

# Welcome

to the

# Jefferson County Medical Reserve Corps



## *Thank you* for contributing your skills to our community!

Please keep this volunteer handbook for your reference. It contains helpful information, policies, and procedures you will need to be an effective MRC volunteer.

Please return this handbook to the MRC coordinator in the event you no longer volunteer with the Medical Reserve Corps.

If you have any questions, concerns, or requests as a volunteer, please contact:

Keith Jeffers

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Jefferson County Emergency Management Department
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## **Volunteer Manual**

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## **General Information**

#### Mission Statement

The mission of the Jefferson County Medical Reserve Corps is to provide volunteer medical, mental health, and other support during local emergencies, and to promote health and wellness in the community.

#### What We Do

The Medical Reserve Corps provides an opportunity for volunteers with medical skills, mental health skills and a variety of other specialties to provide support during an emergency in Jefferson County.

The Medical Reserve Corps (MRC) is a component of Citizen Corps, under the USA Freedom Corps initiated by President Bush. In 2001, the President called for all local citizens to serve in their communities, devoting 4,000 hours of time in volunteer service to others. The volunteers are local citizens, who will devote their time and effort to their local community.

MRC volunteers are used in two capacities: Emergency and Non-emergency.

Public Health Emergencies: Medical Reserve Corps volunteers will be available to support medical and mental health personnel during a public health emergency in our community such as:

- Mass vaccination or pharmaceutical distribution clinics
- Disease outbreak investigations
- Other emergencies involving public health as appropriate.

Events/activities: Medical Reserve Corps volunteers will be available as supporters of public health in the community. Volunteers may assist with events and activities such as:

- Flu clinics
- Health fairs
- Health screenings
- Immunization campaigns

Education: MRC volunteers can also provide community and patient education on a variety of health-related topics based on volunteer expertise.



## The Divisions of the Jefferson County Medical Reserve Corps

**Division One –** Division One MRC volunteers would be those volunteers who are interested in being used for emergencies and also being a bigger part of the program. The division one volunteer would participate in trainings, classes, and exercises that prepared the volunteer for actual emergencies as well as holding leadership or advisory roles within the MRC. The division one volunteer is also interested in being called for non-emergency events such as diabetes and blood pressure screenings, recruiting booths or health fairs.

**Division Two –** Division Two MRC volunteers are only interested in being trained and available for emergency events such as flu pandemic or disease outbreak. They are interested in being used for emergencies only. They would participate in trainings, classes, and exercises that prepared the volunteer for actual emergencies but are not interested in taking a more active role. They do not wish to be called to participate in non-emergency events such as diabetes screenings, health fairs or blood pressure checks. If a Division Two volunteer does assist in a non-emergency event, this does not automatically make them a Division One volunteer. Division choice is based on the volunteer's wishes.

**Inactive Reserve –** This level is not actually an MRC level. This would be a list of names and the contact information of persons who have expressed an interest to assist in case of a public health emergency. Their license or certification would be verified with the appropriate board. These individuals would not be a part of the MRC and would not receive any pre-event training. These would be persons for whom just in time training would need to be provided. This list would be compiled and maintained by the health department. These people may or may not participate in exercises such as Flu-X. These would be potential MRC volunteers if they expressed an interest to become more involved.



#### **VOLUNTEER GOALS AND OBJECTIVES**

To be considered *active* status as an MRC volunteer, you must meet the following Goals and Objectives:

#### **Goals of MRC Volunteers:**

- Complete an application and the interview/review process within 3 months of becoming a Volunteer.
- Attend the required training sessions when scheduled.
- Attend non-required training opportunities when possible.
- Attend at least two (2) of the quarterly volunteer meetings per year.
- Participate in training exercises (1-2 per year).
- Contribute time to a minimum of one non-emergency activity per year.
- If you are currently licensed, maintain licensure (or notify MRC coordinator if the license has expired).
- Keep your information updated for the MRC database.
- Respond when requested during any disaster or public health emergency if available.

#### **Advantages for Active MRC Volunteers:**

- Satisfaction from serving the community in times of emergency and improving community health.
- Training opportunities with the possibility of CEU's.
- In a declared public health emergency, priority prophylaxis (vaccinations or pharmaceuticals) will be made available for MRC volunteers and their immediate family members.
- Opportunities to develop skills and gain experience in a variety of public health areas.
- Opportunities for volunteer input and initiative in developing public health service projects within your area of expertise and interest.

