



Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers³²² to support the jurisdictional public health agency's response to incidents of public health significance.

The capability consists of the ability to perform the following functions:

Function 1: Coordinate volunteers

Function 2: Notify volunteers

Function 3: Organize, assemble, and dispatch volunteers

Function 4: Demobilize volunteers

Function 1: Coordinate volunteers

Recruit, identify, and train volunteers who can support the public health agency's response to an incident. Volunteers identified prior to an incident must be registered with the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps, or other pre-identified partner groups (e.g., Red Cross or Community Emergency Response Teams).

Tasks

The function consists of the ability to perform the following tasks:

Task 1: Prior to an incident, identify the types and numbers of volunteers most likely to be needed in a public health agency's response based on the jurisdictional community risk assessment. *(For additional or supporting detail, see Capability 1: Community Preparedness)*

Task 2: Prior to an incident, coordinate with existing volunteer programs (e.g., ESAR-VHP, Medical Reserve Corps) and partner organizations to support the pre-incident recruitment of volunteers that may be needed in a public health agency's response.

Task 3: Prior to an incident, assure pre-incident screening and verification of volunteers' credentials through jurisdictional ESAR-VHP and Medical Reserve Corps.

Task 4: Prior to an incident and as necessary at the time of an incident, support provision of initial and ongoing emergency response training for registered volunteers. Training should be supported in partnership with jurisdictional Medical Reserve Corps unit(s) and other partner groups.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: (Priority) Written plans should address anticipated volunteer needs in response to incidents or situations identified in the jurisdictional risk assessment including the following elements:³²³

- Identification of functional roles
- Skills, knowledge, or abilities needed for each volunteer task or role
- Description of when the volunteer actions will happen
- Identification of jurisdictional authorities that govern volunteer liability issues and scope of practice

P2: (Priority) Written plans should include memoranda of understanding or other letters of agreement with jurisdictional volunteer sources. Suggested partners include but are not limited to the following groups:^{324,325}

- Professional medical organizations (e.g., nursing and allied health)
- Professional guilds (e.g., behavioral health)
- Academic institutions

Function 1: Coordinate volunteers

Resource Elements *(continued)*

PLANNING (P)

- Faith-based organizations
- Voluntary Organizations Active in Disasters
- Medical Reserve Corps
- Non-profit, private, and community-based volunteer groups

Partnership agreements should include plans for the following:

- Partner organizations' promotion of public health volunteer opportunities
- Referral of all volunteers to register with jurisdictional Medical Reserve Corps and/or ESAR-VHP
- Policies for protection of volunteer information, including destruction of information when it is no longer needed (e.g., Red Cross, Community Emergency Response Teams, and member organizations of the National and State Voluntary Organizations Active in Disasters)
- Liability protection for volunteers
- Efforts to continually engage volunteers through routine community health activities
- Documentation of the volunteers' affiliations (e.g., employers and volunteer organizations) at local, state, and federal levels (to assist in minimizing "double counting" of prospective volunteers), and provision for registered volunteer Identification cards denoting volunteers' area of expertise

P3: Written plans should include a process to assure that professional volunteer diplomas, licenses, certifications, credentials and registrations are verified in accordance with state laws (e.g., using the state's ESAR-VHP).

P4: Written plans should include a process and protocol to address eligibility of volunteers based on pre-existing health conditions or background screening (either conducted by health department or in conjunction with other partner agency) to determine if prospective volunteers have any history that would preclude them from doing a certain type of volunteer activity (e.g., previous convictions, sexual offender registry, or licensing issues).

SKILLS AND TRAINING (S)

S1: Documentation (either through a training curriculum or other vehicle) that volunteer training has occurred (either delivered by the jurisdictional health department or leveraging programs by/in conjunction with other partners including healthcare facilities and Preparedness and Emergency Response Learning Centers) to ensure that volunteers receive the jurisdiction-defined training for their assigned responsibilities.

Recommended components of jurisdictional training curriculum include the following:

- Psychological first aid and self care
Suggested resources
 - After an Earthquake: Mental Health Information for Professionals
http://emergency.cdc.gov/disasters/earthquakes/mentalhealth_docs.asp
 - Psychological First Aid in Radiation Disasters:
http://www2a.cdc.gov/TCEOnline/registration/detailpage.asp?res_id=2490
- Cultural competency component that reflects the jurisdictional demographics
- Training to address the functional needs of persons who may be considered in the at-risk population³²⁶ during a disaster response
- Medical Reserve Corps Core Competencies
[http://www.medicalreservecorps.gov/File/MRC%20TRAIN/Core%20Competency%20Resources/Core Competencies Matrix April 2007.pdf](http://www.medicalreservecorps.gov/File/MRC%20TRAIN/Core%20Competency%20Resources/Core%20Competencies%20Matrix%20April%202007.pdf),
- HazMat Awareness trainings
- Basic disaster life support (American Medical Association's National Disaster Life Support Program)
- Advanced disaster life support (American Medical Association's National Disaster Life Support Program)
- Cardiopulmonary resuscitation (CPR)
- Basic first aid skills
- Basic triage skills
- MRC-TRAIN: if jurisdiction participates in TRAIN program
(<http://www.medicalreservecorps.gov/TRAINResources>)
- Other online courses as identified by the jurisdiction
- U.S. Department of Health and Human Services' training offerings (e.g., Integrated Training Summit at <http://www.integratedtrainingsummit.org/>)

