

WISCONSIN DEPARTMENT OF HEALTH SERVICES

DIVISION OF PUBLIC HEALTH

OFFICE OF PREPAREDNESS AND EMERGENCY HEALTH CARE

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Part 5A: WEAVR Deployment Operations Manual Narrative

August 2016

Wisconsin Plan for Volunteer Health Professionals (VHPs)

This section of the manual is designed for use by WEAVR state and local administrators in various agencies and entities, including, but not limited to:

- Local public and tribal health departments
- Hospitals
- Medical Reserve Corps units
- Other preparedness partners with WEAVR administrative access and/or collaborations with WEAVR administrators

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FOR MORE INFORMATION RELATED TO THIS DOCUMENT

Please contact the WEAVR State Administrator at dhsweavrmail@wisconsin.gov

Acronyms

Acronyms	Acronym Meaning
ACS	Alternate Care Site
CPR	Cardiopulmonary Resuscitation
DBH	Disaster Behavioral Health
DHS	Department of Health Services
DMAT	Disaster Medical Assistance Team
DOM	Deployment Operations Manual
DPH	Division of Public Health
ECL	Emergency Credential Level
EMAC	Emergency Medical Assistant Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESAR-VHP	Emergency System for the Advanced Registration of Volunteer Health Professionals
FAST	Functional Assessment Service Teams
FEMA	Federal Emergency Management Agency
HICS	Hospital Incident Command System
ICS	Incident Command System
LPHD	Local Public Health Department
MRC	Medical Reserve Corps
MST	Mission Support Team
NIMS	National Incident Management System
PPE	Personal Protective Equipment
USV	Unaffiliated Spontaneous Volunteer
VHP	Volunteer Health Professional
VRC	Volunteer Reception Center
WEAVR	Wisconsin Emergency Assistance Volunteer Registry
WEM	Wisconsin Emergency Management
WERP	Wisconsin Emergency Response Plan
WHEPP	Wisconsin Hospital Emergency Preparedness Program

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WISCONSIN PLAN FOR VOLUNTEER HEALTH PROFESSIONALS (VHPS)

Introduction

PURPOSE

In accordance with federal mandate and state law, Wisconsin has developed the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) to facilitate and manage the registration, credentialing, and deployment of volunteer health professionals (VHPs) in the event of an emergency that requires medical resources.

This document is part of the *Wisconsin Plan for Volunteer Health Professionals (VHPs)*. The following chart illustrates the organization of the publication series.

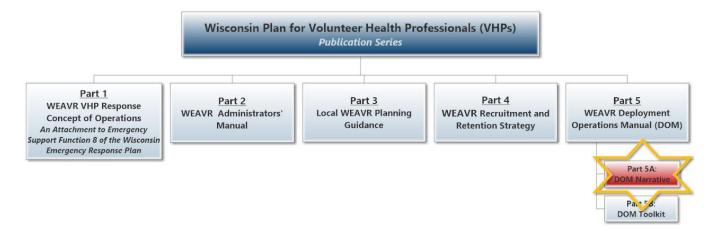


FIGURE 1: WEAVR PUBLICATION SERIES

The purpose of *Part 5: WEAVR Deployment Operations Manual (DOM)* is to provide a common operational a framework, with guidelines and checklists, for the deployment of VHPs, including Medical Reserve Corps (MRC) members, in an emergency that requires medical resources. It consists of two parts:

- Part 5A: Narrative a detailed discussion of the administrative protocols and sequence of action steps for using WEAVR during deployment
- Part 5B: Toolkit a collection of detailed checklists and forms for both State and Local Administrators to
 use during a WEAVR deployment

This manual does not mandate. Instead, it offers guidance on the use of or deployment of VHPs during an emergency or disaster

Since there is additional potential liability and workers' compensation exposure for jurisdictions deploying volunteers, the *County Emergency Operations Plan* should have an established protocol for authorizing VHP deployment (e.g., county executive/general counsel approval). This authorization should take place PRIOR to initiating Steps 2-12 of the DOM. See Emergency Management, on page 14 of this manual.

SCOPE OF THIS MANUAL

The WEAVR program uses a software system for the management of volunteers that includes:

- Registration
- Notification
- Communication
- Credentialing
- Deployment and tracking

While the effective use of that software is essential to the deployment concepts outlined in this manual, this is not a user guide or training manual for the use of the software.

Rather, the DOM addresses the deployment of volunteers who register in WEAVR. This includes volunteers who are members of the MRC or other specialty teams integrated into the system, such as Functional Assessment Service Teams (FASTs), etc.

Volunteer Health Professionals (VHPs) vs. Unaffiliated Spontaneous Volunteers (USVs)

The DOM does not address or focus on management of volunteer health professionals who, at the time of deployment, are not WEAVR registrants. Thus, this manual does not cover the issues associated with such volunteers, known as unaffiliated spontaneous volunteers.

It is a key assumption of this document that jurisdictions will direct USVs to register in the WEAVR system. Once they have registered in WEAVR, they may deploy according to the guidelines offered here.

- VHPs are volunteers with bona fide medical qualifications who have registered for emergency volunteer service via WEAVR.
- USVs who have qualifications of value to the medical response can register with WEAVR for consideration in local VHP deployment.
- USVs who are non-medical spontaneous volunteers can join the Requesting Jurisdiction's volunteer
 efforts through the local emergency volunteer management plan by reporting to a local volunteer
 reception center (VRC).

INTENDED AUDIENCE

The intended audience for the WEAVR DOM includes:

Designated WEAVR system administrators

- Medical Reserve Corps (MRC) unit coordinators
- Additional local WEAVR system administrators, as designated by the state system administrator (e.g., local public health departments (LPHD), tribal health departments, MRC coordinators, etc.)
- Wisconsin 1- Disaster Medical Assistance Team (WI-1 DMAT)
- Wisconsin Department of Health Services (DHS) Preparedness Program staff
- Local emergency preparedness coordinators, including:
 - Public Health Emergency Preparedness Coordinators
 - Hospital Emergency Preparedness Program Coordinators
- Wisconsin Emergency Management (WEM) staff
- Healthcare facilities that may utilize pre-registered VHPs in an emergency
- Local emergency managers concerned with the use or deployment of VHPs
- State agencies with medical/health disaster response roles
- Other entities involved in environmental and public health disaster response

WEAVR DOM CONFORMS TO KEY PRINCIPLES

The DOM conforms to emergency management principles contained in state and federal law, including:

- National Incident Management System (NIMS)
- Wisconsin Emergency Response Plan (WERP)
- Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) Guidelines (federal)
- WEAVR principles of operation
- MRC principles of operation
- Wisconsin Hospital Emergency Preparedness Program (WHEPP) Standards and Guidelines for Volunteer Management During Emergencies
- Emergency Management Assistance Compact (EMAC)

This manual emphatically does not preclude the use of and reliance on mutual aid agreements/memoranda of understanding between individual counties, agencies, or organizations. The DOM recognizes the importance of such agreements and encourages counties to develop them and rely upon them to meet the demands for healthcare personnel in emergencies.

TERMINOLOGY

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

- WEM Duty Officer: The WEM Duty Officer has around-the-clock access to trained DHS/WEAVR Staff capable of mobilizing additional DHS/WEAVR Staff and other WEAVR System Administrators.
- VHPs: Volunteer Health Professionals (VHPs) include all medical, behavioral, animal, and public health professionals who volunteer their time through the WEAVR program.
 - MRCs: MRCs, composed of VHPs, represent members of Medical Reserve Corps, including the Wisconsin Animal Response Corps

- FASTs: Functional Assessment Service Teams consist of VHPs who conduct assessments and facilitate accommodations and services for people with access and functional needs during emergencies.
- DBH teams: Disaster Behavioral Health (DBH) teams provide behavioral health services and support to disaster survivors and emergency responders.
- Wisconsin-1 DMAT: Part of the National Disaster Medical System (NDMS), a federally coordinated system that provides medical capabilities in a large-scale emergency that overwhelms normal local medical resources, a DMAT consists of medical personnel, logistical and administrative personnel, and all of the equipment required to deliver medical care in austere environments. NOTE: Wisconsin-1 DMAT can only deploy outside of Wisconsin vis interstate agreements.
- Jurisdiction, agency, entity: These terms have the same meaning when they appear in this manual.
- Unit and team: When they appear in this manual, these terms have the same meaning.

