



California Disaster Healthcare Volunteers

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Deployment Operations Manual



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Acronyms

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Acronym	Meaning
ACLS	Advanced Cardiac Life Support
ACS	Alternate Care Site
ADA	Americans with Disability Act
CalOES	California Office of Emergency Services
CalEOC	California Emergency Operations Center (software)
CDMRP	California Disaster Medical Response Plan
CDPH	California Department of Public Health
CPR	Cardiopulmonary Resuscitation
DHV	Disaster Healthcare Volunteers
DO	Duty Officer
DOC	Department Operations Center
DOM	Deployment Operations Manual
DSW	Disaster Service Worker
DSWVP	Disaster Service Worker Volunteer Program
ECL	Emergency Credential Level
EMAC	Emergency Medical Assistance Compact
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	California Public Health and Medical Emergency Operations Manual
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
HICS	Hospital Incident Command System
ICS	Incident Command System
MHCC	Medical Health Coordination Center
MHOAC	Medical Health Operational Area Coordinator
MMAA	California Disaster and Civil Defense Master Mutual Aid Agreement
MRC	Medical Reserve Corps
MRE	Meal, Ready to Eat
MST	Mission Support Team
NIMS	National Incident Management System
OA	Operational Area
PALS	Pediatric Advanced Life Support
PPE	Personal Protective Equipment
RDMHC/S	Regional Disaster Medical Health Coordinator/Specialist
CIF	State Compensation Insurance Fund
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SNF	Skilled Nursing Facility
SUV	Spontaneous Unaffiliated Volunteer

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Introduction

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1. Purpose and Scope

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In accordance with federal mandate and state law, California has developed the Disaster Healthcare Volunteers (DHV) System to facilitate and manage the registration, credentialing, and deployment of disaster healthcare volunteers (DHVs) in the event of an emergency requiring medical resources. The purpose of this Deployment Operations Manual is to provide a common operational framework, including guidelines and checklists, to guide the deployment of DHVs, including Medical Reserve Corps (MRC) members in such an emergency situation. In particular, the purpose of this manual is to provide a framework for the deployment of DHVs between Operational Areas (OA).

This manual is not intended to mandate or offer guidance on the use of or deployment of DHVs within an Operational Area.

This manual does not replace procedures or guidance governing non-medical/health volunteers, (e.g., CERTS, SARS, Safety Assessment Program or Disaster Corps).

The Deployment Operations Manual (DOM) addresses the deployment of volunteers who are registered in the DHV program. It does not address or focus on management of volunteer health professionals who are not, at the time of the disaster or emergency, registered in the system. Thus, this manual does not cover the issues associated with such volunteers, known as spontaneous unaffiliated volunteers (SUV). It is a key assumption of this document that such volunteers will be directed to register in the DHV system and, when that has occurred, may be deployed according to the guidelines offered here.

The DHV program uses a software system for the management of volunteers, including the registration, notification, communication, and credentialing needs associated with volunteer management. While the effective use of that software is key to the deployment concepts outlined in this manual, this is not a user guide or training manual for the use of the software. Those materials are available through the California Emergency Medical Services Authority (EMSA).

2 Intended Audience

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The intended audience for the DHV Deployment Operations Manual includes:

1. The Medical Health Operational Area Coordinator (MHOAC) program within each OA, including the MHOAC and other key individuals supporting the MHOAC program.
2. Medical Reserve Corps (MRC) Coordinators.
3. EMS Authority staff.
4. Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) programs.
5. Additional local DHV system administrators, as designated by local MHOACs and/or MRC Coordinators.
6. California Department of Public Health (CDPH) Emergency Preparedness Office (EPO) staff.
7. California Office of Emergency Services (CalOES) staff.
8. Healthcare facilities that may utilize DHVs in an emergency.
9. Local emergency managers concerned with the use or deployment of healthcare volunteers.
10. Local emergency preparedness coordinators, including:
 - a. Public Health Emergency Preparedness Coordinators,
 - b. Pandemic Influenza Coordinators, and
 - c. Hospital Preparedness Program Coordinators.
11. State agencies with medical/health disaster response roles.
12. Other entities involved in environmental and public health disaster response.

3 *DHV DOM Conforms to Key Principles*

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The DHV Deployment Operations Manual (DOM) conforms to emergency management principles contained in State and federal law, including:

1. Standardized Emergency Management System (SEMS)/National Incident Management System (NIMS);
2. State Emergency Plan (SEP);
3. California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA);
4. Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Guidelines (federal);
5. Disaster Healthcare Volunteers Principles of Operation
6. Medical Reserve Corps Principles of Operation
7. California Public Health and Medical Emergency Operations Manual (EOM);
8. California Disaster Medical Response Plan (CDMRP);
9. CDPH Standards and Guidelines for Healthcare Surge During Emergencies;
10. Interstate Civil Defense and Disaster Compact; and,
11. Emergency Management Assistance Compact (EMAC);

This manual explicitly does not preclude the use of and reliance on mutual aid agreements between individual counties or among several counties. The importance of such agreements is recognized and counties are encouraged to develop them and rely upon them to meet the demands for healthcare personnel in emergencies.

4 *Terminology*

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This manual uses the following terminology to represent some basic concepts:

- A. **MHOAC Program:** The term “MHOAC program” is used to encompass the individual MHOAC, his/her staff, and those county structures, resources, and assets which the program may call upon in an emergency. For instance, it is not expected that any MHOAC or MHOAC program has the ability to manage all of the logistics required to support a multi-day volunteer deployment. Whether a county turns to its entire emergency operations center, a medical/health department operations center, or the Office of Emergency Services for support, this document identifies the MHOAC program as the lead entity charged with coordinating volunteer health personnel deployments.
- B. **EMSA Duty Officer:** The EMSA Duty Officer program includes around-the-clock access to trained EMSA staff capable of mobilizing additional

EMSA staff, DHV System Administrators, and EMSA disaster response personnel. The term “EMSA D.O.” is used as shorthand for the larger response EMSA brings to disaster medical management.

- C. DHVs and MRCs:** The term Disaster Healthcare Volunteers (DHVs) encompasses all health professionals who volunteer their time through the DHV program. MRCs represent members of Medical Reserve Corps (which are composed of DHVs). This document is concerned with both individual DHVs, and MRC members.

5 Medical and Health Coordination

- Critical Roles and Responsibilities

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A. MHOAC Program

The Medical Health Operational Area Coordinator program is central to the coordination of medical and health resources within an OA. In accordance with the California Public Health and Medical Emergency Operations Manual (EOM), the MHOAC program, at the direction of the designated MHOAC, is responsible for all facets of healthcare personnel coordination within that Operational Area. Thus, the MHOAC program serves as the point-of-contact with all parties outside the OA as regards the request for, management of, and sending of DHVs.

While this document identifies the MHOAC program as the responsible entity for coordination of medical/health operations involving volunteers, it is expected and understood that the MHOAC program in most counties will work with their local department operations center, emergency operations center, or other emergency structures to fully support the logistics and operations needs related to utilizing volunteers.

B. RDMHC Program

The key role of the Regional Disaster Medical Health Coordinator program as it relates to DHV is to receive key information about the particular emergency and related resource needs and facilitate the sharing of that information. Unlike other medical/health responses, the DHV program does not rely on the RDMHC program to coordinate mutual aid involving DHVs. The RDMHC program is likely to be focused on other significant medical/health response needs, including supplies, first responder resources, etc. Coordination of DHV requests in a proclaimed or declared emergency involving multiple OAs is best handled at the State level.

Recognizing this, the RDMHC’s role within the DHV software allows for a view of all resources within the RDMHC’s region. However, as it is not expected that the RDMHC will actually be deploying or requesting these resources, the role does

not allow for performing these functions. Nonetheless, it is crucial to keep the RDMHC/S involved in, and informed of, the process of requesting and deploying volunteer health professionals. In accordance with SEMS and the EOM, the RDMHC/S program should be copied on all resource requests made using DHV.

C. Emergency Medical Services Authority

The California Emergency Medical Services Authority (EMSA) is the primary sponsor and manager of the DHV system in partnership with the California Department of Public Health, (CDPH). In the context of deployment of volunteers, EMSA is responsible for the coordination and management of requests between and among OAs. Thus, when an OA requires DHV assistance from outside of its area, the requests will be managed by the EMSA Duty Officer or DHV Coordinator who will also be responsible for the assessment of availability of resources from other areas and the management of specific requests. As noted above, it is understood that any involved RDMHC will be kept informed of DHV activity related to that particular region.

6 Expectations and Governing Principles

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A. Expectations for DHV System Use

As is clearly articulated in the Principles of Operations¹, the DHV system is intended for use in proclaimed or declared emergencies and disasters.

It is understood that being properly prepared for emergencies will require certain use of the system when no emergency has been proclaimed or declared. In particular, it is fully appropriate to use the system to train or exercise for disaster preparedness. Similarly, it is appropriate to use the system to organize volunteers and to communicate with them regularly so as to be fully prepared for emergencies when they occur.

Use of the DHV system to deploy volunteers is appropriate in responding to a local emergency. Thus, the DHV system may be utilized in response to a Level 1 incident, as defined in the EOM—i.e., an emergency requiring response resources only from within the impacted OA.

The focus of this manual is to guide DHV system use in responding to incidents requiring resources or mutual aid from outside an impacted OA. Thus, the focus is system use in Level 2 or Level 3 incidents as defined by the EOM.

¹ See Operational Policy #13 in Disaster Healthcare Volunteers Principles of Operation, version 1.5—March 13, 2008 (page 11). Available in “Healthcare Volunteer Resources Page” at: <https://healthcarevolunteers.ca.gov/>

Activation or use of the DHV system in response to a Level 2 or Level 3 incident must occur in conjunction with the “*Emergency System Activation*” as described in the EOM.

B. Expectations of Operational Areas

Each operational area is responsible for the manner in which it handles an emergency response within that OA. However, to ensure an effective system of mutual aid and response of DHVs between and among OAs, there are some basic expectations that apply to each OA.

It is expected that each OA will develop and have in place a MHOAC program. As outlined in the EOM, this includes the designation of a MHOAC, the identification of a 24/7/365 point of contact, and ensuring that all MHOAC functions defined in statute (California Health and Safety Code §1797.153) are met.

To ensure an effective response, it is expected that the MHOAC program will have effective communications in place with any and all MRC Coordinators within their OA. MHOACs and MRC Coordinators are expected to communicate regularly and ensure that any limitations to readiness of resources are promptly communicated.

All volunteers deployed through the DHV program must be registered as Disaster Service Worker Volunteer Program volunteers (DSWVP). (This is a foundational expectation of the DHV program, first identified in the Principles of Operations.) Specific requirements and actions related to the management of the DSWVP status of volunteers are available in the DSWVP Information Tab. As a basic expectation, each OA should have a process for registering their volunteers as DSWVPs including swearing in volunteers, registering them as DSWVPs, and filing the associated paperwork in accordance with state regulations.

If any DHVs are registered in the DHV system within an OA, it is expected that the MHOAC program will maintain a minimal level of competence and readiness in the use of the DHV system such that the MHOAC program is able to properly utilize those DHVs. This is necessary not only to ensure that an OA’s DHVs are available for local response’ but also to ensure a functioning mutual aid system that allows those resources to be accessed in order to assist another OA impacted by an emergency or disaster. The MHOAC program must ensure that there are dedicated staff trained as system administrators in the DHV system who have exercised the system.

If there are one or more MRCs within an OA, the MRC members should be registered in the DHV system. Routine volunteer management practices—such as recruitment, retention, and basic volunteer training—should be addressed for all volunteers, either MRCs or DHVs who register with the county.

It is expected that an OA will have determined before an incident which leadership positions will be responsible for the management and logistical support of DHVs. In particular, the role of Incident Command System (ICS) positions responsible for this should be addressed as part of the OA's emergency plan.

C. Expectations of EMSA Duty Officers and DHV Response Staff

The EMSA Duty Officer and associated response staff play a key role in the effective management of a DHV/MRC mutual aid response. The role of the EMSA Duty Officer may include:

1. Assisting the impacted MHOAC to complete formal resource requests;
2. Communication with non-impacted OAs to determine disaster healthcare volunteer resource availability in conjunction with the RDMHC program;
3. Coordination of specific requests of individual or multiple OAs for disaster healthcare volunteer resources;
4. Assistance in determining or acquiring logistical support for the deployment of DHVs in conjunction with the RDMHC program;
5. Ongoing communication with involved OAs as to evolving situation status and continuing resource requirements in conjunction with the RDMHC program;
6. Appropriate designation of administrative rights to the involved OA to enhance the communication between and among OAs in an emergency; and,
7. Acting on behalf of a local system administrator if access to the DHV system is limited or unavailable.

It is expected that EMSA response staff will be competent users of the DHV system.

D. Expectations of County and MRC System Administrators

Within the DHV System, volunteers are organized into "units." Each county in the state is a unit. Also, each active MRC within the state is a separate unit. Each unit has one or more individuals who are granted administrative rights over the unit of volunteers, called "System Administrators."

In general, the system is configured as follows:

1. The MRC Coordinator (and any designee) has administrative rights for all DHVs enrolled within that MRC.
2. The MHOAC (and any designee) has administrative rights for all DHVs registered with that county as well as for all MRCs located within the MHOAC's operational area, i.e., county, as stated within the "Disaster Healthcare Volunteers – Medical Reserve Corps Principles of Operation."
3. The state-level administrators, EMSA staff, have administrative rights for all DHVs in the system.

System administrators, both county-level and MRC, are expected to routinely communicate with the DHVs within their unit. Routine communication is important for operational readiness and for volunteer management.

Also, all system administrators are expected to communicate regularly with the MHOAC program. While the MHOAC him/herself may not actually function as a hands-on administrator, it is imperative that s/he be informed as to the status of volunteers in the OA/county, and the level of readiness that exists.

E. Expectations of Medical Reserve Corps Coordinator

An MRC Coordinator is expected to keep the MHOAC of that MRC's OA apprised of its status. This is particularly important if the MRC has limited readiness to respond (e.g., due to training, exercises, or deployments of which the MHOAC may be unaware.)

F. Expectations Regarding Volunteer Management

Management of DHVs, especially for complex (multi-day, multi-shift, or multi-role) deployments, is complicated, demanding, and poses challenges which may be unfamiliar to disaster and emergency managers, incident commanders, and medical/health operational staff. Any complex DHV deployment (including deployments of MRC units) requires a host of activities and support which is best handled through a **volunteer coordinator** or field volunteer coordinator. This function can be fulfilled by the requesting jurisdiction, by a state Mission Support Team (MST), or some mix of both. (See Appendix J, "Field Volunteer Coordinator.")

Volunteer Support and Management activities include directly performing, coordinating, or ensuring the provision of:

1. Travel arrangements;
2. Meeting, greeting, and check-in of volunteers;
3. Orientation and briefing of volunteers;
4. Lodging coordination;
5. Human resources department functions, including dealing with HR-related issues which may arise during a deployment;
6. Finances related to volunteers;
7. Communications with volunteers, including providing a point of contact for DHVs' families, on an around-the-clock basis;
8. DHV health, including mental health;
9. Management and handling of unexpected events;
10. Handling of workers' compensation claims through the DSWVP; and,
11. Demobilization Process.

G. Expectations Regarding Volunteers

Expectations regarding the nature of the DHVs enrolled in the system have been articulated in the Principles of Operations, the federal ESAR-VHP guidance, and elsewhere. Some of the key expectations and assumptions are listed below:

1. ***DHVs deployed through the DHV system are not first responders.*** These resources are not to be considered a rapid-reaction force. It is assumed that in emergencies and disasters, first responders will be appropriately deployed.
2. ***DHVs in the DHV system are not self-deploying or self-supporting—either as individuals or as units.*** Thus, deployment of these resources will require organization, preparation, and significant effort on the part of MHOAC programs.
3. ***Volunteers enrolled in the system are indeed volunteers.*** This means that they have a right to be informed about the nature of the incident and what to expect about field conditions, housing, etc. It also means they are not paid for their service and, as volunteers, are not mandated to respond.
4. ***DHVs are not assets.*** Thus, unlike medical supplies, the number and type of volunteers available for a given incident will vary based on individual availability and interest in deploying.

H. Expectations of Disaster Healthcare Volunteers

Volunteers are expected at all times to act in a manner consistent with their professional status and licensure. In agreeing to participate in the DHV system as a volunteer, each individual acknowledges understanding the nature of the volunteer role, the process for verifying credentials, and affirms that all information they will give the system will be truthful.

Volunteers are expected to update their profiles in the system regularly and as needed. Thus, if there is any change to one's licensure status or personal or professional information, it is expected that the volunteer will access the DHV system and make appropriate changes.

A Volunteer Code of Conduct is provided in Appendix N. It is up to the local System Administrator to provide the code to individual volunteers for signature. This code does not preempt or preclude MRCs or other units from establishing additional expectations or conduct codes of DHVs or MRC members.


I. Expectations Regarding Credentialing and Privileging

A key challenge in the deployment of healthcare volunteers is ensuring that they are properly licensed and credentialed to act in the professional capacity expected of them. It was primarily to meet this challenge that the national ESAR-VHP program and California's DHV program were developed. The following

expectations/assumptions are appropriate regarding the credentialing and privileging of volunteers deployed through DHV:

1. The DHV system regularly checks the licenses of professionals registered in the system to ensure that they have an active, unencumbered license. This checking occurs at least daily whether or not there is an emergency or an active deployment of volunteers. Also, licenses can be checked on an “as needed” basis, e.g., at the push of a button prior to a specific deployment.
2. The DHV system utilizes a process for checking and validating the “Emergency Credential Level” (ECL) of volunteers in the system. The system assigns the following designations which are readily visible at the time of a deployment:
 - ECL 1 = “Hospital Active,” i.e., having an active, unencumbered license and confirmed to be employed or privileged in a hospital.
 - ECL 2 = “Clinically Active,” i.e., having an active, unencumbered license and confirmed to have been actively employed in a clinical setting within the last six months.
 - ECL 3 = “Licensed or Equivalent,” i.e., having an active, unencumbered license (or equivalent).
 - ECL 4 = healthcare experience or education for non-licensed volunteers.
3. Federal guidelines and guidelines established by The Joint Commission set a lower threshold for disaster credentialing and privileging than for routine employment or privileging. The ECL system used by the DHV system is designed to work with those lower thresholds. Receiving institutions should recognize that DHVs deployed by the system are licensed appropriately and, in the case of ECL 1 or 2, have had recently confirmed employment which suggests that they have been properly vetted either by a hospital or some other clinical setting.

7 Information Management

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A. Information Sharing During Routine and Unusual Event Activities

Effective communication at all levels is the critical element in emergency and disaster response. The EOM outlines a process for effective communication as it relates to both day-to-day activities as well as in unusual events when increased information sharing is required.

In addition to the processes outlined in the EOM, it is important to reiterate the specific need for ongoing communication between particular partners involved in the deployment of DHVs, especially local MHOAC programs and the MRC coordinators within their OA. Similarly, the relevant RDMHC/S should be kept informed of DHV deployment plans.

B. Situation Reporting During Emergency System Activation

Use of the DHV system to provide DHV mutual aid resources in response to a level II or level III incident must occur in conjunction with “Emergency System Activation” as described in the EOM.

In making a specific request for DHV resources, communication requirements may differ from those detailed in the EOM. For example, as discussed above, the role of the RDMHC is somewhat altered as it relates to the deployment of DHVs. These differences are detailed in the discussion of DHV Deployment Management below.

