leadership council, discussion of upcoming risks for disasters, reviews of prior incident responses, updates on upcoming community events, and more.

Please make sure to look over the MRC calendar for meeting times:

<http://www.piercecountymrc.org>.

EMERGENCY RESPONSE

Responding to emergencies is the primary mission of the Pierce County MRC. As reflected in our vision, we strive to be a premier response organization, prepared to provide effective and quality response medical services.

ACTIVATION

Activating volunteers is the first step for an MRC response to an incident, and it includes the following events at the state level:

- 1) The State of Washington recognizes the incident and declares a state of emergency, assigning the incident a mission number
- 2) The Tacoma Pierce County Health Department is notified of incident.
- 3) Medical personnel at the Health Department determine the need for staffing resources and make a request for staffing resources to the state Emergency Operations Center (EOC). Other agencies, if they are in need of medical services, also notify the EOC of their need.
- 4) The state EOC contacts the Pierce County MRC Coordinator or the Operations Section Chief and tells him how many volunteers are needed, what type of volunteers are needed, for how long, and for achieving what tasks.

At that point, the MRC Operations Chief retrieves a report from the database based on the type of volunteer needed and begins calling volunteers by telephone until the number of needed volunteers is reached.

When an incident occurs, you should:

- 1) Check that your family and home are safe.
- 2) Make sure your phones work.
- 3) Listen to the radio (FM 97.3)
- 4) Wait for the activation call.
- 5) Follow instructions.

If phones are not working:

- 1) Check that your family and home are safe.
- 2) Listen to the radio for information and instructions (FM 97.3).
- 3) Use your judgment; consider going to the Tacoma-Pierce County Health Department (Auditorium). You will receive an assignment there if you are needed. If the phones are not working, chances are the incident is severe enough that volunteers are needed.
- 4) Don't travel if it is not safe!

After you have been assigned:

- 1) Don't travel if it's not safe.
- 2) Dress in layers and wear comfortable shoes.
- 3) Bring snacks/drinks for 24 hours.
- 4) Check in upon arrival.

- 5) For many incidents upon your arrival at your assigned site, you will then receive a "Just-in-Time- Training" (JITT) that will include your job duties and responsibilities, and an overall briefing of the incident and ICS structure.
- 6) Please be patient and flexible.

MRC RESPONSE DUTIES

The primary purpose of the Pierce County MRC is to be prepared to respond to local incidents with quality medical services. We hope we can help mitigate the damage caused by catastrophic incidents to the families in our community, by being trained to handle a range of response responsibilities, from mass vaccination to sheltering. This section outlines the response responsibilities that every volunteer should be familiar with.

Point-of-Dispensing (POD)

A Point-of-Dispensing site is a location where medicine or vaccine is given to large numbers of people. A POD can be open to the public or provide services to only specific groups (e.g. first responders). In general, there are two types of PODs: those which dispense prophylactic medications (a mass dispensing POD) and those which administer vaccinations (a mass vaccination POD). Both types, however, operate according to the same principles and management systems. The most likely incidents which would require us to operate a POD are an influenza pandemic or other outbreak of a communicable disease, or a terrorist attack of a biological or chemical agent (e.g. plague, anthrax, and tularemia).

The operation of PODs is a major role of the MRC, and it is important for every volunteer to be familiar with POD operation principles. We offer two training sessions that allow MRC volunteers to become more familiar with this process: the standard POD training and the POD trailer and supplies training. We highly recommend all volunteers to attend.

Alternate Care Facilities

In a catastrophic public health event, whether a disease outbreak, terrorist attack or earthquake, the resulting flood of victims will overwhelm our community's healthcare system. Pierce County has implemented a four-tiered response to address this lack of capacity to deal with a major medical surge.

The roles of each Tier in addressing community needs are as follows:

- Pre-Tier 1: EMS response, public health information disclosure, and nurse advice hot lines.
- Tier 1: Outpatient clinics, involving triage, outpatient care and referrals.
- Tier 2: Alternate Care Facilities, involving acute and palliative care provided at non-medical facilities.
- Tier 3: Hospital Care, reserved for the most critically ill with favorable outcomes.