VOLUNTEER HEALTH PROFESSIONAL COORDINATION

Wisconsin Department of Health Services

The Wisconsin Department of Health Services (DHS) is the primary sponsor and manager of WEAVR. In the context of deploying volunteers, DHS is responsible for the coordination and management of requests between and among requesting agencies for VHPs.

While this document identifies DHS as the responsible entity for coordination of medical/health operations involving volunteers, the Local System Administrators in most counties are responsible for working with their local department operations centers, emergency operations centers, requesting agencies, and/or other emergency structures to fully support the logistics and operations needs related of deployed VHPs.

Wisconsin Emergency Assistance Volunteer Registry (WEAVR)

Wisconsin Emergency Assistance Volunteer Registry (WEAVR) is a web-based registration system for health professionals who are interested in volunteering during a declared public health emergency.

Upon receipt of a request for volunteers from any governmental agency or recognized emergency response entity, federal requirements dictate that all state registries:

- Query the system within 2 hours to generate a list of potential volunteer health professionals to contact.
- Initiate contact with potential volunteers.
- Provide the requester an initial list of willing volunteer health professionals including the names, qualifications, credentials, and credential levels of volunteers within 12 hours of the request.
- Provide the requester with a verified list of available volunteer health professionals within 24 hours of the request.

Management of Requests

- During normal working days and hours: Submit a direct request to the DHS-DPH via the State WEAVR Administrator.
- During evening and weekend hours: Contact the DHS Health Care Preparedness & Response Coordinator at (608) 225-9198

- If the Wisconsin Emergency Management (WEM) Duty Officer receives the initial request from an impacted jurisdiction for VHPs,
 - The WEM Duty Officer contacts DHS Health Care Preparedness & Response Coordinator at (608) 225-9198.
 - o The DHS Health Care Preparedness & Response Coordinator activates the plan.

EXPECTATIONS AND GOVERNING PRINCIPLES

Expectations for WEAVR System Use

In accordance with state law, WEAVR operates primarily as a system for mobilizing registered emergency volunteer health professionals during an officially declared State of Emergency.

However, being properly prepared for emergencies requires practice using the system. We strongly advocate that you:

- Use the system to train or exercise for emergency response.
- Use the system to organize volunteers and to communicate with them regularly to be fully prepared for emergencies when they occur.

Expectations of Local Administrators

Local Administrators are responsible for the manner in which they handle emergency response within their jurisdictions. However, to ensure effective use of the system the following basic expectations apply. For a detailed ovewrview of Local Administrator responsibilities, please see *Part 4: WEAVR Administrators' Manual*.

- Each LPHD and hospital will develop and maintain a volunteer management program.
- Any agency with administrative rights to WEAVR will maintain a minimal level of competence and readiness in the use of the WEAVR system enabling it to properly utilize VHPs. The agency must ensure that:
 - o VHPs are available for local response.
 - The entity has the capability to deploy VHP resources to assist another jurisdiction during an emergency or disaster.
 - There are dedicated personnel trained as System Administrators in WEAVR who have exercised the system.
- MRCs have routine volunteer management practices such as recruitment, retention, and basic volunteer training that apply to all their volunteers who register with WEAVR.
- LPHDs and hospitals will pre-determine which leadership positions have responsibility for the
 management and logistical support of VHPs during an emergency or disaster, particularly the roles of their
 Incident Command System (ICS) positions.

Expectations of DHS/WEAVR Staff and WEAVR System Administrators

The DHS/WEAVR Staff and associated response staff play a key role in the effective management of a WEAVR/MRC response. They must be competent users of the WEAVR system. Their roles may include:

Assisting the requesting LPHD or hospital to complete formal resource requests.

- Determining VHP resource availability in conjunction with the WEAVR/MRC program.
- Coordinating individual or multiple requests for VHP resources.
- Assistance in determining or acquiring logistical support for the deployment of VHPs.
- Ongoing communication with involved LPHD or hospital as to evolving situation status and continuing resource requirements in conjunction with the response.
- Appropriate designation of administrative rights to the involved jurisdiction to enhance the communication between and among other jurisdictions in an emergency.
- Acting on behalf of a Local Administrator if access to the WEAVR system is limited or unavailable.

Organization of Local and MRC WEAVR Units

The WEAVR system provides for the organization of most volunteers into units. For example:

- Each public health jurisdiction can constitute a unit in the system.
- Tribes are units.
- FAST teams, active MRCs and the Wisconsin-1 DMAT are separate units.

Each unit has one or more individuals, Local Administrators, who have administrative rights over the unit of volunteers. In general, the system configuration is as follows:

- MRC Coordinators (and any designees) have administrative rights for all VHPs enrolled with their MRC.
- LPHDs or tribes (and any designees) have administrative rights for all VHPs registered with their county, municipality, or tribe.
- The State Administrators, and certain designated DHS/WEAVR Staff, have administrative rights for all VHPs in the system.
- Individual hospitals can receive administrative access to their facility's WEAVR registrants for determining VHPs affiliated with their respective hospital.

Local Administrators should use WEAVR to communicate routinely with the volunteers within their units. Routine communication is important for operational readiness and for volunteer management.

Expectations of Medical Reserve Corps Coordinators

MRC Coordinators should keep their LPHDs, tribes, and hospital partners apprised of their units' status. This is particularly important if the MRC has limited readiness to respond (e.g., due to training, exercises, or deployments.)

Expectations Regarding Credentialing and Privileging

A key challenge in the deployment of healthcare volunteers is ensuring that VHPs have proper licensure and credentials to act in the professional capacity expected of them. It was primarily to meet this challenge that the national ESAR-VHP program and Wisconsin's WEAVR program were developed.

The following expectations/assumptions apply to the credentialing and privileging of volunteers deployed through WEAVR:

• The WEAVR 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.
- Licenses can be checked on an as needed basis, e.g., at the push of a button prior to a specific deployment.
- The WEAVR system uses 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 as employed or privileged in a hospital
 - ECL 2 = *Clinically Active*, i.e., having an active, unencumbered license and confirmed as having been actively employed in a clinical setting within the last six months
 - o ECL 3 = Licensed or Equivalent, i.e., having an active, unencumbered license (or equivalent)
 - o ECL 4 = healthcare experience or education for *non-licensed* volunteers
- 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 WEAVR system works with those lower thresholds.
- Receiving institutions should recognize that VHPs deployed by the system are licensed appropriately
 and, in the case of ECL 1 or 2, have had recently-confirmed employment suggesting that they have been
 properly vetted either by a hospital or some other clinical setting. Hospitals should work with the
 State WEAVR Administrator to confirm employment of volunteers.

Expectations Regarding Volunteers

Federal ESAR-VHP guidance articulates expectations regarding the nature of the VHPs enrolled in the system. Some of the key expectations and assumptions include:

- VHPs deployed through WEAVR are not first responders. VHPs are not a rapid-response force. First responders must still deploy appropriately in emergencies and disasters.
- VHPs in WEAVR are not self-deploying or self-supporting either as individuals or as units.
 Deployment of these resources requires organization, preparation, and significant effort on the part of public health, hospitals, or local emergency management programs.
- Volunteers enrolled in WEAVR are indeed volunteers. They have a right to receive thorough information about the nature of the incident, field conditions, housing, etc. They don't receive payment for their service and, as volunteers, have no mandate to respond.

NOTS: VHPs are not assets. Thus, unlike medical supplies, the number and types of volunteers available for a given incident will vary based on individual availability and interest in deploying.

Expectations Regarding Volunteer Management

Management of VHPs, especially for complex (multi-day, multi-shift, or multi-role) deployments, is complicated, demanding, and poses challenges which may be unfamiliar to emergency managers, incident commanders, and medical/health operational staff.