In addition to the situation reporting processes described in the EOM, the following data elements should be included in Medical/Health Situation Reporting if DHV deployment or DHV mutual aid/resource requesting is anticipated or underway: *(See Medical and Health Situation Report: Sample Form.)*

- a. Section 1, box H (**Current Situation**): If any DHV/MRC deployment has occurred, provide information including number of DHVs by type (e.g., RNs, MDs, specialists such as emergency department nurses, occupational therapists, etc.), mission (e.g., support of medical shelter), and duration of average volunteer deployment (e.g., 48 hours).
- b. Section 1, box I (**Current Priorities**): If requesting DHVs/MRCs via mutual aid is anticipated, report as much information as possible here.
- c. Section 1, box J (**Critical Issues or Actions Taken**): Provide information here if processes/resources for handling or receiving DHVs have commenced.
- d. Section 5, Box Y (**General or Additional Information**): Report details not included in Section 1, box H here, including status and progress of DHV/MRC deployments here, including number and type of DHVs deployed, mission type and duration, outstanding logistics concerns).

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Deployment Overview

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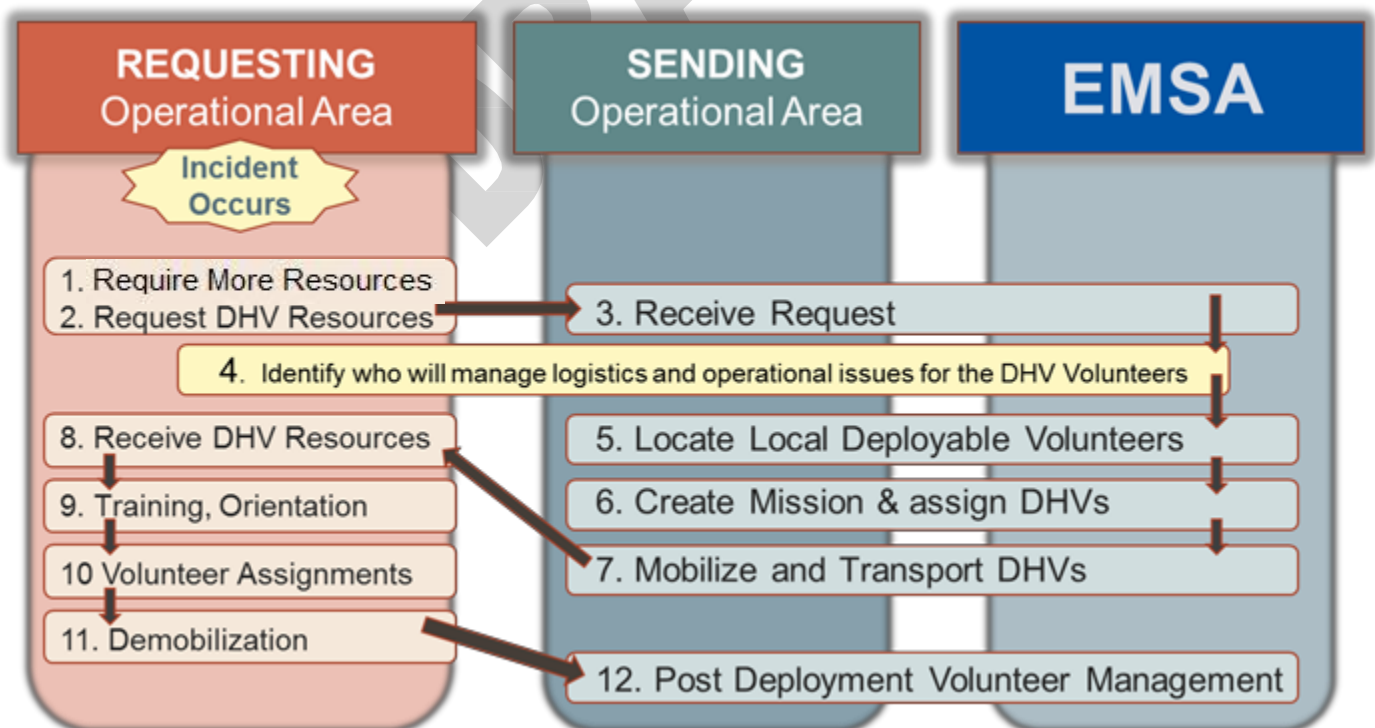
1. Introduction

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DHVs, including MRCs, represent mutual aid resources which may be requested and managed via the medical/health resource requesting process outlined in the EOM. This process is initiated when resources are not available locally and/or cannot be acquired through existing mutual aid/assistance agreements, e.g., with neighboring counties.

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2. Flowchart: DHV Requesting and Deployment Process



3. Relevant Appendices in the Requesting and Deployment Processes as Listed in the Above Flowchart

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Step #	Action Step	Relevant Appendices

4. Deployment Timeline

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The following timeline represents target timing for handling each step of the DHV deployment process. It is understood that these are targets only, subject to the requirements and circumstances of a specific deployment. (Note that some of these targets are standards dictated by federal ESAR-VHP guidelines.)

	Query DHV database and generate initial list of potential DHVs (federal standard)
	Initial polling of DHVs completed Provide initial list of DHVs willing to deploy (federal standard) Identification of responsible entity/entities for logistics planning
	Mission created. Provide verified list of available, willing DHVs (federal standard)

Requesting DHVs

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Filling Requests for DHVs

The process of requesting volunteer health professionals from outside the operational area directly follows the resource requesting process in the EOM. The process is outlined below.

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1. Determining the Need for DHV/MRC Resources

Prior to requesting DHV/MRC resources, the MHOAC program should confirm responses to the following issues:

	Issues to be Resolved Prior to Request	Yes	No
1	Is the health professional resource need immediate and significant (or anticipated to be so)?		
2	Has the supply of the requested health professional resource been exhausted, or is exhaustion imminent?		
3	Is the health resource or an acceptable alternative of the resource available from other sources: including local (internal operational area) volunteers, medical surge staffing measures such as extended shifts, healthcare staffing registries, corporate mechanisms i.e., shared staff between health care facilities? <ul style="list-style-type: none"> • The internal corporate supply chain? • Other commercial vendors, e.g., nurse registries? • Through existing agreements? 		
4	Have payment/reimbursement issues related to the deployment and logistics support of volunteers been addressed? (e.g., transportation expenses, lodging expenses, etc.) (Note: volunteers are not paid as part of their deployment.)		

The answers to these questions should be provided by the impacted MHOAC Program to the EMSA Duty Officer, and should be requested by the EMSA Duty Officer to the impacted MHOAC Program.

Responding to Catastrophes:

Preparation for Deployment Without Resource Requests

There are circumstances in which the state (e.g., EMSA) may determine the need to commence preparation for a deployment of DHVs/MRCs prior to the receipt of a formal resource request. For example, an incident may be of such magnitude that the impacted MHOAC is not yet able to make the formal request and the nature of the incident is made clear to EMSA. In cases where there has been significant impact to the emergency medical system, significant impact to hospitals, and/or evidence of mass casualties, EMSA will and should begin assessing the potential availability of resources via local system/unit administrators prior to receipt of a formal request. The process of making the formal request and of answering the preceding questions should also be completed when possible.

If deployment proceeds without resource requests, EMSA administrators should create the mission in the DHV system, poll for local readiness, and provide local administrators with as much situation status information as possible to support local administrators' rostering of their own volunteers. In short, even if preparation for deployment is initiated by EMSA, it should support, and not eclipse, local administrators' interactions with their local units.

2. Requesting DHV/MRC Resources

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The impacted MHOAC program is expected to request resources, except in a catastrophic, extraordinary event in which communication failure obviates the requesting process. Once it has been determined that out-of-area volunteer health professional resources are needed, the following activities should occur:

- A. The impacted MHOAC Program should file (or update) a Medical and Health Situation Report as detailed in the EOM, and should address the need for volunteer resources as discussed earlier in this manual. (See the previous section, Information Management, for details on reporting volunteer-related situations.)
- B. The impacted MHOAC Program should contact their Regional Disaster Medical Health Coordinator or Specialist (RDMHC/S) and their local OA emergency management agency to initiate a California Emergency Operations Center (CalEOC) software request for volunteer health professionals.
- C. The impacted MHOAC Program should submit a formal Medical and Health Resource Request Form, as outlined in the EOM and as expanded upon below.
- D. The EMSA Duty Officer or relevant staff may assist the requesting MHOAC Program in the completion of the request, to ensure the correct specific details relevant to DHV operations are captured.
- E. The impacted MHOAC program should determine if there are likely deployment conditions, (including work, lodging, and travel conditions),

- which would suggest a need to determine fitness for duty screening of volunteers.
- F. The requesting MHOAC Program and the EMSA Duty Officer/EMSA staff determine who/which agency will handle the logistics and communications matters related to DHVs/MRCs. This will be determined based on the circumstances of the incident and the impacted OA's resources. Arranging for the needed logistics and communications needs should commence as soon as the need for volunteers is identified. Issues to be considered in determining which entity will provide logistics support include:
1. The length of time the incident response has been active.
 2. The ability/inability of the impacted OA to provide or maintain an infrastructure, (including a **volunteer coordinator**), for providing support.
 3. Ability/inability of the sending agency to provide its own support.
- G. The following logistics-oriented questions will require clarification:
1. Who will be absorbing the costs for transportation, housing and feeding of volunteers?
 2. How and where are volunteers arriving at the incident?
 3. Discuss use and resupply for any equipment caches brought by responding DHV/MRC organizations.
 4. How and where will staging be performed?
 5. What housing will be utilized for volunteers?
 6. What should volunteers bring with them?
 7. Are there any extraordinary health-related issues that would impact deployment or fitness-for-duty screening?
 8. How much lead time is there before volunteers are needed?
- H. A determination must be made regarding whether volunteers should be screened for their fitness for duty, and if so, to what degree of screening. This is primarily a responsibility of the requesting MHOAC program (as they understand the likely field conditions in which volunteers will work and sleep). See Appendix O, for guidelines on fitness-for-duty screening.
- I. Some consideration should be given to “the big picture” as it pertains to DHVs, (i.e., is this the only deployment of DHVs anticipated in response to this event? Is there a larger package response of which DHVs are a part?).
- J. If it becomes necessary to cancel a mission prior to the team’s arrival at the requesting MHOAC jurisdiction, the requesting MHOAC or DHV System Administrator should immediately contact the sending MHOAC or DHV System Administrator of the changed situation. If the sending MHOAC or DHV System Administrator cannot be reached, the designated travel leader should be notified.
- K. From the outset, planning should commence for the eventual demobilization of DHVs and their return to their own OA.

3. Ordering DHV/MRC Resources Using the Medical/Health Resource Request Form

The RDMHS should assist the requesting MHOAC Program in completing the formal resource request in order to ensure that the DHV database is searched for the resources needed to meet specific missions, and that the resources are not over-specified to an extent that makes it difficult to fill the request. EMSA RPU staff may assist. The EMSA Duty Officer or other EMSA staff should ensure that he/she understands the anticipated mission and location of service for the requested volunteers. In particular, if volunteers are expected to serve in a hospital, it becomes important to resolve credentialing/privileging concerns at the outset.

Use Part 5, “Personnel Request Details,” of the “*Medical and Health Resource Request Form*” to address the following elements:

ORDER SHEET

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5. ORDER PERSONNEL REQUEST DETAILS <input type="checkbox"/> PAID <input type="checkbox"/> NON-PAID								17. Logistics Section: Fulfillment		
ITEM #	Priority	Personnel Type & Probable Duties <small>Indicate required license types (see list below) RN, MD, EMT-4, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.</small>	Number Needed	Minimum Required Clinical Experience <small>(1=current hospital, 2=current clinical, 3=current license, 4=clinical education)</small>	Required Skills, Training, Certs <small>(e.g., PALS, current ICU experience, languages, ICS training, 2nd license such as PHN, etc.)</small>	Preferred Skills, Training, Certs	Date/Time Required <small>Indicate anticipated mobilization or duty date.</small>	Anticipated Length of Service <small>Indicate days or hours.</small>	Quantity	
									Approved	Filled
										Tracking # or DHV Mission Number

3

- **Detailed Specific Item Description**

- **Personnel Type and Probable Duties:** The specific item in the request form is the type of DHV needed, such as registered nurse, licensed clinical social worker, dentist, or physician. This will match up with the DHV System field “*Occupation Type*.” (Note that one DHV registrant may be listed in multiple occupations, as primary and secondary occupations.)
- **Required Skills, Training, Certs (Specialty and subspecialty):** These include such subcategories as emergency nurse, critical care, etc. (This also includes ALS, BLS, PALS etc., certifications.)

² See Appendix T Resource Request Medical and Health Order Form Personnel Request Details

- **Minimum Required Clinical Experience (Emergency Credential Level (ECL)):** Indicate the needed credential level of a particular resource.
 - ECL 1 represents “hospital ready,” meaning a volunteer who has worked in a hospital regularly, within the last six months.
 - ECL 2 represents a volunteer with an active clinical practice.
 - ECL 3 represents a volunteer who has a current license (of whatever type specified, such as RN or MD).
 - ECL 4 represents healthcare experience or education for non-licensed volunteers.
- **Specifying the ECL** is the best surrogate for experience, and should match mission needs. For instance, if the mission is in support of medical surge with an expectation of work in local emergency rooms, requesting ECL 1 is appropriate. If the mission is support of medical shelters, ECL 2 or 3 may be sufficient.
- **Specifying Hospital Work Unit** will ensure that the volunteer has experience in the area of the hospital that is needed for this request e.g., ED, ICU, Pediatrics, Medical/Surge, etc.
- **Specific knowledge, skills, and abilities:** Indicate those knowledge, skills, and abilities that are required to meet a mission, not desirable for a mission, as these elements may exclude potential volunteers when searching the DHV database. (For instance, it may be desirable to have Spanish-speaking emergency nurses, but not critically required. Thus, in the resource request, it should be identified as a preferred skill rather than a necessary ability.)
- **Number Needed**
 - Indicate in this column the number of *individual DHVs sought for a given occupation* (e.g., 12 RNs). This is not the same as the number of shifts!
- **Anticipated Length of Service (Expected Duration of Assignment)**
 - This column should indicate the expected length of deployment, from the volunteer’s point of view. Thus, the expected duration includes the mission (e.g., six 12-hour day shifts) plus the travel to, and travel home from, the incident.

A. Initial Notification to Unit Coordinators

Depending on the incident and magnitude of need for DHVs/MRCs, EMSA may choose to send an initial notification (using the DHV system) to all MHOAC programs in a region, or in the state. Potential components of that notification may include:

1. A quick situation status summary as it pertains to the use of volunteers;
2. An initial request for MRC coordinators to ready their teams for possible deployment;
3. Guidance to not self-deploy, even at the unit level; and,
4. A request for MHOAC programs to poll their volunteers for general readiness (even before a formal, detailed request is made). (If this is done, it would be useful for EMSA staff to have already created the mission, to facilitate general tracking of responses.)

B. Identifying Deployable DHVs/MRCs

Due to DHV system capabilities and program management decisions regarding the expertise involved, the process of finding out-of-area DHVs/MRCs is managed by the EMSA Duty Officer and other staff in conjunction with the MHOAC Programs/unit coordinators in non-affected OAs. (This is as opposed to other medical/health resource requesting and mutual aid processes which rely on the RDMHS/C to manage the procurement of mutual aid assistance.)

EMSA staff, working with the requesting MHOAC Program and the potential sending MHOAC Programs, ensures the congruency between the requested resources/mission needs, the search for DHV/MRC resources in the DHV system, and what volunteers are identified and eventually sent.

If the mission involves service at a hospital or health care facility where credentialing and/or privileging will be required for volunteers to practice, this should be made clear as part of the resource request. In particular, the requesting MHOAC should clarify with the facility in question whether the verification of licensure and designation of ECL level is adequate information for the granting of emergency privileges according to that facility's procedure. Should it not be, the requesting facility should explicitly and in detail itemize the additional items that would be required? This process must happen prior to the actual request for volunteers as the true availability of volunteers may be dependent on these requirements. **(Note:** while this seems to add a significant step to the process, the concern here is the possibility of sending highly trained licensed personnel some distance to practice their profession only to have them unable to do so because these specific requirements were not well-identified.) The requesting jurisdiction should work with the sending jurisdiction to determine who will be performing disaster credentialing/privileging.

When searching for available volunteers within the DHV system, the following should be kept in mind:

1. The DHV system categorizes the available occupations as either “medical” or “non-medical.” Specific occupation types are then listed according to those categories. Licensed occupations are found under the medical category while non-licensed occupations, likely to be needed in support of a deployment of healthcare volunteers, are found under the non-medical category.
2. Initial searches for available volunteers may be most effective if they are not limited by ECL status unless there is a specific request for a particular ECL.
3. Consider performing initial searches without requests for specific skills, training, and experience unless they are absolutely required for the deployment. For example, a search may be conducted for nurses and determines the availability of a certain number. Then, a subsequent search may add a key skill, such as “Spanish speaking” to further refine the search. This approach may provide a more complete picture of the overall availability of volunteers in relation to specific skills.
4. **Specific skills and certifications**, e.g., ACLS certification, can be selected in the “Training Courses” field in the search function of DHV. As these trainings are self-reported, it is important to remind DHVs to bring appropriate documentation to the deployment (e.g., ACLS card).
5. **Search For Deployment Preferences** in the DHV system to find DHVs willing to deploy for the indicated duration. (Note: the DHV system allows volunteers to choose preferences for: one day, up to 14 days, up to 21 days, up to 28 days, and longer than 28 days. Searches should fit the expected duration of a deployment into this scheme.)
6. **Search For Travel Willingness** to find DHVs willing to travel the necessary distance to the incident. (Note: the DHV system allows volunteers to select the following preferences: Local, In-State, Out of State. Depending on the nature of the request and the urgency of the need, consider searching for volunteers who indicated “Local” if the deployment is to happen in a neighboring OA or in a location that will not require significant travel).

C. Polling Local Volunteers

Non-impacted MHOAC programs will poll their local volunteers. In order for the EMSA Duty Officer to have a realistic sense of which non-impacted units might be able to respond to a particular request for volunteers, it is necessary to understand the potential availability from within specific units.

Using the information about the incident status and the requested resources gleaned in communication with the impacted MHOAC, EMSA staff will contact non-impacted MHOACs to assess potential availability. Determining how many and which MHOACs to approach may depend on:

1. The nature and extent of the incident;
2. The number and type of resources required;
3. The proximity of non-impacted OA to the impacted or requesting OA;

4. Likelihood that an OA may, as a result of the incident, develop its own need for DHV resources; and
5. Knowledge of specific resources or capabilities that may be required in the specific incident (e.g., existence of a trained and exercised burn team within a non-impacted OA).

Upon receiving the information about a potential deployment from the EMSA staff/Duty Officer, the non-impacted MHOAC should poll those volunteers within the OA as to potential availability. Issues to consider in polling volunteers through use of the DHV system include:

1. Using the search and message functions within DHV, the non-impacted MHOAC can poll volunteers for potential availability.
2. The polling message can/should include options for responding that allow the MHOAC to monitor the response and get a realistic estimate of the ability of local volunteers to respond.
3. In order to get an accurate response, polling should include sufficient information about the potential deployment so that a volunteer can make a reasoned judgment about ability to respond. This includes:
 - a. **Kind of incident** (e.g., strategic national stockpile mass dispensing operation; evacuation/shelter support, etc.);
 - b. **Location of volunteer service;**
 - c. **Duration of volunteer service;**
 - d. **Likely mission** (even if deployment requirements are still being developed, some sense of mission and duration will help volunteers decide if they are available);
 - e. **Resources requested;**
 - f. **Critical conditions** that would affect a volunteer's likelihood of responding (e.g., if conditions are smoky due to wildfires, volunteers with asthma might elect not to participate); and
 - g. **What response you are looking for**, or what information you would like to receive from the volunteer.
4. Response options should be crafted so as to not unnecessarily exclude potential volunteers. Consider, as part of an initial poll, the following or similar response options:
 - a. "Available to respond,"
 - b. "Not available to respond," and
 - c. "Unsure, may be able to respond."

