Disaster Healthcare Volunteers
Volunteer
Handbook

www.healthcarevolunteers.ca.gov

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Welcome Volunteer!

We are pleased to welcome you as a registrant in the Disaster Healthcare Volunteers Program (DHV). You have joined thousands of volunteer healthcare professionals in California in a shared commitment to improve our response to healthcare needs during disasters and other emergencies.

This *Volunteer Handbook* has been prepared to help orient you to our DHV Program and to answer your basic questions. The Q and A in Appendix B, pp.29-31 includes the most frequently asked questions. Staff members of the California Emergency Medical Services Authority (EMSA) are available to answer your questions and concerns related to the DHV Program. Contact information is included in this document.

We value your interest in the DHV Program. Your participation is critical to our goal to prepare for and respond to future disasters and healthcare emergencies. If you are interested in finding out about training opportunities available in your county or in joining a Medical Reserve Corps Unit in your area, contact us at dhv@emsa.ca.gov, and we will put you in contact with your local DHV System Administrator (also see p. 25). Also, please encourage your colleagues to register with the DHV Program.

Thank you for taking the time and effort to register in the Disaster Healthcare Volunteers Program.

Sincerely,

Dr. Howard Backer, MD, MPH, FACEP
Director
Emergency Medical Services Authority

Table of Contents

Table of Contents (Continued)

<u>Appendices</u>

Some laws and guidelines that apply to volunteering in disasters include the following:

- Disaster Service Worker Volunteer Program Regulations, California Code of Regulations Title 19, §§ 2570–2733.3
- Disaster Service Worker Volunteer Program Guidance, Governor's Office of Emergency Services, 2001
- Good Samaritan Act, California Health and Safety Code §1799.102
- Volunteer and Donations Management Support Annex, National Response Plan
- Volunteer Protection Act of 1997, U.S. Public Law 105–19
- California Health & Safety Code Division 2.5 Article 4. Medical Disasters 1797.150-153

The Basics

Purpose of The Handbook

The purpose of this handbook is to provide new and existing volunteers with an understanding of the activities and structure of the Disaster Healthcare Volunteer Program in California. Disaster Healthcare Volunteers are professionals like you who want to volunteer during an emergency or disaster. Volunteers provide valuable services before, during and after disasters and public health emergencies.

This handbook is a resource document and framework that includes important information about the benefits of volunteering, the organizational framework of the system, and the rules and regulations that govern volunteer activities. Please take the time to review this handbook carefully. We encourage you to use it as a resource when you have questions or concerns. You can use the *"Contents"* page located at the beginning of the handbook to locate specific items of interest.

It is hoped you will find this document to be a helpful guide in preparing to participate in disaster response efforts. However, it is important that you use your own best judgment to address the various issues included in the Volunteer Handbook. While diligent efforts have been made to ensure accuracy and to fully address the topics related to disaster volunteering, this document cannot be all-inclusive or definitive because actual disaster situations vary widely under various conditions. It is also important to understand that your local disaster officials have the final say in formulating their disaster policies and operational procedures.

You are invited to communicate with EMSA staff at dhv@emsa.ca.gov if you have any recommendations that you believe can strengthen the value or content of this document.

Historic Perspective of the DHV:

When terrorists struck the World Trade Center's "Twin Towers" in 2001 America's volunteer response was extraordinary. There was a spontaneous outpouring of tens of thousands of volunteers who went to the scene to offer their help for the victims, the survivors and for the first responders who served so valiantly in this unspeakable catastrophe. Not the least of those responding were nurses, EMT's, physicians,

New World Trade Center, 2013

counselors and thousands of other healthcare professionals who wanted to save lives and protect the health of survivors and responders alike. In every community in America, healthcare professionals were sharing the same impulses to serve, that originally brought them to their professional calling in life.

