

Capitol Region Medical Reserve Corps

Set-Up and Operations Plan

Revision 0: January 28, 2009

CR-MRC Set-Up and Operations Plan

This plan is intended for use of the Capitol Region Medical Reserve Corps (CR-MRC) and supporting and supported agencies. Questions regarding Plan content may be directed to Dan Scace, Capitol Region Council of Governments Training Coordinator at daniel.scace@sbcglobal.net.

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CR-MRC Set-Up and Operations Plan

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CR-MRC Set-Up and Operations Plan

1.0. Purpose

This Plan provides guidelines for set up and operations of the Capitol Region Medical Reserve Corps (CR-MRC). It provides preplanned response options and basic guidance to establish operations in any configuration (facility and/or organizational) as dictated by the emergency. The Plan provides a basis for CR-MRC planning, operations, equipping, training and exercising. CR-MRC leaders are allowed considerable leeway in establishing operations and must use their best judgment in establishing the most effective operational setup dictated by the specific situation.

2.0. Situation

2.1. The CR-MRC is the operational component of the Capitol Region's Regional Emergency Support Function (RESF) 8 with the specific mission of supporting the disaster preparedness plan by providing medical care at the site(s) of larger-scale emergencies in the region. The level of care provided by the CR-MRC is equivalent to the care provided by a Mobile Ambulatory Care Unit (MACU). Staffing is provided by a volunteer cadre that is sworn to a loyalty oath and trained to respond when called by regional emergency management officials. The Medical Reserve Corps allows local volunteer medical and health professionals to contribute their skills and expertise throughout the year as well as during times of community need during emergencies such as an influenza epidemic, a chemical spill, or an act of terrorism.

2.2. The CR-MRC is equipped with a modular medical tent facility consisting of up to six tents which allow the option of establishing operations in virtually any location. The desired options for tent setup are listed in Figure 1A, 1B and 1C, but any other usable tent arrangement can be used at the discretion of the CR-MRC.

2.3. The CR-MRC is equipped with a mobile command and control trailer called a Cabana Unit (CU). This unit may deploy in support of any operation, with or without tents, and may be deployed as a stand alone unit for medical support during events, disasters or exercises. It is equipped with administrative and communications equipment, medical monitoring equipment and a small cache of medical supplies.

2.4. The CR-MRC is capable of establishing operations in an existing structure if a suitable structure is available in the location needing MRC support.

2.5. The CR-MRC maintains its own discrete supply of medical equipment and supplies for response operations. CR-MRC medical supplies are packaged and organized to be used efficiently in a modular medical tent facility, but are able to be used in any CR-MRC operating location.

2.6. Once established, CR-MRC operations are intended to be self supporting for up to 72 hours, relying only on the regional Incident Command System structure to provide additional support including medical supplies and equipment restocking, fuel, food and other support resources.

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2.7. The CR-MRC provides a limited veterinary capability to assist in managing animal population following incidents. This capability is in the development stage.

3.0. Planning Assumptions

3.1. CR-MRC volunteers are able to staff a facility and to provide operational medical capability within 2 hours.

3.1.1. The credentials of medical and non-medical CR-MRC volunteers are verified prior to acceptance into the CR-MRC. Patient treatment and care is provided by the medical volunteers, while the non-medical volunteers provide logistical support for all CR-MRC operations, including tent setup, site management and administrative assistance.

3.1.2. Job descriptions are developed for the following operational components:

3.1.2.1. Administrative Support Staff

3.1.2.2. Mental Health Professional

3.1.2.3. Dentist

3.1.2.4. Emergency Medical Services Technicians and Paramedics

3.1.2.5. Nursing Services

3.1.2.6. Pharmacists

3.1.2.7. Physicians

3.1.2.8. Physician Assistants

3.2. For planning purposes, the CR-MRC inventory of equipment and supplies is intended to be delivered by truck to the deployment site within 2 hours of the notification to mobilize. The delivery vehicles should remain at the site for secure storage of supplies.

3.3. Security for the perimeter of the CR-MRC will primarily be provided by law enforcement agencies or other mutual aid security as tasked by the Incident/Unified Command structure. Some CR-MRC volunteers will be tasked to assist in site security awareness and all volunteers must remain vigilant of their surroundings and report any threat to the operation.

3.4. Setup time for the CR-MRC tents is expected to be 2 hours or less upon arrival at the incident site. The CR-MRC has a total of 55 gurneys which can be arranged up to 20 gurneys per tent.

3.5. The CR-MRC is intended to provide operational medical capability in the “cold” zone. Decontamination of patients will be accomplished prior to their acceptance into a CR-MRC facility.

3.6. The CR-MRC may be utilized for a variety of medical missions as outlined below.

3.6.1. Deployed near the vicinity of a large scale incident to provide medical services ranging from primary or secondary triage to some aspect of long-term care.

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3.6.2. Deployed to an incident site to assist in medical monitoring and rehabilitation for first responders.

3.6.3. Deployed in support of Point-of-Distribution (POD) facilities to assist in distributing medications.

3.6.4. Deployed to a casualty collection point to assist in stabilizing patients prior to air or ground evacuation to other locations.

3.6.5. Deployed to an event site to provide on-scene first aid, medical monitoring and command and control assistance to event staff and first responders.

3.7. The CR-MRC will provide for secure privately owned vehicle (POV) parking in the vicinity of the deployment site, allowing storage of personal gear in POVs.

3.8. Only service animals are allowed on site. No other pets are allowed on site unless they are under the control of the CR-MRC veterinary component.

3.9. Neither CR-MRC volunteers nor patients may possess firearms at any time during a CR-MRC deployment.

4.0. CR-MRC Concept of Operation

4.1. CR-MRC Organization and Responsibilities

4.1.1. The MRC concept formed after September 11, 2001 when thousands of volunteers showed up at the various attack sites but were unable to be used due to issues of liability, identification, and management. Launched formally in July 2002, the MRC is housed in the Office of the U.S. Surgeon General of the Department of Health and Human Services. The MRC is a partner of the White House's USA Freedom Corps, which is the White House's volunteer initiative, and is a founding partner of the Department of Homeland Security's Citizen Corps, which was created to help coordinate volunteer activities that will make our communities safer, stronger, and better prepared to respond to any emergency situation.

4.1.2. As a member of the State of Connecticut Citizen's Corps, the CR-MRC is covered under the same state statutes as volunteer members of the Community Emergency Response Teams (CERT). CR-MRC volunteers are covered under the State of Connecticut Workers' Compensation Program (see Title 28 of the Connecticut General Statutes, specifically §28-14) when they have been recruited by the CR-MRC, taken the loyalty oath, and are not employees of the state, municipalities or political subdivisions of the state. When activated, volunteer members of the CR-MRC are construed to be state employees, and are afforded the protection provided for under Connecticut General Statutes Chapter 568 [workers compensation law] and §5-142 [disability compensation and death benefits provision], while participating in approved training for or engaged in civil preparedness duties, if participation in the training and/or event has been pre-

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approved by the Commissioner of the Department of Emergency Management and Homeland Security (DEMHS).

4.1.3. Training vs. Civil Preparedness Activities – The CR-MRC is aligned as shown in Figure 1. Figure 1a, Non-Deployed Structure, provides for CR-MRC training, operational planning, staff and resource management and other organization functions. In this configuration, the CR-MRC is organized, trained and equipped to perform missions. When deployed to provide a specific medical support mission, the CR-MRC structure will be established as needed by the Commander to support mission requirements. One optional organizational structure is illustrated in Figure 1b. The actual organization will vary depending on the mission, location, number of volunteers, available resources, duration of deployment, and level of support provided by the supporting Incident Command System.

