

Volunteer Management Plan

Franklin-Bristol All Health Hazards Region

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PURPOSE:

To improve local emergency preparedness by recruiting and training volunteers to assist in the event of a public health emergency.

POTENTIAL EMERGENCIES:

Hepatitis A, Meningitis, Pandemic, Bioterrorism (Anthrax, Smallpox, etc.) or any natural emergency that affects the public's health

OBJECTIVES:

- ❖ Identify volunteers and volunteer agencies that could assist in the event of a public health emergency
- ❖ Develop a database whereby volunteers can sign up to volunteer during an emergency
- ❖ Inform volunteers of training initiatives in the area
- ❖ Identify NH laws that protect volunteers
- ❖ Practice staffing a POD with volunteers

PLAN ACTIVATION:

1. Conditions for Activation:

Upon activation of the Bristol or Tilton Point of Distribution (POD), or Acute Care Center or any condition that may exist in the region that may cause an Emergency Management Director to request the activation of the two volunteer units that are under the umbrella of the Regional Coordinating Council acting as the Citizen Corps Council. These volunteer units are the Greater Franklin-Bristol MRC Unit # 1565 and the Greater Franklin-Bristol Citizen Emergency Response Team.

2. Volunteer Notification

The Point of Distribution Manager will request volunteers from the MACE/REOC manager if staffing is necessary. The MACE manager shall assign the appropriate person to notify the Volunteer Manager to begin the process of notifying pre-identified volunteers. The designated Volunteer Manager will use the mechanism in place to notify the volunteers of a request to deploy.

Addressing Barriers for Reporting for Duty:

- ❖ Transportation – Volunteers will need to provide their own transportation to and from the POD.
- ❖ Other volunteer and work commitments – Volunteers will be identified based upon the need of the emergency.

3. Application / Screening / Orientation

Initial Application – An initial form is completed through the Regional CERT/MRC Coordinator or his/her designee. The application includes:

- ❖ Personal information
- ❖ Skills and Qualifications
- ❖ Area of interest
- ❖ Other Work Commitments/Availability/Special Needs

- ❖ Confidentiality Statement

4. **Screening Process/Secondary Application**

- ❖ Interviews – Interviews may be conducted with spontaneous unaffiliated volunteers. This would generally be used for filling key positions within the incident command structure.
- ❖ License verification – Licensed volunteers (medical professionals) will be verified through DHHS ESAR-VHP (Emergency System for Advanced Registration of Volunteer Health Professionals) program. Our region has the expectation that this database will serve as recruitment and license verification for clinical volunteers.
- ❖ Non-clinical volunteers who sign up on the United Way website will be verified through the Franklin-Bristol All Hazard Region.
- ❖ Assign Position – We will make every effort to match the skills and interests of the volunteer to the positions needed. All volunteers in the regional programs have been trained to NIMS and basic Incident Command System.

5. **Orientation**

- ❖ Code of Conduct and Confidentiality Statement – All volunteers will be required to sign a confidentiality statement.
- ❖ Emergency Contact Information - Information will be obtained from the website on who to contact if the volunteer is injured while volunteering.
- ❖ Contacting Volunteers for Activation – The process for contacting the volunteers is that once an activation request is made the Volunteer Manager and or his/her designee will contact the Grafton County Sheriff's Department which has agreed to maintain the database and use their Code Red Alerting Software to make the deployment announcement.

6. **Record Keeping**

- ❖ **Database** – The Regional CERT/MRC Coordinator or his/her designee will keep a database of all volunteer information, including license verification, orientation, and any additional trainings that are completed through the public health networks.
- ❖ **Log Form**- All volunteers will log in at the beginning of their shifts and log out at the end of their shifts. A chart of positions, and who is actively working, will be kept in a prominent location in the volunteer area of the POD, A.C.C. or any location they are assigned to. Volunteers will be asked to remove their name from this board when they finish their shift, in addition to signing out in the logbook.

