



**Public Health Emergency  
Volunteer Reserve (PHEVR)**

# Standard Operating Procedures

## **History**

The events of September 11, 2001 changed the United States forever and led to an examination of how government agencies could respond to public health emergencies in order to protect and aid citizens. Out of this examination, the Emergency Preparedness and Response section of the North Dakota Department of Health was created. The Emergency Preparedness and Response Section is dedicated to creating and promoting a state of readiness and prompt response to protect the health of North Dakotans during catastrophic events, large-scale disasters and emergencies..

To best serve the people of North Dakota, the Emergency Preparedness and Response section knows that help is needed. The Public Health Emergency Volunteer Reserve (known as PHEVR) evolved and was established in 2002. In July of 2006, PHEVR became recognized as a Medical Reserve Corps (MRC) unit and became PHEVR/MRC.

## **What is PHEVR/MRC?**

Public Health Emergency Volunteer Reserve/Medical Reserve Corps (PHEVR/MRC) is a group composed of North Dakotans who have volunteered to help provide medical and non-medical assistance during a public health emergency. Volunteers do not need to be a resident of North Dakota; they are eligible for consideration if they work or go to school in North Dakota, or if they live in a bordering state. If volunteers are not residents of North Dakota, their deployments may be limited to specific areas within the state or state-to-state deployments.

## **What is an MRC unit?**

The MRC was founded after President Bush's 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. It is a partner program with Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. Citizen Corps- along with AmeriCorps, Senior Corps and the Peace Corp- are part of the President's USA Freedom Corps, which promotes volunteerism and service nationwide. The Medical Reserve Corps (MRC) units do the following:

- Establish groups of volunteers with interest in strengthening public health systems and providing help in emergencies
- Integrate with existing programs and resources
- Identify, credential, train and prepare in advance
- Include health, medical and public health professionals as well as non-medical personnel

## **Mission**

The mission of PHEVR/MRC is to establish and maintain active and retired medical professionals, general volunteers and public health officials to serve the citizens of North Dakota during times of public health emergencies.

## **Recruitment**

Recruitment will be ongoing. Methods will include, but are not limited to:

- Local public health units
- Word- of- mouth from current volunteers
- Various state medical associations and health-related licensing boards
- Referral from volunteer and service organizations
- Promotional activities
- Links from related web sites (North Dakota Department of Health, Health Alert Network)

Recruiting and retention of volunteers is essential to the PHEVR/MRC program. Recruiting new volunteers is accomplished through a multi-faceted approach. The ND DoH has built relationships with the state licensing

boards of several medical professions. During the online renewal process, North Dakota medical professionals are provided with a link to the ND PHEVR/MRC registration. The volunteer coordinator may also actively recruit new volunteers by maintaining a booth at volunteer fairs and conferences of medical professionals.

General volunteers may be recruited through presentations to interested groups (i.e., college classes, civic organizations, etc.), word of mouth and through newspaper features that list opportunities to volunteer throughout the state.

A brochure providing an overview of the PHEVR/MRC program has been developed and is used to recruit both medical and non-medical volunteers. Additionally, during an emergency, the volunteer coordinator collaborates with 2-1-1 or other organizations fulfilling the role of community volunteer coordination to explain the PHEVR/MRC program. When individuals are interested in volunteering in the emergency in a public health role, they are immediately referred to the PHEVR/MRC registration page and also given contact information for the state PHEVR/MRC volunteer coordinator.

Volunteer retention is accomplished through maintaining contact with the volunteers and training opportunities. They are asked to update their information every six months and will get an email reminder from the volunteer coordinator when that timeframe is approaching.. Additionally, the volunteer coordinator notifies volunteers of training and other volunteer opportunities as they arise. Volunteers also participate in exercises to engage them in the disaster responses process. Finally, after deployments, volunteers are asked for feedback concerning several aspects of the deployment process. They are given the opportunity to offer suggestions and comment on any aspect of the deployment. Their feedback and comments are used to improve future deployments.

### **Coordination with Other Agencies**

PHEVR/MRC actively pursues coordinating relationships with other organizations. The volunteer coordinator is an associate member of the ND state VOAD (Voluntary Organizations Active in Disaster) and participates in VOAD activities and quarterly meetings. The VOAD list serve is used to share relevant information among members between meetings.