One of the findings from after-action evaluations of the emergency response activities was the reality that the emergency response system and the healthcare system did not have a way to verify licenses and credentials of the professional volunteers who wanted so desperately to serve in the relief efforts. With this realization, federal officials called for the creation of a national system to pre-register and pre-credential healthcare professionals who expect to serve in an emergency response. This system is known nationally as the "Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). Each State was challenged to create this system at the state level. In California, the system is known as "Disaster Healthcare Volunteers" (DHV). The professional healthcare community in California has responded admirably by registering over 20,000 healthcare professionals on the DHV System.

With the establishment of this system, California has the capacity to identify healthcare volunteers, recruit them to serve in specific roles and deploy them to the locations needing their assistance. Thank you for participating in this important effort.

Overview of Disaster Healthcare Volunteers

Hospitals, health departments, local Emergency Medical Services, (EMS), agencies, and other healthcare organizations must be able to verify basic licensing or credentialing information. Furthermore, difficulties with telecommunications may prevent contact with sources that normally provide this information. For example, immediately after the attacks on September 11, 2001, tens of thousands of people traveled to ground zero in New York City to volunteer and provide medical assistance. In most cases, authorities were unable to verify licenses and certifications of volunteers. Consequently, it was not possible to allow these professionals to provide their services.

For these reasons, California has developed the Disaster Healthcare Volunteers (DHV) Program to pre-register, verify licensure and credentials, manage, notify, and mobilize volunteer healthcare professionals to help in responding to all types of disasters. DHV registrants represent numerous professional license types including physicians, nurses, paramedics, pharmacists, dentists, mental health practitioners, and a range of clinical technicians.[1] The DHV Program connects electronically to the various professional boards to verify current licensure /certification status.

Examples of DHV Deployments: During the Influenza A H1N1 outbreak in 2009, hundreds of nurses, physicians, and other healthcare volunteers provided thousands of hours of volunteer service to their local health departments to support mass vaccination clinics. Each year hundreds of DHV volunteers participate in deployment drills and exercises designed to increase the knowledge and capacity of the participants to respond to future public health emergencies and disasters.

Funds for the DHV Program are provided by the United States Department of Health and Human Services through the Hospital Preparedness Program. The DHV Program is based upon national guidelines and a mandate set by the US Department of Health and Human Services to create a nationwide web-based program for the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).

In California, the DHV program is administered by the California Emergency Medical Services Authority (EMSA) in partnership with the California Department of Public Health. EMSA has responsibility for disaster medical response throughout the state.

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[1] A list of the healthcare occupations whose licenses and certifications are automatically verified by the DHV system is in Appendix F, p. 35, of this Volunteer Handbook.

DHV is California's ESAR-VHP Program

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR- VHP) is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. By registering through ESAR-VHP, volunteers' licenses, credentials and accreditations are verified in advance, saving valuable time in emergency situations. Disaster Healthcare Volunteers (DHV), California's ESAR-VHP program administered at the state level, verifies health professionals' licensure and credentials so that they can respond more quickly when disaster strikes.

Why Do We Need ESAR-VHP?

In the wake of disasters and public health and medical emergencies, many of our nation's health professionals are eager and willing to volunteer their services. And in these times of crisis, hospitals, clinics, and temporary shelters are dependent upon the services of volunteer healthcare professionals. However, on such short notice, taking advantage of volunteers' time and capabilities presents a major challenge to hospital, public health, and emergency response officials.

There are significant problems associated with registering and verifying the credentials of health professional volunteers immediately following major disasters or emergencies. Specifically, hospitals and other facilities may be unable to verify basic licensing or credentialing information, including training, skills, competencies, and employment. Further, the loss of telecommunications may prevent contact with sources that provide credential or privilege information. The goal of the ESAR-VHP program is to eliminate a number of the problems that arise when mobilizing volunteer healthcare professionals in an emergency response.

Disaster Healthcare Volunteers (DHV)

In accordance with federal mandate, California has developed the Disaster Healthcare Volunteers (DHV) Program to facilitate and manage the registration, license verification, credentialing, and deployment of volunteer healthcare professionals (VHPs) in California. DHV uses a software system for the management of volunteers, including the registration, notification, communication, and credentialing needs associated with volunteer management. The DHV Program is the single source system operated and administered by local, regional and state, public health and emergency medical services agencies in California.

