

Introduction

This template serves as a foundational resource for Medical Reserve Corps (MRCs) Units in the development of a functional annex to their Emergency Operations Plans (EOPs), designed to enhance existing surge capacity frameworks. It provides structured decision-making processes regarding the integration of virtual care resources and the triage and treatment of patients during high-impact events such as man-made and natural disasters.

These scenarios, often characterized by increased patient volume or surge, along with staff and equipment shortages, present substantial risks to patient outcomes, necessitating proactive planning and response strategies. MRCs should anticipate deploying this annex frequently in disaster situations where traditional healthcare delivery has been disrupted and/or there is a need to meet impacted patients where they are in the community. The systematic formulation of adaptive strategies and the MRC's commitment to their implementation of the telehealth strike team remain essential components in ensuring an effective and resilient response to disaster patient surge events in local, state, and regional communities.

Disclaimer

Healthcare emergency preparedness requires a thorough understanding of the applicable legal and regulatory frameworks, particularly when making decisions related to resource distribution and critical care. Because legal protections and obligations differ across jurisdictions, it is essential that each MRC unit assumes full responsibility for adapting this template to align with its specific operational context and local/state requirements. While the recommendations provided reflect nationally recognized best practices as of the date of publication, they are subject to change and should not be interpreted as clinical guidance or legal counsel. This document does not represent official policy or directives from the U.S. Department of Health and Human Services (US HHS), the Administration for Strategic Preparedness and Response (ASPR), or the Health Resources and Services Administration (HRSA).

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1. Purpose

The Functional Annex for the Disaster Medical Reserve Corps (MRC) Strike Team defines how the capability is activated, deployed, managed, and demobilized during disasters and public health emergencies. It operationalizes the Disaster MRC Telehealth Strike Team Concept of Operations (CONOPS) by detailing roles, coordination of mechanisms, functional tasks, and resource requirements necessary to support Emergency Support Function 8 (ESF-8) medical and public health response.

2. Scope

This annex applies to all incidents requiring virtual clinical support to augment local, state, and/or regional capacity, including but not limited to:

- Natural disasters
- Shelter, field treatment, and surge-care operations
- Healthcare system disruptions
- Mass casualty incidents
- Public health emergencies and outbreaks

This annex addresses incident-period telehealth operations only and does not cover long-term patient follow-up or post-disaster case management.

3. Situation and Assumptions

A. Situation

During disasters, access to healthcare may be reduced to facility damage, staffing shortages, transportation disruptions, or increased patient demand. Telehealth provides a scalable solution that allows licensed clinicians to extend care into shelters, field sites, and partially functioning facilities while reducing unnecessary transport and hospital surge.

B. Assumptions

- Local healthcare capacity may be overwhelmed or inaccessible
- Internet connectivity may be limited or unstable
- Emergency licensure waivers or compacts may be activated
- Telehealth must integrate with the Emergency Operations Center (EOC); Incident Command and ESF-8
- On-site responders may require clinical decision support
- Patient needs may include medical, behavioral health, and chronic disease care

4. Logistics and Resource Support

A. Equipment

- Mobile telehealth backpack or portable case
- Audio-video devices and clinical peripherals
- Power supplies, batteries, and charging solutions
- Inventory tracking and labeling

B. Connectivity

- Broadband, cellular, and satellite options
- Redundant failover (backup) pathways
- Secure, encrypted communications

C. Power

- AC power when available
- Battery backups and portable generators
- Surge protection and safety protocols

5. Operational Phases

A. Readiness/Pre-Deployment

- Maintain equipment readiness and connectivity testing
- Conduct routine training and exercises
- Verify volunteer credentialing and platform access
- Coordinate planning with health departments, local/state EOCs, and healthcare coalitions

B. Activation and Deployment

- Activation through established emergency management channels
- Deployment upon approval by Incident Command/ESF-8
- Check-in with on-site supervisor or Medical Branch
- Establish secure telehealth connectivity and workspace
- Integrate into local clinical workflows

