



DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH  
OFFICE OF PREPAREDNESS AND EMERGENCY HEALTH CARE  
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# Part 5B: WEAVR Deployment Operations Manual Toolkit

August 2016

Wisconsin Plan for Volunteer Health Professionals  
(VHPs)

This toolkit is for the use of WEAVR state and local administrators, in various agencies 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](mailto:dhsweavrmail@wisconsin.gov)*

# Part 5B: WEAVR Deployment Operations Manual Toolkit

WISCONSIN PLAN FOR VOLUNTEER HEALTH PROFESSIONALS (VHPS)

## A – DECIDING TO REQUEST WEAVR RESOURCES

### DHS Staff with Requesting Jurisdiction

DHS WEAVR staff has the responsibility to ensure that the impacted jurisdiction provides complete responses to the following questions.

| Questions Resolve Prior to Request   | Yes | No |
|--|-----|----|
| Is the health professional/staffing resource available through mutual assistance agreements?   |     |    |
| Is the health professional resource available from the internal operational area medical surge or corporate mechanisms, such as shared staffing between health care facilities?  |     |    |
| Is the health professional resource need immediate and significant?  |     |    |
| 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, etc.? |     |    |
| Has the jurisdiction addressed payment/reimbursement issues related to the deployment and logistics support of volunteers?<br><b>NOTE: Volunteers cannot receive payment for their deployment.</b>   |     |    |
| Has the jurisdiction declared a State of Emergency?<br><b>NOTE: In the absence of a declared State of Emergency, responsibility for VHP liability and worker’s compensation coverage guarantees lies with the requesting jurisdiction.</b>               |     |    |

### Requesting WEAVR Resources

Once it has been determined that an impacted jurisdiction needs out-of-area volunteer health professional resources, the jurisdiction should undertake the following activities:

- File or update a situation report – [D: Medical and Public Health Volunteer Situation Report](#).
- Submit a formal [C: Medical and Public Health Resource Request Form](#).
  - Contact the DHS WEAVR Staff, if necessary, for assistance in completion of request.
  - During daytime weekday hours (normal working days and hours) all requests for volunteers are made by contacting the WEAVR Administrator or staff.
  - Evening and weekend hours: requests will be made to the DHS 24/7 Emergency Hotline phone number (608) 258-0099.
  - Immediate or emergency need: contact the DHS Emergency Response Coordinator at (608) 225-9198.
- Clarify the anticipated mission and location of service for the requested volunteers. (For example, if volunteers will serve in a hospital, it becomes important to resolve credentialing/privileging concerns at the outset.)
- Determine if there are likely deployment conditions (e.g., work, lodging, and travel conditions) that would suggest a need to determine fitness for duty screening of volunteers, and if so, to what degree of screening.
  - The sending jurisdiction, in close coordination with the requesting jurisdiction (as they understand the likely field conditions in which volunteers will work and sleep), conducts the screening.
  - See [Toolkit O: Fitness for Duty Screening](#) for guidelines on fitness-for-duty screening.
- With the DHS Staff, determine who/which agency will handle the logistics and communications matters related to VHPs/MRCs. Consider the following:
  - The length of time the incident has been ongoing.
  - The ability/inability of the impacted area 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 occur?
  - Are there any extraordinary health-related issues that would impact deployment or fitness-for-duty screening?
  - How much lead-time is there before the requesting jurisdiction needs volunteers?
- Ensure that the individual/organization that will manage logistics for the VHP deployment completes [Toolkit F: Logistics Considerations](#) and distributes key information to potential sending jurisdictions **prior** to initiating contact with VHPs.
- From the outset, begin planning for the eventual demobilization of VHPs and their return to their own home area.

### Ordering WEAVR Resources

- Working with the DHS WEAVR Staff/staff, request resources using *Section 5* of the *Toolkit C: Medical and Public Health Resource Request* form. Be sure to address the following items:
  - Occupations needed
  - Number of personnel needed
  - Specialty and subspecialty information
  - Emergency Credential Level
  - Specific training
  - 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 DHS WEAVR Staff/staff are aware of additional required credentialing/privileging information prior to sending request through the WEAVR system.

# C – MEDICAL AND PUBLIC HEALTH RESOURCE REQUEST FORM

## Medical and Public Health Resource Request Form

### INSTRUCTIONS FOLLOW

|  |                          |                                       |  |  |           |
|--|--------------------------|---------------------------------------|--|--|-----------|
| 1. Incident Name:  |                          | 2a. DATE:                             |  | 2b. TIME:  |           |
| 3. Requestor Name, Agency, Position, Phone / Email:  |                          |                                       |  | 2c. Requestor Tracking #: (Assigned by Requesting Entity)              |           |
| MISSION / TASK DESCRIPTION   |                          |                                       |  |  |           |
|  |                          |                                       |  |  |           |
| 5. ORDER SHEETS - USE  | <input type="checkbox"/> | ATTACHED                              | SUPPLIES/EQUIPMENT   | <input type="checkbox"/>   | PERSONNEL |
|  |                          |                                       |  | <input type="checkbox"/>   | OTHER     |
| 8. IC/EOC Review: (NAME, POSITION , AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THE LOCAL LEVEL; 3) THE REQUEST IS COMPLETE] |                          |                                       |  | 9. Describing the actions taken on this request so far.                |           |
| NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).  |                          |                                       |  |  |           |
| 10. Additional Order Fulfillment Information:  |                          | 11. Likely Supplier Name/Phone/Email: |  | 12. Resource Tracking:   |           |
|  |                          |                                       |  | <input type="checkbox"/> Entered into Resource Tracking System (Plans) |           |
|  |                          |                                       |  | <input type="checkbox"/> Demob Expected:                               |           |
|  |                          |                                       |  | <input type="checkbox"/> Demob Completed (if known):                   |           |
| 13. Notes:   |                          |                                       |  | 14. ORDER FILLED AT (check box)  |           |
|  |                          |                                       |  | Region:  |           |
|  |                          |                                       |  | Staging Area:  |           |
|  |                          |                                       |  | Registration area location:  |           |
| Report to Section or Supervisor:   |                          |                                       | Supervisor cell phone:   |  |           |
| 15. Reply / Comments from Finance:   |                          |                                       | 16. Finance Section Signature & Date/Time: (Name, Position & Verification) |  |           |



## Medical and Public Health Resource Request Form

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

| 5. ORDER <b>GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS</b>                              |            |   |                                      |                         |                      |                           | 17. Logistics Section: Fulfillment   |        |              |           |                          | NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State). |
|--|------------|---|--------------------------------------|-------------------------|----------------------|---------------------------|--|--------|--------------|-----------|--------------------------|---|
| Item #   | Priority 3 | Detailed Specific Item Description:<br>Vital characteristics, brand, specs, diagrams, and other Info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc. ) | Product Class<br>(Ea, Box, Cs, Pack) | Items per Product Class | Quantity 2 Requested | Expected Duration of Use: | Approved   | Filled | Back-Ordered | Tracking# | ETA<br><br>(Date & Time) | COST  |
|  |            |   |                                      |                         |                      |                           |  |        |              |           |                          |   |
|  |            |   |                                      |                         |                      |                           |  |        |              |           |                          |   |
|  |            |   |                                      |                         |                      |                           |  |        |              |           |                          |   |
|  |            |   |                                      |                         |                      |                           |  |        |              |           |                          |   |
|  |            |   |                                      |                         |                      |                           |  |        |              |           |                          |   |
| 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.) |        |              |           |                          |   |

## **INSTRUCTIONS: Detailed Specific Item Descriptions**

### **Personnel Type and Probable Duties**

The specific item in the request form is the type of VHP needed, such as registered nurse, licensed marriage & family therapist, or physician. This will match up with the WEAVR system field *Occupation Type*. (Note that one WEAVR registrant may be listed in multiple occupations, as primary and secondary occupations.)

### **Number Needed**

Indicate in this column the number of individual VHPs sought for a given occupation (e.g. 12 RNs). This is not the same as the number of shifts.

### **Minimum Required Clinical Experience – Emergency Credential Level (ECL)**

If there is a healthcare response, 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 in support of medical shelters, ECL 2 or 3 may be sufficient.

### **Required Skills, Training, Certs**

Specialty and subspecialty: These include such subcategories as emergency nurse, critical care, etc.

### **Specific (rather than preferred) 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 WEAVR 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.)

### **Anticipated Length of Service**

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.

## D – MEDICAL AND PUBLIC HEALTH VOLUNTEER SITUATION REPORT

Requesting agency should complete this form *daily* as part of an official situation report of emergency response to include deployed WEAVR members. Please attach the original request form for WEAVR.

The Division of Public Health WEAVR Administrator and/or local Administrators require this form in order to track the volunteers deployed.

**Note:** If a Local WEAVR Administrator is tracking the deployment details of the VHPs via the WEAVR system, the State WEAVR Administrator may waive completion of the form and request the Local Administrator to submit email updates.

