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Southeast Idaho Medical Reserve Corps

Volunteer Guide

October 2015
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Thank You!
Welcome MRC Volunteers

Dear Medical Reserve Corps Volunteer,

On behalf of the Southeast Idaho Medical Reserve Corps (MRC), welcome, and thank you for your willingness to serve our community. The Medical Reserve Corps coordinates the skills of practicing and retired physicians, nurses, other health professionals, and support personnel who are willing to volunteer during emergency situations and public health initiatives. Our goal is to recruit at least 1,200 volunteers in order to be fully ready to safeguard our communities. We provide training to volunteers related to personal preparedness and emergency response plans in southeast Idaho. Please share information about the MRC with your friends, families, and business associates.

This guide has been created to give you pertinent information that will maximize your MRC volunteer experience. The major topics in this guide will also be discussed during your orientation training. Please use this guide for future reference and review.

The MRC understands that people have busy schedules; therefore, the structure has been designed so you may choose the amount of time and involvement you want to serve with the MRC. One of the benefits we offer to our volunteers is the opportunity to take additional training as their time permits. Training opportunities are announced in our newsletter or can be accessed online. In case of an emergency, “just-in-time” training will be provided at the emergency site that will be strictly event-oriented so that you will be prepared and ready to assist during that emergency.

You have taken the first steps to participate with an exciting and vital organization, which offers a variety of opportunities to serve our public health community. As our MRC grows, we will look for projects where we may serve our community in public health non-emergency areas. We want to be a vital and responsive corps to our community.

Please feel free to contact us anytime you have questions, suggestions, or comments. You may also contact Ryan Richardson, Volunteer Coordinator at 239-5295 or rrichardson@siph.idaho.gov.

Once again, welcome to the Southeast Idaho Medical Reserve Corps!
Section A: Program Overview

An Overview of the National Medical Reserve Corps

In the outpouring of volunteer community support for emergency relief efforts after the terrorist attacks of September 11, 2001, it was quickly recognized that volunteers with valuable skills could not be used at the emergency sites. They had not been identified, credentialed, trained in advance, or had neither sufficient time nor capability to accomplish these tasks in the aftermath of the attacks.

Out of this tragedy, the USA Freedom Corps was established to provide Americans with meaningful opportunities to serve. The USA Freedom Corps became the parent agency for the existing organizations of the AmeriCorps, Senior Corps, and the Peace Corps (see Attachment 1 for organizational chart). The newly organized Citizen Corps Council joined these well-established volunteer organizations.

The Citizen Corps was created with the prime purpose to coordinate volunteer activities that will make our communities safer, stronger, and better prepared to respond to any emergency situation. The different organizations within the Citizen Corps provide opportunities for people to participate, dependent upon their personal interest, in a range of organizations to make their families, their homes, and their communities safer from the threats of crime, terrorism, and disasters of all kinds.

The Citizen Corps offers citizens the opportunity to volunteer through:

- Medical Reserve Corps (MRC)
- USA on Watch (formerly known as the Neighborhood Watch program)
- Community Emergency Response Teams (CERT)
- Volunteers in Police Service (VIPS)
- Fire Corps

The MRC plays an integral part in preparedness and response strategy. It provides an organized way for citizens to offer their skills and expertise during an act of terrorism or local public health crises, such as an infectious disease outbreak.
**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARC</td>
<td>American Red Cross</td>
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<tr>
<td>ASPR</td>
<td>Assistant Secretary for Preparedness and Response</td>
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<tr>
<td>BHS</td>
<td>Bureau of Homeland Security</td>
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<tr>
<td>BT</td>
<td>Bioterrorism</td>
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<tr>
<td>CAH</td>
<td>Critical Access Hospital</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>DDC</td>
<td>District Distribution Center</td>
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<tr>
<td>DMAT</td>
<td>Disaster Medical Assistance Teams</td>
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<td>DOJ</td>
<td>Department of Justice</td>
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<tr>
<td>EMAC</td>
<td>Emergency Medical Assistance Compact</td>
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<td>EMS</td>
<td>Emergency Management Services</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<td>EMT</td>
<td>Emergency Medical Technician</td>
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<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td>EPI-X</td>
<td>Emergency Preparedness Information Exchange</td>
</tr>
<tr>
<td>ESAR-VHP</td>
<td>Emergency System for the Advanced Registration-</td>
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<tr>
<td></td>
<td>of Volunteer Health Professionals</td>
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<tr>
<td>ESF6</td>
<td>Emergency Support Function – Mass Care</td>
</tr>
<tr>
<td>ESF8</td>
<td>Emergency Support Function – Health &amp; Medical Services</td>
</tr>
<tr>
<td>FBI</td>
<td>Federal Bureau of Investigation</td>
</tr>
<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>GIS</td>
<td>Geographic Information System</td>
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<tr>
<td>HAN</td>
<td>Health Alert Network</td>
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<td>HAZMAT</td>
<td>Hazardous Materials</td>
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<td>HHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<td>IDHW</td>
<td>Idaho Department of Health and Welfare</td>
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<tr>
<td>JIC</td>
<td>Joint Information Center</td>
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<tr>
<td>JITT</td>
<td>Just-in-Time Training</td>
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Pre-identifying, training, and organizing volunteers to strengthen their communities is at the center of the MRC concept. When a public health emergency occurs within a community, MRC volunteers can supplement existing local emergency first responder’s capabilities. The national MRC website is: [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov).

**The Southeast Idaho Medical Reserve Corps**

At the national level, the Medical Reserve Corps is organized under the U.S. Department of Health and Human Services, and directly within the Office of the U.S. Surgeon General.

The Southeast Idaho Medical Reserve Corps is part of, and under the direction of, the Public Health Preparedness program within the Southeastern District Health Department (now Southeastern Idaho Public Health). It was officially recognized by the Office of the Surgeon General in March 2004.

SIPH serves and maintains offices/clinics in:
- Bannock County
- Bear Lake County
- Bingham County
- Butte County
- Caribou County
- Franklin County
- Oneida County
- Power County
- And partners with the Shoshone-Bannock Tribe

The Southeast Idaho Medical Reserve Corps recruits healthcare professionals (active and retired) from all fields – physicians, nurses, dentists, dental hygienists, pharmacists, psychologists, social workers, EMTs, veterinarians, and medical students. Non-medical support volunteers with administrative, clerical, security, ham radio operations, translation, and interpretation experience will also play a vital role in the MRC.
Thirteen response sites, or Points of Dispensing (POD) sites, have been identified throughout the eight counties, with at least one POD within each county. The location the MRC volunteer will respond to is pre-determined and is within the volunteer’s home area. Since an emergency may only affect a part of the area, volunteers may also have the opportunity to serve in one of the District’s other counties, if the need arises, and if they are available.