PHEVR/MRC collaborates with other organizations for volunteer/coordinator training when applicable. When other organizations have vacancies in training, they may notify the PHEVR/MRC volunteer coordinator who will then notify all eligible volunteers. The coordinator also participates by invitation in training sponsored by other organizations, including North Dakota Department of Emergency Services, CERT and other organizations.

The PHEVR/MRC advisory board offers additional opportunities to collaborate with other organizations. This body serves as advisers on matters of policy, procedure and protocol. The final decision on any matter is ultimately determined by the ND Dept. of Health. The board meets quarterly to advise on policies, procedures and any new issues.

### **Coordination with Other Agencies During an Emergency Event**

The ND DoH maintains a presence in the state emergency operations center (EOC) during emergency events, to address issues health and medical issues as they arise. The state EOC is housed in the ND Department of Emergency Services (DES) and includes representatives from other state agencies and federal agencies, including North Dakota Voluntary Organizations Active in Disaster (VOAD).

When a request involving health-related matters is brought to the state EOC, the ND DoH representative at the operations center participates in the advance planning process to set objectives for the incident. Informational and operational assignments are relayed to the ND DoH DOC for implementation of health and medical response. The DOC uses the Incident Command System (ICS) to maximize efficiency in collecting and sharing information and responding to requests for assistance.

The NDDoH wide area network enables rapid sharing of accurate information with medical providers and local and regional public health units across the state through videoconference. Health and medical briefings are held with all medical partners and volunteers as appropriate throughout the event.

PHEVR/MRC works closely with our federal partners during deployments of their DMAT teams to North Dakota. The Incident Command System is used to coordinate the federal response with state and local response partners. PHEVR/MRC volunteers are available to provide additional medical and non-medical support to the DMAT medical mission.

### **Goals**

- Recruit, register and retain a corps of health, medical and general volunteers throughout the state of North Dakota to provide services during a public health emergency
- Develop and maintain a framework to match volunteers' skills with the response needed, including medical surge capacity
- Provide opportunities for volunteers to assist with public health events and exercises, such as vaccination clinics or public awareness campaigns.
- Deliver educational opportunities to volunteers through simulation exercises, webcasts and access to online education resources
- Demonstrate appreciation for the value of volunteerism and utilization of volunteer staffing through a PHEVR/MRC recognition program

### **Definition of a PHEVR/MRC "Volunteer"**

A PHEVR/MRC volunteer is anyone who is 16 years or older, a registered and credentialed member of PHEVR/MRC who, , performs a task at the direction of and on behalf of the North Dakota PHEVR/MRC. Volunteers younger than 18 years old will need to show parental consent and their assigned tasks may be limited. Unless specifically stated, volunteers shall not be considered "employees".

A volunteer must be registered and credentialed with the PHEVR/MRC volunteer coordinator to be eligible for deployment and/or assignment. Registration is not complete until the volunteer submits all required information, the North Dakota Department of Health verifies that information, and a decision is made to accept that person as an active PHEVR/MRC volunteer.

### **Definition of a "Licensed Professional" and Creation of Licensed Professionals Database**

A licensed professional is a person who is currently licensed in the state of North Dakota to perform medical or mental health procedures.

The PHEVR/MRC system has the capability of accepting information from several professional licensing boards, including names, license types, and contact information. This information is uploaded into the PHEVR/MRC system on a weekly basis and is stored separately from the registered PHEVR/MRC volunteers.

Information uploaded from the licensing boards may be used to confirm professional licenses of registered PHEVR/MRC volunteers and used to recruit volunteers with specific credentials and skills within specific geographical areas during an emergency.

A licensed professional who wants to become an active PHEVR/MRC volunteer shall register online as a volunteer, even though his/ her basic license and contact information is already in the PHEVR/MRC system from the licensing boards. No licensed professional shall be considered an active volunteer until he/she has registered online in the PHEVR/MRC system and the credentials have been confirmed by the volunteer coordinator (or other authorized representative) according to established protocols.