## Medical & Public Health Volunteer Situation Report

|   |                                    |          |  |  |  |  |  |  |  |
|---|------------------------------------|----------|--|--|--|--|--|--|--|
| 1. Name, Agency, Position, Phone / Email:   | 1b.Date:                           | 1c.Time: |  |  |  |  |  |  |  |
| 2.MISSION / TASK DESCRIPTION (Nature of Incident Needing Volunteers)  |                                    |          |  |  |  |  |  |  |  |
| 3. Supervisor's Name:   | 3.b Supervisor's Telephone Number: |          |  |  |  |  |  |  |  |
| 4.Physical Location/s of WEAVR members who have been deployed:  |                                    |          |  |  |  |  |  |  |  |
| 5. Hazardous Exposure for Volunteers:   |                                    |          |  |  |  |  |  |  |  |
| 6. Please specify names of WEAVR members deployed in your jurisdiction.   |                                    |          |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> |                                    |          |  |  |  |  |  |  |  |
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|   |                                    |          |  |  |  |  |  |  |  |
|   |                                    |          |  |  |  |  |  |  |  |
|   |                                    |          |  |  |  |  |  |  |  |
|   |                                    |          |  |  |  |  |  |  |  |
|   |                                    |          |  |  |  |  |  |  |  |
|   |                                    |          |  |  |  |  |  |  |  |
| 7. Any injuries sustained and reported by volunteers? If so provide description   |                                    |          |  |  |  |  |  |  |  |
| 8. Were any of the volunteers moved from the initial location of deployment (from request for volunteers form)?   | 8.b If moved to where?             |          |  |  |  |  |  |  |  |
| 9.c If moved new Contact Name, Phone/Email:   |                                    |          |  |  |  |  |  |  |  |
| 10. Expected hours/days response will last:   |                                    |          |  |  |  |  |  |  |  |
| Demob Expected:   | Time:                              |          |  |  |  |  |  |  |  |
| 11. Names of Volunteers released: (names)                      11b. Date and time of release (for each):  |                                    |          |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |                                    |          |  |  |  |  |  |  |  |
|   |                                    |          |  |  |  |  |  |  |  |
|   |                                    |          |  |  |  |  |  |  |  |

|  |  |
|--|--|
|  |  |
|  |  |
| 12. Signature of person completing this form: _____ Date and time: _____ |  |

## E – TEMPLATE: PRELIMINARY LOGISTICS INFORMATION FORM

The **Requesting Entity** (e.g. hospital, LPHD) submits the following information to the Local WEAVR Administrator **at the same time** local and DHS Staff are completing the Request for WEAVR Resources.

| INCIDENT INFORMATION   |  |                         |
|--|--|-------------------------|
| 1. Incident Name:  | 2a. DATE:  | 2b. TIME:               |
| 3. Requesting Entity:  | 3.a. Requesting Entity Point of Contact (POC) Name/Position: | 3.b. POC Phone:         |
| EMERGENCY DUTY LOCATIONS & REQUIREMENTS<br><i>(duplicate on separate pages for additional duty locations)</i>  |  |                         |
| 4. Location:   | 4.a. Reports To:   | 4.b. Desired Start Day: |
| 5. Specialized Qualifications Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(qualifications over and above professional license and government-issued photo identification such as FAST, Animal Response Corps)</i> | 5.a. Define:   |                         |
| 6. Just-In-Time (JIT) Training Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(for example, use of the bifurcated needle at a smallpox vaccination clinic)</i>   | 6.a. Define:   |                         |
| 7. Extraordinary Health-Related Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(e.g., potential for exposure to significant health risks)</i>  | 7.a. Define:   |                         |
| 8. Need for Fitness for Duty Screening: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(due to unusual/extreme working conditions – See Toolkit O: Fitness for Duty Screening)</i>   | 8.a. Define:   |                         |
| 9. Need to Bring Specialized Equipment/Supplies: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(see Toolkit T: Packing Checklist, for general packing guidelines)</i>   | 9.a. Define:   |                         |
| ARRIVAL INFORMATION  |  |                         |
| 9. Arrival Location <i>(if different from staging area)</i> :  | 9.a. Arrival Instructions:                                   |                         |
| 10. Staging Area Location:   | 10.a. Staging Area Procedure:                                |                         |
| MISSION SAFETY   |  |                         |
| 11.a. Who will deliver the briefing? Name/Position:  | 11.b. Location:  | 11.c. Schedule:         |

11.d. Known safety issues:

**12. VHP Housing**

12.a. Location:

12.b. Contact:

12.c. Comments:

**VHP ROLES AND EXPECTATIONS**

**LOGISTICS OFFICER ASSIGNED**

Name:

Agency/Position:

Phone #s:

Email:

## F – LOGISTICS ISSUES FOR DEPLOYMENT OF VHPs

### Logistics Issues

The following checklist may be adapted into Job Action Sheet format for relevant incident command positions. Different jurisdictions handle volunteer management and med/health incident command differently, so we make no assumptions regarding duty assignments for specific positions.

#### Logistics coordinator at key points

- Ensure a volunteer point of contact, mission support team member, or volunteer coordinator/liaison is present in the field for mobilization, transportation, and demobilization.

#### Transportation and/or parking

- Arrange for transportation of VHPs before mobilizing them.
  - 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 VHP home, as well.

#### Food

- Arrange for meals and water for VHPs if the volunteers are working for more than one shift.
  - Do not expect VHPs to deploy with their own rations.
  - If VHPs are working only one shift, ensure water and (ideally) some form of snacks.

#### Lodging

- If a mission is greater than one shift (if VHPs are staying overnight), arrange for lodging, including sleeping and hygiene provisions.
  - Make all housing arrangements, as well as those for meals and water, before deploying volunteers.
  - Inform volunteers of the field conditions at the time you ask them 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 you are providing meals at a separate location, arrange regular transportation to/from that location.

#### Communication support



- To the greatest extent possible, provide VHPs 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 VHPs to bring medical supplies with them as part of their deployment (beyond personal stethoscopes).

### **Safety equipment**

- If the incident safety officer deems personal protective equipment (PPE) necessary, provide that equipment (and relevant training) for volunteers. Do not expect VHPs to deploy with their own PPE.
  - If the mission requires exposure to health/safety risks beyond those normally found in healthcare, inform volunteers of the risks when you ask them to volunteer.

### **Safety briefing/training**

- Make volunteers aware of any pertinent safety considerations related to their point of service or of the location of their lodging/billeting. Communicate specific risks associated with these areas to the volunteers at the time of their arrival.
- Even if there are no evident safety concerns, ensure that volunteers receive a brief orientation to the site where they are located.

## G – COMMUNICATIONS FOR DEPLOYMENT OF VHPs

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**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.**

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### The Volunteer Health Professional

***When seeking VHPs/MRCs for a mission***, Local WEAVR Administrators should communicate to the volunteer health professional:

- 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 VHPs/MRCs for a mission***, Local WEAVR Administrators should communicate to the VHP:

- 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 VHPs 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 volunteer health professional 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 volunteer health professional 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 jurisdiction or sending MRC coordinator)

To the extent possible, enter the information into the WEAVR system when you create the mission for easy communication to volunteers.

If some of the information is unavailable at when you create the mission within the system, you can add it when it becomes available.

## The Sending Coordinator

When seeking to determine the potential availability of VHPs from within unit(s) in non-impacted jurisdictions, communicate the following information 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, communicate the following information 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 WEAVR 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 volunteer health professional 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 VHPs 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)

## **The Receiving Jurisdiction**

When communicating to the receiving jurisdiction the following information should be included. It may be communicated directly from the sending jurisdiction or communicated from the sending jurisdiction program to the DHS WEAVR Staff or other DHS staff:

- The list of those VHPs assigned/being sent from their jurisdiction, including:
  - Name
  - Contact information (telephone, address, email)
  - 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 jurisdiction including:
  - 24/7 contact number

## **The DHS WEAVR Staff / State Operations Center / Joint Emergency Operations Center**

When an impacted jurisdiction is communicating the need or potential need for VHP resources from outside the impacted area, they should communicate the following information to the DHS WEAVR Staff/State Operations Center/Joint Emergency Operations Center (not all information will be immediately available):

- Type of mission
- Location of mission
- Ability of agency to provide logistics for VHPs
- Specific plans for logistics for VHPs' support
- Type and number of VHP's 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 [Toolkit C: Medical and Public Health Resource Request](#) form, the following information should be communicated to the DHS WEAVR Staff/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

## The Incident Commander

The manner of communication among elements within the impacted area is to be determined by that jurisdiction's policies and procedures. It is suggested, however, that when volunteer health professionals are deployed, the following information be communicated by the receiving jurisdiction to the local incident commander:

- The list of those VHPs assigned/being sent from their jurisdiction, including:
  - Name
  - Contact information (telephone, address, email)
  - License type
  - Emergency credential level
  - Unit affiliation
  - Photograph (if available)

- Specialty/subspecialty information
- Information related to special skills
- Language capability of deployed VHPs
- 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 VHPs (e.g., team lead, volunteer management personnel).

## **The Logistics Section/Incident Management Team**

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

- The list of those VHPs assigned/being sent from their jurisdiction, including:
  - Name
  - Contact information (telephone, address, email)
  - License type
  - Emergency credential level
  - Unit affiliation
  - Photograph (if available)
- Information related to:
  - Transportation
  - Housing
  - Food
  - Other logistical agreements, if any
- Contact information for receiving jurisdiction, logistics support person, and incident commander.
- Contact information for sending jurisdiction or coordinator.

# H – TEMPLATE: MASTER ALERT/POLLING MESSAGE

**DHS WEAVR Staff:** Use data from the *Toolkit C: Medical and Public Health Resource Request Form*, *Toolkit D: Medical and Public Health Volunteer Situation Report*, and *Toolkit E: Preliminary Logistics Information Form* to complete a generic VHP Polling Message that Non-Impacted System Administrators can customize to poll their volunteers.

## Master Alert/Message Template

|  |  |
|--|--|
| <p>_____ (local jurisdiction/entity) has an immediate need for Volunteer Health Professionals (VHPs) to support response to _____ (incident).</p>  |  |
| <p><b>Location:</b></p>  | <p><b>Duration:</b></p>  |
| <p><b>Kind of Incident:</b><br/><i>(even if deployment requirements are still being developed, some sense of mission and duration will help volunteers decide if they are available)</i></p>   |  |
| <p><b>Mission Description:</b><br/><i>(e.g., strategic national stockpile mass-dispensing operation, evacuation/shelter support, etc.)</i></p>   |  |
| <p><b>Critical Response Conditions:</b><br/><i>(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).</i></p> |  |
| <p><b>Fitness for Duty:</b><br/><i>Do the conditions of the response necessitate that potential VHPs complete a Fitness for Duty screening?</i></p>  | <p><b>Response:</b><br/> <input type="checkbox"/> No    <input type="checkbox"/> Yes</p>   |
| <p><b>Resources Requested:</b></p>   | <p><b>Response:</b><br/> <input type="checkbox"/> Available to respond<br/> <input type="checkbox"/> Not available to respond<br/> <input type="checkbox"/> Unsure, may be able to</p> |

|                                 |         |
|---------------------------------|---------|
|                                 | respond |
| Attachments:                    |         |
| PLEASE RESPOND BY _____ (DATE). |         |

## I – SEARCHING FOR DEPLOYABLE VHPs/MRCs

**Sending (Non-Impacted) Jurisdiction:** When DHS/WEAVR Staff contact you for possible VHP deployment, complete the following actions.