4.1.4. Command Staff - The CR-MRC is led by the Commander with assistance from the Command Staff. The Command Staff consists of a Medical Director, a Deputy Commander (if assigned), Liaison Officers from participating Guard Units, and administrative support.

4.1.4.1. The Commander is responsible for organizing and training, making notification for deployment, establishing Command and Control of operations when tasked, and coordination with the established Incident Command System. In the event the Commander is not available, Command will be passed (in order, as available) to the Deputy Commander, the Operations Section Chief (Medical Director), or the Logistics Section Chief.

4.1.4.2. The Deputy Commander is responsible for supporting the Commander in all CR-MRC training and planning events, and back up and relief for the Commander during deployed operations.

4.1.4.3. The Medical Director is responsible for ensuring medical volunteers are credentialed and trained to support CR-MRC medical operations. The Medical Director will normally assume the role of Medical Operations Section Chief during deployed operations and is the MRC Commander's point person for medical operations planning and training.

4.1.4.4. Foot and Horse Guard Liaison Officers will provide logistical planning and training support for the CR-MRC, coordination for logistical requirements of the CR-MRC and command their respective elements. They will share Logistics Section Chief duties during deployed operations.

4.1.5. Requests to activate the CR-MRC will normally be sent by regional incident management officials (most likely via Regional Emergency Support Function 5) to the Commander, CR-MRC.

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4.1.6. The Commander CR-MRC will make or direct all subsequent notifications to mobilize CR-MRC volunteers and/or resources based upon the request for assistance from ESF-5.

4.1.7. The Commander CR-MRC will establish a deployed organization structure as soon as possible when tasked for actual deployments.

4.1.8. Volunteers are responsible to ensure they are prepared by attending CR-MRC training sessions, maintaining core competencies as described in the CR-MRC Training Guide and making individual preparations to deploy. In the event a volunteer is unable to participate they will notify the Commander.

4.2. Execution of CR-MRC Missions

4.2.1. Notification and Coordination

4.2.1.1. The Commander, CR-MRC, will be notified regarding the need to mobilize CR-MRC volunteers.

4.2.1.2. CR-MRC volunteers will be notified by the Commander with specific information as to time to report, location to report and any special instructions via the established CR-MRC call-out process. The Commander is responsible for notifying DEMHS of the planned operation/training and participating volunteers.

4.2.1.3. Volunteers if able will report to the staging area assigned by the CR-MRC Commander within 1 hour, with the equipment identified in Attachment 1, CR-MRC Deployment Checklist.

4.2.1.4. The CR-MRC response is tiered as indicated in Figure 2, CR-MRC Tiered Response.

4.2.1.5. The command and coordination structures the CR-MRC may be operating under are varied. It is likely that CR-MRC mobilization would be done in scenarios where a Regional Coordination Center (RCC) is activated and/or an Incident Management Team (IMT) is coordinating activities. For purposes of this procedure, all references to RCC, IMT, Incident Commander, Unified Command or other controlling agencies are considered equivalent. This simply refers to the agency providing support for CR-MRC operations.

4.2.2. Initial Actions

4.2.2.1 Deployment – Once notified, volunteers will report as directed. Volunteers will be given a call back number to report any problems with timing, transportation or availability. The CR-MRC staff will be responsible for maintaining a list of expected volunteers and assist, when possible, in ensuring safe volunteer travel to the staging area/deployment site by coordinating with the IC/UC.

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4.2.2.2. Check In/Sign In Responsibility – Upon arrival all CR-MRC volunteers will check in, obtain a briefing to update them on chain of command, duties, safety, schedule of events, site layout and any other pertinent information.

4.2.2.3. Site Set Up – CR-MRC operations cannot proceed until an adequate treatment setup is completed. Logistics personnel will complete necessary tent/site setup and medical personnel will advise on medical facility and operations set up. Each section leader is responsible for establishing a log to document activities during any deployed operations.

4.2.2.4. Operations (Logistics) – Non-medical personnel are responsible for all non-medical aspects of operations including placing signage as deemed appropriate by personnel and command staff, providing runners as needed to communicate, facilitate restock/re-supply, on site movement of equipment and personnel, coordination of delivery/receipt of equipment/supplies, inventory management, coordinate meals, management of the CR-MRC sleeping area, facility maintenance/management of tents, Cabana, parking areas, etc. In addition, as needed, both medical and non-medical volunteers will be available to assist in patient movement/patient tracking, to assist command staff and to facilitate Command & Control of logistics resources.

4.2.2.5. Operations (Medical) – The Medical Director is responsible for medical operations of the CR-MRC. The CR-MRC Command Staff will assist and advise the Director on expected patient numbers and status and coordinate providing any additional resources with the IC/UC.

4.2.3. On-going Operations

4.2.3.1. Resupply of CR-MRC medical and non-medical supplies will be coordinated through the Command Staff.

4.2.3.2. Medical and Logistics issues will be forwarded via their respective chain of command to the CR-MRC Command Staff for resolution.

4.2.3.3. The Command Staff will coordinate with the Regional Coordination Center (RCC) and/or the IC/UC for all requirements.

4.2.3.4. The Command Staff is responsible for verifying CR-MRC membership or credentials and orienting additional support medical and non-medical personnel reporting to the CR-MRC.

4.2.3.5. The Command Staff will track all CR-MRC personnel from notification/mobilization through demobilization. In practical terms, the CR-MRC should know who to expect to report but can only physically account for personnel reporting to the response location from arrival to departure. The CR-MRC should attempt to follow up on the status of any “no shows”.

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4.2.3.6. The Command Staff will establish a daily routine for operations which includes daily staff meetings, expected meal times and mechanisms to update all staff on critical information.

4.2.4. Stand Down – The CR-MRC will continue operations until directed by the RCC or other coordinating agency depending on the scenario. A detailed plan for demobilization will be established by the Command Staff. The end state will be all CR-MRC volunteers returned to their normal status, all CR-MRC equipment returned to storage and fully prepared for subsequent deployment, and after action reporting requirements completed.

4.2.5. After Action Reporting – An AAR will be conducted for each CR-MRC deployment. This includes events, exercises and incidents.

4.3. CR-MRC Risk Assessments

4.3.1. The CR-MRC must ensure that when tasked to deploy volunteer personnel will operate in an area suitable for the type of operation they are trained and equipped for.

4.3.2. Prior to deployment the Commander should assess risks associated with the proposed deployment. Specific information concerning the deployed location/situation may be scarce, but the assessment should be as comprehensive as possible. The Commander should rely on the existing Incident Commander/Incident Management Team to achieve reasonable assurance regarding the risks and potential threats.

4.3.3. In addition to a pre-deployment assessment, the Commander should continue to assess the situation as conditions change during the deployment/operations phase. If conditions at the deployed location deteriorate to the point that equipment and/or training for operations in that location are not adequate, the Commander should consider re-deployment to a suitable location, working in conjunction with the Incident Commander.

4.3.4. Factors to consider include environmental conditions, incident related conditions such as effects of WMDs, natural hazards (or the potential for such hazards as conditions change), security concerns and deployment duration.

4.3.5. The CR-MRC Command Staff and all assigned personnel should be aware of any situations that could jeopardize safe operations. Only by maintaining a high level of situational awareness will the CR-MRC be effective in a rapidly changing scenario. Any situation that could jeopardize CR-MRC operations should be up-channeled to the Incident Commander immediately.

5.0. Assignment of Responsibilities

The Commander will assign all other duties to CR-MRC personnel in consultation with the Medical Director, Deputy Commander, Staff and Liaison Officers. ICS/NIMS principles should be kept in mind at all times when building the organizational structure.

6.0. Administration and Logistics

The Commander and Staff are responsible for securely maintaining all CR-MRC records. This includes equipment inventories, volunteer contact information and credentials, and training records. Logistics requirements will be coordinated with the existing CR-MRC staff and IC/UC as needed. Levels of supplies, including medical, logistics and administrative, should be maintained at levels adequate to facilitate immediate deployment.