Any WEAVR deployment (including deployments of MRC units) requires a host of activities and supports best handled by a Disaster Volunteer Coordinator. The Requesting Jurisdiction can assign this function to

local personnel, to an Incident Management Team, or some mix of both. (See *Toolkit R: Disaster Volunteer Coordinator – Job Aid.*)

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

- Travel arrangements.
- Meeting, greeting, and check-in of volunteers.
- Orientation and briefing of volunteers.
- Lodging coordination.
- Human resources functions, including dealing with HR-related issues that may arise during a deployment.
- Any financial arrangements related to volunteers.
- Communications with volunteers, including providing a point of contact for VHPs' families, on an around-the-clock basis if necessary.
- VHP health services, including behavioral health support.
- Management and handling of unexpected events.
- Handling of workers' compensation claims through DHS.
- Coordination of the demobilization process.

Expectations of Volunteer Health Professionals

Volunteers must act at all times in a manner consistent with their professional status and licensure. In agreeing to participate in WEAVR as a volunteer, each individual acknowledges understanding:

- The nature of the volunteer role.
- The process for verifying credentials.
- The commitment that all information they will give the system will be truthful.
 - o *VHPs* agree to update their profiles in the system regularly and as needed.
 - o If there is any change to their licensure status or personal or professional information, VHPs agree to access WEAVR and make appropriate changes.

Volunteer Code of Conduct

It is up to the Local Administrator to provide *Toolkit X: Volunteer Code of Conduct* to individual volunteers for signature. This code does not preempt or preclude MRCs or other units from establishing additional expectations or conduct codes for VHPs or MRC members.

EMERGENCY MANAGEMENT

Volunteer Management Planning

Your County Emergency Operations Plan (CEOP) may contain an Emergency Volunteer Management Annex that defines how to manage unsolicited and unaffiliated volunteers who self-deploy to a disaster. If so, it may apply to or be useful for VHP support.

In addition to a general emergency volunteer management plan, your *CEOP Health and Medical Services* annex should contain a *VHP Management Plan*. How those plans relate to one another will be unique to each jurisdiction. *Part 3: Local WEAVR Planning Guidance*, more thoroughly addresses this subject.

Incident Command System

When an emergency incident occurs, local and state officials will organize the response and recovery in accordance with the Incident Command System (ICS).

- All responders must understand and observe the ICS chain of command in all response and recovery activities.
- Local Administrators and their managers must understand where WEAVR Deployment Operations fit
 into the incident command organization for the specific incident to which they are responding and
 what their own local jurisdictions require when mobilizing volunteers.

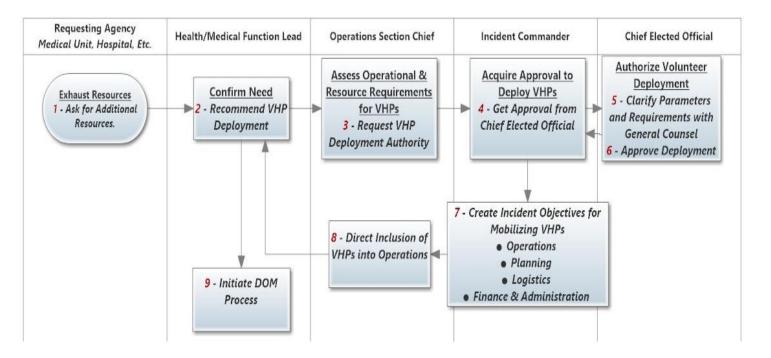
The <u>FEMA ICS Resource Center</u> contains comprehensive ICS learning materials.
Responders can complete free courses on ICS online and classroom-based through <u>TRAIN</u> <u>Wisconsin</u>, the <u>Wisconsin Emergency Management Training Portal</u>, or the FEMA ICS Resource Center. Some of these courses are prerequisites (or highly recommended) for much of the training associated with using WEAVR.

Authorizing Volunteer Deployment

As noted on page 8 of this manual, the *CEOP* should have an established protocol for authorizing the deployment of emergency volunteers. It should identify:

- Who in the jurisdiction (e.g. county executive/general counsel) has the authority to approve volunteer deployment (see Typical ICS Chain of Command graphic below).
- The local requirements for using and managing volunteers.
- The individual or organization responsible for emergency volunteer general management and record keeping.

FIGURE 2: TYPICAL ICS CHAIN OF COMMAND FOR VHP DEPLOYMENT AUTHORIZATION



INFORMATION MANAGEMENT

Information Sharing During Routine and Unusual Event Activities

Effective communication at all levels is the critical element in emergency and disaster response. It is important to reiterate the specific need for ongoing communication between partners involved in the deployment of VHPs, especially LPHD, hospitals, and the MRC coordinators within their jurisdiction. See *Toolkit M: Secure Handling of Volunteer Information* and *Toolkit G: Communications for Deployment of VHPs*.

Situation Reporting During Emergency System Activation

In making a specific request for WEAVR resources, communication requirements may differ from jurisdiction to jurisdiction. However, jurisdictions should use a consistent set of data elements in Medical/Health Situation Reporting if a WEAVR deployment or VHP resource request is anticipated or underway. (See *Toolkit D: Medical and Public Health Situation Report*).

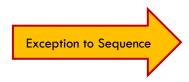
Deployment Overview

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INTRODUCTION

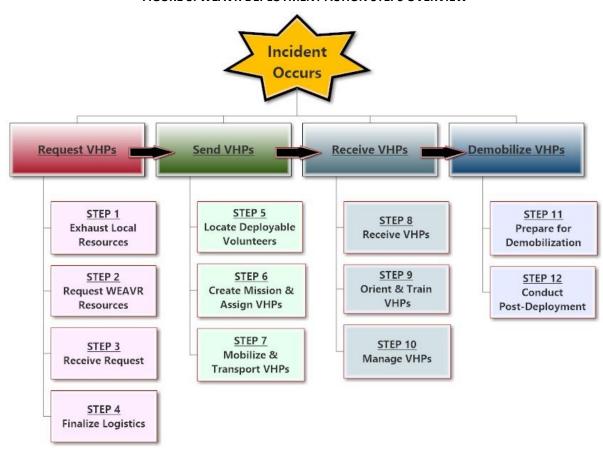
When resources are not available locally or through existing mutual aid/assistance agreements, jurisdictions can request and manage VHPs, including MRCs, via the WEAVR resources requesting and deployment process outlined in this manual. This process contains four distinct phases of activity, broken into a series of twelve action steps, as illustrated below.



Exceptions to Standard Sequence of WEAVR Deployment Action Steps

In urgent circumstances, DHS/WEAVR Staff may elect to skip or collapse steps in the standard sequence of WEAVR deployment action steps outlined here. A yellow arrow appears next to the action steps in which this could occur.

FIGURE 3: WEAVR DEPLOYMENT ACTION STEPS OVERVIEW



11. Prepare for

Demobilization

FLOWCHART: ACTION STEPS IN WEAVR DEPLOYMENT OPERATIONS

The following chart illustrates how the sequence of action steps unfolds among the participating entities.

SENDING REQUESTING DHS/WEAVR Jurisdiction Jurisdiction 1. Exhaust Local Resources 3. Receive Request 2. Request WEAVR Resources 4. Identify who will manage logistics. 8. Receive WEAVR Resources 5. Locate Local Deployable Volunteers 9. Provide Reception, 6. Create the Mission & Orientation, & Training Assign VHPs In extreme circumstances, DHS/WEAVR may lead, 10. Manage VHPs 7. Mobilize and Transport

FIGURE 4: WEAVR REQUESTING & DEPLOYMENT PROCESS FLOWCHART

MASTER SUMMARY: CHECKLIST OF TASKS ASSOCIATED WITH ACTION STEPS

VHPs

12. Conduct Post

Deployment

FIGURE 5: SUMMARY OF DEPLOYMENT OPERATIONS ACTION STEPS

accelerate, collapse, or skip steps to expedite response.