### Query the WEAVR System

#### Specifying Search Criteria

- Search for the desired occupations between the *medical* or *non-medical* categories.
  - Licensed occupations appear under the medical category.
  - Non-licensed occupations appear under the non-medical category.
- Avoid limiting the search by ECL status unless there is a specific request for a particular ECL.
- Consider performing initial searches without requests for specific skills, training, and experience unless there is an absolute requirement for the deployment.
  - For example, conduct a search for nurses and determine the availability of the desired number. Then, conduct a subsequent search adding key skill, such as **Spanish speaking**, to further refine the criteria.
  - Select specific skills and certifications (e.g., ACLS certification) in the **Training Courses** field. Since training is self-reported, remind VHPs to bring training documentation, such as their ACLS care, to the deployment.
- Search for **Deployment Preferences** to find VHPs willing to deploy for the requested duration. WEAVR allows volunteers to choose preferences for:
  - One day
  - Up to 14 days
  - Up to 21 days
  - Up to 28 days
  - Longer than 28 days.
- Search for **Travel Willingness** to find VHPs willing to travel the necessary distance to the incident. WEAVR allows VHPs to select the following preferences: **Local**, **In State**, or **Out-of-State**.

### Polling Local Volunteers

#### DHS WEAVR Staff

- Decide how many and which non-impacted Local Administrators to contact to assess potential VHP availability, based on:
  - The nature and extent of the incident



- The number and type of resources required
- The proximity of non-impacted jurisdiction to the impacted or requesting jurisdiction
- Likelihood that a Local Administrator may, as a result of the incident, develop its own need for WEAVR resources
- 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 jurisdiction)
- Work with Requesting System Administrator to create a standardized *Toolkit H: Master Alert/Polling Message*.
- Send the standardized message to the Non-Impacted System Administrators to customize for polling their volunteers.

## Non-Impacted System Administrators

Poll volunteers as to their potential availability using the WEAVR search and messaging functions.

- Use *Mission Manager* in the WEAVR system to poll local VHPs as to availability and willingness to deploy.
- Use the *VHP Polling Message Template* provided by DHS Staff or the Requesting Jurisdiction to create a polling message to your VHPs.
- Include sufficient information about the potential deployment in the polling message to allow a VHP to make a reasoned judgment about their ability to respond.
- Craft response options to avoid unnecessarily excluding potential VHPs.
- Request responses within a short but reasonable period, depending on the nature of the incident, to allow DHS WEAVR Staff to quickly assess polling responses and consider seeking availability information from other non-impacted jurisdictions if indicated.
- Communicate results (i.e., available numbers/types of volunteers) to DHS WEAVR Staff.
- Consider creating a secondary polling or requests to individuals who may have been unsure on the first request.

**MRC Coordinator(s)** in the impacted 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.

## J – WEAVR QUICK REFERENCE GUIDE

The WEAVR 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:

- *Create a Mission*
- *Create a Deployment Group*
- *Request Availability*
- *Assign Responders*
- *Notify Responder*

# 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

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



- 2 enter the mission information fill in fields as required with an Asterisk \*
- 3 Once finished, do one of the following
  - 2 Click save to save the mission and return to the All Missions page
  - 3 - Click Save & Create Deployment to save the mission and continue to creating a deployment group

### Step 2: Create a Deployment Group

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 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

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 dropdown.
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 has changed.



If you do not have a reference for assigned 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 Employment Groups page, click the message icon to open the Message Center.



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

## K – CREATING THE MISSION

### Create the Mission

Use *Toolkit J: Quick Reference Guide* to create a mission observing the following considerations:

#### Mission Name

- Use a name that is descriptive of the incident, easily understood, and unambiguous to ensure that users of the system can easily access the mission name without extensive search time.
- To the extent possible, capture the nature of the incident, location of service, and date/time reference in the mission name (e.g., *Sheboygan County Flooding: Spring, 2010*).

#### Mission Overview

- Create a brief description of the general nature of the mission.
- Include a few sentences that capture the purpose of the mission and what responders will be asked to do.

#### Cross-Reference Information

- When appropriate, provide tracking numbers if they are required for transactions such as reimbursement and communication of resource requirements.
- Examples include RIMS number, FEMA number, etc.

#### Authority Information

- Indicate specific proclamations or declarations of emergency linked to the mission.
- Enter contact information for the entity in which the emergency authority resides.

## L – CREATING DEPLOYMENT GROUPS

### Creating Deployment Groups/Specific Requests

When creating specific deployment groups/requests, Local Administrators should address the following:

#### Deployment Name

- Choose a name for the deployment that is succinct, simple, descriptive, and easily recognized (e.g., *Dane County Evacuation Support*).

#### Work Dates

The system allows entry of several different dates related to deployments –check-in, checkout, begin work, and end work.

- Required** – enter dates for beginning and ending the actual work (i.e., the work for which VHPs have deployed).
- If travel time is an issue, ensure that the dates entered reflect the actual work dates.
- Enter additional associated dates as necessary/desired.

#### Positions

Positions represent the roles a responder will take on during a deployment. They can be medical or non-medical.

- Use the positions in the **Position Library** when requesting VHPs or create new positions as needed.
- Enter the **exact** number of individual persons required to meet the need – NOT the number of shifts to be filled.
- Ensure requests identify the category and type of volunteer desired.
- Enter any information relating to prerequisites for deployment

#### Check-in Location

- Enter detailed information about where volunteers should report and check in for duty, such as:
  - Enter information related to what the volunteer will need to know about reporting for duty.
  - The place to which VHPs are to report for travel to the impacted jurisdiction
  - The staging area in the impacted jurisdiction
  - The actual service location
- Include location, directions, name/role of person to check in with and any available contact information such as telephone.

#### Service Location

- Enter location and contact information, should the actual service location be different from the check-in location.
- Leave this field blank if check-in and service locations are the same (e.g., volunteers are instructed to travel to the actual ACS where they will serve).

## Information for Responders

- Accommodations:** If the requesting jurisdiction has responsibility for food, housing, and transportation, it should enter relevant details here.
- Items to Bring:** Identify what government-issued licenses and healthcare credentials, clothing, hygiene essentials, equipment items, food and water, and miscellaneous and optional supplies VHPs should bring based on the type and severity of disaster. See *Toolkit T: Packing Checklist – Preparing for Deployment*.
- Additional Details:** Use this box for capturing information that is more specific related to these logistics concerns – e.g., name and address of hotel being used to house these volunteers, etc.

## Inviting Volunteers

- Ensure that message inviting volunteers contains sufficient information for the volunteer to make a reasoned judgment about the ability to respond.
- Consider sending the message inviting volunteers by all of the available methods, i.e., e-mail, internal, and text. Remember that VHPs will only see **internal** messages if they are logged into the system.

## Monitoring Responses

Once the sending or non-impacted area/System Administrator has sent a request, do the following:

- Monitor responses of availability in a timely fashion.
- Communicate availability of volunteers to the DHS WEAVR Staff/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 VHPs. 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.



## M – 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:

- A Sending Jurisdiction may create a list of available and deployed volunteers and send it to the Requesting Jurisdiction.
- A Requesting Jurisdiction may forward the list or roster of volunteers received to the local Incident Commander who will be supervising and utilizing the services of the volunteer.

### Nature of Transmitted Information

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 an **assignment list**.

- When possible, create the deployment roster within the Mission Manager function of the WEAVR system.
- Enter the data elements needed to correctly identify each volunteer health professional as part of their clinical volunteer service at a variety of steps through the deployment process and verify their professional licensure/certification.
  - Name
  - License type (e.g., registered nurse, pharmacist)
  - ECL status
  - Contact telephone number
  - Email address
  - Unit affiliation
  - Address
  - Photograph (if available)

The consumers of this data will vary at different points (see *Volunteer Tracking during Deployment, Part 5A, page 35*) and include logistics/transportation staff, incident commanders, and staffing leaders.

### Mode of Transmission

Transmit information related to deployed or available volunteers in the following ways.

- Within the WEAVR Application** – When sharing information between or among Unit Administrators or System Administrators, transmit the information to the appropriate individuals by sending it via the WEAVR system.
- By Email or Facsimile** – When sharing roster information with individuals who do not have access to the WEAVR system (e.g., informing an Incident Commander of the roster of nurses being sent to staff an Alternate Care Site), communicate the pertinent information in one or more of the following manners.

- Printing the roster, and faxing it (as needed),
- Converting the roster in the WEAVR system into an Adobe .PDF file and then sending that file to the interested party by either email, and/or
- Using a third-party file transfer website such as [www.YouSendIt.com](http://www.YouSendIt.com).

## Regulatory Framework

- Under Wisconsin 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 WEAVR system, DHS policy and procedures related to information security apply.
  - Any information available within the WEAVR system, whether in electronic form or downloaded or printed in hard copy, shall not be used for personal purposes.
  - The information most likely to be included in a deployment roster does not amount to personal information as defined in statute and which would require notification if security were breached.
- However, the transmittal of the individual's first name (or initial) and last name in conjunction with any of the following unencrypted data elements constitutes a breach of personal information security, and must be handled accordingly:
  - Social Security number
  - Driver's license number or Wisconsin 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
  - 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.

# N – CONFIRMING AND ASSIGNING VHPs

## Confirming and Assigning VHPs

### Confirming VHP Participation: *Sending System Administrator or DHS WEAVR Staff*

- Send a WEAVR system message to those VHPs who have indicated a willingness/availability to deploy
- If necessary, use telephone and/or email communication with the volunteer to confirm participation.
- Mark confirmed volunteers as **assigned** in the WEAVR system.

### Verifying Credentials: *Sending System Administrator or DHS WEAVR Staff*

The system automatically checks licensure on a regular (at least daily) basis.