7.0. Plan Development and Maintenance

This plan will be reviewed on an annual basis and updated as needed. Distribution will be to each key staff member identified in Figure 1a, MMRS, RESF-5 and the RCC. A copy will also be maintained on the CRCOG website.

8.0. Authorities and References

- 8.1. <http://www.medicalreservecorps.gov/HomePage>
- 8.2. STANDARD OPERATING PROCEDURE FOR APPROVAL OF ACTIVITIES OF MEMBERS OF THE COMMUNITY EMERGENCY RESPONSE TEAMS (CERT) [http://www.ct.gov/demhs/cwp/view.asp?a=1932&Q=328152&PM=1&demhsNav=]
- 8.3. Title 28 of the Connecticut General Statutes
- 8.4. Refer to Target Capabilities List, September 2007, Pg 458, Resource Element Description, "Surge Healthcare Staff Unit" for suggested levels of staffing.

Figures

Figure 1. CR-MRC Organizational Chart

Figure 2. Capitol Region Medical Reserve Corps Tiered Call Out

Figure 3A. SMALL CR-MRC SETUP TEMPLATE (2 TENTS)

Figure 3B. MEDIUM CR-MRC SETUP TEMPLATE (3-4 TENTS)

Figure 3C. LARGE CR-MRC SETUP TEMPLATE (5-6 TENTS)

NOTE: ALL CONFIGS INCLUDE CABANA. FRONT DOOR ENTRANCE TO CR-MRC TENT IS ALWAYS STAFFED AS A CHECK IN LOCATION.

Figure 4. TYPICAL CR-MRC PATIENT FLOW SET UP

Attachments

Attachment 1. Capitol Region Medical Reserve Corps Deployment Checklist

Attachment 2. CR-MRC Activation Briefing Outline

Attachment 3. CR-MRC Job Descriptions

- 3A. Administrative Support Staff
- 3B. Mental Health Professional
- 3C. Dentist
- 3D. Emergency Medical Services Technicians and Paramedics
- 3E. Nursing Services
- 3F. Pharmacists
- 3G. Physicians
- 3H. Physician Assistants

Attachment 4. Acronyms

Figure 1 – CR-MRC Organizational Chart

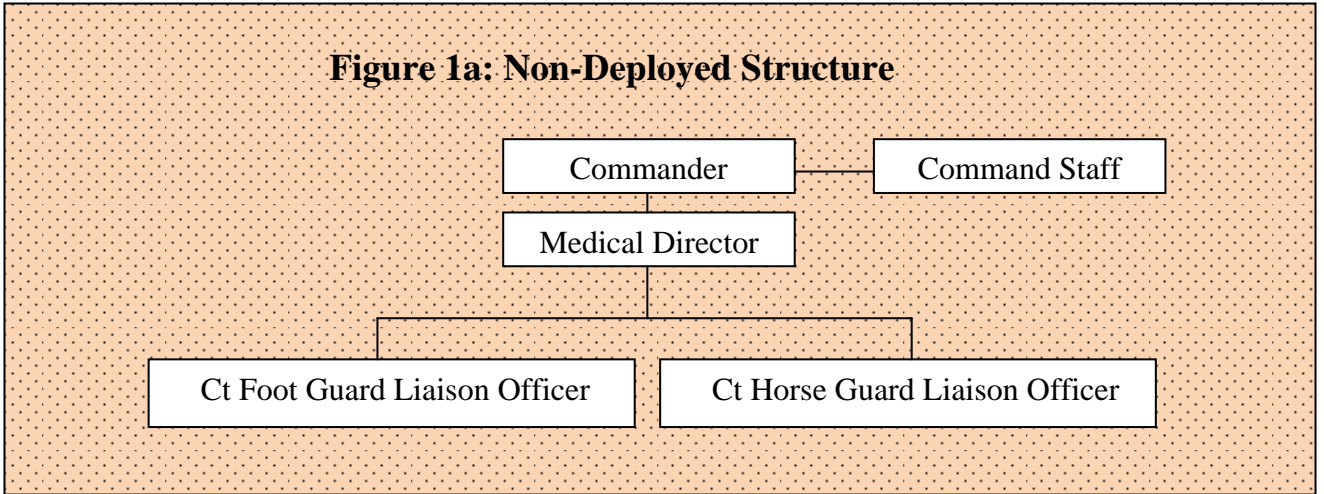
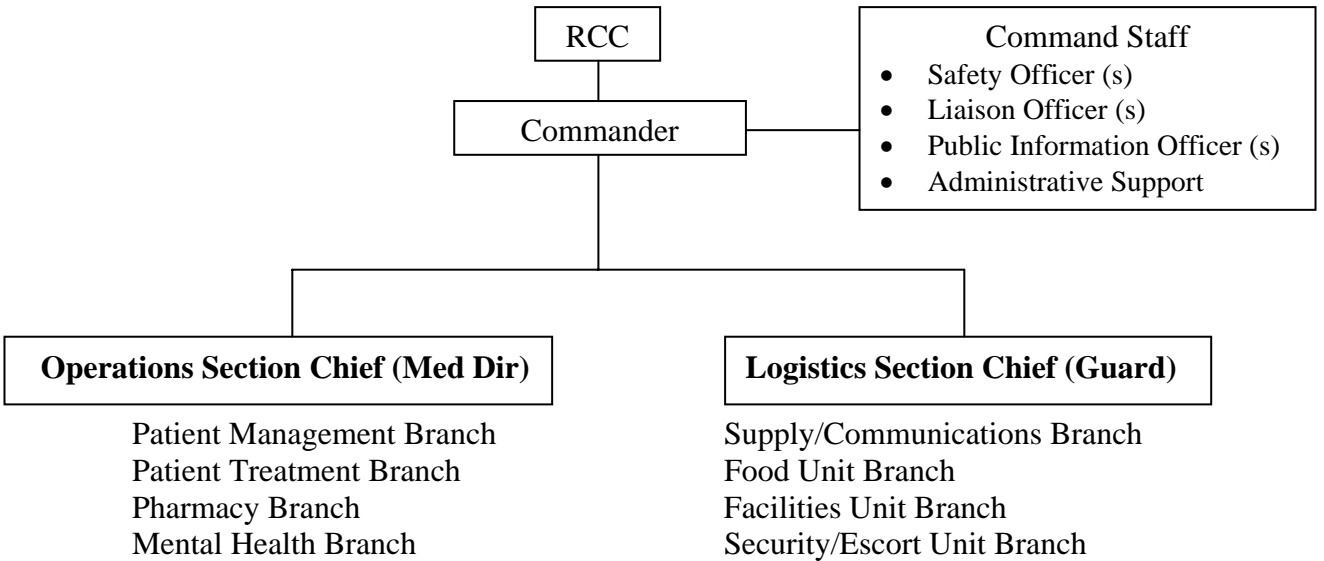
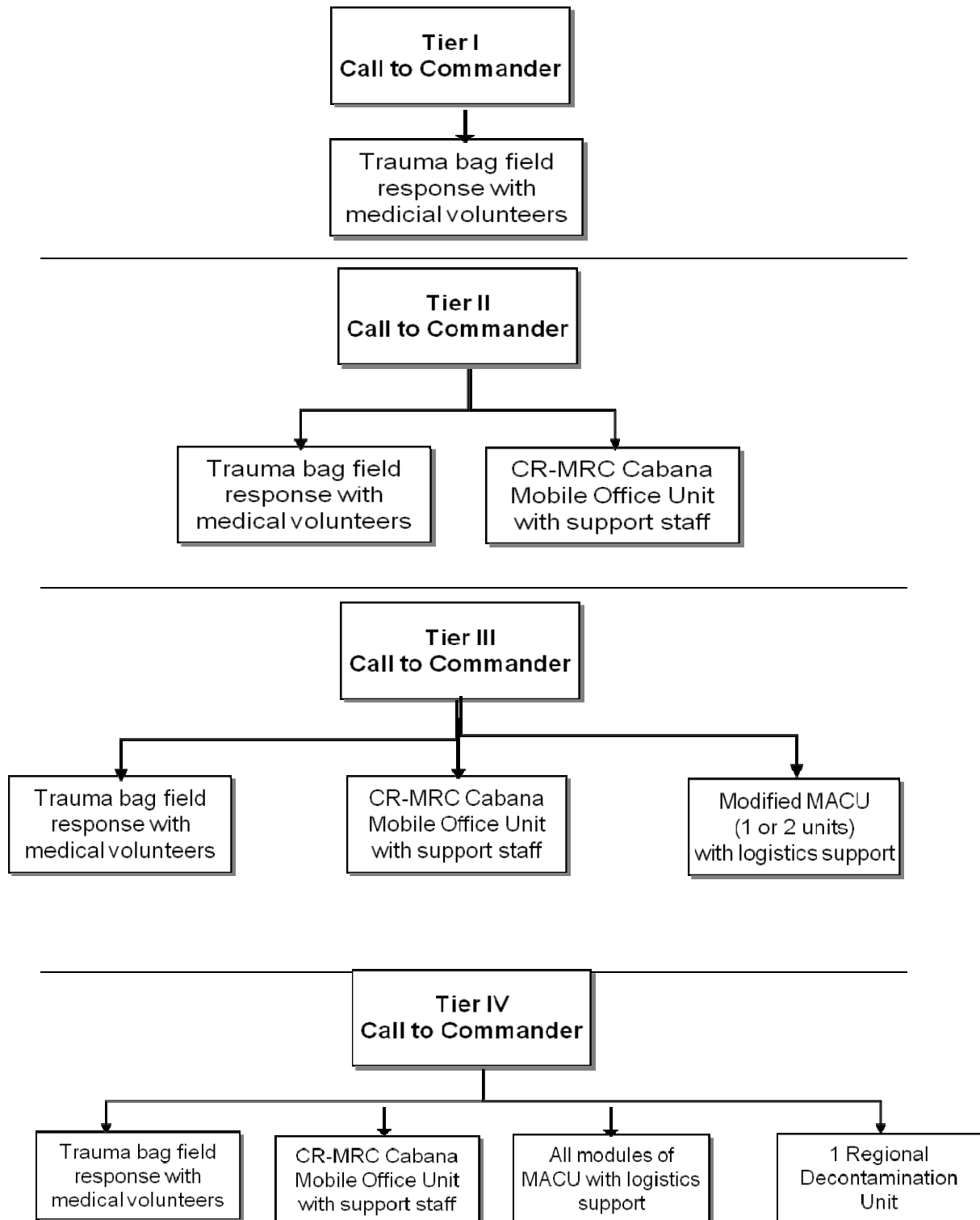