### **Service Area**

When a volunteer registers as a PHEVR/MRC volunteer, he or she is given options to reflect deployment preferences for an emergency health and medical response. The choices are local, regional, statewide, or national response.

- A local preference indicates that deployments would be preferred in the volunteer's local area.
- A regional preference would include a volunteer's immediate area and the surrounding counties.
- A statewide preference indicates a willingness to respond anywhere in the state of North Dakota.
- A national response implies that preference is local, statewide, or anywhere in the United States there is a need for emergency health and medical volunteers.

A call for volunteers will be sent out according to deployment preferences, but if there are not a sufficient number of volunteers to fit the need of the response effort, another call for volunteers may occur outside of deployment preferences.

*Please note: Regardless of deployment preferences, all deployments are voluntary.*

### **Confidentiality**

PHEVR/MRC volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves another volunteer, staff member, client, disaster/emergency survivor, or any specific event information including overall PHEVR/MRC business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the PHEVR/MRC and could subject the person to penalties under state law. The volunteer's status within the MRC may be changed to inactive, which precludes that volunteer from deployment and other MRC activities.

### **Registration of Volunteers**

Volunteers shall register on the website using the online application. When the application is complete, the volunteer coordinator shall verify credentials and the prospective volunteer's background, according to policies established below.

### **Out of State Volunteers**

Prospective volunteers who do not reside or work in ND and are not licensed medical professionals in ND shall be permitted. Their medical licenses from other states shall be confirmed by the volunteer coordinator and, when feasible, the court records and sex offender records from their state shall all be searched. All other credentialing procedures shall remain the same as stated below. Deployment of out of state medical volunteers to an event in ND shall be limited to special circumstances when the scope of practice has been changed to allow their assistance. Out of state general volunteers may be deployed to assist in ND without a waiver of the

scope of practice; however, the ND Department of Health will not be responsible for their travel costs or other expenses unless prior arrangements have been made with the volunteer coordinator.

### **Spontaneous Volunteers**

Volunteers are strongly encouraged to register and become fully credentialed before any emergency is happening or is eminent; however, since many people will likely want to assist in an emergency situation, there are protocols for managing spontaneous volunteers.

All volunteers must be registered in the PHEVR/MRC system. If a local public health unit (LPHU) has an assignment for this volunteer and is waiting for the credentialing process to be complete, that LPHU shall contact the volunteer coordinator and relay that information.

In the event of spontaneous volunteers, the ND Dept. of Health has engaged the assistance of other state agencies and local/regional public health employees with this process. The credentialing process remains the same for all volunteers, regardless of when they register, but the duties for confirming credentials may be shared with other state and public health employees who have been specifically trained on the PHEVR/MRC software and credentialing process.

In the event of spontaneous volunteers registering in a short amount of time, the volunteer coordinator shall request assistance with the credentialing process through the DoH Incident Command System.

Identified DoH employees are pre-assigned to assist with volunteer credentialing; however, additional training shall be available at the time of assignment as needed. Each person assigned to credentialing volunteers during an emergency shall be provided with a document outlining the process of how to credential a new prospective volunteer. If other questions arise, they shall be directed to the volunteer coordinator. Each person assigned to credentialing volunteers shall also follow the process stated below in the event that a local or regional public health unit has an imminent assignment for a prospective volunteer and is waiting for the results of the credentialing process.

### **Local Public Health Units and Spontaneous Volunteers**

Spontaneous volunteers may show up at their local health unit offering to help in an emergency event. These potential volunteers will need to register with the PHEVR/MRC program and be credentialed by the ND Dept of Health using the steps described below. Local public health units can expedite that process by:

- 1- Calling the ND Dept. of Health volunteer coordinator with the name or names of volunteers who are waiting to be deployed. This will ensure that those applications are the top priority for credentialing.
- 2- Encouraging the prospective volunteer to fill out the application in its entirety.
- 3- Tell the prospective volunteer to have their driver's license and medical license numbers available, when applicable.