#### **Responsibilities of Volunteers**

- Volunteers are responsible for reading, understanding, and complying with the Medical Reserve Corps' mission, policies, and procedures.
- Volunteers are responsible for understanding the nature of their volunteer position and accepting its responsibilities and duties.
- Volunteers commit to attend scheduled meetings, orientations and required trainings, and stay up-to-date on relevant communications.
- Volunteers commit to follow-through diligently on tasks that they accept or are assigned, and to intelligently follow instructions given by their supervisor during a public health emergency, and during non-emergency work.
- Volunteers commit to keep all patient information confidential, referring requests for information to their supervisor; volunteers may share information only when authorized to do so.



- Volunteers WILL NOT\_act as official public representatives of the Medical Reserve Corps or the Jefferson County Health Department (unless their volunteer position is as a public information contact.)
- Volunteers commit to responding to a call for assistance in a timely manner. In the
  event of a public health emergency, volunteers need to be available to report to an
  emergency clinic within 2 hours of receiving the call for assistance.

#### Resignation

- If their ability to volunteer with the Medical Reserve Corps is compromised at any time, or a volunteer is unable to continue with the MRC, the volunteer can resign by submitting a resignation letter to the Volunteer Coordinator.
- Volunteers will turn in identification badges and orientation manuals at the time of resignation.
- Jefferson County MRC Coordinator / Jefferson County KS Public Health reserves the
  right to remove any Volunteer at any time for the best interests of the MRC or Jefferson
  County Public Health without advance notification. Volunteers may be asked to leave
  an incident without advance notice.

#### **Volunteers Can Expect:**

- 1. To be informed of the Jefferson County Medical Reserve Corps' mission, goals, and of the way the organization intends to use the volunteer's time.
- To have access to the MRC coordinator.
- 3. To receive appropriate acknowledgment and recognition.
- 4. To be assured that information about them is managed with respect and with confidentiality to the extent provided by law.
- 5. That all relationships with individuals connected with the Medical Reserve Corps will be professional in nature.
- 6. To feel free to ask questions and to receive prompt, truthful and forthright answers.
- 7. To be given adequate orientation and training.



#### **VOLUNTEER TRAINING AND REQUIREMENTS**

In order to maintain "active" status, a volunteer must attend **required** training sessions:

#### Required training:

#### Volunteer Orientation

- For all new volunteers
- Includes background, policies, and other information regarding specific responsibilities.
- Volunteers will receive HIPPA Awareness training.
- Time approximately a 90 minute class
- Obtain Accountability Identification Card

#### First Aid/CPR Certification and Stop The Bleed

- For all volunteers (Volunteers with a current medical license are exempt from this requirement.)
- Schedule to be arranged as needed.
- CPR / First Aid Time approx. 3 ½ hours
- Stop The Bleed Certification 1 hour.

Incident Command Training (IS-700), (IS-100), (IS-800), (IS-200), optional (IS-288), (IS-26) or (AWR-324)

- For all volunteers
- Information about the command structure of an emergency and the National Incident Management System (NIMS)
- Register for KS-Train account. <a href="https://ks.train.org">https://ks.train.org</a>
- Take online training courses available free, online as a self-study at <a href="https://www.train.org/ks/course/1078831">https://www.train.org/ks/course/1078831</a> (IS-700.B) National Incident Command System

https://www.train.org/ks/course/1078825 (IS-100.C) Introduction to Incident Command https://www.train.org/ks/course/1084004 (IS-200.C) Basic Incident Command https://www.train.org/ks/course/1091330 (IS-800.D) National Response Framework https://www.train.org/ks/course/1017010 (IS-26) Guide to Points of Distribution https://www.train.org/ks/course/1050129 (AWR314) Medical Countermeasures Awareness

https://www.train.org/ks/course/1060453 (IS-288) Voluntary Organizations https://www.train.org/ks/course/1047429 HIPAA Awareness – Module 1 https://www.train.org/ks/course/1072478 HIPAA Allowable Disclosures – Module 2 https://www.train.org/ks/course/1072486 HIPAA Right to Access – Module 3

Classroom options may be scheduled.

