

2017

Michigan Volunteer Management Guidance Document



MICHIGAN PUBLIC HEALTH
EMERGENCY PREPAREDNESS
VOLUNTEER MANAGEMENT
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I. INTRODUCTION

A. PURPOSE

The purpose of the Volunteer Management Guidance Document (Guidance) is to establish an approach to effectively facilitate the use of volunteers in local, tribal, state, and federal emergency preparedness and response efforts. This Guidance promotes coordination with other emergency preparedness entities to support the deployment of health professional and general volunteers.

Volunteers can be a significant source of timely manpower, skills, and abilities, while providing valuable insight on a community's needs. Volunteers can also augment emergency staff with basic skills and support activities, allowing responders to focus their efforts on specialized work.

In the event of any disaster or public health emergency response, plans and situations may call for volunteers to supplement response efforts of health and medical personnel when demand exceeds the available resources.

B. SCOPE

This Guidance addresses the overall concepts for the coordination of affiliated, non-affiliated, and spontaneous volunteers scalable to the size and scope of an event. The goals behind this Guidance are as follows:

- Ensure an adequate and competent volunteer workforce
- Coordinate the credentialing, recruitment, activation, notification, deployment, and demobilization of volunteers
- Promote successful volunteer retention, engagement and appreciation
- Allow sharing of volunteers across jurisdictions
- Offer information on protections available to volunteers

The ASPR TRACIE Volunteer Management Topic Collection available at <https://asprtracie.hhs.gov/technical-resources/74/volunteer-management/60> provides additional resources to compliment the scope of this document.

C. PLANNING ASSUMPTIONS

- Volunteers are not to be considered a rapid-reaction first responder resource
- Some jurisdictions have volunteer management plans
- Volunteers should be affiliated with an established organization and trained for specific disaster response activities

- The number and type of volunteers available for a given incident will vary based on individual availability and interest in deploying
- Spontaneous and affiliated volunteers will come forward to assist in a disaster (regardless of invitation or express warnings not to)
- Volunteer health, safety, security, and supervision will be a priority at all times
- The National Incident Management System (NIMS) and the National Response Framework (NRF) will be the basis for supporting, responding to and managing all response efforts
- Volunteers are important resources in response and recovery efforts and must be effectively coordinated
- Volunteers may be used to support disaster and community events, and public health events such as health fairs, exercises, and immunization clinics
- No matter what system is utilized, create redundancy to enable agencies to continue functioning in the event of a system failure
- Volunteers have a right to be informed about the nature of the incident and what to expect about field conditions, housing, etc.
- The requesting organization assumes responsibility to train and supervise all volunteers
- The requesting organization assumes responsibility for basic needs of emergency volunteers which may include food, lodging, personal and medical care needs
- The security of sensitive volunteer information collected or shared during an emergency should be carefully considered and handled according to local, regional and state policies and procedures

II. CONCEPT OF OPERATIONS

A. PREPARATION & COORDINATION

A1. Roles/Responsibilities

Volunteers can be utilized for a declared disaster and/or a localized event that overwhelms the system. Volunteers can also play an essential role in supporting public health programs and other initiatives during non-emergent times. A Volunteer Coordinator should be utilized and additional personnel should be called upon to support the following activities in an emergency or non-emergency event (if not performed by another agency):

- Filling request for volunteers
- Coordinating incoming/outgoing volunteers
- Bridging volunteer resources/partners
- Identification and credential verification
- Situational awareness – tracking and monitoring volunteer use and movement

Volunteers can assist during non-emergency or emergency events in a variety of ways such as those identified below.

Examples of Roles in Non-Emergency Activities:

- Support the U.S. Surgeon General Priorities
- Support the 10 Essentials of Public Health
- Provide First Aid services at community events
- Provide educational presentations on health-related topics and/or community preparedness
- Distribute preparedness information
- Promote immunization and other public health campaigns at health fairs

Examples of Roles in Emergency Response:

- Augment medical and support staff shortages at medical or emergency sites
- Assist with the distribution and dispensing of medications
- Assist with epidemiology, contact tracing, and surveillance
- Assist in staging area staffing, at a Volunteer Reception Center (VRC), Reunification and/or Family Assistance Center
- Other roles identified to aid in response

See [Attachment A](#) for examples of volunteer job descriptions and roles to support an agency in an emergency or non-emergency event.

A2. Partner Collaboration

Coordination between governmental agencies and non-governmental volunteer programs in an emergency promotes an effective and efficient use of resources. Written plans should include partner resource lists, memoranda of understanding (MOU) or other letters of agreement with jurisdictional volunteer sources. To maximize effectiveness, relationships should be established and agreements should be in place before an emergency situation.

Suggested partners include but are not limited to the following groups:

- Professional medical organizations (e.g. nursing and allied health)
- Professional guilds (e.g. behavioral health)
- Academic institutions
- Faith-based organizations
- Voluntary Organizations Active in Disasters (VOAD)
- Medical Reserve Corps (MRC)
- Community Emergency Response Team (CERT)
- Non-profit, private, and community-based volunteer groups (Red Cross, Salvation Army)

Partnership agreements should include plans for the following:

- Partner organizations' promotion of public health volunteer opportunities
- Volunteer referrals to partner organizations
- Policies for protection of volunteer information, including destruction of information when it is no longer needed
- Liability protection for volunteers ([Section III Volunteer Liability and Protection](#))
- Efforts to continually engage volunteers through routine community health activities
- Documentation of the volunteers' affiliations and provision for registered identification cards denoting volunteers' area of expertise

See [Attachment B](#) for sample letters of agreement and [Attachment C](#) for sources of volunteers.

A3. Identifying & Recruiting Volunteers

Anticipating personnel needs prior to an incident is not always possible; however, affiliated and credentialed volunteers with known particular skill sets, knowledge, or abilities helps response agencies better serve the people in their community.

Agencies can perform or utilize a needs assessment (i.e., Community Risk Assessment, Hazard Vulnerability Assessment) to best determine the risks associated with a public health emergency and how volunteers may be utilized to support response and planning efforts.

See [Attachment D](#) for a list of possible volunteer types that could be utilized during a public health emergency. It is very important to continually recruit these specialized professions.

A4. New Volunteer Application/Orientation/Identification Process

Each volunteer will be required to go through an application and orientation process before receiving an identification badge. These steps are further described in the subsections below:

Application Process

All new volunteers will be processed and required to fill out a volunteer application and other registration forms (See [Attachment E](#)). The following process will be initiated upon receipt of a completed application:

- Application Review & Interview – The Volunteer Coordinator or designee will contact the applicant to review the application and conduct an informal interview.
- Background Check – A background/license check must be completed to verify applicant's credibility, as described in the Section A5 Credential Verification.
- Final Screening/Orientation Scheduling– All volunteers should attend a new volunteer orientation as outlined below.

New Volunteer Orientation

The new volunteer orientation should discuss expectations, roles and responsibilities of the volunteer as well as provide an overview of the hosting agency. Below are examples of handouts that can be given to a volunteer at orientation.

- *Volunteer Checklist, Requirement Form or Handbook* (See [Attachment E](#)) – A resource should be provided which outlines requirements and expectations of volunteers. This could be in the form of a one page sheet or in a small handbook.
- *Code of Conduct and Confidentiality Statement* (See [Attachment E](#)) – All volunteers must read, sign, and provided a signed copy of the Code of Conduct and Confidentiality Statement.
- *Family Disaster Plan* – Volunteers should review the Family Disaster Plan procedures and be encouraged to complete a plan for their own family. In an emergency event, the safety of the volunteer's family is crucial for the volunteer to be an effective part of the response. Please see [FEMA](#) or [Ready.gov](#) for great resources on family preparedness.
- *Incident Command Structure* – Volunteers will need to know who to report to at all times. It is recommended that volunteers be introduced to their supervisors, provided their contact information and a flow chart of the incident command structure.

Identification Badge

The purpose of the identification badge (ID) is to provide visual identification of credentials and control access to restricted areas. Information provided on the ID badge may include, but is not limited to the following:

- Visual identification (name & photograph)

- Affiliation
- Supervising agency/department
- Issue Date of ID Badge
- Professional licenses/registrations
- Position/role/work area
- Volunteer signature
- Barcode for scanning purposes (if your agency has this resource)

A5. Credential Verification

Emergency credentialing standards help to ensure requesting authorities receive qualified personnel with the needed and documented credentials (i.e., licensure, education, training, etc.) during an emergency or disaster (See [Attachment F](#)).

- *Credentialing* is the process of establishing the qualifications of licensed professionals, organizational members or organizations, and assessing their background and legitimacy. Ways to verify credentials include, but are not limited to:
 - MI Volunteer Registry
 - Department of Licensing and Regulatory Affairs (LARA) L2K and Accela
 - MDHHS Emergency Medical Services licensing system (EMS Licensing)
 - Michigan State Police Internet Criminal History Access Tool (ICHAT)
 - Office of Inspector General (OIG)
 - Drug Enforcement Agency (DEA)
 - Established VRC
 - Affiliation point of contact such as:
 - MRC
 - CERT
 - Red Cross
 - Salvation Army
 - Local health department
 - Hospital
 - Jurisdictional response team
- *Emergency Credentialing Levels (ECL)* are designations assigned to a volunteer based on verified qualifications, defined by the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program. Each healthcare volunteer may be classified into one of four different ECLs, the highest (ECL1) indicating they are clinically active in a hospital as an employee or by virtue of having hospital privileges.

A6. Safety

Planning to receive or deploy volunteers will involve advance communication and coordination to ensure the safety of volunteers are maintained as the highest priority. Agencies utilizing volunteers should provide resources and just-in-time training materials for both volunteers and volunteer management staff. The collective goal is a comprehensive and systematic approach to ensure:

- Use of appropriately trained volunteers that fit their assigned role
- Health and safety monitoring is maintained throughout the response process
- Assessments are conducted to determine need for implementing health surveillance

The table below can be utilized as a checklist to ensure the collective safety goal is met. Also, see [Attachment G](#) for an example script of a volunteer safety briefing.

| Safety Considerations |
|---|
| Medical Screening |
| Training on anticipated hazards and protective measures |
| Centralized tracking, monitoring and rostering of volunteers |
| Surveillance and monitoring for exposures and adverse health effects |
| Out-processing assessments on completion of response duties |
| Follow-up or long term monitoring and surveillance for potential delayed or long-term adverse health effects of the deployment experience |

A7. Spontaneous Volunteers

A VRC may be utilized as a solution for volunteer management and allow local entities to send spontaneous volunteers and requests through the VRC to be managed. Spontaneous volunteers would be referred to the VRC or other established means (i.e., MI Volunteer Registry) for acceptance and placement (during an event). The agency should not accept spontaneous volunteers directly at an event location due to liability and the safety of volunteers, employees and affected individuals.

In the event of activation, the affected agency Volunteer Coordinator should work with the established VRC in notifying spontaneous volunteers on how and where to report. A Volunteer Coordinator at the VRC can utilize spontaneous volunteers to meet needs only after having them vetted through the appropriate processes.

Local entities should work with partners prior to an emergency to determine the systems in place to manage spontaneous volunteers. If your agency or volunteer partners does not have a VRC plan in place, the plan template and resources available at <http://www.dlrmrc.org/volunteer-support-workgroup.html> may be used to incorporate these important practices into your Volunteer Management Plan.

B. EVENT VOLUNTEER REQUEST PROCESS

B1. Event Request

Based on the response and/or event, determine type and number of volunteers needed to respond. If not already performed, assign/establish a Volunteer Coordinator (VC) or designee to handle and coordinate this process. The Volunteer Coordinator will gather general information on the anticipated event, including at a minimum the following items (see [Attachment H](#) for a sample Volunteer Request form):

- Event description
- Anticipated tasks
- Work location
- Duration, dates and times
- Field conditions
- Safety
- Other factors that may influence the volunteer accepting the assignment
- Number of personnel needed

B2. Volunteer Availability

The Volunteer Coordinator will send out a volunteer request (via email, text, phone, etc) to determine availability and interest in event assignment based on information provided under section B1, completed volunteer request forms, and information received from the requesting organization. A pre-determined time span should be provided for volunteers to respond to a given request. Once the response window has closed, determination can be made whether there is a sufficient number of volunteers to support the event. Note that a request for availability is not a formal deployment request.

B3. Matching Event with Volunteers

The Volunteer Coordinator will identify available and eligible volunteers who meet the deployment qualification requirements. Once a determination has been made, a final credential check should be performed to ensure the volunteer's credentials are current, and there have been no new convictions or disciplinary action issued to a volunteer.

C. MOBILIZATION

The activation of registered and credentialed volunteers may be pushed through Incident Command (IC) or Emergency Operations Centers (EOC). The Volunteer Coordinator will serve as the main point of contact for the collection of volunteer information (i.e. request forms), support to local/regional program coordinators to complete requests, tracking deployments, and coordinating assignments in accordance with jurisdictions/state response plans. See [Attachment I](#) for an event response algorithm.

C1. Logistical Considerations

Each agency receiving volunteers should coordinate logistical requirements or needs with their local Emergency Operations Center (EOC) if deemed necessary.

See the table below for some examples of logistical considerations.

| | |
|-------------------|--|
| Transportation | The receiving organization assumes responsibility for transportation to the mobilization/demobilization location unless otherwise specified. |
| Lodging | Could be applicable for multi-day events for volunteers traveling out of jurisdiction. If the response necessitates hotel accommodations cannot be guaranteed, volunteers must be prepared to stay in shelter-type conditions. |
| Meals | Dependent on shift and duration of event, volunteers may be provided meals (i.e. Red Cross or Salvation Army). Volunteer should plan for a 72-hour self-sustaining kit to include food and water for unforeseen circumstances. |
| Childcare | Arrangements to help assure that volunteers' family concerns are addressed. Volunteers will not be likely to volunteer if they have concerns of unmet needs of their family. |
| Behavioral Health | Support to address volunteers' mental and emotional needs before, during and after an event. |
| Operational Hours | Hours to be specified by IC or the onsite volunteer coordinator. |

C2. Activation/Assignment

Once selected volunteer(s) have accepted the assignment, an activation notice to the volunteer(s) should be sent to include all pertinent deployment specific detailed information such as:

- Nature of the emergency
- Specific skills or resources sought
- Location of the emergency
- Where to report (staging area or location where to report)
- Steps on what to do upon arrival
- What to bring or not bring
- Family and pet preparedness considerations
- Sleeping, eating and travel arrangements
- A contact number or radio frequency
- Expectations of the length of deployment
- Hours of operation

C3. Event Orientation

Developing a plan for event orientation, training, and supervising volunteers is essential to the successful involvement of volunteers in disaster response and recovery efforts. It is important that volunteers have a full understanding of their roles, responsibilities, expectations and equipment needed.

The table below provides a checklist of what should be included in the Event Orientation/Briefing. [Attachment J](#) also provides a sample briefing template and deployment checklist.

| Checklist |
|--|
| Instructions of current status of emergency: <ul style="list-style-type: none"> ▪ Situational awareness ▪ Agency's disaster event ▪ Lead agency |
| Key policies and procedures <ul style="list-style-type: none"> ▪ Code of conduct ▪ Communication (notification, radios, bulletin boards, runners) ▪ What to do in case of accident or injury |
| Volunteer's role <ul style="list-style-type: none"> ▪ Incident management key principles ▪ Scope of responsibility |
| Safety instructions (general and job specific): <ul style="list-style-type: none"> ▪ Environmental factors and health requirements ▪ What to bring or wear ▪ Security measures and weapons policy |
| Any applicable liability issues related to the: <ul style="list-style-type: none"> ▪ Incident ▪ Volunteer's role(s) |
| Maps, floorplan, and/or site tours |
| Accommodations such as meals, breaks, and valuables |
| Psychological First Aid and stress management |

C4. Training

Volunteers should be provided with a written job description and trained accordingly to promote:

- Safe volunteer operations
- Volunteers are being taken seriously
- Consistency and quality of services to clients
- The interest and assets of the organization are protected

The amount and type of training that volunteers receive should be based on:

- The level of the volunteers' experience
- The risk of the activity they will be engaging in

- The complexity of the task
- Equipment required
- Any policies or regulations related to the task

D. VOLUNTEER TRACKING SYSTEM

During volunteer deployment it is vital that volunteers be accounted for from the initiation of assignments through demobilization. When requesting volunteers, the Volunteer Coordinator or designee will coordinate the required tracking mechanisms with any other onsite Volunteer Coordinator.

Any agency that has or will receive volunteers should have established plans or protocols to track the volunteer hours, activities, and other administrative formalities (See [Attachment K](#)). Volunteer information collected and shared to support intra or inter-jurisdictional onsite or offsite agency operations should include a disclosure and volunteer sign off of who will have access to their information and for what purposes. See online example of MI Volunteer Registry Terms of Service and Privacy Policy at https://www.mivolunteerregistry.org/terms_of_service.php.

E. DEMOBILIZATION AND RECOVERY

Coordinate the release of volunteers based on evolving incident requirements, the Incident Action Plan (IAP), and partner agencies. Demobilization activities may occur as a whole for all disaster volunteers involved in an event or for each individual as they reach the limits of their ability to volunteer or at the end of their assignment. If your agency has the lead role in volunteer coordination, plans for releasing volunteers should include considerations such as in the table below. See [Attachment L](#) for debriefing and demobilization example documentation.

| Demobilization Tasks |
|---|
| Release from duty, in accordance with IAP |
| Assure all assigned activities are completed and/or replacement volunteers are briefed |
| Reassess and determine whether additional volunteer assistance is needed |
| Assure all equipment is returned |
| Confirm follow-up contact information |
| Compilation of data and identification of volunteers with special skills for potential future use |
| Exit interview to inform on typical mental health and physical reactions to disasters, available resources, the volunteer's experience, and performance |
| Transportation procedures |

Develop a written plan to include a protocol for conducting exit screening, to include documentation of the following:

| Demobilization Documentation |
|--|
| Any injuries <ul style="list-style-type: none">▪ If necessary a referral |
| Mental/Behavioral Health needs <ul style="list-style-type: none">▪ If necessary a referral |
| Volunteer Release or Evaluation Form |
| Community resources that support post-deployment needs and requirements for volunteers including operational debriefing, health screening and counseling/mental health support |

F. VOLUNTEER RETENTION

Volunteers are an essential resource, for which engagement and appreciation are essential measures to ensure they be retained. Matching the needs of the event with volunteer interests and qualifications is equally important. Volunteers must be appreciated and valued for the work they do, as well as be the right fit to benefit from their position and their work environment. Tools to support retention may include: an effective interview, screening and placement process; orientation and member meetings; opportunities to participate in trainings, drills, exercises, and events; and organized appreciation events. See [Attachment M](#) for methods on how to best retain volunteers.

