Designed for MRC Volunteer units starting up their own Disaster MRC Telehealth Strike Team. This Blueprint is intended to remain with the telehealth deployable asset (backpack) for reference by the deployed MRC volunteer pre, during, and post deployment.

FIELD REFERENCE · TRAVELS WITH THE DEPLOYABLE ASSET

Blueprint

Disaster MRC Telehealth Strike Team

Model 1.0

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ABOUT THIS DOCUMENT

A portable guide that deploys with the telehealth asset

This Disaster MRC Telehealth Strike Team Blueprint document was developed collaboratively by the Southern Regional Disaster Response System (SRDRS) for HHS Region 4 and the Southeastern Telehealth Resource Center (SETRC) to support Medical Reserve Corps (MRC) units in integrating a disaster telehealth model into their disaster response operations. This model draws inspiration from the Medical Reserve Corp – East Metro Health District's (MRC-GEM) Telehealth Strike Team, and we sincerely appreciate MRC-GEM's support in shaping this approach for Region 4 MRCs.

The purpose of this Blueprint document is to provide a practical, portable reference guide that remains with the deployable telehealth asset during disasters, ensuring MRC volunteers have immediate access to operational guidance when needed. By providing clear, actionable information, this document supports effective and coordinated disaster telehealth deployment, enhancing the capacity of MRC units to respond to emergencies with agility, professionalism, and resilience.

MRC units that choose to adopt this disaster telehealth model are encouraged to adjust this Blueprint document to fit their individual MRC unit and locality's needs.

NOTE:

This document outlines Model 1.0 of the Disaster MRC Telehealth Strike Team, which serves as the foundational framework for integrating telehealth capabilities into MRC-led disaster response operations. Model 1.0 enables non-clinical MRC volunteers to deploy telehealth assets in the field and facilitate connections between patients and remote healthcare providers, thereby helping to bridge disrupted care pathways during emergencies and disaster incidents.

A subsequent iteration, Model 2.0, is planned for collaborative development in Federal Fiscal Year 2027 (FFY27) by the Southern Regional Disaster Response System for HHS Region 4 and the Southeastern Telehealth Resource Center (SETRC). Model 2.0 will expand on the telehealth facilitator role by incorporating licensed MRC clinicians, such as Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Emergency Medical Technicians (EMTs, Paramedics), and Advanced Practice Providers (APPs) to provide on-site clinical support in coordination with the distant-site telehealth provider. Upon completion of Model 2.0, MRC units will have access to a tiered operational approach for the Disaster MRC Telehealth Strike Team, consisting of: (1) Deployable Telehealth Asset and Facilitator Support Only; and (2) Deployable Telehealth Asset, Facilitator, and On-Site Clinical Support. This tiered model enhances flexibility and scalability, enabling tailored telehealth deployment by MRC units based on incident complexity and clinical need.

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1. Glossary

Active Deployment	When an MRC volunteer is officially assigned to support a real-world emergency or response mission under their MRC unit's direction.
After-Action Review (AAR)	Structured discussion post-event or exercise to identify what happened, why it happened, and how to improve future responses.
Asynchronous	Something that does not happen in real time, you can complete it on your own schedule (e.g., online training you take whenever it is convenient).
Bluetooth	Wireless technology that allows devices to connect and share data over short distances without using cables.
Bluetooth Stethoscope	A stethoscope that wirelessly connects to a phone, tablet, or computer so heart and lung sounds can be heard, recorded, or shared remotely.
CERT	A Community Emergency Response Team (CERT) is a program that trains volunteers to assist with emergency preparedness, disaster response, and community safety.
Deployable Asset	Any resource, such as people, equipment, or supplies, that can be sent out to support a disaster response when needed.
Deployment Reimbursement Tracker	A tool used to record and track expenses during deployment so MRC volunteers and units can be properly reimbursed as appropriate and needed.
Deployment Site	A specific location where MRC volunteers are sent to carry out their assigned response duties for disaster response.
Deployment Site Supervisor	The person in charge at the deployment site directs and supports MRC volunteers in their assigned roles.
Distant Site Provider	A healthcare professional who delivers care to patients remotely through virtual care (telehealth) from another location.
Disaster Telehealth	The use of telehealth technology to connect patients with medical professionals remotely during disasters when in-person care may be limited. Also referred to as disaster telemedicine and disaster virtual care (DVC).
Firewall Access	The security control that allows or blocks internet traffic through a network's protective barrier to keep computers and sensitive information safe.
HD	High Definition refers to video or images with higher resolution and clarity than standard definition, providing sharper and more detailed quality.
HIPAA	The HIPAA (Health Insurance Portability and Accountability Act) is a U.S. law that protects the privacy security of patients' health information.
Hotspot	A device that provides a portable internet connection so an MRC volunteer can access online systems from anywhere.
Horus Scope	A digital medical device that lets you view, record, and share detailed images of the ear, throat, or other body parts for remote medical evaluation.