Step #	Action Step	Task Summary
1	Exhaust local resources	☐ Follow local ICS protocols, as dictated in the <i>CEOP</i> , to mobilize VHPs.
		☐ Complete Toolkit A: Deciding to Request WEAVR Resources.
2	Request WEAVR/MRC resources	☐ Determine required VHP qualification levels.
		☐ Submit <i>Toolkit C</i> and <i>D</i> forms to DHS/WEAVR Staff.
3	Receive request	☐ Assess the availability of sufficient trained staff for multi-shift operations.
		☐ Identify written local plans for mobilizing and

Step #	Action Step	Task Summary
		managing VHPs.
4	Identify who will manage logistics	 □ Provide existing preliminary logistical information to the Local WEAVR Administrator. □ Determine whether the Incident Command's existing Logistics Section can handle VHP needs. If not, assign or request additional personnel to do so. □ Communicate relevant logistics information to all necessary parties.
5	Locate local deployable volunteers	 □ Create a master polling message. □ Query the WEAVR system. □ Ask selected Local Administrators/MRCs to poll local volunteers for readiness.
6	Create mission and assign VHPs	 □ Create the mission. □ Create deployment groups. □ Invite volunteers. □ Monitor WEAVR responses. □ Confirm and assign VHPs.
7	Mobilize and transport VHPs	 □ Identify a Disaster Volunteer Coordinator and a Travel Leader. □ Ensure VHPs have received all essential deployment communication and have arrived appropriately equipped. □ Establish a VHP communication infrastructure. □ Confirm VHP identities and credentials at every check-in location.
8	Receive VHP resources	 □ Receive VHPs □ Set up VHP tracking. □ Instruct VHPs on deployment accountability expectations. □ Establish chain of accountability and documentation for VHPs from arrival to the conclusion of the mission.
9	Provide reception, orientation, and training	 □ Create, staff, and equip a Volunteer Reception Center (VRC). □ Set up and operate an orientation process. □ Provide just-in-time training, as needed.
10	Manage VHPs	☐ Manage continuing support to VHPs throughout

Step #	Action Step	Task Summary
		the deployment.
		☐ Make sure ongoing VHP supervision includes attention to volunteer conduct, both on and off duty.
		☐ Strictly enforce confidentiality requirements and protocols.
11	Prepare for demobilization	☐ Address the resolution or continuity of assigned duties.
		☐ Provide for final volunteer needs and concerns.
		☐ Complete logistical and administrative tasks.
		☐ Document and appreciate the volunteers' experience.
12	Conduct post-deployment	☐ Host a welcome for returning VHPs.
	management	☐ Complete post-deployment recordkeeping.
		☐ Update the WEAVR system components related to the deployment mission.

RESOURCES: TOOLKIT FOR ACTION STEPS IN DEPLOYMENT OPERATIONS

The *DOM Toolkit* contains checklists, forms, and templates to support each action step and task in the requesting and deployment process. The chart below identifies which toolkit resources to use for each step.

FIGURE 6: TOOLKIT RESOURCES FOR ACTION STEPS

Step#	Action Step	Toolkit Resources		
	Requesting Jurisdiction			
1	Exhaust local resources	A – Deciding to Request WEAVR Resources		
2	Request WEAVR/MRC resources	B – Requesting WEAVR Resources C – Medical and Public Health Resource Request Form D – Medical and Public Health Volunteer Situation Report E – Template: Preliminary Logistics Information Form		
	Sending Jurisdiction and/or DHS			
3	Receive request			
	Requesting Jurisdiction			
(With Sending Jurisdiction and DHS/WEAVR)				
4	Identify who will manage logistics	F – Logistics Issues for Deployment of VHPs		
		G – Communications for Deployment of VHPs		

Part 5A: WEAVR Deployment Operations Manual Narrative

Step#	Action Step	Toolkit Resources
		DHS
	(With Send	ing Jurisdiction)
5	Locate local deployable volunteers	H – Template: Master Alert/Polling Message
		I – Searching for Deployable VHPs/MRCs
		J – WEAVR Quick Reference Guide
	Sending	Jurisdiction
	(With D	HS/WEAVR)
6	Create mission and assign VHPs	K – Creating the Mission
		L – Creating Deployment Groups
		M – Secure Handling of Volunteer Information
		N – Confirming and Assigning VHPs
		O – Fitness for Duty Screening
		P – ICS Form 204 – Assignment List
7	Mobilize and transport VHPs	Q – Mobilizing and Transporting VHPs
		R – Disaster Volunteer Coordinator – Job Aid
		S – Travel Leader Responsibilities – Job Aid
		T – Packing Checklist – Preparing for Deployment
	Requestir	ng Jurisdiction
8	Receive VHP resources	U – Receiving VHP Resources
		V – ICS Form 211 – Incident Check-In List
		W – Modified HICS Form 253 – Volunteer Staff Registration
		X – Volunteer Code of Conduct
9	Provide reception, orientation, and training	Y – Volunteer Reception Center
10	Manage VHPs	
11	Prepare for demobilization	Z – Demobilization and Post-Deployment Management
Sending Jurisdiction		
(With DHS/WEAVR)		
12	Conduct post-deployment management	ZZ – ICS Form 225 – Performance Rating

Deployment Timeline

The following timeline suggests target timing for handling each step of the WEAVR deployment process. 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.

FIGURE 7: DEPLOYMENT TIMELINE

Time from Initial Request	Action Steps
2 hours	Query WEAVR database and generate initial list of potential VHPs. (federal standard)
12 hours	 Complete initial polling of VHPs. Create the mission. Provide initial list of VHPs willing to deploy. (federal standard) Identify the entity/entities that will have responsibility for logistics planning.
24 hours	Provide a verified list of available, willing VHPs. (federal standard)
36 hours	Assign VHPs and complete mission staffing.
48 – 72 hours	Coordinate mobilization and embarkation of VHPs.

Request VHPs

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STEP 1: EXHAUST LOCAL RESOURCES



Step 1 Task Summary

☐ Follow local ICS protocols, as dictated in the *CEOP*, to mobilize VHPs.

☐ Complete Toolkit A: Deciding to Request WEAVR Resources.

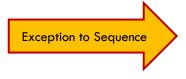
NOTE: Do not proceed beyond Step 1 until the chief elected official of the Requesting Jurisdiction has authorized deployment of VHPs.

Requesting Jurisdiction

The LPHD or hospital should confirm responses to the questions in *Toolkit A: Deciding to Request WEAVR Resources* prior to submitting a request.

DHS/WEAVR Staff

DHS/WEAVR Staff consults with the requesting entity to complete the assessment.



Responding to Catastrophes

DHS/WEAVR Staff may initiate a deployment of VHPs/MRCs prior to the receipt of a formal resource request from a Requesting Jurisdiction. For example, an incident may be of such magnitude that the jurisdiction is not yet able to make

the formal request, but the urgency of the incident is self-evident to state officials.

Preparation for Deployment without Resource Requests

In catastrophic situations, in the absence of a formal request, DHS will begin assessing the potential availability of resources via DHS State System Administrators or Local System/Unit Administrators (see *DHS/WEAVR Initial Notification to Unit Coordinators* on page 27 of this document).

- If deployment proceeds without resource requests, DHS State System Administrators go directly to Steps 4-7 below, returning to complete Steps 2 and 3 at the earliest opportunity.
- If DHS initiates preparation for deployment, it supports rather than eclipses Local Administrators' interactions with their local units.

NOTE: Begin determining logistics arrangements immediately on confirming the need for VHPs.

STEP 2: REQUEST WEAVR/MRC RESOURCES



Step 2 Task Summary

- ☐ Determine required VHP qualification levels.
- ☐ Submit Toolkit C and D forms to DHS/WEAVR Staff.

Requesting LPHD, Hospital, or Emergency Manager

The requesting LPHD, hospital, or emergency manager is responsible for requesting resources except in a catastrophic, extraordinary event in which communication failure interferes with the requesting process.

Consult *Toolkit B: Requesting WEAVR Resources* for a more detailed checklist of the steps involved in completing a resource request.

Determine the Required Qualification Levels

If the mission involves service at a hospital or health care facility where credentialing and/or privileging will be required for VHPs to practice, prior to submitting a formal request:

- The requesting hospital or health care facility must:
 - Clarify 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.
 - If not, itemize explicitly and in detail, the additional items that would be required.
- The requesting agency should work with the sending agency to determine who will be performing disaster credentialing/privileging.

NOTE: This measure reduces the likelihood of sending highly trained, licensed personnel a considerable distance to practice their professions only to have them disqualified due to a failure to accurately identify specific requirements.

