



Guide for Requesting Snohomish County MRC Volunteers

Purpose and Background

This document establishes the terms and conditions for the operation of the Snohomish County Health Department Medical Reserve Corps (SCHD MRC) volunteers. The SCHD MRC is a county volunteer asset comprised of medical and non-medical volunteers that is available as a surge support in times of increased public health activity.

Scope of SCHD MRC Operations

SCHD MRC Volunteers:

- May be activated in response to local, regional, or national public health emergencies and disasters, or during planned public health events or exercises.
- Will typically work within Snohomish County, but may be deployed to another jurisdiction utilizing a mutual aid agreement.
- Must adhere to all local, state, and federal laws, including scope-of-practice regulations, licensure requirements, and protocols in effect at the time of activation.
- Must only be activated under a valid mission number, with the permission of the MRC Specialist.

Snohomish County Health Department's Public Health Emergency Preparedness and Response (PHEPR) team reserves the right to make administrative and operational decisions that impact the functioning of the SCHD MRC.

SCHD MRC Impact Teams

There are 5 strategic impact areas that the SCHD MRC focuses on. These 5 areas are organized into 4 Impact Teams. Events and activations which support the advancement of these impact areas will be prioritized. All teams are comprised of medical and non-medical volunteers.

- Medical Countermeasures and Points of Distribution (MCM/POD): supports mass vaccination clinics, medical dispensing sites (PODs), prophylaxis operations, and rapid distribution activities. This is SCHD MRC's largest surge capacity priority.
- Shelter Operations: supports community shelters, respite centers, and congregate care settings when public health is activated to assist displaced or vulnerable populations.
- Call Centers: assists SCHD or Snohomish County call centers during emergencies when public inquiries surge beyond staff capacity.
- Risk Communications and Targeted Outreach: supports communications and outreach during emergencies and preparedness campaigns, especially with disproportionately impacted communities.



MRC Specialist Role

Snohomish County shall designate an MRC Specialist (sometimes known by the federal designation 'MRC Coordinator'), who will:

- Manage all administrative functions (volunteer registration, liability/credential verification, medical license checks).
- Provide and track orientation, meetings, and training for volunteers.
- Secure and manage mission numbers through Snohomish County Department of Emergency Management for activations, exercises, and training.
- Develop and maintain impact teams aligned with MRC Unit strategic priorities.
- Train impact teams using standardized training.
- Support deployment planning and volunteer mobilization during emergencies and non-emergency events (process outlined below).
- Ensure compliance with Snohomish County policies and procedures, state requirements, and applicable laws.

Requesting Organization/Individual Role

The requesting organization, county department or SCHD division agrees to:

- Appropriately request and supervise SCHD MRC volunteers while on site.
 - For planned events, as much request lead time as possible is preferable. Requests with less than two weeks' notice may be rejected.
- Support SCHD MRC volunteers with the tools, just-in-time training (JITT), and incident briefing or information needed for their position.
- Provide breaks and mealtimes as needed and appropriate.

Request and Deployment Process

In general, MRC volunteers do not arrive with any specialized equipment or materials. They are instructed to bring their Emergency Worker identification, wear an MRC shirt or vest, and wear closed-toe shoes.

The MRC Specialist maintains some "grab-and-go" boxes which contain standardized supplies for certain volunteer positions such as blood pressure checks and community education on box fan filters. Please communicate with the MRC Specialist for any PPE or specific items you may request that the MRC volunteers to bring.

For events that are being requested/attended by a Snohomish County Department: neither the MRC Specialist nor any other PHEPR staff will accompany the MRC volunteers without expressly being requested. It is expected that the requester provides on-scene supervision in line with County policies and procedures. The MRC volunteers have liability coverage when they are activated under an approved mission number and are appropriately tracked via a volunteer sign-in sheet.



Some events that recur (such as vaccination events) fall under “blanket” mission numbers that are already assigned. However, new events or events of types that have not yet been established will require a new mission number request through the Washington State Emergency Management Division. Please give as much request lead time as possible to allow for this.