- Verify credentials of assigned volunteers.
- Prior to actually deploying the finalized list of volunteers, re-check the licensure information in real time.
- If staff cannot confirm an assigned volunteer's licensure in the last-minute check, remove that individual from the list and do not permit deployment until confirming a valid license.

### 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: *Sending System Administrator or DHS WEAVR Staff*

Ensure communication regarding the following information to assigned volunteers:

- 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., Wisconsin driver's license, passport, etc.)

### Creating Physical Assignment List: *Sending System Administrator or DHS WEAVR Staff*

- Ensure that all critical communication with VHPs is complete prior to creating and sending assignment lists.
- Mark confirmed volunteers as **assigned**.
- Create a faxable physical assignment list that includes the volunteers':
- Print a faxable document that includes the volunteers':
  - Names
  - License types
  - Emergency credential levels
  - Contact information (address, phone, and email)

- Unit affiliations
- Photos (if one has been previously uploaded)

**Sending Assignment List: *Sending Jurisdiction* or *DHS WEAVR Staff***

- Send Assignment List to:
  - Receiving jurisdiction, which should share it with the relevant incident commander(s)
  - Staffing coordinator or similar position
- Relay the Assignments Lists by:
  - Alerting the appropriate person (e.g., impacted jurisdiction) of the existence of the Assignment List within the WEAVR system
  - Creating a PDF copy of the Assignment List and sending it to the impacted jurisdiction by e- mail attachment or fax
- Provide the Receiving Jurisdiction with administrative rights to view all pertinent Assignment Lists in the WEAVR system.

## O – FITNESS FOR DUTY SCREENING

Disaster conditions may present VHPs registered in the WEAVR and MRC unit volunteers with living, sleeping, and working environments with 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 State or Local WEAVR Administrator or sending MRC unit coordinator to work with the volunteers that are being deployed to ensure they have a sufficient level of fitness to perform the duties asked of them. Ultimately, 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 VHPs:

- **Requesting jurisdiction** must provide sufficient incident information in order for the sending unit coordinators to provide that information to potential volunteers. In particular, requesting jurisdiction should provide information about:
  - Working conditions,
  - Weather conditions,
  - Special, disaster specific circumstances such 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 VHPs 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 Jurisdiction** must provide sufficient information about the deployment so that the volunteers can make an informed decision about the suitability of the deployment.
- The **Sending Jurisdiction or (WEAVR Administrator)**, performing initial searches for volunteers should utilize screening options in the WEAVR system that utilize volunteers' self-reported requirements, including the requirement for Americans with Disabilities Act (ADA) compliant work settings.

## **Fitness for Duty VHPs/MRC Volunteer Health Information Form**

The following information must be disclosed to you as part of Fitness for Duty so you can make an informed decision about the inherent risks of this deployment in particular as it relates to your personal health and safety.

### **Confidential Statement**

All of the information contained in these forms shall be kept confidential and shall be kept and maintained in a confidential manner during this deployment. The record maintenance shall comply with HIPAA regulations.

The purpose of the Wisconsin Department of Health Services WEAVR program is to bring medical, public health, and other specialized resources to a disaster environment, to save and sustain lives, ensure the integrity of the healthcare and public health infrastructure, and the safety and health of all deployed personnel. This frequently means that disaster responders are functioning in extreme, austere, and ever-changing work and living environments.

Duties in these situations may include:

- Living in austere conditions for more than 24 continuous hours
- Shifts lasting 12 or more hours
- Standing for 8 or more hours at a time
- Regular walking or climbing on non-level surfaces
- Dusty or dirty air requiring wearing a mask or respirator for hours at a time
- Temperature extremes <32°F, > 100°F degrees with 90%+ humidity)
- Working at night or in the dark
- Repeated lifting and carrying of heavy equipment or patients for hours at a time
- Driving unfamiliar vehicles in unfamiliar surroundings
- Working and living without basic services (water, electricity, telephone, heating/cooling, warm meals, showers, laundry, lack of privacy)
- Poor sleeping environment: cots or ground, noisy, daylight

Work in this austere out-of-hospital or public health environment carries increased risk of injury, illness, and death. Leading causes of out-of-hospital healthcare worker (HCW) occupational fatality include (Maguire et al, 2002):

- Air ambulance crash
- Ground transportation
- Sudden cardiovascular death
- Assault
- Infectious diseases

Leading causes of out-of-hospital of HCW occupational morbidity and disability include:

- Cardiovascular events
- Musculoskeletal injuries
- Transportation events
- Infectious diseases



- Assaults
- Stress and psychological trauma, both acute and accumulative

Identified, historical-based occupational morbidity and mortality include:

- Sudden cardiac death
- Acute and chronic respiratory complaints
- Stress and behavioral issues (common)
- Heat- and cold-related maladies (common)
- Musculoskeletal injuries (common)

It has been determined that the following underlying physical or mental conditions can be exacerbated and or limit you physically during this deployment:

- Any surgery within 21 days that was extensive, relatively difficult, involved vital organs, or was itself hazardous to life
- Sustained systolic blood pressure above 150 mmHg or diastolic blood pressure above 90 mmHg, with or without prescribed medications (as average of 3 measurements on 3 different days)
- Symptomatic or unstable cardiovascular or pulmonary conditions (including but not limited to any symptomatic arrhythmia, including bradycardia or tachycardia)
- History of myocardial infarction or congestive heart failure
- Spine, joint or any musculoskeletal condition that precludes normal performance of response team duties under the conditions described above
- Durable medical equipment requirements, such as but not limited to wheelchairs, canes, crutches, braces, casts
- Presence of a prosthetic limb that precludes normal performance of response team duties under the conditions described above
- Acute respiratory conditions requiring CPAP, supplemental oxygen, frequent inhaler use, etc.
- Uncorrected visual or auditory impairment that precludes normal performance of response team duties under the conditions described above
- Corrected vision worse than 20/50
- Any anxiety disorder that interferes with wearing PPE
- Seizure activity within the last year
- Hypo- or hyperglycemic event causing altered mental status within the last year
- Current conditions or medications causing drowsiness, dizziness, or altered mental capacity
- Medications or medical devices requiring refrigeration, electricity, or that cannot function in the physical conditions described above
- Pregnancy
- Body Mass Index (BMI)  $\geq 40$
- Immunizations are not current
- Any condition requiring monitoring by a medical practitioner during the period of a mission
- Personal medical practitioner's advice against deployment or situations described above

I certify that I am aware of the increased risks and hazards associated with deployment, and have discussed them as appropriate with my family, significant others, and healthcare provider(s). Initial here:\_\_\_\_\_

I understand that insurance policies typically exclude or limit coverage for claims that may involve any pre-existing medical or mental health condition(s) I may have and, or that state worker's compensation coverage for such conditions *may* also be extremely limited. As appropriate, I have reviewed my own medical, disability and life insurance policies to ensure my desired coverage is established for this activity, any pre-existing medical condition that maybe exacerbated by the deployment conditions and work environment is covered, unscheduled, and/or non-traditional conveyance (aircraft, bus, train, ship, boat, etc.) which may provide for coverage that state insurance coverage may preclude. Initial here:\_\_\_\_\_

I certify that I am physically capable of performing my duties in the situations described above and that I currently meet the medical conditions described above, with the certain exceptions, which I have described below.

\_\_\_\_\_

Date

\_\_\_\_\_

Member Name

\_\_\_\_\_

Member Signature

## Medical Review (Completion Is Optional)

(This medical exam can be given to a VHP/MRC member on behalf of the sending unit or agency if they choose.)

The purpose is to gather information regarding your health and physical condition. ***This information will be used only to determine whether you have any adverse health condition(s) that may affect your ability to safely perform your duties during this deployment, or to assist with your medical care on the deployment.*** Please answer all questions as fully, truthfully and completely as possible. If you do not understand a question or are unsure how to respond, please contact the Sending Jurisdiction Designee or Unit Leader or Director.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Is there a possibility that you are pregnant? \_\_\_\_\_

If you wear a medical alert bracelet, why? \_\_\_\_\_

### List hospitalizations or surgeries in the past 10 years, including approximate dates

| Date | Hospitalization or Surgery (and Outcome) |
|------|--|
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |

### List allergies to medications, and all severe allergies:

| Allergy | Allergy |
|---------|---------|
|         |         |
|         |         |
|         |         |
|         |         |
|         |         |

### List all medications you are currently taking, including OTC, herbal and dietary supplements:

| Medication & Dose | Medication & Dose |
|-------------------|-------------------|
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |

In the last 5 years have you had or been diagnosed with any of the following? Please check the box on the left if it applies.

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Change in vision   | <input type="checkbox"/> | Back surgery   |
| <input type="checkbox"/> | Eye Surgeries  | <input type="checkbox"/> | Arthritis  |
| <input type="checkbox"/> | Change in hearing  | <input type="checkbox"/> | Joint injury   |
| <input type="checkbox"/> | Ear disorders  | <input type="checkbox"/> | Swollen or painful joints  |
| <input type="checkbox"/> | Broken bones   | <input type="checkbox"/> | Allergies  |
| <input type="checkbox"/> | Sinus conditions   | <input type="checkbox"/> | Dislocations   |
| <input type="checkbox"/> | Change in weight >251 lbs.                                     | <input type="checkbox"/> | Tendonitis   |
| <input type="checkbox"/> | Fatigue  | <input type="checkbox"/> | Hernia or rupture  |
| <input type="checkbox"/> | Lung disease   | <input type="checkbox"/> | Muscle pain  |
| <input type="checkbox"/> | Heart disease  | <input type="checkbox"/> | Any medical disability   |
| <input type="checkbox"/> | Heart murmur   | <input type="checkbox"/> | Any medical illness or condition you believe was related to your job |
| <input type="checkbox"/> | Thyroid disorder   | <input type="checkbox"/> | Anemia   |
| <input type="checkbox"/> | High blood pressure  | <input type="checkbox"/> | Shakiness or tremor  |
| <input type="checkbox"/> | Diabetes   | <input type="checkbox"/> | Weakness in an extremity   |
| <input type="checkbox"/> | Stomach or digestive problems requiring modified work schedule | <input type="checkbox"/> | Kidney disease   |
| <input type="checkbox"/> | Gallbladder disorder   | <input type="checkbox"/> | Bladder disease  |
| <input type="checkbox"/> | Blood in urine   | <input type="checkbox"/> | Fainting spells or blackouts   |
| <input type="checkbox"/> | Prostate disease   | <input type="checkbox"/> | Dizziness or vertigo   |
| <input type="checkbox"/> | Headaches requiring modified work or                           | <input type="checkbox"/> | Persistent numbness  |

|  |  |  |                           |
|--|--|--|---------------------------|
|  | schedule                                       |  |                           |
|  | Persistent tingling                            |  | Head injury or concussion |
|  | Incoordination or imbalance                    |  | Neck injury               |
|  | Skin disorder requiring modified work schedule |  | Pain when lifting         |
|  | Frequent backache                              |  |                           |

