

Notes/Comments

**SUFFOLK COUNTY MEDICAL RESERVE CORPS
REGION II UNIT 227**

*SUFFOLK COUNTY FIRE, RESCUE AND EMERGENCY SERVICES
SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICE*

TASK BOOK FOR THE POSITION OF:

MRC "EMERGENCY RESPONDER"



TASK BOOK ASSIGNED TO:
<i>(Individual's name, and Phone Number)</i> TASK BOOK INITIATED BY:
<i>MRC COORDINATOR SIGNATURE,</i>
<i>FRES COMMISSIONER'S SIGNATURE,</i>
DATE THAT TASK BOOK WAS INITIATED:

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

EVALUATOR

Notes/Comments

(DO NOT COMPLETE THIS SECTION UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION)

VERIFICATION/CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF MRC "EMERGENCY RESPONDER"
FINAL EVALUATOR'S VERIFICATION
I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____ has performed as a trainee and should therefore be considered for certification in this position.
_____ Final Evaluator's Signature and Date
_____ Final Evaluator's Printed Name, Title, and Phone Number

Maintain this document with photocopies of all credentials and certifications relevant to your level of MRC response capacity in a large zip lock bag.

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POSITION TASK BOOK

This Position Task Book (PTB) lists performance requirements (tasks) for the Suffolk County Medical Reserve Corps in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by a qualified evaluator, will result in a recommendation to the County that the trainee be certified and allowed to operate in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on more than one training and/or evolution. This position requires specific tasks be performed in a healthcare setting / emergency type field simulation or training - performance of these tasks on other types of incidents is NOT qualifying without permission from the MRC Coordinator or designee. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off and certified.

RESPONSIBILITIES:

1. **The County of Suffolk** is responsibility for:
 - Selecting trainees based on MRC Team needs;
 - Ensuring that the trainee meets the training and experience requirements for the position;
 - Initiating Position Task Books (PTBs) to document task performance;
 - Explaining to the trainee the purpose and processes of the PTB, as well as the trainee's responsibilities;
 - Providing evaluation assignments and/or making the trainee available for evaluation assignments;
 - Ensuring to maintain liability coverage and workers compensation insurance for the trainee throughout their MRC career;
 - Tracking progress of the trainee;
 - Confirming PTB completion; and
 - Issuing proof of certification;
2. The **individual** is responsible for:
 - Reviewing and understanding instructions in the PTB;
 - Identifying desired objectives/goals for a training or evaluation assignment;

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- Providing background information and documentation to an evaluator/trainer;
 - Satisfactorily demonstrating completion of all tasks for an assigned position within three (3) years;
 - Assuring the evaluation record is complete and maintained;
 - Notifying the MRC Coordinator when the PTB is completed and providing a copy to same; and
 - Keeping the original PTB in personal records.
3. The **evaluator** is responsible for:
- Being qualified and proficient in the position being evaluated;
 - Understanding the qualification process;
 - Meeting with the trainee and determining experience, current qualifications, and desired objectives/goals of the assignment;
 - Reviewing tasks with the trainee;
 - Explaining to the trainee the evaluation/drill procedures that will be utilized and which objectives may be attained; and
 - Identifying tasks to be performed during an evaluation/drill period
 - i. Accurately evaluating and recording demonstrated performance of tasks: Satisfactory performance shall be documented by dating and initialing completion of the task. Dating and initialing completion of the task shall document satisfactory performance.
4. The **Final Evaluator** is responsible for:
- Signing the verification statement inside the front cover of the PTB when all tasks have been initiated and if the volunteer is recommended for (re)certification.
5. The PTB will be retained with the trainee's permanent training record upon completion.

EVALUATION RECORD

	TRAINEE NAME	TRAINEE POSITION
#4	Evaluator's Name: Incident/Office title & agency:	
Evaluator's home Unit address & phone:		
Name & location of Incident or Simulation (agency & area)	Incident Kind POD, Shelter, Surge support, etc...)	Number & Type of Resources Pertinent to Trainee's Position
		Duration (inclusive dates & time in trainee status)
		Management Level or Incident Complexity Level
		to
<p>The tasks initialed and dated by me have been performed under my supervision in a satisfactory manner by the above-named trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date: _____ Evaluator's Initials: _____ Evaluator's relevant red card (or agency) rating: _____</p>		

Notes:

QUALIFICATION RECORD

POSITION: MRC "ENROLLED/STAND-BY" BASIC LEVEL (RED)

All boxes are to be initialed and dated upon completion of tasks by **TRAINER** and/or **EVALUATOR**.

NOTE: ***Boldfaced/italicized*** items are recommended pre-requisites for next membership level.