Local public health units can show the training video or conduct other training as appropriate while the prospective volunteers are being credentialed. (**See Attachment 1- New Volunteers Checklist.**)

### **Training**

Volunteer will be required to complete the following training:

<u>Required:</u>	Overview of PHEVR/MRC (Online video)
<u>Recommended:</u>	ICS courses
	First Aid
	Psychological First Aid
	Prepare Yourself (Family Disaster Preparedness)

The training video can be viewed online and is required for all PHEVR/MRC volunteers prior to a deployment. The training video covers basic information about the PHEVR/MRC program and its mission. It addresses the issues of how deployments and drills will be conducted, what is required of volunteers, and a brief overview of the Incident Command System. The recommended courses are not required prior to deployment, but are highly recommended for volunteers sometime in the year after they registered. There may also be other trainings that interest volunteers. When appropriate, the North Dakota Department of Health will notify volunteers of training that is available, either through the Department of Health itself or through other groups, such as the North Dakota Voluntary Organizations Active in Disaster (ND VOAD), the North Dakota Department of Emergency Services (DES) and city or county emergency management. This would be done through an email, not an alert sent from the Health Alert Network (HAN).

### **“Just in Time” Training**

Just in time training may be available for volunteers who choose to be deployed to the site of an incident. This training would likely include the nature of the incident, the living conditions, the volunteers’ role in the over-all response, and any other pertinent information. Just-in-time training may also be available at the deployment location.

### **License and Certificate Verification**

The North Dakota Department of Health will verify licenses of health professionals with the appropriate state licensing board. Medical licenses and certificates must be current in order for a volunteer to be certified as a medical volunteer. (Volunteers who have previously been licensed but are not currently licensed may be eligible to be non-medical volunteers.) For medical volunteers, Department of Health staff will also verify status with the Inspector General to ensure the volunteer has not engaged in medical fraud. When appropriate, licenses will also be verified through national organizations. Credentials will be verified once every six (6) months. For some types of events, a governor’s declaration of emergency or a waiver of scope of practice may be required.

### **Court Records Search**

The North Dakota Department of health verifies the volunteers’ answers through the North Dakota Supreme Court website, the ND court records web sites, the national sex offender registry and the ND state sex offender registry. If the volunteer indicates in the application that he/she lives in another state, that state’s sex offender registry and court records will also be searched when feasible. For those volunteers who live in communities bordering a different state, that state’s sex offender registry and court records are also searched, when feasible. The ND court cases and ND Supreme Court websites list court cases throughout the state and include several years’ history of court cases. A volunteer is not deemed inactive just because there is a court case associated with that volunteer’s name. Minor infractions, such as traffic offenses, will not prevent a volunteer from becoming active in the PHEVR/MRC database. If a court case does cause concern as to whether or not that volunteer could carry out the responsibilities of his or her role without harming others, that case will be reviewed by the North Dakota Department of Health and a decision will be made as to the volunteer’s status of active or inactive.

### **Exclusion Criteria**

A person who submits a registration application to become a PHEVR/MRC volunteer may be excluded from active membership according to the following guidelines.

- **Traffic Violations**

Traffic offenses will *not* be considered when determining possible exclusion *unless* alcohol or other drugs were involved. Although traffic offenses will not be used to determine acceptance or exclusion, they may be used to limit roles (i.e. no driving) for a volunteer when there are a significant number of traffic offenses, defined as 5 or more offenses in the past three years.

- **Falsifying information in the application**

If the registration application contains incorrect information regarding the status of a medical license or criminal history, that person may be excluded from membership. The volunteer coordinator will contact the potential volunteer and request confirmation of the information in question to ascertain if the incorrect information involved intentional deceit. If the correct information is then given by the potential volunteer, the incident will not be considered when determining acceptance or exclusion of that individual. If the potential volunteer again gives incorrect information when contacted by the volunteer coordinator, that shall be considered intentional deceit and may be used to exclude that individual. Whether or not the inaccurate information is in itself cause for exclusion, the attempt at deceit in the application may be cause for exclusion. For example, if an individual claimed to have a ND nursing license and confirmed that information when contacted by the volunteer coordinator but the ND Nursing Board has no record of that license, that individual may be excluded based on deceit in the application, even though it is not required to have an ND nursing license to volunteer with the PHEVR/MRC program.