In the last 5 years, have you had any restriction in your ability to do any of the following? Please check the box on the left if it applies.

|  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
|  | Lift                                  |  | Rapidly walk                          |
|  | Sit for 1 hour or longer              |  | Reach overhead                        |
|  | Bend at the waist                     |  | Push or pull                          |
|  | Twist at the waist                    |  | Repetitively move any joint           |
|  | Turn your head                        |  | Twist or move your wrist repetitively |
|  | Bend or twist your neck               |  | Lift, transfer and/or roll a person   |
|  | Kneel                                 |  | Kick                                  |
|  | Grasp forcibly for a sustained period |  | Run                                   |
|  | Squat                                 |  | Jump                                  |
|  | Climb stairs                          |  | Crawl                                 |
|  | Stand for 1 hour or longer            |  | Walk on an uneven surface             |

I affirm that the above answers are complete and accurate to the best of my knowledge.

Initial here: \_\_\_\_\_

**Disclosure Statement**

I hereby authorize the release of medical information pertaining to my medical records to the care of my jurisdiction’s Medical Director or physician designee. In addition, authorization is hereby given to my jurisdiction’s Medical Director or physician designee to perform any and all tests or procedures relative to my physical examination or treatment as deemed necessary by my jurisdiction’s Medical Director or physician designee. This authorization is effective immediately and will remain effective as long as I desire to deploy with WEA VR/MRC. This authorization is subject to the Americans with Disabilities Act (ADA) and OSHA regulations. I further understand that I have a right to receive a copy of this authorization upon request.

\_\_\_\_\_

Date
Member Name
Member Signature

The information below is to be completed by the Unit Medical Director or appointed Unit Physician.

BMI Calculation: (703 x Weight (lbs) \_\_\_\_ ) Height \_\_\_\_

Immunizations are current? \_\_\_\_

Relevant findings:

Exceptions previously granted by Unit Medical Director:

Limitations to deploy:

Is deployment approved, subject to the limitations above? \_\_\_\_

**Unit Medical Director**

\_\_\_\_\_  
Date                      Name                      Signature

**Agency Coordinator or Director**

\_\_\_\_\_  
Date                      Name                      Signature

# P – ICS FORM 204 – ASSIGNMENT LIST

## Assignment List (ICS 204)

**INSTRUCTIONS FOLLOW**

|   |        |                               |   |  |
|---|--------|-------------------------------|---|--|
| <b>1. Incident Name:</b>  |        | <b>2. Operational Period:</b> |   | <b>3.</b><br><b>Branch:</b><br><br><b>Division:</b><br><br><b>Group: Staging</b><br><br><b>Area:</b> |
|   |        | Date From:                    | Date To:  |  |
|   |        | Time From:                    | Time To:  |  |
| <b>4. Operations Personnel:</b> <u>Name</u> <span style="float:right"><u>Contact Number(s)</u></span> |        |                               |   |  |
| Operations Section Chief: _____   |        |                               |   |  |
| Branch Director: _____  |        |                               |   |  |
| Division/Group Supervisor: _____  |        |                               |   |  |
| <b>5. Resources Assigned:</b>   |        | # of Persons                  | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information                      |
| Resource Identifier   | Leader |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
|   |        |                               |   |  |
| <b>6. Work Assignments:</b>   |        |                               |   |  |

**7. Special Instructions:**

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

| Name/Function | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) |
|---------------|--|
| _____ / _____ |  |
| _____ / _____ |  |
| _____ / _____ |  |
| _____ / _____ |  |

**9. Prepared by:** Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

|         |                |                  |
|---------|----------------|------------------|
| ICS 204 | IAP Page _____ | Date/Time: _____ |
|---------|----------------|------------------|



## ICS 204 – Assignment List – Instructions

**Purpose.** The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

**Distribution.** The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

### Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.  |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>  | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Branch</b><br><b>Division</b><br><b>Group</b><br><b>Staging Area</b>   | This block is for use in a large IAP for reference only.<br><br>Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for |
| 4            | <b>Operations Personnel</b> <ul style="list-style-type: none"> <li>• Name, Contact Number(s) <ul style="list-style-type: none"> <li>– Operations Section Chief</li> <li>– Branch Director</li> <li>– Division/Group Supervisor</li> </ul> </li> </ul> | Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).  |
| 5            | <b>Resources Assigned</b>   | Enter the following information about the resources assigned to the Division or Group for this period:  |
|              | • Resource Identifier   | The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).                                 |
|              | • Leader  | Enter resource leader's name.   |
|              | • # of Persons  | Enter total number of persons for the resource assigned, including the leader.  |
|              | • Contact (e.g., phone, pager, radio frequency, etc.)   | Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.   |

| Block Number            | Block Title   | Instructions   |
|-------------------------|---|--|
| <b>5</b><br>(continued) | <ul style="list-style-type: none"> <li>Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</li> </ul>   | Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.  |
| <b>6</b>                | <b>Work Assignments</b>   | Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.   |
| <b>7</b>                | <b>Special Instructions</b>   | Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.  |
| <b>8</b>                | <b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>Name/Function</li> <li>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul> | Enter specific communications information (including emergency numbers) for this Branch/Division/Group.<br><br>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).<br><br>Phone and pager numbers should include the area code and any satellite phone specifics.<br><br>In light of potential IAP distribution, use sensitivity when including cell phone number.<br><br><i>Add a secondary contact (phone number or radio) if needed.</i> |
| <b>9</b>                | <b>Prepared by</b> <ul style="list-style-type: none"> <li>Name</li> <li>Position/Title</li> <li>Signature</li> <li>Date/Time</li> </ul>   | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).   |

## Q – MOBILIZING AND TRANSPORTING VHPs

### Mobilization/Embarkation/Transportation

#### Staffing

- Identify a Disaster Volunteer Coordinator – *Toolkit R: Disaster Volunteer Coordinator – Job Aid*. That person’s role is to:
  - Provide support for deployed volunteer health professionals (VHPs).
  - Ensure appropriate utilization of deployed volunteers.
  - Assess needs of deployed volunteers and assist their agency in responding to ongoing volunteer needs.
- As appropriate, designate a VHP to serve as a **travel leader** in each traveling group to convey rosters and additional contact information. (See *Toolkit S: Travel Leader Responsibilities*.)

#### Communication Infrastructure – Sending Unit

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

- Prior to embarkation, provide a 24/7 telephone contact for all VHPs and their families to use during deployment (either directly or through the WEAVR system).
- Note the personal cell phone/pager numbers of deployed VHPs and ensure that the list of numbers remains up to date.
- Maintain current emergency contact information for all deployed VHPs.
- Ensure that volunteers will be met upon arrival at check-in location.
- On arrival, ensure that volunteers have the opportunity to call home and inform sending jurisdiction of arrival

#### VHP Readiness

- Confirm that deployed VHPs have brought suggested supplies and equipment, and have not carried prohibited items (e.g., weapons, drugs, or proselytizing materials). See *Toolkit O: Packing Checklist – Preparing for Deployment*.)

#### VHP Verification

- Deliver Assignment List to Receiving Jurisdictions and Incident Commander(s).
- Ensure that the means of delivery is consistent with operational limitations – i.e. deliver hard copies if necessary.
- Ensure that a physical copy of any roster created for the mission is available.
- Ensure all reporting and check-in points use the Assignment Lists to verify VHP legitimacy.
  - At all points, match reporting VHPs to the Assignment List.
  - Confirm identities with government-issued photo IDs.
  - Use this confirmation to ensure VHPs have cleared credential verification.
  - Use this step for deployed VHP tracking.

# R – DISASTER VOLUNTEER COORDINATOR – JOB AID

## Disaster Volunteer Coordinator

### Mission

Provide support for deployed volunteer health professionals (VHPs). Ensure that deployed volunteers are being utilized appropriately. Assess needs of deployed volunteers and assist their agency in responding to ongoing volunteer needs.

### Qualifications (Recommended)

- NIMS ICS 100 through 800 or equivalent
- Familiar with emergency operations center operations (either EOC )
- Experience working with volunteers/volunteer management
- Hands-on ICS Training
- Valid Wisconsin driver's license

### Equipment (Recommended)

- Communications equipment – 2-way radio, cell phone, contact numbers, computer with printer
- Automobile
- Vest/ID badge
- Roster of appropriate staff (e.g., public health, EMS, emergency services)
- Roster of sites and contact information for all sites where VHPs deployed
- Rosters of VHPs deployed through the WEAVR system
- GPS system

### Immediate Duties

- Read entire Job Action Sheet
- Put on vest
- Obtain briefing on current and proposed volunteer staffing situation from Volunteer Supervisor or similar relevant position, including:
  - Numbers and locations of VHPs deployed
  - Likely duration of incident
  - Known volunteer needs

### Ongoing Duties

- Make onsite visits to every deployment site where volunteers have been deployed through the WEAVR system
- Ensure that specific needs or concerns of deployed volunteers are addressed
- Communicate concerns or unmet needs to the Volunteer Supervisor
- Assess the overall needs of deployment sites for healthcare professional resources

### Extended Duties

- Prepare End Shift Report and present to oncoming Disaster Volunteer Staging Area Leader

- Prepare updated end of shift reports and brief oncoming Volunteer Supervisor 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.