Livingston County United Way's "[Volunteer Livingston-Harnessing the P.O.W.E.R. of Volunteers](#)" tool provides an outline for volunteer coordinators to Plan for, Organize, Work with, Engage and Retain (POWER) volunteers.

F1. Engagement

Volunteer engagement is a strategy designed to build capacity in an organization by involving volunteers in an area where they can make the most impact. Collaboration, adaptability, transparency and flexibility between staff, partners and volunteers are key. Engagement includes a shared set of goals, values and beliefs and an understanding that volunteers are critical for success. It is important that you engage volunteers in meaningful work and find the right role for each volunteer.

Additional resources for best practices/articles to strategically engage volunteers are as follows:

- VolunteerHub. (2014) "[How to Engage Your Volunteers](#)"
This webpage summarizes best practices/articles on how to engage volunteers.
- United Way. (2015). [Guide to Strategic Volunteer Engagement](#).
This document details United Way's volunteer engagement efforts as well as offers suggestions for thinking through a strategic approach and shares examples of best practices and strategic plans.
- Rehnborg, Sarah Jane. (2009). [Strategic Volunteer Engagement](#). RGK Center for Philanthropy & Community Service, The University of Texas at Austin.
This document provides a strategic framework and guidance for organizations to explore implications of engaging volunteers.

F2. Appreciation/Recognition

Volunteer appreciation and recognition is key to establishing a successful volunteer team. Recognizing and rewarding a volunteer benefits the individual, makes them feel valued, and results in continuous improvement in performance. Volunteers that feel valued, respected and appreciated will want to engage in your organization and want to help towards its continued success. Rewarding volunteers should stem from genuinely valuing their efforts, dedication and commitment. Volunteer recognition should take into consideration its timing, consistency, sincerity and enthusiasm.

The list below provides examples of volunteer appreciation and recognition efforts:

- Emergency preparedness gifts (i.e. items to help build a preparedness kit or emergency supply)
- Certificate of appreciation
- Certificate of hours volunteered
- Recognition in newsletters and social media
- Thank you events such as parties and birthday cards
- Training and accreditation

Additionally, here are some resources to help engage your volunteers:

- Baudville. (2011). [52 Volunteer Appreciation Ideas](#).
This guide offers suggestions on volunteer appreciation event ideas, volunteer awards, volunteer gift ideas and other low cost appreciation ideas.
- Community Tool Box. (2015). [Chapter 41: Rewarding Accomplishments](#).
This resource is Chapter 41 of the Community Tool Box, an online resource that provides step-by-step guidance in community building skills. Chapter 41 is entitled “Rewarding Accomplishments” and provides information on how to reward and honor colleagues and partners.

III. VOLUNTEER LIABILITY AND PROTECTION

A. CONSIDERATIONS

It is important to know how your volunteers relate to the legal and liability regulations that are incorporated into your organization, local jurisdiction and state. A sponsoring entity that has a good understanding of volunteer liability protection can more effectively recruit, train and utilize volunteers. This is challenging in that laws can be difficult to find and understand, protection is inconsistent from state to state, volunteers can have multiple affiliations and spontaneous volunteers may or may not be protected. Here are some considerations when evaluating the liability and protections for your volunteers:

- Volunteers are legally responsible for their own acts or omissions and can face civil tort liability and criminal penalty.
- It should be understood that all person(s) acting as a volunteer are not employees or agents of sponsoring organization and provide such services at their own risk (this can vary depending on the sponsoring organization).
- Since volunteers are not employees, usually volunteers are not entitled to any compensation or benefits from the sponsoring organization (i.e., worker's compensation, medical insurance, or unemployment compensation).
- Sponsoring organization shall not be obligated to defend or indemnify the volunteers against liability for the following: (1). Intentional, grossly negligent or unlawful acts or allegations thereof; and, (2). Providing false and/or inaccurate information on the Volunteer Application Form.

B. LEGAL & LIABILITY RESOURCES

Below are valuable resources pertaining to volunteer legal and liability protection including a toolkit, overview of volunteers and liability, sources of liability protections, checklists for volunteer organizations, and information searchable by profession, state, and status of emergency declaration. Please see [Attachment N](#) for FAQs on Legal and Regulatory Issues.

- Baker-White, A. (2013). [Quick Reference: Reviewing Emergency Volunteer Liability and Protections](#). Robert Wood Johnson Foundation, Network for Public Health Law.
This one-page quick reference guide summarizes concepts and issues pertinent to emergency volunteers. It also includes an overview of state and federal laws that provide liability coverage and/or immunity to volunteers, and notes when such protections would apply.

- Association for State and Territorial Health Officials. (2013). [Emergency Volunteer Toolkit](#). *This toolkit consists of a series of fact sheets and executive overviews focused on key concepts regarding emergency response volunteers, including types of volunteers; federal and state laws governing or affecting volunteers; and volunteer registration, licensing, credentialing, and privileging.*
- Federal Emergency Management Agency. (2009). [Citizens Corps Volunteer Liability Guide: An Overview of Legal Issues and Approaches to Address Liability for Emergency Volunteers](#). *The aim of this guide is to provide an overview of volunteers and liability, a summary of the law and liability, lists sources of liability protection (e.g., volunteer acts, and Good Samaritan laws), and explains risk management as it relates to liability. Also included are checklists that can be tailored by volunteer organizations.*
- University of Pittsburgh. (n.d.). Emergency Law Inventory <https://legalinventory.pitt.edu/> *This webpage describes laws and compacts related to volunteer liability, license reciprocity, scope of practice, and workers' benefits. Information is searchable by profession, state, and status of emergency declaration.*

IV. ACKNOWLEDGEMENTS

The Volunteer Management Guidance Document was developed through the efforts of a Public Health Emergency Preparedness (PHEP) Volunteer Management Workgroup consisting of the following members.

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- Virginia Zimmerman, MI Volunteer Registry and Medical Reserve Corps State Coordinator, zimmermanv@michigan.gov, 517-335-2868

Comments or suggestions for future modifications should be directed to the workgroup members.

V. REFERENCES

52 Volunteer Appreciation Ideas

<https://www.baudville.com/volunteer-appreciation-ideas-ebook-baudville/pdfs>

ASPR Tracie Volunteer Management Topic Collection

<https://asprtracie.hhs.gov/technical-resources/74/volunteer-management>

Association for State and Territorial Health Officials Emergency Volunteer Toolkit

<http://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Volunteer-Toolkit/Volunteer-Liability-Fact-Sheet>

Community Tool Box Chapter 41: Rewarding Accomplishments

<http://ctb.ku.edu/en/table-of-contents/maintain/reward-accomplishments/celebrations/main>

Federal Emergency Management Agency Citizens Corps Volunteer Liability Guide: An Overview of Legal Issues and Approaches to Address Liability for Emergency Volunteers

https://www.fema.gov/media-library-data/20130726-1854-25045-1228/citizen_corps_volunteer_liability_guide.pdf

Frequently Asked Questions (FAQ) About Legal and Regulatory Issues Pertaining to the MI Volunteer Registry

http://www.michigan.gov/documents/mdch/LEGAL_ISSUES_258700_7.pdf

Guide to Strategic Volunteer Engagement

http://s3.amazonaws.com/uww.assets/site/out_of_school_time/OST_UW_Strategic_Volunteer_Engagement_guide.pdf

How to Engage Your Volunteers

<https://www.volunteerhub.com/blog/engage-volunteers>

Maine Responds Emergency Health Volunteer System Volunteer Handbook

http://www.emsa.ca.gov/Media/Default/PDF/DHV_Volunteer_Handbook_2014_1.pdf

Network for Public Health Law Quick Reference: Reviewing Emergency Volunteer Liability and Protections located at

https://www.networkforphl.org/_asset/j0vs19/Emergency-Volunter-Liability-poster-small.pdf

New Mexico Department of Health Volunteer Deployment Management Plan
<https://nmhealth.org/publication/view/plan/2032/>

Ohio Citizen Corps Volunteer Reception Center
<http://www.clermontcitizencorps.org/vrcmanual.pdf>

Region 1 Volunteer Reception Center (VRC) activation training video and toolkit
<http://www.d1rmrc.org/volunteer-support-workgroup.html>

Robert Wood Johnson Foundation, Network for Public Health Law Quick Reference:
Reviewing Emergency Volunteer Liability and Protections
https://www.networkforphl.org/_asset/j0vs19/Emergency-Volunter-Liability-poster-small.pdf

SAMHSA Tips for Disaster Responders: Preventing and Managing Stress
<https://store.samhsa.gov/product/Preventing-and-Managing-Stress/SMA14-4873>

Spontaneous Volunteer Management Plan Template, Western Massachusetts Medical Reserve Corps
<http://wmmrc.org/resources/spontaneous-volunteer-management-plan-down-loadable/>

Strategic Volunteer Engagement
<http://www.volunteeralive.org/docs/Strategic%20Volunteer%20Engagement.pdf>

University of Pittsburgh Emergency Law Inventory
<https://legalinventory.pitt.edu>

Volunteer Florida Reception Center Floor Plan
<http://www.volunteerflorida.org/wp-content/uploads/2013/03/UnaffiliatedVolunteers.pdf>

Volunteer Livingston-Harnessing the P.O.W.E.R. of Volunteers
https://drive.google.com/file/d/0B_9twYwT8gutazZ6RFVKeUZUUGc/view

ATTACHMENTS

Attachment A – Volunteer Roles/Job Descriptions

ATTACHMENT A

Skilled Job Descriptions

Medical/Health Assessment Professional – Skilled Position

| Components | Details |
|------------------------------|--|
| Need fulfilled | Environmental health, community health, epidemiology |
| Certification or License | MD, DO, ARNP, PA, RN |
| Requirement | Proof of relevant work experience |
| General Duties | <ol style="list-style-type: none">1. Assess overall health of persons2. Assess medical needs of persons3. Identify immediate medical needs & offer practical assistance4. Refer & connect to other providers or higher level of care5. Document contacts and referrals |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Experienced in patient assessment2. Familiar with local medical care resources3. Familiar with Psychological First Aid4. Aware of “at-risk” populations5. Multi-lingual |

Mental Health Assessment Professional – Skilled Position

| Components | Details |
|------------------------------|--|
| Need fulfilled | Community health |
| Certification or License | LICSW, LMFT, LMHC, PhD, PsyD |
| Requirements | Proof of relevant work experience |
| General Duties | <ol style="list-style-type: none">1. Provide & support safety and comfort2. Provide emotional stabilization3. Identify immediate MH needs & offer practical assistance4. Refer & connect to other supports or higher level of care5. Document contacts and referrals |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Familiar with local mental health resources2. Knowledge of mental health brief assessment3. Familiar with Psychological First Aid4. Awareness of “at-risk” populations5. Experienced in crisis counseling techniques6. Multi-lingual |

Immunization Clinic Nurse – Skilled Position

| Components | Details |
|------------------------------|---|
| Need fulfilled | Immunization |
| Certification or License | RN, LPN |
| Requirements | Complete Flu Shot training program for nurses |
| General Duties | <ol style="list-style-type: none">1. Assist with set-up and clean-up2. Assist public with data form completion3. Answer questions from the public4. Explain vaccine(s) purpose and potential hazards5. Administer vaccine(s)6. Maintain proper records as required |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Knowledge of vaccine(s) being distributed2. Knowledge of rules pertaining to administration of the vaccine(s)3. Knowledge of potential side-effects4. Skilled in vaccine administration5. Interpersonal communications skills6. Knowledge of record-keeping requirements7. Multi-lingual |

Epidemic/Pandemic Pharmaceutical Nurse – Skilled Position

| Components | Details |
|------------------------------|--|
| Need fulfilled | Community health, epidemiology |
| Certification or License | ARNP, PA, RN, LPN |
| Requirements | Complete Flu Shot training program for nurses |
| General Duties | <ol style="list-style-type: none">1. Assist with POD set-up and clean-up2. Assist public with data form completion3. Answer questions from the public4. Explain vaccine(s) purpose and potential hazards5. Administer vaccine(s)6. Maintain proper records as required |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Knowledge of POD operations2. Knowledge of vaccine(s) being distributed3. Knowledge of rules pertaining to administration of the vaccine(s)4. Knowledge of potential side-effects5. Skilled in vaccine administration6. Interpersonal communications skills7. Knowledge of record-keeping requirements8. Multi-lingual |

Patient Evacuation – Skilled Position

| Components | Details |
|------------------------------|---|
| Need fulfilled | Community health |
| Certification or License | MD, DO, ARNP, PA, RN, LPN, CNA, Paramedic, EMT |
| Requirements | Proof of relevant work experience |
| General Duties | <ol style="list-style-type: none">1. Direct movement of ambulatory and non-ambulatory patients from and to housing2. Coordinate transportation resources3. Package patients for movement4. Move patients safely and efficiently without injury to patient or patient handlers5. Offload patients at new location6. Keep records of patient names, where moved from, and final destination. |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Appropriate patient packaging prior to movement2. Patient communication3. Direct team of patient handlers4. Knowledge of local transportation resources5. Multi-lingual |

Medical Care – Skilled Position

| Components | Details |
|------------------------------|--|
| Need fulfilled | Community health |
| Certification or License | MD, DO, ARNP, PA, RN, LPN, CNA |
| Requirements | Proof of relevant work experience |
| General Duties | <ol style="list-style-type: none">1. Assess medical needs of persons2. Provide medical care appropriate for the setting and patient needs.3. Refer to alternative location or level of care as required4. Document all work done |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Patient care procedures and medications as required2. Knowledge of alternative care locations3. Knowledge of specialty care locations4. Knowledge of “at-risk” population needs5. Documentation requirements6. Multi-lingual |

In-hospital Care – Skilled Position

| Components | Details |
|------------------------------|---|
| Need fulfilled | Community health |
| Certification or License | MD, DO, ARNP, PA, RN, LPN, CNA |
| Requirements | Proof of relevant work experience |
| General Duties | <ol style="list-style-type: none">1. Assess medical needs of persons2. Provide initial and ongoing medical care appropriate for the setting and patient needs.3. Refer to alternative location or level of care as required4. Document all work done |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Patient care procedures and medications as required2. Knowledge of hospital patient care, lab and pharmacy procedures3. Knowledge of alternative care locations4. Knowledge of specialty care locations5. Knowledge of “at-risk” population needs6. Documentation requirements7. Multi-lingual |

Health/Medical Equipment/Supplies Distributor – Skilled Position

| Components | Details |
|------------------------------|--|
| Need fulfilled | Environmental health, community health |
| Certification or License | RN, RCP |
| Requirements | Proof of relevant work experience |
| General Duties | <ol style="list-style-type: none">1. Deliver, set-up equipment2. Train/assist persons with using equipment3. Inventory supplies4. Deliver new supplies |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Operation of various types of durable medical equipment2. Knowledge of medical supplies and their uses3. Patient communication and training skills4. Multi-lingual |

Veterinarian – Skilled Position

| Components | Details |
|------------------------------|--|
| Need fulfilled | Community health, epidemiology |
| Certification or License | DVM, LVT |
| Requirements | Proof of relevant work experience |
| General Duties | <ol style="list-style-type: none">1. Assess medical needs of animals2. Provide medical care appropriate for the setting and animal needs.3. Refer to alternative location or level of care as required4. Document all work done |
| Knowledge, skills, abilities | <ol style="list-style-type: none">1. Animal care procedures and medications as required2. Knowledge of alternative care locations3. Knowledge of specialty care locations4. Documentation requirements5. Multi-lingual |

Attachment B – Partner Agreements



Letter of Agreement between the American National Red Cross and Medical Reserve Corps

I. Purpose

The purpose of this Letter of Agreement (LoA) is to establish a formal partnership between the American National Red Cross (Red Cross) and the Medical Reserve Corps (MRC). This LoA provides a structure for collaboration between the two organizations to better prepare communities to withstand and recover from disasters.

The specific ways in which local Red Cross chapters and MRC units choose to implement this partnership may vary across the country in terms of level of interaction and activities; however, all Red Cross and MRC partnerships have one thing in common — they are created because both parties believe that working together will strengthen their collective ability to make their communities safer, healthier, and more resilient.

The national leadership for both organizations recognizes the importance of each other's mission and highly encourages local Red Cross chapters and MRC units to foster coordination and collaboration. Successful partnerships are often best developed over time, where both groups build capacity and trust through working together and gain confidence to take on more complex collaborations.

II. Organizations

The American Red Cross, founded in 1881, is dedicated to helping people in need throughout the United States and in association with other Red Cross networks throughout the world. Through its mission, the Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors. The Red Cross provides services to those in need regardless of citizenship, race, religion, age, sex, national origin, disability, sexual orientation, veteran status or political affiliation.

The Medical Reserve Corps is a national network of local groups of volunteers committed to improving the health, safety, and resilience of their communities. MRC volunteers include medical and public health professionals, as well as others interested in strengthening the public health infrastructure and improving the emergency capabilities of their local jurisdiction. The MRC Program was founded in 2002 and is housed in the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response. There are approximately 1,000 community-based MRC units located throughout the United States and its territories, and almost 200,000 volunteers.

III. Methods of Cooperation

- A. Communication between organizations: Open communication will be maintained between the organizations, and both parties will encourage their respective chapters and units to communicate at the regional and local levels. Each party will share pertinent and other relevant information, including contact information for key personnel (see *Attachment A – Organization Contact Information*).
- B. Engagement at the local level: The Red Cross and the MRC will encourage their local chapters and units to work together on plans for local response and other activities.
- To locate a Red Cross chapter, MRC unit leaders can go to <http://www.redcross.org> - “Local Red Cross” and enter their zip code.
 - To locate an MRC unit, Red Cross chapter personnel can go to <https://mrc.hhs.gov> – “Find a Unit.”