In June of 2006, MRC volunteers assisted in opening 13 POD sites throughout southeastern Idaho during a full-scale exercise simulating distribution of the Strategic National Stockpile. The exercise was considered a success in large part because of the MRC volunteers.

During the H1N1 influenza outbreak, MRC volunteers were activated and assigned tasks such as answering H1N1 hotline phone calls and providing assistance at the mass vaccination clinics throughout southeastern Idaho. It was the first time MRC volunteers in southeastern Idaho were activated for a real-world event, and their assistance was invaluable!

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**The Southeast Idaho MRC Mission Statement**

Established in March 2004, the mission of the Southeast Idaho Medical Reserve Corps is to provide local communities with volunteers, willing to offer their time, knowledge, and skills to address their community’s public health needs and to support emergency personnel during a large-scale emergency.

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- To make a recommendation to the employee’s/volunteer’s supervisor as to the appropriate functions the employee may continue to perform.

**Performance of Job Duties**

Upon completion of an epidemiological evaluation, the affected employee/volunteer will be notified in writing of the epidemiological recommendations regarding returning to the workplace. If the epidemiologist determines that the affected individual is able to return to work without any job modifications, then the employee/volunteer will resume his/her normal job duties.

If the epidemiologist, with medical consultant and administrative approval, determines job modifications are in order to comply with safety requirements, the affected individual’s supervisor will be consulted to assist with any job modifications and/or monitoring the work environment.

Adopted 6/1998
Revised 3/2010
**Bloodborne Disease in Employees and Volunteers**

**Southeastern Idaho Public Health**

**Introduction**

Employees, licensed independent practitioners, clinical students, and volunteers are obligated at all times to ensure the confidentiality of a client, employee, student or clinician’s medical condition. An employee/volunteer who has concerns regarding participation in the treatment of clients with bloodborne diseases or interaction with fellow employees/volunteers who may be diagnosed as having a bloodborne disease should contact his/her immediate supervisor and/or Volunteer Coordinator to express his/her concerns and obtain information regarding these illnesses.

Employees/volunteers will not be excused from carrying out their regularly assigned duties solely because they may have to interact with a client, co-worker or volunteer who has been diagnosed as having a bloodborne disease—special arrangements will be made only for specific medical reasons. In the case of pregnant women, CDC guidelines clearly state that pregnant women are no more susceptible than non-pregnant women to bloodborne disease.

All employees/volunteers are required to use Universal Precautions on all clients, regardless of the client’s diagnosis.

**Employees/Volunteers with Bloodborne Pathogen Infections**

Any employee/volunteer who has a bloodborne pathogen infection is required to report this information to his/her immediate supervisor. Failure to report such information may be cause for disciplinary action. The supervisor will then refer the employee/volunteer for an epidemiological evaluation of his/her work duties.

The employee/volunteer who reports he/she is infected with a bloodborne pathogen will have his/her duties related to exposure-prone procedures evaluated by the epidemiologist and medical consultant when necessary to determine if a suspension of such duties should be made until such time as the employee/volunteer is no longer considered a risk to clients. The goals of the epidemiological investigation are:

- To provide confidential counseling to the affected employee/volunteer and his/her significant others (s) as needed;
- To provide a safe work environment for clients and fellow employees/volunteers;

**Goals & Objectives**

- Foster a culture of acceptance, recognize the value of volunteers, and utilize volunteer staffing within southeast Idaho.
- Develop and maintain a framework to match volunteers’ skills with the community’s needs, including medical surge capacity.
- Provide opportunities for volunteers to assist with non-emergency public health functions/initiatives, such as health education, vaccination clinics, and public awareness campaigns.
- Recruit, enroll, and maintain a corps of medical and non-medical volunteers sufficient to staff mass vaccination/mass prophylaxis sites in southeastern Idaho.
- Deliver comprehensive training opportunities to volunteers through simulation exercises, classroom training, and access to online education resources.
- Create a framework of support that will sustain the MRC into the future.
Service Principles

Major community emergencies may arise from natural (earthquake, flooding), mechanical (sewage back up, power outage), or intentional (biological, chemical or other terrorist) events. If an emergency impacts or threatens the health of a large number of southeastern Idaho citizens, or presents health issues in a specific geographic area within any one of the eight counties served by SIPH, MRC volunteers will be involved. Emergency response involvement will likely include: assessment of the health impact of the emergency; evaluation of the need for specific action(s); implementation of identified plans and action(s).

The overall goal of SIPH involvement in an emergency is to minimize or eliminate negative health effects of the emergency. SIPH employees and MRC volunteers may participate in the following emergency responses:

- Mass vaccination
- Mass prophylaxis (distribution of medications)
- Mass medical care at Alternate Care Sites
- Hospital evacuation
- Communicable disease control
- Vector control
- Health needs of special populations
- Targeted public awareness campaigns
- Hotline telephone duties

By staffing mass vaccination or mass prophylaxis clinics in southeastern Idaho with medical and non-medical volunteers, the MRC will augment county health services to residents in the event of a large-scale public health emergency, with the potential to overwhelm existing service providers within the county. Additionally, the MRC will be utilized to enhance high volume SIPH services, such as flu clinics, and back-to-school immunizations. The MRC may also be utilized to enhance public health by participating in community health education functions such as health fairs.

(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (know as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

- Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).

- Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual’s employer, or provides the service in the capacity of a member of the employer’s workforce, may disclose the individual’s protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider’s findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

- OCR HIPAA Privacy

December 3, 2002 Revised April 3, 2003
disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b).

For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(ii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- **Child abuse or neglect.** Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(i). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.

- **Quality, safety or effectiveness of a product or activity regulated by the FDA.** Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
  
  - Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
  
  - Tracking FDA-regulated products;
  
  - Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
  
  - Conducting post-marketing surveillance. See 45 CFR 164.512(b)(1)

**Management Principles**

Any MRC response will be managed under the organizational structure set forth in Incident Command System (ICS) protocols, required by the National Incident Management System (NIMS). ICS provides for structured management and communications, allowing for smooth expansion and contraction of incident response deployment.