Medical Reserve Corp (MRC)	A network of local volunteers who support public health and emergency response efforts in their communities.
Mi-Fi	A small portable device that creates a personal Wi-Fi hotspot, allowing multiple devices to connect to the internet on the go.
NIMS	The National Incident Management System (NIMS) is a standardized framework that guides how volunteers and agencies work together during emergencies and disasters.
Pan-Tilt	A camera mount that allows the device to move side-to-side (pan) and up-and-down (tilt) for flexible viewing angles during monitoring or telehealth use.
Peripheral Case	A protective carrying case is used to store and transport computer accessories or medical device add-ons.
Personal Health Information (PHI)	Any information that can identify any individual and relates to their health, medical history, or healthcare services.
Post Deployment	The period after an MRC volunteer finishes a mission, when activities like debriefing, reporting, and follow-up occur.
Pre Deployment	The period before an MRC volunteer goes on a mission, used for preparation, training, and planning.
Presenter	The MRC volunteer who assists the patient at a disaster site by connecting to a healthcare professional remotely through virtual care (telehealth) technology.
Provider	A healthcare professional who delivers medical care remotely to patients during emergencies or disasters.
Starlink	A satellite internet service that provides fast, reliable internet access in remote or disaster-affected areas.
USB	Universal Serial Bus is a standard type of computer connection used to quickly and easily transfer data or power between devices such as phones, laptops, and medical equipment.
Virtual Care Platform	An online system that allows healthcare providers to see, assess, and treat patients remotely. This is also referred to as the telehealth platform.
VOAD	The Voluntary Organizations Active in Disaster (VOAD) is a coalition of nonprofit and volunteer groups that coordinate disaster response and recovery efforts.
Wi-Fi	A wireless network that allows devices to connect to the internet without cables.

2. Disaster Telehealth Deployable Asset Backpack

A. Backpack Asset Contents

Deployable asset contents will depend on funding and focus initiatives of MRC unit.

B. User Guide

Prior to Deployment

- Confirm backpack includes laptop with power cord, power strip, HD USB camera, USB speaker/mic or headset, Horus scope with lens attachments (otoscope, dermascope, general lens), Bluetooth Littman stethoscope, and peripheral case.
- Ensure all components are accounted for and in working order prior to deployment.

Laptop

- Power on the laptop by plugging it in (if needed) and pressing the "power" button; it's ready to use once it boots up.
- If password protected, contact your appropriate local IT team member for access.

Internet Connection

- Coordinate with local IT to confirm the internet connection method (MiFi, Wi-Fi, etc.).

External USB Camera

- Plug the camera's USB into a laptop and open the kickstand to place and secure it on top of the screen.
- Once connected (you should hear a chime), the camera should auto-focus and become the default video.

External USB Speaker & Microphone

- Plug the USB speaker/mic into the laptop; once connected (you should hear a chime), it typically becomes the default audio device.
- Use buttons to mute/unmute, adjust volume (+/-), answer (bottom left), or disconnect calls (bottom right).
- Insert hyperlink to manuals for speaker/mic if appropriate and needed.

Virtual Care Platform

- Log into the virtual care (telehealth) platform that will be used to connect the patient with the provider.
- If a direct link is being sent to connect with the provider, log into the email account where the link is being sent to access.
- At least 5 minutes before the start of a patient/provider session, attempt connection in case of technical difficulties.