There are many different ways in which the Red Cross and MRC can benefit from a partnership at the local level. **The key is to develop these partnerships and exercise any plans prior to a disaster or emergency.** Possible areas for collaboration can include:

- *Disaster relief services* – MRC volunteers may assist the Red Cross in providing disaster health services, disaster mental health, sheltering, feeding, distribution of emergency supplies, and the many other functions of a disaster relief operation. Planning for this support should include identifying staffing needs and clarifying roles, responsibilities, and expectations. These activities can be outlined in *Attachment B – Local Partnership Agreement*.
- *Disaster training* – Red Cross training is provided free of charge and most is available online, which makes it easily accessible for MRC unit coordinators and volunteers. See this Red Cross site for more information about disaster training: <http://www.redcross.org/take-a-class/disaster-training>.
- *Learning resource* – The TrainingFinder Real-time Affiliate Integrated Network (TRAIN) is the nation’s premier learning resource for professionals who protect the public’s health. TRAIN is comprised of the national TRAIN.org site and participating TRAIN affiliate sites. Because all TRAIN sites are connected, users can access information about state, local, national, or international training available to them through any participating TRAIN site. The MRC-TRAIN site is available at <https://www.mrc.train.org>.
- Participate in joint exercises and trainings.
- Jointly participate in health fairs and other community campaigns.
- Participate in the Home Fire Campaign: <http://www.redcross.org/get-help/prepare-for-emergencies/types-of-emergencies/fire/prevent-home-fire>

IV. General Agreements

- A. No party may use or display the trademarks of the other party without first obtaining express written permission. If either party desires to use the intellectual property of the other, the "requesting party" should submit the proposed promotional/marketing materials, press releases, website displays, or otherwise proposed use of the trademarks to the "owning party" for review and approval in advance of dissemination or publication.
- B. Both parties will keep the public informed of their cooperative efforts.
- C. Both parties will allocate responsibility for any shared expenses in writing in advance of any commitment.
- D. Both parties will widely distribute this Letter of Agreement within the respective departments and administrative offices of each organization and urge full cooperation.
- E. Both parties will jointly evaluate their progress on implementing this Letter of Agreement every two (2) years and revise and develop new plans or goals, as appropriate.

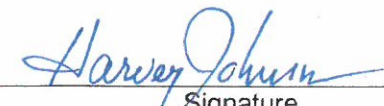
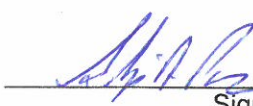
V. Term and Termination

This Letter of Agreement will be in effect for five (5) years from last signature date unless otherwise terminated. This Letter of Agreement can be terminated by either party at any time with written notice to the other party.

VI. Miscellaneous

Neither party to this Letter of Agreement has the authority to act on behalf of the other party or bind the other party to any obligation. This Letter of Agreement is not intended to be enforceable in any court of law or dispute resolution forum. The sole remedy for non-performance by either party under this Letter of Agreement shall be termination, with no damages or penalty.

VII. Signatures

| American National Red Cross | | Medical Reserve Corps | |
|-----------------------------|--|-----------------------|---|
| By: |  Signature | By: |  Signature |
| Name: | Harvey Johnson Print Name | Name: | CDR Skip Payne Print Name |
| Title: | Senior Vice President Disaster Cycle Services Print Title | Title: | Deputy Director Medical Reserve Corps Program Print Title |
| Date: | May 9, 2017 | Date: | May 9, 2017 |

ATTACHMENT A – Organization Contact Information

Primary Points of Contact

The primary points of contact in each organization will be responsible for the implementation of the LoA in their respective organizations, coordinating activities between organizations, and responding to questions regarding this LoA. If the primary point of contact is changed, a new contact will be designated and the other organization will be informed of the change in a timely manner.

NOTE: When any attachment is updated, the revised attachment is inserted into this LoA. The LoA **does not** need to be signed again.

Point of Contact Information

| American National Red Cross | | Medical Reserve Corps | |
|-----------------------------|--|-----------------------|--|
| Contact | Mary Casey-Lockyer | Contact | CDR Skip Payne |
| Title | Sr. Associate, Health Services | Title | Deputy Director |
| Address | 8550 Arlington Blvd. Fairfax, VA 22031 | Address | 200 C Street SW Washington, DC 20024 |
| Work phone | 202-303-5898 | Work phone | 202-260-1071 |
| Mobile | 202-716-8656 | Mobile | 202-731-6572 |
| E-mail | Mary.caseylockyer@redcross.org | E-mail | skip.payne@hhs.gov |

Organization Information

| American National Red Cross | | Medical Reserve Corps | |
|-----------------------------|--|-----------------------|--|
| Department | Disaster Cycle Services | Contact | Medical Reserve Corps National Program Office |
| Address | 8550 Arlington Blvd. Fairfax, VA 22031 | Address | 200 C Street SW Washington, DC 20024 |
| E-mail | NGOPartners@redcross.org | E-mail | MRCcontact@hhs.gov |

ATTACHMENT B – Local Partnership Agreement

I. Purpose

The purpose of this Local Partnership Agreement is to establish the relationship between XXXXXXXX and XXXXXXXX. This agreement provides a structure for collaboration between the two organizations to better prepare their communities to withstand and recover from disasters.

All terms and conditions outlined in the Letter of Agreement between the American National Red Cross and the Medical Reserve Corps apply to the local partnership.

II. Collaboration Activities

Put enough detail in this section to define:

- Activities
- Roles and Responsibilities
- Training
- Communications strategy

| American Red Cross XXXXX | | Medical Reserve Corps XXXXX | |
|--------------------------|----------------|-----------------------------|----------------|
| By | _____ | By | _____ |
| | Signature | | Signature |
| Name | _____ | Name | _____ |
| | (Insert Name) | | (Insert Name) |
| Title | _____ | Title | _____ |
| | (Insert Title) | | (Insert Title) |
| Date | _____ | Date | _____ |

Contact Information:

| American Red Cross | | Medical Reserve Corps | |
|--------------------|--|-----------------------|--|
| Contact | | Contact | |
| Title | | Title | |
| Address | | Address | |
| Phone | | Phone | |
| E-mail | | E-mail | |

ATTACHMENT B2

National VOAD Members Resource Directory

The following lists each National VOAD member organizations and the types of services provided during emergencies and disasters. This is not a guarantee of services nor does it list every possible service provided. Much is dependent upon the type of disaster, services provided by other coordinating nonprofits, and local resources.

| Agency | Function |
|---|---|
| National Voluntary Organizations Active in Disaster | <ul style="list-style-type: none">• Facilitates and encourage collaboration, communication, cooperation, and coordination, and builds relationships among members while groups plan and prepare for emergencies and disaster incidents.• Assists in communicating to the government and the public the services provided by its national member organizations.• Facilitates information sharing during planning, and preparedness, response, and recovery after a disaster incident.• Provides members with information pertaining to the severity of the disaster, needs identified, and actions of volunteers throughout the response, relief, and recovery process. |
| Adventist Community Services (ACS) | <ul style="list-style-type: none">• Distributes relief items such as: drinking water, groceries, clothing and more.• Provides warehousing & other donation coordination services such as Points of Distribution centers (PODs).• Operates volunteer centers where community members can volunteer during disaster response.• Provides victims with Emotional & Spiritual counseling. |
| American Baptist Men/USA | <ul style="list-style-type: none">• Provides cleanup, repair and initial rebuilding. Short-term volunteers work cooperatively with Church World Service.• Provides financial assistance to victims during both the relief & recovery stages.• Operates volunteer centers to serve as clearing houses for relief teams. |
| American Radio Relay League (ARRL) – Amateur Radio Emergency Services (ARES) | <ul style="list-style-type: none">• Operators setup and run organized communication networks locally for governmental and emergency officials, as well as non-commercial communication for private citizens affected by the disaster. They activate after disasters damage regular lines of communications due to power outages and destruction of telephone, cellular and other infrastructure-dependent systems.• ARRL volunteers act as communications volunteers with local public safety organizations. In addition, in some disasters, radio frequencies are not coordinated among relief officials and Amateur Radio operators step in to coordinate communication when radio towers and other elements in the communication infrastructure are damaged.• At the local level, Hams may participate in local emergency organizations, or organize local “traffic nets.” |

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| American Red Cross | <ul style="list-style-type: none"> • Provides Mass Care operations such as: shelter, fixed and mobile feeding services for disaster victims and emergency workers in the affected area, and the distribution of supplies and commodities. • Provides emergency and preventive health services to people affected by disaster. • Provides individual assistance at service delivery sites and through outreach, by referral to government and/or voluntary agencies through distribution or financial assistance. • Provides services leading to reunification of family members in the affected area. • Performs damage assessments. • Provides emergency and preventive mental health services. |
| Ananda Marga Universal Relief Team (AMURT) | <ul style="list-style-type: none"> • Provides food and clothing, shelters, counseling; it also renders emergency medical services, sanitation, short-term case management. |
| Billy Graham Rapid Response Team | <ul style="list-style-type: none"> • Provides emotional and spiritual care • National database of more than 3,200 crisis trained chaplains and ministry volunteers |
| Brethren Disaster Ministries | <ul style="list-style-type: none"> • Engages a network of volunteers to repair or rebuild homes for disaster survivors who lack sufficient resources to hire paid labor, focusing on vulnerable communities. • Trained, skilled project leaders supervise volunteers. • BDM cooperates with the local disaster recovery organization to enhance the long-term recovery of the community. • Provides Maryland-based warehousing & distribution services through the Church of the Brethren's Material Resources center. • Children's Disaster Services (CDS) alleviates disaster-related anxiety in children through specially trained and certified volunteers. • Provides children a safe, secure and comforting environment in shelters and assistance centers. • Offers specialized care for children experiencing grief and trauma. • Educates parents and caregivers on how to help children cope. |
| Catholic Charities, USA | <ul style="list-style-type: none"> • Provides assistance including direct financial assistance to communities in addressing the crisis and recovery needs of local families. • Performs initial damage assessments. • Provides ongoing and long-term recovery services for individuals and families, including temporary & permanent housing assistance for low income families, counseling programs for children and the elderly, and special counseling for disaster relief workers. • Provides relief stage services including shelter and emergency food. |
| Christian Reformed World Relief Committee (CRWRC) | <ul style="list-style-type: none"> • Fully equipped & trained Rapid Response teams for clean up, chain saw & mucking out • Trained volunteer managers assist local community in the formation and operation of long term recovery organizations. • Provides community wide Unmet needs assessments for long term recovery organizations |

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| | <ul style="list-style-type: none"> • Provide construction estimating services using skilled volunteers • Provide accounting services for long term recovery and VOAD organizations using volunteer CPA's • Provide skilled teams for long term housing repair and construction. • Chaplaincy services • Community Development consultants after the recovery. |
| Churches of Scientology Disaster Response | <ul style="list-style-type: none"> • Assists relief crews in providing food and water. • Emotional and Spiritual Care. |
| Church World Service | <ul style="list-style-type: none"> • Provides advocacy services for survivors. • Provides case management for low income & marginalized groups. • Provides emotional and spiritual care as well as physical rebuilding programs. • Assists in long-term recovery of those in need. • Restores and build community relationships. |
| City Team Ministries | <ul style="list-style-type: none"> • Supports first responders during rescue phase. • Provides food, water & shelter during the relief phase. • Provides emotional & spiritual care and case management to assess the needs of victims. • Is committed to the effort of rebuilding homes and communities. |
| Convoy of Hope | <ul style="list-style-type: none"> • Facilitates relief efforts between churches and other organizations to help best serve the needs of survivors. With our fleet of trucks, 300,000 square foot warehouse, Mobile Command Center, and utilizing the first response P.O.D. (Points of Distribution) model, USDR has become an active and efficient disaster relief organization, providing resources and help to victims in the first days of a disaster. |
| Episcopal Relief and Development | <ul style="list-style-type: none"> • Sends immediate relief grants for such basics as food, water, medical assistance, and financial aid within the first 90 days following a disaster. • Provides on-going recovery activities through rehabilitation grants, which offer the means to rebuild, replant ruined crops, and counsel those in trauma. • Delivers relief kits and other emergency supplies and food to emergency shelters & camps. • Works primarily through Church World Service in providing its disaster-related services. • Does rebuilding for individual homes damaged during disasters. • Helps residents restore the social and economic fabric of their communities by providing economic and educational opportunities and improving access to legal services and home ownership. • Trains & equip local denominations to prepare for and respond to disasters that devastate their communities. |
| Feeding America | <ul style="list-style-type: none"> • Collects, transports, warehouses, and distributes donated food and grocery products for other agencies involved in both feeding operations and distribution of relief supplies through its national |

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| | <p>network of food banks.</p> <ul style="list-style-type: none"> Processes food products collected in food drives by communities wishing to help another disaster-affected community. Develops, certifies, and supports their food banks. Positions frequently used emergency food products and personal care items in strategic locations and regularly cycles inventories to ensure usage by survivors immediately following a disaster Serves as a liaison between the food banks and the donors. Educates the public about the problems and solutions of hunger. Specializes in disaster training for its network, and continually improves standard operating procedures that enable member food banks to develop seamless, coordinated approaches to delivering disaster assistance. |
| Feed the Children | <ul style="list-style-type: none"> Provides help to survivors of natural disasters occurring in the United States and around the world. Provides food, water, blankets, cleaning supplies or other relief supplies to individuals and families affected. Through a subsidiary, picks up in-kind contributions from corporate warehouses and individual donors, to any of its six regional distribution centers for either bulk distribution or directly to individual relief boxes for families. |
| Habitat for Humanity International | <ul style="list-style-type: none"> Conducts community housing assessments for long-term recovery. Works with partner families to build or rehabilitate simple, decent, and affordable homes after a disaster. Offers construction and development technical assistance to communities. Facilitates community involvement and support during the long-term recovery process. Introduces alternative construction technologies (modular, panelized/SIP housing, etc) to communities to speed up the delivery of permanent housing solutions. |
| HOPE Coalition America (Operation Hope) | <ul style="list-style-type: none"> Supports disaster survivors by assisting with budgeting and developing financial recovery plans: <ul style="list-style-type: none"> Pre-disaster preparedness seminars Emergency budget counseling Emergency Credit Management Assistance with working with creditors Referrals to government and private agencies Assistance with obtaining copies of destroyed financial documents Insurance claim assistance |
| Humane Society of the United States | <p>Provides assistance with animal rescue, handling and transport in a timely and humane way:</p> <ul style="list-style-type: none"> Assessment of animal related needs. Establishment & management of temporary emergency animal shelters. Evacuation support. Veterinary evaluation of animals. Relocation and support of disaster affected animal facilities. Transition of support to local resources during the recovery phase. Donations & volunteer management including emergent |

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| | <p>volunteers.</p> <ul style="list-style-type: none"> • Serves as resource for individuals, animal-related organizations, and others concerned about the urgent needs of animals before, during and after disasters. |
| International Critical Incident Stress Foundation | <p>Emotional and Spiritual Care:</p> <ul style="list-style-type: none"> • Pre & post-incident training. • Risk & Crisis Communication. • Crisis planning & intervention with communities& organizations. • Spiritual assessment and care. |
| International Relief & Development | <ul style="list-style-type: none"> • Distributes food and critical relief supplies. • Helps communities develop effective social services through collaborative efforts to improve roads, renovate schools, rebuild utilities: water and sewage systems, and establish health facilities. • Collaborates with other organizations to provide shelter and necessary tools such as financial counseling to disaster victims. • Performs needs assessment and mapping. |
| International Relief Friendship Foundation | <ul style="list-style-type: none"> • Provides needs assessment, case management, distribution of designated relief supplies, and spiritual care and counseling. |
| Latter-Day Saint Charities | <ul style="list-style-type: none"> • Provides food and other emergency supplies & kits during response. |
| Lutheran Disaster Response | <ul style="list-style-type: none"> • Provides response efforts through a pre-selected group of Lutheran social service agencies with established standing in the affected communities. • Provides spiritual and emotional counseling for affected persons • Helps in coordinating volunteer teams for cleaning-up and rebuilding disaster affected homes. • Provides case management services for long-term recovery • Provides training and expertise on volunteer coordination, case management, long-term recovery, construction, and database management. |
| Mennonite Disaster Services | <ul style="list-style-type: none"> • Assists disaster victims by providing volunteer personnel to clean up and remove debris from damaged and destroyed homes and personal property. • Repairs or rebuilds under-insured primary residence homeowners with emphasis on assisting with the special needs of the vulnerable populations such as: elderly & people with disabilities. |
| Mercy Medical Airlift (Angel Flight) | <p>Services of the Homeland Security Emergency Air Transportation System (HSEATS):</p> <ul style="list-style-type: none"> • Transport into disaster response areas of small high-priority non-hazardous cargo (including blood) up to 300-400 pounds (boxed) when commercial ground or air not available. • Aerial reconnaissance of disaster area. • Air transport of disaster response personnel and evacuees into/from/within disaster area when commercial ground or air not available. • Relocation of special populations including special "surge services" using commercial air ambulance services (by pre-arranged MOU only) |

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| | <ul style="list-style-type: none"> • Coordination of available corporate jet aircraft for disaster response in cooperation with NBAA. • Management of large-scale airline provided relocation movements in support of FEMA, Red Cross, etc. |
| National Association of Jewish Chaplains (NAJC) | <p>Provides spiritual crisis counseling, short term pastoral care and long term pastoral counseling through its board certified chaplains and professionally trained chaplains.</p> <ul style="list-style-type: none"> • Provides education and training in disaster spiritual care. • Helps organize volunteer disaster chaplains, through its association with American Red Cross' Critical Response Team and other professional chaplaincy organizations, who wish to provide immediate disaster spiritual care services in the aftermath of disasters. |
| National Emergency Response Team (NERT) | <ul style="list-style-type: none"> • Provides coordinated emergency services with federal, state and local government agencies and non-profit agencies. • Transports food and other disaster goods through trailer units. • Provides communication services through trailers equipped with ham radios, scanners etc. • Provides direct financial aid to victims. • Home repair services for special needs group (elderly). |
| National Organization for Victim Assistance (NOVA) | <ul style="list-style-type: none"> • Provides social and mental health services for individuals and families, who experience major trauma after disaster, including: psychological first aid, crisis intervention, crime victim resources, crisis management consultation. |
| Nazarene Disaster Response (NDR) | <ul style="list-style-type: none"> • Provides clean-up and rebuilding assistance, especially to the elderly, persons with disabilities, the widowed, and those least able to help themselves. • Works in the recovery phase by assisting with the emotional needs of disaster victims. |
| Noah's Wish | <p>The mission of Noah's Wish is to save animals during disasters by providing:</p> <ul style="list-style-type: none"> ▪ Rapid deployment of disaster response teams ▪ Operation of temporary animal shelters ▪ Rescue and evacuation assistance ▪ Veterinary care for disaster related injuries or illness ▪ Short and long term foster care for animals ▪ Permanent placement for all unclaimed or surrendered animals ▪ Coordination and distribution of donated supplies and food |
| Operation Blessing | <ul style="list-style-type: none"> • Transports food and emergency supplies to disaster survivors. • Assists in disaster medical relief. • Provides direct financial assistance to victims. |
| Points of Light Institute/Hands On Network | <ul style="list-style-type: none"> • Creates innovative, actionable models for citizen-centered problem solving, and direct, tangible tools and opportunities for people and organizations to apply their interests and passions to make a difference. • Serves 83% of the American population and 12 international communities in nine countries through hundreds of affiliates — places where people can get connected, get involved and make change happen in their communities. • Focus on helping people plug into volunteer opportunities in their |