The MRC will operate in accordance with the following principles:

- ★ We treat all people, volunteers, clients and co-workers with respect and dignity in all situations.
- ★ We honor the fact that volunteers are donating their time and expertise for the overall health and well being of southeastern Idaho residents.
- ★ We will communicate clearly and consistently with MRC volunteers.
- ★ Input from MRC members is encouraged and valued.
- ★ Unless asked by the SIPH Public Health Information Officer, **MRC volunteers are asked to refrain from speaking with the media about emergency response activities.**
- ★ MRC volunteers are asked to adhere to privacy practices as set forth by the Health Insurance Portability and Accountability Act (HIPAA) and ensure privacy of patient information.
- ★ No MRC member will be asked to perform beyond the scope of his or her licensure/credentialing, training, or comfort level.
- ★ The MRC will consistently seek inclusion of volunteers across all demographics, thereby becoming truly representative of all the citizens of southeastern Idaho.
**Section B: Volunteer Relations**

**Expectations**

MRC volunteers agree to be available in the event of a large public health emergency with the potential to overwhelm traditional health systems. Minimum requirements for volunteers are:

- Citizen of United States or legal/registered alien.
- Current mailing address and contact information.
- Current professional licensure information (medical professionals).

The MRC leadership will keep volunteers informed of upcoming activities, volunteer opportunities and needs, and pertinent program information.

**Recruitment**

SIPH and the MRC staff will maintain active and ongoing recruitment efforts. Active volunteers are encouraged to assist with recruitment by encouraging potential volunteers to consider joining. Opportunities to set up recruitment booths at various venues (health fairs, community events, etc.) in the community will consistently be sought, as will opportunities for exposure in local media (newspapers, radio, television). Brochures and flyers will be available in locations throughout the region, and the MRC program will continually seek new venues for information distribution. The MRC Volunteer Administrative Assistant is responsible for keeping flyers/brochures stocked at participating locations. Information can also be found on the SIPH website, located at www.siphidaho.org.

**Public Health**

**Health Insurance Portability and Accountability Act**

45 CFR 164.512(b)

**Background**

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

**How the Rule Works**

**General Public Health Activities.** The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA). Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health.
disaster until help arrives. If you're a member of a neighborhood organization, such as a home association or crime watch group, introduce disaster preparedness as a new activity. Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make plans for child care in case parents can't get home.

If Disaster Strikes
Remain calm and patient. Put your plan into action.

Check for Injuries
Give first aid and get help for seriously injured people.

Check for Damage in Your Home...
★ Use flashlights. Do not light matches or turn on electrical switches, if you suspect damage.
★ Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
★ Shut off any other damaged utilities. (You will need a professional to turn gas back on.)
★ Clean up spilled medicines, bleaches, gasoline, and other flammable liquids immediately.

Remember to...
★ Listen to your battery operated radio for information.
★ Confine or secure your pets.
★ Call your family contact--do not use the telephone again unless it is a life-threatening emergency.
★ Check on your neighbors, especially elderly or disabled persons.
★ Make sure you have an adequate water supply in case service is cut off.
★ Stay away from downed power lines.
★ Other emergency response information can be found at www.ready.gov.

Volunteer Idaho
Volunteers may enroll in the MRC in a variety of ways. The preferred registration method is to visit www.volunteeridaho.org and register as a volunteer in the District 6 region.

The Idaho Department of Health and Welfare (IDHW) implemented Volunteer Idaho as an Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) in the spring of 2008. This system is part of a national effort to develop a cadre of pre-identified health professionals for an emergency incident requiring large numbers of volunteers. When an emergency occurs there will be a need for volunteer health professionals and non-medical volunteers to provide support for the surge of individuals that may require medical care.

It is the intent of Volunteer Idaho to have a verified data base of medical and non-medical volunteers that may be called upon to provide emergency surge capacity. A volunteer database is developed with the understanding that volunteers may best be recruited, trained, and retained when they are part of a local volunteer organization.

The IDHW, in partnership with the Public Health Districts (PHD), and the Idaho State Communications Center (StateComm) have developed an emergency operations plan. Idaho is divided into seven health districts. Each PHD manages a local Medical Reserve Corps (MRC) for their region. Volunteer Idaho works in collaboration with the PHDs and their MRC for inclusion into the system. Volunteer Idaho will provide advance credentialing and verification of licensure data for volunteer health professionals. Volunteer Idaho provides the ongoing ability to manage volunteers through secure registration, capturing credential and license information, recording relevant training and education, querying and mobilizing volunteers, verify credentialing on and offline, logging and tracking volunteers assignments, location and duration.
When registering on www.volunteeridaho.org, you must first create a username and password for the site itself. Volunteers can then log onto the site itself, are asked for contact information, background information related to skills sets that would be beneficial for emergency response, and asked to fill out a Fit for Duty survey.

For Your Information

Emergency System for Advance Registration of Volunteer Health Professionals

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal program to establish and implement guidelines and standards for the registration, credentialing, and deployment of medical professionals in the event of a large scale national emergency.

The program is administered under the Assistant Secretary for Preparedness & Response (ASPR) within the Office of Public Health Emergency Preparedness of the United States Department of Health and Human Services. The ESAR-VHP standards are mandated to American states and territories, enabling an enhanced national interstate and intrastate system for using and sharing medical professionals.

This means, if you wish to be deployed outside of Idaho, or deployed to another country, you MUST be registered in the Volunteer Idaho ESAR-VHP system.

In 2006, Congress passed, and the President signed, the Pandemic and All-Hazards Preparedness Act.” This law states: “During a public health emergency, the Secretary [of Health and Human Services] shall have the authority to activate and deploy willing members of the [Medical Reserve] Crops to areas of need, taking into consideration the public health and medical expertise required, with the concurrence of the State, local, tribal officials from the area where the members reside (Congressional Record, Dec. 19, 2006, p. 2857).

Everyone must know your contact's phone number.

★ Texting messages is also a better means to communicate if phone systems are jammed.

★ Teach children how and when to call 9-1-1 or your local Emergency Medical Services number for emergency help.

★ Show each family member how and when to turn off the utilities (water, gas, and electricity) at the main switches. Check if you have adequate insurance coverage.

★ Get training from the fire department for each family member on how to use the fire extinguisher (ABC type), and show them where it's kept. Install smoke detectors on each level of your home, especially near bedrooms.

★ Stock emergency supplies and assemble a Disaster Supplies Kit. An instructional brochure on how to develop a kit can be located on the SIPH website at www.siphidaho.org or www.ready.gov.

★ Take a Red Cross first aid and CPR class.

★ Determine the best escape routes from your home. Find two ways out of each room.

★ Find the safe places in your home for each type of disaster.

Practice and Maintain Your Plan

★ Quiz your kids every six months or so.

★ Conduct fire and emergency evacuations.

★ Replace stored water and stored food every six months.

★ Test and recharge your fire extinguisher (s) according to manufacturer's instructions.

★ Test your smoke detectors monthly and change the batteries at least once a year.

Neighbors Helping Neighbors

Working with neighbors can save lives and property. Meet with your neighbors to plan how the neighborhood could work together after a
Preparedness Planning For Families and Individuals

Disaster can strike quickly and without warning. It can force you to evacuate your neighborhood or confine you to your home. What would you do if basic services—water, gas, electricity or telephones—were cut off? Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away.