#### Family Preparedness Plan or IS-22 Are You Ready

- For all volunteers
- http://www.training.fema.gov?EMIWeb/IS/is22a.asp

#### Just-In-Time Emergency Training

- For all volunteers
- During an emergency, volunteers will receive just-in-time training for the role they will be asked to perform.
- Time will be given "just-in-time" and will include HIPPA Awareness.



#### **Drills/Exercises**

- All volunteers are encouraged to participate as much as possible.
- Volunteers will be given notification of exercises when scheduled, and the time commitment involved.

#### **Volunteer Semi-Annual Meetings**

These meeting are important to attend, as volunteers will be provided:

- Updated information about program events, activities, and training
- Training and education from special speakers on topics related to emergency preparedness, Bioterrorism, and other issues pertaining to disasters and health.

#### **Optional Training**

There will be opportunities for volunteers to participate in training that interests them and will help build their skills. These will be offered and advertised throughout the year.

#### **Deployment Out Of County**

There may be opportunities for volunteers to be deployed out of the county area as a response team to share their skills where other locations have an emergency situation that our volunteers are able to provide support. The Coordinator will notify the MRC Volunteers to ascertain who is available and details will be provided as to locations, duration of deployment and other information before the Volunteers will be confirmed.

The deployment phase starts after an emergency occurs, includes steps to activate volunteer and prepare them for an identified response mission, and identifies responsibilities during a deployment.

If a Jefferson County Kansas MRC Team is deployed out of the County, a Team Leader will be designated and information will be coordinated through the Emergency Management Office of Jefferson County, Kansas.

#### Local vs. Non-Local Response Levels 1, 2, 3 or 4:

Local responses are managed through the jurisdiction's emergency management agency in accordance with local emergency response plans. MRC Volunteers may be called upon to help support their local response plans. In some cases, MRC Volunteers may be asked to support an emergency response outside of their local jurisdiction as part of a mutual aid agreement or through the Emergency Management Assistance Compact (EMAC) system.

#### Kansas MRC Volunteer Tier Levels for Local and State Deployment:

See the chart below:



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KS MRC Level	Deployable	Description	Minimum training required of all KS MRC Members:
MRC Level 1	• EMAC/Fe deral • Intrastate • Local	Level 1 Volunteers:  • Met the standards for Level 2  • Demonstrated experience in non- emergency activations or emergency deplo yments  • Capable of serving supervisory roles	Varies by MRC unit, please consult with your unit leader
MRC Level 2	• Intrastate • Local	Level 2 Volunteers:  • Met the standards for Level 3  • Demonstrated experience through training/exercises  • Demonstrated participation in unit activities and non-emergency events	IS-200 C <u>Basic Incident Command System for Initial Response</u> ID# 108 4004 IS-800 D <u>National Response Framework</u> , An Introduction ID# 1091330
MRC Level 3	- Local	Level 3 Volunteers:  • Met the standards for Level 4  • Limited training or participation in unit activities	IS-100 C Introduction to the holdent Command System ID# 1078825 IS-700 B Introduction to the National holdent Management System (NIMS) ID# 1078831 Personal & Family Preparedness ID# 1081145 Psychological First Aid or Mental Health First Aid ⅇ in theader for course details)
MRC Level 4	<ul> <li>Local surge response only</li> </ul>	Level 4 Volunteers: Registered with the MRC and completed minimum requirements to be deployable during a local emergency surge response	MRC Unit Orientation (or Just-In-Time-Training equivalent) & HIP AAtraining. Completed all required unit documents & background check

Each unit should add what is relevant as minimum training for each level according to their unit's training policy. This is to provide a standard across Kansas for partners to understand MRC capabilities.

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#### **VOLUNTEER CODE OF CONDUCT**

#### A volunteer shall:

#### **Ethical Conduct**

- Maintain high standards of moral and ethical conduct that includes self-control and responsible behavior. A volunteer must consider the physical and emotional well being of others and display courtesy and good manners.
- Avoid profane and abusive language and disruptive behavior including behavior that is dangerous to self and others including acts of violence, physical or sexual abuse, or harassment.
- Abstain from transport, storage and/or consumption of alcoholic beverages and/or illegal substances when performing volunteer duties.
- Abstain from illegal activity.
- Avoid conflict-of-interest situations and refrain from actions that may be perceived as such. Volunteers should reveal any potential or actual conflicts of interest as they arise.