Figure 1b: Deployed CR-MRC Basic Structure



- Commander/Deputy Commander will assume all responsibilities not staffed.
- It is the responsibility of the Commander to establish a structure as needed based on the situation.
- The Logistics Section is primarily manned by Foot Guard and Horse Guard personnel and should be headed by a section chief from one of those organizations.

Figure 2: Capitol Region Medical Reserve Corps Tiered Call Out



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Figure 3A. SMALL CR-MRC SETUP TEMPLATE (2 TENTS)

Note: CR-MRC tents are all 20 feet x 32 feet. The Cabana Unit is included but not illustrated for all configurations. Designated front entrance is staffed for all configurations.

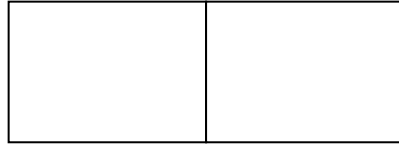


Figure 3B. MEDIUM CR-MRC SETUP TEMPLATE (3-4 TENTS)

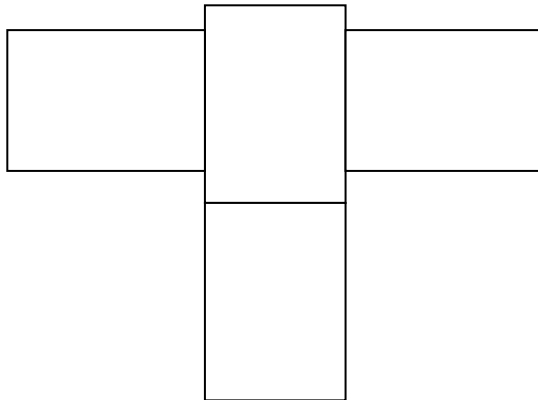


Figure 3C. LARGE CR-MRC SETUP TEMPLATE (5-6 TENTS)

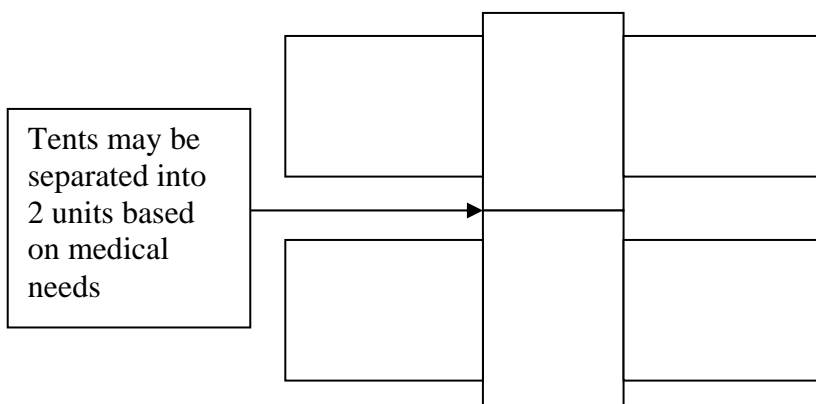
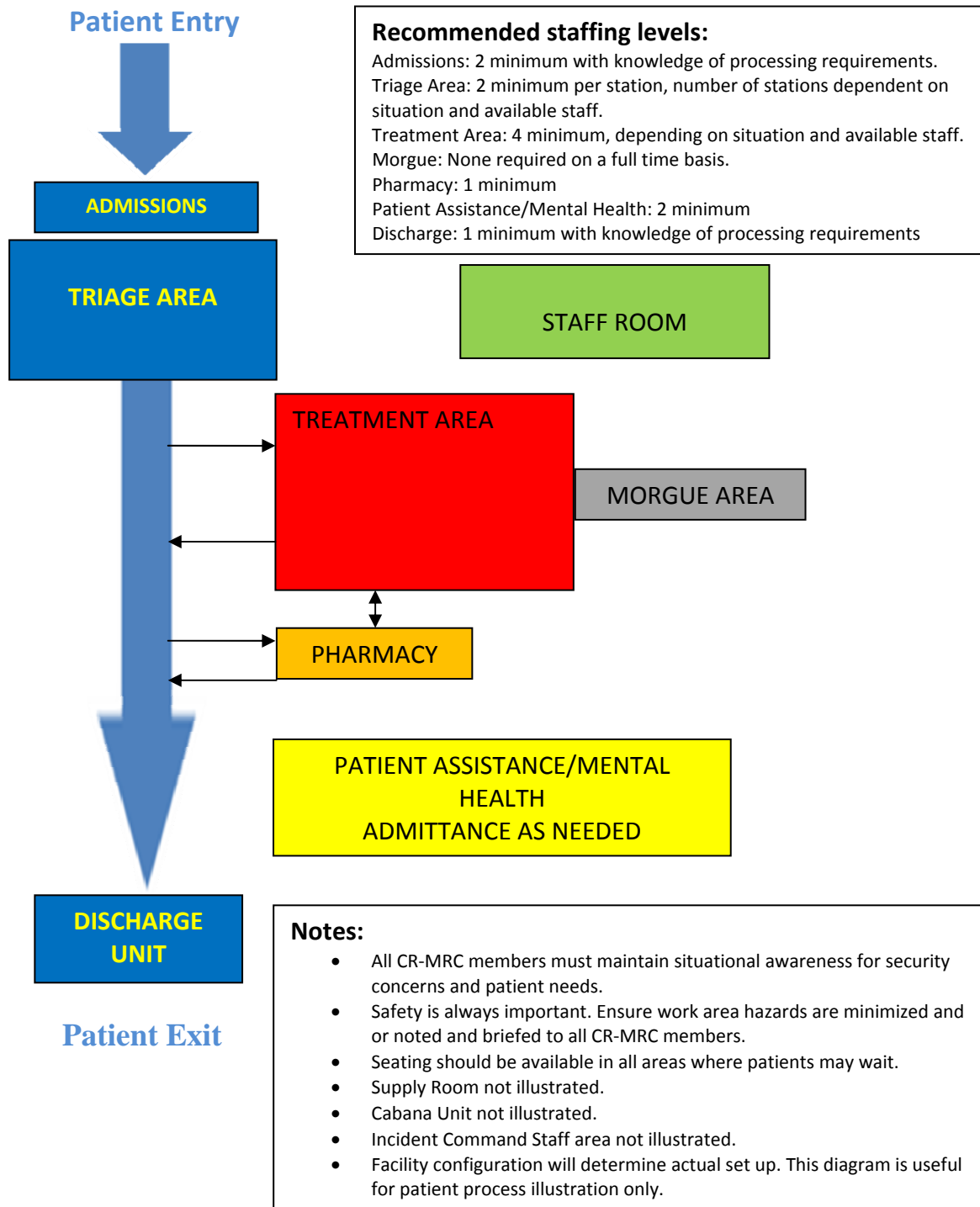