DHV is administered by all local System Administrators in each county and maintained by California Emergency Medical Services Authority (EMSA) in a partnership with the California Department of Public Health. DHV volunteers include healthcare professionals, (medical, public health, mental health, EMS, and other support personnel) who are willing to be called upon in the event of an emergency or disaster. DHV volunteers are pre-registered and pre-credentialed. Deployment of volunteers will follow California's Standardized Emergency Management System (SEMS) procedures.

Benefits of Volunteering [2]

Volunteering allows you to "*Make a Difference*" in your community

The opportunity to **"make a difference"** in your community is the better-known benefit of volunteering. "Making an impact on the community" is often cited as a volunteer's primary reason to serve. Volunteers can often be the glue that holds a community together. Volunteering allows you to make your community a better place to live. And volunteering is a two-way street, benefitting you and your family as much as the cause you choose to help. Dedicating your time as a volunteer gives you a chance to make new friends and expand your social network. An example would be serving as a Medical Reserve Corps volunteer on an on-going basis, or participating in a disaster response can introduce you to colleagues in the healthcare community with whom you might otherwise have no connection.

This Chart shows how volunteers fit into the national and state structures that manage healthcare responses during disaster operations.

ASPR
Assist. Sect. for Preparedness & Response

ESAR-VHP
Emergency System for Advance Registration of Volunteer healthcare Professionals

State of California

EMSA
Emergency Medical Services Authority

DHV System
Disaster Healthcare Volunteers System

Volunteers … You!

Join the Team …Volunteer

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[2] Help Guide, a National Nonprofit at www.helpguide.org

Disaster Healthcare Volunteers Program

The DHV system was developed and is managed at the state level by the California Emergency Medical Services Authority (EMSA) in partnership with the California Department of Public Health. The program serves all counties, mutual aid regions, or state health agencies as the means to register, search for, and notify licensed healthcare professionals within their jurisdiction who are willing to volunteer in an emergency.

DHV Mission Statement

The Disaster Healthcare Volunteers Program is a statewide program which operates in coordination with county Operational Areas to recruit, register, credential, track, identify, deploy, and maintain currently licensed volunteer healthcare professionals for response to emergencies, disasters and terrorist incidents in California and throughout the nation. [3]

DHV is a program for the registration, notification, and deployment of healthcare volunteers that also provides real-time support. Deployment is accomplished by searching the DHV database for volunteer healthcare professionals that match the specific needs of a given request. Those volunteers found in the database search are notified via phone, email, text message, or pager as indicated by the volunteer when they initially register. Volunteers learn of emergency needs and have an opportunity to respond through the DHV System to indicate whether or not they can be available to serve. Specific assignments will then be made from the list of those stating they are available and willing to serve.

Scope of Participation

Volunteers may be utilized locally, regionally or throughout the state. Assignments can range from a few hours to multiple days. As a volunteer, you will always be advised of the mission and have the right to accept or decline the assignment. *Registering with DHV is not an obligation to serve.*

Please note: Participation in the DHV Program as an individual is not an "active association" in that there are no regular meetings or obligations of those who are registered. As a DHV registrant you can expect to receive occasional communications about special trainings or opportunities. You would be contacted for a possible assignment only when an actual emergency occurs.

If, however, you are interested in more active participation, you may also want to consider becoming a member of a local Medical Reserve Corps (MRC). For information about MRC, please go to page 12 of this document. Medical Reserve Corps Units may have regular meetings, participate in training activities and/or participate in simulated disaster drills and exercises. MRC members registered on the DHV System may participate in emergency responses as a team. A list of local MRCs is on pp. 36-37. Contact an MRC Coordinator to learn about becoming an MRC member.