This allows for the MHOAC staff to create secondary polling or requests of individuals who may not be available on the first request without having to include those who have definitely decided they are unavailable.

5. Responses should be requested within a short but reasonable period of time (the specific time period may depend on the nature of the incident). This permits the EMSA Duty Officer/EMSA staff to assess polling responses and consider seeking availability information from other non-impacted OAs if indicated.

At the same time the MHOAC program is polling resources in the OA, the MRC Coordinator(s) within the OA should be contacted and informed of the request. MRC coordinators can then either poll their own units or ask the MHOAC program to include the MRCs in the polling messages.

D. Addressing Logistical and Operational Considerations

Depending on the initial agreement reached between requesting MHOAC and the EMSA Duty Officer, the responsible party should begin developing solutions for the logistics considerations, and operational support and coordination of volunteers. The responsible party should be determined based on the size and nature of the underlying incident, the capacity of the requesting (i.e., receiving) OA to meet logistical needs, the ability of a sending entity (e.g., MHOAC or MRC) to provide for own logistical concerns, etc. In general, one of the following entities should be determined to be responsible:

1. The requesting MHOAC program (or EOC),
2. The sending MHOAC program (or MRC coordinator),
3. The EMSA Duty Officer (or EMSA DHV Response Personnel Unit staff, or
4. A Mission Support Team (if activated).

Similarly, attention should be paid at this stage to operational considerations such as:

1. Which entity, position, or individuals will be providing field volunteer support and coordination;
2. The need for and nature of just-in-time training required for volunteers;
3. Briefings related to mission safety;
4. Persons to whom DHVs will report;
5. Locations for DHVs to report for duty; and
6. Credentials that will be required by receiving facilities, entities (i.e., determining if arriving DHVs will require more than professional license and government issued photo identification).

Many of these decisions are very local in nature, e.g., at the level of the requesting facility or healthcare entity. They must be communicated through the requesting MHOAC so as to be communicated to the potential volunteers and sending units.

4. Creating and Staffing Missions

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This process is overseen by EMSA's Response Personnel Unit (RPU) staff. As soon as it is determined that requests for resources will be made outside of the requesting OA, EMSA's RPU staff should create a "Mission" within the DHV system. The mission is the framework within which specific deployment groups will be created and specific requests will be made for resources. Key information relating to the mission is captured at this level.

In circumstances where a mission has already been created locally, e.g., in response to the initial Level I medical response, the existing mission may be used within the OA as the framework for providing assistance. , The RPU staff must add the appropriate organizations, i.e., counties and MRCs to the statewide mission and ensure that all have the proper administrative rights.

It is not required that a mission be created in the system to allow the polling of potential volunteers as outlined above. Neither is it required that the Response Personnel Unit staff wait for the results of the polling to create the mission.

When a Mission is being created using the DHV System, follow the ***“Mission Manager: Quick Reference Guide”*** and ***“Mission Manager Worksheet”***³
Key issues to consider in creating the mission include the following:

A. Mission Name

1. The name used should be descriptive of the incident, easily understood, and unambiguous. This will ensure that users of the system can easily access the mission name without extensive search time.
2. To the extent possible, the name of the mission should capture the nature of the incident, location of service, and date/time reference. (ex: Wildfires - Z County – Spring, 2010)

B. Mission Overview

1. This can and should be a brief description of the general nature of the mission, a few sentences that capture what the purpose of the mission is and what will likely be asked of responders.

C. Cross-reference information

1. This allows for the linking of the mission to important agencies or tracking numbers that may be required for issues such as reimbursement and communication of resource requirements.
2. Examples: CalEOC number, FEMA number, etc.

D. Authority Information

1. This permits the linking of the mission in the DHV program to specific proclamations or declarations of emergency.
2. Contact information for the office in which the emergency authority lies can be entered at this point.

Based on the responses to polling of availability, the System Administrator can begin to assign the creation of deployment groups and specific requests for volunteers within the system. Thus, when it is determined that a particular organization (County and/or MRC) will be sending DHVs to the impacted OA, the EMSA RPU staff will assign a specific request to that county conforming to the availability polling that has occurred. The system administrator of that organization can then create a deployment group and send a specific request to the appropriate DHVs within the organization. It is possible for EMSA RPU

³ See Appendix F and G of the Tool Kit in this document for DHV Mission Manager Quick Reference Guide and Mission Manager Worksheet.

possible for EMSA RPU staff to maintain control over the creation of deployment groups and specific requests should that be desired.

A “deployment group” within the DHV system is the manner in which groups of volunteers are distributed in response to the needs presented in the mission. Deployments, or deployment groups, can be created to serve different facets of an overall mission. For example, in a large-scale mission created to deal with the effects of an earthquake, it may make sense to create a deployment for staffing of an alternate care site (ACS), and another for staffing of a deployed mobile field hospital.

5. Monitoring DHV/MRC Responses

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When creating a mission or a specific deployment, the information entered remains in the system and is easily accessible by viewing the details. The following items should be addressed in creating the deployments and specific requests:

A. Prior to creating Deployment Group:

1. Ensure that the mission is created and that all organization/units (counties and MRCs) that are going to be involved in the response have been added to the mission (if needed, other units can be added at a later date).

B. Deployment Name:

1. Ensure that the name chosen to name a deployment is succinct, simple, and descriptive. As with a mission name, it is important that deployments be easily recognized (e.g., “Los Angeles County wildfire SNF evacuation support”).

C. Determine Work Dates:

1. The system allows for entering several different dates related to deployments—e.g., check-in, check-out, begin work, end work.
2. Dates for beginning and ending the actual work—i.e., the work for which volunteers are being requested—is a required field.
3. If travel time is an issue, ensure that the dates entered reflect the actual work dates.

D. Positions:

1. Positions represent the roles a responder will take on during a deployment. They can be medical or non-medical.
2. Requests can be made for volunteers from those in the “Position Library” or new positions can be created as needed.
3. The quantity requested : It is important to enter the exact number of individual persons required to meet the need – NOT the number of shifts to be filled.

E. Check-in Location:

1. Enter detailed information about where volunteers should report and check in for duty. This may be the place that volunteers are to report prior to being transported to the actual service location.

2. Entering as much detail as possible, including point-of-contact information, allows for contacting responsible individuals should problems or questions arise during the deployment.

F. Service Location:

1. The information entered here is for location and contact information, should the actual service location be different from the check-in location.
2. If check-in and service locations are the same (e.g., volunteers are instructed to travel to the actual Alternate Care Site (ACS) where they will serve) this field may be left blank.

G. Information for Responders:

1. **Accommodations:** When issues related to accommodations for volunteers are resolved by the responsible party, the information can be entered here. This allows for a manner of tracking the progress toward ensuring that food, housing, and transportation are provided.
2. **Items to Bring:** Government-issued licenses and healthcare credentials, appropriate clothing, hygiene essentials, equipment items, food and water as needed, and miscellaneous and optional supplies that may be warranted based upon the type and severity of disaster. See Appendix M, "Packing List – Preparing for Deployment."
3. **Additional Details:** This box can be used for capturing more specific information related to these logistics concerns – e.g., name and address of hotel being used to house these volunteers, etc.

H. Inviting Volunteers:

1. Ensure that the message generated to volunteers contains all the information needed for the volunteer to make a reasoned judgment about their ability to respond.

Consider sending the message inviting volunteers by all of the available methods, i.e., external e-mail, internal e-mail, telephone text-to-voice. Remember that "internal" will only be seen if the volunteer is logged into the DHV system.

The next phase of the deployment process requires EMSA RPU staff to monitor the responses to the specific requests issued in the step above. While this phase, depending on the nature and extent of the requests, may be completed quickly, it is likely to last over a period of several days. It is important to remember that DHVs are not first responders and it may take some time for a volunteer to arrange all that is necessary to allow for an extended deployment outside of his/her own locality.

The following activities are key at this phase:

I. Monitoring Responses:

1. Each system administrator who has created specific requests is responsible for monitoring the response to those requests.
2. The EMSA RPU staff is responsible for monitoring the overall response to the specific requests.

3. Volunteers will respond to the requests indicating their “availability”, “unavailability,” or “unsure of availability,” for the specific deployment.

J. Seeking Additional Resources:

1. If the responses to the specific requests indicate that the request for volunteers will be insufficient, the requesting system administrator should seek additional resources. This may be done by editing the current request and asking for a larger pool of volunteers.
2. If it is not possible to meet the demand, the System Administrator should alert their MHOAC, who may choose to contact the EMSA RPU staff to assist in contacting additional nearby organizations/units (i.e., counties, MRC). In accordance with SEMS/EOM an official resource request form should follow appropriate channels.
3. If it appears that adding additional counties may be required and time allows, it may be reasonable to communicate with the additional MHOACs and ask them to perform a preliminary polling of availability.

K. Finalizing Logistics:

1. This phase represents that last moment before actually mobilizing volunteers and sending them into duty. It is critical that the outstanding logistics matters—i.e., transportation, housing, feeding, and social support—be in place.
2. The sending MHOAC Program should communicate with the responsible party and ensure that logistics concerns are addressed.
3. See also Appendix B, Logistics Checklist.

L. Communicating with DHVs:

1. If there is additional information to be shared with the volunteers, messages can and should be sent through the system at this time. (The system allows for the use of attachments in communicating with volunteers.)
2. Issues that may call for additional communication include:
 - a. Specific information about steps the volunteers need to take to be prepared for the specific deployment.
 - b. Maps and other information related to transportation.
 - c. Issues involving clothing, temperature, other weather-related information.
 - d. Information about practicing under austere conditions.
3. See also Appendix A, Communications Checklist.

6. Confirming and Assigning DHVs/MRCs

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Once DHVs have indicated their availability for a deployment, it is important to officially confirm their participation and communicate that to the requesting MHOAC and other interested parties. Confirmation includes identifying the specific mission and (if pertinent) deployment groups.

Confirming the participation of DHVs can be done by sending a message within the system to those volunteers who have indicated their availability and interest in participating. This can be done by use of the message function within the DHV system. (In some situations, depending on the relationship between volunteers and the unit coordinators, there may be telephone and/or e-mail communication in which the intention of the volunteer is confirmed). Once confirmed, the system administrator marks those volunteers as “assigned” in the DHV system.

When the confirmed volunteers have been assigned, the following actions should be taken:

A. Verification of Credentials:

1. The system automatically checks licensure on a regular (at least daily) basis.
2. At this stage, prior to actually deploying the finalized list of volunteers, the local administrator, (or EMSA staff), can re-check the licensure information including the expiration date of the license in real time to ensure the license does not expire during deployment.

B. Removal from Assignment List as Necessary:

1. If an assigned volunteer’s licensure is not able to be confirmed in the last minute check, that individual should be removed from the list and not deployed until such time as a valid license can be confirmed.

C. Key Communication with DHVs:

1. Ensure that all important communication with DHVs is complete prior to creating and sending of assignment lists.
2. In particular, it is critical that all volunteers be clearly informed of
 - a. Where to report.
 - b. When to report.
 - c. Need to bring clinical license and evidence of clinical certifications (e.g., ACLS, PALS, etc.).
 - d. Need to bring government-issued photo identification (e.g., California driver’s license, passport, etc.)

D. Creation of Physical Assignment List:

1. Subsequent steps in the deployment process are going to require actual lists of DHVs. While many of the persons involved in the process *may* have access to the DHV system, most will not. Therefore, it will be important to create the lists in a physical form and communicate them to the interested parties properly.
2. These assignment lists will be used to confirm the identity of the deployed DHVs at key points of the process, including: at the time of departure if transportation is provided by the sending OA; at the time of arrival at the check-in location; and at the time of checking in at the point of service, e.g., at the clinic or hospital in which the DHV is to serve.
3. It is recommended that when the EMSA RPU staff or sending System Administrator creates the list of volunteers being deployed, they print a faxable document which includes the volunteer’s name, license type, emergency credential level, contact information (address, phone, and

email), organization affiliation, and picture of the volunteer (if one has been previously uploaded).

E. Sending of Assignment List:

1. The EMSA RPU staff should ensure that the receiving MHOAC has the proper administrative rights to permit viewing all pertinent Assignment Lists within the DHV system.
2. “Sending” an assignment list then can be achieved by either alerting the appropriate person (e.g., impacted MHOAC) of the existence of the Assignment List within the system and/or creating a PDF copy of the Assignment List and sending it by e-mail attachment or fax.
3. Assignment Lists should be sent to the following parties:
 - a. Receiving MHOAC program. It is the responsibility of the receiving (requesting) MHOAC program to ensure that the Assignment List(s) are properly shared by the relevant incident commander(s).
 - b. Logistics or transportation coordinators in both sending and receiving OA as appropriate. This will enable the checking of identity prior to transporting DHVs out of the sending OA and/or reporting location to point of service.
 - c. Staffing coordinator or similar position.

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7. Guidelines for Sending Volunteer Information

Data should move within the DHV system whenever possible, including generating and using an Assignment List (and checking DHVs in and out of duty stations). However, many users of volunteer information will not have access to the DHV system. The best alternative to this, given that there is no alternate deployed electronic data interchange system, is to send the volunteer Assignment List and related volunteer information via email (as a .PDF attachment) or via fax.

Volunteer information, including names and personal contact information, is considered sensitive, and falls under the EMS Authority’s information privacy and security policies. The data contained in the DHV system – including any printouts or reports of Assignment Lists or deployed individuals – must be maintained in such a way that it may only be used for appropriate, official, and authorized purposes, as delineated in EMSA policy #504-01, *Information Privacy/Security and the State Administrative Manual*. Any other use of data or loss of data (including a Deployment Assignment List) is not permitted. See Appendix H for more details.

Any loss of volunteer data should be reported immediately to the EMSA Duty Officer, who should contact the EMSA Information Security Officer.

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Sending DHVs

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Activity or Process Step	Key Actor or Entity	Section
Mobilization of DHVs/MRCs ✓ Preparation for travel ✓ Travel ✓ Transportation of DHVs/MRCs	Sending OA Receiving OA Any supporting MST	47

See also appendices A, B, D, E, G, and H.

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1. Filling Requests for DHVs

At the point when volunteers report for duty (if they have been instructed to self-transport/report for duty locally) or for transportation to the affected OA (if transportation is being handled as part of the deployment process), several key activities need to be completed. These include:

- A. Sending MHOAC Program ensures every volunteer is registered and sworn in as a DSWVP **PRIOR TO DEPARTURE** (See DSWVP Information Tab.)
- B. The sending MHOAC Program, and (if involved in the transportation process) any relevant logistics coordinators (such as Mission Support Team members or transportation coordinators) should have an Assignment List of all volunteers being deployed at this point.
- C. Both the sending MHOAC Program (if embarkation and transportation are involved) and the receiving MHOAC Program (if volunteers are reporting directly for duty) should ensure that each volunteer matches the volunteers on the assignment list, thus verifying the identity of the individual volunteers. Identification by matching a government-issued photo ID with the name on the assignment list is sufficient to confirm identity. (Individual operational areas may choose to use additional identification methods within their OA, such as using biometric identifiers. However, the expectation that out-of-OA sending jurisdictions and other receiving jurisdictions will have access to the same data sets, the same identification protocols is beyond the scope of the DHV program and the reasonable expectation of most counties.)
 1. The matching of volunteers on the Assignment List with volunteers reporting in person is important for several reasons. Because the DHV system has performed license verification of these individuals, this is part of ensuring the correct credentials of those who will be working clinically without having to re-credential them.

2. Additionally, this is the beginning of tracking of the volunteers during their deployment.
- D. If the deployment is for more than one shift, involves overnight lodging, or transportation away from one's home unit or county, it may be desirable to confirm that each volunteer has brought those materials they were directed to bring and not brought certain contraband items such as weapons, drugs, or proselytizing materials. (See Appendix M, *"Packing List- Preparing for Deployment."*)
- E. If volunteers are being transported to the affected OA, logistics planning needs to have ensured that volunteers are received upon arrival.
- F. The assignment list of deploying volunteers must be delivered to the incident commander (or appropriate receiving authority) and to the receiving MHOAC program. How the assignment list is delivered will depend on what logistics arrangements were agreed upon at the outset of the resource requesting process.
 1. Consider delegating one volunteer in each group traveling together to serve as a **"travel leader."** This person can be designated to carry the roster and any additional contact information, and convey those materials to a designated contact upon arrival. (See Appendix J, "Travel Leader Responsibilities.")
- G. A communications point of contact (with phone number) for volunteers and their families should be established prior to embarkation.
- H. If the deployment is complex (multiple days, multiple shifts, or multiple groups or assignments of volunteers), staff should be identified to fill the field volunteer coordinator role (see Appendix J, *"Field Volunteer Coordinator job aid"*).
- I. When volunteers are arriving/returning home the following is recommended for the sending MHOAC Program:
 1. Check-off returning volunteers against DHV-generated Assignment List
 2. Returning volunteers should be required to contact their sending MHOAC Program upon arrival home.
 3. Sending MHOAC may conduct a hot wash after the event.

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Receiving DHVs

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These steps are managed by the Receiving MHOAC Program

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See also Appendices A, B, C, D, H, L, M, N, P, Q, and R.

1. Operational Activity

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Key principles for using DHV includes:

- Once deployed, DHVs come under the control of the local incident management team in the receiving OA.
- In accordance with the principle of not self-deploying, all DHVs will be deployed through the DHV System. Thus, **only those out of OA volunteers who are on a DHV generated roster and have appropriate identification will be accepted and scheduled for duty.**
- DHVs are expected to perform their duties in a professional manner and abide by the appropriate Code of Conduct.

Med/Health Check-In Desk: It is highly recommended that the receiving jurisdiction establish a “Med/Health Check-In Desk” at the reception site for arriving volunteers. This will facilitate a faster process for the verification of government-issued identification and clinical license verification for arriving volunteer medical and healthcare professionals.

There are several key issues that should be addressed once the volunteers have arrived on the scene and reported for duty, regardless of whether those volunteers have been transported from afar or have been instructed to show up locally. Immediate actions upon arrival:

- A. DHVs should be given opportunity to call home. If DHVs have not been instructed to bring their own cell phones or if cell phone access is problematic, the receiving MHOAC program should attempt to provide the opportunity for DHVs to call home immediately or soon after arrival in the impacted area.

- B. The sending MHOAC Program should be notified upon arrival of the volunteers in the field.
- C. Depending on timing (travel time, time of arrival, etc.) and operational plan, DHVs/MRCs should be taken to housing location, training/briefing location, or duty location.

2. Briefing, Training and Orientation

Briefing, training, and orientation may be managed through a field volunteer coordinator position (see Appendix J) or through other incident command roles.

Whether volunteers are used for a single shift at a local shelter or for a week at a mobile medical station, some form of receiving of those volunteers is necessary. Receiving includes:

- A. Confirming that those volunteers called up have actually shown up.
- B. Checking identification and credentials (if not already done).
- C. Assigning the volunteers their team leader or point of contact.
- D. Delivering any necessary safety briefings.

In order to properly manage expectations, several points about training are important to remember:

- A. The DHV program does not require any training for volunteers to participate. Thus, receiving MHOACs and incident commanders should not rely on an assumption that all volunteers will have received a specific training.
- B. The requirements for training that apply to the DSWVP are non-specific and the training received by registered DSWVPs can and will vary greatly. The training suggested by the DSWVP relates to the provision of professional services under austere conditions and basic safety instruction commensurate with the environment in which they may be providing services.

Volunteers will also require mission briefings. This includes:

- A. Orientations to the mission and action plan for that shift.
- B. Orientation to the mission, clinical protocols, available resources, and job site.
- C. Delivering any needed orientation or just-in-time training for specific roles. For example, at a smallpox mass vaccination clinic, some nurses may be trained in use of the bifurcated needle; workers will need orientation to their specific assignments; basic mechanics of the operation should be pointed out, etc.