Two of the tiers – Tiers 1 and 2 – will be Alternate Care Facilities (ACFs). Depending on the specific situation causing mass casualties, the ACFs may be used to:

- Provide delivery of ambulatory or chronic care
- Offload less ill patients from nearby hospitals, thereby increasing the hospitals' surge capacity
- Provide primary victim care at a standard appropriate for the resources available
- Provide quarantine, sequestration, or cohorting of "exposed" patients
- Provide palliative care

MRC volunteers should be ready to support any of the above missions, as applicable per license and skill level.

Federal Coordination Center

Joint Base Lewis - Madigan Medical Center will serve the role of an Army Federal Coordination Center (FCC). When the medical infrastructure of a disaster-stricken area from around the country is overwhelmed, patients from those areas will be flown to the Joint Base Lewis - McCord. Upon landing, patients undergo an immediate military triage and the most critical patients are immediately sent to a local hospital. A second triage will determine the medical needs of the remaining patients, and patients will be sent to the appropriate location, either to a local clinic, community shelter, or long-term care facility. The Pierce County MRC plays a crucial role in this process by providing support and staff to the second triage process.

Shelters

Pierce County MRC is becoming more active in responding to disasters by supporting community shelters, particularly those shelters that will be housing vulnerable populations such as those medical needs or the evacuees of a clinic or nursing home. While the MRC will never set-up and support a shelter entirely on its own, MRC volunteers may be requested to support staff from a variety of different agencies in the community.

Other

There are a variety of additional ways that Pierce County MRC volunteers are involved in disaster response. These vary by disaster and typically involve general support for the public health system. Examples of responses include: providing staffing to overwhelmed hospital systems, playing a role in coordinating the overall response, or assisting with post-disaster health assessments.

NIMS & ICS

The Pierce County MRC is a National Incident Management System (NIMS) and Incident Command System (ICS) compliant agency. This means that we require all MRC volunteers to complete the FEMA courses IS-100 and IS-700. As with every response around the county, we will use the principles of NIMS and ICS in every response we are involved with. It is crucial that every MRC volunteer is proficient in using these two systems.

NIMS is a comprehensive, national approach to managing an incident. It is applicable across all jurisdictions and functions, and is flexible enough to be used across a wide range of types of incidents. NIMS oversees and is the authoritative system over several other incident structures, including preparedness planning, resource management, management (ICS), communications, and supporting technology.

ICS is a proven, all-hazards management system based on the best practices of a number of different companies. Features of ICS include the use of a strict span of control, the use of common terminology, the use of common facilities, the reliance on "incident action plans", and the implementation of integrated communications.

Span of Control: No supervisor can have fewer than 3 or more than 7 supervisees. Organization should expand and contract as needed.

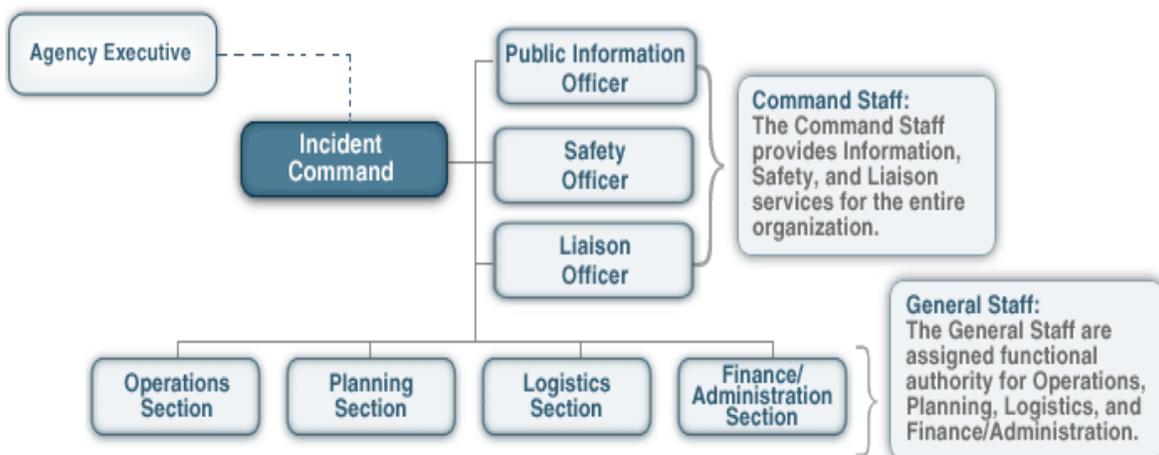
Common Terminology: Clear text, no use of acronyms or codes. Standardized organizational functions, job descriptions and titles, resource descriptions and incident facilities.