Find Out What Could Happen to You
★ Contact your county emergency management office before a disaster occurs—be prepared to take notes.
★ Ask what types of disasters are most likely to happen. Request information on how to prepare for each.
★ Learn about your community’s warning signals: what they sound like and what you should do when you hear them.
★ Ask about animal care after a disaster. Animals are not allowed inside emergency shelters because of health regulations.
★ Find out how to help elderly or disabled persons, if needed.
★ Find out about the disaster plans at your workplace, your children’s school or day care center, and other places where your family spends time.

Create a Disaster Plan
★ Meet with your family and discuss why you need to prepare for a disaster. Explain the dangers of fire, severe weather, and earthquakes to children. Plan to share responsibilities and work together as a team.
★ Discuss the types of disasters that are most likely to happen. Explain what to do in each case.

Pick two places to meet:
★ Right outside your home in case of a sudden emergency, like a fire.
★ Outside your neighborhood in case you can’t return home. Everyone must know the address and phone number.
★ Discuss what to do in an evacuation. Plan how to take care of your pets.

Complete This Checklist
★ Post emergency telephone numbers by phones (fire, police, ambulance, etc.).
★ Ask an out-of-state friend to be your "family contact."
★ After a disaster, it’s often easier to call long distance. Other family members should call this person and tell them where they are.

Paper Form Registration
For people without internet access or an email address, volunteers can register by contacting the MRC office by phone and requesting a paper “MRC Registration Form.”

Upon receiving notification of interest from a potential volunteer, the MRC Administrative Assistant Coordinator will attempt to contact that individual by phone. Assuming phone contact is made, the Coordinator will thank the person for his/her willingness to volunteer, offer to explain the program in detail and answer any questions the new volunteer may have in regard to the program.

Upon receiving registration information from a volunteer, the MRC Administrative Assistant will enter the volunteer’s information in the MRC database, compile a “new volunteer packet” and mail it to the potential volunteer. New Volunteer Packets will include:
★ Welcome Letter
★ Copy of the last Newsletter
★ Volunteer Information Form
★ Business-sized envelope addressed to the MRC office

New MRC volunteers are expected to complete the “Volunteer Information Form”, and return it to the MRC office. At minimum, the MRC volunteer is expected to furnish the MRC office with:
★ Current mailing address
★ Contact phone number (s)
★ E-mail address (if applicable)

Upon receiving the “Volunteer Information Form”, the MRC Staff will enter any new information on the volunteer in the database.
**Orientation**

Volunteer orientation will be offered to enrolled volunteers as well as individuals interested in finding out about the MRC and SIPH emergency response plans. New volunteer orientation will include information on SIPH’s emergency response plans, a summary of the Medical Reserve Corps organizational structure, an overview of the Strategic National Stockpile (SNS), and a very basic overview of the Incident Command System.

**Licensure and Credentialing**

Current licensure is not a requirement for medical professionals to volunteer with the MRC. Active, inactive, or retired, medical professionals are, however, requested to provide license number(s) on the Volunteer Idaho registry and to the MRC office. Credentials/licenses will be verified annually.

In the event of a large public health emergency, MRC members will be utilized commensurate with their training and skills. Though there are some tasks that members whose licenses have expired will be prohibited from performing (vaccinating, prescribing medications, etc.), their expertise and training may be utilized in other areas (contact review, exit review, etc.). If an emergency is of a large enough magnitude, the governor may waive licensure requirements and authorize retired and out-of-state medical professionals to perform medical procedures, in which case members whose licenses are inactive may be utilized in the same manner as those with current licensure.

**Level of Participation**

In conjunction with MRC leadership, volunteers decide their level of participation in Medical Reserve Corps activities. Participation can range from being very limited – emergencies only – to being very involved with extensive training, participating in drills, non-emergency volunteer opportunities, and assisting with the coordination of the MRC. The participation level can change at any time. It is dictated only by the volunteer’s interest and time she or he is willing to give. All volunteers, regardless of participation, are vital to the success of the MRC. While volunteers are allowed to choose their commitment level to the MRC, all volunteers are urged to attend the MRC basic orientation.

Corps, Southeastern Idaho Public Health, my employer, and any hospital, organizations, facility, institution or agency at which I volunteer in connection with the program, as well as each of their respective officers, employees, and agents from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney’s fees or harm of any kind or nature to me arising out of any and all activities associated with my participation in the program. I further agree not to sue any of the foregoing entities in connection with any such event or conditions arising out of any and all activities associated with my participation in the program. I further agree that this waiver, release and assumption of risks is intended to be binding on my heirs and assigns.

**Signature**  
**Date**

According to Idaho Code § 5-330 (i.e., the Good Samaritan Act), no action shall be taken against a volunteer who in good faith administers first aid or medical attention to any person or persons unless it can be shown that the volunteer offering or administering first aid or medical attention to any person or persons is guilty of gross negligence in the care or treatment, or has treated them in a grossly negligent manner.

I recognize that the Good Samaritan Act provides immunity to me as a volunteer as long as I have not acted negligently in the performance of my assigned duties as an MRC volunteer.

**Signature**  
**Date**

**PLEASE NOTE**

If you do not recall signing this document, and want to do so, please contact us! We will put it in your MRC volunteer activity file.
EXAMPLE—MRC Waiver and Release - EXAMPLE

Please Note: Do not fill out this form. We have forms for you to sign and put into your file.

I understand that the MRC may develop, participate in, or be the subject of media based presentations and events and give my permission to publish my name and photography with any MRC activity.

☐ I agree that my photo may be taken during trainings, exercises, and other MRC functions.

☐ I do not want my photo taken.

_________________________________     ___________________
Signature                          Date

I recognize that responding to a disaster incident or public health crisis may carry a risk of personal injury. I further recognize that there are natural and man-made hazards, environmental conditions, diseases and other risks, which, in combination with my action could cause injury to me, particularly in a disaster situation. I hereby agree to assume all risks, which may be associated with or may result from my participation in the program. I further understand and acknowledge that I am not an employee of MRC and will not receive any compensation or benefits in exchange for my services.

I further recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known serious health problems that could prevent me from participating in any activities associated with the program. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness occurring during my participation in the program. I understand that the cost of any emergency or other medical care that I receive that is not covered under applicable workers’ compensation benefits is my responsibility.

I agree to release and hold harmless the Southeast Idaho Medical Reserve

Section C: Training and Exercises

Training
The MRC leadership will continually seek training opportunities for volunteers. The MRC leadership will:

★ Periodically list pertinent web-based trainings in quarterly newsletters.