## S – TRAVEL LEADER RESPONSIBILITIES – JOB AID

- Read entire Job Aid
- Clarify role and duties with sending jurisdiction program/System Administrator.
- Ensure that you have an up-to-date, accurate copy of the latest WEAVR 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 jurisdiction (i.e., number for traveling volunteers to contact at home.)
- Ensure that all traveling VHPs are aware of your position as travel leader.
- Present VHP roster to appropriate personnel at point of check-in.
- Communicate all questions/concerns with sending jurisdiction.

## T – PACKING CHECKLIST – PREPARING FOR DEPLOYMENT

This Packing List is a general example of things volunteers may need for a short-term 3-day (72 hours) 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

- Photo ID (state driver's license or state ID card)
- Credentialing information (license, registration)

### 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 and pants/gear
- Warm coat/jacket
- Functional shoes (comfortable/protective) e.g. tennis shoes and hiking boots
- Hat with a brim (consider a stocking cap for cold weather)
- Pajamas
- Shower shoes (flip-flops, river shoes, etc.)

### Clothing (Cold Weather)

- (1) wool shirt or sweater
- Coat, winter (polar guard or synthetic)
- Underwear, long (synthetic, wool, silk)
- (1) wool cap
- (3 pair) heavy socks
- Gloves or mittens (wool or synthetic)

### Hygiene items

- Shampoo/soap
- Tooth brush/toothpaste
- Razor with blades
- Shaving cream
- Toilet paper
- Deodorant (unscented)
- Lip salve or Chapstick
- Hand lotion

- Hand sanitizer
- Contact lens solution/case with extra lenses
- Laundry powder/camp soap

### **Equipment**

- Exam kit (stethoscope, thermometer, tongue blades, BP cuff, gloves), if indicated
- Watch
- Travel alarm
- Penlight
- Quality ear plugs/eye covers
- Towel/washcloth
- 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
- Ground cloth
- One or two-person tent or shelter, if indicated

### **Food/Water**

- Snacks (such as power bars, granola bars, trail mix)
- (2) one-quart canteens w/ belt or camelback hydration system

### **Miscellaneous**

- Cell phone and charger
- Leatherman or other multipurpose tool
- Insect repellent
- Sunglasses in cases
- Eyeglasses
- Mosquito netting
- Waterproof matches or waterproof case
- Safety pins
- 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.)
- 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



- Comb or brush
- Moleskin
- Sunscreen
- Foot powder or spray
- Small Ziploc bags
- Mess kit (cup, and bowl)
- Knife, fork, and spoon
- 24-hour emergency rations
- Water purification tablets (optional)
- Pens/paper
- 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 as following a terrorist attack) is typically prohibited.

## U – RECEIVING VHP RESOURCES

### Receiving VHPs from Other Areas

#### Volunteer Reception Center

When receiving and managing a number of volunteers it is a good practice to set up a Volunteer Reception Center (VRC) – see *Toolkit Y: Volunteer Reception Center*. Many of the tasks that follow can occur either at the VRC or at the immediate VHP arrival location if different from the VRC or may be distributed between the two.

At the very least, make sure the following tasks occur as soon as possible.

#### Priority VHP Receiving Tasks

- On arrival, ensure that volunteers have the opportunity to call home and inform sending jurisdiction of arrival.
- Arrange to transport arriving VHPs to check-in location, training/briefing location, duty location, or housing 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

### Volunteer Tracking during Deployment

#### VHP Tracking – Receiving Jurisdiction

Ensure that they have signed any required liability forms. Maintain records of:

- Briefings & orientation
- Safety concerns
- Training provided by the incident safety officer and others.

#### VHP Accountability – Deployed VHPs

Encourage individual accountability on the part of VHPs. Direct them to:

- Conform their behavior to the safety concerns and trainings provided.
- Inform the local incident commander or team leader of their whereabouts by, at a minimum, following deployment area check-in/checkout procedures.

- Provide local/personal contact information to the local incident commander/team leader.
- Read and conform to the guidance in *Toolkit W: Volunteer Code of Conduct*.

## Embarkation/Arrival of VHPs for Transportation or Assignment

Use the following chart, along with the suggested forms and resources, to manage VHP tracking.

|                 |   |
|-----------------|---|
|                 |   |
| Arrival of VHPs | <p><b>Sending Jurisdiction</b></p> <p>When sending volunteers out of area, via transportation provided by Sending Jurisdiction or the Receiving Jurisdiction if VHPs self-transport and arrive at duty location. <b>[Editor’s note: I still do not understand this.]</b></p>  |
| Arrival of VHPs | <p><b>The Sending Jurisdiction needs to:</b></p> <p>Know about VHPs departing from and returning to the Sending Jurisdiction<br/>Form – Use the <i>Assignment List</i> from WEAVR system.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Track by recording arrival of VHPs at the receiving site (sending).</li> </ul> <p>Form – <i>Toolkit P: ICS 204 – Assignment List</i><br/>Form – <i>Toolkit V: ICS 211 – Incident Check-in List</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure deployed VHPs are given 24/7 contact number and will have opportunity to provide it to family.</li> <li><input type="checkbox"/> Ensure collection of WEAVR personal contact information (e.g. cell phone/pager).</li> <li><input type="checkbox"/> Check VHPs’ identification documents against WEAVR-generated <i>Assignment List</i>.</li> <li><input type="checkbox"/> Ensure that Sending Jurisdiction is informed of arrival at deployment location.</li> </ul> |
| Arrival of VHPs | <p><b>Arrival of VHPs for Duty (If Different from Above)</b></p> <p>Responsible Party – Receiving Jurisdiction if VHPs self-transport and arrive at duty location<br/>Form – <i>Toolkit X: HICS 253 – Volunteer Staff Registration</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check-off against WEAVR-generated <i>Assignment List</i>.</li> <li><input type="checkbox"/> Issue badge or local identification if appropriate.</li> </ul>   |
| Shifts          | <p><b>Beginning of Each Shift (Check-In)</b></p> <p>Responsible Party – Incident commander or delegated team lead<br/>Form – <i>Toolkit X: HICS 253 – Volunteer Staff Registration</i></p> <p>This could be the same as “arrival for duty” for a one-day/one-shift assignment</p>   |
| Shifts          | <p><b>End of Each Shift (Check-Out)</b></p> <p>Responsible Party – Incident commander or delegated team lead<br/>Form – <i>Toolkit X: HICS 253 – Volunteer Staff Registration</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain tally of hours volunteered.</li> </ul>   |
| Shifts          | <p><b>If VHP Leaves the Deployment Area (Lodging/Meals or Work Site)</b></p>  |

|                                   |  |
|-----------------------------------|--|
|                                   | <p>Responsible Party – Incident commander or delegated team lead is responsible for knowing location of VHPs, including sleeping location.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If leaving the deployment area, the VHP is responsible for notifying proper authority.</li> <li><input type="checkbox"/> If VHP leaves without authorization, the Sending/Receiving Jurisdiction is not responsible for the VHP during the period of unauthorized absence.</li> <li><input type="checkbox"/> VHP is responsible for ensuring that local incident commander/team leader is aware of their leaving the deployment area and provides appropriate contact information.</li> </ul>   |
| <b>Conclusion and Return Home</b> | <p><b>Conclusion of Mission</b></p> <p>Responsible Party – Incident commander or delegated team lead<br/> Form – <i>Toolkit X: HICS 253 – Volunteer Staff Registration</i>, or check-off against WEAVR-generated <i>Assignment List</i></p> <p>This may be the same as “end of shift” for a one-day/one-shift assignment.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Collect badges, if appropriate.</li> <li><input type="checkbox"/> Tally total number of volunteer hours worked per volunteer.</li> <li><input type="checkbox"/> Receiving Jurisdiction should ensure that tallied information is made available to the Sending Jurisdiction.</li> </ul> <p><b>Embarkation for Transportation Home</b></p> <p>Responsible Party – Receiving Jurisdiction</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check-off against WEAVR-generated Assignment List.</li> <li><input type="checkbox"/> Ensure that Sending Jurisdiction is informed of the VHPs leaving the Receiving Jurisdiction.</li> <li><input type="checkbox"/> Ensure no VHP is being left behind.</li> </ul> <p><b>Return/Arrival Home</b></p> <p>Responsible Party – Sending Jurisdiction</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check-off returning volunteers against WEAVR-generated <i>Assignment List</i>.</li> <li><input type="checkbox"/> Consider conducting a hot wash after the event.</li> </ul> |

# V – ICS FORM 211 – INCIDENT CHECK-IN LIST

## Incident Check-in List (ICS 211)

### INSTRUCTIONS FOLLOW

|  |        |                            |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|--|--------|----------------------------|------|---|-----------------------------|----------|--|---------------------------|--|-------------------------|-------------------------------------|---|--------------------------------|---|-----------------------------|--------------------------------|---------------------------------|--|
| <b>1. Incident Name:</b>   |        | <b>2. Incident Number:</b> |      | <b>3. Check-In Location</b> (complete all that apply):<br><input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other |                             |          |  |                           | <b>4. Start Date/Time:</b><br>Date:<br>Time: |                         |                                     |   |                                |   |                             |                                |                                 |  |
| <b>Check-In Information</b> (use reverse of form for remarks or comments)  |        |                            |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
| <b>5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:</b> |        |                            |      |   |                             |          |  | <b>6. Order Request #</b> | <b>7. Date/Time Check-In</b>                 | <b>8. Leader's Name</b> | <b>9. Total Number of Personnel</b> | <b>10. Incident Contact Information</b> | <b>11. Home Unit or Agency</b> | <b>12. Departure Point, Date and Time</b> | <b>13. Method of Travel</b> | <b>14. Incident Assignment</b> | <b>15. Other Qualifications</b> | <b>16. Data Provided to Resources Unit</b> |
| State  | Agency | Category                   | Kind | Type  | Resource Name or Identifier | ST or TF |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |                            |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |                            |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |                            |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |                            |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |                            |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |

ICS 211

17. Prepared by: Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## ICS 211 – Incident Check-In List – Instructions

**Purpose.** Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

**Preparation.** The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

**Distribution.** ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

### Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

| Block Number | Block Title     | Instructions                               |
|--------------|-----------------|--|
| 1            | Incident Name   | Enter the name assigned to the incident.   |
| 2            | Incident Number | Enter the number assigned to the incident. |