DHV Volunteers are organized by county. Each county in the state is considered a unit. Each unit has one or more individuals who are trained and designated as DHV "System Administrators." In addition to

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[3] Disaster Healthcare Volunteers *"Principles of Operation,"* version 1.5, March 13, 2008.

the county units, there are Medical Reserve Corps units with their own Medical Reserve Corps Coordinators who are System Administrators. During a local, state or national disaster, (e.g., an earthquake, severe weather event, or public health emergency), the DHV system will be accessed by county emergency medical/health officials or authorized medical/health officials at the state level. If a decision is made to request your service, you will be notified - using the contact information you enter on the DHV System.

Program Participation Requirements

By registering on EMSA's Disaster Healthcare Volunteers website, you agree to be considered for service as a volunteer healthcare professional during a duly declared emergency or disaster. As part of the registration process, you will be required to voluntarily provide personal information that will be collected and maintained by EMSA on the secure DHV website.

Invite your Colleagues to Register on the DHV System as a Volunteer

Thank you for registering on the DHV System. We urge you to invite your healthcare colleagues to join you and register themselves in the DHV Program. Information about registration is found on page 27 of this document, **"Recruitment Message."** You can also visit the DHV website at https://www.healthcarevolunteers.ca.gov for more information.

Registrant Terms of Service

When you register, you will need to agree to the terms of service and provide information specific to you and your skills for use by program administrators in establishing your Emergency Credential Level, (ECL). You will also be requested to provide contact information for use in the event of an emergency deployment. These conditions are designed to protect both you and the people you could be serving in a disaster. See the *"Terms of Service"* in Appendix I, p. 38 of this document.

Confidentiality and Security of the DHV System

The DHV Program software solution has been designed with several levels of security relating to data integrity in order to prevent abuse and to protect participants' privacy. Please review the "*DHV Privacy Policy,*" Appendix A, p.28, and contact us if you would like further information.

Background Checks

Local county emergency management or health department officials may elect to institute requirements for a background check on DHV volunteers in your county. The requirements for background checks and the procedures for completing a background check vary by county. Your local officials will inform you about their requirements.

License Certification and Verification

The DHV system automatically checks and verifies licenses and certifications once every twenty-four hours so we may ensure the license status of healthcare volunteers who could be requested to deploy as a volunteer during an emergency or disaster. This important step was not possible before the development of the DHV Program. Employment verification is conducted by EMSA staff in order to place volunteer healthcare professionals in the appropriate Emergency Credential Level (ECL).

Key DHV Assumptions

As the DHV System was being created in close collaboration between state and local emergency services officials it was important to reach agreement on key conditions that protect volunteers and the people they serve. They also set key principles of operation for both state and local emergency-service officials.

1. DHVs deployed through the DHV Program are not "first responders" and are not to be considered a rapid-reaction force. It is assumed that in emergencies and disasters, first responders will be appropriately deployed through their normal channels.
2. Volunteers listed in the DHV Program are not self-deploying or self-supporting - either as individuals or as units. Deployment of DHV resources will require organization, preparation, and significant effort on the part of the county Medical Health Operational Area Coordinator (MHOAC) program.
3. Volunteers enrolled in the DHV Program are indeed volunteers. This means that they have a right to be informed about the nature of the incident and what to expect about field conditions, housing, etc. It also means they are not paid for their service and, as volunteers, are not mandated to respond.

Expectations of Disaster Healthcare Volunteers

Volunteers are expected at all times to act in a manner consistent with their professional status and licensure. In agreeing to participate in the DHV Program as a volunteer, each individual acknowledges understanding the nature of the volunteer role, the process for verifying credentials, and affirms that all information they will give will be truthful.

Volunteers are expected to update their profiles regularly and as needed. Thus, if there is any change to one's licensure status, personal or professional information, it is expected that the volunteer will make appropriate changes.

A Volunteer Code of Conduct is provided on p. 23 in this Volunteer Handbook. This code does not preempt or preclude local MRCs or other units from establishing additional expectations or conduct codes for DHVs or MRC members.

Volunteers above are participating in field training at the
Austere Medical Exercise in Ventura

Medical Reserve Corps

The Medical Reserve Corps (MRC) began in 2002 when the President recommended that all Americans embrace the spirit of volunteerism. MRC units are community-based healthcare teams that are locally organized and utilize volunteers who want to donate their time and expertise to prepare for and respond to emergencies and promote healthy living throughout the year. MRC volunteers supplement existing emergency and public health resources.

MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians and epidemiologists. Many community non-medical volunteers join MRC Units to augment important ancillary roles, such as logisticians, HAM Radio Operators, administrative assistants, IT experts, legal advisors, chaplains, interpreters and others who fill key support rolls on the MRC teams. Nationally, the teams' average composition is 60% medical volunteers and 40% non-medical volunteers. Together these MRC Unit volunteers cover over 90% of the populated areas in the United States.

MRC units are provided specific areas to strengthen the public health infrastructure of their communities by the U.S. Surgeon General. These are outlined priorities for the health of individuals, and the nation as a whole, which also serve as a guide to the MRC. The overarching goals are to improve health literacy, to work towards increasing disease prevention, eliminating health disparities, and improving public health preparedness.

In California, the local MRC units have been given access to DHV to manage their volunteers. When first registering in DHV, the registrant is asked if he/she wants to join an MRC Unit. If a registrant replies "yes" they will receive an e-mail from their local MRC Coordinator indicating when and where the next MRC unit meeting will be held along with any other unit requirements. Once a volunteer fulfills the team requirements they will be a member of that MRC unit.

Medical Reserve Corps units may have regular meetings, they may elect officers and they are supervised and supported by a local sponsoring organization such as a public health department or fire agency. Members may participate in training classes and exercises or drills of their emergency response plans. MRC Units may be tasked by county officials to respond as a team or as individuals in support of a public health emergency or disaster response.

EMSA proudly salutes the thousands of MRC members in California currently serving their communities.

Other Specialty Organizations

Los Angeles Surge Unit: This is the hospital-ready team, assigned primarily to hospitals and clinics following a disaster in Los Angeles County. These medical, health or mental health professionals must have a current unrestricted license, maintain an active practice and/or are staff of a local hospital or other healthcare facility located in Los Angeles County. Retired professionals with current licensure who have been employed in one of these medical settings in the past five years are also welcome to participate in the LA Surge Unit.

CAL-MAT Units: California Medical Assistance Teams (CAL-MATs) are state-coordinated teams modeled after federal Disaster Medical Assistance Teams (DMATS) and designed to rapidly respond to catastrophic medical disaster and other events throughout the state. CAL-MAT missions and team structure are determined by local needs, but can generally be categorized into two types of deployment configurations; large, multi-professional teams of 40 or more members or small, action-focused teams of 5 or more members. CAL-MAT is currently organized as two Divisions, one in Northern California,

and one in Southern California, with multiple units in each division.

Missions could include such activities as replacement or augmentation of staff at impacted hospitals, staffing to assist the medically fragile, patient evacuation, wildland fire medical units and medical care in evacuation shelters.

When functioning in a volunteer capacity on a deployment or during training, and when sworn in under the Disaster Service Workers Volunteer Program (DSWVP) CAL-MAT members will have the liability protections and Workers Compensation provided by the DSWVP Program.

Persons interested in CAL-MAT can contact the EMS Authority at dhv@emsa.ca.gov.

Fees and Compensation

In California, volunteers cannot be compensated. When deployed for a declared emergency, all volunteers will be registered as Disaster Service Workers (DSW) under the Disaster Service Workers Volunteer Program as set forth by California law. The DSW program offers volunteers limited immunity from liability under law as well as worker's compensation coverage. The program does not provide malpractice coverage. More information on liability and legal protections can be found in the section of this Volunteer Handbook , titled "Liability and Legal Protections," on p. 24.

Inactive or Resignation

Temporary Inactivation: If a situation arises that causes you to elect to temporarily end your participation in the DHV program or you are no longer able to participate, you can change your "Account Status" in the DHV System from "Active" to "Inactive" using the following steps:

1. Log into the DHV System with your User Name and Password.
2. Click on the "Profile" tab.
3. Click on the "Settings" tab.
4. Click the arrow button beside "Active" and, in the drop down menu, click on "Inactive."
5. Click on the "Change" button and this makes your account Inactive.