Horus Scope Camera *

- Connect scope by plugging USB into laptop or tablet; listen for connection sound.
- Press power button on top of device.
- Battery indicator: blue = >25%, orange = charging, no light = off.
- Remove rubber shields, align guides, insert scope clockwise until it locks. Rotate counterclockwise to remove.
- Use Focus Wheel to sharpen image; press right/left icons to increase/decrease light. Press "OK" to freeze/unfreeze image.
- Press "Menu" → scroll with / → select → "OK" to confirm. Press "Menu" to return to live view. Menu auto-exits after 15 sec.
- Horus Scope manual: Insert link here

Stethoscope *

- Both the presenter and telehealth provider need the same type of Bluetooth stethoscope account (e.g., ThinkLabs, Eko, Littman).
- The Bluetooth stethoscope should already be paired with the laptop.
- Access via the stethoscope icon or weblink for the Bluetooth stethoscope.
- Log in using the username and password given for the MRC unit's account.
- Bluetooth stethoscope manual: Insert link here

**If using a different brand device for scope camera or stethoscope, update steps to match brand.*

3. Pre-Deployment Considerations

A. Provider

- PC/laptop with internet access.
- Access to designated virtual care (telehealth) platform.
- Bluetooth stethoscope or headset (if used for remote exams). Will require access to associated Bluetooth stethoscope software.
- Private space to ensure HIPAA-compliant care delivery.
- **Personnel requirement**
  - Licensed clinician (e.g., MD, NP, PA, RN).
  - License or certification required per state scope.
- **Recommended training requirement(s)**
  - See Training Addendum E on page 15.

B. MRC Unit / Presenter

- Pre Deployment Logistics

Space Requirements	Identify where MRC volunteer is being deployed has a private space with a table/chair, power outlet (120v), and Wi-Fi or cellular data signal. Privacy must be ensured for confidential patient care.
Connectivity	Confirm firewall access to web-based platforms or identified virtual care (telehealth) platform(s), MiFi, mobile routers, or Starlink may be needed in remote or disrupted areas. The Wi-Fi and cellular service may be unreliable depending on disaster conditions and deployment location. Planning for redundancy connectivity is essential to ensure continuity of care delivery.
Personnel Logistics	Arrange lodging, food, transportation and shift schedules for deployed MRC volunteer(s). Ensure at least one point of contact per site.
Site Readiness	Encourage site to complete a readiness checklist (space, power, internet, patient volume) 12+ hours before activation/deployment.
Flexibility	Be prepared to adapt to alternate communication formats (e.g., phone, chat, asynchronous consults) if video connectivity fails.

- Assess deployment site readiness.
  - Internet access (including permissions for use, firewalls, passwords)
  - Reliable power source
  - Private space for HIPAA-compliant telehealth visit
- Identify providers connecting to the backpack and the virtual services they will deliver.
- Confirm provider agreements are in place with your MRC.
- Ensure providers have the required equipment and software.
- Confirm steps needed to capture patient data and telehealth utilization.
- Personnel Requirement.
  - Presenters can be clinical or non-clinical MRC volunteers.
  - **Clinical experience is not required to serve as an MRC volunteer telehealth presenter in this model.**
  - The tele-physician serves as the licensed medical provider and directs all clinical care decisions.
  - A license or certification is not required to be a presenter.
- Recommended training requirement(s).
  - Southeastern Telehealth Resource Center (SETRC) Telehealth Presenter Video (online) (see p15).
  - Cultural Competency (see p15).

4. Active Deployment

A. Provider

- Deliver clinical services remotely, including assessment, documentation, and treatment planning.

- Responsibilities include:
  - Review patient EHR and prior notes.
  - Engage with patient and presenter to confirm privacy and explain the process.
  - Conduct a virtual exam and assess clinical needs of the patient.
  - Create a treatment plan and provide education or follow-up instructions.
  - Coordinate referrals or schedule in-person care if needed.
  - Document in EHR and follow reported reporting protocols.

- Anyone serving as a provider must have or bring:
  - Laptop and power cord
  - External USB camera
  - External USB microphone, speaker, headset
  - Bluetooth Stethoscope (such as Littman) or appropriate headset
  - Extra "AA" batteries
  - MiFi/Hot Spot or cable for internet connection, if available

B. MRC

- Serves onsite to facilitate the patient's disaster telehealth encounter, manage equipment, and support communication.