Figure 4. Typical CR-MRC Patient Flow Set Up



Attachment 1: Capitol Region Medical Reserve Corps Deployment Checklist

Planning Assumptions:

1. CR-MRC volunteers will be notified by the Commander.
2. A reporting location and time will be provided, along with any special instructions.
3. Be prepared to report within 1 hour.
4. The CR-MRC, via support from RESF-5, will provide meals and sleeping facilities.

It is recommended all CR-MRC members assemble their own “Personal Go Kit” containing the following items:

- CR-MRC Call Out Procedure
- CR-MRC Identification Badge
- CR-MRC Arm Band
- Alcohol based cleaner/hand sanitizer
- Baby wipes
- Sun block

Each CR-MRC member should bring the following when reporting.

- Enough weather appropriate clothing to last for a minimum of 48 hours.
- Medications and other personal items for a minimum of 48 hours.
- CR-MRC Provided Medical Kit/Trauma Bag
- Personal Go Kit

The following items are recommended for CR-MRC deployment.

- Canteen
- Personal first aid kit
- Face masks, respirators
- Flashlights with extra batteries
- Combs, brushes,
- Personal medications
- Toothbrush, toothpaste
- Underwear, socks, change of clothes
- Rain gear/ponchos
- Boots, change of footwear
- MRC Vest
- Whistle
- Armbands
- Food, water and snacks
- Personal credentials
- Feminine hygiene
- All weather paper and writing equipment
- Tags
- Safety pins
- Trash bag
- Marker for personal items
- Fanny pack
- Personal bag
- Work gloves

Attachment 2: CR-MRC Activation Briefing Outline

- Welcome
- Accountability/In Processing/Out Processing
- Name of Training, Event or Incident
- Chain of Command
- On-Site Staff
- Standard Schedule of Events/Work Schedules
- Site Layout (Provide diagram if available)
- Duties – Logistics/Non-Medical
 - Equipment Movement and Setup
 - Facilities & Site Management (Working, Eating, Sleeping, Signage, Runners)
 - Restock/Resupply/Equipment Receipt/Inventory Management
 - Communications
- Security Awareness
- Safety
 - General Safety Message
 - Site Specific Hazards
 - Event Specific Hazards
 - Universal Medical Precautions
- Other Pertinent Information
- Questions

Attachment 3A. CR-MRC Volunteer Job Description, Administrative Support Staff

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- Willingness to perform routine and extraordinary administrative tasks
- Obtain training as defined by CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer support staff in the CR-MRC may be asked to respond to a Capitol Region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan to assist with administrative support
- Attend membership meetings
- Special Projects as directed by CR-MRC Commander or Medical Director

Practice Areas	Possible Roles
Mass Emergency Medical Care	1. Administrative Support Staff Team leader 2. Various administrative tasks as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	Various administrative tasks as directed by CR-MRC Commander or Medical Director
Mass Vaccination/Dispensing	Various administrative tasks as directed by CR-MRC Commander or Medical Director
Membership Meetings	Various administrative tasks as directed by CR-MRC Commander or Medical Director
Non-Emergency Special Assignments	Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Special Administrative Projects	1. Administration of inventory 2. Administration of personnel database 3. Recruitment and retention of volunteers 4. Other various administrative tasks as directed by CR-MRC Commander or Medical Director

Attachment 3B. Capitol R-MRC Volunteer Job Description, Mental Health Professional

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- Licensed or certified to practice as a mental health professional in the State of Connecticut
- Obtain training as defined by CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer Mental Health Professional in the CR-MRC may be asked to respond to a capitol region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan
- Attend membership meetings

Practice Areas	Possible Roles
Mass Emergency Medical Care	<ol style="list-style-type: none"> 1. Psychological Screening/ Treatment 2. Mental Health Team Leader 3. Medication Screening/ Dispensing (if trained/certified) 4. Triage (if trained/certified) 5. First aid (if trained/certified) 6. Any non-medical role as directed
Mass Vaccination/Dispensing	<ol style="list-style-type: none"> 2. Psychological Screening/ Treatment 3. Mental Health Team Leader 4. Medication Screening/ Dispensing (if trained/certified) 5. Triage (if trained/certified) 6. Vaccine Prep/ Vaccinator (if trained/certified) 7. First aid (if trained/certified) 8. Any non-medical role as directed
Non-Emergency Special Assignments	Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	<ol style="list-style-type: none"> 1. Psychological Screening/ Treatment 2. Assist with client education 3. Take client medical histories 4. Any non-medical role as directed

Attachment 3C. CR-MRC Volunteer Job Description, Dentist

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- License to practice dentistry in the State of Connecticut
- Obtain training as defined by CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer dentists can perform duties consistent with their education and experience and may be asked to respond to a Capitol Region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan
- Attend membership meetings

<i>Practice Areas</i>	<i>Possible Duties</i>
Mass Emergency Medical Care	<ol style="list-style-type: none"> 1. Triage 2. Dentistry Team Leader 3. Medication Screening/ Dispensing 4. Medical treatment within the scope of practice 5. Provide direct supervision over dental hygienists and dental assistants when working in team 6. Any non-medical role as directed
Mass Vaccination/Dispensing	<ol style="list-style-type: none"> 9. Triage 10. Dentistry Team Leader 11. Medication Screening/ Dispensing 12. Vaccine Prep/ Vaccinator (if trained/certified) 13. Medical treatment within the scope of practice 6. Any non-medical role as directed
Non-Emergency Special Assignments	Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	<ol style="list-style-type: none"> 1. Assist with client education 2. Take client medical histories 3. Any non-medical role as directed

Additional Information

Sec. 20-123. Scope of practice of dentistry. Activities restricted to licensed dentists. Extended scope of practice for graduates of post-doctoral dental training programs. Penalties. Exceptions. (a) No person shall engage in the practice of dentistry unless he or she is licensed pursuant to the provisions of this chapter. The practice of dentistry or dental medicine is defined as the diagnosis, evaluation, prevention or treatment by surgical or other means, of an injury, deformity, disease or condition of the oral cavity or its contents, or the jaws or the associated structures of the jaws. The practice of dentistry does not include: (1) The treatment of dermatologic diseases or disorders of the skin or face; (2) the performance of microvascular free tissue transfer; (3) the treatment of diseases or disorders of the eye; (4) ocular procedures; (5) the performance of cosmetic

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surgery or other cosmetic procedures other than those related to the oral cavity, its contents, or the jaws; or (6) nasal or sinus surgery, other than that related to the oral cavity, its contents or the jaws.