Incident facilities: Includes the incident command post, staging areas, helispots/helibases and emergency operations centers (EOC's).

Incident Action Plans: Uses the principle of "management by objectives."

Modular Organization: ICS expands from the top down, only filling positions that are needed. Each individual reports to only ONE supervisor.

ICS STRUCTURE OUTLINE:



MENTAL HEALTH

Incident responding can be physically and emotionally exhausting. If at any time during an incident response you feel so stressed that it is affecting your performance, it is important that you talk with someone. The Pierce County MRC actively recruits mental health professionals, such as psychologists, social workers, chaplains and psychiatrists, and counselors for this reason.

To learn more about mental health during disasters, and how to help yourself and others in this regard, we encourage you to attend the Psychological First Aid training.

JURISDICTIONS

The Pierce County MRC is a local response organization; our focus is on assisting Pierce County. However, there may be times in which other areas in Washington require greater assistance than their local MRC unit can provide. In this case, the MRC Coordinator will review each request and activate accordingly.

The occurrence of a national deployment will be rare, but if we do receive a request for assistance, the MRC Coordinator will review and activate if deemed necessary and appropriate for our unit. However, since Pierce County MRC volunteers will no longer receive the liability assistance provided by Washington State **in this instance, each volunteer must deploy at their own risk and discretion.**

STRATEGIC NATIONAL STOCKPILE

The Strategic National Stockpile is an operation of the Centers for Disease Control (CDC) and is defined by the CDC as having "large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake and earthquake) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible." (<http://www.bt.cdc.gov/stockpile/>).

PERSONAL AND FAMILY PREPAREDNESS

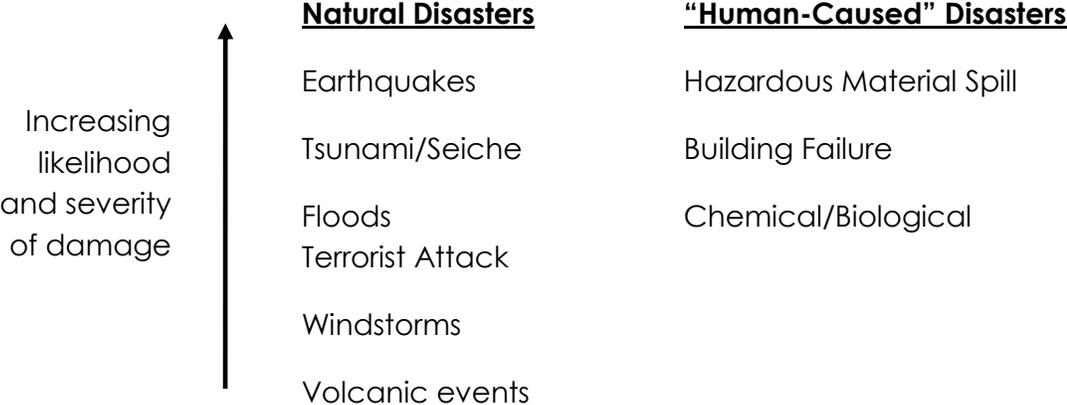
WHY PREPARE

You and your family's safety is the number one priority of the Pierce County MRC, and the best way to keep your family safe and mitigate the damage caused by disasters is to be prepared. In this section, we provide tips for ensuring your family is prepared to deal with an incident when it strikes.