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 3            | <b>Check-In Location</b><br><input type="checkbox"/> Base<br><input type="checkbox"/> Staging Area<br><input type="checkbox"/> ICP<br><input type="checkbox"/> Helibase | Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post.<br><br>Other may include...   |
| 4            | <b>Start Date/Time</b> <ul style="list-style-type: none"> <li>Date</li> <li>Time</li> </ul>   | Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.  |
|              | <b>Check-In Information</b>   | Self-explanatory.  |
| 5            | <b>List single resource personnel (overhead) by agency and name, OR list resources by the following format</b>  | Enter the following information for resources:<br><br>OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.   |
|              | <ul style="list-style-type: none"> <li>State</li> </ul>   | Use this section to list the home State for the resource.  |
|              | <ul style="list-style-type: none"> <li>Agency</li> </ul>  | Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).   |
|              | <ul style="list-style-type: none"> <li>Category</li> </ul>  | Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.  |
|              | <ul style="list-style-type: none"> <li>Kind</li> </ul>  | Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.  |
|              | <ul style="list-style-type: none"> <li>Type</li> </ul>  | Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.  |
|              | <ul style="list-style-type: none"> <li>Resource Name or Identifier</li> </ul>   | Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team. |
|              | <ul style="list-style-type: none"> <li>ST or TF</li> </ul>  | Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.   |
| 6            | <b>Order Request #</b>  | The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.   |
| 7            | <b>Date/Time Check-In</b>   | Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.  |
| 8            | <b>Leader's Name</b>  | <ul style="list-style-type: none"> <li>For equipment, enter the operator's name.</li> <li>Enter the Strike Team or Task Force leader's name.</li> <li>Leave blank for single resource personnel (overhead).</li> </ul>   |
| 9            | <b>Total Number of Personnel</b>  | Enter total number of personnel associated with the resource. Include leaders.   |
| 10           | <b>Incident Contact Information</b>   | Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.   |



| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 11           | <b>Home Unit or Agency</b>  | Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).   |
| 12           | <b>Departure Point, Date and Time</b>   | Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.  |
| 13           | <b>Method of Travel</b>   | Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).  |
| 14           | <b>Incident Assignment</b>  | Enter the incident assignment at time of dispatch.  |
| 15           | <b>Other Qualifications</b>   | Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident. |
| 16           | <b>Data Provided to Resources Unit</b>  | Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.  |
| 17           | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).  |

# W – MODIFIED HICS FORM 253 – VOLUNTEER STAFF REGISTRATION

## Volunteer Registration (HICS 253)

**INSTRUCTIONS FOLLOW**

| <b>1. Incident Name</b><br><br>  |                                       |  |  | <b>2. Operational Period (#            )</b><br>DATE: FROM: _____ TO: _____<br>TIME: FROM: _____ TO: _____ |  |         |          |           |
|--|---------------------------------------|--|--|--|--|---------|----------|-----------|
| <b>3. Registration Information</b>   |                                       |  |  |  |  |         |          |           |
| NAME<br><small>(LAST NAME, FIRST NAME)</small>   | CERTIFICATION /<br>LICENSE AND NUMBER | ID NUMBER<br><small>(DRIVERS LICENSE OR SSN)</small> | ADDRESS<br><small>(CITY, STATE, ZIP)</small> | CONTACT INFO<br><small>(PHONE, CELL)</small>   |  | TIME IN | TIME OUT | SIGNATURE |
|  |                                       |  |  |  |  |         |          |           |
|  |                                       |  |  |  |  |         |          |           |
|  |                                       |  |  |  |  |         |          |           |
|  |                                       |  |  |  |  |         |          |           |
|  |                                       |  |  |  |  |         |          |           |
|  |                                       |  |  |  |  |         |          |           |
|  |                                       |  |  |  |  |         |          |           |
| <b>4. Prepared by</b> PRINT NAME: _____      SIGNATURE: _____<br>DATE/TIME: _____      FACILITY: _____ |                                       |  |  |  |  |         |          |           |

## X – VOLUNTEER CODE OF CONDUCT

The purpose of the VHP program is to ensure the deployment of competent, credentialed VHPs 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.
- Refrain from false, misrepresented, or omitted information on job-related forms.
- 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 WEAVR 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.
- The volunteer organization and the agency do not discriminate with regard to sex, race, color, religion, national origin, age, veteran status, or qualified disability. Therefore, we ask that all volunteers operate within the same spirit.
- 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 volunteer health professional 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 volunteer health professional program.

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

## Y – VOLUNTEER RECEPTION CENTER

The following checklist may be adapted 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).

### Prior to Receiving VHPs

Emergency managers contemplating the deployment of volunteers should address the following operational and duty-related elements *prior* to receiving VHPs:

- Identify the VHP's/MRC's assignments and responsibilities.
- Identify the duty site for deployed VHPs/MRCs.
- Identify the local incident commander or ICS position to which VHPs/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.
- Prepare for tracking of volunteers at shift start (sign-in) and shift end (sign out). Use WEAVR for tracking volunteers during deployment.
- Prepare for recording and reporting of volunteer service (hours worked per volunteer).
- Ensure logistics support for volunteers are complete, including food, lodging, etc.
- Determine orientation and training needs for VHPs/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 tornado rubble risks)
  - Orientation to job roles
  - Orientation to incident command system
  - Orientation to location of supplies
  - Just-in-time training for job roles
- Plan steps to ensure and support the emotional resiliency of VHPs.
- Be prepared to provide feedback (from the volunteers' direct supervisors) to the sending jurisdiction on volunteer performance using *Toolkit ZZ: ICS Form 225- Incident Personnel Performance Rating* for each volunteer.

### Reception

Establish and staff a **Volunteer Reception Area** at the site for arriving volunteers.

- Match arriving VHPs' WEAVR registration/assignment lists to government-issued ID
  - U.S. passport
  - Wisconsin driver's license
  - Clinical license

- Assign team leaders or points of contact to volunteers.
- Notify the sending jurisdiction upon arrival of the volunteers.
- Provide VHPs with the opportunity to call home. If cell phone access is problematic, provide alternative opportunities for VHPs to call home immediately or soon after arrival in the impacted area.
- Depending on timing (travel time, time of arrival, etc.) and operational plan, take VHPs/MRCs to:
  - Housing location
  - Training/briefing location
  - Duty location

## Orientation

### Mission-Orientated Information

Provide thorough briefings to VHPs covering all of the following subjects, documenting volunteers' attendance and completion of all briefings.

- VHP's role, authorities/responsibilities, and assignment
- Action plan
- Supervisor
- Reporting relationship
- Decision-making authority
- Job sites
- Current working conditions
- Procedures
  - Check in/check-out
  - Timekeeping
  - Reporting injuries
  - Other volunteer duty procedures
- Arrangements for food and lodging
- Communications procedures for staying in touch with their sending agency or unit and family
- Code of conduct
- After hours emergency numbers

### 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.

- Advise the sending jurisdiction of 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
- Direct all VHPs to comply with the identification and badging requirements set by the receiving jurisdiction.

### **Psychosocial Support**

VHPs are typically not routine disaster workers. Monitoring for mental stress and the provision of psychosocial support is a critical operational concern.

- Provide guidance on building social support (typical emotional, cognitive, behavioral, spiritual, and physical reactions strategies) to manage those stress reactions.
- Tell VHPs how and where to get additional support if the volunteer finds himself or herself experiencing unusual or prolonged mental or physical health reactions following a deployment.

### **Training**

- Deliver any necessary safety training.
- Describe the basic mechanics of the operation.
- Describe mission-specific clinical protocols.
- Deliver any needed just-in-time training for specific roles (e.g., training in use of the bifurcated needle at a smallpox mass vaccination clinic).
- Provide workers with orientation to their specific assignments.

## Z – DEMOBILIZATION AND POST-DEPLOYMENT MANAGEMENT

### Receiving Jurisdiction

#### Resolution or Continuity of Duties

The local incident commander or supervisor must dismiss the disaster healthcare volunteer from the assigned duties.

- Confirm that local incident commander (or supervisor) has dismissed the VHP from assigned duties.
- Ensure that the VHP has briefed any replacement staff (volunteer or otherwise), as appropriate, on all pertinent information needed to perform the job and ensure smooth operations, including:
  - Coordinating transition of care or other duties with his or her supervisor
  - Providing all information necessary to appropriately transition responsibility to another qualified individual
- Resolve any confusion between the VHP and local incident commander at the level of the Receiving Jurisdiction.
- Collect the identification badge.
- Document date and time of dismissal of service.

#### Out-Processing and Exit Interview

- Determine status of physical and behavioral health of the VHP.
- Educate VHPs about the typical physical and mental health reactions to disasters.
- Inform them of follow up resources available if the typical mental health reactions last longer than the volunteer is comfortable with and/or interfere with their functioning.

#### Notification of Sending Jurisdiction

- Notify Sending Jurisdiction of the demobilization of VHPs.

#### Completion of Tracking Data

- Regardless of method used (e.g., hard-copy or digital systems), complete the tracking information for any demobilized VHP. In particular, include:
  - VHP name
  - Profession
  - Location of service
  - Numbers of hours worked as a volunteer
  - Any injuries reported
  - Date of deactivation

#### Performance Evaluations

- If required by either jurisdiction, ensure the completion of a *Toolkit ZZ: ICS Form 225- Incident Personnel Performance Rating* for each volunteer, unit, or team.
  - The Receiving Jurisdiction may delegate that task in accordance with its policies (e.g., to the local incident commander or a logistics volunteer coordinator).



- The VHP's immediate supervisor should complete the ICS 225, and send it to the Planning Section Chief and to the Sending Jurisdiction with a copy sent to the sending unit coordinator.

## Receiving and/or Sending Jurisdictions

### Transportation Back to Point of Departure/Embarkation

- Arrange for VHP transportation back to the point of departure/embarkation.

### Debriefing

- Ask VHPs to participate in debriefing, either verbally or via feedback forms created for the purpose, to better understand the volunteer experience.
- Share the responses and conclusions as appropriate.