★ Provide training sessions. The trainings will be designed in such a way as to provide volunteers with a broad overview of various aspects of the MRC program, or to address potential issues specific to MRC activation.

★ The MRC office will maintain a video library of training materials. Any volunteer may sign out videos.

Exercises which simulate MRC activation, mass vaccination clinics, etc. will be developed and offered as appropriate. Real life situations that provide hands-on MRC experience may preclude simulations.

Please note: Volunteers who have taken part in training on the Incident Command System (ICS) and the National Incident Management System (NIMS) will be considered for deployment before other volunteers.
Medical Reserve Corps Core Competencies

Medical Reserve Corps (MRC) members come from a variety of backgrounds and enter the program with varying credentials, capabilities, and professional experience. The National Association of County and City Health Officials and the National Medical Reserve Corps have developed the following core competencies for volunteers. They encourage all active members of a Medical Reserve Corps unit, at a minimum be able to:

1. Describe the procedure and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.
2. Document the MRC member has a personal and family preparedness plan in place.
3. Describe the chain of command (e.g., Emergency Management Systems, ICS, NIMS), the integration of the MRC, and its application to a given incident.
4. Describe the role of the local MRC unit in public health and/or emergency response and its application to a given incident.
5. Describe the MRC member’s communication role (s) and processes with response partners, media, general public, and others.
6. Describe the impact of an event on the mental health of the MRC members, responders, and others.
7. Demonstrate the MRC member’s availability to follow procedures for assignment, activation, reporting, and deactivation.
8. Identify limits to own skills, knowledge, and abilities as they pertain to MRC role (s).

REMEMBER - SAFETY FIRST

Drive safely to your reporting site. Obey all traffic signs and directions. Park where instructed at the site. Present your MRC identification to parking personnel, if requested.

Please Inform Us Anytime Your Contact Information Changes

One of the most important aspects of a volunteer organization, such as the Southeast Idaho MRC, is having the appropriate contact information for each volunteer for quick notification regarding emergency response. You can change the information on your Volunteer Idaho profile and let us know so we can change it in our internal database.

Thank you!
Section H: Miscellaneous Information

Checklist for Volunteer Activation

In the event you are either contacted by e-mail or SIPH, a representative of the MRC, or are notified through the Emergency Broadcast System to report, the following checklist should be reviewed:

Family
★ Notify appropriate family members of your activation
★ Implement your personal Family Preparedness Plan
★ Ensure your pets are being cared for

Employer
★ Advise your employer that you have been contacted for activation and request approval for time off to volunteer
★ Talk with your employer about continuity of operations planning, or operations planning for the business

Personal Items
★ Government issued picture ID
★ MRC badge
★ State licensure card for medical personnel
★ Personal medications sufficient for 12-hour shift
★ Bottled water
★ Comfortable clothing
★ Closed-toe shoes
★ Fanny pack for personal items

In order to meet the Core Competency (#3) regarding Emergency Management Systems, the Incident Command System (ICS), and the National Incident Management System (NIMS), you can go to the Federal Emergency Management Agency (FEMA) website, which provides online independent study courses for emergency management officials, volunteers, and the general public. The FEMA website is [www.fema.gov](http://www.fema.gov).

Visual Representation of ICS Structure

Clinic operations organizational structure will be in accordance with accepted Incident Command System (ICS) protocols. A POD Manager has been designated and trained in each county during the 2006 full-scale exercise. Additional leadership positions will be filled with SIPH staff and augmented by MRC volunteers. Clinic leadership positions will be filled at the discretion of the POD Manager.

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<th>Incident Commander</th>
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<td>Public Info Officer</td>
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<th>Section</th>
<th>Function of Section</th>
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<tbody>
<tr>
<td>Planning Section</td>
<td>Plans future operation of ICS</td>
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<tr>
<td>Operations Section</td>
<td>Runs the response operation</td>
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<tr>
<td>Logistics Section</td>
<td>Provides for resources for the response includes the necessary personnel, equipment and services</td>
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<tr>
<td>Finance/Administration</td>
<td>Tracks costs during emergency</td>
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<tr>
<td>Public Information</td>
<td>Informs the public about emergency</td>
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Suggested Independent Study Courses

The National MRC recommends the following training for volunteers. While they are not required, it is highly suggested that volunteers take:

- Independent Study ICS-100: Introduction to the Incident Command System (ICS)
- Independent Study IS-700a: National Incident Management System (NIMS)

Information Covered in the Incident Command System Course

Training includes the following topics and objectives.

- Purpose of ICS: Identify requirements to use ICS, purposes of ICS, and common incident tasks.
- Basic Features of ICS: Describe the basic features of ICS.
- Incident Commander and Command Staff Functions: Describe the role and function of the Incident Commander and Command Staff.
- General Staff Functions: Describe the role and function of the Operations, Planning, Logistics and Finance/Administration sections.
- Facilities: Describe the six basic ICS facilities, identify facilities that may be located together, and identify facility map symbols.
- Common Responsibilities: Describe common mobilization responsibilities and common responsibilities at an incident, list individual accountability responsibilities, and describe common demobilization responsibilities.

To obtain the ICS-100 course materials or take the course online go to [http://www.training.fema.gov/EMIWeb/IS/is100.asp](http://www.training.fema.gov/EMIWeb/IS/is100.asp)

The course is designed to be taken online or course materials may be downloaded and used in a group or classroom setting. Answer sheets may be obtained by calling the Emergency Management Institute Independent Study Office at (301) 447-1256 or ordered online at: [http://www.training.fema.gov/EMIWeb/IS/ansreq.asp](http://www.training.fema.gov/EMIWeb/IS/ansreq.asp)

- Willful disobedience of personnel policies, rules and regulations
- Engaging in prohibited political activity while on duty
- Misuse of County government property
- Commission or conviction of a felony or a misdemeanor, either of which would affect the volunteer’s suitability for continued association with the MRC.
- Discourteous treatment of the public
- Unsafe work habits
- Seeking to obtain financial, sexual or political benefit from another employee, volunteer or client obtained by the use of force, fear or intimidation
- Mishandling of public funds
- Falsifying of County records
- Any other improper conduct or performance that constitutes cause for disciplinary action

SIPH employees who hold supervisory authority with MRC volunteers may initiate informal counseling. However, if contacting the MRC Program Coordinator prior to counseling is feasible (i.e., does not inhibit the SIPH mission) it is preferable that the MRC Program Coordinator and/or the PHP Program Manager are involved in any disciplinary action involving an MRC volunteer. Any disciplinary action beyond informal counseling MUST involve the MRC Program Coordinator and/or the PHP Program Manager.

Dismissal

SIPH accepts the service of all MRC volunteers with the understanding that such service is at the sole discretion of SIPH. Southeast Idaho MRC volunteers agree that SIPH may at any time, for whatever reason, decide to terminate the volunteer’s relationship with the MRC.