- Responsibilities include:
  - Deploy to identified site.
  - Set up and test equipment (e.g., laptop or tablet, camera, microphone, device access)
  - Welcome and prepare patient.
  - Operate devices to support provider exam (camera positioning, lighting, assistive devices if applicable).
  - Document patient vitals or basic assessments (if trained and authorized).
  - Facilitate communication, translation, or clarification between provider and patient.
  - Close out session, sanitize equipment, and document encounter summary.
  - The tele-physician guides the telehealth consultation and provides direction to the MRC presenter throughout the patient encounter.
- Anyone serving as an MRC telehealth presenter must bring an assigned disaster telehealth deployable backpack.
  - See Section 1A of this document for items which may be included in the disaster MRC telehealth deployable backpack.

C. Deployment

- Timeline:
  - Anticipate minimum 12-hour activation notice, ideally within 18-24 hours.
  - Some emergencies may require less notice.
- Shift requirements
  - 8-12-hour shifts with adequate breaks; team must coordinate with distant-site providers for scheduling.
- Rotation
  - If no telehealth provider is on call, a local nurse may assist with triage and support.
- Connectivity
  - Redundant connectivity options should be considered, including backup use of hotspots and satellite services (e.g., Starlink) to support continuity of operations.

D. Limiting Factors & Deployment Considerations

- Equipment Shortage: If deployable telehealth backpacks are limited, prioritize by volume, acuity, and readiness; use tiered approach.
- Staffing Capacity: Schedule MRC volunteers and telehealth providers with relief coverage to prevent burnout.
- Infrastructure Limits: Poor coverage or space may delay or relocate services.
- Training Gaps: Train presenters before deployment to maintain quality of care.
- Licensure/Platform: Use HIPAA compliant platforms and licensed providers, unless waivers apply.
- Connectivity limitations may require adaptation of telehealth services, including transitioning to audio-only communication when video is not feasible. In such cases, clinical assessment may be limited due to lack of visual evaluation.

5. Post Deployment Considerations

A. Provider

- Ensure patient care is documented in EHR when available.
- Record all relevant expenses.
- Participate in post-deployment After Action Review (AAR)/hotwash to share learned lessons and improve the Disaster MRC Telehealth Strike Team Model. .

B. MRC Presenter

- Document deployment activities (e.g., patients seen – without personal identifiable information, dates/times, travel, food/lodging if not provided).
- Record and submit all deployment-related expenses to the MRC unit contact.
- Clean and disinfect the items in deployable asset (backpack) as needed and appropriate.
- Return the deployable asset (backpack) to its originating MRC unit location.
- Join post-deployment After Action Review (AAR)/hotwash to share lessons learned and improve the MRC DVC deployable asset model.

6. Addendums

6A. MRC Presenter Job Aid

A step-by-step workflow for the MRC volunteer telehealth presenter, from site arrival through session close-out.

1

SECURE A LOCATION

- Once on site, identify a secure and quiet location (as best feasible) to hold telehealth sessions.
- Ensure designated telehealth allows for privacy with the provider/patient encounter.

2

ESTABLISH INTERNET CONNECTION

- Use Wi-Fi, MiFi, or Hotspot and establish an internet connection.
- If a password is needed to access Wi-Fi, speak with a supervisor in charge at the deployment site.
- Use backup redundancy (e.g., satellite – Starlink if available) to restore internet connection.

3

VIRTUAL CARE (TELEHEALTH) CONNECTION PREPARATION

- Log into virtual care software platform in preparation for patient/provider telehealth visit.
- Or log into the email account that will receive the direct links for the patient/provider telehealth visit.

4

GREET THE PATIENT

- Introduce yourself as the MRC Disaster Volunteer assisting with the telehealth visit.
- Clinical experience is not required for this role. The MRC volunteer facilitates the telehealth visit while the tele-physician provides the clinical care.
- Document date & time patient seen and first initial and last name of patient (to protect patient's Personal Health Information [PHI]).
- If patient is non-English speaking and has an interpreter with them, ask if this individual is a certified medical interpreter. Share this information with the tele-physician when connected.