#### Safety

- Put safety first in all volunteer activities.
- Respect and use all equipment appropriately.
- Follow all procedures to the best of your ability at all times.
- Promote healthy and safe work practices.
- Recognize and congratulate those volunteers who follow safe and caring practices.
- Take care of self and others.
- Report all injuries, illnesses, and accidents immediately to the appropriate people.
- Recognize that training is fundamental to everyone's safety.

#### Respect

- Respect the cultures, beliefs, opinions, and decisions of others although you may not always agree.
- Treat each other with courtesy, sensitivity, tact, consideration, and humility.
- Accept the chain of command and respect each other regardless of position.



#### CONFIDENTIALITY STATEMENT

I have been advised that except as needed to conduct the business of the day, medical information may not be discussed with anyone either inside or outside the Department.

I understand that the fact that someone has received services is also confidential medical information.

I also agree to respect and maintain the confidentiality of all discussions, records and information generated in connection with any Health Department business and to make no voluntary disclosure of such information except to persons authorized to receive it. In addition, I agree to keep confidential any discussions and/or information regarding any personnel matters/decisions.

I agree to abide by the Jefferson County Health Department policy on confidentiality in all volunteer activities related to the Medical Reserve Corps.

I understand that violation of this confidentiality statement may result in my removal from my volunteer position with the Medical Reserve Corps.

Date	Volunteer Signature	
	Print Volunteer Name	



## Jefferson County Health Department Medical Reserve Corps Volunteer HIPAA Confidentiality Agreement

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established Jefferson County MRC policies and procedures, individuals who may come in contact with patients, information, and records, whether medical, financial, or any other, whether electronic, written, or oral form, agree to safeguard and protect confidential information.

	I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited. I will not share or release any passwords.
	I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the MRC, its volunteers, and its patients/clients.
	I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal from the MRC and will be investigated and possibly reported to applicable federal and state authorities.
	I agree to safeguard all confidential information as required by HIPAA. Visit the HIPAA website at <a href="https://www.hhs.gov.ocr/hipaa">www.hhs.gov.ocr/hipaa</a> for further information.
	I will contact MRC administrators immediately if I believe any confidential information may have been compromised.
	I understand that I am to maintain this confidentiality agreement even if I leave the Medical Reserve Corps.
I acknow their tern	vledge that I have read the forgoing provisions and agree to abide by ns.
Print Nam	ne
Signature	
Date:	(HIPAA continued)



## MEDIA RELEASES AND PUBLIC SPEAKING

All requests for information from the media will be directed to the Medical Reserve Corps Coordinator, the Jefferson County Health Department Administrator, or in an emergency event, the Public Information Officer.

No volunteer of the Jefferson County Medical Reserve Corps will represent the MRC or the Jefferson County Health Department or provide information to the media without prior authorization from the Health Department Administrator, or designee.

Any media representatives will not be allowed to interview or photograph clients or patients without written permission from that individual. Parents and/or legal guardians must consent for all children/minors 18 years of age and younger.

Requests for speakers to conduct in-services and/or interviews should be forwarded to the Medical Reserve Corps Coordinator, the Health Department Administrator, or the county Public Information Officer, as appropriate.



## MEDIA RELEASE FORM

l,	, give m	y permission	for the Jefferson County
Health Department to utilize m	ny 🗆 <b>picture</b>	□ words	☐ <b>VOICE</b> (check all that apply)
so that it may be utilized by th	e Health Depar	tment and/or	approved media
representative in the following	manner (check al	I that apply)	
□ photograph □ \	/ideotape	□ audiota <sub>l</sub>	ре
□television/radio spot □publis	shed interview a	and/or article	
Check one only if applicable:			
I prefer to remain an	onymous (no n	ame or fictitio	us name)
I prefer that only my	first name be u	sed (no last n	ame)
Patients/Patrons/Employees/ choose. The Jefferson County			
The Medical Reserve Corps C explained this form to me, and			Department Director has
Signature		Date	
Jefferson County MRC or Health	Dept Represent	ative	
Please note: If patient/patron/emplosigned by parent or legal guardian.	oyee/volunteer is 1	8 years of age o	r younger, this form must be
Parent/Legal Guardian Signature			



#### **VOLUNTEER RISK**

The Jefferson County Medical Reserve Corps intends to mitigate and prevent risks to volunteers. Every attempt will be made to reduce risks to volunteers through training, education, and use of universal precautions. In addition, volunteers will only be matched to positions for which they have the skills and qualifications to fulfill safely.