Consistent with SEMS and incident command principles, the receiving jurisdiction should communicate the following to each disaster healthcare volunteer:

- A. The professional's role, authorities/responsibilities, and assignment;
- B. Their supervisor;
- C. The professional's decision making authority and purchasing authority.
- D. The arrangements for food and lodging.
- E. Communications procedures for staying in touch with the sending unit and family.

All OAs should plan steps to ensure and support the emotional resiliency of DHVs. Both the sending OA and receiving OA should be prepared to provide emotional resiliency information as part of orientations for volunteers. In addition to such mission-oriented orientation information as current working conditions, reporting relationships, check in/check out procedures and other volunteer duty procedures, code of conduct, and after hours emergency numbers, orientations should include pro-active disaster mental health resiliency information. This includes stress management skills, building social support, (typical emotional, cognitive, behavioral, spiritual, and physical reactions strategies), to manage those reactions, and where to get additional support if the volunteer finds themselves experiencing unusual or prolonged mental or physical health reactions following a disaster.

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3. Volunteer Tracking During Deployment

Volunteer tracking provides accountability and assists in ensuring volunteer safety and personnel protection. The sending unit (MHOAC program or MRC) is expected to provide a basic communication infrastructure to enable contact with deployed DHVs. In particular, the sending unit will:

- A. Provide a 24/7 telephone contact which DHVs can provide to family and ensure that DHVs have this number prior to deployment (it can be communicated to volunteers as part of communication through the DHV system).
- B. Note the personal cell phone/pager numbers of deployed DHVs and ensure that the list of numbers remains up to date.
- C. Maintain current emergency contact information for all deployed DHVs.

The receiving MHOAC program is expected to have some process in place for tracking/accountability of DHVs, typically as one of the duties of a field volunteer coordinator position. The nature of that process will:

- A. Depend on the nature of the incident and the status of the local infrastructure,
- B. Correlate with safety concerns and training/orientation provided by the incident safety officer, and
- C. Encourage individual accountability on the part of DHVs.

Individual DHVs are expected to take actions that ensure accountability and are consistent with the need to ensure volunteer safety. In particular, deployed DHVs will:

- A. Conform their behavior to the safety concerns and trainings provided,
- B. Ensure that the local incident commander or team leader is aware of their whereabouts by, at a minimum, checking out and checking in to the deployment area, and
- C. Provide local/personal contact information to the local incident commander/team leader.
- D. Read and Conform with the guidance in the Volunteer Code of Conduct (See Appendix N, “*Volunteer Code of Conduct.*”)
- E. Ensure that they have signed the required DSWVP Forms. (See the DSWVP Information Tab”)

Volunteer-related problems encountered during deployment, (code of conduct violations, health issues, performance issues, etc.), should be reported up the chain of local incident command (to the volunteer’s supervisor), to any volunteer field coordinator and/or Mission Support Team involved in volunteer deployment, and back to the sending jurisdiction.

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The grid below represents actions that must be taken to ensure accountability of DHVs. The forms/paperwork listed are suggestions of how to perform the required action. These forms are available in Appendices O, P, Q, and R.

4. Embarkation/Arrival of DHVs for Transportation or Assignment

<h3>Sending MHOAC Program</h3> <p>When sending volunteers out of area, via transportation provided by sending MHOAC or the Receiving MHOAC Program if DHVs self-transport and arrive at duty location.</p>
<p>The sending MHOAC needs to:</p> <p>Know about DHVs departing from and returning to the MHOAC's OA</p> <p>Form: Use the Assignment List from DHV system</p> <p>Track by recording arrival of DHVs at the receiving site and from the incident site.</p> <p>Form: ICS 204, Appendix P, <i>"Assignment List."</i></p> <p>Form: ICS 211, Appendix Q, <i>"Incident Check-in List."</i></p> <ol style="list-style-type: none"> 1. Ensure deployed DHVs given 24/7 contact number and will have opportunity to provide it to family 2. Ensure collection of DHV personal contact information—e.g., cell phone/pager 3. Check DHVs' identification documents against DHV-generated Assignment List. 4. Ensure DSWVP process completed. 5. Ensure that sending MHOAC is informed of arrival at deployment location
<p>Arrival of DHVs for Duty (if different from above)</p> <p>Responsible Party: Receiving MHOAC Program if DHVs self-transport and arrive at duty location</p> <p>Form: HICS 253, Appendix S, <i>"Volunteer Staff Registration."</i></p> <ol style="list-style-type: none"> 1. Check-off against DHV-generated Assignment List 2. Issue badge or local identification, if appropriate
<p>Beginning of Each Shift (check in)</p> <p>Responsible Party: Incident commander or delegated team lead</p> <p>Form: HICS 253, Appendix S, <i>"Volunteer Staff Registration."</i></p> <p>This could be the same as "arrival for duty" for a one-day/one-shift assignment</p>
<p>End of Each Shift (check out)</p> <p>Responsible Party: Incident commander or delegated team lead</p> <p>Form: HICS 253, Appendix S, <i>"Volunteer Staff Registration."</i></p> <p>Maintain tally of hours volunteered</p>

	<p>If DHV Leaves the Deployment Area (lodging/meals or work site) Responsible Party: Local IC or team lead is responsible for knowing location of DHVs, including sleeping location.</p> <ol style="list-style-type: none"> 1. If leaving the deployment area, the DHV is responsible for notifying proper authority. 2. If DHV leaves without authorization, the sending/receiving MHOAC is not responsible for the DHV during the period of unauthorized absence. 3. DHV is responsible for ensuring that local incident commander/team leader is aware of their leaving the deployment area and provides appropriate contact information.
Conclusion and Return Home	<p>Conclusion of Mission Responsible Party: Incident commander or delegated team lead Form: HICS 253, Appendix S, “Volunteer Staff Registration.” Or Check-off against DHV-generated Assignment List</p> <ol style="list-style-type: none"> 1. This may be the same as “end of shift” for a one-day/one-shift assignment 2. Collect badges, if appropriate 3. Tally total number of volunteer hours worked per volunteer 4. Receiving MHOAC should ensure that tallied information is made available to the sending MHOAC
	<p>Embarkation for Transportation Home Responsible Party: Receiving MHOAC Program</p> <ol style="list-style-type: none"> 1. Check-off against DHV-generated Assignment List 2. Ensure that sending MHOAC is informed of the DHVs leaving the receiving OA. 3. Ensure no DHV is being left behind.
	<p>Return/Arrival Home Responsible Party: Sending MHOAC Program</p> <ol style="list-style-type: none"> 1. Check-off returning volunteers against DHV-generated Assignment List 2. Returning volunteers should be required to contact their sending MHOAC Program upon arrival home. 3. Sending MHOAC may conduct a hot wash after the event.

5. Volunteer Identification

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Identification of DHVs and MRCs should rely on matching the volunteer with their government-issued photo identification card, such as the U.S. passport or California Driver’s License and their clinical license. These should match with the registration data in the DHV system (i.e., the assignment list). Sending and receiving MHOAC programs should ensure volunteer identification.

There is no universal requirement for DHVs to have badges to function during a deployment. However, if a receiving jurisdiction or specific entity for a duty assignment (e.g., a hospital) wishes volunteers to have badges, it is up to that receiving MHOAC Program to ensure that DHVs receive badges prior to their commencing volunteer duties. It is also the responsibility of the receiving

MHOAC Program to ensure that any identification requirements beyond those noted above (i.e., government issued photo identification matching the deployment roster) be communicated to the sending unit/jurisdiction prior to the Assignment of volunteers. This may also include ALS, BLS, PALS, etc., cards. This is critical to avoid having a volunteer arrive and be turned away for service due to inability to issue a badge per local standards. At the present time, there is no standard badge being used across organizations. If volunteers have an ID badge the volunteer should bring that badge to the deployment. However, the receiving MHOAC may choose to issue a badge for the individual incident.

It is the responsibility of the individual DHVs to comply with the identification and badging requirements set by the receiving MHOAC program. Thus, if a local authority requires and provides badges, it is the duty of the DHV to wear/present that identification according to the rules within the OA.

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6. Management of Injuries During Deployment

The health and well-being of volunteers is paramount. Regardless of the stage of the deployment, the DHV program is committed to its volunteers' health. Also, as all DHVs deployed through the program must be registered DSWVPs, the DSWVP will be, as stated in statute, the sole source for compensation in the case of injury or death of a DHV during deployment.

As part of the DSWVP registration process and as part of the initial safety training, the sending MHOAC program should brief all DHVs on procedures for the reporting of injuries.

Upon injury of a disaster healthcare volunteer on deployment (or in a training or exercise), appropriate medical care should be sought. If the injury is emergent in nature, the then-supervising agency or incident command should select the most appropriate medical provider. Thus, should the injury occur while the disaster healthcare volunteer is deployed but still in the sending OA, the incident commander or sending MHOAC program should select the appropriate medical provider. Should the injury occur in the requesting/receiving OA, the receiving MHOAC should select the provider.

As soon as is possible and practicable after the injury has occurred and necessary medical care has been provided, the sending MHOAC program should be informed of the injury. If an injury has occurred, all parties should complete forms as outlined in the DSWVP guidance. (See the box below for contact information.) Key steps are as follows, and will be assisted by the state's 24-hour Claims Reporting Assistance center:

1. The injured volunteer must be provided with the "Employee's Claim for Workers' Compensation Benefits" within *24 hours of knowledge of injury*.
2. The supervising agency, i.e., the MHOAC program which registered the volunteer as a DSWVP, should complete the "Employer's Report of Injury"

within 5 days of receiving knowledge that an injury has occurred or is alleged.

3. The injured DSW (or relative or legal representative if the DSW volunteer is incapacitated) should complete the “Employee’s Claim for Workers’ Compensation Benefits” within 3 days (72 hours) of receiving the form.
4. The supervising agency (which may be the receiving MHOAC program, or a subsidiary agency within the OA) should complete its portion of the “Employees Claim for Workers’ Compensation Benefits” form *within 5 days* of receiving it from the injured DSW volunteer.
5. The supervising agency then initiates the claim by sending the following to both the State Compensation Insurance Fund (SCIF) and CalOES:
 - a. The Employee’s Claim for Workers’ Compensation Benefits form,
 - b. The Employer’s Report of Injury form,
 - c. A brief, clear, written narrative of the incident leading to the injury,
 - d. A copy of the original DSW volunteer registration form including the signed loyalty oath.
6. Filing of the “Employer’s Report of Injury” can be expedited and handled over the telephone by following the steps outlined in the box below.

Around-the-Clock Claims Reporting Assistance

Available 24 hours a day, 7 days a week, for flexible reporting options:

- ☐ Forms are available for download at:
<http://www.caloes.ca.gov/PlanningandPreparedness/Pages/Disaster-Service-Worker-Volunteer-Program.aspx>
- ☐ Around the clock reporting assistance is available at a 24-hour [Claims Reporting Center](#) Hotline at (888) 222-3211.
- ☐ Send a fax to the Claims Reporting Center at (800) 371-5905.

The Claims Reporting Center will help you:

- Complete the *Employer’s Report of Occupational Injury or Illness* (Form 3267) with you over the phone.
- Eliminate any paperwork on your part.
- Immediately assign a claim number to your case.
- Mail written confirmation of your report to you the next working day or fax a copy to you the same day.
- Immediately forward your claim to the appropriate State Fund Regional Office.
- Refer you to a physician who has experience with occupational injuries.
- Determine which physician is located nearest to the site of the accident or the injured worker’s home.

7. Volunteer Support During Deployment

Volunteers require and deserve support during a deployment. The specific needs and levels of support will be dependent on many factors including: length of deployment, nature of underlying incident, impact of the incident, and number of volunteers required.

Because of the complexity of coordinating volunteer support during a multi-day deployment, it is preferable to have specific incident command roles identified in advance for volunteer management. These may exist at the OA's emergency services/EOC level, at a departmental operating center level, or may be fulfilled by many logistics staff. The recommended solution is to utilize a field volunteer coordinator to support a complex deployment. The field volunteer coordinator does not need to perform all tasks her/himself, but needs to ensure the completion of tasks.

In preparing for deploying volunteers and in trying to set appropriate expectations for all involved in the response, the following issues should be considered:

Housing	While efforts should be made to find housing for volunteers that permit a hygienic and restful atmosphere, there is clearly no guarantee that this will be possible. Volunteers should expect that, under some circumstances, they will have to prepare for shelter-like accommodations.
Feeding	As noted above, decisions should be made prior to actual deployment of volunteers as to who will have the responsibility for assuring significant food for volunteers during deployment.
	Volunteers should adjust expectations of what foods, types of foods, and special eating accommodations are available during a deployment.
	Volunteers should also take personal responsibility to ensure that they remain well hydrated and that they inform supervisors if food and water provisions are inadequate
Working Conditions	Volunteers should expect to work very hard during a deployment. While each situation and deployment will call for its own schedules, it is likely that DHVs will work in shifts. Shifts will likely be of 8, 10, or 12 hours.
	A disaster healthcare volunteer should expect to work within the scope of his professional license. However, it is not guaranteed that a professional will necessarily work in his area of specialty.

	Volunteers should anticipate that the actual work situation may be very different from her usual working conditions. Thus, facilities, equipment, even hygiene may not be of the same quality or standard that the professional is accustomed to
	Volunteers may be asked to perform functions that are outside their usual, daily professional work. For example, a clinician may be asked to assist with patient registration or transportation depending on the needs at the moment.
Psycho-social Support	Sending and receiving MHOAC programs should give attention to the psychosocial needs of volunteers and, to the extent possible, provide services for volunteers consistent with the need. For example, in extremely austere conditions with significant casualties, psychological and spiritual support will be very important for the professionals providing care.
	Volunteers should expect that situations may be very taxing psychologically and should be encouraged to attend to their own needs in the manner of their choice, e.g., meditation, prayer, recreation, etc.
	Since boredom can be a frequent problem in a disaster deployment, volunteers should be encouraged to come prepared. For example, reading materials, MP3 players, etc. can provide distraction from the boredom that may set in when individuals are separated from their homes and usual routines.
Communications	Communications may well be disrupted during a deployment in an emergency or disaster situation.
	Volunteers and their families should be provided with a point of contact (with dedicated phone lines) outside of the deployment area (arranged by the sending MHOAC program).
	Due to the need for volunteers to be in communication with their loved ones, receiving MHOAC programs should make all possible efforts to ensure that communications are available to the DHVs
	However, DHVs should expect that communications may well be different than in normal circumstances, e.g., no or poor cell coverage, limited land lines, etc.
	Volunteers may be encouraged to bring their own cell telephones with them even though cell coverage may be poor.
Safety Concerns During Deployment	Depending on the nature of the deployment and the incident requiring deployment, there may be many safety and security issues associated with a deployment. For example, if the deployment is in an area in which there is significant looting and rioting, clearly there will be safety concerns.
	Volunteers should expect that there may be limits placed on their movements even when not working—e.g., being asked to remain within the housing area, etc.

	And, volunteers should follow all orders from the incident commander and/or MHOAC program authority in the OA in which they are deployed.
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8. Volunteer Conduct During Deployment

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In a volunteer deployment, it is imperative that volunteers conduct themselves in a manner that supports the mission, is congruent with their professional background, and, in general, facilitates the delivery of care to individuals in need. A volunteer code of conduct appears in Appendix M. This, or a similar, code of conduct should be presented at the point of embarkation, and explicitly covered by a sending jurisdiction. The receiving jurisdiction should also explicitly set expectation for behavior (both on and off duty).

Specific concerns that address behavior of volunteers include the following:

- A. Volunteers are expected to be assigned to a supervisor and are expected to follow the direction given by that supervisor.
- B. Volunteers are expected to act in accordance with the standards and regulations of their professional license.
- C. Volunteers are expected to let their supervisor or team leader know of their whereabouts at all times.
- D. Unless it is explicitly made part of their duty, volunteers are expected to refrain from speaking with members of the media or giving details related to the mission to the public.
- E. Volunteers are expected to refrain from proselytizing during a deployment.
- F. Volunteers are expected to refrain from substance use or abuse during a deployment (including, alcohol, marijuana, or illicit drugs).
- G. Volunteers should not bring children, pets, or friends with them on a deployment.
- H. Volunteers should not be in possession of any weapon during a deployment.

In compliance with SEMS principles and regulations, the local authorities are in charge during a deployment. As such, local incident commanders and the receiving MHOAC program maintain the authority to dismiss a volunteer from his or her duty and send the individual volunteer back home. In any situation in which a volunteer has been dismissed, discharged, or sent home, the receiving MHOAC should, as appropriate, arrange for transportation and, as soon as possible, inform the sending MHOAC of the action.

Demobilization

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See also *Appendix L*

1. Demobilization

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All volunteer activities will, at some point, come to an end. This may occur as a whole for all volunteers involved in a mission or for individual volunteers as they reach the limits of their ability to volunteer or at the end of their assignment. In all cases there are steps that need to be taken to ensure that assigned duties are addressed, volunteer's concerns are taken into consideration, logistical concerns are attended to, and the volunteer's experience is appreciated and documented. (See Appendix L for checklists of demobilization activities for both sending and receiving MHOAC programs).

Depending on the nature of the incident and on the nature of the demobilization (e.g., individual vs. an entire group), the steps required for demobilization may occur in different order or time frame. However, in all cases the following should be addressed:

A. Release from Duty

1. Before a disaster healthcare volunteer can be demobilized, he/she must be released from duty.
2. Therefore, the local incident commander or supervisor must affirm that the disaster healthcare volunteer is dismissed from the assigned duties.
3. Any confusion between disaster healthcare volunteer and local incident commander should be resolved at the level of the receiving MHOAC.

B. Out-processing and Exit Interview

1. An exit interview should be conducted to educate the volunteer about the typical physical and mental health reactions to disasters, and to inform them of the follow up resources available if the typical mental health reactions last longer than the volunteer is comfortable with and/or it interferes with their functioning.

C. Volunteer Brief of Replacement

1. Volunteers should brief any replacement staff, be they volunteer or otherwise, if appropriate on all pertinent information needed to perform the job and ensure smooth operations.

D. Notification of Home MHOAC

1. The receiving MHOAC is responsible for ensuring that the sending MHOAC is informed of the demobilization of the disaster healthcare volunteer.
2. Returning Volunteers should be required to “check in” with their sending MHOAC program when they arrive home from deployment.

E. Completion of Tracking Data

1. Regardless of method used, the receiving MHOAC program should complete the tracking information for any disaster healthcare volunteer being demobilized. In particular, tracking information should be sure to include:
 - a. Volunteer name
 - b. Profession
 - c. Location of service
 - d. Numbers of hours worked as volunteer
 - e. Date of deactivation

F. Transportation Back to Point of Departure/Embarkation

1. Depending on arrangements made at the time of the deployment, the receiving MHOAC program is responsible for arranging disaster healthcare volunteer transportation back to the point of departure/embarkation.

G. Debriefing

1. It is important to understand what the volunteer experience was like and what lessons can be learned for future deployments. This is true for both the receiving OA as well as the sending OA.
2. Therefore, both OAs may ask volunteers to participate in debriefing and may use their own volunteer feedback form if they have one.³ The debriefing may also be integrated with a more robust welcome home process, as described below.

H. Welcome Home

1. The sending OA should ensure that there is some type of "welcome home" process for the volunteers when they return. Strategies range from individual phone calls by assigned mental health staff with psychological first aid, disaster trauma assessment, and referral skills, to a group meeting with all volunteers where the topic of post disaster mental health issues are discussed. A suggested agenda might include:
 - a. Operational debriefing to discuss what went well for the deployment as well as what procedures need to be changed to facilitate the smoother deployment of volunteers.

- b. Education about the typical reactions to disasters. This could include distributing brochures on coping with disasters for emergency workers, as well as contact numbers for resources for individuals requiring follow up.
- c. Recognition and thanks for all volunteers who agreed to be deployed for the disaster.