Requesting Jurisdiction with DHS/WEAVR Staff

Complete the Request Form

- Requesting Jurisdiction: Submit a formal *Toolkit C: Medical and Public Health Resource Request Form*.
- Requesting Jurisdiction: File (or update) a Toolkit D: Medical and Public Health Situation Report addressing the need for volunteer resources.



Medical & Public Health Resource Request Form

- DHS/WEAVR Staff:
 - Assist the Requesting Jurisdiction in the completion of the request, ensuring it captures the correct specific details relevant to WEAVR operations without over-specifying the requirements.
 - Consider the *big picture* as it pertains to VHPs. For example:
 - Is this the only deployment of VHPs anticipated in response to this event?
 - Is there a larger package or regional response with which VHPs will deploy?
 - Advise the Requesting Jurisdiction to begin planning at the outset for the eventual demobilization of VHPs and their return to their own jurisdictions.

Request to Neighboring Jurisdiction

Depending on the urgency and magnitude of the situation and on the Requesting Jurisdiction's knowledge of relationship with neighboring jurisdictions the Requesting Jurisdiction may:

- Send a request directly to a neighboring jurisdiction
- Work with DHS/WEAVR Staff to facilitate the request process



STEP 3: RECEIVE REQUEST

Step 3 Summary

- Assess the availability of sufficient trained staff for multi-shift operations.
- ☐ Identify written local plans for mobilizing and managing VHPs.

DHS/WEAVR Staff (or a non-impacted jurisdiction, if contacted directly) should assess the readiness of likely sending jurisdictions to mobilize local administrative personnel who can support mobilized VHPs for the duration of the deployment.

STEP 4: IDENTIFY WHO WILL MANAGE LOGISTICS



Step 4 Task Summary

- ☐ Provide existing preliminary logistical information to the Local WEAVR Administrator.
- $\hfill \square$ Determine whether the Incident Command's existing Logistics Section
 - can handle VHP needs. If not, assign or request additional personnel to do so.
 - ☐ Communicate relevant logistics information to all necessary parties.

Provide Preliminary Logistics Information

Requesting Jurisdiction/Entity: As soon as possible, consult with the Incident Command to gather preliminary logistics information to report to the Local System Administrator who will be placing the request for WEAVR resources.

The requesting entity may use the template in *Toolkit E: Preliminary Logistics Information Form* to assemble and submit critical information to the Local Administrator.

- Clarify and report to the Local System Administrator the following logistics-oriented questions.
 - O How and where will volunteers arrive at the incident?
 - Where is the staging area?
 - O What is the staging procedure?
 - O What housing will volunteers use?
 - O What should volunteers bring with them?
 - Are there any health-related issues that would influence deployment if fitness-for-duty necessary?
 - O How much lead-time is there before volunteers will deploy?

- Address and report to the Local System Administrator the following operational considerations.
 - The need for and nature of just-in-time training required for volunteers
 - Delivery of briefings related to mission safety
 - o Identification of the persons to whom VHPs will report
 - Locations for VHPs to report for duty
 - Credentials that will be required by receiving facilities, or entities (i.e., determining if arriving VHPs will require more than professional license and government issued photo identification)

Ensure a Reliable Logistics System

Requesting Jurisdiction and DHS/WEAVR Staff: Ensure that a reliable system is in place to provide for logistical support to VHPs. Refer to *Toolkit F: Logistics Issues for Deployment of VHPs*.

Establish Logistics Responsibility

- Determine who/which agency will handle the logistics and communications matters related to VHPs/MRCs. The responsible may include one or a combination of the following:
 - o Local Incident Command's or Emergency Operations Center Logistics Section
 - Both the Incident Command (see Incident Command System on page 14 of this manual) and the Emergency Operations Center, if mobilized, should have active Logistics Sections in place to provide all resources and services the emergency responders need.
 - If mobilized, the Logistics Section may manage all VHP logistics on its own or may require assistance from one of the following entities.
 - The requesting LPHD, tribal health department or hospital (or EOC)
 - The sending System Administrator (or MRC coordinator)
 - The DHS/WEAVR State Administrator
 - An Incident Management Team (if activated)
- Consider the following issues in determining which entity will provide logistics support, including:
 - The length of time the incident response has been active
 - Ability/inability of the Requesting Jurisdiction to provide or maintain an infrastructure (including a volunteer coordinator) for providing support
 - Ability/inability of the sending agency to provide its own support

Provide for Thorough Logistics Communications

Many of the personnel and agencies associated with the VHP deployment need accurate, individualized VHP logistics information. Use *Toolkit G: Communications for Deployment of VHPs* to ensure the following participants receive the information they require in a timely manner.

- VHPs
- Sending Coordinator
- Receiving Jurisdiction
- DHS/WEAVR Staff, State Emergency Operations Center, etc.
- Incident Commander
- Logistics Section or Incident Management Team

Send VHPs

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STEP 5: LOCATE LOCAL DEPLOYABLE VOLUNTEERS



Step 5 Task Summary

At Step 5, either the Sending Jurisdiction or DHS/WEAVR Staff estimates the pool of potential VHPs through the following sequence of actions.

- ☐ Create a master polling message.
- ☐ Query the WEAVR system.
- ☐ Ask selected Local Administrators/MRCs to poll local volunteers for readiness.



DHS/WEAVR Initial Notification to Unit Coordinators in Catastrophic Incidents

In a catastrophic incident, before querying the WEAVR system, DHS/WEAVR Staff may choose to send an early WEAVR notification asking all system administrators in a region or in the state to poll their volunteers for general readiness.

Components of that notification may include:

- A situation status summary relative to the use of volunteers.
- An initial request for MRC coordinators to ready their teams for possible deployment.
- Guidance to not self-deploy, even at the unit level.
- A request for Local System Administrators to poll their volunteers for general readiness

If DHS/WEAVR Staff follow this exception, they should observe the following sequence:

- * Create a Master Alert/Polling Message page ___
- * Create the Mission page ____. You can reverse these two steps when urgent.
- * Invite Volunteers page ____.
- * Continue the remaining steps in the order indicated.
- * Complete skipped steps as necessary.

This request can take place before completing Step 2 (see *Responding to Catastrophes*, page 23).

Create a Master Alert/Polling Message

DHS/WEAVR Staff: In order to ensure that all parties to the VHP deployment receive and disseminate consistent information about the operation, DHS/WEAVR Staff should collaborate with the Requesting Jurisdiction to create a master alert/polling message, using *Toolkit H: Template – Master Alert/Polling Message*. Make sure ALL parties involved in activating and deploying VHPs build all of their communications from the information this Master Message

Use data from the following items to complete the master message:

- Toolkit C: Medical and Public Health Resource Request Form
- Toolkit D: Medical and Public Health Volunteer Situation Report
- Toolkit E: Template Preliminary Logistics Information Form

Query the WEAVR System

Toolkit I: Searching for Deployable VHPs/MRCs provides a checklist for this prliminary search. The objective of this initial query is to determine:

- Which local units/MRCs have VHPs that match the medical occupations search criteria
- Which local units/MRCs have VHPs whose deployment preferences (length of time) and travel willingness match the search criteria

DHS/WEAVR Staff, in conjunction with the jurisdiction and unit coordinators in non-affected areas manage the process of finding out-of-area VHPs/MRCs.

Working with the requesting LPHD, tribal health department, or hospital and the potential sending entities, DHS/WEAVR Staff ensures the congruency between:

- The requested resources/mission needs
- The search for WEAVR/MRC resources in the WEAVR system
- Which volunteers are identified and eventually sent

Specifying Search Criteria

Use Toolkit J: WEAVR Quick Reference Guide for a tutorial on using WEAVR to search for VHPs.

Medical Specifications

The WEAVR system categorizes the available occupations as either medical or non-medical.

- Licensed occupations appear under the medical category.
- Non-licensed occupations appear under the non-medical category.

Consider performing initial searches without requests for specific ECL status, skills, training, and experience unless there is an absolute requirement for the deployment.