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|--|---|
| | local community, helping non-profits manage volunteer resources and developing the leadership capacity of volunteers. |
| Presbyterian Disaster Assistance (PDA) | <ul style="list-style-type: none"> • Works primarily through Church World Service in providing volunteers to serve as disaster consultants. • Funding for local recovery projects that meet certain guidelines. • Provides trained volunteers who participate in the Cooperative Disaster Child Care program. • Provide volunteer labor and material assistance at the local level. • Supports volunteer base camps for volunteer groups assisting with the rebuilding efforts. |
| REACT International | <ul style="list-style-type: none"> • Provides emergency communication facilities for other agencies through its national network of Citizen Band radio operators and volunteer teams. |
| The Salvation Army | <ul style="list-style-type: none"> • Provides emergency assistance including mass and mobile feeding, temporary shelter, counseling, missing person services, medical assistance. • Provides warehousing services including the distribution of donated goods including food, clothing, and household items. • Provides referrals to government and private agencies for special services. • Does individual & family counseling. • Recruits, trains, house, and transports volunteers. • Coordinates economic reconstruction efforts. • Provides financial assistance to victims through case management to include: housing needs, disaster related medical & funeral expenses. • Emotional & Spiritual care. |
| Samaritan's Purse | <ul style="list-style-type: none"> • Emotional and Spiritual Care. • Provides cleanup assistance. • Emergency home repairs. |
| Save the Children | <ul style="list-style-type: none"> • Provides disaster relief services for children in shelters including food, clothing, diapers, evacuation backpacks. • Also provides supervision in designated areas within shelters. |
| Society of St. Vincent De Paul | <ul style="list-style-type: none"> • Provides social services to individuals and families, and collects and distributes donated goods. • Makes store merchandise available to disaster victims. Operates retail stores, homeless shelters, and feeding facilities that are similar to those run by the Salvation Army. • Provides warehousing facilities for storing and sorting donated merchandise during the emergency period. |
| Southern Baptist Disaster Relief/North American Mission Board | <ul style="list-style-type: none"> • Provides mobile feeding units staffed by volunteers who prepare and distribute thousands of meals a day. • Provide disaster childcare – mobile units transport equipment and supplies to a facility where trained workers provide safe and secure care for children. • Provide units and trained volunteers to assist with clean-up activities, temporary repairs, reconstruction, chaplains, command/communication, and bilingual services. |

| | |
|---|---|
| | <ul style="list-style-type: none"> • Provide water purification, shower and laundry units and trained volunteers for disaster responses. |
| Tzu Chi Foundation | <ul style="list-style-type: none"> • Emotional and Spiritual Care. • Provides Medical and Financial assistance. |
| United Church of Christ | <ul style="list-style-type: none"> • Coordinators help to organize volunteers for clean-up and rebuilding efforts; as well as participate in response and long term recovery efforts in communities affected by natural disasters. |
| United Jewish Communities (UJC) | <ul style="list-style-type: none"> • Organizes direct assistance, such as financial and social services, to Jewish and general communities in the U.S. following disaster. • Provides rebuilding services to neighborhoods and enters into long-term recovery partnerships with residents. |
| United Methodist Committee on Relief (UMCOR) | <ul style="list-style-type: none"> • Raises and distributes funds equitably to the most vulnerable populations in affected communities. • Provides case management services and related training for the long term recovery of victims. • Coordinates shipments of disaster relief supplies and kits, including cleanup supplies. • Provides spiritual and emotional care to disaster victims and long-term care of children impacted by disaster. • Offers training in support of volunteer activities in disaster recovery. |
| United Way of America | <ul style="list-style-type: none"> • Provides experience, expertise, and resources to local United Ways facing local, regional, state or national emergencies. • Gives direct grants to support disaster recovery, such as: home repairs, food vouchers, counseling. • Acts as a resource & information guide for survivors, through its 2-1-1 call centers. |
| World Hope International (WHI) | <ul style="list-style-type: none"> • WHI has worked in 5 national disasters within the last 3 years. • As an organization we have the ability to initiate a strong volunteer response to our work through the partnership of 1500 Wesleyan Churches and their membership located within the United States. • Our volunteers have donated thousands of hours of time and are highly skilled. • Our leaders coordinate well with churches and pastors in the disaster areas to establish distribution sites and housing facilities for volunteers. • Our volunteers are willing and ready to do clean up, gut houses or rebuild homes. • WHI also has relief kits and tool resources available for disaster response. |
| World Vision | <ul style="list-style-type: none"> • Trains and mobilizes community-based volunteers in major response and recovery activities. • Provides consultant services to local unaffiliated churches and Christian charities involved in locally-designed recovery projects. • Collects, manages, and organizes community based distribution for donated goods. |

ATTACHMENT B3

AGREEMENT

Between

Michigan Department of Health and Human Services

Bureau of EMS, Trauma and Preparedness

Division of Emergency Preparedness and Response

And

(Hospital Name Here)

I. Purpose

The purpose of this Agreement is to establish the parties' plan to collaborate in the credentialing of MI Volunteer Registry volunteers in preparing for a public health or medical emergency or disaster.

II. Parties

The Parties to this Agreement are the Michigan Department of Health and Human Services (MDHHS), Bureau of EMS, Trauma and Preparedness, Division of Emergency Preparedness and Response (together “**BETP DEPR**”) and Hospital Name Here (“**Hospital**”).

III. Definitions

For purposes of this Agreement, these terms are defined as follows:

Credentialing is a process of verifying critical and specific information provided by the volunteer based on occupation, professional status, or education. Credentialing includes verification that a Registry volunteer, who has indicated the volunteer currently practices at a specific hospital, does indeed have that hospital's express authority for clinical practice, either through employment or the medical staff process.

Credentials are certain documents that establish the educational and professional training and experience of the volunteer (i.e. license number, diploma, DEA number).

Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a national network of state-based programs for registering and verifying the credentials of volunteer health professionals in advance of an emergency or disaster. Information on volunteers' identity, licensure status, privileges, and credentials is verified; giving each State the ability to quickly identify and assist in the coordination of volunteers. The MI Volunteer Registry program is intended to serve as the statewide mechanism for tying together the registration and credential information of all potential health volunteers in a State.

Medical staff members are healthcare professionals that have followed a prescribed system of verification to participate at a facility in order to provide any type of patient care. These professionals might be employed by the Hospital as dictated by the medical staff Bylaws and in conjunction with hospital procedure and accrediting body's oversight.

MI Volunteer Registry (hereafter referred to as “Registry”) is Michigan’s ESAR-VHP compliant program, managed by the BETP DEPR. The Registry functions as a central location for storing, verifying and housing volunteer information statewide. If an emergency happens, local, regional, or State level administrators may request volunteer assistance and support through the Registry.

Privileges represent authorization from an employer, such as a hospital, entitling specific healthcare professionals to provide patient care, treatment, and services at that facility or health system.

IV. References

- Community Health Emergency Coordinator Center (CHECC), Operating Procedures Manual
- ESAR-VHP Technical and Policy Guidelines, Standards and Definitions and Compliance Requirements, current edition (hereafter referred as “ESAR-VHP Guidelines”)
- Emergency Management Act, 1976 PA 390, as amended
- Health Insurance Portability & Accountability Act (HIPAA, Title II) of 1996, United States Department of Labor, Employee Benefits Security Administration, December 2004
- Michigan Department of Health and Human Services, Emergency Operations Plan
- Michigan Emergency Management Plan, EMD PUB-101, Michigan Department of State Police, Emergency Management and Homeland Security Division, 2014.
- United States Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) website: <http://www.phe.gov/esarvhp/Pages/default.aspx>.

V. Problem

The ESAR-VHP Guidelines have specific requirements for the Registry to assign volunteers a specific Emergency Credentialing Level (ECL). The ECL is based on a scale from 1-4, with ECL 1 being fully ready to deploy from one hospital setting to another. An agreement with the **BETP DEPR** and the **Hospital** to access Registry volunteer data is needed for ECL 1 assignment.

Credentialing of hospital privileges amongst registered volunteers is essential for meeting the ESAR-VHP Guideline Compliance Requirements and for more efficient utilization of the Registry as a robust medical surge resource. Once implemented, this program would better utilize volunteers supporting the healthcare system capacity and capabilities.

VI. The Credentialing Process

BETP DEPR staff will review the information the volunteer placed on the Registry. If BETP DEPR staff preliminarily approves the information, the Hospital will be electronically notified that a volunteer has entered information into the Registry. The notice to the Hospital will list the Hospital as a current place of employment or as a place where clinical services are performed.

After the Hospital receives the notice from BETP DEPR staff, the Hospital will perform credentialing. If the volunteer has provided information that matches the Hospital's internal information, the Hospital will enter a "Success" on the Registry. If the volunteer has provided information that does not match the Hospital's internal information, the Hospital will enter a "Failure" on the Registry together with an explanation for the Failure.

- **BETP DEPR** will review the *Success* or *Failure* response from the **Hospital** and proceed based on **Hospital** input. The Hospital agrees to cooperate with **BETP DEPR** staff in responding to their requests to discuss specific volunteers on a case-by-case basis.

BETP DEPR will assign all ECL's based on current ESAR-VHP standards.

BETP DEPR will manage all username and administrative rights to the Registry.

BETP DEPR will provide preliminary training with, at least, annual updates, and training on access to the Registry to the **Hospital** as needed.

VII. Understandings, agreements, support and resources needs

BETP DEPR obtains and maintains a dated Release of Information (Release) provided electronically through the Registry application process. This Release is used as permission given by the applicant to **BETP DEPR** to perform credentialing. This allows for **BETP DEPR** to obtain credentialing through third parties. The **Hospital** understands that this Release exists and agrees to accept that any records provided to the **Hospital** by the volunteer, through the Registry, will not include a written copy of this Release.

The Hospital acknowledges receiving the BETP DEPR Privacy Policy and will comply with its terms.

The Hospital will provide internet access to its authorized users of the Registry.

VIII. Cost

There is no monetary cost to the **Hospital** for the use of the Registry. But the Hospital will pay its own costs in credentialing and when responding to BETP DEPR requests to discuss specific volunteers. **BETP DEPR** is responsible for all of its cost associated with the Registry.

IX. Integration clause

This Agreement is the entire Agreement between **BETP DEPR** and the **Hospital** relating to the **Hospital's** use of the Registry, and replaces any prior understandings or agreements, whether oral or written, regarding use of the Registry.

X. Severability

If any provision of this Agreement is held invalid or unenforceable, such holding will not invalidate or render unenforceable any other provision of this Agreement.

XI. Ownership

The **Hospital** recognizes that the Registry is a database owned and maintained by the State consistent with National ESAR-VHP standards. The **Hospital** recognizes that access to and use of the Registry is subject to the terms of this Agreement

XII. Privacy

The **Hospital** recognizes that use of the Registry is subject to privacy considerations. The **Hospital** recognizes that individual volunteers are providing sensitive information and have been given assurance that this information will only be used for credentialing. The **Hospital** agrees to maintain the confidentiality of all information **Hospital** has access to under this Agreement consistent with all applicable state and federal confidentiality laws, rules, and regulations.

XIII. Registration and Security

BETP DEPR stores information on secure and redundant servers and permits the **Hospital** to access the data needed for credentialing via a password-protected access that will be monitored by **BETP DEPR** and the Registry vendor, authorized by the **BETP DEPR**.

BETP DEPR will provide the Hospital with a limited number of predetermined individual accounts to access the Registry. The **Hospital** will access the Registry through a secure, password protected web-based system. **BETP DEPR** will provide training to the **Hospital** and supply any needed documentation, in order to perform specific agreed upon tasks. The **Hospital** will be responsible for maintaining the confidentiality of its assigned usernames and passwords. The **Hospital** will be responsible for all usage or activity on the MI Volunteer Registry via its password protected accounts. Any fraudulent, abusive, or otherwise illegal activity may be grounds for revocation of the **Hospital's** account, at **BETP DEPR** sole discretion, and may be referred to law enforcement if deemed necessary.

The **Hospital** recognizes that it is responsible for maintaining the security and confidentiality of assigned password, login, and account information. Further, the **Hospital** will be accountable for all uses of the Registry and will only use the Registry for credentialing. The **Hospital** will not use the Registry for any purpose that is unlawful or prohibited by this Agreement.

The **Hospital** is not permitted to use any information from the Registry users to sell information, or any portion thereof, or to republish or use for marketing purposes. Violation may result in termination of the **Hospital's** use of the Registry.

XIV. Limitation of Liability

The **Hospital** recognizes that the **BETP DEPR** is not liable to the **Hospital** or anyone else for any loss or injury or any direct, indirect, incidental, consequential, special,

punitive or similar damages arising out of access to or use of or inability to access or use the Registry.

XV. Warranty Disclaimer

The **Hospital's** use of the Registry is recognized to be at the **Hospital's** own risk. The **Hospital** recognizes that the Registry is provided on an "as is" basis without warranties of any kind, either express or implied, including but not limited to warranties of title or implied warranties of merchantability or fitness for a particular purpose, other than those warranties which are imposed by and incapable of exclusion, restriction or modification under the laws applicable to this Agreement.

XVI. Effective Date and Duration of Agreement

This Agreement is effective after both parties sign it and it continues to be effective until terminated by either party.

XVII. Modification and Termination

This Agreement may be amended by the mutual written consent of the parties. **BETP DEPR** may, at any time and without advance notice or liability, terminate or restrict the **Hospital's** access to any component of the Registry.

Should the **Hospital** breach this Agreement, **BETP DEPR** may revoke access to the Registry.

Either party may terminate this Agreement by providing at least 90 days written notice to the other Party of intent to terminate participation in this Agreement. Upon date of termination all administrative user rights will be cancelled.

This Agreement will be maintained by the BETP DEPR Director, or the Director's designee and the Hospitals Administrator, or Administrators designee.

XVIII. Points of Contact

A. ***For Hospital:***

1.

B. ***For the State:***

1. Virginia Zimmerman, MA
MI Volunteer Registry and Medical Reserve Corps Coordinator
2. Linda Scott, BSN, MA
Manager, Healthcare Preparedness Program

BETP DEPR
201 Townsend Street
Lansing, MI 48913
Attention: Virginia Zimmerman
Phones: (517) 335-8150
Email: ZimmermanV@michigan.gov

The individual or officer signing this agreement certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Agency.

Kim Stephen, Director of the Bureau of Budget and Purchasing

Hospital Name Here

By: _____

Name: _____

Its: _____

Address for purposes of notice:

Address 1: _____

City, State, Zip: _____

Attention: _____

Email: _____

Phone: _____

Fax: _____

Attachment C – Volunteer Sources

The Roles and Services of Voluntary Agencies

Advocacy: Some voluntary agencies work on behalf of disaster victims (particularly those with special problems such as single parent families with limited resources, the disabled, and older persons) to obtain needed resources and services (e.g., home health care, legal services, transportation, translation services, meals on wheels). Voluntary agencies may also act as advocates for change by representing the needs of the community to local and State governments.

Mitigation

Preparedness

Response

Recovery

- ✓ The American Red Cross
- ✓ Christian Disaster Response
- ✓ Christian Reformed World Relief Committee
- ✓ Church of the Brethren Disaster Response
- ✓ Church World Service Disaster Response
- ✓ National Organization for Victim Assistance
- ✓ The Phoenix Society for Burn Survivors
- ✓ The Salvation Army

Bulk Distribution: Some voluntary agencies purchase and distribute basic commodities in bulk that are not readily available at the time of need. These may include, but are not limited to, food, water, health and sanitary needs, baby and child care products, medicines, and bedding.

These supplies usually cannot be purchased locally because stores and other merchandising outlets are closed due to the disaster.

Preparedness

Response

Recovery

- ✓ Adventist Community Services
- ✓ The American Red Cross
- ✓ Friends Disaster Service
- ✓ Lutheran Disaster Response
- ✓ The Salvation Army
- ✓ Volunteers Of America
- ✓ World Vision

Case Management: Some voluntary agencies help individuals complete the documentation that is required for assistance and then assist in tracking that documentation through the Resource Coordination Committee process.

Response

Recovery

- ✓ The American Red Cross
- ✓ Catholic Charities USA Disaster Response
- ✓ The Salvation Army

Child Care: Some voluntary agencies establish and professionally staff temporary child care centers for victims of disaster as they deal with reorganizing their personal affairs.

Response

Recovery

- ✓ Church of the Brethren Disaster Response
- ✓ Southern Baptist Disaster Relief

Clean-Up and Rebuilding: Some voluntary agencies help individuals clean-up, repair, and rebuild their homes damaged by disaster. These voluntary agencies often work with private businesses to encourage the donation of needed building materials.

Mitigation

Response

Recovery

- ✓ Christian Reformed World Relief Committee
- ✓ Church of the Brethren Disaster Response
- ✓ Friends Disaster Service
- ✓ Lutheran Disaster Response
- ✓ Mennonite Disaster Services
- ✓ Nazarene Disaster Response
- ✓ Southern Baptist Disaster Relief
Team Rubicon
- ✓ UJA Federations of North America
- ✓ United Methodist Committee on Relief

Community Disaster Education:

Some voluntary agencies are involved in community disaster education. For example, they distribute pamphlets and give presentations to community groups on how to prepare for disaster or they send speakers to talk with school children.