5

INITIATE TELEHEALTH SESSION BETWEEN PATIENT & PROVIDER

- Follow provider's instructions. The tele-physician will guide the consultation and direct all aspects of the patient encounter.
- Take vitals, use Bluetooth stethoscope, horoscope with lens attachments as requested by the tele-physician.
- Pivot camera as request by provider.
- When telehealth visit concludes, terminate the telehealth session on tablet or laptop.
- Facilitation as MRC volunteer telehealth presenter for patient has concluded.

6

AFTER TELEHEALTH SESSION ENDS WITH PATIENT

- Use alcohol wipes in the disaster telehealth backpack to clean/wipe down any items used and/or pulled out of the bag during a telehealth session with a patient.
- Never use medical equipment with a patient that has not been cleaned/wiped down with alcohol wipes.

REMINDERS:

- ✓ Always check in with supervisor or manager upon arrival at deployment site.
- ✓ Before starting disaster telehealth facilitation on site, discuss with the supervisor or manager on site what the protocol is to reach them quickly, if needed, while you are with a patient (and cannot leave the patient).
- ✓ **Do not offer clinical advice or perform clinical services** unless specifically authorized by your MRC Unit Leadership.
- ✓ Keep your cell phone on, ringer up, and charged (if possible) while deployed.

6B. Backpack Checklist: Pre & Post Deployment

1. PRE DEPLOYMENT CHECKLIST

Note if listed item is MRC presenter's possession, number of item(s) in backpack, confirm if item(s) charged – if applicable, any missing or broken items or equipment, etc.

- ☐ Backpack_____
- ☐ Laptop or Tablet _____
- ☐ Cords for Laptop or Tablet _____
- ☐ Battery Charger for Laptop or Tablet_____
- ☐ MiFi or Hotspot Device_____
- ☐ External USB Camera_____
- ☐ External USB Microphone/Speaker_____
- ☐ Double "AA" Batteries_____
- ☐ Alcohol Wipes_____
- ☐ Peripheral Case_____
- ☐ Bluetooth Stethoscope_____
- ☐ Handheld Horus Scope _____
- ☐ Lens Attachments for Horus Scope_____
- ☐ Other Item(s)_____
- ☐ Additional Notes_____

2. POST DEPLOYMENT CHECKLIST

Note if listed item is MRC presenter's possession, number of item(s) in backpack, confirm if item(s) charged – if applicable, any missing or broken items or equipment, etc.

- ☐ Backpack_____
- ☐ Laptop or Tablet _____
- ☐ Cords for Laptop or Tablet _____
- ☐ Battery Charger for Laptop or Tablet_____
- ☐ MiFi or Hotspot Device_____
- ☐ External USB Camera_____
- ☐ External USB Microphone/Speaker_____
- ☐ Double "AA" Batteries_____
- ☐ Alcohol Wipes_____
- ☐ Peripheral Case_____
- ☐ Bluetooth Stethoscope_____
- ☐ Handheld Horus Scope _____
- ☐ Lens Attachments for Horus Scope_____
- ☐ Other Item(s)_____
- ☐ Additional Notes_____

6C. Emergency Contact List

This is an example of an emergency contact list. This list should be customized to your MRC's local and state area.

Emergency Response Contacts	Number(s) to Call
Ex: Police, Fire, Medic/Ambulance	911
Ex: Police - Non-Emergency	Specific to area being deployed
Ex: - Poison Control	Specific to each state

MRC Unit Contacts	Work Cell	After-Hours Cell	MRC Email
Ex: Deployment Point of Contact			
Ex: Back up Point of Contact			
Ex: MRC President / Director			

Regional/State MRC Contacts	Work Cell	After-Hours Cell	Email
Will be specific to each MRC unit's			
region and state			

Virtual Care Provider Contacts	Work Cell	After-Hours Cell	Email
Contact(s) for teams, groups, health			
systems, or vendors that are			
providing disaster virtual care service			

Medical Contacts	Work Cell	After-Hours Cell	Email
Consider Healthcare Coalitions,			
hospitals and healthcare facilities,			
pharmacies, etc.			

Community Organizations	Work Cell	After-Hours Cell	Email
Consider contacts for VOADs,			
American Red Cross, Faith-based			
Organizations, CERTs, etc.			