Function 1: Coordinate volunteers

Resource Elements *(continued)*

SKILLS AND TRAINING (S)	<p>S2: Training for staff involved in personnel management</p> <p>Suggested resource</p> <ul style="list-style-type: none"> – Federal Emergency Management Agency (FEMA), Developing and Managing Volunteers (FEMA, IS-244): (http://training.fema.gov/EMIWEB/is/is244.asp). <p>S3: Prospective volunteers should be offered the following National Incident Management System (NIMS) training:</p> <ul style="list-style-type: none"> – Introduction to Incident Command System (ICS-100) and NIMS, An Introduction (IS-700.a) for all volunteers – ICS for Single Resources and Initial Action Incidents (IS-200.b), Incident Command System (ICS-300) and Advanced ICS Command and General Staff (ICS-400) for volunteer leaders that will hold key leadership positions. – NIMS website for courses: http://training.fema.gov/IS/NIMS.asp
EQUIPMENT AND TECHNOLOGY (E)	<p>E1: Have or have access to a system, be it electronic or manual, which is able to report the number of registered volunteers by profession and/or skill level.</p>

Function 2: Notify volunteers

At the time of an incident, utilize redundant communication systems where available (e.g., reverse 911 or text messaging) to request that prospective volunteers participate in the public health agency’s response.

Tasks

The function consists of the ability to perform the following tasks:

- Task 1:** At the time of an incident, identify the desired skills and quantity of volunteers needed for the incident from the pre-incident volunteer registration.
- Task 2:** At the time of an incident, contact pre-incident registered volunteers using multiple modes of communication. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning and Capability 6: Information Sharing)*
- Task 3:** At the time of an incident, notify volunteers who are able and willing to respond of where and how to report.
- Task 4:** At the time of an incident, coordinate with partner agencies to confirm credentials of responding volunteers. *(For additional or supporting detail, see Capability 6: Information Sharing)*
- Task 5:** At the time of an incident, notify partner agencies of any need for additional volunteers. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning and Capability 6: Information Sharing)*

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Function 2: Notify volunteers

Resource Elements

Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.

PLANNING (P)

- P1:** Written plans should include a template for describing incident conditions to potential volunteers (pre-deployment briefing) including the following elements:^{327,328,329}
- Potential nature of the work site
 - Potential personal security issues
 - Potential health safety issues
 - Local weather
 - Living/work conditions
 - Required immunizations or prophylaxis, and the type of identification to bring with them when they report.
- P2:** Written plans should include a process for how the health agency or applicable lead jurisdictional agency will contact registered volunteers, identifying those willing and able to respond, and notifying them of where to report (i.e., identified staging area/reception center). *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination, Capability 4: Emergency Public Information and Warning, and Capability 6: Information Sharing)*
- P3:** Written plans should include a process to confirm credentials of responding volunteers through jurisdiction’s ESAR-VHP or Medical Reserve Corps. *(For additional or supporting detail, see Capability 6: Information Sharing)*
- P4:** Written plans should include definition of the volunteer management roles and responsibilities of public health department staff members.

EQUIPMENT AND TECHNOLOGY (E)

- E1:** Have or have access to communications equipment for health department staff to contact volunteer organizations.
- Suggested equipment includes, but is not limited to phones, computers, ham radios, and/or hand radios. *(For additional or supporting detail, see Capability 6: Information Sharing)*

Function 3: Organize, assemble, and dispatch volunteers

Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health,³³⁰ and non-specialized tasks as directed by the incident, including the integration of interjurisdictional (e.g., cross-border or federal) volunteer response teams into the jurisdictional public health agency’s response efforts.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: If the incident differs from or exceeds the public health agency’s pre-incident-defined volunteer plans, identify additional volunteers that have the necessary credentials and skills.

Task 2: Assure deployment briefing of public health volunteers, including safety and incident-specific training.

Function 3: Organize, assemble, and dispatch volunteers

Tasks (continued)

- Task 3:** Assure tracking and rotation of volunteers as indicated by the incident and by relevant job function.
- Task 4:** Manage spontaneous volunteers who may request to support the public health agency's response, either through incorporating them into the response or by triaging them to other potential volunteer resources.
- Task 5:** Coordinate state and jurisdictional response roles for federal public health staff deployed to the jurisdiction.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.