- **Criminal background information**

- If there are records that indicate the registrant has pled guilty to or has been convicted of criminal acts of a misdemeanor and non-violent nature, the registrant may be excluded from active membership for the period of one year from the date that court supervision ends (including unsupervised probation.), during which the registrant must have no additional arrests.
- If there are records that indicate the registrant has pled guilty to or been convicted of criminal acts of a felony and/or violent nature which has a direct bearing on the ability to safely perform his or her duties, the registrant may be excluded from active membership for a period of up to five years from the date that court supervision ends (including unsupervised probation.) during which the registrant must have no additional arrests, and is based on ND Century Code 12.1-33-02.1.
- If the records indicate the registrant's actions included the use of any alcohol or recreational drugs, the registrant shall be excluded from active membership for a period of two years from the date that court supervision ends, regardless of the nature of the act (felony or misdemeanor) during which the registrant must have no additional arrests.
- If the registrant's actions are deemed to be of such a serious nature that the safety of other volunteers, patients, employees, or others may be compromised, at the discretion of the ND Dept. of Health, that individual may be excluded from active membership.
- In accordance with ND Century Code 12.1-33-02.1, the following shall be considered when determining eligibility of a prospective volunteer who has a prior conviction:
  - a. The nature of the offense and whether it has a direct bearing upon the qualifications, functions, or duties of the volunteer
  - b. Information pertaining to the degree of rehabilitation of the convicted person.



c. The time elapsed since the conviction or release. Completion of a period of five years after final discharge or release from any term of probation, parole or other form of community corrections, or imprisonment, without subsequent conviction shall be deemed prima facie evidence of sufficient rehabilitation.

- **Criminal pattern behavior**

If records exist that indicate that a registrant has engaged in a relevant “pattern of criminal behavior” within the past five years, the registrant may be excluded for a period of up to three years from the date that court supervision ends (including unsupervised probation.) . A pattern of criminal behavior shall be defined as the same or very similar behavior that occurred a minimum of 4 times in 5 years. The behavior must be such that the registrant could not be trusted with the responsibilities of a PHEVR/MRC volunteer.

NDDoH reserves the right to exclude any person based on an assessment that the person poses an unacceptable risk to patients or the populations being served in a disaster; however, no discrimination based on race, sex, age (if 16 or older), religion, sexual orientation or any other demographic factor will be acceptable.

### **Process of Applying Exclusion Criteria**

The volunteer coordinator will search the appropriate records as described above. If records are found that indicate criminal activity, license disciplinary issues or falsification of statements in the application, the volunteer coordinator shall review the records to ensure that they apply to the registrant. If uncertainty exists, the volunteer coordinator shall contact the ND Bureau of Criminal Investigation (BCI) to verify identity of the records.

If the records are more than ten years old and there are no significant subsequent records, the applicant may be accepted as an active member, as deemed appropriate by the ND Dept. of Health. If the records are less than 10 years old, the above criteria shall apply.

If the applicant will be excluded from active membership, the volunteer coordinator will send the applicant notice of exclusion and the reason for exclusion, along with information on the appeal process in written form.

### **Appeal process**

The registrant has 30 days to appeal the exclusion decision from the date of written notification of the initial decision to exclude. An appeal must be in written form and shall address the following issues: an explanation of mitigating circumstances surrounding the events in question, an explanation of why those records should not be applied to the membership decision, a reasonable explanation why the exclusion criteria should not apply in that case or any other relevant information. The existence of a current medical license, current medical employment, or the lack of disciplinary measures against a medical license in and of itself shall not be considered sufficient grounds for admission to PHEVR/MRC as an active member, unless the licensing board is aware of the infraction and has decided against sanctioning the professional. In that case, the ND Dept. of Health shall not use that information to exclude the volunteer. If the professional licensing board is unaware of the criminal conviction, the ND Dept. of Health shall disclose the relevant information to the board. The decision to accept or exclude the volunteer shall not be determined until the licensing board has acted on the information. If the licensing board determines that sanctions are necessary, the ND Dept. of Health shall exclude the volunteer for the period of time that he or she is sanctioned, at which time a new application may be submitted by the prospective volunteer. If the licensing board does not sanction the individual, the ND Dept. of Health shall not exclude the volunteer based on the criminal act in question.