Prior to Event

1. **Requester** submits request for Snohomish County Medical Reserve Corps volunteers using the Microsoft Form.
 - a. Incomplete or unclear answers may lead to delays in approval. Please provide as much lead time in your request as possible to allow time for required follow-up.
2. **MRC Specialist** processes and approves/rejects request according to the Event Prioritization Matrix in consultation with PHEPR Manager, as appropriate.
3. Approved requests are posted to Galaxy, the SCHED MRC volunteer management system by the **MRC Specialist**.
4. MRC volunteers are notified of new opportunities and sign up.
5. One week prior to the event, the opportunity closes to new volunteer sign-ups. If the opportunity is not full, this may be extended. There is no guarantee to fill any open MRC volunteer opportunity.
6. Once the opportunity is closed or full, **MRC Specialist** reaches out to Requester to provide the names and contact information for the volunteers who have signed up, and reaches out to the signed-up volunteers to provide the requester point of contact information.
 - a. MRC volunteers have liability coverage when they are activated under an approved mission number. This typically does not allow for any mobilization prior to the start of the event, i.e. the volunteer shift time entered into the request.
 - b. JITT should be conducted within the requested volunteer shift, prior to the start of the event. Volunteers are able to review materials ahead of time and take training virtually, but not in person.
7. **MRC Specialist** provides requester with a volunteer sign-in sheet with the appropriate mission number.
8. **Requester** ensures that any tools or systems accesses are granted to the signed-up volunteers.
9. **Requester** communicates any logistical updates and need-to-know information directly to the volunteers.
 - a. It is welcomed and expected for the Requester to make direct contact with scheduled MRC Volunteers prior to the event for introductions and detailed instructions.

Day of Event

10. **Requester** is responsible for ensuring that all necessary tools and supplies are brought to the event site. These may include:
 - a. Requester’s own supplies and materials
 - b. “Grab-and-go” boxes of supplies maintained by the MRC Specialist, organized by role type (blood pressure check, box fan filter education)



- c. Additional MRC supplies as requested from the MRC Specialist
11. **Requester** provides just-in-time training (JITT) as well as an incident/event briefing prior to the start of the event.
12. **Requester** ensures that MRC volunteers sign in and out of the event using the provided volunteer sign-in sheet.
13. **Requester** provides breaks and mealtimes as appropriate ([L&I reference](#)).
 - a. 10-minute break every 4 hours, after 3 hours worked.
 - b. 30-minute meal period when shift is more than 5 hours.
 - c. Meals, snacks and water do not need to be provided. Volunteers can be instructed to bring what they need. Ensure this is communicated via the request form.

After the Event

14. **Requester** provides MRC Specialist with the volunteer sign-in sheet. The physical copy must be retained on file.
15. **Requester** provides MRC Specialist with the data relevant to this event (number of individuals vaccinated, number of call center calls received, etc.).
16. **MRC Specialist** follows up with MRC volunteers and ensures all documentation is completed.



SCHD MRC Event Prioritization Matrix

Tier	Criteria	Response Type	Weight / Scoring Rule	Event Score
Tier 1: Core Surge Response	Does this event directly prepare MRC volunteers for one or more of the identified surge roles?	Likert Scale (1-5)	Score = Response x 5	
Tier 1: Core Surge Response	Does this event include specific surge role training?	Yes/No	Yes = 10, No = 0	
Tier 1: Core Surge Response	Is the request from an internal department or trusted emergency response partner?	Yes/No	Yes = 10, No = 0	
Tier 2: Equity & Capacity-Building	If this event doesn't directly prepare volunteers for surge roles, does it build core skills that support an MRC surge response?	Yes/No	Yes = 10, No = 0	
Tier 2: Equity & Capacity-Building	Does this event reach communities with known health disparities or barriers to preparedness?	Yes/No	Yes = 7, No = 0	
Tier 2: Equity & Capacity-Building	Is the request from a nonprofit community organization with limited internal capacity?	Yes/No	Yes = 5, No = 0	
Tier 2: Equity and Capacity-Building	Provides Continuing Education/Certification Requirements for Volunteers	Yes/No	Yes = 5, No = 0	
Tier 2: Equity & Capacity-Building	Does this event build community presence or engagement?	Likert Scale (1-3)	Score = Response x 2	
Tier 2: Equity & Capacity-Building	Can the event be designed to include a training or skill-building component?	Yes/No	Yes = 3, No = 0	
Tier 3: Detractor	Will this event divert time or volunteers from higher-priority activities?	Yes/No	Yes = -10, No = 0	
Total				
>= 45 = High Priority, 35-44 = Medium Priority, < 35 = Consult with PHEPR Program Manager				0



Incident/Event Briefing Templates

MRC Volunteer Briefing – General Awareness (JITT)

This briefing form is used to provide Just-In-Time Training (JITT) and general situational awareness to MRC volunteers at the start of an activation. It may be used for Points of Dispensing (PODs), mobile vaccination clinics, community outreach events, or surge support operations.

Event Information

Briefing Provided By:	
Admin Lead:	
Clinical Lead:	
Type of Event or Operation:	
Target or Affected Population:	

Event Actions and Goals

Service(s) Being Delivered or Goal of Event:	
Event Action(s) (e.g. medical countermeasure or screening criteria being used, information being provided):	
Age Range / Eligibility Criteria:	
Special Conditions, Stipulations, or Restrictions:	

Site Flow, Safety & Communication

Basic Site Layout / Client Flow:	
General PPE or Safety Requirements:	
Safety, Incident, or Injury Reporting Process:	
Media / Public Interaction Guidance:	
Primary Communication Method:	
Interpretation Processes:	

Volunteer Acknowledgement

Volunteer Signature	
Date Signed	

MRC Volunteer Briefing – Clinical Awareness (JITT)

This clinical briefing form is used to provide Just-In-Time Training (JITT) and role-specific clinical awareness to licensed or clinical MRC volunteers participating in vaccination clinics, medical dispensing operations, mobile clinics, or surge support activities.