Mitigation

Preparedness

- ✓ The American Red Cross
- ✓ National Emergency Response Team

Community Outreach: Some voluntary agencies contact individuals and organizations, such as local businesses and churches, to educate them about the local disaster relief operation, the existing damage, and possible ways they can support the relief effort.

Mitigation

Preparedness

Response

Recovery

- ✓ Adventist Community Services
- ✓ The American Red Cross
- ✓ Church World Service Disaster Response
- ✓ The Salvation Army

Counseling: Some voluntary agencies provide individual and family counseling and emotional support.

Response

Recovery

- ✓ Adventist Community Services
- ✓ The American Red Cross
- ✓ Ananda Marga Universal Relief Team
- ✓ Catholic Charities USA Disaster Response
- ✓ Church World Service Disaster Response
- ✓ Lutheran Disaster Response
- ✓ National Organization for Victim Assistance
- ✓ The Phoenix Society for Burn Survivors
- ✓ The Salvation Army
- ✓ UJA Federations of North America
- ✓ United Methodist Committee on Relief
- ✓ Volunteers of America

Damage Assessment: Some voluntary agencies physically review areas affected by disaster in order to assign a value that can be used to estimate resources required for rebuilding or reconstruction.

Response

- ✓ The American Red Cross
- ✓ Christian Disaster Response
- ✓ The Salvation Army

Debris Removal: Some voluntary agencies provide debris removal such as mucking out and cutting and clearing trees from entry ways.

Response

Recovery

- ✓ Church of the Brethren Disaster Response
- ✓ Church World Service Disaster Response
- ✓ Lutheran Disaster Response
- ✓ Mennonite Disaster Services
- ✓ Southern Baptist Disaster Relief
- ✓ United Methodist Committee on Relief

Disaster Planning: Some voluntary agencies work with communities before disasters occur to help them take steps to minimize the effects of disaster and prepare themselves should disaster occur.

Mitigation

Preparedness

- ✓ Adventist Community Services
- ✓ The American Red Cross
- ✓ Lutheran Disaster Response
- ✓ Points of Light Foundation
- ✓ The Salvation Army

Donations Management: Many voluntary agencies have their own internal systems for donations management for both cash and in-kind donations. These systems address receiving, transporting, warehousing, and distributing donations during disasters. The voluntary agencies also work collaboratively with government agencies to address unsolicited donations.

Preparedness

Response

Recovery

- ✓ Adventist Community Services
- ✓ The American Red Cross
- ✓ The Salvation Army
- ✓ Second Harvest National Network of Food Banks
- ✓ United Methodist Committee on Relief
- ✓ World Vision

Elder Care: Some voluntary agencies provide a variety of support services, such as transportation, advocacy, casework, counseling, and entertainment to the elderly population.

Preparedness

Response

Recovery

- ✓ The American Red Cross
- ✓ Catholic Charities USA Disaster Response
- ✓ Christian Reformed World Relief Committee
- ✓ Church World Service Disaster Response
- ✓ Lutheran Disaster Response
- ✓ The Salvation Army
- ✓ United Methodist Committee on Relief

Emergency Repairs: Some voluntary agencies provide funds, staff, equipment, or tools to make emergency repairs to homes immediately following a disaster (e.g., placing tarps on roofs to avoid further damage to the home).

Response

- ✓ The American Red Cross
- ✓ Christian Reformed World Relief Committee
- ✓ Friends Disaster Service
- ✓ Lutheran Disaster Response
- ✓ Mennonite Disaster Services
- ✓ The Salvation Army
- ✓ Southern Baptist Disaster Relief
- ✓ United Methodist Committee on Relief

Emergency Assistance: Some voluntary agencies provide emergency assistance immediately following a disaster including food, clothing, shelter, cleaning supplies, comfort kits, first aid, and medical care.

Response

- ✓ The American Red Cross
- ✓ Catholic Charities USA Disaster Response
- ✓ Christian Disaster Response
- ✓ Friends Disaster Service
- ✓ International Relief Friendship Foundation
- ✓ Lutheran Disaster Response
- ✓ National Emergency Response Team
- ✓ The Salvation Army
- ✓ Volunteers of America

Financial Assistance: Some voluntary agencies provide financial assistance to local church councils including relief grants, financial aid, and long-term rehabilitation grants.

Response

Recovery

- ✓ Church World Service Disaster Response
- ✓ The Episcopal Church Presiding Bishop's Fund for World Relief
- ✓ Lutheran Disaster Response
- ✓ Nazarene Disaster Response
- ✓ Northwest Medical Teams International
- ✓ Presbyterian Disaster Assistance
- ✓ UJA Federations of North America
- ✓ United Methodist Committee on Relief

Financial Planning: Some voluntary agencies help disaster victims locate personal financial records, review their current financial situation, and provide advice to help them recover from the financial effects of disaster.

Response

Recovery

- ✓ The American Red Cross
- ✓ Catholic Charities USA Disaster Response
- ✓ Lutheran Disaster Response
- ✓ The Salvation Army

Funeral Services: Some voluntary agencies work with local mortuaries and mortuary associations in arranging assistance for funeral services for families that have lost loved ones in a disaster.

Response

Recovery

- ✓ The American Red Cross
- ✓ The Salvation Army

Health Care: Some voluntary agencies use trained volunteers to provide first aid and CPR to work in shelters and on disaster sites. They also identify local health care organizations that can provide assistance to disaster victims and relief workers.

Response

Recovery

- ✓ The American Red Cross
- ✓ Ananda Marga Universal Relief Team
- ✓ National Organization for Victim Assistance
- ✓ Northwest Medical Teams International
- ✓ The Salvation Army

Identification: Some voluntary agencies help locate disaster victims and provide information to inquiring family and friends outside the impacted area.

Response

- ✓ The American Red Cross
- ✓ The Salvation Army

International Services: Some voluntary agencies provide tracing services when individuals need to locate relatives outside of the United States in times of disaster. Voluntary agencies may also provide disaster relief assistance to foreign countries and coordinate assistance from foreign countries to the U.S. during disasters. For more information on international disaster relief, see www.interaction.org.

Response

Recovery

- ✓ Adventist Community Services
- ✓ The American Red Cross
- ✓ Ananda Marga Universal Relief Team
- ✓ Christian Disaster Response
- ✓ Christian Reformed World Relief Committee
- ✓ Church of the Brethren Disaster Response
- ✓ Church World Service Disaster Response
- ✓ The Episcopal Church Presiding Bishop's Fund for World Relief
- ✓ International Association of Jewish Vocational Services
- ✓ International Relief Friendship Foundation
- ✓ Mennonite Disaster Services
- ✓ Northwest Medical Teams International
- ✓ Presbyterian Disaster Assistance
- ✓ REACT International
- ✓ The Salvation Army
- ✓ United Methodist Committee on Relief
- ✓ World Vision

Massage Therapy: Some voluntary agencies arrange for relief workers to have massages by trained and licensed therapists to help reduce stress.

Response

Recovery

- ✓ Ananda Marga Universal Relief Team

Mass Care: Some voluntary agencies provide a variety of mass care activities. Some of these activities include: Identifying and setting up shelter facilities Staffing shelters with skilled staff including feeders, registrars, mental health workers, and health care providers Distributing food and other goods to the shelters Feeding disaster victims (either in the shelters or through mobile feeding units) Providing temporary shelter for disaster victims Providing housing for disaster relief Workers Rendering first aid when necessary.

Response

Recovery

- ✓ The American Red Cross
- ✓ Adventist Community Services
- ✓ Ananda Marga Universal Relief Team
- ✓ Catholic Charities USA Disaster Response
- ✓ Christian Disaster Response
- ✓ International Relief Friendship Foundation
- ✓ Lutheran Disaster Response
- ✓ National Emergency Response Team
- ✓ Southern Baptist Disaster Relief
- ✓ The Salvation Army
- ✓ Volunteers of America

Mental Health Services: Some voluntary agencies provide professional assistance to disaster victims and relief workers to alleviate mental stress and anguish caused either by the disaster or the disaster relief operation.

Response

Recovery

- ✓ The American Red Cross
- ✓ National Organization for Victim Assistance
- ✓ The Salvation Army

Mitigation Planning: Mitigation planning is a relatively new role for voluntary agencies. More and more, voluntary agencies are becoming involved in the mitigation phase of emergency management by doing such as things as: rebuilding homes outside of flood zones, retrofitting buildings in earthquake prone areas, and educating families on mitigation measures in the home.

Mitigation

- ✓ The American Red Cross
- ✓ Southern Baptist Disaster Relief

Mobile Feeding: Where needed, some voluntary agencies use mobile feeding units to serve hot meals to disaster victims and relief personnel on site.

Response

Recovery

- ✓ The American Red Cross
- ✓ The Salvation Army
- ✓ Southern Baptist Disaster Relief

Organizational Mentoring: Some voluntary agencies work with local agencies, community-based organizations, and non-government organizations that lack disaster experience to help them develop their abilities and respond effectively to the needs of disaster victims.

Mitigation

Preparedness

Response

Recovery

- ✓ The American Red Cross
- ✓ Christian Reformed World Relief Committee
- ✓ The Phoenix Society for Burn Survivors
- ✓ The Salvation Army

Pastoral Care: Many faith-based voluntary agencies provide spiritual counseling from clergy. People with serious personal problems are almost twice as likely to seek assistance from clergy as other counselors. Spiritual problems such as lack of faith and discouragement are addressed through active listening and a supporting presence that communicates care and understanding.

Response

Recovery

- ✓ Adventist Community Services
- ✓ Catholic Charities USA Disaster Response
- ✓ Church of the Brethren Disaster Response
- ✓ Church World Service Disaster Response
- ✓ Lutheran Disaster Response
- ✓ Presbyterian Disaster Assistance
- ✓ The Salvation Army
- ✓ Southern Baptist Disaster Relief
- ✓ United Methodist Committee on Relief

Pet Care: Some voluntary agencies focus on the care of animals during disaster including rescue, sheltering, and grieving services for people who have lost pets. They may also provide resources for different types of animal food.

Preparedness

Response

Recovery

- ✓ American Humane Association
 - ✓ American Kennel Club
 - ✓ Canine Search and Rescue
 - ✓ Humane Society of the U.S.
 - ✓ United Animal Nations
 - ✓ Veterinary Medical Assistance Teams
- (Not NVOAD member agencies)

Radio Communication Services: Some voluntary agencies have licensed radio amateurs to provide emergency radio communication to fellow agencies and local government personnel who are responding to the disaster.

Preparedness

Response

Recovery

- ✓ The American Red Cross
- ✓ American Radio Relay League
- ✓ REACT International

Relocation Services: Some voluntary agencies help move individuals and families from damaged areas to shelters and other temporary or permanent housing facilities.

Response

Recovery

- ✓ The Salvation Army

Resource Coordination: Before, during, and after an emergency or disaster, voluntary agencies exchange information on the acquisition and use of personnel and materials resources. This information helps provide for the effective and efficient allocation of resources and helps reduce duplication of services.

Mitigation

Preparedness

Response

Recovery

- ✓ The American Red Cross
- ✓ Adventist Community Services
- ✓ The Salvation Army

Sanitation Services: Some voluntary agencies provide portable toilets, shower units, clean-up kits, comfort kits, or personal hygiene kits to disaster victims.

Response

Recovery

- ✓ The American Red Cross
- ✓ Church World Service Disaster Response
- ✓ The Salvation Army

Special Needs: Some voluntary agencies assist in identifying populations that have special needs and then meeting those needs (e.g., the elderly, disabled, or orphaned; a particular religious group with special dietary needs).

Mitigation

Preparedness

Response

Recovery

- ✓ All NVOAD Member Agencies

Technical Assistance: Some voluntary agencies provide telecommunications and management information systems support to the emergency management community.

Preparedness

Response

Recovery

- ✓ Volunteers in Technical Assistance

Training: Some voluntary agencies train community-based volunteers in major response and recovery activities and provide job skills training to disaster-affected individuals.

Preparedness

Response

Recovery

- ✓ The American Red Cross
- ✓ Church of the Brethren Disaster Response
- ✓ Church World Service Disaster Response
- ✓ International Association of Jewish Vocational Services
- ✓ The Salvation Army
- ✓ World Vision

Translation Services: Some voluntary agencies provide linguists for the purposes of transcribing documents and communicating with disaster victims.

Preparedness

Response

Recovery

- ✓ All NVOAD Member Agencies

Transportation Services: Some voluntary agencies provide transportation services for disaster victims, particularly individuals with special needs such as the elderly and the physically disabled. Some of these voluntary agencies may also use their transportation means to bring donated goods from outside the disaster area to areas in need.

Response

Recovery

- ✓ The American Red Cross
- ✓ The Salvation Army
- ✓ Volunteers of America

Volunteer Assistance: Some voluntary agencies provide trained volunteers to support response and recovery activities and coordinate spontaneous, unaffiliated volunteers.

Response

Recovery

- ✓ International Relief Friendship Foundation
- ✓ Northwest Medical Teams International
- ✓ Presbyterian Disaster Assistance
- ✓ Points of Light Foundation
- ✓ The Salvation Army
- ✓ United States Service Command

Volunteer Services: Voluntary agencies provide many services to their volunteers, some of which include: Recruiting and training volunteers matching volunteers' skills to the needs of individuals and the community Providing housing and meals to volunteers Counseling volunteers to help relieve the stress of disaster operations. Placing spontaneous volunteers within their organizational structures

Mitigation

Preparedness

Response

Recovery

- ✓ All NVOAD Member Agencies

Warehousing: Some voluntary agencies locate and set up central locations for storing and organizing donated goods including food, clothing, medical supplies, etc.

Preparedness

Response

Recovery

- ✓ Adventist Community Services
- ✓ Christian Disaster Response
- ✓ The Salvation Army
- ✓ Second Harvest National Network of Food Banks
- ✓ Society of St. Vincent De Paul

Volunteers in Emergency and Disaster Response

Sources of Volunteers

The following are agencies that may be sources of volunteers. These agencies should be contacted early in the organizational process to ensure the highest degree of coordination of response.

- Aging Services
- Amateur radio groups
- American Red Cross
- Colleges and Universities
- County Extension Office supported groups
- Food pantries
- Health Departments
- Human Services Departments
- Humane Society
- Large employers
- Law enforcement agencies
- Medical facilities
- Professional Organizations
- Religious organizations (Many faiths have State, National or International disaster response agencies.)
- The Salvation Army
- School systems
- Scouts
- Service organization (such as Lion's Club, Rotary)
- Special needs assistance groups
- United Way
- VFW / American Legion
- Volunteer Centers
- Volunteer Nurses Association

Attachment D – Types of Volunteers

ATTACHMENT D

Volunteer Types by Occupation, Skills, and Affiliations

Medical Occupations

- Activities Technician
- Acupuncturist
- Administration
- Advanced Practice
Registered Nurse (APRN)
- Air Quality
- Anesthesiologist Assistant
- Athletic Trainer
- Audiologist
- Behavioral Health
Professional, Unlicensed
- Biologist
- Biomedical Engineer
- Cardiac Rescue Technician
- Cardiovascular
Technologist/Technician
- Case Management
- Certified Nurse Midwife (CNM)
- Certified Nurse Practitioner
- Certified Nursing Assistant (CNA)
- Certified Registered Nurse
Anesthetist
- Chiropractor
- Clinical Laboratory Scientist
- Clinical Nurse Specialist (CNS)
- Clinical Supervisor
- Communicable Disease Specialist
- Counselor
- Counselor – Educational Limited
Professional
- Dental Assistant
- Dental Hygienist
- Dentist
- Diagnostic Imaging Technician
- Diagnostic Radiological Physicist
- Diener/Autopsy Assistant
- Dietetic Technician
- Echocardiographer
- Electrocardiogram (ECG)
Technician
- Emergency Planner
- Emergency Preparedness
Coordinator
- EMT – Basic
- EMT – Paramedic
- EMT – Specialist
- Endodontist
- Environmental Health
Inspector/Regulator
- Environmental Science and
Protection Technician
- Environmental Scientist and
Specialist
- Epidemiologist
- Epidemiology Specialist
- Forensic Pathologist
- Health Educator
- Health Facilitator
- Health Officer
- Health Physics/Radiation
Protection
- Hearing Aid Dispenser
- Hearing Instrument Specialist
- Hemodialysis Technician
- Home Health Aide
- Imaging Tech
- Independent Clinical Social
Worker
- Inspectors
- Laboratorian
- Laboratory – Other
- Laboratory Technologist
- Licensed Practical Nurse
- Magnetic Resonance Imaging
(MRI) Technologist
- Marriage and Family Therapist
- Massage Therapist
- Medical and Clinical Lab
Technician

- Medical and Clinical Lab Technologist
- Medical and Health Service Manager
- Medical Appliance Technician
- Medical Assistant
- Medical Doctor
- Medical Doctor – Educational Limited
- Medical Examiner
- Medical Examiner Investigator
- Medical First Responder
- Medical Health Physicist
- Medical Nuclear Radiological Physicist
- Medical Records and Health Information Technologist
- Medical Records Technician
- Medical Technologist
- Medical Transcriptionist
- Microbiologist
- Morgue Attendant
- Nuclear Medicine Technologist
- Nursing Aide, Orderly, or Attendant
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapist Assistant
- Optometrist
- Oral Pathologist
- Oral Surgeon
- Orthodontist
- Orthopedic Technician
- Orthotist or Prosthetist
- Osteopathic Physician
- Osteopathic Physician – Educational Limited
- Other
- Patient Care Technician
- Patient Transporter
- Pediatric Dentist
- Perfusionist
- Periodontist
- Personal and Home Care Aide
- Pharmacist
- Pharmacist – CS
- Pharmacist – Limited
- Pharmacy Technician
- Pharmacy Technician Limited
- Pharmacy Technician Temporary
- Phlebotomist
- Physical Therapist
- Physical Therapist Assistant
- Physician Assistant
- Podiatrist
- Prosthodontist
- Psychiatric Aide
- Psychiatric Rehabilitation Worker
- Psychiatric Technician
- Psychologist
- Public Health Administration
- Public Health Case Manager
- Public Health Laboratory Technician (MLT, CLT)
- Public Health Laboratory Technologist (MLS, MT, CLS)
- Public Health Professional
- Radiation Therapist
- Radiologic Technologist/Technician
- Radiology Assistant
- Radiology/Nuclear Physicist
- Recreational/Music Therapist
- Registered Dietitian
- Registered Dispensing Optician
- Registered Nurse
- Respiratory Therapist
- Sanitarian
- Social Service Technician
- Social Worker – Bachelors
- Social Worker – Masters
- Sonographer – Diagnostic
- Speech Language Pathologist
- Sterile Processing Technician
- Student – Health Professional