Inactive member information will be available to authorized System Administrators, but you will NOT be considered for or contacted about potential emergency activations and deployments. You may receive non-emergency notifications related to the status of your account. You may change your status to active at any later date if you elect to do so.

Resignation: If you want to permanently be removed from the system, you will need to contact your County DHV System Administrator or MRC Unit Coordinator by sending them an email, or you can send a message via the DHV System as follows:

1. Log into the DHV System with your user name and password.
2. Click on "Messages" and then click on the "Compose" Button.
3. Select "Add Recipients"
4. Click on the Administrator box and then click on the "Search" Button.
5. Select one or more recipients from the drop down box and click "Add Administrators".
6. Type your message in the space for messages.
7. Click "send" and your message will go to the recipients you have designated.

You will receive no further communications from the DHV system.

If, at a future date, you would like to re-register into the program you can simply go to https://www.healthcarevolunteers.ca.gov , click on the "**Register Now**" button at the bottom of the page and follow the prompts to register as a new member.

Removal

Individuals who act contrary to the Volunteer Code of Conduct pp. 23, 24, or the rules and procedures of the Disaster Healthcare Volunteers Program are subject to dismissal from membership. Disasters are traumatic events that impact people and their communities in many ways. It is critical that disaster responders are careful to not add to this trauma through any negative actions that impact the people being served. Any actions that serve to slow or impede effective delivery of services are just as harmful as actions that affect individuals.

Dismissal of individuals will be recommended by the individual's direct supervisor and confirmed by a county level emergency services official or their designee.

Updating Registration Information

Volunteers are expected to update their DHV profiles regularly and as needed. Thus, if there is any change to one's licensure status or personal or professional information, it is expected that the volunteers will access their profile and make appropriate changes.

Operational Information

What Happens in an Emergency?

When a major disaster strikes in California, our public agencies and private medical providers immediately launch into action to mobilize all of the equipment, supplies, facilities and professional healthcare personnel needed and requested through official channels to address the extraordinary medical and healthcare needs created by the disaster. The steps for this process are outlined below.

1. **Activation**
   Activation of an emergency medical response is initiated at the local level by emergency management. Disaster officials will make requests for specific numbers of medical personnel and will request the needed professional classifications such as physicians, nurses, EMT's, etc. All requests and activations (called "Missions" on the DHV system) should follow the Standardized Emergency Management System (SEMS) protocols.

2. **Request for Volunteers**
   When the activation occurs, emergency officials may issue a request for deployment of Disaster Healthcare Volunteers. This first communication to you from your DHV System Administrator will inquire if you are "available" for the assignment. In a medical emergency, volunteers may be requested to deploy to a hospital, other healthcare facility, an alternate care site, or to any other location where your services are needed.

   When seeking availability, System Administrators should communicate:
   - Type of mission (i.e. vaccination clinic, hospital staffing relief, etc.).
   - Location of mission (with enough specificity to suggest the kind of travel involved).
   - Duration of mission.
   - Anticipated field conditions (e.g., local school or clinic vs. austere conditions such as housing in tents at a mobile field hospital with Meals Ready to Eat and portable showers).
   - Any requirements for special clothing and/or personal equipment. [4]

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[4] What you elect to bring with you on a deployment is your decision. However remember that you may need to carry these items for some distance by yourself. A personal supply checklist is in Appendix C, p. 32 in this document. This list offers examples of things you may wish to consider.

- Any known risks or safety concerns (e.g. dust, aerosolized debris, social unrest, etc.)
- Any other conditions which would influence a volunteer's decision to participate.

Assignments may be local, within your county, or in another county. Mutual aid requests from other counties are made when resources are not available locally. Based on the expected working conditions and the volunteers' expected duties, an honest assessment should be made by each volunteer of their personal health and fitness. System Administrators may also require each volunteer to complete a health and fitness assessment prior to deployment. This may be a self-assessment or a third party assessment.