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume their own risk as a volunteer. Any incidents, accidents or injuries should be reported to the Volunteer Coordinator immediately, so that appropriate steps can be taken to address any such occurrence.

#### **VOLUNTEER RISK SIGNATURE FORM**

I have read the Medical Reserve Corps policy on Volunteer Risk. I understand its contents and have had the opportunity to ask questions regarding my risk as a volunteer. I agree to assume my own risk as a volunteer and will report any incidents, accidents, or injuries immediately to the Medical Reserve Corps Coordinator.

Date	Signature	
	Print Name	
Witness	 Position	



## **Charitable Health Care Provider**

(insert form)



#### **BLOODBORNE PATHOGENS GUIDELINES**

**Bloodborne Pathogens** are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

In your work as a volunteer, it is possible that you may encounter situations where blood is present, either through a potential accident or the presence of a medical treatment area.

The safest approach is for everyone to practice "standard precautions." In other words, always treat blood or other body fluids as if they are contaminated, and take appropriate precautions.

#### Please observe the following guideline to protect yourself from bloodborne pathogens.

- Stay out of areas where blood is present as much as possible to avoid any exposure.
- If you encounter blood or other fluid spills, report it immediately and help keep people out of the area until it is cleaned up.
- If you are certified in First Aid, and/or choose to give aid to someone who is experiencing an emergency, always wear appropriate personal protective equipment available at the site including: latex gloves, mask, and splash shield for the face if applicable.
- Bandages, cloth, gloves, or other materials contaminated with blood must be immediately double bagged in labeled biohazard bas to be properly disposed.
- Immediately or as soon as possible after use, contaminated needles must be placed in appropriate labeled puncture proof containers.
- Never re-cap a used needle or pick one up with your hands. Use tongs or a broom and dust pan to dispose of fallen sharps.
- In areas where blood is present or medical treatment is being given you may not eat, drink, smoke, handle contact lenses or apply lip balm or cosmetics.
- If you are accidentally exposed to blood or other body fluids, <u>wash</u> the area of your body immediately with soap and running water and <u>report it immediately</u> to your group supervisor at the emergency site.

abide by the above guidelines for mine and others' safety.	
Name	Date

I have read and understood this information on bloodborne pathogens. I agree to

References: Occupational Safety & Health Administration www.osha.org; Centers for Disease Control www.cdc.gov



#### REPORTING INCIDENTS, ACCIDENTS, INJURIES OR COMPLAINTS

#### Incidents, Accidents, or Injuries

In case of an incident, accident, or injury (such as exposure to blood or bodily fluids, accidental cuts, or needle sticks, etc.), volunteers should follow all washing and decontamination procedures for the affected area and seek care from their healthcare provider. Volunteers should report all incidents, accidents, or injuries to the Volunteer Coordinator as soon as possible.

#### **Complaints**

If a volunteer wishes to voice a complaint (such as areas of needed improvement, harassment, or other grievances), the volunteer should contact the MRC Coordinator, who will follow the procedure below.

#### Action Taken for Incidents, Accidents, Injuries or Complaints

The MRC Coordinator will follow the Incident Reporting policy of the Health Department Operating Procedures Manual to address Consumer Issues or Consumer Physical Injury or Accident. To begin the process, the Volunteer Coordinator will:

- Gather information from the volunteer and others involved in the incident, accident, injury, or complaint as appropriate.
- Fill out the Incident Report form and forward the information to the appropriate authority to review



## **INCIDENT FORM**

(insert)



#### **DRESS STANDARD**

**Shirts:** Medical Reserve Corps volunteers will wear MRC logo shirt, whenever possible when performing volunteer responsibilities. This shirt will serve to identify the volunteer as a part of the Medical Reserve Corps. In the event the MRC shirt is unavailable, an appropriate, conservative shirt will be worn. One (1) MRC logo shirt will be provided at no cost to the volunteer. The MRC shirts should always be worn during volunteer events for the Medical Reserve Corps, both for emergency and non-emergency purposes.