- Surgical Technician
- Therapeutic Radiologic Physicist
- Toxicologist
- Unit Clerk/Ward Secretary/

- Unit Coordinator
- Veterinarian
- Veterinary Technician

Non-Medical Occupations

- 211 Information and Referral Specialist
- Administrative Support Worker
- Aerospace/Aviation/Defense
- Animal Care
- Anthropologist, Forensic
- Architect
- Automotive Body and Related Repairer
- Bookbinder
- Brailist
- Budget Analyst
- Building and Grounds Cleaning and Maintenance
- Building Code Analyst
- Bus and Truck Mechanic or Diesel Engine Specialist
- Business and Financial Operations
- Calibration and Instrumentation Technician
- Chemist
- Child Care Worker
- Child Care Worker, Licensed
- Clerk, Stock and Order Filler
- Command and Control Center Specialist
- Community and Social Services, Interpreter
- Compliance Officer
- Computer and Information Systems Manager
- Computer and Mathematical
- Computer Hardware Engineer
- Computer Operator
- Computer Programmer
- Computer Software Engineer,

- Applications
- Computer Software Engineer, Systems Software
- Computer Support Specialist
- Construction and Extraction
- Construction Carpenter
- Construction Driller
- Consultant
- Correctional Officer, First-Line Supervisor/Managers
- Correctional Treatment Specialist
- Criminal Investigator
- Custodian
- Customer Service Representative
- Detective or Criminal Investigator
- Disability Access Coordinator
- Driver/Courier with Chauffer's License
- Education Administrator
- Education, Training, and Library
- Electrical Drafter
- Electronic Media Specialist
- Emergency Management Specialist
- Engineer, Biomedical
- Engineer, Professional
- Environmental Science & Protection Technician, including Health
- Executive Secretary or Administrative Assistant
- Farming, Fishing, and Forestry
- Finance
- Fire Fighter, First-Line Supervisor/

- Manager
- Food Preparation and Serving Related
- Food Service, Manager
- Freight, Stock, or Material Mover/Hand
- General Human Services
- General Laborer
- General Logistics
- Government
- Heating and Air Conditioning Mechanic
- Hospitality
- Human Resources, Assistant
- Human Resources, Employment Specialist
- Human Resources, Training and Labor Relations Specialist
- Information Specialist
- Inspector, All Other
- Installation, Maintenance, and Repair
- Insurance
- Interpreter, Sign Language
- IS Business Analyst
- IS Operator
- IS Tech
- Journalist
- Laundry Worker
- Law Enforcement, Detective and Criminal Investigator
- Law Enforcement, First-Line Supervisor/Manager
- Legal
- Librarian
- Locksmith
- Management, Chief Executive
- Marketing
- Media and Communications Equipment Workers
- Network Systems and Data Communications Analyst
- Office and Administrative Support
- Offset Machine Operator
- Other
- Packer and Packager/Hand
- Payroll
- Personal Care and Service
- Personnel Administration
- Pest Control
- Porter
- Postal Service, Clerk
- Postal Service, Other
- Power Distributor or Dispatcher
- Print Specialist
- Probation Officer
- Procurement Clerk
- Procurement Specialist
- Protective Service
- Protective Service Worker, All Other, First-Line Supervisor/Manager
- Public Relations and Communications
- Purchasing Manager
- Radiation Protection Professional
- Real Estate
- Registration Clerk
- Retail/Wholesale
- Rough Carpenter
- Safety Officer
- Sales Professional
- Scanner Operator
- Security
- Security Analyst
- Ship Engineer
- Shipping, Receiving, or Traffic Clerk
- Social and Community Service Worker
- Still Machine Setter, Operator, or Tender
- Storage and Distribution Manager
- Storekeeper
- Structural Iron or Steel Worker

- Student, Non-Health Professional
- Team Assembler
- Telecommunications/Equipment Installer and Repairer, Other
- Telecommunications Line Installer or Repairer
- Tire Repairer or Changer
- Traffic Technician
- Training and Development Specialist
- Transcriber
- Translator
- Transportation and Material Moving
- Trial Court Operations
- Truck Driver, Heavy and Tractor-Trailer
- Valve and Regulator Repairer
- Zookeeper

Skills

- All-Terrain Vehicle (ATV)
- Amateur Radio Disaster Services (ARES)
- Avalanche Search and Rescue
- Biomedical Engineering
- Bomb Disposal
- Burn
- Canine (K-9) Handler
- Cardiac Intensive Care Unit (CICU)
- Cardiopulmonary Resuscitation (CPR) – Adult
- Cardiopulmonary Resuscitation (CPR) - Pediatric
- Certified Chaplain
- Certified Diver
- Certified Infection Control (CIC)
- Clerical Work
- Computer Networking
- Confined Space - Medical
- Confined Space - Operations
- Construction Technology
- Correctional
- Critical Care
- Data Entry
- Debris Removal
- Dementia Care
- Dialysis
- Disease Surveillance
- Electrocardiograms (ECG)
- Emergency and Trauma
- Filing
- First Aid
- Flight
- Food Safety Preparation
- Food Services
- Forensic
- Forensic Photography
- Forklift Operator
- GIS System & Implementation
- Ham Radios
- Hazardous Materials Awareness
- Hazardous Materials Incident Command System
- Hazardous Materials Operations
- Hazardous Materials Technician
- Heavy Equipment Operator
- Home Health
- Horse Riding
- Hospice and Palliative Care
- Hyperbaric
- Information Technology (IT) Technician
- Instructor Coordinator (IC)

- Interpreter
- Interviewing/Data Collection
- Inventory Management
- Loading/Shipping
- Logistics
- Long Term Care
- Medical – Surgical
- Mental Health
- Microsoft Office
- Midwifery
- Mountain Travel and Rescue
- Multi-line Phones/Fax
- Neonatal
- Nuclear Localization Signal (NLS)
- Obstetrics
- Obstetrics - Pediatric
- Office Equipment
- Oncology
- Other
- Pallet Jack Operations
- Parachute Jumping
- Pathology
- Pediatric
- Peri-operative
- Psychiatric
- Public Health
- Radiation Safety and Protection
- Radio Amateur Civil
Emergency Service (RACES)
- Reach Truck Operator
- Rehabilitation
- Respirator Fit Testing
- Risk Communication/Media
Relations
- Satellite Phones/Downlink
- Search and Rescue
- Security/Law Enforcement
- Sky Diving
- Snowmobile
- SNS Mass Dispensing
- Substance Abuse
- Tactical EMS
- Telemetry
- Total Stations
- Traffic Control
- Transplant
- Urban Search and Rescue
- Vaccination Administration
- Vaccinator/Certified Immunizer
- Vaccine Administration, Smallpox
- Videography
- Volunteer Management
- Volunteer Reception Center
- Water Rescue
- Wilderness Medicine

Prior Emergency Response Commitments

- American Red Cross
- CISM Team
- Civil Air Patrol
- Community Emergency
Response Team (CERT)
- County Animal
Response Team (CART)
- Department of Military and
Veteran Affairs (DMVA)
- Disaster Assistance Recovery
Team
of Michigan (DART)
- Disaster Medical Assistance Team
(DMAT)
- Disaster Mortuary Operations
Response Team (DMORT)

- Faith Based Organization
- FEMA Corps
- Fire Corps
- Governmental Agency – Local
- Governmental – State
- Hospital Emergency Response Team (HERT)
- Long Term Care
- Mass Fatality Team
- Medical Reserve Corps (MRC)
- Michigan Dental Association Go Team
- Michigan Mortuary Response Team (MI-MORT)
- Michigan State Animal Response Team (MI-SART)
- Michigan Transportable Emergency Surge Assistance (MI-TESA)
- Military
- Mobile Field Medical Team (MFMT) – Regional Level
- Mobile Field Medical Team (MFMT) – State Level
- Multiple Health Care Facilities
- National Disaster Medical System (NDMS)
- National Guard and Military
- National Medical Response Team (NMRT)
- Neighborhood Watch
- Other
- Professional Medical Association
- Professional Medical Organization
- Public Health Action Support Team (PHAST)
- Receipt, Staging, and Storage (RSS)
- Regional Medical Assistance Team (RMAT)
- Regional Response Team Network (RRTN)
- Retired and Senior Volunteer Program (RSVP)
- Ski Patrol
- Team Rubicon
- Upper Peninsula Disaster Response Team
- Veterinary Corps
- Volunteer Defense Force
- Volunteers in Police Service (VIPS)

Attachment E – Application/Orientation Forms

ATTACHMENT E1

VOLUNTEER MANAGEMENT SYSTEM Volunteer Code of Conduct

I agree to the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I agree to attend the volunteer orientation training, safety training, and/or other required training. |
| <input type="checkbox"/> | I have read, signed, and understand the confidentiality agreement. |
| <input type="checkbox"/> | I will dress in a neat and clean fashion, in a manner appropriate to my assigned duty. |
| <input type="checkbox"/> | I will wear the identification provided to me by the Volunteer Reception Center (VRC) at all times. |
| <input type="checkbox"/> | I will conduct myself in a professional manner. |
| <input type="checkbox"/> | I will respect the rights and dignity of all volunteers and clients. |
| <input type="checkbox"/> | I will promptly address any issues or concerns with my assigned supervisor. |
| <input type="checkbox"/> | I will perform tasks within my scope of knowledge and skill and license/credentials while engaged as a volunteer representing the [Community/Entity]. |
| <input type="checkbox"/> | I know I am not required to participate in any activity or emergency response. |
| <input type="checkbox"/> | I commit to participating in response activities according to my assigned involvement. |
| <input type="checkbox"/> | I must adhere to the chain of command and follow instructions of my supervisor. |
| <input type="checkbox"/> | I will not speak to the press/media unless authorized to do so. |
| <input type="checkbox"/> | I will participate in debriefings and provide feedback. |
| <input type="checkbox"/> | I will complete all forms, reports, or other required documentation. |
| <input type="checkbox"/> | I understand that I am subject to disciplinary action or dismissal. |
| <input type="checkbox"/> | I authorize you to take pictures of me while volunteering for training or publicity purposes. |

Print Name

Signature

Date

Print Guardian Name

Guardian Signature if Under 18

Date

Print Witness Name

Witness Signature

Date

ATTACHMENT E2

| VOLUNTEER MANAGEMENT SYSTEM | |
|---|---|
| Volunteer Liability Waiver and Release | |
| <p>I, for myself and my heirs, executors, administrators, and assignees, hereby release, indemnify, and hold harmless local governments; the State of Michigan; the Volunteer Reception Center; local board of health and health department; Citizen Corps; the organizers, sponsors, and supervisors of all emergency and disaster preparedness, response, and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence) in connection with any volunteer emergency or disaster effort in which I participate. I likewise hold harmless from liability any person or agency transporting me to or from any emergency or disaster relief activity.</p> | |
| <p>I will abide by all safety instructions and information provided to me during disaster relief efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Michigan, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me. I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.</p> | |
| VOLUNTEER CONFIDENTIALITY AGREEMENT AND CODE OF CONDUCT | |
| <p>Consistent with applicable state and federal laws, the principles of ethics of both the American Medical and Hospital Associations, and established policies and procedures for individuals who may come in contact with patients, information, and records, whether medical, financial, or any other; whether electronic, written, spoken or signed, I agree to safeguard and protect confidential information.</p> | |
| <input type="checkbox"/> | I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal and will be investigated and possibly reported to applicable local, state, and federal authorities. |
| <input type="checkbox"/> | I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the volunteer job position and other volunteers, staff, and clients. |
| <input type="checkbox"/> | I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited. |
| <input type="checkbox"/> | I will contact my supervisor immediately if I think any confidential information may have been compromised. |
| <input type="checkbox"/> | I understand that I am to maintain this confidentiality agreement even after I leave the volunteer position. |
| <input type="checkbox"/> | I agree to abide by the Volunteer Code of Conduct as shown on the back of the Volunteer Instructions. |
| <input type="checkbox"/> | I agree that my personal information may be used to conduct background checks, including LEIN Checks. |
| <input type="checkbox"/> | I certify that all the information I have provided is true to the best of my knowledge. |
| <input type="checkbox"/> | I acknowledge that I have read the foregoing provisions and agree to abide by their terms. |
| Print Name | |
| Signature | Date |
| Print Guardian Name | |
| Guardian Signature if Under 18 | Date |
| Print Witness Name | |
| Witness Signature | Date |

ATTACHMENT E3

| VOLUNTEER MANAGEMENT SYSTEM READINESS DEPLOYMENT CHECKLIST | | | |
|---|------|----|----------|
| Instructions: Use this job aid to assess your readiness for participating in the ICS response organization. | | | |
| SELF ASSESSMENT | YES | NO | NOT SURE |
| Are the people and pets you are responsible for all-set for the duration of your deployment? | | | |
| Do you have your Go-kit stocked? | | | |
| Do you know the procedure for check-in? | | | |
| Do you have a checklist to help ensure that you have all needed information? | | | |
| Do you know what forms you'll be required to complete? Do you have copied of these forms? | | | |
| Have you assembled a travel or Go-kit containing any special technical information (e.g., maps, manuals, contact lists, and reference materials)? | | | |
| Have you prepared personal items needed for your estimated length of stay, including medications, cash, credit cards, etc.? | | | |
| Have you made arrangements to take care of your personal matters? | | | |
| Do you know the demobilization procedures? | | | |
| Signature | Date | | |

Attachment F – Credentialing Resources

ATTACHMENT F

Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Emergency Credentialing Levels (ECL)

The assignment of volunteers to an ECL assists in determining how to best integrate volunteers into response activities.

| (ECL) | Requirements |
|--------------|--|
| 1 | Confirmation that the volunteer is clinically active in a hospital as an employee, or by virtue of having hospital privileges* |
| 2 | Confirmation that the volunteer is clinically active in any setting other than a hospital (e.g., clinic, private practice, nursing home etc.)* |
| 3 | Individual meets the basic qualifications necessary to practice in the state in which they are registered** |
| 4 | Individuals who have healthcare experience or education in an area that would be useful in providing basic healthcare not controlled by scope of practice laws (e.g., healthcare students or retired healthcare professionals who no longer hold a license |

**Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meet other occupational specific qualifications*

*** In situations where the State does not govern a profession, ASPR has identified requirements that are deemed to be usual and customary for employment in the profession, which must be verified*

Attachment G – Safety Briefing Resources

ATTACHMENT G

Training - Script

- ☐ Welcome and thank you for volunteering.
- ☐ This training will provide basics that apply to all volunteers. Additional training specific to your deployment assignment will take place once you arrive at deployment site, unless noted or told otherwise.
- ☐ Your safety is our highest priority.

Code of Conduct

During volunteer deployment, you are expected to:

- ☐ Treat all with respect – honor all victims, volunteers and responders.
- ☐ Communicate clearly and if in doubt, ask.
- ☐ Ensure volunteer safety.
- ☐ Work within the scope of credentials, training and comfort level.
- ☐ Honor the code of conduct and confidentiality agreements.

Personal Health and Safety

General

- ☐ Follow carefully any instructions given to you at your job site.
- ☐ Follow all instructions given to you by your supervisor. They will have up to date safety precautions.
- ☐ Take care of yourself first; ask for behavioral health first aid support if needed.
- ☐ Work within the scope of your training, experience and comfort/personal limitations.
- ☐ All Incident work sites can be potentially hazardous or uncomfortable.
- ☐ Be aware of any required immunizations or prophylaxis or personal protective equipment (PPE).
- ☐ All volunteers must clearly wear identification badges given to you at the volunteer reception center, additional identification could be given to you at the deployment site.
- ☐ Older children can help with the disaster recovery work in some areas, but parents must sign a release of liability form for each child under the age of 18. It is recommended that children remain in school, if it is open.

- ☐ If an accident or injury occurs report immediately to supervisor.
- ☐ All life and safety emergencies call 911.
- ☐ Critical response for any accident involving a vehicle(s) – contact 911, supervisor, team leader or incident commander.

Add specific site safety information here – Not part of video

- ☐ **Bolded** items are specific to incident
 - **Items to bring along/not bring along**
 - **Potential personal security issues**
 - **Potential health/safety issues**
 - **Local weather conditions and forecasts**
 - **Local living/work conditions**
 - **Water**
 - **Any necessary tools- you will be responsible for the use, safety, and security of your own tools**

Clothing (Disaster Related)

- ☐ If you will be working outside, dress for the weather. Boots may be helpful, regardless of the temperature, as debris on the ground may be sharp and dangerous.
- ☐ Warm weather and sun exposure must be taken seriously with plentiful hydration and sunscreen or hats and light absorbent fiber clothing.
- ☐ Cold and windy conditions require monitoring lengths of exposure to reduce any change of frost bite or hypothermia.
- ☐ Bring work gloves, sunscreen, insect repellent, a hat and any appropriate tools that you may have.
- ☐ You are responsible for the use, safety and security of your own tools.
- ☐ Water may be available at your work site, but you are encouraged to bring a personal water container. It is important to drink plenty of water – HYDRATE – while you work.

Personal Protective Equipment (PPE)-Disaster Related

- ☐ While working, you may have higher exposure than normal to bacteria; contagious/toxic materials.

- ☐ If death/injuries have occurred in the area where you are working, there will be bacteria. When you take a break, wash your hands thoroughly.
- ☐ Use personal protective equipment (masks, gloves, sanitizers, etc.) when instructed to do so within your job responsibilities.
- ☐ Protection against insects such as ticks and mosquitos can be obtained by using Bug Spray with DEET. (Weather Related)
- ☐ You will be given necessary personal protective equipment before beginning assignment.