3. **Assignment**
   If you reply that you are willing and available to deploy, you may then be assigned to a specific task, location and time-frame. You will receive a message stating that you have been "assigned" and you will receive specific information about time, dates and location of your assignment along with details of the mission that can enable you to determine if your personal health and fitness will enable you to accept the assignment.

   After accepting the assignment, volunteers will be notified via email, phone or DHV system when and where to report and the name of the contact person or supervisor to whom they will report. Out-of-county travel arrangements are made by emergency officials and volunteers should never self-deploy to a disaster site.

4. **On Arrival**

   Volunteers will be instructed to check in with their specific point of contact or supervisor. At check-in volunteers will be asked to present a government-issued photo I.D. such as a driver license, and your clinical license if you are a clinician. Volunteers may receive an *Orientation or Situation Briefing* and a *Safety Briefing*.

   In addition to specific instructions for housing, meals, etc. (if deployed outside your local area), volunteers may receive *Just in Time Training* to prepare them to respond to the specific event.

5. **During Assignment**

   Consistent with local plans and protocols, volunteers will be assigned to specific duties. Regardless of your job, all volunteers must:

   - **Sign-in** at the beginning of each shift and **sign-out** at the end of shift.
   - Remember that your wellness and safety are the highest priority.
   - Report any personal injuries or illness to your supervisor immediately.
   - Volunteers are expected to keep their home organization aware of their whereabouts as needed, and communicate with their family.
   - Remember that the conduct of all volunteers on assignment will reflect on you, your home agency and the entire disaster response operation. Your conduct will impact the people we are serving and we all expect that conduct to be positive.

6. **Demobilization**

   You will be "released from duty" when your assignment has been fulfilled. It is essential that you be sure to complete all necessary paperwork as part of the "Demobilization" process. If you are deployed outside your local region, instructions for transportation home may be given.

7. **Post – Deployment**

Report your safe return home to your local DHV/MRC System Administrator. Be sure your own physical and emotional health is attended to as needed on your return. You can get help in finding mental or physical support if needed. Ask your local DHV or MRC System Administrator for referral information for mental or physical health services.

Managing and Preventing Stress

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Mental Health Services
www.samhsa.gov

Engaging in response efforts in the wake of a traumatic event is inevitably stressful for those involved in the emergency response. While the work is personally rewarding and challenging, it also has the potential for affecting responders in harmful ways. The long hours, breadth of needs and demands, ambiguous roles, and exposure to human suffering can adversely affect even the most experienced professional. Too often, the stress experienced by responders is addressed as an afterthought. With a little effort, however, steps can be taken to minimize the effects of stress.

Individual Approaches for Stress Prevention and Management

1. Manage workload.
- Set priority levels for tasks with a realistic work plan.
- Delegate existing workloads so workers are not attempting disaster response in addition to their usual jobs.

2. Balance lifestyle.
- Get physical exercise, and stretch muscles when possible.
- Eat nutritiously, and avoid excessive junk food, caffeine, alcohol, or tobacco.
- Get adequate sleep and rest, especially on longer assignments.
- Maintain contact and connection with primary social supports.

3. Apply stress reduction techniques.
- Reduce physical tension by taking deep breaths, meditating, and walking mindfully.
- Use time off for exercise, reading, listening to music, taking a bath, talking to family, or by having a special meal.
- Talk about emotions and reactions with coworkers during appropriate times.

4. Practice self-awareness.
- Learn to recognize and heed early warning signs for stress reactions.
- Accept that you may need help to assess problematic stress reactions.
- Avoid overly identifying with survivors' and victims' grief and trauma, which may interfere with discussing painful material.
- Understand differences between professional helping relationships and friendships.
- Examine personal prejudices and cultural stereotypes.
- Be mindful that vicarious traumatization or compassion fatigue may develop.
- Recognize when a personal disaster experience or loss interferes with effectiveness.