(b) No person other than a person licensed to practice dentistry under this chapter shall:

(1) Describe himself or herself by the word "Dentist" or letters "D.D.S." or "D.M.D.", or in other words, letters or title in connection with his or her name which in any way represents such person as engaged in the practice of dentistry;

(2) Own or carry on a dental practice or business;

(3) Replace lost teeth by artificial ones, or attempt to diagnose or correct malpositioned teeth;

(4) Directly or indirectly, by any means or method, furnish, supply, construct, reproduce or repair any prosthetic denture, bridge, appliance or any other structure to be worn in a person's mouth, except upon the written direction of a licensed dentist, or place such appliance or structure in a person's mouth or attempt to adjust such appliance or structure in a person's mouth, or deliver such appliance or structure to any person other than the dentist upon whose direction the work was performed;

(5) Sell or distribute materials, except to a licensed dentist, dental laboratory or dental supply house, with instructions for an individual to construct, repair, reproduce or duplicate any prosthetic denture, bridge, appliance or any other structure to be worn in a person's mouth;

(6) Advertise to the public, by any method, to furnish, supply, construct, reproduce or repair any prosthetic denture, bridge, appliance or other structure to be worn in a person's mouth;

(7) Give estimates of the cost of dental treatment; or

(8) Advertise or permit it to be advertised by sign, card, circular, handbill or newspaper, or otherwise indicate that such person, by contract with others or by himself or herself, will perform any of the functions specified in subdivisions (1) to (7), inclusive, of this subsection.

(c) Notwithstanding the provisions of subsection (a) of this section, a person who is licensed to practice dentistry under this chapter, who has successfully completed a postdoctoral training program that is accredited by the Commission on Dental Accreditation or its successor organization, in the specialty area of dentistry in which such person practices may: (1) Diagnose, evaluate, prevent or treat by surgical or other means, injuries, deformities, diseases or conditions of the hard and soft tissues of the oral and maxillofacial area, or its adjacent or associated structures; and (2) perform any of the

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following procedures, provided the dentist has been granted hospital privileges to perform such procedures: (A) Surgical treatment of sleep apnea involving the jaws; (B) salivary gland surgery; (C) the harvesting of donor tissue; (D) frontal and orbital surgery and nasoethmoidal procedures to the extent that such surgery or procedures are associated with trauma.

(d) Any person who, in practicing dentistry or dental medicine, as defined in this section, employs or permits any other person except a licensed dentist to so practice dentistry or dental medicine shall be subject to the penalties provided in section 20-126.

(e) The provisions of this section do not apply to:

(1) Any practicing physician or surgeon who is licensed in accordance with chapter 370;

(2) Any regularly enrolled student in a dental school approved as provided in this chapter or a medical school approved as provided in chapter 370 receiving practical training in dentistry under the supervision of a licensed dentist or physician in a dental or medical school in this state or in any hospital, infirmary, clinic or dispensary affiliated with such school;

(3) A person who holds the degree of doctor of dental medicine or doctor of dental surgery or its equivalent and who has been issued a permit in accordance with section 20-126b and who is receiving practical training under the supervision of a licensed dentist or physician in an advanced dental education program conducted by a dental or medical school in this state or by a hospital operated by the federal government or licensed pursuant to subsection (a) of section 19a-491;

(4) Any regularly enrolled student in or graduate of an accredited school of dental hygiene who is receiving practical training in dental hygiene in an approved school of dental hygiene in the state or in any hospital, infirmary, clinic or dispensary affiliated with such school, under the supervision of a dentist licensed pursuant to this chapter or a dental hygienist licensed pursuant to chapter 379a; or

(5) Controlled investigations or innovative training programs related to the delivery of dental health services within accredited dental schools or schools of dental hygiene, provided such programs are (A) under the supervision of a dentist licensed pursuant to this chapter or physician licensed pursuant to chapter 370, and (B) conducted within a program accredited by the Commission on Dental Accreditation or such other national professional accrediting body as may be recognized by the United States Department of Education.

Attachment 3D. CR-MRC Volunteer Job Description, Emergency Medical Technicians and Paramedics

Emergency Medical Technician (EMT)
 Emergency Medical Technician Intermediate (EMT-I)
 Emergency Medical Technician – Paramedic (EMT-P)

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- Valid Connecticut certification or License
- Obtain training as defined by CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer EMS professionals in the CR-MRC may be asked to respond to a Capitol Region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan
- Attend membership meetings

Practice Areas	Possible Roles
Mass Emergency Medical Care	1. Triage 2. Paramedic/ EMT Team Leader 3. Medication Screening/ Dispensing (if trained/certified) 4. Medical treatment within the scope of practice 5. Any non-medical role as directed
Mass Vaccination/Dispensing	14.Triage 15.Paramedic/ EMT Team Leader 16.Medicament Screening/ Dispensing 17.Vaccine Prep/ Vaccinator (if trained/certified) 18.Medical treatment within the scope of practice 19.Any non-medical role as directed
Non-Emergency Special Assignments	Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	1. Medical treatment within the scope of practice 2. Assist with client education 3. Take client medical histories 4. Any non-medical role as directed

Additional Information

Sec. 19a-179a. Scope of practice of emergency medical technicians. Notwithstanding any provision of the general statutes or any regulation adopted pursuant to this chapter, the scope of practice of any person certified or licensed as an emergency medical technician-basic, emergency medical technician-intermediate or emergency medical technician-paramedic under regulations adopted pursuant to section 19a-179 may include treatment modalities not specified in the regulations of Connecticut state agencies, provided such treatment modalities are (1) approved by the Connecticut Emergency

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Medical Services Medical Advisory Committee established pursuant to section 19a-178a and the Commissioner of Public Health, and (2) administered at the medical control and direction of a sponsor hospital, as defined in section 28-8b.

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Attachment 3E. CR-MRC, Volunteer Job Description, Nurse

Advanced Practical Registered Nurse (APRN)

Licensed Practical Nurse (LPN)

Registered Nurse (RN)

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- License to practice Nursing in the State of Connecticut
- Obtain training as defined by CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer APRNs, LPNs and RNs in the CR-MRC may be asked to respond to a Capitol Region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan
- Attend membership meetings

Practice Areas	Possible Roles
Mass Emergency Medical Care	<ol style="list-style-type: none"> 1. Triage 2. Nursing Team Leader 3. Medication Screening/ Dispensing 4. Medical treatment within the scope of practice 5. Any non-medical role as directed
Mass Vaccination/Dispensing	<ol style="list-style-type: none"> 20. Triage 21. Nursing Team Leader 22. Medication Screening/ Dispensing 23. Vaccine Prep/ Vaccinator (if trained/certified) 24. Medical treatment within the scope of practice 25. Any non-medical role as directed
Non-Emergency Special Assignments	Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	<ol style="list-style-type: none"> 5. Assist with client education 6. Take client medical histories 7. Any non-medical role as directed

Additional Information

Sec. 20-87a. Definitions. Scope of practice. (a) The practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist or advanced practice registered nurse.