I. Follow up

- 1. It should be ensured that disaster healthcare volunteer contact information is up to date to ensure the ability to follow up in greater detail should it be necessary or indicated.

2. Post-Deployment Management

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After deploying volunteers, several issues conclude the deployment process. These include recognition and retention of volunteers and record keeping. Because volunteers are neither assets nor first responders, there are few other recovery or return to readiness issues. Recognition and retention efforts will vary by jurisdiction, and are discussed elsewhere (see EMSA's DHV "Marketing Recruitment and Retention Plan."

The following guidelines cover post-deployment record keeping. Unit coordinators—i.e., MRC Coordinators and MHOAC programs—should communicate with their specific county counsel and/or city attorney to ascertain any local requirements related to the maintenance of records related to volunteers. The minimum data set for post-deployment records should include (for each volunteer):

- Mission/deployment (including incident name, location, etc.)
- Date(s) of service
- Number of hours of volunteer service
- Role assigned during deployment
- Individual Performance Rating (ICS form 225, Appendix R.)

Whenever a DHV is deployed outside of his/her own OA, the receiving MHOAC program must ensure the completion of an ICS form 225 (p. 147 "*Individual Performance Rating*"). The receiving MHOAC is ultimately responsible for ensuring that this information is collected during deployment and may delegate that task according to OA policies (e.g., the local incident commander or a logistics volunteer coordinator may be responsible within a particular OA). It is recommended that the ICS 225 be completed by the immediate supervisor of the disaster healthcare volunteer, sent to the Planning Section Chief, and then sent to the sending MHOAC program with a copy sent to the sending unit coordinator.

When possible, use the DHV system to keep records specific to the mission, dates, hours, and roles played in deployment. The unit coordinator for the sending jurisdiction (that is, a volunteer's home unit) is ultimately responsible for

ensuring these records are completed. In some deployments, the receiving MHOAC and/or incident commander may have access to the DHV system and, thus, can, in real time, use the tracking tool within the system to enter date/time stamps that capture the above minimum data set. A more likely scenario is that the local commander will not have such access. In those cases, the supervisor (i.e., IC and/or receiving MHOAC) will track that information on paper or with a spread sheet and make sure that the information is transmitted to the sending MHOAC who will be responsible for entering the data into DHV. Data—including dates of service and time stamps – can be entered retrospectively into the profile of the deployed disaster healthcare volunteer.

The above approaches should not preclude specific units (especially MRCs) from keeping more records related to training and detailed experience. The need, nature, and format of those records should be determined at the OA or unit level. (Some units or OAs may even choose to adopt learning management system software or maintain spreadsheets to track such information).

The DSW Volunteer Program requires that some records be kept. The original registration form with oath and signature must be filed within 30 days of the date it was taken (See the DSWVP Information Tab.) These records must be accessible for review under the Public Records Act. If the receiving MHOAC program re-administers the oath, they should send a copy of the registration to the sending MHOAC program. DSWVP training prior to deployment must be documented. As outlined in the DSW volunteer program guidance, this can be as simple as a training sign-in sheet or as elaborate as an individual training record. The sending MHOAC is responsible for ensuring that these records are kept.

Disaster Service Worker Volunteer Program (DSWVP) Process

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A. Management of the DSWVP Process

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The State of California's Disaster Service Worker (Volunteer Program) (DSWVP) provides workers' compensation and immunity protections for properly registered volunteers providing disaster services. The program applies to all activities authorized and carried on pursuant to the California Emergency Services Act. This includes services authorized under proclaimed "state of war" emergencies, "state of emergency" proclaimed by the governor, or a proclaimed "local emergency." The program also applies to training and exercises undertaken in preparation for these authorized activities.

DSWVP registration and management of related matters are the responsibility of local disaster councils. For DHV/MRC matters, it is the MHOAC program's responsibility to ensure that DSWVP registration procedures exist within the OA, and that any DHVs/MRCs sent out of the OA are registered as DSWVPs before being sent.

The procedures and checklists below identify needed actions related to ensuring DHVs/MRCs are handled appropriately under the State of California's DSWVP guidelines.

The following checklist for management of (DSWVP) issues related to DHV is intended for use by coordinators of individual units, i.e., both MRC units and units of volunteer health professionals affiliated with individual counties. The steps outlined here are drawn from the statutes, regulations, and official guidance relating to the Disaster Service Worker Volunteer Program. In accordance with those requirements, each unit should develop its own systems for the management of volunteer DSWs. The following steps should be addressed in such a system and when deploying volunteers through the DHV system.

1 Prior to Declaration of Emergency, Deployment, or Training of Volunteers:

- ☐ Identify appropriate disaster council for registration of volunteers within unit.
- ☐ Identify appropriate individuals capable of giving oath to volunteers.
 - Identify individuals with the following credentials who agree to administer oath and maintain contact information in unit records: clerks of the court, judges, notaries public, any government officer authorized to give oaths (it is strongly recommended that unit coordinators and MRC coordinators be so authorized). If necessary, secure in writing from county clerk or other appropriate authority the authorization of particular individuals to administer the DSWVP oath.
 - Consider maintaining a large number of individuals authorized to register DHVs and administer oath.
 - Maintain the written permission to administer oath in unit records.
 - Ensure that oath is administered ONLY by those authorized by law.
 - Ensure that no fee is charged for the administration of the oath.
- ☐ Develop documents to be used for registration of volunteers (see attached example from CalOES' Disaster Service Worker Volunteer Program).
 - Develop form that can be used for signing in of multiple volunteers, ensuring a location for each volunteer's information and signature.
 - Any "group registration" form must include the following elements:
 - Classification,
 - Registration Date,
 - Name of registrant(s),
 - Address, City, State, Zip Code of registrant(s),
 - The loyalty oath/affirmation,
 - Original signature of registrant(s), and
 - Signature of the administering authority.
- ☐ Develop a plan for the collection of and filing of DSWVP registration forms according to rules of local disaster council.
 - DSW Volunteer Program documents are a public record and, as such, are subject to disclosure under law. Thus, these records must be filed and maintained in an official file, available for review by CalOES or the State Compensation Insurance Fund (SCIF) should the need arise.
 - State agencies should file registration according to State Department of Personnel Administration regulations.
 - Counties should file volunteer registrations with the office of the county clerk (or designated official).

- Cities should file volunteer registrations in the office of the city clerk (or designated department).
- Other agencies should file volunteer registrations as directed by local disaster council.
- ❑ DSWVP registration may be noted in the DHV system.
 - Each unit may develop policies regarding the noting of DSWVP registration in the DHV system.
 - Registration forms may be uploaded to the system but that is NOT considered filing of forms as noted above.
 - If using group registration forms—i.e., with more than one volunteer name—registration forms should NOT be uploaded to a DHV's profile in the DHV system.
- ❑ Develop a local agency policy regarding the expiration of registration suitable for the jurisdiction.
 - Policy should address if members of the agency, i.e., members of the MRC or county unit, will be considered registered for the length of their membership in the organization.
 - Policy may include “single event” registrations, effective only for a designated event such as a training or a specific deployment.
 - Policy should indicate if registration process will accommodate both single event and multiple event registration and how that will be distinguished.
 - Policy should be adopted according to local administrative rules.
- ❑ Ensure that necessary Workers' Compensation forms are available
 - Forms are available at:
<http://www.caloes.ca.gov/For-Governments-Tribal/Plan-Prepare/Disaster-Service-Worker-Volunteer-Program>
 - Around the clock reporting assistance is available at a 24-hour [Claims Reporting Center](#) Hotline at (888) 222-3211.

2 Steps to Be Taken by System Administrators (MHOAC or MRC Coordinator or Designees) at Time of Deployment of Volunteers:

- ❑ Determine need for administration of oath/registration of volunteers as DSWVPs.
 - Many DHVs, especially MRC members, may already be covered by previous DSWVP registration, as that registration may remain effective for the length of time the DHV remains a member of the organization.
 - Identify those volunteers not yet registered or those only registered for a prior single event.
 - Plan for registration and administration of oath to those not properly registered.

- ☐ Contact authorized individual(s) and arrange for administration of oath.
- ☐ Register volunteers/administer oath.
 - Ensure that each registered volunteer has completed a form and has signed the registration form.
 - Ensure that individual administering the oath is authorized and signs the DSWVP registration form(s).
 - It is recommended to orchestrate group swearing/registration at a single point during deployment, if a significant number of volunteers require registration.
- ☐ Document that all DHVs assigned for deployment have been properly registered as DSWVPs.
 - Communicate the fact of DSWVP registration to the requesting MHOAC.

3 Steps to Be Taken by Receiving MHOAC at Time of Receipt of Deployed Volunteers:

- ☐ Receiving MHOAC may confirm the registration of deployed volunteers from sending OA by communicating with sending MHOAC.
- ☐ If there is a question about the effectiveness of a disaster healthcare volunteer's registration as DSWVP, the receiving MHOAC should arrange for registration/oath according to local procedures.
 - While there only needs to be one registration during an emergency event/deployment, no disaster healthcare volunteer should continue in a deployment without the coverage provided by the DSW volunteer program. Thus, if there is doubt, the receiving MHOAC should register the DHV.

4 Steps to be Taken by Volunteers at Time of Deployment:

- ☐ Volunteers must register and take the loyalty oath prior to deployment.
 - If registered for multiple events, DHVs do not need to re-take the oath before each deployment.
 - If registering, DHVs must be sure to sign the registration form.

5 Procedures to Be Followed in Case of Injury or Death to DSW Volunteer During Deployment:

- ☐ Appropriate healthcare must be provided to the injured DSWVPs.
- ☐ The injured/deceased disaster healthcare volunteer's family should be notified.
- ☐ Volunteer and/or receiving MHOAC program must inform sending MHOAC program of injury to volunteer.

- ❑ The sending MHOAC program must complete “Employer’s Report of Occupational Injury” within 5 days of being made aware of claim of injury.
- ❑ The sending MHOAC program must make “Employee’s Claim for Worker’s Compensation Benefits” available to the injured volunteer within 24 hours of reporting of injury.
- ❑ The volunteer must complete “Employee’s Claim for Worker’s Compensation Benefits” within 72 hours of receipt of form.
- ❑ The sending MHOAC program must send the following materials to the State Compensation Insurance Fund and CalOES:
 - Employee’s Claim for Worker’s Compensation Benefits,
 - Employer’s Report of Occupational Injury,
 - A narrative of the incident leading to the injury, and
 - A copy of the original DSWVP registration form/oath.

DRAFT

B. DSWVP Registration Form**DISASTER SERVICE WORKER VOLUNTEER REGISTRATION****LOCAL AND STATE INFORMATION**

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK (SHADED AREAS REQUIRED BY PROGRAM REGULATIONS)

ATTACH PHOTOGRAPH HERE	<i>This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.</i>	
	CLASSIFICATION: _____	SPECIALTY: _____
	REGISTERING AGENCY OR JURISDICTION: _____	
	SIGNATURE OF AUTHORIZED PERSON: _____	TITLE: _____
	REGISTRATION DATE: _____	RENEWAL DATES: _____
	EXPIRATION DATE: * _____	DSW CARD ISSUED?: NO? YES? #: _____
	PROCESSED BY: _____	DATE: _____ TO CENTRAL FILES: _____

NAME: LAST		FIRST	MI	SSN:	
ADDRESS:		CITY:		STATE	ZIP:
COUNTY:		HOME PHONE:		WORK PHONE:	
PAGER:		E-MAIL:		DATE OF BIRTH: (optional)	
DRIVER LICENSE NUMBER: (if applicable)		DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE:	
PROFESSIONAL LICENSE: (if applicable)		FCC LICENSE: (if applicable)		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)
COMMENTS:					

Government Code §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the
Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to
the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of
evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE	SIGNATURE	IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH		TITLE

*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is set at the discretion of the Accredited Disaster Council but not to exceed one year. (See Govt. Code §3102)

Cal EMA DSW Registration Rev. 1/2013

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1. Are all volunteers who are registered in the DHV program DSWVPs?

- Enrolling in the DHV program does NOT ensure that a volunteer is registered as a DSWVP. In order to be registered as a DSWVP, a volunteer must complete a registration form and swear to or affirm a loyalty oath. It is the policy of the DHV program that all volunteers will be registered as DSWVPs before being deployed. However, many will enroll in the system before being properly registered as DSWVPs.

2. Who must be registered as a DSWVP?

- A volunteer in the DHV system must be registered as a DSWVP prior to being deployed, regardless of the nature or location of the deployment. Volunteers should also be registered as DSWVPs prior to any exercise or training associated with emergency response. Doing so ensures that the volunteer will be covered for compensation if injured. Also, there is additional protection against liability that accompanies the DSWVP status.

3. Who is authorized to register DSWVPs and administer the loyalty oath?

- In order to properly register a person as a DSWVP, the individual administering the oath and signing the registration form must be authorized to do so. State law authorizes a number of officials to register volunteers including: elected officials, clerks of the court, members of the judiciary (i.e., judges), notaries public, and any government officer who is normally authorized to give oaths.
- People can be deputized to administer the oath and register DHVs. This requires that there be a written authorization. Each unit—i.e., operational unit and MRCs—should coordinate this process with the appropriate disaster council and ensure that deputies are properly authorized prior to any disaster.
- Deputies may NOT deputize others to administer the oath and register volunteers. That process must be completed according to the local county clerk/city clerk process.

4. What is the process for being authorized to register DSWVPs?

- This process must be determined by the local city or county clerk and carried out according to their local regulations. Any individual deputized to administer the oath must be properly deputized and

have a written record of that deputization. That record may be required to support the process of a volunteer's seeking compensation for injuries incurred in disaster response—i.e., to ensure that the individual was properly registered by an authorized party.

5. What is involved in the registration/oath process?

- When being registered as a DSWVP, a volunteer **MUST** fill out a form that provides, at a minimum, the following information:
 - i. Classification (for health volunteers the DSWVP classification is "Medical and Environmental Health")
 - ii. The registration date
 - iii. Volunteer name
 - iv. Volunteer Address
- In addition, the volunteer must sign and indicate that they have sworn to/or attested to the loyalty oath.
- This form must be signed by the individual administering the oath.

6. How often must a volunteer be registered or re-registered?

- The effective period of a registration may vary based on circumstances.
- A volunteer may be registered for a single event (e.g., a training). If that is the case, the registration form should indicate the limitations of the registration.
- Generally, a volunteer's registration is effective for the length of time that they are affiliated with the registering organization—e.g., MRC unit or county DHV program. Each unit can establish a renewal period and use that to ensure that volunteer information is up to date.

7. What forms can or must be used?

- Any form used to document proper registration of DSWVPs must include the information noted above.
- Sample forms are available through CalOES and at the EMSA DHV website.
- A single form can be used to register a group of volunteers. However, if that is done, the form must capture the minimum information for each individual, and capture a signature and date from each volunteer indicating that they have sworn to or attested to the loyalty oath.

8. What is the process for filing of DSWVP registration forms?

- Registration/oath forms must be filed within 30 days of the date they were signed—i.e., 30 days from the time the oath was taken or subscribed to.
- Completed registration forms must be filed with the proper authority. For State agencies, the forms must be filed as prescribed by the State Department of Personnel Administration. For counties, the forms should be filed with the county clerk. For cities, the forms should be filed with the city clerk.

9. Can the registration forms be filed using the DHV system?

- NO. Copies of the registration/oath forms may be scanned and stored in the DHV system and thus be accessible in a volunteer's profile. However, storing forms this way is NOT to be considered filing the form.
- If a group registration form is used, it should not be scanned and stored in an individual volunteer's profile as it will include information about other volunteers.



California Disaster Healthcare Volunteers

Deployment Operations Manual

Tool Kit



- ✓ Checklists
- ✓ Information
- ✓ Job Aids
- ✓ Forms



Tool Kit Contents

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A. Communications for Deployment

Clear and comprehensive communication is the key to success in deploying volunteer health professionals. The following is a checklist of critical information *arranged by recipient* of the information.

1. The Disaster Healthcare Volunteer

When seeking DHVs/MRCs for a mission, emergency managers should communicate to the disaster healthcare volunteer:

- ☐ The type of mission (vaccination clinic, hospital staffing relief, etc.)
- ☐ The location of the mission (enough specificity to suggest the kind of travel involved)
- ☐ The duration of the mission
- ☐ Anticipated field conditions (e.g., housing in tents at a mobile field hospital with Meals Ready to Eat and portable showers, vs. lodging and meals at a local hotel)
- ☐ Any known risks or safety concerns (e.g., dust, aerosolized debris, social unrest, etc.)
- ☐ Any other conditions which would influence a volunteer's decision to deploy

When assigning or confirming DHVs/MRCs for a mission, emergency managers should communicate to the DHV:

- ☐ Incident type and name or designation
- ☐ Check in date and time, either to report for duty or for transport to their duty station
- ☐ Travel instructions including, if appropriate, authorization for air, rental car, travel expenses
- ☐ When DHVs will return or be released from duty

- ☐ Specific assignment, including the type/nature of the mission (this may have changed since the initial request for volunteers)
- ☐ Who the disaster healthcare volunteer will report to (incident commander, staffing lead, team lead, etc.)
- ☐ What to expect (field conditions and information about if and how food and lodging will be provided)
- ☐ What to bring: credentials, government issued photo identification, training certifications such as ACLS, PALS, and CPR cards
- ☐ What to wear and bring: clothing and personal effects
- ☐ What not to bring: weapons, drugs (including alcohol)
- ☐ Reminder to the disaster healthcare volunteer to communicate their absences to their employers before departing (if appropriate) and to make any necessary arrangements for pets, children, family members, and other obligations
- ☐ Communications procedure for contacting local authority (i.e., sending MHOAC or sending MRC coordinator)

To the extent possible, the information should be entered into the DHV system at the time of the creation of a mission for easy communication to volunteers.

Should all information not be available at the time the mission is created within the system, it can and should be added when it becomes available.

2. The Sending Coordinator

When seeking to determine the potential availability of DHV from within unit(s) not impacted by the underlying incident, the following information should be communicated to the appropriate unit coordinator if known or applicable. Some of this information may not be available at the time of the availability request:

- ☐ The type of mission (vaccination clinic, hospital staffing relief, etc.), and incident name or designation
- ☐ Resource order number or request number (if applicable)
- ☐ The number and type of resources needed

- ☐ The location of the mission (enough specificity to suggest the kind of travel involved)
- ☐ The duration of the mission
- ☐ Anticipated field conditions (e.g., housing in tents at a mobile field hospital with Meals Ready to Eat and portable showers, vs. lodging and meals at a local hotel)
- ☐ Travel and other logistical concerns that have been determined
- ☐ Any known risks or safety concerns (e.g., dust, aerosolized debris, social unrest, etc.)
- ☐ Any other conditions which would influence a volunteer's decision to deploy
- ☐ The specific response requested (i.e., available or not, available for a specific period of time, available to travel to a specific location)

When making specific requests for volunteers, the following information should be communicated to the sending unit coordinator to the extent that it is known and applicable in the particular circumstances in order to facilitate the making of the request. Requests should reflect information collected and available in the DHV system.