The southeast Idaho MRC volunteer may at any time, for whatever reason, decide to sever his/her relationship with the MRC. Notice of such a decision should be communicated to the MRC Program Coordinator as soon as possible.
Conflict Management
Issues between volunteers and/or SIPH staff should first be dealt with directly by the individuals experiencing the difficulty. A volunteer may advise the MRC Program Coordinator or a supervising staff member that a problem exists, and although a supervisor does not need to intervene at this stage, it is expected that the supervisor will provide coaching and assistance in identifying how best to address the conflict. Direct, tactful communication that does not blame or attack a co-worker is the expectation.

If the conflict is not resolved without the involvement of the supervisor, the person raising the issue will go to the MRC Program Coordinator and request assistance. If not resolved with the involvement of the MRC Program Coordinator, the concern should be taken to the Public Health Preparedness Program Manager.

Disciplinary Procedures
Disciplinary action may be initiated to correct inappropriate performance, work-related behavior or behavior which reflects adversely upon the County or SIPH. The degree of disciplinary action shall relate to the gravity of the improper performance or conduct. Disciplinary actions may consist of:

- Informal Counseling
- Formal Counseling (Documented)
- Suspension
- Dismissal
- Any of the following constitute cause for disciplinary actions:
  - Incompetence
  - Inefficiency
  - Neglect of duty
  - Dishonesty
  - Possessing, dispensing, or being under the influence or impaired by alcohol or an illegal substance while on duty, except in accordance with medical authorization.

National Incident Management System
The National Incident Management System (NIMS) is the United States’ uniform system for managing domestic incidents and is suitable for schools to implement in the four phases of their crisis planning: 1) prevention-mitigation; 2) preparedness; 3) response; and 4) recovery. NIMS is a comprehensive approach to crisis planning and is a framework for federal, state, local and private agencies to effectively and collaboratively manage incidents using a core set of concepts, principles, procedures, processes, terminology and standards. The NIMS structure mirrors the measures schools currently take to ensure student and staff safety and provides formalized support to schools’ safety efforts. Through NIMS, schools are better prepared to handle major incidents and work with first responders.

Established on March 1, 2004, by Homeland Security Presidential Directive 5 (HSPD-5), the management of domestic incidents, NIMS specifies the standardized methods all emergency responders should follow to plan, coordinate and carry out responses to a variety of incidents. It allows schools and local agencies to jointly manage incidents, regardless of their causes, sizes, locations or complexities. Reflecting proven practices of the U.S. Department of Homeland Security (DHS), the Federal Emergency Management Agency (FEMA), the U.S. Fire Administration and a host of other federal agencies, NIMS provides flexibility and support for integrated, collaborative action by government agencies and private entities—including schools—during a crisis. Local jurisdictions, including school districts that receive federal emergency preparedness funding, are required to comply with NIMS.

To obtain the IS-700.a course materials or take the course online go to http://www.training.fema.gov/EMIWeb/IS/is700a.asp
**Just-in-Time Training**

At the POD or emergency site, MRC volunteers may also receive what is commonly referred to as Just-in-Time Training. This training is specially designed to inform volunteers about the event, to provide the most current information about the event, and to prepare volunteers to serve in the POD in a defined job function. All job functions assigned will be within the capabilities of the volunteer. If, at any time, the volunteers are assigned a job function that they feel they are not trained to perform, cannot perform because of physical limitations, or for any other reason feel they should not perform the assigned job function, they should advise their assigned supervisor or the Volunteer Coordinator at the site immediately for reassignment.

**Exercise Participation**

Emergency response exercises assess and validate the speed, effectiveness and efficiency of capabilities, and evaluate the adequacy of policies, plans, procedures, and protocols in a risk-free environment. Aside from actual events, they provide the best means of evaluating local emergency response capabilities. When possible, MRC volunteers will be invited to participate in exercises.

As is the case with other MRC functions, participation in exercises is not mandatory for volunteers. Volunteers are, however, encouraged to participate in planned exercises and simulations.

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**Section G: Administration**

**Grievance Procedures**

Open communication allows for an exchange of information that results in early identification of problems, effective resolutions, involvement of staff & volunteers, timely responses to questions and appropriate sharing of information. The following performance standards apply to all individuals employed or volunteering with SIPH.

**General**

1. All people, clients and co-workers, will be treated with respect and dignity in all situations.
2. Each person demonstrates personal responsibility for open, direct and tactful communication.
3. Communication is first initiated as informal. Formal communication methods, such as letters, will be used only when informal methods have failed.
4. If unclear about any communication, each person is responsible for “checking it out” with the appropriate person.

**Informal Communication Channels**

When questions arise, volunteers should go directly to the person responsible for that area of operations. If unsure of the identity of the responsible person, the volunteer may refer to the ICS organizational chart or contact the MRC Volunteer Coordinator.

Within program areas, volunteers are requested to follow the lines of communication that are outlined in the ICS organizational chart or in any organizational chart developed for the specific function in which the volunteer is participating. If lines of communication are unclear, the volunteer should contact the MRC Volunteer Coordinator.

With regard to volunteer assignment-related issues and questions, the volunteer should contact the MRC Volunteer Coordinator.
Clinic Manager
Supply management
Staff support

Clinics will, as much as feasibly possible, be organized according to established SDHDs emergency response plans appropriate for mass vaccination clinics.

Some disease threats require operating mass clinics to immunize or give preventive medications (also known as prophylaxis) to the general public before they become ill. In this type of emergency, SDHD has partnered with county officials and county emergency managers to establish PODs at local schools or churches.

School gyms or churches make a practical setting for these clinics, because they can be organized into work stations which will serve a large number of people quickly. Local school districts and/or

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**Section D: Public Health Preparedness at Southeastern Idaho Public Health**

**Planning Assumptions**

Southeastern Idaho Public Health (SIPH) is situated in the southeastern corner of Idaho encompassing the counties of Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, and Power. The Fort Hall Indian reservation is encompassed within the boundaries of SIPH. SIPH is bordered by Public Health District 7 on the North, Public Health District 5 on the west, the Utah border on the south, and the Wyoming border on the east.

The population features of SIPH are generally rural with a total population of 156,906; Pocatello is the largest city with 51,466. The unpopulated portions of the district are largely public lands including the Caribou National Forest and the Curlew National Grasslands. The mountainous areas and high elevation can make winter driving difficult and secondary roads are often closed for short periods during inclement weather; primary routes of travel are rarely closed.