There are a number of reasons why it is important to be prepared, but please consider the following:

- Disasters often come without warning
- You may be forced to go days or weeks without basic necessities and/or you may have to evacuate your home
- You may not have the assistance of emergency/relief workers immediately
- You can drastically reduce the danger and stress your family may face
- The more prepared you are to protect your family, the more available you will be to respond and help your community.
- The first step in preparing for disasters is learning what types of disasters you and your family are at risk of experiencing in the area in which you live. Please consider the following diagram which outlines the most likely and the most severe types of disasters that Pierce County might face:

KNOW YOUR RISKS



DISASTER SUPPLY KIT & PLAN

Your supply kit should include:

- At least 3 days (2-6 weeks preferential) of non-perishable food and supplies
- Enough water for 1 gallon per person per day.
- **Think basic:** food, water, medications
- **Think creative:** can openers, sanitary supplies (moist towelettes, toilet paper, etc.), batteries, flashlights, tools, weather radio, first aid supplies, plastic wrap, duct tape
- Stockpile supplies that will be useful for all sorts of disasters
- Remember to add supplies for your pets!
- Your kit (or parts of it) should be easy to carry/move in case you are asked to evacuate

For an entire list of recommended disaster kit contents, please visit the following websites: <http://www.ready.gov/america/getakit/index.html> or <http://www.redcross.org>

The Pierce County MRC recommends that you work with your family to accomplish the following tasks:

- Discuss local disaster risks (see above)
- Identify an out-of-area emergency contact person
- Identify two meeting places: 1) Within close vicinity of your home/neighborhood, 2) Outside of your area in case your neighborhood is inaccessible or you have been told to evacuate
- Determine where you would go if you were asked to evacuate, and how would you get there
- Make plans for your pets! (i.e. determine a local pet-friendly hotel to be your relocation site)
- Ensure everyone knows the emergency plans at their school, work, daycare, etc.
- Conduct drills to practice using the identified routes to get to your meeting place

DISASTER SPECIFIC TIPS

Earthquake

There are a number of important steps you need to take before, during and after an earthquake. We encourage you to consider the following:

Before an earthquake strikes:

- Know how to turn on and off your home's heat and water pipes in case this is necessary.
- Ensure that all heavy items and furniture are fastened tightly to your walls. This is a cheap and easy measure – buy the tools at any local hardware store.
- Have your home inspected by a contractor to ensure your home's foundation is secure.

During an earthquake:

If you are inside a building: stay inside, move close to a wall, get under heavy tables/desks, protect your head with your arms and stay away from windows.

If you are outside: try to move to a clear area; if this is impossible, duck underneath a doorway.

After an earthquake:

- Be prepared for aftershocks
- Help others as possible
- Watch for broken glass
- Use telephones for emergencies only
- Stay out of damaged buildings
- Turn off gas, electric, and water at home
- Listen to radio for emergency bulletins.

Flooding

Flooding is a very common disaster in the Pacific Northwest, and we should all be aware of how best to deal with this type of incident.

The first important thing to know about flooding is the difference between a **“watch”** and a **“warning”**.

A “watch” means that flooding may be on its way, that the conditions are such to support the occurrence of a flooding incident.

A “warning” means that a flooding incident is currently occurring.

When a flood “watch” or “warning” is in effect, make sure to monitor radio broadcasts (FM 97.3) for important information. If you are asked to evacuate, please do so. Stay out of flooded structures and never try to walk or drive across a flooded area.

Communicable Disease

A communicable disease could strike at any time. In the case of a communicable disease outbreak, it is important to pay close attention to public health notices, wash your hands frequently, cover your coughs with your sleeve, avoid touching your face and mouth, and make sure to get plenty of fluids and rest.

Hazardous Material Incident

The most recommended way to deal with a hazardous material incident is referred to as the **“Shelter in Place” method**. This method instructs to immediately bring yourself, your family, and your pets indoors. (Never try to drive through a gaseous plume or chemical spill.) Once indoors, turn off all air circulation systems, and take your disaster supply kit to a central area in the home for your family to remain. You might be there for several hours to even a couple of days, so it is recommended that you choose one room with access to a bathroom. Close all windows and doors, and using the Seran wrap and tape, create a tight and secure seal around the borders of any opening (doors, windows). Listen to the radio for emergency bulletin updates, and remain indoors until you are instructed that it is safe to leave.