Some of this information may have been communicated at the time of the availability request. However, the following elements should be reiterated and modified if appropriate:

- ☐ The type of mission
- ☐ The location of the mission
- ☐ Specific information related to travel including:
 - Authorizations
 - Limitations
 - Warnings
 - Arranged travel
- ☐ Specific information related to Check-in at deployment site, including:
 - Time and place for check-in
 - Name and role of person with whom the disaster healthcare volunteer is to check in

- Contact information for responsible party at place of deployment
- ☐ Logistical concerns that have been determined including specific information about(if known):
 - Housing
 - Food
 - Conditions at point of deployment
- ☐ Specific dates for which DHVs will be required
- ☐ Number and type of resources requested (e.g., “10 registered nurses”)
- ☐ Specific details required or desired, including:
 - Emergency Credential Level (ECL) preferred or required
 - Specific specialty or certifications (e.g., “pediatrician” or “ACLS certified”)
 - Language skills desired
 - Any other specific training or detail required for the particular deployment
- ☐ Information about point of service (if different from check-in point)

3. The Receiving MHOAC Program

When communicating to the receiving MHOAC program the following information should be included. It may be communicated directly from the sending MHOAC program or communicated from the sending MHOAC program to the EMSA Duty Officer or other EMSA staff:

- ☐ The list of those DHVs assigned/being sent from their jurisdiction, including:
 - name,
 - contact information (telephone, address, e-mail)
 - license type
 - Emergency credential level
 - Unit affiliation

- Photograph (if available)
- ☐ Confirmation of agreements and specific plans related to:
 - Transportation
 - Housing
 - Food
 - Other logistical agreements, if any
- ☐ Plan for communication with sending MHOAC including:
 - 24/7 contact number
- ☐ DSWVP status of DHVs assigned to the mission

4. The EMSA Duty Officer / State Operations Center / Medical Health Coordination Center

When an impacted MHOAC is communicating the need or potential need for DHV resources from outside the OA, they should communicate the following information to the EMSA Duty Officer/State Operations Center/Medical Health Coordination Center (not all information will be immediately available):

- ☐ Type of mission
- ☐ Location of mission
- ☐ Ability of OA to provide logistics for DHVs
- ☐ Specific plans for logistics for DHV support
- ☐ Type and number of DHV resources needed (e.g., “10 physicians”)
- ☐ Anticipated length of mission
- ☐ Anticipated field conditions (e.g., housing in tents at a mobile field hospital with Meals Ready to Eat and portable showers, vs. lodging and meals at a local hotel)
- ☐ Travel and other logistical concerns that have been determined
- ☐ Any known risks or safety concerns (e.g., dust, aerosolized debris, social unrest, etc.)

- ☐ Any other conditions which would influence a volunteer's decision to deploy

When completing the formal resource request for volunteers, using the Medical and Health Resource Request form, the following information should be communicated to the EMSA Duty Officer/State Operations Center/Joint Emergency Operations Center, in conjunction with the information listed above:

- ☐ Incident type and name or designation
- ☐ Resource order number or request number
- ☐ Specific number and license/certification type required
- ☐ Any specialty or subspecialty desired or required (e.g., "critical care")
- ☐ Emergency credential level desired or required
- ☐ Specific knowledge, training or skill required or preferred for the mission (e.g., "ACLS" or "ICS training")
- ☐ Language skill required or preferred for the mission
- ☐ Any other detail related to skills, training, licensure required.
- ☐ Plan for continued communication including:
 - 24/7 contact information
 - Alternate contact methods

5. The Incident Commander

The manner of communication among elements within the impacted OA is to be determined by that OA's policies and procedures. It is suggested, however, that when disaster healthcare volunteers are deployed, the following information be communicated by the receiving MHOAC to the local Incident Commander:

- ☐ The list of those DHVs assigned/being sent from their jurisdiction, including:
 - Name,
 - Contact information (telephone, address, e-mail)
 - License type

- Emergency credential level
- Unit affiliation
- Photograph (if available)
- Specialty/subspecialty information
- Information related to special skills
- Language capability of deployed DHVs
- ☐ Confirmation of agreements and specific plans related to:
 - Transportation
 - Housing
 - Food
 - Other logistical agreements, if any
- ☐ Contact information for individual responsible for logistics for the DHVs (e.g., team lead, volunteer management personnel).

6. The Logistics Coordinator / Mission Support Team

The following information should be communicated to whatever person(s)/role are responsible for the logistics to support deployed DHVs:

- ☐ The list of those DHVs assigned/being sent from their jurisdiction, including:
 - name,
 - contact information (telephone, address, e-mail)
 - license type
 - emergency credential level
 - unit affiliation
 - photograph (if available)
- ☐ Confirmation of agreements and specific plans related to:
 - Transportation

- Housing
- Food
- Other logistical agreements, if any
- ☐ Contact information for receiving MHOAC program, logistics support person, and incident commander.
- ☐ Contact information for sending MHOAC or coordinator

7. The RDMHC/S

While requests for DHV resources will not be filled through the RDMHC/S, the RDMHC/S program should be kept informed of details of a deployment of DHV, as mandated in the EOM. The RDMHC/S should receive the same situation reports (initial and updated) and the same resource requests as the receiving MHOAC programs, and the EMSA Duty Officer/State Operations Center. The following information, spanning the spectrum from initial situation reporting to resource requesting to situation updates on deployments, should be communicated to the RDMHC/S:

- ☐ Incident type, name or designation, and location
- ☐ Resource order number or request number
- ☐ Ability of OA to provide logistics for DHVs
- ☐ Specific plans for logistics for DHV support
- ☐ Type and number of DHV resources needed (e.g., “10 physicians”)
- ☐ Anticipated length of mission
- ☐ Anticipated field conditions (e.g., housing in tents at a mobile field hospital with Meals Ready to Eat and portable showers, vs. lodging and meals at a local hotel)
- ☐ Travel and other logistical concerns that have been determined
- ☐ Any known risks or safety concerns (e.g., dust, aerosolized debris, social unrest, etc.)
- ☐ Any other conditions which would influence a volunteer’s decision to deploy
- ☐ Specific number and license/certification type required

- ☐ Any specialty or subspecialty desired or required (e.g., “critical care”)
- ☐ Emergency credential level desired or required
- ☐ Specific knowledge, training or skill required or preferred for the mission (e.g., “ACLS” or “ICS training”)
- ☐ Language skill required or preferred for the mission
- ☐ Any other detail related to skills, training, licensure required.
- ☐ Plan for continued communication including:
 - 24/7 contact information
 - Alternate contact methods
- ☐ Units (counties and MRCs) responding to the mission
- ☐ Rosters of DHVs deployed including:
 - Name
 - License type
 - Contact information
 - ECL
- ☐ Contact information for individuals responsible for the mission

B. Logistics for Deployment

The following checklist may be adopted into Job Action Sheet format for relevant incident command positions (different jurisdictions handle volunteer management and med/health incident command differently, so no assumption is made regarding duty assignments for specific positions).

Emergency managers contemplating the deployment of volunteers should ensure the following elements are addressed:

☐ **Logistics coordinator at**

key points: Ensure a volunteer point of contact, Mission Support Team member, volunteer manager, or logistics coordinator/liaison is present in the field or at the mission site during mobilization, transportation, and demobilization.

Logistics Issues

<input type="checkbox"/> 1 Logistics Coordinator at Key Points	95
<input type="checkbox"/> 2 Transportation and Parking	95
<input type="checkbox"/> 3 Food	96
<input type="checkbox"/> 4 Lodging	96
<input type="checkbox"/> 5 Communication Support	96
<input type="checkbox"/> 6 Supplies & Equipment	96
<input type="checkbox"/> 7 Safety Equipment	96
<input type="checkbox"/> 8 Safety Briefing and Training	97

☐ **Transportation and/or parking:** Arrange for transportation of DHVs before DHVs are deployed.

- Transportation routes must accommodate infrastructure damage/impassable roads/designated evacuation routes (due to flooding, fires, etc.).
- If volunteers are staffing local operations (mass dispensing clinics, alternate care sites, etc.) and are expected to self-transport to local site (e.g., a local fairground):
 - Confirm the route before and communicate this to volunteers.
 - Confirm the parking area and communicate this to volunteers.
 - Confirm with area security the measures necessary for volunteers to report for duty/enter a secured area/etc.
- If deployment entails out of area service, arrange transportation and set-up of a volunteer embarkation point (with appropriate parking) before volunteers arrive, or

- Provide travel authorization for air travel, rental car, lodging, meals, and incidental expenses.
- Transportation planning applies to demobilization/returning the DHV home, as well.
- ❑ **Food:** Arrange for meals and water for DHVs if the volunteers are working for more than one shift. DHVs are not expected to deploy with their own rations.
 - If DHVs are working only one shift, ensure water and (ideally) some form of snacks.
- ❑ **Lodging:** If a mission is greater than one shift (if DHVs are staying overnight), arrange for lodging, including sleeping and hygiene provisions. Housing arrangements, as well as those for meals and water, should be made before deploying volunteers.
 - Volunteers should be informed of the field conditions when asked to volunteer.
 - If the housing location is not co-located with the duty location, arrange transportation between the duty location and the housing location following every shift change. Similarly, if meals are provided at a separate location, arrange regular transportation to/from that location.
- ❑ **Communication support:** To the greatest extent possible, provide DHVs with means and opportunities to stay in touch with their families.
- ❑ **Supplies and equipment:** To the greatest extent possible, provide the medical supplies and equipment needed for a particular mission, rather than expecting DHVs to bring medical supplies with them as part of their deployment (beyond personal stethoscopes).
- ❑ **Safety equipment:** If personal protective equipment (PPE) is deemed necessary by the incident safety officer, provide that equipment (and relevant training) must be provided for volunteers. DHVs are not expected to deploy with their own PPE.

- If the mission requires exposure to health/safety risks beyond those normally found in healthcare, volunteers should be informed of the risks when asked to volunteer.
- **Safety briefing/training:** Volunteers need to be made aware of any pertinent safety considerations related to their point of service or of the location of their lodging/billeting. Specific risks associated with these areas should be communicated to the volunteers at the time of their arrival.
- Even if there are no evident safety concerns, volunteers should receive a brief orientation to the site where they are lodged.

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C. Requesting DHVs

Actions for requesting (receiving) MHOAC program when requesting DHV resources:

1. Considerations Prior to DHV Request

Prior to requesting DHV/MRC resources, the MHOAC program should confirm the following:

- ☐ Is the health professional resource need immediate and significant (or anticipated to be so)?
- ☐ Has the supply of the requested health professional resource been exhausted, or is exhaustion imminent?
- ☐ Is the health resource or an acceptable alternative of the resource available from other sources: including local (internal operational area) volunteers, medical surge staffing measures such as extended shifts, healthcare staffing registries, corporate mechanisms i.e., shared staff between health care facilities?
 - The internal corporate supply chain?
 - Other commercial vendors, e.g., nurse registries?
 - Through existing agreements?
- ☐ Have payment/reimbursement issues related to the deployment and logistics support of volunteers been addressed? (Note: volunteers are not paid as part of their deployment.)

2. Requesting DHV Resources

Once it has been determined that out-of-area volunteer health professional resources are needed, the MHOAC program should undertake the following activities:

- ☐ File or update a situation report, as detailed in the EOM.
- ☐ Contact the Regional Disaster Medical Health Coordinator or Specialist (RDMHC/S) and local OA emergency management agency to initiate a CalEOC request for volunteer health professionals.

- ☐ Submit a formal Medical and Health Resource Request Form, as outlined in the EOM.

ORDER SHEET

S. ORDER PERSONNEL REQUEST DETAILS <input type="checkbox"/> PAID <input type="checkbox"/> NON-PAID										Page <u> </u> of <u> </u>	
ITEM #	Personnel Type & Probable Duties <small>Indicate required license types (see list below): RN, MD, EMS-I, Pharmacist, LVN, EMS-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.</small>	Number Needed	Minimum Required Clinical Experience <small>(1=current hospital, 2=current clinical, 3=current license, 4=clinical education)</small>	Required Skills, Training, Certs <small>(e.g., FAIS, current ICS experience, languages, ICS training, 2nd license such as FHM, etc.)</small>	Refined Skills, Training, Certs	Date/Time Required <small>Indicate anticipated mobilization or duty date.</small>	Anticipated Length of Service <small>Indicate days or hours.</small>	Quantity		Tracking # or DMV Mission Number	
								Approved	Filed		

5

- ☐ Contact the EMSA Duty Officer if necessary for assistance in completion of request.
- ☐ Determine if there are likely deployment conditions, (including work, lodging, and travel conditions), which would suggest a need to determine fitness for duty screening of volunteers.
- ☐ With the EMSA Duty Officer/EMSA staff, determine who/which agency will handle the logistics and communications matters related to DHVs/MRCs. Consider the following:
 - The length of time the incident has been ongoing.
 - The ability/inability of the impacted OA to provide or maintain an infrastructure, **(including a volunteer coordinator)**, for providing support.
 - Ability/inability of the sending agency to provide its own support.
- ☐ Clarify the following logistics-oriented questions:
 - How and where are volunteers arriving at the incident?
 - How and where will staging be performed?
 - What housing will be utilized for volunteers?
 - What should volunteers bring with them?

⁵ Please See Tool Kit S for the Medical and Health Resource Request Form, Order Form 5

- Are there any extraordinary health-related issues that would impact deployment or fitness-for-duty screening?
- How much lead time is there before volunteers are needed?
- ☐ Determine if volunteers should be screened for their fitness for duty, and if so, to what degree of screening. (See Appendix T for guidelines).
- ☐ From the outset, planning should commence for the eventual demobilization of DHVs and their return to their own OA.

3. Ordering DHV Resources

- ☐ Working with the EMSA Duty Officer/staff, request resources using section 5 of the Medical Health Resource Request Form. Ensure that the following items are addressed:
 - Occupations needed (e.g., Physicians, Registered Nurses, Respiratory Therapists, Pharmacists, etc.)
 - Number of personnel needed
 - Specialty and subspecialty information
 - Emergency Credential Level (e.g., 1, 2,3)
 - Specific training [Advanced Life Support (ALS), Pediatric Advanced Life Support (PALS), etc.]
 - Work unit (e.g., ED, ICU, PEDs, Med/Surge, Trauma, etc.)
 - Language ability
 - Expected duration of assignment
- ☐ Identify if any of the requested resources will be serving in a hospital where credentialing/privileging will be required. If yes,
 - Ensure that ECL level will be accepted by requested facility.
 - Or, identify any further information that will be required for credentialing/privileging.
 - Ensure that EMSA Duty Officer/staff are aware of additional required credentialing/privileging information prior to sending request through DHV system.

4. Receiving DHVs from other Operational Area

- ☐ On arrival, ensure that volunteers have the opportunity to call home and inform sending OA of arrival.
- ☐ Arrange for arriving DHV to be taken to housing location, training/briefing location, or duty location.
- ☐ Ensure that volunteers called up have actually arrived.
- ☐ Check identification and credentials of arriving volunteers.
- ☐ Assign volunteers to team leader or point of contact.
- ☐ Deliver any necessary safety briefings.
- ☐ Provide mission briefings.
- ☐ Deliver any orientation and/or just-in-time training as required.
- ☐ Ensure that volunteers are informed of the following:
 - The professional's role, authorities/responsibilities, and assignment
 - Their supervisor
 - The professional's decision making authority and purchasing authority
 - The arrangements for food and lodging
 - Communications procedures for staying in touch with the sending unit and family

D. Sending DHVs Checklist

Actions to be taken by sending, (non-impacted) MHOAC programs when contacted by EMSA Duty Officer/staff for possible deployment of DHV.

1. Addressing Logistical and Operational Considerations

- ☐ Working with receiving MHOAC Program, determine which entity will be responsible for logistical and operational support of volunteers.
- ☐ Consider the following issues:
 - Which entity, position, or individuals will be providing field volunteer support and coordination,
 - The need for and nature of just-in-time training required for volunteers,
 - Briefings related to mission safety,
 - Persons to whom DHVs will report,
 - Locations for DHVs to report for duty, and
 - Credentials that will be required by receiving facilities, entities (i.e., determining if arriving DHVs will require more than professional license and government issued photo identification).

2. Polling Local Volunteers

- ☐ Use Mission Manager in the DHV system to poll local DHV as to availability and willingness to deploy.
- ☐ When polling volunteers, include information about the following:
 - Kind of incident (e.g., strategic national stockpile mass dispensing operation; evacuation/shelter support, etc.)
 - Location of volunteer service
 - Duration of volunteer service
 - Likely mission (even if deployment requirements are still being developed, some sense of mission and duration will help volunteers decide if they are available)

- Resources requested
 - Critical conditions that would affect a volunteer's likelihood of responding (e.g., if conditions are smoky due to wildfires, volunteers with asthma might elect not to participate), and
 - What response you are looking for, or what information you would like to receive from the volunteer
- ☐ Request responses within a short but reasonable time period
 - ☐ Communicate results (i.e., available numbers/types of volunteers) to EMSA DHV staff

3. Creating Deployment Groups/Specific Requests

When creating specific deployment groups/requests, local MHOAC programs (system administrators) should consider the following:

- ☐ Ensure that the name chosen to name a deployment or a request is succinct, simple, and descriptive.
- ☐ Determine work dates.
- ☐ Determine check-in information. Address the following:
 - Enter information related to what the volunteer will need to know about reporting for duty.
 - Where DHV is expected to report for duty.
 - Include location, directions, name/role of person to check in with and any available contact information such as telephone.
- ☐ Enter service location information (if different than check-in information).
- ☐ Enter any information relating to prerequisites for deployment.
- ☐ Enter appropriate information related to accommodations for deployed volunteers.
- ☐ Ensure requests identify the category and type of volunteer desired.
- ☐ Ensure requests identify the desired number of volunteers.
- ☐ Ensure that message inviting volunteers contains sufficient information for the volunteer to make a reasoned judgment about the ability to respond.

4. Monitoring Responses

Once a request has been sent, the sending or non-impacted MHOAC program/system administrator should do the following:

- ☐ Ensure that responses of availability are monitored in a timely fashion.
- ☐ Communicate availability of volunteers to the EMSA Duty Officer/staff.
- ☐ As required, seek additional volunteers based on the responses received and/or the changing nature of the incident.
- ☐ Ensure that logistical and operational support issues are finalized.
- ☐ Communicate all pertinent information to DHVs. Consider the following:
 - Specific information about steps the volunteers need to take to be prepared for the specific deployment.
 - Maps and other information related to transportation.
 - Issues involving clothing, temperature, other weather-related information.
 - Information about practicing under austere conditions.

5. Confirming and Assigning DHVs

- ☐ Confirm participation by sending message to volunteers who have indicated a willingness/availability to deploy.
- ☐ Mark confirmed volunteers as “assigned.”
- ☐ Verify credentials of assigned volunteers.
- ☐ Ensure that key communications are made to assigned volunteers, including:
 - Where to report.
 - When to report.
 - Need to bring clinical license and evidence of clinical certifications (e.g., ACLS, PALS, etc.).
 - Need to bring government issued photo identification (e.g., California driver’s license, passport, etc.)
- ☐ Create physical assignment list.
- ☐ Send assignment list to receiving OA. (This action may be performed by EMSA Duty Officer/staff.)

6. Mobilization/Embarkation/Transportation

- ☐ Ensure that all assigned DHVs have been properly sworn in and registered as DSWVPs.
- ☐ Ensure that a physical copy of any roster that has been created is available.
- ☐ Ensure that DHVs at embarkation point match the data on the physical roster.
- ☐ Ensure that DHVs have brought appropriate equipment and NOT brought inappropriate items (see Appendix M, General Deployment List)
- ☐ Ensure that volunteers will be met upon arrival at check-in location.
- ☐ Establish a point of contact (telephone) for volunteers and their families prior to departure.
- ☐ If appropriate, ensure the “field volunteer coordinator” role is filled (see Appendix J, Example Field Volunteer Coordinator duty summary).

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E. Receiving DHVs Checklist

Actions to be taken by receiving, (impacted) MHOAC programs when accepting DHV volunteers from unaffected counties for a deployment.

1. Addressing Logistical and Operational Considerations

- ☐ Establish a Med/Health Check-In Desk at the reception site for DHV volunteers.
- ☐ Check governmental photo identification and professional credentials.
- ☐ Ensure that the DSWVP forms are signed and swearing in of DHV/MRC Volunteers takes place.
- ☐ Assign DHV/MRC volunteers to their supervisor and work location.