**Hazards Vulnerability Assessment**

SIPH participates in the Hazard Vulnerability Assessments (HVAs) of each county in the district. These HVAs were most recently conducted in 2008 and 2009. Through knowledge of these county HVAs and an annual SIPH management team HVA that follows the FEMA HVA process, the following hazards are possible:

**Natural Disasters:**
- Severe weather
- Earthquake
- Wild fire
- Flood

**Human caused events such as:**
- Hazardous materials release
- Transportation accident
- Utility failure
- Communications systems interruptions

**Intentional events such as:**
- Terrorism
- Crime

**Continued from previous page:**

**Biological events such as:**
- Pandemic flu
### Hazard Preparations

The hazards listed on the previous page are numerous and diverse yet require an effective and efficient response for all them. SIPH uses an all-hazards approach to response planning. Target capabilities are prioritized based on our mission, capability, and capacity. Those target capabilities are reviewed and matched to grant requirements and expected exercises. In the process, the emergency response plan is reviewed and updated as needed, also. The target capabilities chosen as a focus area for the year are then incorporated into exercises with a hazard that is high on the HVA for a scenario. Additionally, public information campaigns assist in preparations for these hazards. National Preparedness Month in September provides a basis for all-hazards preparedness training to civic groups and the like.

### Threshold Response Definition

An emergency response by SIPH will be based upon a report by an authorized person of a situation or occurrence that falls outside normal community health parameters and presents a potential and significant threat to the health of living beings. Such response may be tied to the Threshold of Emergency Response.

### Levels of Response

**L1 (Local 1):** This is indicative of a minor outbreak (disease is not easily passed from one person to another).

Epidemiology and Surveillance staff will conduct investigations and contact tracing in day-to-day operations. Activity within the Health District, hospitals, clinics, and other medical care facilities are operating as normal with no emergency or threat of possible emergency. Day to day operation is at the L1 level.

**L2 (Local 2):** Health Emergency is suspected (disease is easily passed from one person to another).

A level 2 alert has the increased probability of becoming a major outbreak if not contained in a rapid and systematic manner. This alert level may be instituted if:

### Section F: Volunteer Staffing Information

**Assistance from Volunteers will be Key**

In the event of an infectious disease outbreak that threatens the health of a high percentage of southeastern Idaho residents, SIPH and the counties may establish emergency vaccination or dispensing clinics. Pre-determined clinic locations have been established in Bannock (3 sites), Bear Lake, Bingham (2 sites), Butte, Caribou, Franklin, Oneida, and Power counties, and the Shoshone-Bannock Tribe.

**Staffing**

MRC members will be assigned duties according to skills, abilities, credentialing/licensure (for medical professionals), experience and comfort level. *Again, no MRC member will be asked to perform tasks that he or she is uncomfortable doing.*

Staffing needs may require that volunteers are requested to work in clinics other than the one closest to their home. SIPH and the MRC Coordinators will make an effort to minimize such requests.

Key staffing components of each clinic will include:

- Traffic control
- Crowd Control
- Security
- Triage for sickness
- Contact Evaluation
- Orientation Video Rooms
- Forms distribution
- Forms review
- Medical Screeners
- Physicians evaluators
- Vaccinators/Witnesses
- Vaccine preparation
- Vaccine Manager
- Medical Records/Data entry
- IT Support
Volunteers who are acting in a medical capacity which requires licensure or certification must possess current Idaho credentialing. The MRC Volunteer Coordinator is responsible for ensuring that credentialing is current for volunteers who serve in a medical capacity through Volunteer Idaho.

Volunteer Recognition

It is the goal of the MRC to maintain a volunteer recognition program. Each volunteer will be awarded a Certificate of Appreciation upon completion of the volunteer orientation. Volunteer’s participating in non-emergency SIPH functions, such as flu clinics, awareness campaigns, health fairs, helping in the office, etc., will be formally thanked, either by letter or certificate.

The MRC Assistant Volunteer Coordinator is responsible for tracking cumulative volunteer hours for each volunteer who donates time. If the Assistant Volunteer Coordinator is not directly involved in a project, the SIPH staff person responsible for the project will be asked to track volunteer hours and report them to the Volunteer Coordinator. Significant achievements will be acknowledged in the quarterly newsletters.

* A suspect illness presents a potential threat to the community.
* An outbreak illness clinically compatible with a serious disease or health threat occurs.
* An event that indicates the release of an agent that threatens the health of the community.
* A serious health emergency reported outside SIPH.

L3 (Local 3): Incident Command and Emergency Response Plan Activated (significant threat or a Level A Bioterrorism Agent).

A level 3 outbreak is a major event that requires immediate mobilization of resources for investigation and containment. Any bioterrorism attack or disease that can be transmitted to large numbers of people (i.e., widespread distribution of food product, public water supply or point source affecting large numbers) should be considered a Level 3 event. Outbreaks of Diphtheria, viral hemorrhagic fevers, etc. should also be considered a major outbreak. Professional staff may be assigned to investigation while clinical assistants perform contact tracing when provided written guidance and training.

S1 (State 1): State assets are dedicated to assist the District in an Emergency Response

N1 (National 1): Federal Personnel are dispatched to assist with health emergencies within the SIPH area.

Strategic National Stockpile Overview

The Strategic National Stockpile (SNS) has two components designed to arrive in separate phases. The first phase is referred to as a “12-hour Push Package” and, accordingly, will arrive at the requesting location within 12 hours of the federal decision to deploy it. The Push Package contains nearly 50 tons of materiel that can be used to address a wide range of expected threats.

Photo: MRC volunteers at vaccination clinic.
The second phase is referred to as Vendor-Managed Inventory (VMI) and contains large quantities of specific items, such as antibiotics and ventilators, needed to address an identified need. Various manufacturers store and manage these materiel's until they are requested through the SNS program. The SNS and VMI contain chemical antidotes and/or antitoxins in the event of a chemical attack. If a threat is identified before the initial request is made, it is possible that CDC will decide to have VMI shipped versus the Push Package. Therefore, it is possible to receive a Push Package, VMI, or a combination of the two in the initial phase.

A new variation of the stockpile is the Stockpile Managed Inventory (SMI). SMI is a select few, specific items (e.g., pediatric suspensions) that are managed by the SNS Program at centralized SNS warehouses. In effect, the SMI stock is held at only a few SNS locations in order to facilitate inventory management efficiencies.

More information about the SNS can be found at the CDC’s website: www.cdc.gov.

If at any time during this verification/identification process any inconsistencies arise, or if volunteers indicate there are pending disciplinary actions against them, the Medical Officer and/or Clinic Manager at the site will be advised and will review the information prior to the volunteer being assigned an appropriate job function.