(b) Advanced nursing practice is defined as the performance of advanced level nursing practice activities that, by virtue of postbasic specialized education and

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experience, are appropriate to and may be performed by an advanced practice registered nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section, and shall collaborate with a physician licensed to practice medicine in this state. In all settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense and administer medical therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of professional samples in accordance with sections 20-14c to 20-14e, inclusive, except that an advanced practice registered nurse licensed pursuant to section 20-94a and maintaining current certification from the American Association of Nurse Anesthetists who is prescribing and administering medical therapeutics during surgery may only do so if the physician who is medically directing the prescriptive activity is physically present in the institution, clinic or other setting where the surgery is being performed. For purposes of this subsection, "collaboration" means a mutually agreed upon relationship between an advanced practice registered nurse and a physician who is educated, trained or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the advanced practice registered nurse, a method to review patient outcomes and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between an advanced practice registered nurse and a physician shall be in writing and shall address the level of schedule II and III controlled substances that the advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures that the advanced practice registered nurse may prescribe, dispense and administer. An advanced practice registered nurse licensed under the provisions of this chapter may make the determination and pronouncement of death of a patient, provided the advanced practice registered nurse attests to such pronouncement on the certificate of death and signs the certificate of death no later than twenty-four hours after the pronouncement.

(c) The practice of nursing by a licensed practical nurse is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician or dentist.

(d) In the case of a registered or licensed practical nurse employed by a home health care agency, the practice of nursing includes, but is not limited to, executing the medical regimen under the direction of a physician licensed in a state that borders Connecticut.

Attachment 3F. CR-MRC Volunteer Job Description, Pharmacist

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- License to practice pharmacy in the State of Connecticut
- Obtain training as defined by the CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer Pharmacists in the CR-MRC may be asked to respond to a Capitol Region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan
- Attend membership meetings

Medical Response	
Practice Areas	Possible Roles
Mass Emergency Medical Care	1. Medication Screening/ Dispensing 2. Pharmacist Team Leader 3. First aid (if trained/certified) 4. Any non-medical role as directed
Mass Vaccination/Dispensing	26. Medication Screening/ Dispensing 27. Pharmacist Team Leader 28. Vaccine Prep/ Vaccinator (if trained/certified) 29. First aid (if trained/certified) 30. Any non-medical role as directed
Non-Emergency Special Assignments	1. Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	8. Assisting with obtaining/providing emergency medication supplies 9. Assist with client education 10. Take client medical histories 11. Any non-medical role as directed

Additional Information

Sec. 20-590. (Formerly Sec. 20-170). Issuance of license or temporary permit to practice pharmacy; requirements. (a) The department shall, upon authorization of the commission, issue a license to practice pharmacy as a pharmacist to any individual provided the individual:

- (1) Has submitted a written application on a form approved by the department;
- (2) Has graduated from a college or school of pharmacy approved by the commission with a degree that was, at the time of graduation, an entry level professional pharmacy

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degree;

(3) Has the professional experience as a pharmacy intern required by regulations adopted by the commissioner, with the advice and assistance of the commission, in accordance with chapter 54;

(4) Has successfully passed the examination described under subsection (b) of this section;

(5) Is eighteen years of age or older at the time of the examination; and

(6) Has paid the examination fee specified in section 20-601.

(b) The examination for licensure required under subsection (a) of this section shall be given by the commission at least two times each year. The commission shall, with the approval of the commissioner, determine the content and subject matter of each examination, and the place, time and date of administration of the examination.

(c) The Department of Consumer Protection shall, upon authorization of the commission, issue a temporary permit to practice pharmacy to an individual who: (1) Practices under the direct supervision of a licensed pharmacist; (2) has an application for reciprocity on file with the commission; (3) is a licensed pharmacist in good standing in a state or jurisdiction from which such state's pharmacy board or commission of pharmacy grants similar reciprocal privileges to pharmacists licensed in this state; and (4) has no actions pending against such individual's license with any state's pharmacy board or commission of pharmacy.

(d) A temporary permit to practice pharmacy shall expire at the time the individual with the temporary permit is licensed as a pharmacist in this state, or not later than three months from the date of issuance of such temporary permit, whichever occurs first. The Department of Consumer Protection shall not issue more than one temporary permit to practice pharmacy to an individual, but the commission, at its discretion, may authorize one three-month extension of the temporary permit.

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Attachment 3G. CR-MRC Volunteer Job Description, Physician

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- License to practice Medicine as a Physician in the State of Connecticut
- Obtain training as defined by CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer Physicians in the CR-MRC may be asked to respond to a Capitol Region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan
- Attend membership meetings

Practice Areas	Possible Roles
Mass Emergency Medical Care	<ol style="list-style-type: none"> 1. Triage 2. Physician Team Leader 3. Medication Screening/ Dispensing 4. Medical treatment 5. Provide direct supervision over medical personnel while working in team 6. Any non-medical role as directed
Mass Vaccination/Dispensing	<ol style="list-style-type: none"> 31. Triage 32. Medication Screening/ Dispensing 33. Vaccine Prep/ Vaccinator 34. Medical Treatment 35. Any non-medical role as directed
Non-Emergency Special Assignments	Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	<ol style="list-style-type: none"> 12. Assist with client education 13. Take client medical histories 14. Any non-medical role as directed

Additional Information

Sec. 20-9. Who may practice medicine or surgery. (a) No person shall, for compensation, gain or reward, received or expected, diagnose, treat, operate for or prescribe for any injury, deformity, ailment or disease, actual or imaginary, of another person, nor practice surgery, until he has obtained such a license as provided in section 20-10, and then only in the kind or branch of practice stated in such license.

(b) The provisions of this chapter shall not apply to:

- (1) Dentists while practicing dentistry only;

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- (2) Any person in the employ of the United States government while acting in the scope of his employment;
- (3) Any person who furnishes medical or surgical assistance in cases of sudden emergency;
- (4) Any person residing out of this state who is employed to come into this state to render temporary assistance to or consult with any physician or surgeon who has been licensed in conformity with the provisions of this chapter;
- (5) Any physician or surgeon residing out of this state who holds a current license in good standing in another state and who is employed to come into this state to treat, operate or prescribe for any injury, deformity, ailment or disease from which the person who employed such physician, or the person on behalf of whom such physician is employed, is suffering at the time when such nonresident physician or surgeon is so employed, provided such physician or surgeon may practice in this state without a Connecticut license for a period not to exceed thirty consecutive days;
- (6) Any person rendering service as (A) an advanced practice registered nurse if such service is rendered in collaboration with a licensed physician, or (B) an advanced practice registered nurse maintaining classification from the American Association of Nurse Anesthetists if such service is under the direction of a licensed physician;
- (7) Any nurse-midwife practicing nurse-midwifery in accordance with the provisions of chapter 377;
- (8) Any podiatrist licensed in accordance with the provisions of chapter 375;
- (9) Any Christian Science practitioner who does not use or prescribe in his practice any drugs, poisons, medicines, chemicals, nostrums or surgery;
- (10) Any person licensed to practice any of the healing arts named in section 20-1, who does not use or prescribe in his practice any drugs, medicines, poisons, chemicals, nostrums or surgery;
- (11) Any graduate of any school or institution giving instruction in the healing arts who has been issued a permit in accordance with subsection (a) of section 20-11a and who is serving as an intern, resident or medical officer candidate in a hospital;
- (12) Any student participating in a clinical clerkship program who has the qualifications specified in subsection (b) of section 20-11a;
- (13) Any person, otherwise qualified to practice medicine in this state except that he is a graduate of a medical school located outside of the United States or the Dominion of Canada which school is recognized by the American Medical Association or the World