2. Providing Briefings, Trainings and Orientations

- ☐ Deliver necessary orientation, Just-in-time training and safety briefings.
- ☐ Give the arriving DHV/MRCs an opportunity to call home soon after arrival in impacted area.
- ☐ Notify sending MHOACs of arrival of their volunteers in the impacted area.
- ☐ Notify DHV/MRC volunteers of housing and feeding arrangement for the deployment.

3. Volunteer Tracking During Deployment

The receiving MHOAC is expected to have a process in place for accountability of DHV/MRC volunteers. The local IC or Medical Health Field Volunteer Coordinator is responsible for knowing the location of DHVs/MRCs including sleeping location/s.

- ☐ Maintain current emergency contact information for all deployed DHV/MRC volunteers.
- ☐ Assign a Medical Health Field Volunteer Coordinator to ensure safety and accountability of DHV/MRC volunteers.

- ☐ Provide contact information for the IC post to the Medical Health Field Volunteer Coordinator and the Coordinator's contact information to the DHV/MRC volunteers.
- ☐ Establish a check-in/check-out process for shifts at the deployment area (See Appendix S, HICS 253 Volunteer Staff Registration as an example).
- ☐ Ensure that DHV/MRC volunteers know and understand the safety concerns and the expected Code of Conduct for the deployment.
- ☐ If leaving the deployment area, the DHV/MRC volunteer is responsible for notifying proper authorities.
- ☐ Establish a buddy system for non-work hours preventing DHV/MRC volunteers from being unaccounted for while on the deployment.
- ☐ The DHV/MRC volunteer is responsible for ensuring that the local IC/Medical Health Field Volunteer Coordinator is aware of their leaving the deployment area and provides appropriate contact information to the IC.
- ☐ If a DHV/MRC volunteer leaves without authorization, the sending/receiving MHOAC is not responsible for the DHV during the period of unauthorized absence.

4. Management of Injuries During Deployment

The health and well-being of volunteers is paramount. Regardless of the stage of deployment, the DHV Program is committed to its volunteers' safety. All DHV/MRC volunteers deployed through the program must be registered as a DSWVP volunteer. If an injury occurs to a DHV/MRC volunteer while on deployment (or in a training or exercise, appropriate medical care should be sought).

Reminder: If an injury occurs while on deployment, but within the Sending OA, the Sending MHOAC program should select the appropriate medical provider. Should the injury occur while on deployment in the requesting/receiving OA, the receiving MHOAC should select the provider (per the hospital cited in the Incident Action Plan).

- ☐ The injured volunteer must be provided with the "Employee's Claim for Workers' Compensation Benefits" (SCIF Form 3301) *within 24 hours of knowledge of the injury*.
- ☐ The supervising agency, i.e., the Incident Command, Safety Officer, should complete the "Employer's Report of Injury" (SCIF Form 3267) for the DSWVP DHV/MRC volunteer within 5 days of receiving knowledge that an injury has occurred or is alleged.
- ☐ The injured DSWVP DHV/MRC volunteer should complete the "Employee's

Claim for Workers' Compensation Benefits (SCIF Form 3301) within 3 days (72 hours) of receiving the form

- ☐ The IC, Safety Officer or the MHOAC designee, as the supervising agency, should complete the bottom section of the form (lines 9 through 19), in its entirety, and submits the completed form to SCIF, "Employee's Claim For Workers' Compensation Benefits" (SCIF Form 3301) within 5 days of receiving the form from the injured DSWVP DHV/MRC volunteer.

- ☐ The Safety Officer or the Receiving MHOAC designee sends the following to both the State Compensation Insurance Fund (SCIF) and CalOES:

1. The Employee's Claim for Workers' Compensation Benefits (SCIF Form 3301);
 - The original (top) copy is mailed to the State Compensation Insurance Fund office in Sacramento, P.O. Box 659011, (2450 Venture Oaks Way, Suite 500,) Sacramento, CA 95865-9011.
 - *Employer's Copy* is faxed or mailed to the Governor's Office of Emergency Services, DSW Volunteer Program, P.O. Box 419047, Rancho Cordova, CA 95741-9047, and a copy retained by the county/city or sponsoring agency.
 - *Employee's Copy* goes to the injured DSWVP DHV/MRC volunteer.
2. The Employers Report of Injury Form (SCIF Form 3267)
 - The original (top) copy **and** the second copy are mailed to: State Compensation Insurance Fund, P.O. Box 659011, 2450 Ventura Oaks, 5th Floor, Sacramento, CA 95865-9011
 - The third copy is faxed (if legible) or mailed to the Governor's Office of Emergency Services, Planning & Technological Assistance Branch, Attn: DSW Volunteer Program Coordinator, P.O. Box 419047, Rancho Cordova, CA 95741-9047
 - The fourth copy may be retained by the county/city or supervising agency
3. A copy of the Original DSWVP volunteer registration form including the signed loyalty oath must be submitted with any DSWVP claim. (Cal. Code of Regs., Title 19, §2573.2 and Govt. Code, §3105)

Please refer to page 59 in the DOM for the "Around-the-Clock Claims Reporting Assistance Information"

5. Conclusion of Deployment and Return Home

Medical Health Field Volunteer Coordinator ensures that the following processes are completed:

- ☐ Arrange for transportation home of the DHV/MRC volunteers through the IC;
- ☐ Use HICS 253, Appendix S "Volunteer Staff Registration" form for

demobilization;

- ☐ Collect ID Badges if appropriate;
- ☐ Tally total number of volunteer hours worked by the DHV/MRC volunteers;
- ☐ Consider use of the Performance Rating form (ICS 225) for each volunteer;
- ☐ Check off departing DHV/MRC volunteers from the DHV generated Assignment list provided by the Sending MHOAC;
- ☐ Inform the Sending MHOAC that the DHV/MRC volunteers are returning from the deployment;
- ☐ Ensure no DHV/MRC volunteer is left behind;
- ☐ Encourage returning DHV/MRC volunteers to contact their Sending MHOAC upon arrival home.

F. DHV Mission Manager: Quick Reference Guide

The DHV System includes a robust “Help Center” to assist you in navigating and using the system. You can access this area by clicking on the “Help Center” button located in the navigation bar at the top right of your screen. This Center includes:

- **On-Line Help**
- **Video Help**
- **Quick Reference Guides**
- **What’s New**
- **Release Notes for New Features**

One of the Quick Reference Guides in Help Center is a Guide for the “Mission Manager” Feature. We have printed this guide on the next two pages for your reference. This guide will show you step-by-step procedures for the following functions:

1. **Create a Mission**
2. **Create a Deployment Group**
3. **Request Availability**
4. **Assign Responders**
5. **Notify Responders**

Quick Reference Guide

Mission Manager

Mission Manager allows you to manage missions, deployments, requests, and responders from pre-deployment through demobilization.

To access Mission Manager, go to **Missions: Mission Manager**.



With Mission Manager, you can set up and deploy missions in **5 easy steps**.

Step 1: Create a Mission

1. Go to **Missions: Mission Manager** and click the link in the upper left corner. The following window opens.



2. Enter the mission information in the fields. Required fields are marked with an asterisk [*].
3. Once finished, do one of the following:
 - Click **Save** to save the mission and return to the **All Missions** page.
 - Click **Save & Create Deployment** to save the mission and continue to creating a deployment group.

Step 2: Create a Deployment Group

1. On the **All Missions** page, click the mission for which you want to create a deployment group. The **Deployment Groups** page opens. Click the **Create Deployment/Activation Group** link in the left upper corner. The following window opens.



2. Enter the deployment group information in the fields.
3. Once finished, do one of the following:
 - Click **Save** to save the deployment group and return to the **Deployment Groups** page.
 - Click the **Save & Request Availability** button to send an availability request to qualified responders.

Step 3: Request Availability

1. On the **Deployment Groups** page, open the Message Center by clicking the message icon . The following window opens.



2. Select **Availability Request** from the **Message Type** drop-down list.
3. Specify a delivery method.
4. Specify recipients.
5. Specify the subject of the message and enter the message text.
6. Click **Send**.

Step 4: Assign Responders

You can assign individual responders to a position by changing their status. Before assigning responders, be sure to request their availability.

1. Go to the **Qualified Responders** page of a selected mission.
2. Use the drop-down menu to change the status of the selected responders to Assigned.
3. The system will prompt you to notify responders whose status just changed.



If you do not have a preference for specific responders, you can use the auto assign option to fill available positions.

Step 5: Notify Responders

After you assign responders, notify them about the change of their status.

1. On the **Deployment Groups** page, click the the message icon  to open the Message Center.



2. Select **Status Change** from the **Message Type** drop-down list.
3. Specify a delivery method.
4. Specify recipients.
5. Specify the subject of the message and enter the message text.
6. Click **Send**.

G. DHV Mission Manager Worksheet

Disaster Healthcare Volunteers Mission Request Worksheet

1. **Mission Name:** [Click here to enter text.](#)
2. **Mission Number:**
3. **Mission Type:** ☐ Local Emergency ☐ Local Non-Emergency
4. **Mission Dates:** **Start:** [Click here to enter a date.](#) **End:** [Click here to enter a date.](#)
5. **Shift Times:** **Start:** [Click here to enter text.](#) **End:** [Click here to enter text.](#)
Describe additional shifts, if needed: [Click here to enter text.](#)
6. **Mission Description:** What you want the volunteer(s) to do? Be specific.
[Click here to enter text.](#)
7. **Volunteer Occupation Needed:**
Occupation Type: ☐ Medical ☐ Non-Medical ☐ EMT
Occupation Needed: Be specific. (e.g., RN with Emergency Department experience)
[Click here to enter text.](#)
How many needed for this mission: [Click here to enter text.](#)
Emergency Credential Level (ECL): For medical occupations only. Select all that apply.
☐ ECL 1 - Hospital Active ☐ ECL 2 - Clinically Active
☐ ECL 3 - Licensed or Equivalent
☐ ECL 4 - Experience Educated
8. **Requesting Authority:**
Agency/Organization Name: [Click here to enter text.](#)
Name: [Click here to enter text.](#) Title: [Click here to enter text.](#)
Telephone: [Click here to enter text.](#) Cell Phone: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)
9. **Check-In Information:** Where and when do volunteers check in?
Address: [Click here to enter text.](#)
Check-In Location: Be specific (e.g., The guard shack located at the northeast gate)
[Click here to enter text.](#)
Check-In Date: [Click here to enter a date.](#) Check-In Time: [Click here to enter text.](#)

Please complete and submit this form to:

1 of 3

**Disaster Healthcare Volunteers
Mission Request Worksheet**

Point of Contact: [Click here to enter text.](#) Title: [Click here to enter text.](#)
Telephone: [Click here to enter text.](#) Cell Phone: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)

10. Service Location: If different than check-in location.

Address: [Click here to enter text.](#)
Point of Contact: [Click here to enter text.](#) Title: [Click here to enter text.](#)
Telephone: [Click here to enter text.](#) Cell Phone: [Click here to enter text.](#)
Email Address: [Click here to enter text.](#)

11. Accommodations Information: Describe what the requesting agency/organization is providing.

Food: [Click here to enter text.](#)
Housing: [Click here to enter text.](#)
Transportation: [Click here to enter text.](#)
Other: [Click here to enter text.](#)

12. Working Conditions:

☐ Indoors ☐ Outdoors ☐ Both

Describe expected working conditions. Be specific.

[Click here to enter text.](#)

13. Preparation Information: What should volunteers bring to be prepared for the mission?

- | | |
|---|--|
| <input type="checkbox"/> DHV/Disaster Service Worker card | <input type="checkbox"/> Flash light and spare batteries |
| <input type="checkbox"/> Government issued photo ID | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Proof of professional licensure | <input type="checkbox"/> Drinking water |
| <input type="checkbox"/> Stethoscope | <input type="checkbox"/> Non-perishable snacks |
| <input type="checkbox"/> Clothing suitable for the HOT climate | <input type="checkbox"/> Waterless hand sanitizer |
| <input type="checkbox"/> Clothing suitable for the COLD climate | <input type="checkbox"/> Personal prescription medications |
| <input type="checkbox"/> Rain gear | <input type="checkbox"/> Personal hygiene products |
| <input type="checkbox"/> Scrubs | <input type="checkbox"/> Change of clothing |
| <input type="checkbox"/> Closed toe shoes or boots | <input type="checkbox"/> Sleeping bag, pillow and air mattress |
| <input type="checkbox"/> Work gloves | <input type="checkbox"/> Cell phone and charger |
| <input type="checkbox"/> Hat or cap | <input type="checkbox"/> Click here to enter text. |

Please complete and submit this form to:

Disaster Healthcare Volunteers
Mission Request Worksheet

☐ Sun glasses

☐ [Click here to enter text.](#)

☐ Sun Screen

☐ [Click here to enter text.](#)

☐ Insect repellent with DEET

☐ [Click here to enter text.](#)

14. Additional Information:

[Click here to enter text.](#)

☐

Please complete and submit this form to:

3 of 3

H. DHV Information Security

Secure Handling of Volunteer Information

In a mission, it will be important at certain points of the deployment to send information about volunteers to interested parties. In particular, lists of volunteers with key information will need to be sent to parties involved in the deployment of these volunteers and the management of their services. Examples of this include:

- An MRC coordinator may compile a list of volunteers from within the system and communicate to the MHOAC for the MRC's OA.
- A non-impacted MHOAC may create a list of available and deployed volunteers and send it to the requesting (i.e., impacted) MHOAC.
- A receiving or requesting MHOAC may forward the list or roster of volunteers received from the other OA to the local Incident Commander who will be supervising and utilizing the services of the volunteer.

1. Nature of Information to be Transmitted

While the system can collect a significant amount of information related to each volunteer, the amount of information that needs to be transmitted in the context of a deployment is limited, and is most likely to be delivered as a deployment roster. The data elements needed on a deployment roster – that is, those elements needed to correctly identify each disaster healthcare volunteer as part of their clinical volunteer service at a variety of steps through the deployment process and verify their professional licensure/certification – are listed below. The “consumers” of this data will vary at different points (see Tracking of Volunteers), and include logistics/transportation staff, incident commanders, and staffing leaders. The data elements include:

- Name,
- License type (e.g., Registered Nurse, Pharmacist),
- ECL status,
- Contact telephone number,
- E-mail address,
- Unit affiliation,
- DSWVP status,

- Address, and
- If available, photograph.

These elements can be easily included in rosters within the Mission Manager function of the DHV system.

2. Mode of Transmission:

Information related to deployed or available volunteers is mostly likely to be transmitted to interested parties in one of two ways:

A. Within the DHV Application

When the information is to be shared between or among unit administrators or system administrators (e.g., on the EMSA level) that information is mostly likely to be “transmitted” by making the appropriate individuals aware of its existence on the system.

The following scenario suggests the likely approach:

- MHOAC A has requested 10 volunteer nurses and sent the request to the EMSA Duty Officer.
- The RDMHS has inquired of non-impacted MHOAC's of the availability of volunteers.
- MHOAC B indicates the availability of 10 registered nurses who are then invited and assigned to the mission.
- The EMSA RPU Staff can see the roster by looking within the appropriate mission in the DHV system.
- The EMSA Duty Officer may inform MHOAC A of the existence of the roster and draw her attention to it. If necessary, the EMSA Duty Officer can ensure that MHOAC A has the appropriate permission within the system to view the volunteers that are on the roster.

B. By E-mail or Facsimile

Roster information will most likely need to be shared with individuals who do not have access to the DHV system and, thus, cannot view the information within the DHV mission. In those cases—such as informing an Incident Commander of the

roster of nurses being sent to staff an Alternate Care Site—the pertinent information will have to be communicated in a fashion outside of the system itself.

This communication will most likely be performed by:

- Printing the roster, and faxing it (as needed),
- Converting the roster in the DHV system into a Adobe .PDF file and then sending that file to the interested party by either e-mail, and/or
- Using a third-party file transfer website such as YouSendIt.com.

3. Regulatory Framework

Under California law, each agency that handles information in any form, be it in electronic database or paper, is required to ensure the integrity, availability, accountability, and auditability of these records. Thus, in its role as the authority for the DHV system, EMSA's policy and procedures related to information security apply. In particular, EMSA Administrative Policy and Procedure 504-01, "Information Security," apply to the DHV program.

The general regulation of information and its security and integrity is addressed in the State Administrative Manual and in the statutes associated with the State Information Practices Act of 1977. Key provisions addressed there that apply to DHV include:

- Users of any information in a state system are precluded by statute and by the State Administrative Manual from using the information for personal purposes. Therefore, any information available within the DHV system, whether in electronic form or downloaded or printed in hard copy, shall not be used for personal purposes.
- **The information listed above—i.e., that most likely to be included in a roster or list of deployed volunteers—does not amount to personal information as defined in statute and which would require notification if security were breached.**
 - California Civil Code requires that any agency owning data which includes personal information shall disclose the breach of that information to the individual(s) when breached.
 - However, the code provision defines that information as being the individuals first name (or initial) and last name in conjunction with any of the following unencrypted data elements:

- Social Security number,
 - Driver's license number or California Identification Card number,
 - Account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account,
 - Medical information, or
 - Health insurance information.
- Users of information should comply with any policies or guidance relating to the use of information—electronic or otherwise—established by the agency or governmental agency involved.
 - State law requires that state agencies provide for the integrity and security of automated and paper information under their control.

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I. Operational Considerations and Checklist

Operational and Duty-Related Considerations of Deploying DHVs

The following checklist may be adopted into Job Action Sheet format for relevant incident command positions (different jurisdictions handle volunteer management and med/health incident command differently, so no assumption is made regarding duty assignments for specific positions).

Emergency managers contemplating the deployment of volunteers should ensure the following operational and duty-related elements are addressed:

- ☐ Identify the DHVs/MRC's assignments and responsibilities.
- ☐ Identify the duty site for deployed DHVs/MRCs.
- ☐ Identify the local incident commander or ICS position to which DHVs/MRCs will report. This may be a staffing lead, team leader, or other role.
- ☐ Identify the shift(s) volunteers will be working, including start time, end time, shift rotation, and assignment of different volunteers to different shifts, as needed.
- ☐ Ensure logistics support for volunteers has been arranged, including food, lodging, etc.
- ☐ Determine orientation and training needs for DHVs/MRCs. Possible orientation and training topics may include:
 - Safety (including perimeter and restrictions on wandering around),
 - Occupational health and safety (including environment risks such as post-earthquake risks),
 - Orientation to job roles,
 - Orientation to incident command system,
 - Orientation to location of supplies, and
 - Just-in-time training for job roles.
- ☐ Prepare and deliver orientations, briefings, and/or trainings as needed.

- ☐ Tracking of volunteers at shift start (sign-in) and shift end (sign out).
- ☐ Reporting of volunteer service (hours worked per volunteer).
- ☐ Print hard copies of volunteer tracking electronic document as a backup against data loss.
- ☐ Provision of psychosocial support: DHVs are typically not routine disaster workers. Monitoring for mental stress and the provision of psychosocial support is a critical operational concern.
- ☐ Be prepared to provide feedback (from the volunteers' direct supervisors) to the sending jurisdiction on volunteer performance using ICS Form 225 for each volunteer.

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J. Medical Health Field Volunteer Coordinator - Job Aid

Medical Health Field Volunteer Coordinator

Mission:

Provide support for deployed DHVs. Ensure that deployed volunteers are being utilized appropriately. Assess needs of deployed volunteers and assist the MHOAC program in responding to ongoing volunteer needs. This position could be filled by a local DHV System Administrator in the county MHOAC Program.