Emergency Management Agencies	Work Cell	After-Hours Cell	Email
Local and state, specific to the MRC			
unit's region			

6D. Disaster Deployment Reimbursement Tracker

This is an example of a Deployment Expense Tracker. This list should be customized based on your MRC Unit's policies.

DISASTER EVENT			
Date(s) Deployed		**Deployed to**	
NOTE: Submit copies of documentation to support expenses documented on this form.			
Travel Costs Related to Deployment			
Total mileage to & from deployment site		Total mileage expense	$
Rental car		Total rental car expense	$
Parking fees/tolls incurred for parking while performing MRC duties;		Total parking fee & toll expense	$
Other: Provide details here.		Total other expense	$
Travel expenses may or may not be approved for reimbursement contingent on MRC unit's disaster event reimbursement policy.		**Total Travel Expense**	**$**
Lodging/Meal Costs Related to Deployment			
Lodging required for deployment. *Only claim if deployment site <u>does not</u> provide shelter/lodging for MRC volunteer.* Enter lodging location here.		Total lodging expense (room, tax). *Do not include additional room charges for use of room service, mini-bar, pay-per-view, etc.*	$
Meals required during deployment. *Only claim if deployment site does not provide meals for the MRC volunteer.* Enter the meal location(s) here.		Total meal expenses. *Do not include alcohol. Note: Meals are capped at the MRC unit's per diem rate.*	$
NOTE: Lodging expenses may or may not be approved for reimbursement contingent on MRC unit's disaster event reimbursement policy.		**Total Lodging Expense**	**$**
Other Costs Incurred Related to Deployment			
Describe expense here and how it is related to MRC deployment.		Total expense	$
Describe expense here and how it is related to MRC deployment.		Total Expense	$
NOTE: Other costs incurred may or may not be approved for reimbursement contingent on MRC unit's disaster event reimbursement policy.		**Total Other Costs Incurred Expense**	**$**
		Total Expense for Disaster Deployment	**$**

6E. Training Resources

SOUTHEASTERN telehealth RESOURCE CENTER	• Telehealth Presenter Training • Free • Online Video	https://telehealth-in-practice.thinkific.com/courses/telehealth-introduction
American Red Cross	• Shelter Fundamentals Course • Disaster Mental Health	https://www.redcross.org/take-a-class/disaster-training?srsltid=AfmBOopZcN4123c1WRThm6aOyIixwZRLDX1mc-trpaNTORwHuYCbkC0x
	• First Aid/CPR	https://www.redcross.org/take-a-class?scode=PSG00000E017&gclsrc=aw.ds&ds_rl=1289062&gad_source=1&gad_campaignid=12295555149&gbraid=0AAAAAD0HxsCqWY8kGtD-74ITnUblE8MTB&gclid=Cj0KCQjw2MbPBhCSARIsAP3jP9wO2V7VwmHseCFnmDOOe4D6g7vGzvxooWY8kI10_BN7mY0Gjd7O_xwaAldWEALw_wcB
FEMA EMI	• IS-100.C & IS-700.B • Free, self-paced online course	https://training.fema.gov/is/crslist.aspx?lang=en
OMH U.S. Department of Health and Human Services Office of Minority Health	• Free, online • Cultural competency program for disaster & emergency management	https://thinkculturalhealth.hhs.gov/education/disaster-and-emergency

TRAIN	• MRC TRAIN Learning Network • Catalog of training opportunities for emergency preparedness, response, and public health	https://www.train.org/mrc/welcome
STOP THE BLEED	• American College of Surgeons (ACS) virtual Stop the Bleed course • Usually, there is no charge for most ACS Stop the Bleed courses • Virtual and in-person courses offered	https://cms.bleedingcontrol.org/class/search
THE NATIONAL BOARD OF CERTIFICATION FOR MEDICAL INTERPRETERS	• If deploying an MRC volunteer that speaks a second language, it is recommended a medical interpreter certification be considered. • Under the Affordable Care Act (Section 1557), healthcare providers must use qualified medical interpreters for patients with limited English proficiency. This requirement remains in place during disasters, though flexibility may be applied to avoid delays in care.	https://www.certifiedmedicalinterpreters.org/