Local Emergency Information: KIRO 97.3 FM

COMMUNITY OUTREACH

While the primary purpose of the Pierce County MRC is to respond to local incidents, we believe it is important to give back to the community in a variety of ways. When we are not preparing for and responding to disasters, we are involved in a number of community events and outreach efforts such as providing first aid at the Seattle to Portland bike ride or providing vaccinations to the homeless at Project Homeless Connect.

PROJECT HOMELESS CONNECT

Pierce County Project Homeless Connect is a one-day, annual event held at the Tacoma Dome that is aimed at providing an array of services to people experiencing homelessness in Pierce County. The services provided include: medical care, dental care, veteran's services, social/benefits services, haircuts, flu and hepatitis vaccinations, mental health and chemical dependency counseling, vision care, HIV testing, employment resources, and more.

Pierce County PHC occurs every October. We will begin staffing people to volunteer for this event the summer prior.

FIRST AID AT COMMUNITY EVENTS

Pierce County MRC volunteers have been involved in a number of community events by staffing first aid booths. Examples of such events include the Tacoma Tall Ships event and local Breast Cancer Awareness/Fundraising Walks. Requests for such involvement are presented by a variety of different agencies and throughout the year.

Adult and Pediatric Immunization Clinics

Pierce County MRC offers immunization clinics for adults at several locations in the county such as food banks and senior centers. The MRC supports in-school flu clinics which aim to protect children and decrease rates of truancy in low-income schools.

FREE CHRONIC CARE CLINIC

Tacoma has a free chronic care clinic, housed at a local food bank. The targeted population includes the low-income, uninsured residents of Pierce County. The clinic focuses on providing care for chronic illnesses. The clinic is open once a week, on Wednesday evenings.

The Pierce County MRC does not manage and operate this clinic; rather we provide support medical staffing. If you are interested in volunteering, please contact Janet Runbeck, MRC volunteer and clinic manager, at janetrnbeck@gmail.com,

OTHER COMMUNITY REQUESTS

Upon the request of MRC participation in any other community event, the MRC Coordinator will carefully determine if the involvement is within our unit's scope of practice and will coordinate accordingly.

SUPPORT, AWARDS, RECOGNITION

The Pierce County MRC likes to honor and recognize the hard work and dedication of its volunteers; our group of dedicated volunteers is what gives strength to our organization and we could not meet our objectives to keep our community safe and healthy without them. We honor volunteer service through the following ways:

NEWSLETTER SPOTLIGHT

In each issue of the HAZARD we recognize 1-3 outstanding volunteers. The "Spotlight" includes a photo and brief biographical information. This not only recognizes volunteers for their service, but it also allows volunteers to learn more about each other. The newsletter also contains information pertaining to community events, meeting dates, and training dates or opportunities.

LETTERS OF RECCOMENDATION

We like to honor our volunteers by accepting requests for letters of recommendation; though we only consider requests to write letters for volunteers who have completed the basic requirements for leadership and have been volunteering for over 6 months. We reserve the right to decline writing a letter of recommendation in any case.

GLOSSARY

This glossary was adapted from a federal website.

Actual Event: A disaster (natural or man-made) that has warranted action to protect life, property, environment, public health or safety. Natural disasters include earthquakes, hurricanes, tornadoes, floods, etc.; man-made (either intentional or accidental) incidents can include chemical spills, terrorist attacks, explosives, biological attacks, etc.

All Hazards: Any incident caused by terrorism, natural disasters, or any chemical, biological, radiological, nuclear, or explosive (CBRNE) accident. Such incidents require a multi-jurisdictional and multi-functional response and recovery effort.

Area Command, Unified (UAC): An organization established (1) to oversee the management of multiple incidents that are each being handled by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multi-jurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an incident command post.