Deployment Preferences and Travel Willingness

- Find VHPs willing to deploy for the requested duration. VHPs may selected preferences from one day to longer than 28 days.
- Find VHPs willing to travel the necessary distance to the incident.

Poll Local Volunteers

This initial poll of local volunteers IS NOT the same thing as inviting volunteers to deploy.

The purpose of this task is to:

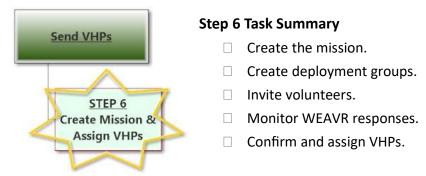
- Find out how many qualified and available VHPs there are.
- Determine which non-impacted local units/MRCs to contact for potential VHP deployment.

DHS/WEAVR Staff decide, based on the results of the WEAVR query, how many and which non-impacted Local Administrators to contact to assess potential VHP availability.

Non-Impacted System Administrators use the *Master Polling Message* to create their own local polling message. Using the WEAVR search and messaging functions, poll their volunteers as to potential availability.

MRC Coordinator(s) in the Requesting Jurisdiction, on notification of the deployment request, should either poll their own units or ask another Local Administrator to include their units in the polling messages.

STEP 6: CREATE THE MISSION AND ASSIGN VHPS



About WEAVR Missions

Several factors apply to the creation of a WEAVR mission. Details about a mission or deployment group remain in the system and are easily accessible to those using the system.

- Polling of potential volunteers can occur prior to the creation of a WEAVR mission.
- DHS/WEAVR Staff or the sending jurisdiction need not wait for the results of the polling to create a mission.
- If the requesting jurisdiction has already created a mission, DHS/WEAVR Staff will:
 - Use the existing mission as the framework for seeking out-of-jurisdiction VHPs.
 - Add appropriate units (e.g., counties and MRCs) to the existing mission and ensure that all have the proper administrative rights.

Create the Mission

Use Toolkit K: Creating the Mission to create a mission that includes the following information.

- Mission Name
- Mission Overview

- Cross-Reference Information
- Authority Information

About Deployment Groups

A deployment group is the means by which the WEAVR system can distribute VHPs in response to the needs presented in the mission.

- Deployment groups can serve different facets of an overall mission. For example, in a large-scale
 mission created to deal with the effects of a widespread tornado outbreak, it may make sense to create
 separate deployment groups for:
 - Staffing of an alternate care site (ACS)
 - Staffing of a deployed mobile field hospital
- As positive polling responses arrive, DHS/WEAVR Staff can begin to assign the creation deployment groups to specific sending jurisdictions, a can then generate specific requests for VHPs to those groups.
 - When a particular unit (Local Administrator and/or MRC) confirms that it will be sending VHPs to the impacted jurisdiction, DHS/WEAVR Staff assigns a specific request to that county conforming to the availability polling it has received.
 - The System Administrator of that agency can then create a deployment group and send a specific request to the appropriate VHPs within the unit
- DHS/WEAVR Staff can maintain control over the creation of deployment groups and specific requests if desired.

Creating Deployment Groups

Prior to Creating Deployment Group

- Create the mission.
- Add all units (counties and MRCs) deploying in the response to the mission. If needed, enter additional
 units later.

Creating the Deployment Group

Refer to *Toolkit L: Creating Deployment Groups* for guidance in completing this process, which includes the following data components.

- Deployment Name
- Work Dates
- Positions
- Service Location
- Information for Responders
- Accommodations
- Items to Bring
- Additional Details

Inviting Volunteers

This is the point at which the actual invitation to VHPs to deploy for this particular mission occurs. See *Toolkit L: Creating Deployment Groups*, for final instructions on this task.

Monitoring WEAVR/MRC Responses

DHS/WEAVR Staff and/or the Sending Jurisdiction must monitor the responses to the specific requests issued in the task above. While the monitoring phase may occur quickly, it will more likely last several days. VHPs are not first responders, and it may take some time for a volunteer make the necessary arrangements for an extended deployment outside of his/her own locality.

DHS/WEAVR Staff: Prior to actually mobilizing volunteers, confirm beyond any doubt that assigned Logistics Personnel have completed all necessary arrangements – e.g., transportation, housing, feeding, social support, etc. (See also *Toolkit F: Logistics Issues for Deployment of VHPs.*)

Monitoring Responses

- System Administrators who have created specific requests are responsible for monitoring the response to those requests.
- DHS/WEAVR Staff is responsible for monitoring the overall response to the specific requests.
- Volunteers will respond to the requests indicating their availability, unavailability, or unsure of availability for the specific deployment.

Seeking Additional Resources

- Requesting System Administrators: If the responses to the specific requests fall short of the needed number:
 - Edit the existing request to ask for a larger pool of volunteers.
 - Alert DHS/WEAVR Staff who may reach out to additional units (i.e., counties, MRC) if the responses continue to lag.
- DHS/WEAVR Staff: If it becomes necessary to reach out to additional counties,
 - o Time permitting, ask Local Administrators to perform a preliminary polling of availability.
 - In urgent circumstances, send direct requests to the volunteers in the additional units.

Communicating with VHPs

- Use the WEAVR messaging function to deliver consistent additional information directly to the VHPs. The system allows the use of attachments on messages.
- See also Toolkit G.

Guidelines for Sending Volunteer Information

- Use the WEAVR system to move data whenever possible, including generating and using an Assignment List, checking VHPs in and out of duty areas, etc.
- Send Assignment Lists and related VHP information via email or fax when users do not have access to WEAVR and there are no alternate electronic data interchange systems available.

- Refer to *Toolkit M: Secure Handling of Volunteer Information* for comprehensive instructions on observing information privacy and security requirements.
- Report any loss of volunteer data immediately to the DHS System Administrator, who should contact the DHS Information Security Officer.

Confirming and Assigning VHPs/MRCs

Toolkit N: Confirming and Assigning VHPs covers the tasks the Sending Jurisdiction must complete (with DHS/WEAVR Staff support) to conduct all necessary verification and screening of selected VHPs and ready them for mobilization and transportation. Toolkit N addresses the following sequence of activities.

Confirming VHP Participation

Once VHPs have indicated their availability for a deployment, it is important to officially confirm their participation and communicate that to the requesting LPHD or hospital and other interested parties.

Verifying Credentials

While the system automatically checks licensure on a regular (at least daily) basis, Sending Jurisdictions must re-check the licensure immediately prior to deployment.

Fitness for Duty Screening

If the Requesting Jurisdiction has asserted a need for fitness screening of VHPs due to extreme circumstances in the impacted area, use *Toolkit O: Fitness for Duty Screening* to identify candidates whose health could be at risk in a deployment.

Key Communication with VHPs

Ensure that all critical communication with VHPs is complete prior to creating and sending assignment lists.

Creating Physical Assignment List

The remaining steps in the deployment process will require actual hard-copy lists of VHPs. Assignment lists confirm the identity of the deployed VHPs at key points of the process, including:

- Departure, if transportation is provided by the sending jurisdiction
- Arrival at the check-in location
- Check-in at the point of service (e.g., at the LPHD or hospital in which the VHPs will serve)

Whether using the WEAVR system to create the assignment list, using *Toolkit P: ICS Form 204*, or creating a form of your own, refer to *Toolkit N: Confirming and Assigning VHPs* to complete the necessary tasks.

Sending Assignment List

Ensure that all parties involved with the VHP deployment receive and/or have access to the assignment list. It is important to create the lists in a hard-copy form and send them to the interested parties in the most reliable fashion because while many of the persons involved in the process may have access to the WEAVR system, most will not.

STEP 7: MOBILIZE AND TRANSPORT VHPS



Step 7 Task Summary

☐ Identify a Disaster Volunteer Coordinator and a Travel Leader.

Ensure VHPs have received all essential deployment communication and
have arrived appropriately equipped.
Establish a VHP communication infrastructure.
Confirm VHP identities and credentials at every check-in location.

Mobilization Overview

The staffing, coordination, and hand-off of VHPs between the Sending and Requesting Jurisdictions will be unique to each mission. Jurisdictions must work together to ensure they address all the following components, addressed in more detail in *Toolkit Q: Mobilizing and Transporting VHPs*.