When a written appeal is received, the volunteer coordinator shall inform the Director of the Hospital Preparedness Program within the ND Dept. of Health who shall review the new information and, if necessary,

shall convene a meeting of ND Dept of Health management to review the information, discuss the issues and make a decision. The registrant shall be notified in writing of this decision within 30 days of receipt of the written appeal, unless there is an active incident response during those 30 days. If there is an active incident response during those 30 days, the ND DoH Director of Hospital Preparedness Program shall have 30 days from the day that the Department Operations Center (DOC) closes for that response to make a decision regarding acceptance or exclusion. The volunteer coordinator shall inform the applicant of the decision in writing within 30 days of the close of the DOC.

### **Creation and Approval of Volunteer Teams**

A group of individuals may choose to register and deploy together as one “team”. Each team must have a specific medical mission, but not all team members must have medical training. Teams will likely consist of volunteers who already know each other, and therefore reside in the same geographical area, but the team is not limited to that specific area. Teams may be deployed anywhere in the state of ND or outside of the state as deemed necessary by the ND Dept. of Health, as long as team members and assets are available.

When volunteers want to register a team, every prospective team member must first be an active volunteer in the PHEVR/MRC system. In the event that one potential team member is not an active volunteer, that individual must complete the application and credential verification process before being admitted as a team member. The team leader will use the web portal to create the team and link the volunteers to that team. The volunteer coordinator will then review that team application. If all members of the team are currently active volunteers, the team may be approved. If not all prospective members are active volunteers, the team may be approved, but the individual who is not an active volunteer will not be approved for that team (and not linked to that team in the system) until they have met the membership approval requirements stated above.

### **Termination of ND Department of Health/Volunteer Relationship**

A relationship exists between the ND Department of Health and the PHEVR/MRC volunteer. Either party may terminate that relationship, as deemed appropriate. A volunteer shall contact the volunteer coordinator and request that their status be changed to inactive. (For record-keeping purposes, volunteers’ accounts are not deleted.) The volunteer coordinator shall then change the status of the volunteer to inactive. This will prevent the volunteer from receiving emails, deployment requests or other PHEVR/MRC information. If a volunteer will be unavailable for an extended amount of time (one year or longer), he/she can request a status change to inactive during the time unavailable, if desired. This is not required.

The ND Department of Health may terminate the relationship with a volunteer. If a volunteer is acting in a manner deemed inappropriate by the ND Department of Health or has violated the Code of Conduct, the event site manager shall verbally issue a warning to the volunteer, requesting cessation of inappropriate behavior and notify the volunteer coordinator. If inappropriate behavior continues, the event site manager will notify the volunteer coordinator and the volunteer coordinator for further action. A notice of termination shall be in written form, either by email or letter. The volunteer coordinator shall change the volunteer’s status to inactive and note that it was at the request of the ND Department of Health for inappropriate behavior.

If a volunteer’s actions are so egregious that further association with that volunteer would be detrimental to the PHEVR/MRC program, the volunteer coordinator may issue a written statement terminating the relationship without previous verbal or written warnings. This statement shall also include the procedure for appealing the decision. The decision to terminate a volunteer shall be made by the Hospital Preparedness Coordinator and the ND Department of Health Emergency Preparedness and Response Section Chief.

### **Appeal Process**

If the ND Department of Health terminates the relationship with a volunteer he or she may appeal that decision within 30 days from the date the letter of notification was sent. An appeal must be in written form and shall address the following issues: an explanation of the behavior and why it should not be considered grounds for terminating the relationship, any mitigating circumstances that led to the behavior, any other relevant information that the volunteer may use to explain or mitigate the behavior in question. When a written appeal is received, the volunteer coordinator shall inform the Director of the Hospital Preparedness Program within the ND Dept. of Health who shall review the new information and, if necessary, shall convene a meeting of ND Dept of Health management to review the information, discuss the issues and make a decision. The volunteer shall be notified in writing of this decision within 30 days of receipt of the written appeal, unless there is an active incident response during those 30 days. If there is an active incident response during those 30 days, the ND DoH Director of Hospital Preparedness Program shall have 30 days from the day that the Department Operations Center (DOC) closes for that response to make a decision regarding termination of the relationship with that volunteer. The volunteer coordinator shall inform the applicant of the decision in writing within 30 days of the close of the DOC.