**Other Clothing:** Medical Reserve Corps volunteers will wear clothing appropriate to the situation (weather and other conditions) and tasks assigned. Long pants will be preferred in order to minimize injury risk.

**Shoes:** Because MRC volunteers will often be working in a medical setting where there is the possibility of contact with bodily fluids, all volunteers must wear closed-toe, closed-heel shoes while volunteering. In the event of a public health emergency, all volunteers working in an emergency vaccination or pharmaceutical distribution clinic must wear closed-toe, closed-heel shoes to minimize risk. Volunteers must provide their own shoes.

#### **Identification Badges:**

Volunteers will be given a photo ID MRC badge to wear for all MRC activities, including non-emergency volunteering, training sessions, and quarterly meetings. Volunteers are responsible for keeping this name badge and immediately reporting if it becomes lost or stolen. Volunteers will return name badge to the MRC Coordinator when no longer a participant.



#### TRACKING VOLUNTEER HOURS

We request that MRC volunteers take special care to track their hours and turn in timely information to the MRC Coordinator. There are several reasons for keeping good records on volunteer efforts both for emergency and non-emergency events and activities:

- 1) The MRC federal grant requests a report on volunteer hours as part of our annual report.
- 2) To track progress and assure a quality volunteer program,
- 3) During a public health emergency County Emergency Management will need to keep track of human resource hours for cost assistance from state and federal governments,
- 4) During a public health emergency, logging volunteers will help us keep track of who is at the emergency site and what kind of shift rotation or additional human resources are needed.

#### **Important Procedures and Forms**

#### **Emergency Situations**

In the event of a public health emergency or disaster, MRC volunteers will be called up by phone to request their assistance. We request that volunteers be available to respond within two (2) hours of receiving the call. Volunteers will follow these procedures:

- 1) Volunteers will report to the designated reporting area specified by the MRC Coordinator. They should be appropriately attired (see Dress Standard policy) and carry a photo ID such as a driver's license along with their MRC photo ID.
- 2) Volunteers will log in by their name and the time they arrive and will be assigned to an emergency site. Volunteers may receive other identifying items such as vests or job badges.
- 3) Volunteers will report to their assigned site, clear security, and report to their supervisor. The supervisor will give the volunteer instructions.
- 4) At the end of the shift, the volunteer will report back to the designated reporting area to log out. The volunteer will complete the timesheet at this time.

#### Non-Emergency Volunteering

It is important to keep track of the hours you spend volunteering in the variety of opportunities available to improve public health. Volunteers should:

- 1) Record the hours they have spent volunteering on the volunteer timesheet, as well as any comments they have about the volunteer opportunity.
- 2) Turn the timesheet in to the MRC Coordinator at the end of each month.



#### DRUG-FREE ENVIRONMENT

The Jefferson County Medical Reserve Corps requires that all volunteers observe the Jefferson County mandate of a drug-free environment.

It is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance. Jefferson County prohibits such action by employees or volunteers while performing their tasks and activities. Volunteers must abstain from transport, storage and/or consumption of alcoholic beverages and/or illegal substances when performing volunteer duties.

Violation of the policy may result in the volunteer's removal from his/her positions with the Medical Reserve Corps.

#### **SMOKING POLICY**

Smoking is not permitted inside any Jefferson County building or inside any organization's facility where volunteers may work as part of the Medical Reserve Corps.

During a public health emergency and during non-emergency volunteer work, smoking is only allowed outside of facilities/buildings in appropriate designated areas.

#### TRANSPORTATION POLICY

Medical Reserve Corps volunteers are responsible for providing their own transportation to and from volunteer activities, in the event of an emergency and for non-emergency purposes.

Volunteers are not expected to pick up, drop off, and transport other volunteers in personal vehicles. Volunteers should never attempt to transport patients, clients, or their family members, even in the event the patient is experiencing a medical emergency. If a patient is experiencing an emergency, the volunteer should call 911 for emergency help and provide supportive care until professional help arrives.