7. **Spontaneous Unassigned Volunteers**

A volunteer staging site will be set up to handle Spontaneous Volunteers. Spontaneous Volunteers are those who are not affiliated with any volunteer agency – they just show up to help. The Regional CERT/MRC Coordinator or his/her designee will coordinate the staging site, serving as a volunteer check-in site.

8. Assignment

The spontaneous volunteers will be screened at the volunteer staging site. They will receive just-in-time training and will be assigned to report to a POD. Spontaneous volunteers will be assigned to non-patient contact positions.

- ❖ Log Form- All volunteers will log in at the beginning of their shifts and log out at the end of their shifts.
- ❖ Identification Badges – Badges will be provided for non-clinical volunteers. The CERT/MRC Coordinator will provide badges for clinical volunteers. Badges will include:
 - ❖ Full name (including credentials)
 - ❖ Division (Job Title if known)
 - ❖ Color coded for patient contact and certification of credentials

9. Volunteer Management

Volunteer Program Record Keeping and Tracking System

- ❖ Database – An electronic excel spreadsheet of volunteer contact information, is kept on file with the Volunteer Manager.

10. Recruitment Strategies

All those interested in volunteering will be directed to contact the CERT/MRC Coordinator at 603-934-0177 Ext 136 or via email at dquinn@ccntr.org. A website has been put in service which allows all interested persons in the region to fill out a volunteer application form. This website is located at www.gfbcertmrc.com

11. Retaining Strategies

Training topics may include: NIMS/ICS, CPR, Basic First Aid, Emergency Response, POD overview, confidentiality (e.g. HIPPA), personal preparedness planning (family disaster plan writing), American Red Cross training, Psychological First Aid Training. Training is conducted monthly and coordinated by the CERT/MRC Coordinator for the Greater Franklin-Bristol Region or his/her designee.

Event-Training / Just in Time Training:

- ❖ All volunteers –Training will be given to all volunteers at the POD, A.C.C., or at a facility they have been assigned to include:
- ❖ Spontaneous volunteers - Spontaneous volunteers will be given additional, event and job-specific training at the volunteer staging site.
- ❖ Record Keeping of Training - Training will be tracked through a volunteer database.
- ❖ Volunteer Opportunities Before / Between Events – The POD Manager will determine the need to include volunteers in all drills, exercises, or special events, based upon the incident and need for volunteers.

12. Needs of Volunteers during an Event

- ❖ Physical Needs - Food, water, breaks and rest will be provided to keep volunteers ready to respond. Volunteers will be equipped with all necessary Personal Protective Equipment (PPE) to eliminate the spread of infection.
- ❖ Family Needs - Volunteers will be encouraged to complete a Family Disaster Plan so that the needs of the volunteer's family are reduced. The safety of the volunteer's family must be assured in order for the volunteer to be an effective part of the response.
- ❖ Public Information Message - A press release will be issued as soon as possible indicating the need for volunteers. This will come from the regional PIO.

13. Liability

The NH Good Samaritan Law provides that any person in good faith who renders emergency care is exempt from civil liability as long as he acts exclusive of compensation and reasonably provides emergency care without willful or wanton acts of negligence.

House Bill 618 and Senate Bill 449 further extend the scope of the registered volunteer by offering worker's compensation when performing volunteer duties during a state or federally declared emergency.

14. Incident Debriefing

Each volunteer will be asked if they are OK and assessed informally at the end of each shift. Every individual that signs out will be asked if they are OK, if their family is OK, if they have any concerns or need anything. An "ombudsman" will be available to help volunteers address any identified needs before, during and after their shift.

- ❖ Every volunteer will be asked to participate in a post-incident debrief, no later than 2 weeks after the event.
- ❖ Stress Debriefing
 - ❖ At POD – DBHRT and local mental health professionals will be available for volunteers at the POD.
 - ❖ After POD Operations - Instructions and contact numbers will be given to all volunteers in the event that they need further assistance after they return home.

15. Plan De-Activation:

Each volunteer will be required to sign out using the appropriate sign in /sign out sheet prior (ICS form # 211P) to de-mobilizing from the POD or ACC. The CERT/MRC Coordinator will keep electronic and paper copies of the volunteer's information.