Assignments: Tasks given to resources within a given operational period that are based on operational objectives defined in the IAP.

Available Training Facilities: locations that are readily and immediately available to be utilized for NIMS training.

Available Resources: Staging area resources assigned to an incident, checked in, and available for a mission assignment.

CDC: The Centers for Disease Control is part of the US Public within the US Department of Health and Human Services, Washington, DC.

Community Emergency Response Training: Emergency Management training of non-medical community members in crisis response. Like, SCMRC, this is a part of the Citizens Corp, Federal Emergency Management Agency.

Chain of Command: A series of command, control, executive, or management positions in hierarchical order of authority.

Check-In: The process through which resources first report to an incident. Check-in locations include the incident command post, Resources Unit, incident base, camps, staging areas, or directly on the site.

Command Staff: In an incident management organization, the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Communications Unit: An organizational unit in the Logistics Section responsible for providing communication services at an incident or an EOC. A Communications Unit may also be a facility (e.g., a trailer or mobile van) used to support an Incident Communications Center.

Coordinate: To advance systematically an analysis and exchange of information among principals who have or may have a need to know information to carry out specific incident management responsibilities.

Critical Infrastructure: Systems and assets, whether physical or virtual, so vital to the county that the incapacity or destruction of such systems and assets would have a debilitating impact on security, economic security and/or public health.

Disciplines: A group of personnel with similar job roles and responsibilities. [e.g. law enforcement, firefighting, Hazardous Materials (HazMat), Emergency Medical Services (EMS)].

Dispatch: The ordered movement of resources to an assigned mission or an administrative move from one location to another.

Emergency: any incident(s), human-caused or natural, that requires responsive action to protect life or property. A Presidential emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety.

Emergency Incident: An urgent need for assistance or relief as a result of an action that will likely lead to grave consequences.

Emergency Operations Plan: The plan maintained by various jurisdictional levels for managing a wide variety of potential hazards.

Emergency Public Information (EPI): Information that is disseminated in anticipation of, or during an emergency. It provides situational information or directs actions to be taken by the general public.

Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Event: A planned, non-emergency activity.

Exercise: Exercises are a planned and coordinated activity allowing homeland security and emergency management personnel from first responders to senior officials to demonstrate training, exercise plans, and practice prevention, protection, response, and recovery capabilities in a realistic but risk-free environment. Exercises are a valuable tool for assessing and improving performance, while demonstrating community resolve to prepare for major incidents.

Federal Emergency Management Agency (FEMA): part of Department of Homeland Security.

Flexibility: A principle of the NIMS that provides a consistent, flexible, and adjustable national framework within which government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location, or complexity. This flexibility applies across all phases of incident management: prevention, preparedness, response, recovery, and mitigation.

Grantee: A person/group that has had monies formally bestowed or transferred.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Improvement Plan: The After Action Report documents the performance of exercise related tasks and makes recommendations.

Incident: An occurrence or event, natural or human-caused that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wilderness and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

Incident Command System (ICS): A standardized on-scene emergency management system which provides for the adoption of an integrated organizational structure. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies, and is applicable to small as well as large and complex incidents.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Incident-Specific Hazards: Anticipated events that may or may not occur that require coordinated response to protect life or property, e.g., pandemic flu, avian flu, etc.

Interoperability and Compatibility: A principle of the NIMS that holds that systems must be able to work together and should not interfere with one another if the multiple jurisdictions, organizations, and functions that come together under the NIMS are to be effective in domestic incident management. Interoperability and compatibility are achieved through the use of such tools as common communications and data standards, digital data formats, equipment standards, and design standards.

Lessons Learned: Knowledge gained through operational experience (actual events or exercises) that improve performance of others in the same discipline.

Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Major Disaster: Any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts of non-federal entities.