C. Sustained Operations

- Conduct virtual patient assessments and consultations
- Support on-site providers with triage and specialty input
- Maintain documentation, reporting, and situational awareness
- Adapt operations based on incident conditions and patient volume

D. Demobilization

- Coordinate demobilization with Incident Command
- Sanitize inventory, and reset equipment
- Conduct debriefings and after-action reporting
- Restore deployable telehealth asset to operational readiness

6. Stakeholder Organization and Responsibilities

A. MRC Unit Leader

- Authorizes telehealth pre-deployment actions
- Coordinates activation with ESF-8 and Incident Command
- Ensures MRC volunteer readiness, credentialing, and safety
- Serves as liaison to emergency management and healthcare partners
- Oversee operational performances and after-action processes

B. MRC Telehealth Strike Team Volunteer

- Deploy and set up telehealth equipment and connectivity
- Facilitate patient-assisted virtual clinical encounters
- Conduct assessments within licensure and scope of practice
- Document patient encounters
- Coordinate with on-site staff and remote clinicians
- Maintain privacy, security, and situational awareness

C. Telehealth Disaster Volunteer Physician/Clinician

- Provide remote consultations and specialty care
- Support triage and clinical decision-making
- Document encounters in approved systems
- Coordinate with on-site responders for continuity of care

D. Emergency Operations Center (Local/State)

- Authorize deployment and mission objectives
- Integrate telehealth operations into ESF-8 response
- Provide situational and logistical support

E. Healthcare Facilities/Response Agencies

- Identify care gaps and request telehealth support
- Integrate telehealth into patient flow and operations
- Coordinate escalation, referral, and transport decisions

7. Telehealth Functional Capabilities

A. Patient-Assisted Remote Consultations

- Real-time audio-video clinical encounters
- Supported by on-site personnel for vital signs and device positioning
- Applicable to medical, behavioral, and chronic disease needs

B. Shelter, Field, and Hospital Support

- General population and medical shelters
- Field treatment and stabilization sites
- Emergency departments and inpatient surge settings

8. Direction, Control, and Coordination

- Telehealth operations function under ICS/NIMS principles
- The MRC Telehealth Facilitator/Volunteer reports through the assigned Operations or Medical Branch
- Volunteers always remain in communication with their MRC Unit Leader
- Clinical decisions follow medical authority and facility protocols
- All coordination aligns with ESF-8 reporting structures

9. Safety, Security, and Privacy

- Volunteers comply with site safety and protocols
- Maintain situational awareness
- HIPAA-compliant platforms and encrypted data transmission
- Secure handling of devices and documentation
- Telehealth ceases if secure connectivity cannot be maintained

10. Communications

A. Internal

- Regular briefings and shift handoffs
- Secure messaging and voice communications
- Reporting through ICS channels

B. External

- Coordination with Incident Command and ESF-8
- Communication with healthcare and public health partners
- Public messaging coordinated through Public Information Officers (PIOs)

C. Redundancy

- Backup devices and power sources
- Paper or offline documentation options
- Alternative communication methods

11. Administration and Finance

- Resource tracking and inventory reconciliation
- Funding through grants, preparedness funds, and partnerships
- Documentation of hours, usage, and expenses per Medical Reserve Corps (MRC) Unit's policy

12. Training and Exercises

- Required baseline telehealth and ICS training
- Annual hands-on equipment and connectivity drills
- Participation in functional and full-scale exercises
- Competency validation through scenarios and evaluations

13. Plan Maintenance and Improvement

- After-Action Review conducted post-deployment
- Improvement Plans tracked and implemented
- Continuous Quality Improvement embedded in operations
- Annex updated as technology, policy, and response needs evolve

14. Authorities and References

- National Response Framework (NRF)
- Emergency Support Function 8 (ESF-8)
- NIMS/Incident Command System
- Medical Reserve Corps (MRC) Program Guidance
- State and federal telehealth regulations
- HIPAA and applicable privacy laws

15. Addendum: CONOPS – Disaster MRC Telehealth Strike Team

- See Attached CONOPS Addendum