### **Workforce Safety Insurance**

Once a volunteer has been chosen for a deployment mission and has accepted that mission, he/she will be covered under the Department of Health's Workforce Safety and Insurance policy. A list of deployed volunteers and their social security numbers will be submitted to Workforce Safety and Insurance by close of business the first business day following deployment to ensure Workforce Safety coverage for the individual volunteer. Because of this tight time frame, volunteers need to make sure that their social security number is already in the database before the Health Alert Network (HAN) messages go out asking for volunteers. Volunteers are not considered deployable if their social security numbers are not already in the database under their registration information. All volunteers' personal information, including social security numbers, is confidential and is protected with numerous layers of electronic security on the North Dakota state Information Technology system.

### **Expectations of Volunteers**

Volunteers are expected to complete the confidentiality agreement, complete the required training component, participate in drills, and update their information every six months

The PHEVR/MRC volunteer Code of Conduct addresses in greater detail how PHEVR/MRC volunteers are expected to act and what activities they are expected to avoid while actively deployed through this system.

### **Types of Service**

Roles and responsibilities depend on the member's physical ability, interest, training and expertise. All services are voluntary. Roles and responsibilities can include, but are not limited to, the following:

- 1) Medical
  - a) Immunization and prophylaxis
  - b) Clinic preparation (filling syringes, measuring meds, other)
  - c) Interviews for patient history
  - d) First responder (initial assessment and vital signs)
  - e) Triage (START)
  - f) Treatment (basic first aid)
  - g) Phone screening and consulting
  - h) Local distribution of medications from Strategic National Stockpile (SNS)

- i) Communicable disease control measures
- j) Supporting health needs of vulnerable populations
- k) Integration with local, regional, and statewide initiatives
- l) Shelter care

2) Non-Medical

- a) Patient intake
- b) Patient transport
- c) Translators
- d) HAM radio operators
- e) Administrative tasks
- f) Record keeping
- g) Comforting and consoling
- h) Child care
- i) Answering the phone
- j) Food service
- k) Basic patient care
- l) Clerical duties
- m) Traffic control
- n) Janitorial

**Service Environments**

Volunteers can serve PHEVR/MRC in different types of environments such as:

- 1) Mass dispensing clinics
- 2) Mass casualty sites
  - a) Staging areas
  - b) Triage and treatment
  - c) Minimum care facilities
- 3) Emergency shelters (residents displaced due to fires, floods, storms)
- 4) Shift relief and backfill at hospitals

**Volunteer Activation and the Health Alert Network (HAN)**

Volunteers have a personal volunteer profile on the North Dakota Department of Health secure web site. This personal profile has information, including contact information, deployment preferences, skills and training.

Activation and deployment procedures:

- 1) A request for medical or non-medical volunteers for a public health response is made by contacting the North Dakota Department of Health Case Manager by calling 701.328.2270.
- 2) A Health Alert Network (HAN) message or an e-mail may be sent to volunteers who meet the requested requirements and are listed as active volunteers in the volunteer database. The message requests a response from those willing to deploy for the event. Included in the message is a web address for the PHEVR/MRC registration page where volunteers will receive information regarding their availability for deployment
- 3) Volunteers willing to deploy are assessed for skills appropriate for the mission, emergency preparedness training, and proximity to the deployment destination.
- 4) If volunteer response is not adequate to fill the request, a second message is sent to medical professionals not currently registered on the volunteer database asking for additional medical volunteers.

- 5) Personnel within the North Dakota Department of Health Incident Command System will make the final determination of the volunteers who will make up the response team.
- 6) Status of health professionals' licenses is confirmed by personnel assigned by the North Dakota Department of Health.
- 7) Incident Command staff will notify volunteers who have been accepted for a mission by a second message. This message will instruct volunteers to check the website for their assignment and a specified time to report to their local public health unit or other staging area for a videoconference briefing from Incident Command System personnel.
- 8) Volunteers being deployed are tracked by the North Dakota Department of Health, using the database and/or a spreadsheet. North Dakota Department of Health assigned personnel will track and document all volunteer deployments through de-mobilization using an Excel spreadsheet or the capabilities of the data base software.
- 9) The volunteers are issued Department of Health identification badges when they are entered into the identification/security database at their local public health unit, a central staging area, or at the final deployment destination.
- 10) The requesting entity assumes responsibility for supervision and management of the volunteer team upon arrival at the deployment destination.

### **Emergency Management Assistance Compact (EMAC)**

Volunteers may be deployed across state borders when requested by another state through an established entity, such as the Emergency Management Assistance Compact (EMAC). EMAC requests are received and processed by the North Dakota Department of Emergency Services. Department of Health personnel assist as requested by the Department of Emergency Services when PHEVR/MRC is being deployed through EMAC. PHEVR/MRC volunteers may also be deployed at the request of another state directly or through the Mid-America Alliance.

### **Identification Badges**

Upon deployment, the volunteers are issued pre-numbered Department of Health identification badges when they arrive at a central staging area or at the final deployment destination. Volunteers are expected to have their driver's license or other picture ID with them for the two-identification badge system.

### **Deployment Checklist**

After a volunteer has accepted a deployment, he or she will be directed to the online deployment checklist. This checklist is not restricted and volunteers can access it at any time, but will be reminded of it before a deployment. The deployment checklist and additional information particular to this specific response will cover such things as what to pack, expected living conditions, contact information, and equipment to bring.

### **Family Care Plan**

Because long deployments away from the volunteer's family can be stressful, volunteers are encouraged to use the family care plan document long before a deployment to address the kinds of issues that may arise during a deployment. Families are encouraged to personalize this document to fit their individual family needs. It is important for a deployed volunteer to be able to concentrate on the deployment mission; knowing that his or her family is cared for will help alleviate stress and allow him or her to concentrate on the assigned mission.

### **Contact Information**

North Dakota Department of Health Emergency Preparedness and Response Section 701.328.2270

Contact information for the regional emergency preparedness and response coordinators:



## NEW VOLUNTEERS CHECKLIST

When an individual wants to become a new Public Health Emergency Volunteer Reserves/ Medical Reserve Corps (PHEVR/MRC) volunteer, follow the steps below.

- \_\_\_\_\_ 1- Have the prospective volunteer register online at [www.ndhealth.gov/EPR/volunteer](http://www.ndhealth.gov/EPR/volunteer).
- \_\_\_\_\_ 2- Explain the importance of completing the application in its entirety. Incomplete applications may lead to a lengthy delay in the credentialing process.
- \_\_\_\_\_ 3- Explain that they will get TWO (2) emails. The first one simply acknowledges that the prospective volunteer has completed at least some of the application and that the ND Dept of Health has received that application. The second email will notify them of the results of the credentialing process (whether or not they have been accepted as an active volunteer.) **They are not eligible for deployment until they receive the email notifying them of the results of the credentialing process.**
- \_\_\_\_\_ 4- If this is a spontaneous volunteer or you have an assignment for this prospective volunteer and are waiting for him/her to be credentialed, please call the volunteer coordinator as soon as possible and give her the names of any prospective volunteers waiting for an assignment. This ensures that those applications will get top priority in the credentialing process.
- \_\_\_\_\_ 5- While you are waiting for the credentialing process to be complete, you can have prospective volunteers watch the training video at [www.ndhealth.gov/EPR/volunteer](http://www.ndhealth.gov/EPR/volunteer) or participate in other training as appropriate. If you show the required MRC orientation video, volunteers should mark in their application that they have watched the video.
- \_\_\_\_\_ 6- The volunteer coordinator at the ND Dept. of Health will send an email to the prospective volunteer letting him/her know the results of the credentialing process (whether or not that person has been accepted as an active volunteer.) If you are waiting for this information to assign a volunteer, the volunteer coordinator can also call a local public health unit directly with this information, if that request has been made. Once a volunteer is fully credentialed and listed as “active”, he/she is eligible to be deployed.