Event / Activation Information

Clinical Lead:	
Admin Lead:	

Clinical Overview

Vaccine(s) or Medical Countermeasure(s):	
Indication for Use:	
Target Population / Age Range:	
Contraindications, Precautions, or Exclusions:	

Administration Protocols

Type (Vaccine / Medication):	
Route of Administration:	
Dosage / Formulation:	
Required Documentation or Data Entry System(s):	

Clinical Procedures & Workflow

Screening Process Overview:	
Administration Technique (High-Level):	
Observation or Monitoring Requirements:	
Infection Prevention or Control Measures	

Adverse Events & Escalation

Common or Expected Reactions:	
Immediate Response Actions:	
Notification / Escalation Path:	
Required Reporting (e.g., VAERS, Incident Report):	

Supplies, Equipment & PPE

Required Clinical Supplies:	
Required PPE:	
Sharps, Waste, or Biohazard Disposal Process:	

Reference Materials Reviewed

Vaccine Information Statements (VIS) or EUA Fact Sheets:	
Standing Orders or Protocols Reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Action Sheet or Role Checklist Reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clinical Volunteer Acknowledgement

Clinical Volunteer Signature	
Date Signed	



MRC Request Form Link and List of Questions/Fields

[Request for Snohomish County Medical Reserve Corps \(MRC\) Volunteers \(Microsoft Form\)](#)

- SCHD Division
- SCHD Program
- Name and title of person submitting request
- Name of Event
- Event Website (if applicable)
- Name of Organization hosting event (if different from the requesting organization)
- What does the hosting organization do?
- Impact area/Team this event aligns with
- Brief description of event
- Volunteer role (what, specifically, will the volunteers be doing?)
- Communities reached (Please provide a description of the populations that are being reached. Does this group have any known health disparities?)
- Are there any language needs? (Please note any known language and translation needs with the expected clients. This will be shared with the MRC volunteers.)
- Is this an indoor or outdoor event?
- Do volunteers need to bring anything with them to be comfortable in the (indoor/outdoor) space?
- Will this event happen rain or shine? If not, what is the cancelation criteria or timeframe?
- Will volunteers be standing on hard or uneven ground without a break for the entire shift?
- Type of volunteers requested (medical, non-medical, or both)
- How many volunteers of each type?
- Event date
- Event hours
- Volunteer shift hours **be sure to include enough time to conduct JITT*
- Event location and physical address
- Where can volunteers park?
- Are volunteers provided with snacks or a meal?
- Event day point of contact (who do the volunteers check in with?)



- Best phone number for day-of contact
- Check in location (where do volunteers check in with the POC day-of? This is especially important if the check-in location is separate from the event space)



Sample Volunteer Sign-In Sheet

STATE OF WASHINGTON EMERGENCY WORKER DAILY ACTIVITY REPORT								
County In Which Mission Took Place <u>Snohomish</u>				State Mission Number _____				
Mission Name: <u>Example Event</u>				Date <u>01/01/1906</u>		Date To: <u>01/01/1906</u>		
Unit Name: <u>Snohomish Medical Reserve Corps</u>								
Unit Address: <u>3020 Rucker Avenue, Suite 203, Everett, WA 98201</u>								
EMERGENCY WORKER NAME	COUNTY & CARD #	INCIDENT ASSIGNMENT	DATE: 1/1/06		DATE: 1/1/06		TOTAL HOURS	TOTAL MILES
			TIME IN *	TIME OUT *	TIME IN *	TIME OUT *		
1 Jay Tester	23-186	Example event	0900	1100			2	10
2								
3								
4								
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11								
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22								
23								
24								
* Actual Incident Check In and Out Times.								
TOTAL PERSONNEL			TOTAL HOURS			TOTAL MILEAGE:		
<p>THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY <i>By my signature below, I certify that these persons did participate in this mission in accordance with WAC 118-04-220:</i></p>								
Print Name and Title _____				Signature and Date _____				

EXAMPLE

Today's sign-in sheet is taped to the inside back cover of this clipboard.

REMEMBER! When signing in:

- **SIGN IN TIME:** Begins when you leave your house.
- **SIGN OUT TIME:**
- If you are **going directly home:** Your time out is when you arrive at your home.
 - If you are **NOT** going directly home: Your time out is when you leave.

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