PLANNING (P)

P1: (Priority) Written plans should include a template for briefing volunteers of current incident conditions, including the following elements:

- Instructions on the current status of the emergency
- Volunteers' role (including how the volunteer is to operate within incident management)
- Just-in-time training
- Safety instructions
- Any applicable liability issues related to the incident and the volunteers' roles, psychological first aid, and/or volunteer stress management

P2: (Priority) Written plans should include a process to manage spontaneous volunteers. The process should include, at a minimum, the following elements:

- Process to communicate to the public whether spontaneous volunteers should report, and, if so, where and to whom
- Method to inform spontaneous volunteers how to register for use in future emergency responses
- Method to refer spontaneous volunteers to other organization (e.g., non-profit or Medical Reserve Corps)

(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning)

If spontaneous volunteers will be integrated into a response, the process should include the identification of duties spontaneous volunteers can perform.

Suggested resources

- Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions: http://www.nvoad.org/index.php/ri/cat_view/46-volunteer-management-.html
- CDC and Association of State and Territorial Health Officials, At-Risk Populations and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments: <http://www.astho.org/Display/AssetDisplay.aspx?id=401>

P3: Written plans should include a process for how the public health agency will coordinate with emergency management or other jurisdictional lead agency to assure support (e.g., housing, feeding and mental/behavioral health needs) for public health volunteers.³³¹ *(For additional or supporting detail, see Capability 6: Information Sharing)*

P4: Written plans should include a process for assigning volunteers to response agencies.

P5: Written plans should include a process for coordinating with volunteer health professional entities and staff from various levels (e.g., local, state, federal), including but not limited to Medical Reserve Corps, ESAR-VHP and the National Disaster Medical System.

Suggested resource

- Medical Surge Capacity and Capability Handbook: <http://www.phe.gov/preparedness/planning/mscc/handbook/pages/default.aspx>

Function 3: Organize, assemble, and dispatch volunteers

Resource Elements *(continued)*

PLANNING (P)

P6: Written plans should include a request protocol for state and local health departments that should contain, at a minimum, protocols for the following elements:

- Local/ state health department requests for interjurisdictional volunteer assets
- Local health department escalation requests for federal public health assets through the state. The request from local to state should include a clear statement of the role of the requested asset.
- State health department escalation requests for federal public health assets. The request should include a clear statement of the role of the requested asset.
- State health departments to communicate information received from/about federal response teams to local health departments
- Communication between state and local health departments about volunteer needs and assignments during an incident

(For additional or supporting detail, see Capability 6: Information Sharing)

P7: Written plans should include procedures for coordinating support services for responding federal medical stations. States should work with their U. S. Department of Health and Human Services Regional Emergency Coordinator to develop support service plans, to include at a minimum the disposal of biohazard medical waste.

EQUIPMENT AND TECHNOLOGY (E)

E1: Have or have access to a manual or electronic system for tracking volunteer assignment, to include maintenance of a history of volunteer deployments/volunteer activity in incident responses.

Suggested resource

- Emergency System for the Advance Registration of Volunteer Health Professionals: www.phe.gov/esarvhp

Function 4: Demobilize volunteers

Release volunteers based on evolving incident requirements or incident-action plan and coordinate with partner agencies to assure provision of any medical and mental/behavioral health support needed for volunteers to return to pre-incident status.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Track (record or document) the demobilization of volunteers.

Task 2: Assure coordination of out-processing³³² of volunteers.

Task 3: Coordinate with jurisdictional authorities and partner groups to identify community resources that can support volunteer post-deployment medical screening, stress, and well-being assessment and, when requested or indicated, referral to medical and mental/behavioral health services. *(For additional or supporting detail, see Capability 2: Community Recovery and Capability 14: Responder Safety and Health)*

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Function 4: Demobilize volunteers**Resource Elements**

Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.

PLANNING (P)

P1: (Priority) Written plans should include a process for releasing volunteers, to be used when the public health department has the lead role in volunteer coordination. The process should include steps to accomplish the following:

- Demobilize volunteers in accordance with the incident action plan
- Assure all assigned activities are completed, and/or replacement volunteers are informed of the activities' status
- Determine whether additional volunteer assistance is needed from the volunteer
- Assure all equipment is returned by volunteer
- Confirm the volunteer's follow-up contact information

(For additional or supporting detail, see Capability 4: Emergency Operations Coordination)

P2: (Priority) Written plans should include a protocol for conducting exit screening during out-processing, to include documentation of the following:

- Any injuries and illnesses acquired during the response
- Mental/behavioral health needs due to participation in the response
- When requested or indicated, referral of volunteer to medical and mental/behavioral health services

Suggested resource

- Information on post-incident environmental or occupational exposure monitoring: National Institute of Occupational Safety and Health website <http://www.cdc.gov/niosh/>

(For additional or supporting detail, see Capability 14: Responder Safety and Health)