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be

implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, flood plain buy-outs, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

Mobilization: The process and procedures used by all organizations-state, local, and tribal-for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

National Incident Management System (NIMS): A system that provides a consistent nationwide approach for state, local, and tribal governments; the private-sector, and non-governmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among state, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. **NIMS Standard Curriculum:** A curriculum designed to provide training on the NIMS. This curriculum will be built around available federal training opportunities and course offerings that support NIMS implementation. The curriculum also will serve to clarify training that is necessary for NIMS-compliance and streamline the training approval process for courses recognized by the curriculum. Initially, the curriculum will be made up of NIMS awareness training and training to support the Incident Command System (ICS). Eventually it will expand to include all NIMS training requirements including training established to meet national credentialing standards (newsletters, letters, etc.), email, or other established methods (e.g., broadcast media).

Plain Language: Common terms and definitions that can be understood by individuals from all responder disciplines. The intent of plain language is to ensure the clear and accurate communication of information during an incident.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Public Information Officer (PIO): A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements. The processes, procedures, and systems for communicating timely and accurate information to the public during crisis or emergency situations.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, non-governmental, and public-assistance programs to provide housing and to promote restoration;

long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.

Safety Officer: A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

"SPAN" Disaster teams: If you have an interest and opportunity to bring preparedness to the attention of your neighbors, this will help you be available for the broader SCMRC needs in emergencies. Your neighbors may wish to consider basic preparation for:

- Communications. Take advantage of amateur radio operators to establish links between the neighborhood and the city emergency operations center.
- Damage Assessment. Assess and document damage.
- First Aid. Establish a neighborhood first aid station to provide basic first aid.
- Safety and Security. Check for fires, turn off natural gas, rope off downed electrical lines, and remove debris.
- Light Search and Rescue. Perform simple searches of homes and rescues or gets help for neighbors who may be trapped.
- Sheltering Special Needs. Establish a care center for children whose parents may not be home and for anyone who may need extra care, including seniors and people with special needs. Your family and neighbors can also check the web for "SPAN Disaster Teams" which describe neighborhood preparation.

Span of Control: The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

Standard Operating Procedures (SOPs): A complete reference document that details the procedures for performing a single function or a number of independent functions.

Standardization: A principle of the NIMS that provides a set of standardized organizational structures such as the Incident Command System (ICS), multi-agency coordination systems, and public information. It also provides requirements for processes, procedures, and systems designed to improve interoperability among jurisdictions and disciplines in various area, including: training; resource management; personnel qualification and certification; equipment certification; communications and information management; technology support; and continuous system improvement.

Standardized Terminology: commonly accepted language that is consistent with policies, plans, or procedures in the NIMS and NRP to facilitate multi-agency, multi-disciplinary or multi-jurisdictional communications during an incident.

Strategic: Strategic elements of incident management are characterized by continuous long-term, high-level planning by organizations headed by elected or other senior officials. These

elements involve the adoption of long-range goals and objectives, the setting of priorities; the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness.

Strike Team: A set number of resources of the same kind and type that have an established minimum number of personnel.

Terrorism: Under the Homeland Security Act of 2002, terrorism is defined as activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources and is a violation of the criminal laws of the United States or of any State or other subdivision of the United States in which it occurs and is intended to intimidate or coerce the civilian population or influence a government or affect the conduct of a government by mass destruction, assassination, or kidnapping.

Threat: An indication of possible violence, harm, or danger.

Training: Specialized instruction and practice to improve performance and lead to enhanced emergency management capabilities.

Training Curriculum: A course or set of courses designed to teach personnel specific processes, concepts, or task-oriented skills.

Tribal: Any Native American tribe, band, nation, or other organized group or community (including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act) that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Unified Area Command (UAC): A Unified Area Command is established when incidents under an Area Command are multi-jurisdictional. (See Area Command.)

Unified Command (UC): An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single IAP. Unit: The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

Unity of Command: The concept by which each person within an organization reports to one and only one designated person. The purpose of unity of command is to ensure unity of effort under one responsible commander for every objective.

Volunteer: For purposes of the NIMS, a volunteer is any individual accepted to perform services by the lead agency, which has authority to accept volunteer services, when the individual performs services without promise, expectation, or receipt of compensation for services performed.

WAHVE: Washington State Registry for Volunteers. This differs from SCMRC