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Health Organization, to whom the Connecticut Medical Examining Board, subject to such regulations as the Commissioner of Public Health, with advice and assistance from the board, prescribes, has issued a permit to serve as an intern or resident in a hospital in this state for the purpose of extending his education;

(14) Any person rendering service as a physician assistant licensed pursuant to section 20-12b, a registered nurse, a licensed practical nurse or a paramedic, as defined in subdivision (15) of section 19a-175, acting within the scope of regulations adopted pursuant to section 19a-179, if such service is rendered under the supervision, control and responsibility of a licensed physician;

(15) Any student enrolled in an accredited physician assistant program or paramedic program approved in accordance with regulations adopted pursuant to section 19a-179, who is performing such work as is incidental to his course of study;

(16) Any person who, on June 1, 1993, has worked continuously in this state since 1979 performing diagnostic radiology services and who, as of October 31, 1997, continued to render such services under the supervision, control and responsibility of a licensed physician solely within the setting where such person was employed on June 1, 1993;

(17) Any person practicing athletic training, as defined in section 20-65f;

(18) When deemed by the Connecticut Medical Examining Board to be in the public's interest, based on such considerations as academic attainments, specialty board certification and years of experience, to a foreign physician or surgeon whose professional activities shall be confined within the confines of a recognized medical school;

(19) Any technician engaging in tattooing in accordance with the provisions of section 19a-92a and any regulations adopted thereunder; or

(20) Any person practicing perfusion, as defined in section 20-162aa.

(c) This section shall not authorize anyone to practice optometry, as defined in chapter 380, or to practice dentistry, as defined in chapter 379, or dental hygiene, as defined in chapter 379a.

(d) The provisions of subsection (a) of this section shall apply to any individual whose practice of medicine includes any ongoing, regular or contractual arrangement whereby, regardless of residency in this or any other state, he provides, through electronic communications or interstate commerce, diagnostic or treatment services, including primary diagnosis of pathology specimens, slides or images, to any person located in this state. In the case of electronic transmissions of radiographic images, licensure shall be required for an out-of-state physician who provides, through an ongoing, regular or contractual arrangement, official written reports of diagnostic evaluations of such images

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to physicians or patients in this state. The provisions of subsection (a) of this section shall not apply to a nonresident physician who, while located outside this state, consults (A) on an irregular basis with a physician licensed by section 20-10 who is located in this state or (B) with a medical school within this state for educational or medical training purposes. Notwithstanding the provisions of this subsection, the provisions of subsection (a) of this section shall not apply to any individual who regularly provides the types of services described in this subsection pursuant to any agreement or arrangement with a short-term acute care general hospital, licensed by the Department of Public Health, provided such agreement or arrangement was entered into prior to February 1, 1996, and is in effect as of October 1, 1996.

(e) On and after October 1, 1999, any person licensed as an osteopathic physician or osteopath pursuant to chapter 371 shall be deemed licensed as a physician and surgeon pursuant to this chapter.

Attachment 3H. CR-MRC Volunteer Job Description, Physician Assistant

Required for Capitol Region Medical Reserve Corps (CR-MRC)

- License to practice as a Physician Assistant in the State of Connecticut
- Obtain training as defined by CR-MRC to meet the core competencies outlined by the Office of the Surgeon General

Volunteer Practice Areas

- Volunteer Physician Assistants in the CR-MRC may be asked to respond to a Capitol Region mass medical emergency as outlined by the Capitol Region Emergency Planning Committee’s RED Plan
- Attend membership meetings

Practice Areas	Possible Roles
Mass Emergency Medical Care	<ol style="list-style-type: none"> 1. Triage 2. Medication Screening/ Dispensing 3. Medical treatment 4. Any non-medical role as directed
Mass Vaccination/Dispensing	<ol style="list-style-type: none"> 36. Triage 37. Medication Screening/ Dispensing 38. Vaccine Prep/ Vaccinator 39. Medical treatment 40. Any non-medical role as directed
Non-Emergency Special Assignments	<ol style="list-style-type: none"> 2. Participate in voluntary special events as directed by CR-MRC Commander or Medical Director
Large Scale Emergency Shelters	<ol style="list-style-type: none"> 15. Medical treatment 16. Assist with client education 17. Take client medical histories 18. Any non-medical role as directed

Additional Information

Sec. 20-12d. Medical functions performed by physician assistants. Prescriptive authority. (a) A physician assistant who has complied with the provisions of sections 20-12b and 20-12c may perform medical functions delegated by a supervising physician when: (1) The supervising physician is satisfied as to the ability and competency of the physician assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; and (3) such functions are performed under the oversight, control and direction of the supervising physician. The functions that may be performed under such delegation are those that are within the scope of the supervising physician's license, within the scope of such physician's competence as evidenced by such physician's postgraduate education, training and experience and within the normal scope of such physician's actual practice. Delegated functions shall be implemented in accordance with written protocols established by the supervising

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physician. All orders written by physician assistants shall be followed by the signature of the physician assistant and the printed name of the supervising physician. A physician assistant may, as delegated by the supervising physician within the scope of such physician's license, (A) prescribe and administer drugs, including controlled substances in schedule IV or V in all settings, (B) renew prescriptions for controlled substances in schedule II, III, IV or V in all settings, and (C) prescribe and administer controlled substances in schedule II or III in all settings, provided in all cases where the physician assistant prescribes a controlled substance in schedule II or III, the physician under whose supervision the physician assistant is prescribing shall document such physician's approval of the order in the patient's medical record not later than one calendar day thereafter. The physician assistant may, as delegated by the supervising physician within the scope of such physician's license, request, sign for, receive and dispense drugs to patients, in the form of professional samples, as defined in section 20-14c, or when dispensing in an outpatient clinic as defined in the regulations of Connecticut state agencies and licensed pursuant to subsection (a) of section 19a-491 that operates on a not-for-profit basis, or when dispensing in a clinic operated by a state agency or municipality. Nothing in this subsection shall be construed to allow the physician assistant to request, sign for, receive or dispense any drug the physician assistant is not authorized under this subsection to prescribe.

(b) All prescription forms used by physician assistants shall contain the printed name, license number, address and telephone number of the physician under whose supervision the physician assistant is prescribing, in addition to the signature, name, address and license number of the physician assistant.

(c) No physician assistant may: (1) Engage in the independent practice of medicine; (2) claim to be or allow being represented as a physician licensed pursuant to this chapter; (3) use the title of doctor; or (4) associate by name or allow association by name with any term that would suggest qualification to engage in the independent practice of medicine. The physician assistant shall be clearly identified by appropriate identification as a physician assistant to ensure that the physician assistant is not mistaken for a physician licensed pursuant to this chapter.

(d) A physician assistant licensed under this chapter may make the actual determination and pronouncement of death of a patient, provided: (1) The death is an anticipated death; (2) the physician assistant attests to such pronouncement on the certificate of death; and (3) the physician assistant or a physician licensed by the state of Connecticut certifies the death and signs the certificate of death no later than twenty-four hours after the pronouncement.

Attachment 4: Acronyms

AAR – After Action Report
CERT – Community Emergency Response Team
CRCOG – Capitol Region Council of Governments
CREPC – Capitol Region Emergency Planning Committee
CR-MRC – Capitol Region Medical Reserve Corps
CU – Cabana Unit
DMAT – Disaster Medical Assistance Team
DEMHS – Department of Emergency Management and Homeland Security
IC – Incident Commander
ICS – Incident Command System
MACU – Medical Assistance Casualty Unit
NIMS – National Incident Management System
POD – Point of Distribution
POV – Privately Owned Vehicle
RCC – Regional Coordination Center
RESF – Regional Emergency Support Function
UC – Unified Command
WMD – Weapon of Mass Destruction