**MRC Volunteers Without Licensure Verification Cards**

There may be circumstances under which MRC volunteers do not have their licensure card in their immediate possession. If the current licensure has been previously verified by the MRC, the volunteer will be accepted for service. If this has not been completed and current licensure cannot be confirmed, the volunteer will not be allowed to perform medical service until verification can be obtained. Volunteer licensure information is kept confidential.

**Special Projects**

Non-Emergency Activation: MRC volunteers may be enlisted to assist with SIPH functions that are outside the scope of normal day-to-day operations, or situations in which utilizing only SIPH staff will inhibit normal operations. Situations in which MRC volunteers may be asked to assist include:

- Public awareness campaigns
- SIPH Health Fairs
- First aid stations at events
- Vaccination clinics (flu, etc.)
- Localized disease outbreaks
- Public health education events
- MRC recruitment tables

When volunteer opportunities arise, the MRC Volunteer Coordinator will notify volunteers via e-mail and/or regular post (if time allows). Notification will include a description of the volunteer need, the dates and times of the need, what volunteers will be requested to do, and contact information for the coordinating SIPH staff.
pharmacists, dentists, registered dental hygienists) will be required to present a registration card/license issued through their appropriate licensing agency.

Because of limited security, all volunteers are urged not to bring purses, wallets, money, or other valuables into the site. They should, however, be prepared with any medications that may be needed during the 12-hour shift. Comfortable clothing and closed-toe shoes should be worn. A fanny pack is recommended to keep necessities with the volunteer at all times. Medical personnel may wish to bring their personal stethoscope and blood pressure cuff, and other medical equipment they feel necessary. Again, security is limited on site. The risk of loss or damage to any personal possessions brought to the site is assumed by the volunteer.

Meals, refreshments, and beverages will be provided at the site for MRC volunteers.

**What Happens When MRC Volunteers Get to Their Site?**
The MRC volunteer will register with the intake receptionist and/or volunteer coordinator on-site. The process to complete on-site registration is as follows:

At the dispensing or emergency site, all volunteers will be subject to verification of their identity. This will be accomplished by two means: All volunteers will be required to complete a brief registration form. This form will:

- Update the volunteer’s personal information.
- Obtain emergency contact information.
- Serve as a registry of who is on-site.
- Provide a mechanism for logging hours worked.
- All volunteers will be required to present government-issued photo identification (e.g., driver’s license).

In addition, MRC physicians, nurses, pharmacists, and registered dental hygienists will be required to present a licensure card issued through the appropriate state-licensing agency.

The intake receptionist will verify by visual observation that the

**Section E: Volunteer Utilization**

**Deployment Types**

**Local Deployment**
Requests for local volunteer deployments will be managed by the local public health district where the incident is taking place. The PHD will manage their own volunteer data and create events in Volunteer Idaho as needed. Each PHD has 24/7 access through a state communications pager. Idaho Department of Health and Welfare (IDHW) will serve as a back-up to the districts as needed.

**Intrastate Deployments**
Request for activating mutual aid agreements between Public Health Districts will utilize the processes already in place as outlined in the Conference of Public Health Districts Mutual Aid Agreement. The IDHW will serve as a back-up to the districts as needed.

**Interstate/Federal Deployments**
IDHW will serve as the contact and conduit for interstate and federal deployments. Requests may come from Bureau of Homeland Security (BHS) through Emergency Medical Assistance Compact (EMAC) for government personnel or through Health and Human Services (HHS) and National Disaster Medical System (NDMS) teams for medical personnel. Once a request is verified, IDHW will work with local system administrators to define the process for each individual situation.

**Outside-of-Area Deployment of Volunteers**
Those volunteers who choose to register as deployable must meet established criteria for state-wide and out-of-state deployment. While criteria may be established pre-event, final approval authority is the responsibility of the requesting organization/agency.

When deployment opportunities arise, the MRC Program Coordinator will notify volunteers via e-mail, phone, and/or regular post (if time allows). Notification will, as much as possible, include a description of the volunteer need, the dates and times of the need, what volunteers will be requested to do, and
contact information for the coordinating SIPH staff.

The MRC Program Coordinator is responsible for tracking volunteer hours donated to all special projects. As the Chairman will likely not deploy with volunteers, each volunteer will be responsible for tracking his/her hours and reporting them to the Program Coordinator upon completion of the deployment.

**Volunteer Activation**

Emergency activation may occur at the discretion of SIPH, or as a joint decision by SIPH, the Bureau of Homeland Security Area Field Officer, and the County Emergency Manager(s) in the area that has been impacted. In the event of a public health or medical emergency, MRC members will initially be notified through utilization of multiple systems. Depending on the situation, members may be informed of the nature of the emergency and may be instructed to report to designated areas. **Please do not report to a site until you have been directed to do so. This can hamper emergency response.** Emergency notification could include:

- Mass E-mail and/or phone notification through Volunteer Idaho and the MRC Listserve.
- Reverse 9-1-1.
- Statewide Alert Warning System (Also known as “SAWS”)
- Phone bank staffed by MRC volunteers.
- Mass Media (at the discretion of the Incident Commander).

Responses related to volunteer notification will be tracked by the Initial Response Team Volunteer Manager and/or their designee.

On the first day of emergency clinic operations, Just-In-Time Training (JITT) will be provided, on-site personnel assignments will be established, staffing needs determined, and shift assignments made.

**IMPORTANT**

*Please keep your contact information up-to-date by notifying SIPH of any changes in address, phone numbers, or e-mail so that you can be quickly notified in an emergency situation.*

In mass prophylaxis scenarios, full emergency clinic operations will commence on day two and continue until it is determined that they have served as many citizens as reasonably possible.

Similar to H1N1 mass vaccination response, vaccination clinics will be scheduled in a collaborative effort between County Emergency Managers and the SIPH staff.

Upon completion of the MRC volunteer’s shift, the MRC volunteer will ‘check-out’ with the appropriate staff member. A record will be maintained of the MRC volunteer’s time on-site. All POD staff will be issued a POD Site Pass to show that they have registered at the POD location. The pass must be with the staff member at all times and presented when returning to the POD site for the next operational period. The POD Site Pass must be returned to the Clinic Manager or SIPH when the POD site functions have ceased.

**PLEASE REMEMBER**

- MRC volunteers should not attempt to perform a job function outside of their personal comfort level or their personal abilities.
- Tell the POD Manager or Clinic Manager if you have questions and/or concerns.

**How Long Should MRC Volunteers Plan To Be At The Site?**

In a local event, the MRC volunteer should plan to be at the site for what is referred to as an “Operational Period.” Operational periods may last from eight to 12 hours.

**What Should MRC Volunteers Take With Them To The Site?**

All MRC volunteers will be required to bring with them:

- Government issued picture ID (driver’s license, passport).
- MRC badge.

Additionally, all medical MRC volunteers (doctors, nurses,