Staffing

Identify a Disaster Volunteer Coordinator (*Toolkit R: Disaster Volunteer Coordinator – Job Aid*) and a Travel Leader (*Toolkit R: Travel Leader Responsibilities – Job Aid*) to work together to ensure continuity in volunteer travel, reception, and support.

Communication Infrastructure – Sending Unit

Provide and maintain a basic communication infrastructure to enable contact with deployed VHPs and to facilitate personal communication for deployed VHPs.

VHP Readiness

Prior to embarkation, make a final confirmation that VHPs have received all necessary communications information and have fulfilled packing and equipment instructions as specified in *Toolkit T: Packing — Preparing for Deployment* and in all deployment notices posted vis WEAVR by the Requesting and Sending Jurisdictions.

VHP Verification

Ensure all reporting and check-in points verify VHP legitimacy using Assignment Lists and VHPs' government-issued photo IDs.

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Receive VHPs

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STEP 8: RECEIVE VHP RESOURCES



Step 8 Task Summary

- ☐ Receive VHPs
- ☐ Set up VHP tracking.
- ☐ Instruct VHPs on deployment accountability expectations.
- ☐ Establish chain of accountability and documentation for VHPs from arrival to the conclusion of the mission.

Receiving VHPs

- Use *Toolkit U: Receiving VHP Resources* to ensure all components of the VHP reception process receive appropriate attention.
- Use Toolkit V: ICS Form 211 (as preferred or as directed by the incident command) to check in arriving VHPs.

Volunteer Tracking during Deployment

Volunteer tracking and record keeping during deployment are critical for several reasons:

- To know where VHPs are and what they are doing at all times
- To maintain an official documentary record of the event
- To record the value of volunteer hours during the deployment to apply to the jurisdiction cost match in the event of a potential presidential declaration for public assistance see <u>FEMA Donated Resources</u> <u>Policy RP9525.2.</u>
- To provide an official account of VHP training, assignment, and performance in the event of liability or worker's compensation complaints

Use the chart on *Toolkit U* to identify the responsible parties and forms to use in volunteer tracking.

VHP Tracking – Receiving Jurisdiction

Create and maintain a tracking system, typically managed by the Disaster Volunteer Coordinator, for deployed VHPs. The characteristics of the tracking system depend on the nature of the incident and the status of the local infrastructure. See *Toolkit W: Modified HICS Form 253 – Volunteer Staff Registration*.

Keep records of all VHP registrations, time sheets, training, supervisory actions, etc., as noted in Toolkit U.

VHP Accountability

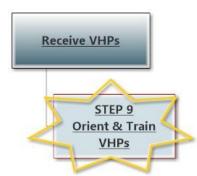
Inform VHPs their responsibilities for their own accountability during the mission and ensure their compliance with the standards in *Toolkit X: Volunteer Code of Conduct*.

VHP Issues

Report volunteer-related problems encountered during deployment (e.g., code of conduct violations, health issues, performance issues, etc.) up the chain of local incident command to:

- The volunteer's supervisor
- Any volunteer field coordinator and/or mission support team involved in volunteer deployment
- Back to the sending jurisdiction

Step 9: Provide Reception, Orientation, and Training



Step 9 Task Summary

- ☐ Create, staff, and equip a Volunteer Reception Center (VRC).
- ☐ Set up and operate an orientation process.
- ☐ Provide just-in-time training, as needed.

Volunteer Reception Center

A VCR is a location or facility that provides reception, registration, orientation, training, and assignment for volunteers.

Depending on the protocols written into the CEOP, the Receiving Jurisdiction might have:

- Separate VRCs for unsolicited volunteers and volunteer health professionals; or
- A single center could serve them both, with branching tracks for the two classes of volunteers.

Adapt the following activities in accordance with your jurisdiction's specific volunteer management plan. Part 3: Local VHP Planning Guidance more thoroughly addresses this subject.

Use the *Toolkit Y: Volunteer Reception Center* to work through the following activities.

Reception

The Disaster Volunteer Coordinator establishes, staffs, and manages the VRC and its associated services. Initial reception tasks will include:

- VHP identity and credential checks, registration, and assignment
- VHP communications
- VHP transit to additional assigned locations or staging areas

Orientation

A planned and systematic VHP orientation will provide deploying volunteers with thorough and consistent information about operational and duty-related considerations. It is important to cover the following items.

Mission-Orientated Information

Mission-oriented information includes the most recent incident situation report, instructions for VHP roles and working relationships, administrative protocols, etc. Follow the *Toolkit Y* checklist.

Badging

Currently there is no universal requirement for VHPs to wear badges during a deployment. If the Receiving Jurisdiction or duty entity (e.g., a hospital) elects to impose a badging requirement, observe the following protocols.

- The Receiving Jurisdiction must:
 - Advise and provide support to the Sending Jurisdiction for any identification requirements beyond those noted above prior to the assignment of volunteers
 - Take total responsibility for management of badging
 - Use a consistent badging scheme, whether barcode-readable, inclusive of a volunteer's photograph, biometric, or single-day-use/time-sensitive
 - Ensure that all VHPs receive badges prior to commencing volunteer duties
- The VHPs must comply with the identification and badging requirements set by the Receiving Jurisdiction.

Available Resources

Make sure every VHP knows how to access resources for personal needs, communications, and physical and behavioral health. The next step in the VHP deployment sequence, *Step 10: Manage VHPs*, deals more comprehensively with providing many of these resources.

Training

Since the WEAVR program has few mandatory VHP training requirements, jurisdictions should observe the following assumptions and guidelines.

- Receiving Jurisdictions and incident commanders should hold no assumptions regarding VHP emergency response training history.
- Training standards for MRC participants do not apply generally to non-affiliated VHPs.

STEP 10: MANAGE VHPs



Step 10 Task Summary

- ☐ Manage continuing support to VHPs throughout the deployment.
- ☐ Make sure ongoing VHP supervision includes attention to volunteer conduct, both on and off duty.
- ☐ Strictly enforce confidentiality requirements and protocols.

Volunteer Support during Deployment

Volunteers require and deserve support during a deployment. The specific needs and levels of support depend on many factors including:

- Length of deployment
- Nature of underlying incident
- Impact of the incident
- Number of volunteers required

Volunteer Support Coordination

Due to the complexity of coordinating volunteer support during a multi-day deployment:

- Identify specific incident command roles for volunteer management in advance at the EOC level, a departmental operating center level, or by logistics staff.
- Use a Disaster Volunteer Coordinator to support a complex deployment. The Disaster Volunteer Coordinator does not need to perform all tasks herself/himself, but needs to ensure the completion of tasks.
- Consider/address the items on the following chart.

FIGURE 8 -- VOLUNTEER SUPPORT DURING DEPLOYMENT

Housing	While logistics coordinators should try 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 might have to prepare for <i>shelter-like</i> accommodations. In rare circumstances, the volunteer may need to work with the requesting agency to find her own housing accommodations.
8	Logistics coordinators should decide prior to actual deployment of volunteers who will have the responsibility for ensuring sufficient food for volunteers during deployment.
Feeding	 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.

Ture SA. WEAVE Deployment Operations intuition variative				
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 VHPs will work in shifts. Shifts will likely be of 8, 10, or 12 hours. • A VHP should expect to work within the scope of his professional license. However, there is no guarantee that a professional will necessarily work in his area of specialty • Volunteers should anticipate that the actual work situation might 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. • Supervisors may need volunteers to perform functions that are outside their usual, daily professional work. For example, a supervisor may ask a clinician to assist with patient registration or transportation depending on the needs of the moment.			
Psycho-Social Support	 Sending and Receiving Jurisdictions should give attention to the psychosocial needs of volunteers and, to the extent possible, provide services for volunteers consistent with the need. 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 for individuals separated from their homes and usual routines. 			
Communications	 Communications disruptions may occur during a deployment in an emergency or disaster situation. Disaster Volunteer Coordinators should provide volunteers and their families with a point of contact (with dedicated phone lines) outside of the deployment area (arranged by the Sending Jurisdiction). Due to the need for volunteers to be in communication with their loved ones, Receiving Jurisdiction programs should make all possible efforts to ensure that communications are available to the VHPs However, VHPs should expect that communications may well be different from in normal circumstances, e.g., no or poor cell coverage, limited landlines, 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 safety and security issues associated with a deployment, e.g., if the deployment is in an area in which there is significant looting and rioting.