#### JEFFERSON COUNTY SEXUAL HARASSMENT POLICY STATEMENT

The Board of County Commissioners of the County of Jefferson, Kansas intends to comply with the requirements of the Federal Guidelines of Title VII of the Civil Rights Act of 1964 as amended by the Civil Rights Act of 199 1, Section 1604. 11; the Kansas Act Against Discrimination, K.S.A. §§ 44-1001, *et seq.;* and all applicable rules and regulations. To that end, this policy sets forth the general requirements and procedures for employees in reference to sexual harassment.

To maintain a working environment free of sexual harassment, the county prohibits explicit or implicit, unwelcome verbal or physical conduct of a sexual nature. This zero tolerance policy and prohibition protects all employees without regard to whether the harasser is a County head of department, manager, supervisor, coworker, or an individual not employed by the County with whom the employee comes into contact in the course of his or her employment, Guidelines issued by the Equal Employment Opportunity Commission under title VII-of the Civil Rights Act of 1964 state the following:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is explicitly or implicitly made a term or condition of an individual's employment;
- Submission to or rejection of such conduct is used as the basis for employment decisions affecting that individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating; hostile, or offensive working environment.

Any person who believes he or she has been sexually harassed in violation of this prohibition is encouraged to report it immediately to the Human Resources Department. The Human Resources Department is authorized to take whatever remedial or preventive measures necessary to ensure that both the letter and the spirit of this policy are observed. Under no circumstances shall a head of department, manager or supervisor undertake an independent investigation. Retaliation against an employee who complains of sexual harassment will not be tolerated.

Sexual harassment is a sensitive issue subject to diverse interpretations. Through this philosophy of mutual respect, the County underscores to employees of all levels the seriousness with which it regards sexual harassment. By educating employees about the issues, emphasizing the importance of mutual respect, and accentuating the need for individual responsibility, the County wants to enhance its work environment in which employees and the County can best achieve their personal and collective goals.



#### **BACKGROUND CHECKS**

The Jefferson County Health Department and/or Medical Reserve Corps reserves the right to conduct a criminal history background check on any volunteer applicant. Background checks are conducted via the Kansas Bureau of Investigation (KBI), which reports criminal history on an individual. Background check results are kept confidential in accordance with the KBI guidelines for information use.

Because volunteers have the potential to work around medical supplies, technological equipment, children, and other vulnerable items/individuals both during emergency and non-emergency work, and because an MRC volunteer represents the Medical Reserve Corps and Jefferson County, it is our policy to:

- 8. Refuse a volunteer who has any felony on a criminal background check within the last ten (10) years.
- 9. Review misdemeanors or infractions that appear on a criminal background check on a case-by-case basis. A volunteer whose history shows a pattern of civil irresponsibility, disregard for the law, and unsafe behavior may also be refused entry into the Medical Reserve Corps per the discretion of the MRC Coordinator or Health Department Administration.



## JEFFERSON COUNTY MEDICAL RESERVE CORPS Code of Conduct Agreement

I, Medica	, agree to the following as a Jefferson County I Reserve Corps volunteer:
	I have read and understand the Policy and Procedure Manual.
	I agree to attend the volunteer orientation training, known as MRC 101.
	I have read, signed, and understand the confidentiality agreement.
	During an activation, drill, or educational program:
	✓ I will dress in a neat and clean fashion in a manner appropriate to my assigned duty.
	✓ I will wear the identification provided to me by the MRC at all times.
	✓ I will conduct myself in a professional manner.
	I will respect the rights and dignity of all volunteers and clients while representing the MRC.
	I will promptly address any issues or concerns with the MRC administration.
	I will perform tasks within my scope of knowledge and skill and license/credentials while representing the MRC.
	I understand that I am not required to participate in any activity or emergency response.
	I understand that I am making a commitment to participate in trainings, drills, and other MRC activities according to my chosen level of involvement (Basic, Active, or Advanced, as explained in the Policy Manual).
	I understand I must adhere to the Incident Command System (ICS) and the National Incident Management System (NIMS) and that I must take the appropriate Incident Command System courses for my level of involvement.
	I will not speak to the press unless authorized to do so.
	I will participate in debriefings and provide feedback following an incident in which I participated.
	I understand that I am subject to disciplinary action or dismissal.
Signatu	ıre
Printed	Name:
Date: _	