Qualifications (Recommended):

- ☐ ICS 100 through 800 or equivalent
- ☐ Familiar with EOC or DOC operations
- ☐ Experience working with volunteers
- ☐ Valid California Driver's License

Equipment (Recommended):

- ☐ Communications Equipment—2-way radio, cell phone, contact numbers, desktop computer with printer
- ☐ Automobile
- ☐ Vest/ID Badge
- ☐ Roster of appropriate OA staff (e.g., public health, EMS, emergency services)
- ☐ List of sites and contact information for all sites where DHVs are deployed
- ☐ Rosters of DHVs deployed through the DHV system
- ☐ GPS system

Immediate Duties:

- ☐ Read entire Job Action Sheet
- ☐ Put on Vest
- ☐ Obtain situation and safety briefings
- ☐ Obtain briefing on current and proposed volunteer staffing situation from Medical Health Branch Director or similar relevant position, including:
 - Numbers and locations of DHVs deployed
 - Likely duration of incident
 - Known volunteer needs

Ongoing Duties:

- ☐ Ensure that specific needs or concerns of deployed volunteers are addressed
- ☐ Communicate concerns or unmet needs to Medical Health Branch Director
- ☐ Assess the overall needs of deployment sites for healthcare professional resources and help MHOAC program assess that need and plan for ongoing efforts to meet the need

Extended Duties:

- ☐ Prepare End Shift Report and present to oncoming Medical Health Field Volunteer Coordinator
- ☐ Prepare updated end of shift reports and brief oncoming Medical Health Branch Director or similar relevant position
- ☐ Clean up your work area before you leave
- ☐ Leave a forwarding phone number where you can be reached
- ☐ List all supplies and resources that need replenishment
- ☐ Plan for the possibility of extended operational periods related to the incident and ongoing activities

K. Travel Leader - Job Aid

- ☐ Accept the assignment as Travel Leader
- ☐ Read entire Job Aid
- ☐ Clarify role and duties with sending MHOAC program/system administrator.
- ☐ Ensure that you have an up-to-date, accurate copy of the latest DHV roster to take with you to deployment site.
- ☐ Ensure that you have contact information for the deployment site, including:
 - Primary contact name
 - Contact telephone number and email address
 - Secondary or back up contact name and information
 - Address/location for check in
- ☐ Ensure that you have up-to-date and accurate contact information for sending MHOAC program (i.e., number for traveling volunteers to contact at “home.”)
- ☐ Ensure that all traveling DHVs are aware of your position as travel leader.
- ☐ During travel, maintain accountability for all DHVs traveling in your deployment group
- ☐ Present DHV roster to appropriate personnel at point of check-in.
- ☐ If demobilizing and returning home as a group, resume your Travel Leader responsibilities communicate all questions/concerns with sending MHOAC program.

L. Demobilization and Checklist

1. Receiving MHOAC Program

- ☐ Ensure that local incident commander (or supervisor) affirms that DHV is dismissed from assigned duties.
- ☐ Ensure that DHV has briefed any replacement staff (volunteer or otherwise), if appropriate, on all pertinent information needed to perform the job and ensure smooth operations.
- ☐ Conduct exit interview to educate DHV about the typical physical and mental health reactions to disasters and to inform them of follow up resources available if the typical mental health reactions last longer than the volunteer is comfortable with and/or it interferes with their functioning.
- ☐ Notify home (i.e., sending) MHOAC program of the demobilization of DHV.
- ☐ Complete tracking information for any DHV to be demobilized. Particular tracking information should include:
 - DHV name
 - Profession
 - Location of service
 - Numbers of hours worked as a volunteer
 - Date of deactivation
- ☐ Depending on arrangements made at the time of deployment, the receiving MHOAC should arrange for transportation of DHV back to point of departure/embarkation.
- ☐ Receiving MHOAC program may ask DHV to participate in debriefing so as to better understand the volunteer experience. Receiving MHOACs may use their own volunteer feedback form for this process.
- ☐ Ensure that an ICS form 225 (Individual Performance Rating) is completed for each DHV and sent to the sending MHOAC program.

2. Sending MHOAC Program (and/or System Administrator)

- ☐ Depending on arrangements made at the time of deployment, the sending MHOAC should arrange for transportation of DHV back to point of departure/embarkation.
- ☐ Ensure that there is some type of “welcome home” process for returning DHVs. (See page 66 of DOM for different strategies).
- ☐ Ensure that returning DHVs are properly educated about typical reactions to disasters.
- ☐ Ensure that returning DHVs receive appropriate referrals to resources for coping with disasters (e.g., brochures, referrals to organizations, etc.).
- ☐ Sending MHOAC program should ask DHV to participate in a debriefing to better understand the volunteer experience.
- ☐ Ensure that DHV contact information is up to date to allow for further follow up and gathering of data.
- ☐ Implement local recognition and retention plan. (See EMSA’s DHV Recruitment and Retention Plan).
- ☐ Ensure that post-deployment records—including ICS 225 form-- are properly collected and stored according to local guidance. (See pages 67-68 for discussion of approaches to record keeping).

M. Packing Checklist – Preparing for Deployment

This Packing List is a general example of things volunteers may need for a short- term deployment. Items may be added or deleted based on the specific requirements of the mission, and adapted to special environmental considerations, weather at the disaster area, and personal needs.

Identification/Credentials

- ☐ Government issued Photo ID
- ☐ Credentialing information (license, certification)
- ☐ ALS, BLS, PALS certification cards

Clothing

- ☐ Clinic appropriate clothing (shirts/slacks or scrubs)
- ☐ Shorts (with pockets if possible)
- ☐ T-shirts / Underwear/socks (pack sturdy socks)
- ☐ Long pants
- ☐ Sweatshirt/Sweater
- ☐ Light rain jacket/gear
- ☐ Warm coat/jacket
- ☐ Functional shoes (comfortable/protective) e.g. tennis shoes, hiking boots (no open toe footwear)
- ☐ Hat w/a brim (consider a stocking cap for cold weather)
- ☐ Pajamas
- ☐ Shower shoes (flip-flops, river shoes, etc.)

Hygiene items

- ☐ Deodorant
- ☐ Shampoo/Soap
- ☐ Toothbrush/Toothpaste
- ☐ Hand sanitizer

- ☐ Contact lens solution/case with extra lenses
- ☐ Foot powder/spray/moleskin
- ☐ Sunscreen
- ☐ Laundry powder/camp soap

Equipment

- ☐ Exam kit (stethoscope, thermometer, tongue blades, otoscope, BP cuff, gloves), if indicated
- ☐ Watch
- ☐ Travel alarm
- ☐ Flashlight, head lamp, penlight
- ☐ Quality ear plugs/eye covers
- ☐ Towel/washcloth
- ☐ Personal First Aid Kit
- ☐ Fanny Pack/Small backpack

Sleeping Gear (may not be needed)

- ☐ Sleeping bag/blankets/bed linens/pillow, if indicated
- ☐ Air mattress (self-inflating preferred), if indicated
- ☐ Inflatable sleep pillow

Food/Water

Snacks (such as power bars, granola bars, trail mix)

- ☐ Water bottle

Miscellaneous

- ☐ Cell phone and charger
- ☐ Leatherman or other multipurpose tool
- ☐ Insect repellent
- ☐ Sunglasses in cases
- ☐ Eyeglasses

- ☐ Cash for food and incidentals and one ATM/credit card
- ☐ Small flashlight or headlight with extra batteries if needed
- ☐ Personal medications (prescriptions, NSAIDS, vitamins, etc.) to last the entire deployment
- ☐ Work gloves
- ☐ Lock and cable to secure your personal belongings (pack your items in a bag that can accommodate a lock and cable – camping and travel stores sell such lock/cable devices for travelers)

Optional

- ☐ Reading material/playing cards
- ☐ MP3 player
- ☐ Envelopes/stamps
- ☐ Sunscreen
- ☐ Foot powder or spray
- ☐ Small Ziploc bags
- ☐ Pens/paper/notepad
- ☐ Personal journal

Remember: Pack smart, as you will need to carry your own gear.

Keep in mind that the use of cameras by non-law enforcement personnel at active crime scenes (such following a terrorist attack) is typically prohibited.

N. Volunteer Code of Conduct

The purpose of the Disaster Healthcare Volunteer program is to ensure the deployment of competent credentialed healthcare professional in times of emergency. To ensure the completion of that goal, I shall meet the following standards of conduct:

Professional:

- Maintain and abide by the standards of my profession, including licensure, certification and training requirements.
- Treat all individuals with a sense of dignity, respect, and worth.
- Accept assignments appropriate to the level of my skill.
- Be professionally dependable, recognizing the commitment and responsibility in accepting an assignment.
- Act only in the capacity in which I am assigned as a volunteer and refrain from self-deploying, (i.e., going to a disaster area without having been requested by a government agency).
- Comply with all legal requirements associated with my professional status including: confidentiality of personal information and reporting of suspected child abuse, vulnerable adult abuse and neglect.
- Accept feedback from my supervisor in order to do the best job possible.

Ethical Conduct:

- Avoid situations that could be interpreted as a conflict of interest and refrain from actions that may be perceived as such.
- Not proselytize or pressure anyone to accept my political, cultural, or religious beliefs.
- Not accept tips, request meals to be paid for, or otherwise accept payment for my volunteer work or seek to gain financial benefit from association with the DHV program
- Address ethical concerns by speaking directly with the colleague/volunteer with whom I have the concern and, when necessary, report such to my team leader or proper authority in the chain of command.

- Abstain from the use of equipment or resources for personal use.
- Refrain from commenting, answering questions, or divulging any information to the media.
- Refrain from taking pictures or videos, and from posting videos or pictures to the Internet (including sites such as You Tube, Facebook, Twitter), without first receiving authorization from my supervisor or the press officer.

Safety:

- Follow the directions of my immediate supervisor, team leader, safety officer, incident commander or other appropriate authority.
- Follow safe workplace practices, including participation in applicable education sessions, using appropriate personal safety equipment and reporting accidents, injuries, and unsafe situations.
- Report any suspicious activity to my supervisor.
- Abstain from all illegal activity.
- Abstain from bringing any weapon to a deployment.
- Abstain from bringing children, friends, and pets to a deployment.
- Abstain from the transport, storage, or consumption of alcoholic beverages and/or illegal substance while on deployment.
- Avoid profane and abusive language and disruptive behavior, including behavior that is dangerous to me and others, (including acts of violence, physical abuse, sexual abuse, or harassment).
- Provide all pertinent and truthful information about my fitness and ability to carry out a particular assignment.
- Ensure that my supervisor, team leader, incident commander or other appropriate authority is aware of my whereabouts and is able to contact me if necessary.
- Wear required identification and clothing if requested to do so. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material (e.g., slogans or graphics).
- Recognize that I have a responsibility to adhere to the rules and procedures of the Disaster Healthcare Volunteer program and failure to do so, including but not limited to: Failure to satisfactorily perform my

assigned duties; Engaging in illegal activity; or gross misconduct, will cause me to be subject for dismissal from the Disaster Healthcare Volunteer program.

Signature of **Volunteer**:----- Date: _____

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Fitness for Duty Checklist

Disaster conditions may present DHVs/MRC volunteers with living, sleeping, and working environments that would impose a strain on an individual volunteer's fitness level. Determining fitness for duty means determining that volunteers sent to perform disaster service are not themselves at risk of injury or illness. Each incident requires an assessment of conditions to determine their impact on fitness requirements for volunteers.

It is the responsibility of the sending unit to ensure that the volunteers being sent have a sufficient level of fitness to perform the duties asked of them. And, it is the responsibility of the individual volunteer to truthfully provide pertinent information regarding his or her fitness and whether a particular assignment would pose a challenge to the volunteer.

The following process should be followed in deployments of DHVs:

- ☐ **Requesting MHOAC program** must provide sufficient incident information in order for the sending unit coordinators to provide that information to potential volunteers. In particular, requesting MHOAC should provide information about:
 - Working conditions,
 - Weather conditions,
 - Special, disaster specific circumstances such as a potential exposure, health risks, or harmful agents that the volunteer might be exposed to during their deployment,
 - Security, crime, and safety conditions,
 - Nature of food and water resources (e.g., whether DHVs will be consuming MREs, etc.),
 - Housing/sleeping conditions (staff shelter, tents, hotels, etc),
 - Equipment and supplies volunteers will need to bring with them,
 - Identification and security requirements,
 - Availability of resources (e.g., local pharmacy), and

- Information about accessibility of structures in which care is to be provided.
- Expected duties to be performed
- ❑ **The Sending Unit** must provide sufficient information about the deployment so that the volunteers can make an informed decision about the suitability of the deployment.
- ❑ The **Sending Unit or EMSA Duty Officer / EMSA RPU Staff**), performing initial searches for volunteers should utilize screening options in the DHV system which utilize volunteers' self-reported requirements, including the requirement for Americans with Disabilities Act (ADA) compliant work settings.
- ❑ **Sending MHOAC program** should assess the circumstances of the deployment and decide whether a fitness screening is indicated. If indicated, the sending coordinator may consider using:
 - A self-assessment tool,
 - A third party assessment (e.g., brief medical history, screening), and/or
 - A health screening performed by nursing personnel assigned to a volunteer staging area.

If the sending MHOAC program determines that some form of fitness screening is indicated, it is the responsibility of the sending MHOAC program to develop, implement, and conduct that fitness screening.

P. ICS Form 204 – Assignment List

1. BRANCH		2. DIVISION/GROUP		ASSIGNMENT LIST					
3. INCIDENT NAME				4. OPERATIONAL PERIOD DATE _____ TIME _____					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF _____		DIVISION/GROUP SUPERVISOR _____		DIRECTION _____		AIR TASKING GROUP SUPERVISOR _____			
6. RESOURCES ASSIGNED TO THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR		EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME		
7. CONTROL OPERATIONS									
8. SPECIAL INSTRUCTIONS									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV./GROUP					GROUND				
TACTICAL					TO AIR				
PREPARED BY (RESOURCE UNIT LEADER)				APPROVED BY (PLANNING SECT. CH.)			DATE		TIME

[illegible]

R. ICS Form 225 – Performance Rating

[illegible]

S. Modified HICS Form 253 – Volunteer Staff Registration

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T. EOM 5. Order Personnel Request Details Form ⁵

ORDER SHEET

5. ORDER PERSONNEL REQUEST DETAILS <input type="checkbox"/> PAID <input type="checkbox"/> NON-PAID									Page _____ of _____	
ITEM #	Priority ³	Personnel Type & Probable Duties Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	Number Needed	Minimum Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	Required Skills, Training, Certs (e.g., PALS, current ICU experience, languages, ICS training, 2nd license such as PHN, etc.)	Preferred Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	17. Logistics Section: Fulfillment	
									Quantity Approved	Filed
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):									7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)	
Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.										

³ PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

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⁵ Taken From the Public Health and Medical Emergency Operations Manual (EOM)

U. MHOAC Quick Reference Guide – Complex Deployments ⁶

Items to Consider or Ensure in Complex Deployments	
Resource Requests	<ul style="list-style-type: none"> <input type="checkbox"/> Location and type of mission for which DHVs are requested <input type="checkbox"/> The number, type, and expected level of disaster training and preparation required <input type="checkbox"/> Details regarding the duty setting, work environment, housing conditions, deployment duration, likely transportation mechanisms, and other aspects of the mission <input type="checkbox"/> Which agencies will be coordinating and supporting deployment logistics <input type="checkbox"/> Is a local incident management team needed to support DHVs?
Activation & Mission Creation	<ul style="list-style-type: none"> <input type="checkbox"/> Has an emergency been proclaimed? Did the decision to use DHV originate in the MHOAC program? <input type="checkbox"/> DHV Unit Coordinators notified? <input type="checkbox"/> Consider setting up a call center for handling inquiries from registered DHVs, <input type="checkbox"/> Create mission and deployment group(s) in Mission Manager (unless system is unavailable). <input type="checkbox"/> Unit coordinators should use the created mission to notify and track their volunteers.
Notification & Availability	<ul style="list-style-type: none"> <input type="checkbox"/> Unit Administrators notify their unit volunteers through the DHV system, including deployment's location and duration, likely transportation arrangements, service site conditions, and any other information that would help a DHV decide to deploy <input type="checkbox"/> Include admonition against self-deployment in the original notification message <input type="checkbox"/> DHV's status becomes "Available" in the DHV system for each deployment group the DHV selects. <input type="checkbox"/> A volunteer availability response email will be sent to DHVs who becomes available.
Rostering & Assignment Cancellation/Modification	<ul style="list-style-type: none"> <input type="checkbox"/> Verify licensure and required qualifications for each DHV before converting volunteer's status to "rostered." A DHV is "rostered" if their license is verified, required qualifications are confirmed, and they have received a specific assignment. <input type="checkbox"/> Send a confirmation-of-assignment email to each rostered volunteer, with specific reporting instructions. <input type="checkbox"/> Rostered volunteers <ul style="list-style-type: none"> o Send a confirmation reminder email to rostered volunteers as soon as possible or within <u>72 hours prior to deployment</u>. o Send a confirmation phone message to rostered volunteers <u>24 hours prior to deployment</u>. <input type="checkbox"/> Available volunteers who are not rostered <ul style="list-style-type: none"> o Send a "release of availability" email to available volunteers as soon as known or within 72 hours prior to a deployment. Volunteers who receive this release of availability have not been rostered and need to be released as soon as possible. <input type="checkbox"/> Cancellation/Modification of Deployment: The DHV system will notify Rostered and

⁶ Los Angeles County Disaster Healthcare Volunteers - Deployment Operations Manual

Deployment Logistics, Travel & Arrival	<p>Available volunteers immediately if a deployment is cancelled or modified. The unit administrator may decide to make follow-up phone calls to these volunteers.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If a rostered volunteer cancels an assignment, the DHV's status changes from "rostered" to "unavailable." <input type="checkbox"/> Inform rostered DHVs of work shift times and required identification documents (i.e. government-issued identification and clinical license) <input type="checkbox"/> Consider a staging point prior to sending to another OA. Communicate time/location for embarkation to DHVs, sending/receiving OA, and California EMS Authority duty officer. At check-in, ensure that roster information is up to date <input type="checkbox"/> Ensure that DSW registration/oath is completed prior to sending DHVs out of the OA <input type="checkbox"/> For DHV groups traveling together, consider designating "travel leads" to carry formal deployment rosters for delivery to the receiving OA <input type="checkbox"/> For DHVs traveling alone or in very small groups, consider a "deployment card" for each DHV, with 24-hour contact telephone (i.e., unit coordinator or designated contact), who-to-call information if there are problems, and contact information for appropriate individuals in the receiving OA. <input type="checkbox"/> Inform the sending/receiving OA when DHVs have arrived <input type="checkbox"/> Arrange DHV housing and meals as needed. Provide information to access those arrangements. <input type="checkbox"/> Brief incoming DHVs on the local mission. Provide necessary orientations or trainings to address safety, local rules and code of conduct, and assignment-related training <input type="checkbox"/> Provide 24/7 telephone contact number for DHVs to give to their families; disseminate this number prior to deployment. <input type="checkbox"/> Compile current contact list of the personal cell phone of deployed DHVs. <input type="checkbox"/> Maintain current emergency contact information for all deployed DHVs. <input type="checkbox"/> Tracking of DHVs during deployment: <ul style="list-style-type: none"> <input type="checkbox"/> <u>Arrival of DHVs for duty:</u> Use HICS 253 form – Volunteer Staff Registration; check-off against DHV-generated roster; issue badge or local identification, if appropriate. <input type="checkbox"/> <u>Beginning/end of each shift (check in/out):</u> HICS 253; Maintain tally of hours volunteered. <input type="checkbox"/> Local IC or team lead is responsible for knowing where DHVs are lodged. If leaving the deployment area, the DHV is responsible for notifying proper authority. <input type="checkbox"/> Ensuring that, at the end of deployment, arrangements are in place for transportation of DHVs to their home OA.
Demob	<ul style="list-style-type: none"> <input type="checkbox"/> Sufficient "welcome home" process <input type="checkbox"/> Process for interviewing DHVs on their return <input type="checkbox"/> Consider individual phone calls, exit interviews, and/or group meetings <input type="checkbox"/> Provide education about potential mental and physical health concerns and relevant resources <input type="checkbox"/> Formal recognition for DHVs' services