- Volunteers should expect that limits may be placed on their movements even when not working, e.g., being asked to remain within the housing area, etc.
- Volunteers should follow all orders from the incident commander/authority in charge of the incident for which they have deployed.

Volunteer Conduct during 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.

- Provide Toolkit X: Volunteer Code of Conduct or a similar code of conduct endorsed and explicitly
 covered by both the Sending and Receiving Jurisdictions to set expectations for VHP behavior (both on
 and off duty).
- Be sure VHP supervisors are aware of and enforce the expectations that follow.

Specific VHP Expectations

- Upon assignment to supervisors, follow all directions delivered by those supervisors.
- Act in accordance with the standards and regulations of their professional licenses.
- Let their supervisors or team leaders know of their whereabouts at all times.
- Unless it is an explicitly stated part of their duty, refrain from speaking with members of the media or giving details related to the mission to the public.
- Refrain from proselytizing during a deployment.
- Refrain from substance use or abuse during a deployment (including, alcohol, marijuana, or illicit drugs).
- Do not bring children, pets, or friends with them on a deployment.
- Do not be in possession of any weapon during a deployment.

Dress Code and Appearance

In order to promote quality healthcare and a safe environment for patients, public, volunteers, and staff, VHPs should present a clean, neat appearance and adhere to the following guidelines.

- If required by the Receiving Jurisdiction or Duty Entity, wear issued identification badge/name tag at all times while on duty.
- Wear any hospital issued personal protective equipment (PPE) when necessary.
- If performing duties requiring different dress, wear them according to the supervisor's instructions.
- If provided, wear the uniform volunteer shirt or vest.
- Do not wear open-toed shoes.
- Do not wear shorts.
- Manage long hair in accordance with the requirements of the volunteer position.

Confidentiality

The federal act known as *HIPAA* (*The Health Insurance Portability and Accountability Act of 1996*) protects the confidentiality of an individual's Protected Health Information (PHI). If in the course of volunteers' job performance they handle, receive, maintain, or have access to PHI, federal law obligates that they protect the confidentiality of such information.

<u>Definition of PHI:</u> Any information (whether in oral, written, or electronic form) that relates to a person's physical and behavioral health status, provision of healthcare, or payment for healthcare, (including, but not limited to, a patient's name, address, and Social Security number) that can be linked to a specific individual.

When volunteers deliver their services, they must adhere to the confidentiality of PHI during their term of service in the hospital, and must maintain the confidentiality of the PHI even after volunteer services cease.

- The only patient information that health professionals can lawfully share is that which is necessary to carry out individual volunteer responsibilities, and only with appropriate parties (volunteer supervisor, medical staff, etc.).
- At no time can VHPs discuss the identity, diagnosis, or condition of a patient/client for purposes other than treatment, payment, or healthcare operations except with the express authorization of the patient/client.
- Every volunteer must know the privacy practices of the healthcare facility with which he/she works. This is not only a contractual obligation, but *HIPAA* itself provides substantial penalties for failure to follow its privacy and security requirements. Unlawful disclosure of confidential information may be grounds for dismissal from service.

Exceptions for Breaking Confidentiality

If a situation meets either of the following two exceptions, the volunteer must immediately contact his/her supervisor.

- A volunteer is concerned that a person is a threat to his/herself or someone else
- A volunteer is concerned that a person is experiencing abuse or neglect

The volunteer must use discretion and notify only those parties essential to protecting the individual in question.

Enforcement of VHP Conduct

In compliance with NIMS principles and Wisconsin State Statutes, the local authorities are in charge during a deployment.

- The local incident commanders or the Receiving Jurisdictions maintain the authority to dismiss a volunteer from his or her duty and send the individual volunteer back home.
- In any situation involving dismissal, discharge, or release of a volunteer, the Receiving Jurisdiction should, as appropriate, arrange for transportation and, as soon as possible, inform the Sending Jurisdiction of the action.

Management of Injuries during Deployment

A volunteer health professional injured on deployment (or training/exercise) should receive appropriate medical care.

- If the injury occurs in the Sending Jurisdiction, the Sending Jurisdiction should select the appropriate medical provider.
- If the injury occurs in the Requesting Jurisdiction, the incident commander or Receiving Jurisdiction should select the provider.
- Inform the Sending Jurisdiction program and the WEAVR State Administrator of the injury as soon as
 possible and practicable after its occurrence and after the VHP has received the necessary medical
 care.

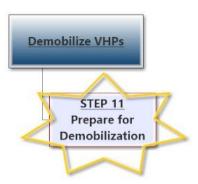
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Demobilize VHPs

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STEP 11: PREPARE FOR DEMOBILIZATION



Step 11 Task Summary

- ☐ Address the resolution or continuity of assigned duties.
- ☐ Provide for final volunteer needs and concerns.
- ☐ Complete logistical and administrative tasks.
- □ Document and appreciate the volunteers' experience.

The end of volunteer activities 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.

See *Toolkit Z: Demobilization and Post-Deployment Management* for checklists of concluding activities for both Sending and Receiving Jurisdictions.

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 period. However, in all cases jurisdictions should address the following:

Resolution/Continuity of Duties and Release

The local incident commander or supervisor must dismiss the VHP from the assigned duties. She must also ensure the VHP resolves any remaining issues and provides for a responsible transition of services. See *Toolkit Z*.

Out-Processing and Exit Interview

Conduct an exit interview to educate the volunteer about the typical physical and behavioral health reactions to disasters, and to inform them of the follow up resources available.

Notification of Sending Jurisdiction

The Receiving Jurisdiction is responsible for informing the Sending Jurisdiction of VHP demobilization.

Completion of Tracking Data

Regardless of method used, the Receiving Jurisdiction should complete the tracking information for any demobilized VHP.

Performance Evaluations

Whenever a VHP deploys outside of his/her own jurisdiction, the Receiving Jurisdiction may elect to complete a *Toolkit ZZ: ICS Form 225 - Performance Rating* for each volunteer, unit, or team.

Transportation Back to Point of Departure/Embarkation

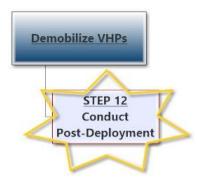
Follow arrangements made at the time of the deployment back to the point of departure/embarkation.

Debriefing

It is important to understand what the volunteer experience was like and to identify lessons learned for future deployments. This is true for both the Receiving Jurisdiction as well as the Sending Jurisdiction.

- Agencies may ask volunteers to participate in debriefing and may use their own volunteer feedback form
 if they have one.
- Jurisdictions may integrate debriefing with a more robust welcome home process, as described below.

STEP 12: CONDUCT POST-DEPLOYMENT MANAGEMENT



to-readiness tasks.

Step 12 Task Summary

- ☐ Host a welcome for returning VHPs.
- ☐ Complete post-deployment recordkeeping.
- ☐ Update the WEAVR system components related to the deployment mission.

After deploying VHPs, recognition/retention of volunteers and recordkeeping conclude the demobilization process. Since volunteers are neither assets nor first responders, there are few other recovery or return-

Welcome Home

The Sending Jurisdiction should ensure that there is some type of welcome home process for the volunteers when they return. In addition to providing an opportunity to recognize and thank volunteers, this process should allow for discussions of the deployment experience and its potential after-effects.

Recognition and retention efforts will vary by jurisdiction. The *Part 4: WEAVR Recruitment and Retention Strategy* addresses these in detail.

Follow up

Initiate planned follow-up activities to reinforce volunteer appreciation, well-being, and retention.

Post-Deployment Recordkeeping

Unit coordinators – i.e., MRC Coordinators and jurisdiction – should communicate with their specific county counsel and/or city attorney to ascertain any local requirements related to the documentation of disaster volunteers. See $Toolkit\ Z$ for minimal recordkeeping requirements.

When possible, use the WEAVR system to keep records specific to the mission, dates, hours, and roles performed in deployment.

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