## Sending Jurisdiction (and/or System Administrators)

### Welcome Home

- Provide recognition and thanks for all volunteers who deployed for the disaster.
- Conduct a group meeting with all volunteers that includes a discussion of post disaster behavioral health issues. A suggested agenda might include:
  - Operational debriefing to discuss what went well for the deployment as well as what procedures need revision to facilitate the smoother deployment of volunteers.
  - 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
- Ensure that returning VHPs receive appropriate referrals to resources for coping with disasters.
- As necessary, initiate individual phone calls to VHPs by assigned behavioral health staff with psychological first aid, disaster trauma assessment, and referral skills.

### Follow up

- Ensure that VHP contact information is up to date to allow for further follow up and gathering of data.
- Implement local recognition and retention plan.
- Offer follow-up assistance, referral resources, or other information as appropriate for issues related to the VHP's experience in providing volunteer services during the disaster.

### Post-Deployment Recordkeeping

- Ensure the proper collection and storage of post-deployment records in accordance with local guidance. At a minimum, include:
  - Mission/deployment (including incident name, location, etc.)
  - Date(s) of service
  - Number of hours of volunteer service
  - Role assigned during deployment
  - Individual performance rating (optional)
- When possible, use the WEAVR system to keep records specific to the mission, dates, hours, and roles performed in deployment.
  - The unit coordinator for the Sending Jurisdiction (that is, a volunteer's home unit) is ultimately responsible for completing these records.

- In some deployments, the Receiving Jurisdiction and/or incident commander may have access to the WEAVR system and can use the system's tracking tool in real time to enter date/time stamps that capture the above minimum data set.
- In the more likely event that the local commander does not have such access, the supervisor will track the information on paper or with a spreadsheet and transmit the data to the Sending Jurisdiction, which has responsibility for entering the data into WEAVR.
- Jurisdictions can enter data – including dates of service and time stamps – retroactively into VHP profiles.

# ZZ – ICS FORM 225 – PERFORMANCE RATING

## Incident Personnel Performance Rating (ICS 225)

### INSTRUCTIONS FOLLOW

| THIS RATING IS TO BE USED <u>ONLY</u> FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT  |     |  |   |  |                     |   |
|---|-----|--|---|--|---------------------|---|
| 1. Name:  |     | 2. Incident Name:  |   |  | 3. Incident Number: |   |
| 4. Home Unit Name and Address:  |     |  |   | 5. Incident Agency and Address:  |                     |   |
| 6. Position Held on Incident:   |     | 7. Date(s) of Assignment:<br>From:                      To:  |   | 8. Incident Complexity Level:<br>P1    P2    P3    P4    P5  |                     | 9. Incident Definition:   |
| 10. Evaluation  |     |  |   |  |                     |   |
| Rating Factors  | N/A | 1 – Unacceptable   | 2 | 3 – Met Standards  | 4                   | 5 – Exceeded Expectations   |
| 11. Knowledge of the Job/<br>Professional Competence:<br><br>Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.) |     | Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs.<br><br>☐ |   | Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs.<br><br>☐ |                     | Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work.<br><br>☐ |
| 12. Ability To Obtain Performance/Results:<br><br>Quality, quantity, timeliness, and impact of work.  |     | Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve.   |   | Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness.<br><br>☐   |                     | Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement.<br><br>☐   |
| 13. Planning/<br>Preparedness:<br><br>Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).  |     | Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information.<br><br>☐  |   | Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed.<br><br>☐   |                     | Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact.   |
| 14. Using Resources:<br><br>Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).   |     | Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods.  |   | Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste.<br><br>☐   |                     | Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency.   |
| 15. Adaptability/Attitude:<br><br>Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.   |     | Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.  |   | Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.                                 |                     | Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.<br><br>☐                  |

| 10. Evaluation  |     |  |   |   |   |  |
|---|-----|--|---|---|---|--|
| Rating Factors  | N/A | 1 – Unacceptable   | 2 | 3 – Met Standards   | 4 | 5 – Exceeded Expectations  |
|   |     |  |   |   |   |  |
| <p><b>16. Communication Skills:</b><br/>Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.</p>   |     | <p>Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.</p> <p style="text-align: center;">☐</p>    |   | <p>Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.</p> <p style="text-align: center;">☐</p> |   | <p>Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.</p> <p style="text-align: center;">☐</p> |
| <p><b>17. Ability To Work on a Team:</b><br/>Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.</p>  |     | <p>Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness.</p> <p>Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals.</p> <p style="text-align: center;">☐</p> |   | <p>Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals.</p> <p style="text-align: center;">☐</p>                            |   | <p>Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level.</p> <p style="text-align: center;">☐</p>   |
| <p><b>18. Consideration for Personnel/Team Welfare:</b><br/>Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.</p>       |     | <p>Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members.</p> <p style="text-align: center;">☐</p>   |   | <p>Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate.</p> <p>Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members.</p> <p style="text-align: center;">☐</p>   |   | <p>Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal.</p> <p style="text-align: center;">☐</p>  |
| <p><b>19. Directing Others:</b><br/>Ability to influence or direct others in accomplishing tasks or missions.</p>   |     | <p>Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment.</p> <p style="text-align: center;">☐</p>   |   | <p>A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task.</p> <p style="text-align: center;">☐</p>   |   | <p>An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks.</p> <p>Modified leadership style to best meet challenging situations.</p> <p style="text-align: center;">☐</p>  |
| <p><b>20. Judgment/Decisions Under Stress:</b><br/>Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.</p> |     | <p>Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization.</p> <p style="text-align: center;">☐</p>  |   | <p>Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information.</p> <p style="text-align: center;">☐</p>  |   | <p>Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions.</p> <p>Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results.</p> <p style="text-align: center;">☐</p>                                      |

|  |  |  |   |
|--|--|--|---|
| <b>21. Initiative</b><br>Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision. | Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored. | Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods. | Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking. |
|--|--|--|---|

**10. Evaluation**

| Rating Factors   | N/A | 1 – Unacceptable  | 2 | 3 – Met Standards  | 4 | 5 – Exceeded Expectations   |
|--|-----|---|---|--|---|---|
| <b>22. Physical Ability for the Job:</b><br>Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others. |     | Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need. |   | Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively. |   | Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being. |
| <b>23. Adherence to Safety:</b><br>Ability to invest in the IMT's future by caring for the safety of self and others.  |     | Failed to adequately identify and protect personnel from safety hazards.  |   | Ensured that safe operating procedures were followed.  |   | Demonstrated a significant commitment toward safety of personnel.   |

**24. Remarks:**

**25. Rated Individual** (This rating has been discussed with me):  
 Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**26. Rated by:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Unit: \_\_\_\_\_ Position Held on This Incident: \_\_\_\_\_

ICS 225 Date/Time: \_\_\_\_\_

**ICS 225 – Incident Personnel Performance Rating – Instructions**

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

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

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

**Notes:**

- Use a blank ICS 225 for each individual.
- Additional pages can be added based on individual need.

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 1            | <b>Name</b>  | Enter the name of the individual being rated.  |
| 2            | <b>Incident Name</b>   | Enter the name assigned to the incident.   |
| 3            | <b>Incident Number</b>   | Enter the number assigned to the incident.   |
| 4            | <b>Home Unit Address</b>   | Enter the physical address of the home unit for the individual being rated.  |
| 5            | <b>Incident Agency and Address</b>   | Enter the name and address of the authority having jurisdiction for the incident.  |
| 6            | <b>Position Held on Incident</b>   | Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated.   |
| 7            | <b>Date(s) of Assignment</b> <ul style="list-style-type: none"> <li>• From</li> <li>• To</li> </ul>                              | Enter the date(s) (month/day/year) the individual was assigned to the incident.  |
| 8            | <b>Incident Complexity Level</b> <ul style="list-style-type: none"> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> </ul> | Indicate the level of complexity for the incident.   |
| 9            | <b>Incident Definition</b>   | Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as "tornado," "wildfire," "bridge collapse," "civil unrest," "parade," "vehicle fire," "mass casualty," etc. |
| 10           | <b>Evaluation</b>  | Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed.  |
|              | N/A  | The duty did not apply to this incident.   |
|              | 1 – Unacceptable   | Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in remarks.  |
|              | 2 – Needs Improvement  | Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.  |
|              | 3 – Met Standards  | Satisfactory. Employee meets all requirements of the individual element.   |

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
|              | 4 – Fully Successful  | Employee meets all requirements and exceeds one or several of the requirements of the individual element.  |
| 10           | 5 – Exceeded Expectations   | Superior. Employee consistently exceeds the performance requirements.  |
| 11           | <b>Knowledge of the Job/ Professional Competence:</b>   | Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.) |
| 12           | <b>Ability To Obtain Performance/Results:</b>   | Quality, quantity, timeliness, and impact of work.   |
| 13           | <b>Planning/Preparedness:</b>   | Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).   |
| 14           | <b>Using Resources:</b>   | Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).  |
| 15           | <b>Adaptability/Attitude:</b>   | Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.  |
| 16           | <b>Communication Skills:</b>  | Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.  |
| 17           | <b>Ability To Work on a Team:</b>   | Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.  |
| 18           | <b>Consideration for Personnel/Team Welfare:</b>  | Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.  |
| 19           | <b>Directing Others:</b>  | Ability to influence or direct others in accomplishing tasks or missions.  |
| 20           | <b>Judgment/Decisions Under Stress:</b>   | Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.   |
| 21           | <b>Initiative</b>   | Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.  |
| 22           | <b>Physical Ability for the Job:</b>  | Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.   |
| 23           | <b>Adherence to Safety:</b>   | Ability to invest in the IMT's future by caring for the safety of self and others.   |
| 24           | <b>Remarks</b>  | Enter specific information on why the individual received performance levels.  |
| 25           | <b>Rated Individual</b> (This rating has been discussed with me) <ul style="list-style-type: none"> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed.  |



| Block Number | Block Title  | Instructions  |
|--------------|--|---|
| 26           | <p><b>Rated by</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Home Unit</li> <li>• Position Held on This Incident</li> <li>• Date/Time</li> </ul> | <p>Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared.</p> |