TASK	CORE COMPETENCIES	TRAINING Drill Exercise	INCIDENT
Fully Completed Application & Credential process on the DOH ServNY	https://apps.nyhealth.gov/vms/appmanager/vms/public		
General: 1. Review MRC procedures policies and regulations for deployment as related to position through conversation with supervisor and/or reading material provided. Identify relationship of MRC "Membership Levels" with other stakeholders.	New Member Orientation		
General: 2. Review MRC "Membership Levels" assignment and ensure all requirements for initial and on-going training are understood and addressed.	New Member Orientation		
General: 3. Review the Administrative Process and identify personnel limitations and scope of ability.	New Member Orientation		
Requisite Training: <i>Health Care Provider CPR / AED</i>			
Requisite Training: <i>ICS 100 & 200</i>	www.mrc.train.org		
Requisite Training: <i>ICS 700</i>	www.mrc.train.org		
Requisite Training:			

QUALIFICATION RECORD - Continued

POSITION: MRC "Associate Active" or "At the Ready"
Intermediate Level (YELLOW)

All boxes are to be initialed and dated upon completion of tasks by
TRAINER and/or EVALUATOR.

TASK	CORE COMPETENCIES	TRAINING Drill Exercise	INCIDENT
Required Training: Personal / Family Preparedness & Communication Planning	www.mrc.train.org IS-22: Are You Ready?		
All hazard County Emergency Management Plan (AHCEMP)			
Strategic National Stock (SNS) & Regional Resources			
Point-of-Dispensing (POD)			
Shelter Operations & SpNs			
Medical Surge & Mass Clinic Support			
Mental Health for Responders			
Psychological First Aid			
Preferred Training:			
Basic Infectious Control			
Respiratory Protection			
Advanced Cardiac Life Support			

EVALUATION RECORD

TRAINEE NAME		TRAINEE POSITION			
#3	Evaluator's Name: Incident/Office title & agency:				
Evaluator's home Unit address & phone:					
Name & location of Incident or Simulation (agency & area)	Incident Kind POD, Shelter, Surge support, etc..)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates & time in trainee status)	Management Level or Incident Complexity Level	
			to		
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Notes:

EVALUATION RECORD

	TRAINEE NAME	TRAINEE POSITION
#2	Evaluator's Name: Incident/Office title & agency:	
Evaluator's home Unit address & phone:		
Name & location of Incident or Simulation (agency & area)	Incident Kind POD, Shelter, Surge support, etc...)	Number & Type of Resources Pertinent to Trainee's Position
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Notes:

QUALIFICATION RECORD - Continued

POSITION: MRC "Full Member Level" IV (GREEN) *

All boxes are to be initialed and dated upon completion of tasks by **TRAINER** and/or **EVALUATOR**.

TASK	CORE COMPETENCIES	TRAINING Drill Exercise	INCIDENT
Required Training:			
* Risk Communication			
* Category "A" Agents			
* ESF 8 Overview			
* Site "CRASH" Response			
	Advanced	Level V	(BLUE)
EOC Orientation			
Hazardous Material Awareness			
WMD Awareness			
Triage & Mass Casualty			
Decontamination/Emergency Incident Rehabilitation			
WMD Operations/Chemical Agent Antidote Administration			
Emergency Scene Rehab.			

Additional (not specified above) applicable training:

TASK	TRAINING	DRILL	INCIDENT

INSTRUCTIONS FOR EVALUATION RECORD

If additional blocks are needed, a page can be copied from a blank task book and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the evaluator, his/her incident position or office title, and home agency.

Evaluator's home Unit address and phone: self-explanatory.

#: The number in the upper left corner of the Evaluation Record identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Kind: Enter kind of incident, e.g., POD, Shelter, Mass Casualty Incident, Hospital Surge; Community based care, etc...

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the trainee was evaluated. This block may indicate a span of time covering small and similar incidents if the trainee has been evaluated on that basis, e.g., several employee flu clinics.

Management Level or Incident Complexity Level: Indicates ICS organization level, i.e. Type 5, Type 4, Type 3, Type 2, Type 1, Area Command or prescribed complexity level (low, moderate, high).

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's Initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualification Record.

Evaluator's relevant red-card rating: List your certification relevant to the trainee position you supervised.

EVALUATION RECORD

	TRAINEE NAME	TRAINEE POSITION
#1	Evaluator's Name: Incident/Office title & agency:	
Evaluator's home Unit address & phone:		
Name & location of Incident or Simulation (agency & area)	Incident Kind POD, Shelter, Surge support, etc...)	Number & Type of Resources Pertinent to Trainee's Position
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Notes: