

Annex 10

Volunteer Management

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I. Purpose

The use of volunteers has proven critical to emergency management. Both individual volunteers and established volunteer groups offer a wealth of skills and resources that can be used prior to, during, and after an emergency.

The purpose of this plan is to describe processes for the Tuolumne County Health Department (TCHD) to recruit, identify, deploy and train volunteers who can support the public health agency's response to an incident. This plan is based on PHEP Capability 15 and its four (4) functions.

II. Definitions:

- A. **Affiliated Volunteers** Are attached to a recognized voluntary or nonprofit organization and are trained for specific disaster response activities. Their relationship with the organization precedes the immediate disaster, and they are invited by that organization to become involved in a particular aspect of emergency management.

- B. **DHV** Disaster Healthcare Volunteers. A system developed in California for pre-registration and pre-verification of healthcare professionals and support staff. It was developed in California to meet the ESAR-VHP federal mandate. DHV [Website](#)
The DHV Program connects electronically to the various professional boards to verify current licensure/certification status. The system is funded by the Healthcare Preparedness (HPP) grant, and managed by the California Emergency Medical Services Authority (EMSA) in conjunction with the California Department of Public Health (CDPH).

- C. **ESAR-VHP** Emergency System for Advance Registration of Volunteer Health Professionals system established as a national system to improve healthcare volunteer deployment during a disaster.

- D. **PHEP (Public Health Emergency Preparedness) Capability 15- Volunteer Management** Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incident of public health significance.

- E. **Unaffiliated Volunteers (or Spontaneous Volunteers)** Volunteers who are not part of a recognized voluntary agency and often have no formal training in emergency response. They are not officially invited to become involved but are motivated by a sudden desire to help others in times of trouble.

- F. **Volunteer** Any individual accepted to perform services by the lead agency (which has authority to accept volunteer services) when the individual performs services without promise, expectation, or receipt of compensation for services performed. See 16 U.S.C. 742f(c) and 29 CFR 553.101.

III. Volunteer Management Capability 15 by Function

A. Coordinating Volunteers (Function 1)

1. Public Health has identified types and numbers of volunteers needed to increase its capacity to respond to a health and medical emergency. This calculation is based upon a Mass Dispensing scenario including multiple Point of Dispensing (POD) locations. The number of volunteers needed depend upon the event and number of Closed POD operations provided by the HealthCare Coalition. (See Annex 6, Mass Dispensing)
 - a. Types of volunteers include; healthcare providers (physicians and mid-levels), registered and vocational nurses, clerical (registration) and logistical (traffic, runners, transport, communications). Supplemental clinical staff, such as paramedics and medical assistants may be utilized, based on the scope of the event.
 - b. All volunteers are required to register in the DHV (Disaster Healthcare Volunteer) database to be affiliated volunteers with the Tuolumne County Health Department.
 - c. In addition, all county employees are designated as Disaster Workers and would supplement Public Health staff response in a large scale event.
 - d. Local volunteers can be supplemented by the State DHV database, managed by the California Emergency Medical Services Authority (EMSA).
 - e. To recruit more volunteers, DHV brochures are offered in the Public Health Department lobby, and at various outreach events in the community along with discussion and/or presentations. Volunteerism is discussed at Healthcare & Safety Coalition meetings.
 - f. Additional *affiliated* volunteers include the American Red Cross, Community Emergency Response Teams (CERT), Adventist Health Sonora, Fire First Responder volunteers, and the Sheriff's Community Services Unit (CSU). Tuolumne County does not maintain a Medical Reserves Corp (MRC). The closest MRC is in Stanislaus County and would be requested through mutual aid Region IV.
2. Credentialing and Verification of Volunteers
Tuolumne County Public Health deploys credentialed and verified volunteers.
 - a. The DHV system automatically checks and verifies licenses and certifications once every twenty-four hours for a continuous monitoring of license status. Information requested at registration includes the volunteer's clinical license number and contact information.
 - b. Only officials involved in the maintenance of the system or deployment of volunteers have access to this information. The information will not be sold, shared, or otherwise made available. ([DHV Handbook, Appendix B, FAQ](#))
 - c. Other agencies which utilize affiliated volunteers maintain their own screening and verification process. The Health Department may choose to verify records if, or when, other agency affiliated volunteers are deployed by the Health Department (see 3 below).
 - d. Unaffiliated (spontaneous) volunteers may or may not be utilized due to staff, space, liability, and resource limitations. If unaffiliated volunteers are activated, they shall be screened and their credentials verified at the time of the event.

3. Registration and Loyalty Oath

- a. Volunteers must be designated as Disaster Service Workers by an authority and be under the authorization and supervision of a duly constituted superior in the emergency organization (Tuolumne County Public Health or County of Tuolumne).
- b. Each DSW volunteer must subscribe to the oath in order to be officially registered and to be eligible for workers' compensation benefits. (Gov. Code, § 3102(a).) Oath subscription may be fulfilled in one of two methods: 1. self-certification or 2. authorized officer administered.

STATE OATH OF ALLEGIANCE I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

- c. A volunteer coordinator may be identified within the Emergency Operations Center (EOC) or Department Operations Center (DOC). All volunteer records are maintained with the planning section.

4. Orientation of Volunteers

- a. The Tuolumne County Health Department provides basic Incident Command Courses, NIMS-ICS 100, 200 and 700. Volunteers are encouraged to attend the course. They also are directed to the FEMA Independent Study program for basic ICS and other online courses.
- b. Orientation and training for volunteers registered within the DHV system will be provided on a periodic basis, and will include topics such as First Aid/CPR/AED, Mental Health First Aid, PPE training, local policy training, etc. Incident-specific 'just-in-time training' is given prior to deployment.
- c. Volunteers are invited to participate in local exercises and drills.

B. Notification of Volunteers (Function 2)

1. Based on the event, the skills and numbers of volunteers needed would be identified. Once identified, a message through the DHV system would be sent by the TCHD DHV Administrator (EMS or PHEP Coordinator) with details of the deployment.
 - a. Volunteers respond to the message with their availability.
 - b. If the response does not reach numbers or qualifications needed, phone calls and other contact methods are used.
 - c. If the volunteer base is inadequate, requests to local agencies and/or to mutual aid Region IV are initiated. The MHOAC (Medical Health Operational Area Coordinator) requests medical volunteers through the Region.

Table 1: Contact Information for Volunteer Agencies

Agency	Coalition Member	Type of Volunteer	Contact
American Red Cross	✓	Medical and non-medical	Regional Mgr. 209-533-1513
Area 12 Agency on Aging (Meal on Wheels)	✓	Non-medical. Support for elderly	209-533-6272
Catholic Charities (Ombudsmen)	✓	Non-medical. Support for elderly	209-532-7632
Community Service Unit (TCSD)	✓ (TCSD)	Non-medical, law enforcement supplemental staff	Office: 209-533-5815
County Fire	✓	Medical (First responder and EMT)	209-533-5100
Parish Nurse Program		Registered Nurses who promote health in faith based settings.	Parish Nurse Program at SRMC 209-536-5027
Twain Harte Fire CERT	✓	CERT (Community Emergency Response Team) volunteers are trained to respond to emergency situations in their communities. They are trained in basic disaster response skills, such as fire safety, light search and rescue, team organization, management of spontaneous volunteers and disaster medical operations.	Twain Harte Fire Chief 209-586-4800
Tuolumne Me-Wuk Tribal CERT	✓	Community Emergency Response Team is trained to respond to emergency situations in their communities. Medical and non-medical, shelter set up, traffic control.	209-928-5304
Tuolumne County Employees request for emergency response staffing	✓ (Health & Human Services, County OES)	Non-medical Medical (limited)	Tuolumne County OES 209-533-5511 Human Resources

Table 2: Agency with affiliated Volunteers

Agency	Coalition Member	Type of Volunteer	Contact
Hospice	✓	Medical and psycho-social support	209-536-5000
Sonora Regional Medical Center	✓	Medical Non-medical	Human Resources 209 -536-5000
Avalon Care Center	✓	Medical Non-medical	209-533-2500
Tuolumne Co. Behavioral Health	✓	Psycho-social support	209-533-6245
U. S. Forest Service		Logistics	209-532-3671
Tuolumne County Schools	✓	Non-medical	209-536-2000
Boy and Girl Scouts Leaders		Non-medical	209-533-1244 (Boy Scouts)

C. Deployment of Volunteers (Function 3)

1. Volunteers are managed by the Planning Section in the Incident Command structure. Volunteers are usually assigned to the Resource Unit Leader.
 - a. Volunteer Coordinator is designated.
 - b. The Volunteer Coordinator will determine deployment assignments. For example, Logistics may need drivers and inventory management staff. Operations may need clinical staff. Planning may need documentation/records assistance and Incident Command may request communication specialists.
2. The Volunteer Coordinator ensures credentialing and verification prior to assignment.
3. The Volunteer Coordinator provides or verifies that just-in-time training is provided, including safety instructions and specific instructions for job assignment. This may occur at a briefing by the section leader.
 - a. Volunteer skills and experience are matched to roles needed as much as possible.
 - b. Volunteers may be assigned duties that vary from their license and experience to meet the needs of the emergency, for example an RN may be needed for registration rather than patient care.
 - c. Volunteers (or staff) may experience stress related to the event. Support strategies include:
 - i. Briefing at check in prior assignment by Operations Chief or Section Leader such as the Medical/Nursing Care unit leader. The Section Leader ensures breaks and nourishment opportunities are provided.
 - ii. The Behavioral Health Director is responsible for developing a plan to address the psychological consequences of an emergency incident. This includes referral for additional services needed.
 - iii. The Behavioral Health Group Supervisor arranges for on-site stress diffusion and if needed, a counseling and support station.
 - iv. Debriefing of all personnel, including volunteer staff.
4. If unaffiliated (spontaneous) volunteers are needed, e.g., for a long-term event, the Volunteer Coordinator is responsible for registering and qualification validation.
Reference: California DHV Deployment of Volunteers

D. Demobilize Volunteers (Function 4)

1. Volunteers are demobilized based on the incident de-escalation and the return to day-to-day service and/or business processes.
2. Volunteers are interviewed during out-processing, which includes assessment of any injuries or illness, psychological support needs and any referrals needed. Utilization of ICS Form 221 is highly advisable.
3. Follow up contact information is recorded.
4. Volunteer demobilization is assigned to the Demobilization Unit Leader assigned by the Planning Section.

Health Emergency Preparedness and Response Plan

Attachment 1: Volunteer Briefing

Attachment 2: Liability for Volunteers (regulatory references)

Attachment 3: Checklist for assimilating Volunteers (local, region, state, federal)

Attachment 4: Orientation handout for Volunteers

References:

California Emergency Services Act:

[CalOES](#)

California Disaster Healthcare Volunteers, Deployment Operations Manual

FEMA (Federal Emergency Management Agency)

<http://www.fema.gov/pdf/emergency/nrf/nrf-support-vol.pdf>

National Principles of Managing Spontaneous Volunteers in Time of Disaster:

<http://www.fema.gov/pdf/donations/ManagingSpontaneousVolunteers.pdf>

[Public Health Emergency Preparedness \(PHEP\) Capability 15](#)

ATTACHMENT 1 TUOLUMNE COUNTY PUBLIC HEALTH VOLUNTEER BRIEFING

Assignment Briefing Template	Assignment Briefing Leader
This document prompts the essential information for the volunteer assignment briefing	
VOLUNTEER NAME:	VOLUNTEER ID#:
POSITION	DATE/SHIFT:
ASSIGNMENT LOCATION:	VOLUNTEER TO REPORT TO:
Duties and Responsibilities	
<p>General: Once assigned and deployed you become a member of the organizational structure in which you have been assigned. You will have a supervisor who you report to and take direction from. A specific job briefing should be provided by your supervisor or designee. Ask for one if this does not occur. If the issue is not resolved through your supervisor or the on-site volunteer coordinator, call the Volunteer line _____</p>	
Review of key provisions from the orientation brief	
<ol style="list-style-type: none"> 1. Permission for you to enter the operational areas is for your official assignment only, and an access privilege badge will be provided to you. You are required to return your badge at the completion of your assignment. Unauthorized entry or wilful deviation from your assigned tasks will be interpreted as trespassing and you may be subject to criminal prosecution. 2. Misrepresentation of identification, credentials, certifications, or qualifications will be interpreted as a criminal act and may be subject to criminal prosecution. 3. If you are unable to report for your accepted assignment, please notify the Volunteer line. 	
Situational Update (based on operational period situation report)	
<input type="checkbox"/> Description of incident, major objectives <input type="checkbox"/> ICS response actions and accomplishments <input type="checkbox"/> Major strategies/tactics being used <input type="checkbox"/> Where the volunteers fit into the response structure.	
Safety (develop from health and safety plan-copy relevant sections for items below)	
<p>PPE –distributed if necessary to ensure safety – description of appropriate personal protection and instructions/training for use. Infection Control Practices – review Prophylaxis- if required describe how they will obtain meds Medical Plan – You will receive site specific instructions if you need to get medical and/or behavioural health support during your assignment if you require assistance. General equipment – Telecommunications and other if indicated and available</p>	
Out Processing-Demobilization	
<p>When your assignment is completed you will be ‘out-processed’:</p> <ol style="list-style-type: none"> 1. Return equipment issued to you 2. Return your site badge. 3. Complete the volunteer questionnaire to provide feedback from your volunteer experience. This will be used to improve the volunteer process. 4. Receive a volunteer record that includes a documentation of your volunteer assignment and hours worked. 5. Receive TCHD contact information for any future assignment-related issues. 6. Obtain information about re-assignment or future volunteer opportunities. 7. Complete the medical/health follow up form. <p>Out processing will be conducted at _____</p>	
Supplies and Equipment	
<p>May be provided. Assignment Briefing Leader must demonstrate the safe & effective use of equipment. Volunteers must then demonstrate the proper use of any issued equipment.</p>	

Adapted from the Arlington County Public Health Volunteer Management System, Arlington, Virginia.

ATTACHMENT 2: LIABILITY FOR VOLUNTEERS

FLEXED SCOPE OF PRACTICE

Government Code Section 8571: provides the Governor with the authority during a state of emergency or war, to suspend any regulatory statutes.....where the governor determines and declares that strict compliance with any statute, order, rule or regulation would in any way prevent, hinder or delay the mitigation of the effects of the emergency.

California Civil Code Section 1714.5 provides immunity from liability for Disaster Services Workers as well as an owner or operator, including a public agency, which is used as a mass care center, first-aid station, temporary hospital annex, or other necessary facility for mitigating the effects of an emergency. (except for willful acts)

Clarification of Governmental Agents Providing Services within a Healthcare Facility as Disaster Service Workers Standby Order Text.

In the event of a local government jurisdiction is required to assist a healthcare facility in providing or arranging to provide treatment of disaster-related victims when existing facilities are overloaded and cannot accommodate the patient load, all persons providing services at the healthcare facility pursuant to an actual or implied request of the local governmental jurisdiction shall be agents of the local governmental jurisdiction, and as such, deemed Disaster Service Workers under the Emergency Services Act,

CA Emergency Services Act, 8659 gives physician, hospital, pharmacist, nurse or dentist who renders services during a state of war emergency, a state of emergency or local emergency.....shall have no liability for any injury sustained by any person by reasons of such services, regardless of how or under what circumstances or by what cause such injuries are sustained immunity does not apply in event of a willful act or omission.

CA Business and Professions Code Section 2495 similar language, and protects for any civil damages.

CA Business and Professions Code Section 2727,5 RN who renders emergency care at the scene of an emergency which occurs outside both the place and course of that person's employment shall not be liable for civil damages....nor their employer.

CA Business and Professions Code Section 2861.5 specific to LVN

CA Business and Professions Code Section 3503.5 PA specific to Physician Assistant

Government Code Section 178, Article 5 addresses the liability of health professionals providing emergency care outside the State

Federal Volunteer Protection Act of 1997, Section 4 (a) Protects a volunteer of a nonprofit or government organization. Provides immunity from liability to Disaster Service Workers, protecting them from any civil litigation. Disaster Service Worker Volunteer Program Guidance, Emergency Services Act Government Code Section 8567 limits the ability of volunteers to be paid for any services provides, distinguishing a disaster Service Worker from other who are compensated for their services.

Others; Good Samaritan statutes, CA Business and Professions Code 2395, 2395.5, 2396, 2398

California Civil Code Sections 2724.3 CPR

Civil code Section 1714.6

California State Board of Pharmacy Waiver

As the scope of practice for licensed professionals is subject to change, the Healing Arts Board's websites are a useful resource for understanding the current scope of practice for any particular licensed healthcare professional.

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The Acupuncture Board	http://www.acupuncture.ca.gov/
Board of Behavioral Sciences	http://www.bbs.ca.gov/
Board of Occupational Therapy	http://www.bot.ca.gov/
Board of Optometry	http://www.optometry.ca.gov/
Board of Pharmacy	http://www.pharmacy.ca.gov/
Board of Podiatric Medicine	http://www.bpm.ca.gov/
Board of Psychology	http://www.psychboard.ca.gov/
Board of Registered Nursing	http://www.rn.ca.gov/
Board of Vocational Nurses and Psychiatric Technicians	http://www.bvnpt.ca.gov/
Dental Board of California	http://www.dbc.ca.gov/
Medical Board of California	http://www.medbd.ca.gov/
Osteopathic Medical Board of California	http://www.ombc.ca.gov/
Physical Therapy Board of California	http://www.ptb.ca.gov/
California Department of Consumer Affairs Physician Assistant Examining Committee	http://www.pac.ca.gov/
Medical Board of California Registered Dispensing Optician Program	http://www.medbd.ca.gov/allied/rdo_program.html
Respiratory Care Board of California	http://www.rcb.ca.gov/
Speech-Language Pathology and Audiology Board	http://www.slpab.ca.gov/
Veterinary Medical Board	http://www.vmb.ca.gov/
Medical Board of California: Medical Assistants	http://www.medbd.ca.gov/allied/medical_assistants.html

TABLE 1.

Statute/Regulation	Description of Statute/Regulation and Waiver Requirements
Liability of Healthcare Facilities	
California Civil Code Section 1714.5	Provides immunity from liability for Disaster Service Workers as well as an owner or operator, including a public agency, that owns or maintains any building or premises which is used as a mass care center, first-aid station, temporary hospital annex, or other necessary facility for mitigating the effects of an emergency. The immunity protects against liability to any person who has entered to seek refuge, treatment, care, or assistance, while in or upon the premises, for injuries sustained as a result of the condition of the building or premises, as the result of any act or omission, or as a result of the use or designation of the premises as a mass care center, first-aid station, temporary hospital annex, or other necessary facility for emergency purposes. The only exclusions from immunity are the willful acts of the owner or occupant or their employees.
California Health and Safety Code Section 1317	By law, emergency services and care must be provided upon request to any person for any condition in which the person is in danger of loss of life, serious injury, or illness at any health facility licensed by the State that maintains and operates an emergency department to provide emergency services to the public when the health facility has appropriate facilities and qualified staff available to provide the services or care. ³⁹ A medical screening examination and stabilization of an emergency medical condition is required. ⁴⁰ The health facility and its employees, however, including any physician, surgeon, dentist, clinical psychologist and podiatrist, are immune from liability in any action arising out of a refusal to render emergency services or care if the refusal is based on the determination, exercising reasonable care, that the person is not suffering from an emergency medical condition or that the health facility does not have the appropriate facilities or qualified staff available to render those services.
Liability of Healthcare Professionals	
California Emergency Services Act, Government Code Section 8659	Any physician or surgeon (whether licensed in this state or any other state), hospital, pharmacist, nurse, or dentist who renders services during a state of war emergency, a state of emergency, or local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by

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Statute/Regulation	Description of Statute/Regulation and Waiver Requirements
	reason of such services, regardless of how or under what circumstances or by what cause such injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.
California Business and Professions Code Section 1627.5	No licensed dentist, who in good faith renders emergency care at the scene of an emergency occurring outside the place of that person's practice, or who, upon the request of another person so licensed, renders emergency care to a person for a complication arising from prior care of another person so licensed, shall be liable for any civil damages as a result of any acts or omissions by that person in rendering the emergency care.
California Business and Professions Code Section 2395	No licensed physician or surgeon, who in good faith renders emergency care at the scene of an emergency or during a medical disaster, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care. "Medical disaster" means a duly proclaimed state of emergency or local emergency declared pursuant to the California Emergency Services Act (Government Code Section 8550, Title 2, Division 1, Chapter 7). Acts or omissions exempted from liability pursuant to this section shall include those acts or omissions which occur after the declaration of a medical disaster and those which occurred prior to such declaration but after the commencement of such medical disaster. The immunity granted in this section shall not apply in the event of a willful act or omission.
California Business and Professions Code Section 2727.5	A registered nurse who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment shall not be liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care. The immunity from civil damages granted in this section shall not apply when the person is grossly negligent.
California Business and Professions Code Section 2861.5	A licensed vocational nurse who in good faith renders emergency care at the scene of an emergency which occurs outside the place and during the course of employment shall not be liable for any civil damages as the result of acts or omissions in rendering the emergency care. This section shall not be construed to grant immunity from civil damage to any person whose conduct in rendering emergency care is grossly negligent.
California Business and Professions Code Section 3503.5	A physician assistant who in good faith renders emergency care at the scene of an emergency that occurs outside the place and during the course of that person's employment shall not be liable for any civil damage as a result of any acts or omissions by that person in rendering the emergency care. This section shall not be construed to grant immunity from civil damages to any person whose conduct in rendering emergency care is grossly negligent. In addition to the immunity specified in Business and Professions Code Section 3503.5 (a), the provisions of Business and Professions Code Section 2395, Chapter 5, Article 17 shall apply to a physician assistant when acting pursuant to delegated authority from an approved supervising physician.
Government Code Section 178 Article 5	This section addresses the liability of health professionals providing service outside the state by which they are licensed. This section indicates that no party, state, or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged.

VOLUNTEERS

Statute/Regulation	Description of Statute/Regulation and Waiver Requirements
Liability of Volunteers Providing Uncompensated Care	
Federal Volunteer Protection Act of 1997 Section 4(a)	A volunteer of a nonprofit organization or government generally will be relieved of liability for harm if the volunteer was acting within the scope of his or her responsibilities and was properly licensed, certified, or authorized for the activities (whenever such licensing, certification, or authorization is appropriate or required). This statute is very broad and may apply in a variety of circumstances. If a volunteer is summoned by a proper authority and possesses the required first aid and emergency care training, immunity from liability appears to exist while providing any service that could fall within the definition of emergency services. For the purposes of this statute, emergency services include, but are not limited to, first aid and medical services, rescue procedures, and transportation or other related activities necessary to ensure the safety of the individual who is the object of a search or rescue operation. The Act

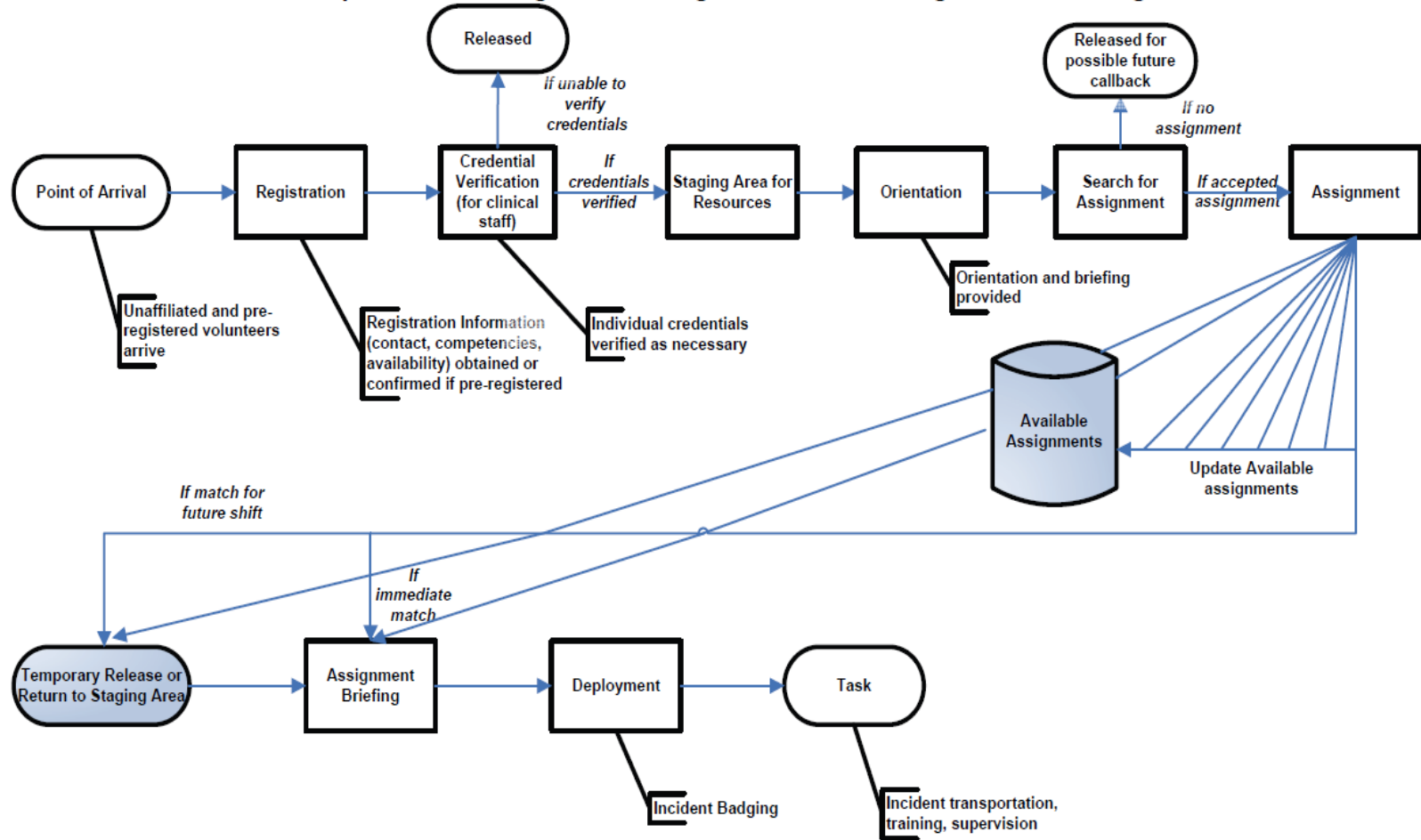
Health Emergency Preparedness and Response Plan

Statute/Regulation	Description of Statute/Regulation and Waiver Requirements
	<p>preempts state law, but allows a state to apply its own law exclusively in any case that does not involve out-of state parties. It does not protect volunteer organizations. As it is a federal provision, it cannot be suspended or flexed by the Governor.</p> <p>The Act provides immunity from liability to Disaster Service Worker volunteers, protecting them from any civil litigation resulting from acts of good faith. The Disaster Service Worker volunteer also has protection while providing disaster service (e.g., damage or destruction of property, injury or death of an individual). Immunity from liability does not apply in cases of willful intent, unreasonable acts beyond the scope of Disaster Service Worker training, or a criminal act.</p>
<p>Good Samaritan statutes under California Business and Professions Code Sections 2395, 2395.5, 2396, and 2398</p>	<p>No licensee, who in good faith renders emergency care at the scene of an emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care. "The scene of an emergency" as used in this section shall include, but not be limited to, the emergency rooms of hospitals in the event of a medical disaster. "Medical disaster" means a duly proclaimed state of emergency or local emergency declared pursuant to California Emergency Services Act. Volunteers who come forward to offer services and have not pre-registered or been impressed into service (known as convergent volunteers) and are not listed as Disaster Service Worker volunteers have some liability protection for disaster service under the Good Samaritan statutes.</p>
<p>Disaster Service Worker Volunteer Program Guidance,⁴² Emergency Services Act Government Code Section 8657</p>	<p>Disaster Service Worker volunteers are provided limited immunity from liability while providing disaster service as it is defined in 19 CCR 2570.2 and 2572.2. The Disaster Service Worker Volunteer Program limits the ability of volunteers to be paid for any services provided, distinguishing a Disaster Service Worker from others who are compensated for their services.</p>
<p>California Civil Code Sections 1714.2 and 1714.21</p>	<p>If a person trained in basic cardiopulmonary resuscitation by the American Hospital Association or American Red Cross and renders cardiopulmonary resuscitation in good faith at the scene of an emergency, he or she is not liable for any civil damages unless grossly negligent. This provision is not applicable to those who expect to be compensated. A person is not liable for any civil damages if an automated external defibrillator is used at the scene of an emergency and the requirements for proper maintenance and use of the defibrillator defined in Health and Safety Code Section 1797.196 are followed.</p>
<p>Civil Code Section 1714.6</p>	<p>The violation of any statute or ordinance shall not establish negligence as a matter of law where the act or omission involved was required in order to comply with an order of the Governor promulgated under the California Emergency Services Act. No person shall be prosecuted for a violation of any statute or ordinance when violation of such statute or ordinance is required in order to comply with an order or proclamation of the Governor promulgated under the Emergency Services Act. The provisions of this section shall apply to such acts or omissions whether occurring prior to or after the effective date of this section. Therefore, to the extent an existing statute or ordinance delineates certain requirements (e.g., statutory scope of service), an order modifying that statute and authorizing altered scope of service could not, during the declared disaster, constitute a violation of law upon which to base a negligence cause of action against the licensed healthcare worker.</p>

Attachment 3: Checklist for Assimilating Disaster Healthcare Workers in an Emergency (Local, Region, State, Federal)

? Action	Reference-Link
✓ Is your organization experiencing surge? Or due to damage unable to provide care at your usual location or lacking resources?	CDPH Standards & Guidelines- Foundational Knowledge Health Care Surge Defined , page 11
✓ Has the situation affected the Tuolumne County Healthcare system? (Operational Area)	Health Care Surge Defined , page 11
✓ Have you exhausted all internal resources? <ul style="list-style-type: none"> • Implemented surge plan • Re-purposed or increased space, staff & resources (contingency plan) • Notified the MHOAC and CDPH Licensing and Certification 	
✓ Are you unable to meet the needs after implementing surge plan? (Crisis plan needed)	CA Emergency Services Act , page 19
✓ Has the Health Officer (Board of Supervisors), or Governor or President declared a disaster? Have some statutes or guidelines been suspended by a legal authority?	Foundational Knowledge , page 48 & 84 Standard of Care defined, page 45 Vol 1: Hospitals , page 14
✓ Determine the qualifications of medical-health volunteers needed, request from the MHOAC. <ul style="list-style-type: none"> • Be specific. • Include housing and transportation needs. (Example: 3 RNs, 1 Respiratory Therapist and 2 Physicians) 	Potential Staffing Sources during Healthcare Surge , page 98 Scope of Practice , page 103 Flexed Scope, pg 104
The local DHV list will be contacted as well as the Region IV mutual aid system. If more volunteers needed, the State and Federal lists will be activated.	
✓ Volunteers must be designated as Disaster Health Care Workers by an authority and be under the authorization and supervision of a duly constituted superior in the emergency organization. Registration of a person is forwarded to the CAIEMSA and includes 1) name, 2) address, 3) date, as established by loyalty oath, 4) name of registering government agency with sign and title of authorized person, 5) classification, 6) signed statement.	Interstate Civil Defense, Government Code Section 178, 1458. 4 Loyalty Oath §2573.1, 2573.2 Classification §2572.1
✓ Liability for volunteers during a declared emergency is guided by law & regulations. Interstate mutual aid statutes explain other state license recognized during an emergency.	Government Code §8659 , article 4 Federal and State Statute , page 110 Ca Business-Prof Code , 2395-2398
✓ Assign a Volunteer Supervisor to manage the volunteers. Set up communications plan. (Volunteers are part of the Resource Unit, under the Planning Section)	Supervision of Volunteer CCR, title 19, § 2570.2, 2572.2
✓ Ensure volunteers on-their-way know who, how, where to show up.	
✓ Establish intake procedures. Keep copies of licensing and other certifications.	Credential Verification During Surge Classifications and General Duties §2572.1 Registration and Training §2573.1
✓ Brief volunteers on their role and responsibilities	Facility specific plan
✓ Assign volunteers and ensure they have a designated supervisor	
✓ Debrief volunteers. If they have completed their assignment, ensure you have follow up contact information. (Volunteers contribute to the after action–improvement plan.)	
<ul style="list-style-type: none"> • CA Code of Regulations, Title 19, §2570.1 Provides workers’ compensation benefits for disaster service worker volunteers. §2570.2 Defines a Disaster Service Workers as “registered with an accredited disaster council or the California Emergency Management Agency (DHV). • Health and Safety Code, Good Samaritan Act, CA H&SC, Section 1799.102 • Volunteer Protection Act US Public Law 105-19 (Section 4) • California Health and Safety Code Division 2.5, Article 4, Medical Disasters 1797.150-153 (MHOAC) 	

Acceptance and Assignment of Augmented Staff During Healthcare Surge



Tuolumne County
Volunteer Orientation

Thank you for joining the Tuolumne County Disaster Healthcare Volunteers. You will receive orientation materials from California Emergency Medical Services Agency (Cal EMSA) which manages the State website. Additionally, we would like to give you more specific materials on how the Tuolumne County Health Department hopes to utilize our local list of volunteers, if needed.

- #1: The Public Health Emergency Preparedness (PHEP) Coordinator and the Local Emergency Medical Services Agency (LEMSA) are the *ONLY* staff with access to the DHV highly secure list. They are able to request your assistance during a medical or health emergency event. You always have the choice to respond or not to respond to a request.

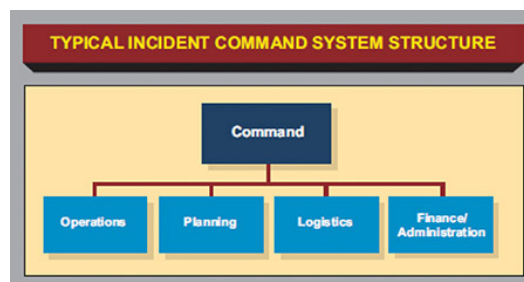
Public Health Emergency Preparedness (PHEP) Coordinator
209-533-7427
mjachetta@co.tuolumne.ca.us

Tuolumne County Emergency Medical Systems (EMS) Coordinator
Clarence Teem
209-533-7406
cteem@co.tuolumne.ca.us

Alternate **MHOAC** (Medical Health Operational Area Coordinator)

Tuolumne County Health Department
20111 Cedar Rd. N
Sonora, CA 95370
209-533-7401
On call Duty Officer: 209-533-8055

- #2: Public Health emergencies are managed using the **Incident Command System (ICS)**. As a volunteer, you will be assigned to one of the key sections within the ICS.



The Incident Command Section will be staffed with Public Health and/or other County Staff. The Incident Command staff will evaluate the situation, identify strategies, assess progress and set objectives for each “Operational Period”.

Operations: This section is the group who conducts response tactics and will often be a healthcare provider in a Health and Medical Emergency.

Planning: This section takes the objectives for the next operational period and decides what is needed to accomplish them. The Planning Section collects and evaluates information, and documents the event.

Attachment 4: Health Emergency Preparedness Response Plan

Logistics: This section will be most likely to need volunteers. Logistics will assist with set up, delivery, traffic control, communications, food, facilities and other tasks related to the objectives.

Finance: This section tracks expenses and time tracking, etc., such as purchasing equipment needed for the response.

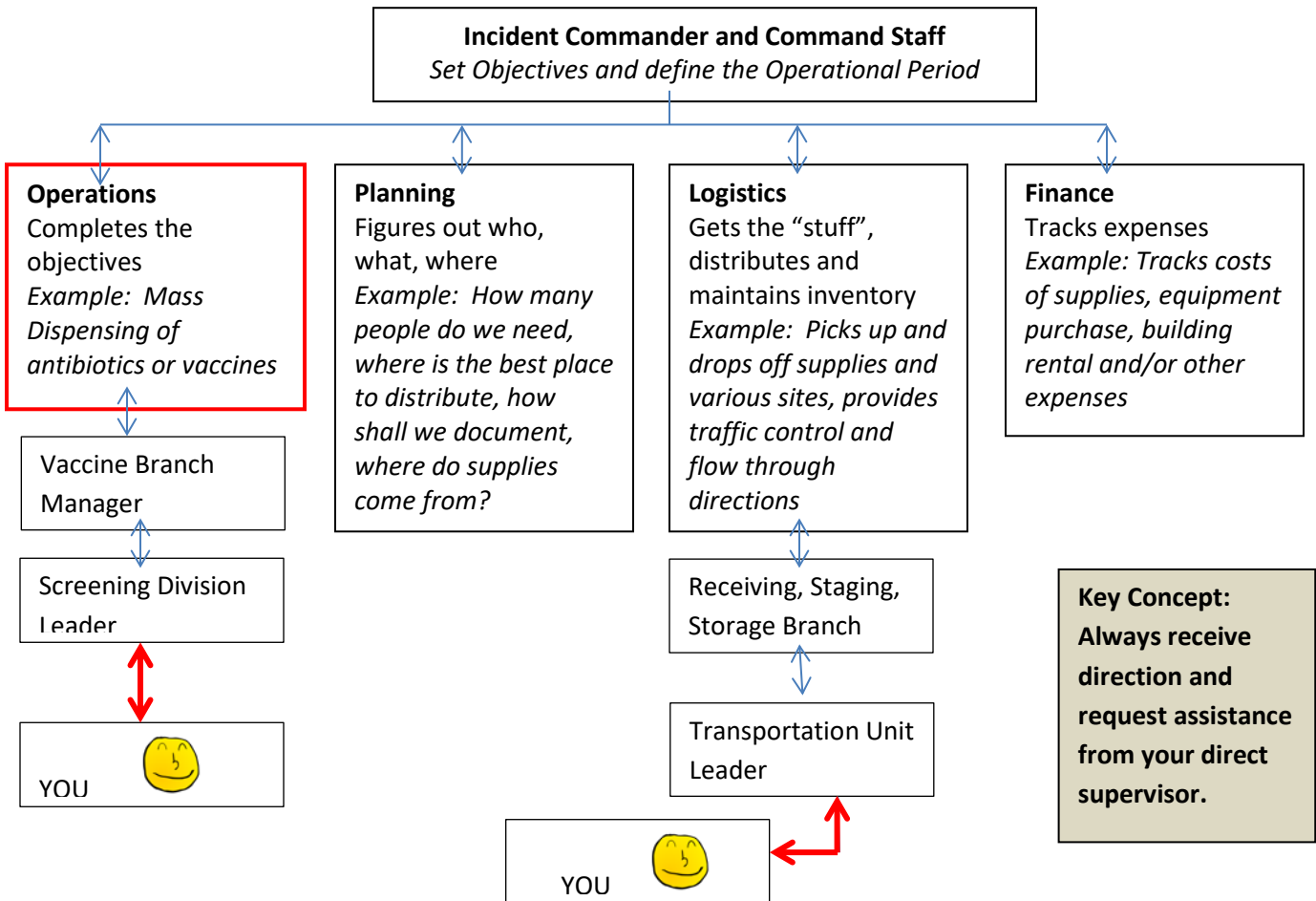
Volunteers will be most likely needed in Operations and Logistics

3 How you are assigned to a section:
Based on your availability and current skills, you will be assigned to one of the sections described. When you receive your assignment, you should be told:

- ✓ Where to report
- ✓ What your responsibilities will be
- ✓ Hours of the assignment
- ✓ Any special attire or equipment you should bring with you
- ✓ Your Supervisor’s name, and/or to whom you should report

#4 What you can expect when you arrive:
Your Supervisor (or designee) will orient (brief) you to the incident and your job duties. This person will direct your work and is available for questions. At the end of your assignment, the supervisor will “debrief” you to obtain your observations and recommendations.

Example Chain of Command: Mass Dispensing Event



Position Checklist: VOLUNTEER COORDINATOR

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100 & 200

REPORT TO: Resource Unit Leader

SUPERVISE:

WORKSTATION: As assigned

On-Site Operations

- Review your position checklist.
- Attend overall staff briefing and receive assignment-specific briefing from the Resource Unit Leader (your supervisor)
- Review materials regarding current situation
- Maintain Activity Log (ICS Form 214)
- Follow the chain-of-command and performance expectations:
 - Report ONLY to your Supervisor
 - Work with other staff as assigned by your Supervisor, DO NOT take instructions from or provide information to anyone other than your Supervisor (or a Safety Officer if regarding a safety issue)
 - Any questions, problems, or incidents should be reported to your Supervisor, NOT to anyone else
 - DO NOT MAKE DECISIONS on your own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site
- Coordinate with the Resource Unit to determine where volunteers are needed
- Identify any necessary skills and training needs
- Verify minimum training needed, as necessary, with Safety Officer or units requesting volunteers
- Coordinate Just-in-Time Training as necessary as part of the deployment process
- Activate volunteers who have enrolled in the Disaster Healthcare Volunteers (DHV) system prior to the incident, or participating agencies with affiliated volunteers (Unaffiliated/Spontaneous Volunteers may register with DHV and may be deployed at a later date, once verification is complete)
- Coordinate with Logistics Section if arrangements for housing and meals are needed
- Assist volunteers with access or functional needs, as appropriate

Deactivation Phase

- Supervise the break down and repacking of all equipment/supplies
- Ensure that volunteers are rested and equipped to safely demobilize
- Ensure the collection of all paperwork and turn in to Demobilization Unit Leader
- Identify issues for the After Action Report