Psychological First Aid

- ☐ The work you will be doing might lead you to experience stress, anxiety, fear or other strong emotions.
- ☐ You are providing a valuable service by volunteering today. Please understand by helping, we will not be able to undo the effects of this event. All we can do is to help others in the recovery process. Be cautious and compassionate with yourself and others during this challenging time/event
- ☐ It is natural to feel frustrated or guilty that you cannot fix everything. Keep it simple – work your shift, go home, rest and replenish
- ☐ Be sure to attend any debriefings for volunteers that might be held at the end of your shift
- ☐ When you arrive at your worksite, you will be warned if there is a possibility of encountering victims. **Follow the instructions given to you at your deployment site.**
- ☐ If you need help, ask for it

Personal Limitations

- ☐ Follow carefully any instructions that might be given at your job site
- ☐ Know and state your limitations: physical, emotional, psychological and/or spiritual
- ☐ If you are injured or become ill on the job (even mildly) report immediately to your supervisor and follow instructions. Both the Volunteer Reception Center and Emergency Operations Center will need to be informed

Add specific site safety information here. – Not part of video

Incident Command

- ☐ All volunteers will be following a reporting and command structure known as the Incident Command Structure or ICS
- ☐ ICS provides the organization structure to the emergency
- ☐ There is an Incident Commander who has responsibility for the entire emergency who may or may not be present at the site
- ☐ There is a Site Manager who has a specific responsibility at the site
- ☐ There is a safety officer who is responsible for everyone's safety
- ☐ You may be provided with color coded vest, lanyards, armbands or hats to help identify your section
 - This makes for easy identification of site personnel carrying out particular functions
- ☐ You will be reporting to only one supervisor
- ☐ All outgoing information or requests from the media **MUST** go through the Public Information Officer
 - It is important that you do not communication with the media unless directed to do so as part of your job duties
- ☐ Documentation of all activities is critical
 - Make sure you complete any documentation required of you

Volunteer Assignment Card

- ☐ Must keep the Volunteer Assignment Card (VAC) with you at all times
- ☐ Have your supervisor sign and date card at every assignment
- ☐ Items included on the card:
 - Name of incident
 - Worker assignment

- Location
- Contact Name and Number
- Shift date
- Shift time
- Transportation
- Parking
- Authorizing name
- Authorizing signature
- Date

Demobilization

Please follow the demobilization instructions located in your volunteer packet

- ☐ Volunteers will find demobilization instructions in their volunteer packet
- ☐ To ensure accurate records of hours, tasks, and expenses are maintained, volunteers should sign-out with their assigned agency/supervisor when they leave or are released
- ☐ All volunteers must return to Volunteer Reception Center each operational period, unless instructed otherwise
- ☐ Upon arrival back at Volunteer Reception Center all volunteers will return badges and/or wrist bands, vests, and all supplies/equipment
- ☐ Complete all necessary reports and forms
- ☐ Make sure the VRC has your correct contact information for follow up
- ☐ All volunteers will attend a daily debriefing, unless instructed otherwise
- ☐ Address any questions or concerns you still have
- ☐ Please seek behavioral health support for post incident stress related issues
- ☐ All volunteers will sign out when demobilization is complete and exit immediately to help maintain order and ensure safety
- ☐ Direct volunteer to support desk
 - Have volunteer read over readiness deployment checklist while they are waiting.

Attachment H – Volunteer Request

ATTACHMENT H

Volunteer Request Form

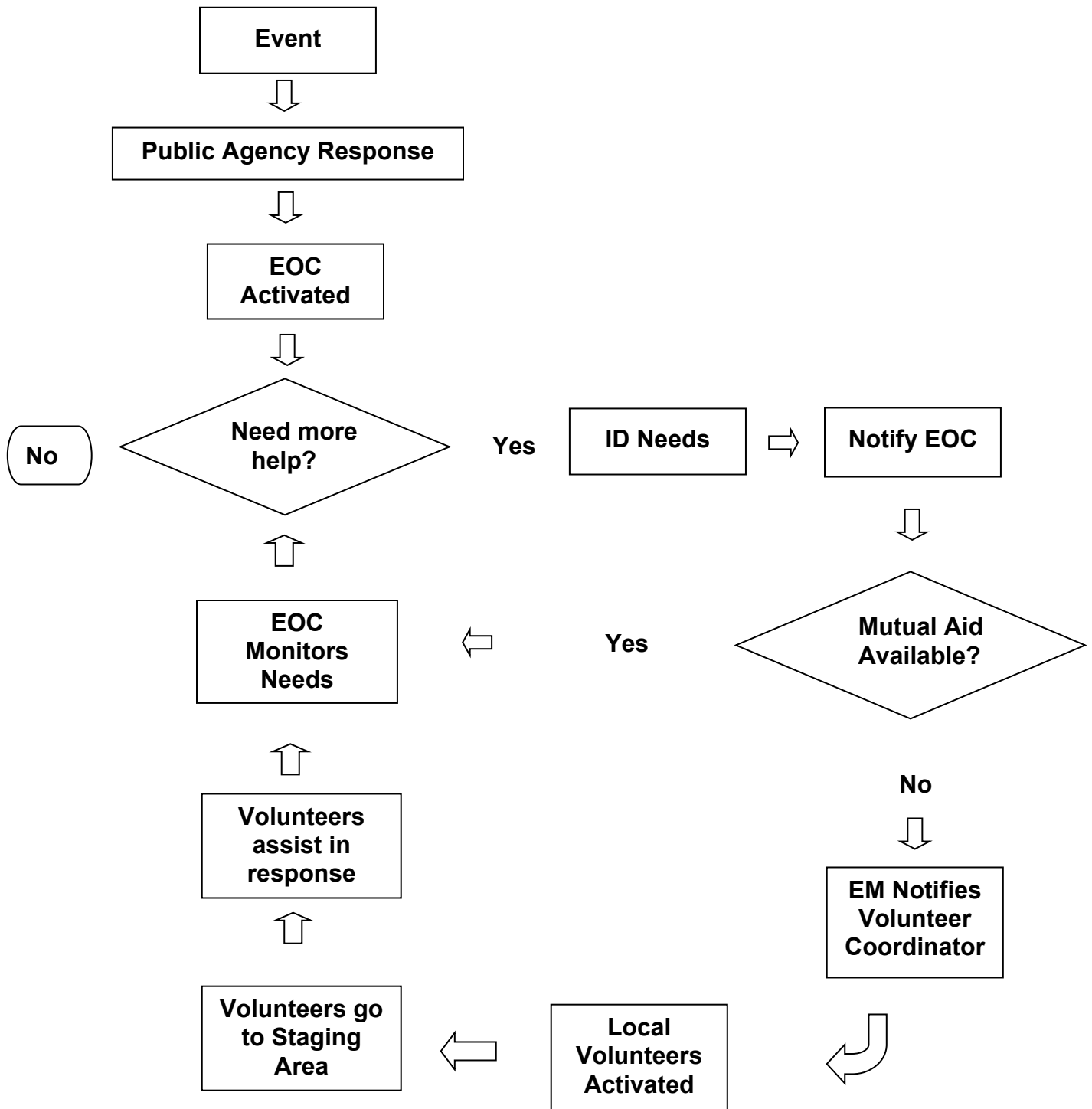
| AUTHORITY | |
|---|---|
| Requesting organization | |
| Organizer name and contact information | |
| Request date | |
| DEPLOYMENT | |
| Mission overview (search and rescue, alternate care site, mass dispensing, victim types and status, etc.) | |
| Emergency declaration (local, state, local non-emergency, state non-emergency, or federal/national) | |
| Incident type (chemical, biological, radiological, nuclear, explosive, or natural) | |
| Estimated deployment dates and length of service | |
| Check-in location | |
| Check-in name and contact information | |
| Incident location | |
| Incident location contact information | |
| Items to bring (i.e., photo ID, medical license, PPE) | |
| Additional details/requirements (i.e., training, immunizations, prophylaxis, health/safety) | |
| PROVISIONS | |
| Accommodations (food, housing, transportation) | |
| Expense reimbursement, if any | |
| Liability protection and/or worker's compensation | |
| PERSONNEL | |
| Position and work description | Qualifications needed (i.e., occupation, skills, certifications, languages, training) |
| | |
| Position and work description | Qualifications needed (i.e., occupation, skills, certifications, languages, training) |
| | |

Attachment I – Event Flowchart

ATTACHMENT I

Volunteers in Emergency and Disaster Response

Event Response Algorithm








Attachment J – Deployment Checklist

ATTACHMENT J

| VOLUNTEER MANAGEMENT SYSTEM | |
|---|---------------------------|
| USED BY THE ASSIGNMENT BRIEFING DESK | |
| <i>Revise to provide outline of essential information for volunteer assignment briefing</i> | |
| Volunteer Name: | Volunteer ID: |
| Position: | Date/Shift of Assignment: |
| Report to: | Assignment Location: |
| GENERAL | |
| <input type="checkbox"/> Once assigned and deployed you become a member of the organizational structure of your assignment. <input type="checkbox"/> You will have a supervisor; report to and take direction from him/her. <input type="checkbox"/> Your supervisor or their designee will provide you with a job briefing. If not, ask for one. <input type="checkbox"/> If in doubt, ask your supervisor if you have questions about your role, responsibilities, or duties. <input type="checkbox"/> If you don't get the information you need from your supervisor or on-site volunteer coordinator, call the Trouble Desk at: <input type="checkbox"/> Specific: Provide assigned duty, reporting requirements, PPE, other safety issues, questions. | |
| RULES/POLICIES/GUIDELINES | |
| <input type="checkbox"/> Permission to enter the operational area is for your official assignment ONLY. <input type="checkbox"/> We will give you an access badge. <input type="checkbox"/> Return the badge when your assignment is over. <input type="checkbox"/> Unauthorized entry, or willful deviation from your assigned tasks will be interpreted as trespassing, and you may be subject to criminal proceedings. <input type="checkbox"/> Misrepresentation of identification, credentials, certifications, or qualifications will be interpreted as a criminal act and may be subject to criminal prosecution. <input type="checkbox"/> If you are unable to report for your assignment, notify us ASAP at: . | |
| SITUATIONAL AWARENESS INFORMATION | |
| Describe the incident and major objectives | |
| Describe ICS response actions and accomplishments to date | |
| Describe major tactics being used | |
| Describe, where/how volunteers fit in the response structure | |
| Other | |
| Other | |
| SAFETY MESSAGES | |
| PPE: Distributed as necessary. Describe appropriate personal protection and instructions for using it. | |
| Infection Control: Review measures as needed. | |
| Medical Plan: You will receive site-specific instructions if you need to get medical and/or behavioral health support during your assignment. | |
| General Equipment: Telecommunications and other if indicated and available | |
| Other | |



VOLUNTEER MANAGEMENT SYSTEM
Volunteer Deployment Checklist (Back)

| | |
|---|--|
|  | <p style="text-align: center;">Contact Information:</p> <p>For assistance while in the field call:</p> <hr/> <p>Other Pertinent Emergency Numbers:</p> <hr/> |
|  | <p style="text-align: center;">What to Bring:</p> <ul style="list-style-type: none"> • Personal emergency contact information • ID Badge • Government Issued Photo ID • Basic personal supplies/go-kit • Appropriate clothing for environment and type of work • Personal cell phone (leave number with Support Desk) |
|  | <p style="text-align: center;">Information You Need At the Site:</p> <ul style="list-style-type: none"> • Situational Awareness: Where do things stand? • Incident Command Structure: Who's in charge? Who do I report to? • Safety Precautions: Do I need any Personal Protective Equipment (PPE)? • Assignment: Your job action sheet • Security: What security measures are in place? |
|  | <p style="text-align: center;">Work Guidelines:</p> <ul style="list-style-type: none"> • ALWAYS SIGN IN/CHECK IN at work site • Maintain confidentiality of affected persons • Do not talk to the press unless authorized to do so by leadership • Work within your: <ul style="list-style-type: none"> ○ Professional license ○ Personal ability/comfort ○ Training ○ Job Action Sheet/assignment ○ The Incident Command Structure |
|  | <p style="text-align: center;">Stress Management:</p> <ul style="list-style-type: none"> • Stress is a normal reaction to abnormal situations • Take breaks • Eat well, drink water, and exercise • Sleep when you can • Be aware of your stress level and that of your team members • <u>Do not self-medicate!!!!</u> Seek assistance |

Attachment K – Volunteer Tracking

ATTACHMENT K

Volunteer Tracking Form

[illegible]

Attachment L – Volunteer Debrief

ATTACHMENT L1

Volunteer Feedback Form Response/Deployment

Please provide us your name and email address so we can follow up with you; or, you are free to submit this form anonymously. We **will** use your comments, criticisms and suggestions to improve our volunteer deployment procedures.

1. Name _____ (leave blank if anonymous)

2. Email _____ (leave blank if anonymous)

3. List your role(s) during the deployment (example: usher, medication dispenser, registration clerk).

4. Was this your first deployment as an volunteer? (Check one) ____ Yes ____ No

5. Please comment on the phone/email notification message you received? (for example: efficiency of the process, clarity of the message). We are especially interested in your suggestion for improvement.

Your experience during the deployment

6. Please comment on the volunteer check-in process, providing suggestions for possible improvement if you have them.

7. Were you provided adequate training to perform your responsibilities on deployment? If no, what aspect of the training was inadequate or missing?

8. What could have been done differently to make this response/deployment a better experience for you as a volunteer?

9. Were you offered critical incident stress debriefing (CISD) and/or opportunity to meet with a Pastoral Care representative?

ATTACHMENT L2

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

| THIS RATING IS TO BE USED <u>ONLY</u> FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|--|
| 1. Name: | | 2. Incident Name: | | | 3. Incident Number: | |
| 4. Home Unit Name and Address: | | | | 5. Incident Agency and Address: | | |
| 6. Position Held on Incident: | | 7. Date(s) of Assignment: From: To: | | 8. Incident Complexity Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | | 9. Incident Definition: |
| 10. Evaluation | | | | | | |
| Rating Factors | N/A | 1 – Unacceptable | 2 | 3 – Met Standards | 4 | 5 – Exceeded Expectations |
| 11. Knowledge of the Job/ Professional Competence: Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.) | <input type="checkbox"/> | Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs. | <input type="checkbox"/> | Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs. | <input type="checkbox"/> | Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work. |
| 12. Ability To Obtain Performance/Results: Quality, quantity, timeliness, and impact of work. | <input type="checkbox"/> | Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve. | <input type="checkbox"/> | Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness. | <input type="checkbox"/> | Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement. |
| 13. Planning/ Preparedness: Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT). | <input type="checkbox"/> | Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information. | <input type="checkbox"/> | Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed. | <input type="checkbox"/> | Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact. |
| 14. Using Resources: Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics). | <input type="checkbox"/> | Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods. | <input type="checkbox"/> | Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste. | <input type="checkbox"/> | Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency. |
| 15. Adaptability/Attitude: Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles. | <input type="checkbox"/> | Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations. | <input type="checkbox"/> | Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities. | <input type="checkbox"/> | Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change. |
| 16. Communication Skills: Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly. | <input type="checkbox"/> | Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread. | <input type="checkbox"/> | Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously. | <input type="checkbox"/> | Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives. |

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

| | | | | | | |
|---|--------------------------|---|--------------------------|--|----------------------------|--|
| 1. Name: | | 2. Incident Name: | | | 3. Incident Number: | |
| 10. Evaluation | | | | | | |
| Rating Factors | N/A | 1 – Unacceptable | 2 | 3 – Met Standards | 4 | 5 – Exceeded Expectations |
| 17. Ability To Work on a Team: Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps. | <input type="checkbox"/> | Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals. | <input type="checkbox"/> | Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals. | <input type="checkbox"/> | Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level. |
| 18. Consideration for Personnel/Team Welfare: Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills. | <input type="checkbox"/> | Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members. | <input type="checkbox"/> | Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members. | <input type="checkbox"/> | Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal. |
| 19. Directing Others: Ability to influence or direct others in accomplishing tasks or missions. | <input type="checkbox"/> | Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment. | <input type="checkbox"/> | A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task. | <input type="checkbox"/> | An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks. Modified leadership style to best meet challenging situations. |
| 20. Judgment/Decisions Under Stress: Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought. | <input type="checkbox"/> | Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization. | <input type="checkbox"/> | Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information. | <input type="checkbox"/> | Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions. Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results. |
| 21. Initiative Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision. | <input type="checkbox"/> | Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored. | <input type="checkbox"/> | Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods. | <input type="checkbox"/> | Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking. |
| 22. Physical Ability for the Job: Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others. | <input type="checkbox"/> | Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need. | <input type="checkbox"/> | Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively. | <input type="checkbox"/> | Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being. |
| 23. Adherence to Safety: Ability to invest in the IMT's future by caring for the safety of self and others. | <input type="checkbox"/> | Failed to adequately identify and protect personnel from safety hazards. | <input type="checkbox"/> | Ensured that safe operating procedures were followed. | <input type="checkbox"/> | Demonstrated a significant commitment toward safety of personnel. |
| 24. Remarks: | | | | | | |
| 25. Rated Individual (This rating has been discussed with me): Signature: _____ Date/Time: _____ | | | | | | |
| 26. Rated by: Name: _____ Signature: _____ Home Unit: _____ Position Held on This Incident: _____ | | | | | | |
| ICS 225 | | | Date/Time: _____ | | | |

ICS 225

Incident Personnel Performance Rating

Purpose. The Incident Personnel Performance Rating (ICS 225) gives supervisors the opportunity to evaluate subordinates on incident assignments. **THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.**

Preparation. The ICS 225 is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

Distribution. The ICS 225 is provided to the Planning Section Chief before the rater leaves the incident.

Notes:

Use a blank ICS 225 for each individual.

Additional pages can be added based on individual need.

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 1 | Name | Enter the name of the individual being rated. |
| 2 | Incident Name | Enter the name assigned to the incident. |
| 3 | Incident Number | Enter the number assigned to the incident. |
| 4 | Home Unit Address | Enter the physical address of the home unit for the individual being rated. |
| 5 | Incident Agency and Address | Enter the name and address of the authority having jurisdiction for the incident. |
| 6 | Position Held on Incident | Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated. |
| 7 | Date(s) of Assignment <ul style="list-style-type: none"> From To | Enter the date(s) (month/day/year) the individual was assigned to the incident. |
| 8 | Incident Complexity Level <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 </div> | Indicate the level of complexity for the incident. |
| 9 | Incident Definition | Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as "tornado," "wildfire," "bridge collapse," "civil unrest," "parade," "vehicle fire," "mass casualty," etc. |
| 10 | Evaluation | Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed. |
| | N/A | The duty did not apply to this incident. |
| | 1 – Unacceptable | Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in Remarks. |
| | 2 – Needs Improvement | Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS. |
| | 3 – Met Standards | Satisfactory. Employee meets all requirements of the individual element. |
| | 4 – Fully Successful | Employee meets all requirements and exceeds one or several of the requirements of the individual element. |
| 10 | 5 – Exceeded Expectations | Superior. Employee consistently exceeds the performance requirements. |
| 11 | Knowledge of the Job/ Professional Competence: | Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.) |

| Block Number | Block Title | Instructions |
|----------------------------|---|---|
| 12 | Ability To Obtain Performance/Results: | Quality, quantity, timeliness, and impact of work. |
| 13 | Planning/Preparedness: | Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT). |
| 14 | Using Resources: | Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics). |
| 15 | Adaptability/Attitude: | Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles. |
| 16 | Communication Skills: | Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly. |
| 17 | Ability To Work on a Team: | Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps. |
| 18 | Consideration for Personnel/Team Welfare: | Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills. |
| 19 | Directing Others: | Ability to influence or direct others in accomplishing tasks or missions. |
| 20 | Judgment/Decisions Under Stress: | Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought. |
| 21 | Initiative | Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision. |
| 22 | Physical Ability for the Job: | Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others. |
| 23 | Adherence to Safety: | Ability to invest in the IMT's future by caring for the safety of self and others. |
| 24 | Remarks | Enter specific information on why the individual received performance levels. |
| 25 | Rated Individual (This rating has been discussed with me) <ul style="list-style-type: none"> • Signature • Date/Time | Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed. |
| <input type="checkbox"/> 6 | <input type="checkbox"/> Rated by Name Signature Home Unit Position Held on This Incident Date/Time | <input type="checkbox"/> Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared. |

ATTACHMENT L3

PsySTART Staff Self Triage System Instructions (form on opposite side)

Complete the information in the top left box, including the reporting period, your job role and department. *This form is voluntary and your name is optional.*

At the end of your shift each day:

- **Check the box for each experience that has occurred.** If you have other concerns, feel free to write them in the space provided in question 19.
- **Review stress management strategies** and your own personal coping strategies. Even if you only checked one experience or you checked several items, it is important to monitor your stress early and continue doing so throughout the incident response.
- **Share your responses.** If you feel comfortable, consider sharing your responses with mental health, spiritual care, social services, or other staff providing employee assistance for further coping ideas, support, and assistance.
- **If you answer yes to #17,** please follow-up with your employee health and well-being unit leader and/or the appropriate staff in charge of employee well being during the incident as soon as possible.

At the end of your incident response:

- **Review your totals.** Tally your responses for each day and write them down in the daily total box.
- **Share your responses.** For any checked items or other concerns, consider sharing your self-observation information with employee health or other appropriate staff in charge of employee well being during the incident. Remember to monitor your stress during the response and activate your coping plan early. You can revise your coping plan accordingly to maximize your resilience. Review your plan 30 days post-incident, if not sooner.

The PsySTART Staff Self Triage System was developed to help staff members assess themselves following a disaster. This system can help you take steps to implement personal coping strategies or seek follow-up with mental health/spiritual care or other resources. Completing this form can also help your facility determine areas of need for staff and offer resources for prioritization.

This self triage system measures potentially stressful experiences during an incident. It does not measure overall mental health status or mental health symptoms and it does not provide any mental health diagnosis. This tool helps you monitor certain stressful experiences that may occur in incidents that are associated with risk for extended distress and/or stress symptoms. Checking a box only indicates that you've experienced the item that day, but you can use this tool to monitor experiences across multiple days of an incident. The total number of checked items may indicate a cumulative "dose" of stressful experiences and you can use this information to facilitate your own stress management strategies. You can also share your responses with your employee health and well-being unit leader; mental health, spiritual care, or social services staff member; or another colleague for more coping ideas.

PsySTART

Staff Self Triage System

Reporting Period: ____ / ____ / ____ to ____ / ____ / ____

Name: _____ (OPTIONAL)

Job Role: _____ (MANDATORY)

Department: _____ (MANDATORY)

Please check if you've experienced any of the following more than usual at your worksite, due to the incident.

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 FORCED TO ABANDON PATIENT(S)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 UNABLE TO MEET PATIENT NEEDS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security, or other issues)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 UNABLE TO RETURN HOME? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/SIGNIFICANT OTHERS/PETS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 FELT AS IF YOUR LIFE WAS IN DANGER? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 OTHER CONCERNS: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Monitor stress during the response and activate your coping plan early and revise accordingly to maximize your resilience.
Review 30 days post-incident, if not sooner.



Attachment M – Volunteer Retention

ATTACHMENT M

The Top 25 Methods To Retain Volunteers (In reverse order)

25. Each of us has his or her own unique motivators. If you really want a volunteer to stay, learn what motivates that person and then put that information into practice.
24. Successfully place the volunteer in the beginning. If you place a volunteer in a position that maximizes his or her potential for success- logic says that they will succeed. And successful people tend to be happy people, and happy people tend to stay.
23. If your agency does not already have one, hire a professional volunteer program administrator.
22. Don't be afraid of saying "Thank You" too much. I've never heard of a volunteer's quitting because they felt over appreciated. Overworked, yes! Over appreciated, no!
21. Vary your recognition program. The same old banquet every year with the same old rewards gets boring. When volunteers stop attending because they've already re-papered their house in certificates of appreciation, you know it's time to move on to something new.
20. Take the time to train your volunteers so they know what they need to know to do their job.
19. For absolutely no reason at all, send your volunteer a note just to say "hi."
18. Once a year, ask the volunteers to give an anonymous evaluation of the agency, the paid staff, and the programs (including the volunteer program).
17. Promote volunteers to new positions that require new skills, additional training and added commitment. Just because Dan is great at stuffing envelopes doesn't mean he is going to be happy doing it for the next ten years.
16. Acknowledge that the agency is not your volunteer's number one priority in life. Guilt may have worked for your parents, but it doesn't work with volunteers.
15. Do not call the same volunteers over and over again. It's too easy to become dependent on the "Yes" people and burn them out. Plus, you miss out on developing a whole new pool of talent.
14. Use the media to promote your active volunteers. The media loves stories about volunteers; next to all the depressing headlines, these stories create a nice balance. Plus, no matter what they say, people just love to see their names in print.
13. Begin a Volunteer Advisory Committee. (Note: The key word is 'advisory'.) Such committees help to empower volunteers, giving them a stronger connection to the agency and its mission and a reason to stay involved.
12. Practice the fine art of informal evaluations. It is amazing how much feedback you can get by just chatting with your volunteers.
11. Resist the urge to 'play favorites'. In other words, be consistent with your policies.
10. Always emphasize your agency's mission statement. People no longer volunteer for agencies, they volunteer for causes.
9. Be flexible as an agency.
8. Be flexible as an individual.
7. Smile. No matter how much you want to grab the computer terminal and throw it across the room, don't let it show. Never let them see you stress.
6. Make the volunteer environment at your agency fun. No matter what work the volunteers are doing, they should have a good time doing it.

5. Set limitations with the paid staff. If the Operations Manager suggests that they use volunteers to clean up at the annual 'Farm Animal and Petting Zoo Fund-raiser,' just say "No!" Your volunteers are too valuable to be given the tasks that nobody else wants to do.
4. Every once in a while, work alongside your volunteers. Give them the sense of teamwork and the knowledge that you won't ask them to do anything you wouldn't do yourself.
3. Consider your volunteers as unpaid staff and include them whenever possible in office parties, lottery pools and such.
2. Be sure to balance the needs of the agency with the needs of your volunteers. Remember, it has to be a mutually satisfying relationship for both parties.

And the **NUMBER ONE** method for retaining volunteers

1. Convince the entire paid staff to follow rules 2 through 25 because one person can't do it alone. Volunteer programs work only with a commitment that starts at the very top of the organization and continues all the way down through each successive level.

John Lipp, coordinator of volunteer services for the city of Tempe, Arizona, presented this list as part of a panel discussion entitled, "Volunteers! Now That You've Got Them, How Do You Get Them To Stay?"

Attachment N – Legal & Liability Resources

Updated: September, 2017

Frequently Asked Questions (FAQ) About Legal and Regulatory Issues Pertaining to the *MI Volunteer Registry*

Disclaimer: *This FAQ is for informational purposes only. Nothing within this FAQ is meant to provide specific legal guidance or advice to any person. Rather, this FAQ is meant to serve as an assessment tool for individuals who are considering participation in the MI Volunteer Registry (www.MIVolunteerRegistry.org). Readers should consult with their own attorneys about these laws and their particular situations or organizations, as applicability may vary based on facts and circumstances.*

Introduction: The *MI Volunteer Registry* (Registry) is a system for the advance registration of individuals who volunteer to provide services during a public health or medical emergency, disaster, training or exercise. The objectives of this system are to:

- Identify a qualified and competent volunteer force
- Enable efficient and effective emergency or disaster operations
- Allow sharing of volunteers across state lines
- Establish clear protections for volunteers, hospitals and others

The Registry is an electronic database that enables authorities to perform a volunteer background check through the Michigan Internet Criminal History Access Tool (ICHAT) and primary source verify a volunteer's professional licenses, credentials, accreditations, and hospital privileges. The Registry is the State of Michigan's contribution toward a national response system authorized by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (42 USC § 247d-7b).

Joining the Registry does not obligate a person to serve or impose any personal liability; neither does it confer any benefits. Local, regional, or state authorized personnel will utilize the Registry to identify, contact, and deploy volunteers as needed. By registering in advance of a disaster or emergency, volunteers will expedite their potential role in emergency response.

Legal authority, liability and protection for individual volunteers and organizations utilizing volunteers will vary depending on a variety of factors, including but not limited to:

- The jurisdictions involved
- Whether or not there is a declared state of disaster or state of emergency
- The volunteer's profession
- The volunteer's affiliation, privileges, and/or employment status
- To whom and in what setting the volunteer is providing services

Volunteers often serve in a limited capacity, for a limited period of time, and in places or positions in which they may not normally practice. Therefore, volunteers should be aware of federal, state and local emergency powers and how these powers may affect their liability, licensure and credentialing. Volunteers should not self-deploy to disaster areas. For their own protection, it is imperative that volunteers work through governmental agencies or recognized nonprofit disaster relief organizations.

Q1. Are there provisions for compensating me for time lost from work or other expenses?

A1. The Registry is intended for volunteers who are willing to render aid or perform services on a temporary basis without pay or any benefits. Some employers support employee volunteer and community service activities. Check with your own employer for details.

Q2. Are there provisions for workers' compensation benefits?

A2. The first option would be to discuss with your current employer their willingness to support your volunteer activity as part of their organizational community mission by providing you workers' compensation coverage. This should be a clear discussion on the Registry, the potential to volunteer and its impact to your routine work schedule and any burdens or hardships your volunteerism may cause the company/or your employer. Registry activities may be requested outside of normal work hours, location or facility.

Michigan's Workers' Compensation Act- 2012 PA 83, MCL 418.161(1)(o), provides that an individual registered with the state of Michigan verification system described in 42 USC 247d-7b shall be considered an employee of the state of Michigan when engaged in the performance of duties or services as a registrant, or when training to provide those duties or services, except if another employer provides coverage for that individual specifically for duties and services arising from registration with this state.

IMPORTANT: This coverage is only applicable to volunteer activity sanctioned by and deployed through an authorized administrator on the Registry.

In addition, many private health care practitioners carry their own insurances, including workers' compensation. Therefore, check with your carrier(s) to see if that coverage includes activities associated with volunteerism.

Q3. What protection might be available for Michigan volunteers against liability lawsuits arising out of the volunteer work?

A3. Volunteers may be protected from civil liability through the following statutes. However, they do not protect against harm caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed. Please note that this FAQ is for informational purposes only. Nothing within this FAQ is meant to provide specific legal guidance or advice to any person. Readers should consult with their own attorneys about these laws and their applicability to particular situations or organizations.

Governmental Immunity Act, MCL 691.1401et seq.— While acting on behalf of a governmental agency, a volunteer is immune from tort liability if the volunteer is acting or reasonably believes he or she is acting within the scope of his or her authority, and the governmental agency is engaged in the exercise or discharge of a governmental function. This Act does not provide immunity for medical treatment or care to a patient, with limited exceptions. However, other laws discussed in this section may apply to provide protection from liability for medical care.

Liability of Certain Persons for Emergency Care Act 17 of 1963, MCL 691.1501et seq., Commonly referred to as ***The Good Samaritan Act*** – relieves certain persons from civil liability when rendering emergency care, or when participating in a mass immunization program approved by the department of public health.

- Covers physicians, physician's assistants, registered professional nurses, licensed practical nurses, or licensed EMS providers when rendering emergency care without compensation at the scene of an emergency, provided there was no prior provider/patient relationship established.

- Covers physicians, physician assistants, dentists, podiatrists, interns, residents, registered professional nurses, licensed practical nurses, physical therapists, clinical laboratory technologists, inhalation therapists, certified registered nurse anesthetists, x-ray technicians, or licensed EMS providers when rendering emergency care or responding to a life threatening emergency in a hospital or other licensed medical care facility when the health professional's duties do not require responding to such emergencies.
- Protects individuals assisting the government with a search and rescue operation.

Emergency Management Act, MCL 30.401 et seq. – The Emergency Management Assistance Compact (EMAC) was ratified by the U.S. Congress in 1996 and has been adopted by all states, the District of Columbia, and some territories. The EMAC is an interstate mutual aid agreement that facilitates the sharing of assistance among states during emergencies. Michigan's Emergency Management Act provides general immunity from liability for **Disaster Relief Forces** while on duty. A person who renders services at the express or implied request of a state official, agency, county, local coordinator, or executive body is considered an authorized disaster relief worker. During a declared state of disaster, additional protections are provided to certain health professionals who render services as part of a government authorized response. Moreover, the Director of the Michigan State Police may issue a directive relieving volunteers of liability except for gross negligence.

Public Health Code, MCL 333.1101 et seq. – Several sections of the Public Health Code grant immunity from liability:

- **Health Department** – The director or an employee or representative of the state health department or a local health department is not personally liable for damages sustained in the performance of departmental functions, except for wanton and willful misconduct (MCL 333.2228 and 333.2465).
- **Immunization Program** – When the state health department approves a mass immunization program; health personnel employed by a governmental entity, or a volunteer authorized to participate by the director or a local health officer, cannot be held liable except for gross negligence or willful and wanton misconduct (MCL 333.9203).
- **Emergency Medical Services Personnel** – Immunity from liability is provided except for gross negligence or willful misconduct (MCL 333.20965).

Volunteer Protection Act of 1997 (Public Law 105-19, 42 USC § 14501) – Volunteers who are working without pay for a governmental entity or a nonprofit organization may also be protected from civil liability under this federal law (excluding individuals working for profit hospitals and businesses). The VPA does not protect against harm caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed. This Act preempts state law, which means that a state law cannot provide less protection for individuals. *Importantly, the VPA does not require a declared emergency for its protections to apply to volunteers.*

Public Readiness and Emergency Preparedness (PREP) Act, Part of the Public Health Service Act, 42 USC § 247d-6d - Provides broad and strong protection to individuals and entities that are engaged in activities related to the use of covered pharmaceutical countermeasures. This includes, for example, entities and individuals involved with manufacturing, labeling, distributing, packaging, marketing, selling, purchasing, donating, dispensing, prescribing, administering, licensing, or using of such countermeasures. Requires a PREP Act Declaration from the Secretary of Department of Health & Human Services. To be protected from liability, would need to act consistent with the terms of the PREP Act declaration. PREP Act declarations, and FAQs that explain the PREP Act, can be found at <https://phe.gov/preparedness/legal/prepact/pages/default.aspx>.

For Government Employees:

Interstate Emergency Management Assistance Compact (EMAC), MCL 3.991 et seq. – Michigan is a member of this multi-state compact, which is commonly referred to as EMAC. Individuals who are deployed to other states under the compact are immune from civil liability except for willful misconduct, gross negligence, or recklessness. Deployment under the compact is through the EMAC Coordinator at the Michigan State Police Emergency Management Division. Note: *these protections apply to government employees. Volunteers would have to be made temporary state government employees in order for coverage to be assured.*

Q4. Are there any eligibility restrictions for volunteering?

- A4.** All individuals willing to volunteer in support of a public health or medical emergency are encouraged to enroll in the Registry. When a volunteer's services are needed, an authorized Registry administrator will contact the volunteer to inquire about availability, willingness to serve, and physical nature of the intended deployment. Depending on the circumstances, conditions may require certain skills, abilities, or other criteria.

Q5. What precautions are being taken by the State to protect health volunteers against disclosure of personal information contained in the MI Volunteer Registry?

- A5.** Authorized Registry system administrators are the only individuals to have access to your information. Registry volunteer profile information is not open to the public. The system is designed to provide unique privileged access for specific professions and qualifications following an emergency incident. This includes the ability to limit administrator access rights to local teams and certain program affiliations (i.e., Medical Reserve Corps).

Q6. Is the State able to provide malpractice insurance to volunteers?

- A6.** No. Any individual who volunteers should carry their own malpractice insurance. Individuals can check to see if their primary employer has any provisions to provide this benefit for volunteer services.

Additional Resources:

Emergency Law Inventory: <https://www.legalinventory.pitt.edu/>

MI Volunteer Registry Website: www.MIVolunteerRegistry.org

Medical Reserve Corps: <https://mrc.hhs.gov/HomePage>

Michigan Department of Health and Human Services (MDHHS) Bureau of EMS, Trauma and Preparedness (BETP): http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_72703--,00.html.

U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR): <http://www.phe.gov/preparedness/Pages/default.aspx>

U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Emergency System for Preparedness and Response (ESAR-VHP) Employer page: <http://www.phe.gov/esarvhp/pages/employers.aspx>

Additional Resources:

MI Volunteer Registry Website: www.MIVolunteerRegistry.org

Medical Reserve Corps: <https://mrc.hhs.gov/HomePage>

Michigan Department of Health and Human Services (MDHHS) Bureau of EMS, Trauma and Preparedness (BETP): http://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_72703---,00.html.

U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR): <http://www.phe.gov/preparedness/Pages/default.aspx>

U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Emergency System for Preparedness and Response (ESAR-VHP) Employer page: <http://www.phe.gov/esarvhp/pages/employers.aspx>