Normal Reactions to a Traumatic Event No one who responds to a mass casualty event is untouched by it. Profound sadness, grief, and anger are normal reactions to an abnormal event. You may not want to

leave the scene until the work is finished. You likely will try to override stress and fatigue with dedication and commitment. You may deny the need for rest and recovery time.

The above information is an excerpt. The full document can be found at: http://store.samhsa.gov/product/tips-for-Managing-and-Preventing-Stress/KEN01-0098R2

For more information and guidance for disaster mental health, see p. 33, **Appendix D:** *SAMHSA Disaster Behavioral Health Information Series.*

Working Conditions can be Austere in Disaster Response

What volunteers need to know about working conditions they can expect while on assignment

It is the responsibility of volunteers to assess their capacity to safely and effectively work in austere conditions. Austere conditions may include:
- Severe weather conditions
- Special, disaster specific circumstances such a potential exposure, health risks, or harmful agents that the volunteer might be exposed to during their deployment
- Security, crime, and safety conditions
- Nature of food and water resources (e.g., whether DHVs will be consuming Meals Ready to Eat (MREs), etc.)
- Housing/sleeping conditions (staff shelter, tents, hotels, etc.)
- A need for volunteers to bring specialized equipment and supplies
- Special identification and security requirements
- Sparsely available resources (e.g., pharmacy, general merchandise stores)
- Accessibility of structures in which care is to be provided.

Fitness for Duty

Disaster conditions may present DHVs with living, sleeping, and working environments that would impose a strain on an individual volunteer. Each incident requires an assessment of conditions to determine its impact on fitness requirements for volunteers.

It is the responsibility of the sending unit to ensure that the volunteers being sent have a sufficient level of fitness to perform the duties asked of them. And, it is the responsibility of the individual volunteer to truthfully provide pertinent information regarding fitness and whether a particular assignment would pose a challenge.

If fitness problems occur while on assignment, then negative problems may arise both for the volunteer and for the disaster operation as resources would need to be diverted away from the operation in order to treat the fitness issues of the volunteer.

Emergency Credential Levels (ECL)

To make the most effective use of health professionals who may have varying levels of clinical competency, the ESAR-VHP program has developed a uniform process for classifying and assigning volunteers into one of four credential levels, based on the credentials provided and verified. So, what does this mean to health professional volunteers? The four credential levels are shown below:

ECL 1	ECL	**Identifies volunteers who are clinically active in a hospital, either as an employee or by having hospital privileges.**
ECL 2	ECL	**Identifies volunteers who are clinically active in a wide variety of settings, such as clinics, nursing homes, and shelters.**
ECL 3	ECL	**Identifies volunteers who are licensed or certified to practice in the State of California.**
ECL 4	ECL	**Identifies volunteers who have healthcare experience or education that would be useful for assisting clinicians and providing basic healthcare not controlled by the scope of practice laws (may include health profession students or retired health professionals who no longer hold a license).**

Assigning healthcare volunteers to these different levels is important because it:

- Allows volunteer personnel to be allocated according to need

- Permits volunteers to be used at their highest capacity

- Facilitates sharing of volunteer personnel

Employment Verification:

In order to place volunteers in the first two Emergency Credential Levels, it is necessary to verify current employment in the specified licensure or certification. EMSA staff perform this employment verification in order to meet federal guidelines.

Guidelines and Policies

Activation Policies

NO VOLUNTEER SHOULD SELF-DEPLOY.

Disaster response operations are complicated and they are being carried out in a chaotic atmosphere. If volunteers self-deploy to a disaster site independently they unnecessarily complicate response efforts. All requests and activations (called "Missions") will follow the Standardized Emergency Management System (SEMS) protocols. **Local jurisdiction activation policies and procedures apply.**

Safety

Providing a clean, safe and healthy work environment is a goal for DHVs. No job is considered so important or urgent that volunteers cannot take time to perform their job safely. During your Orientation and Safety Briefing, your supervisor will discuss all applicable safety and health rules with you. If you are unclear about any safety policies and procedures, ask your supervisor.

As a DHV, you are responsible for your own safety and health. This includes using all safety devices. You are expected to immediately report all work-related accidents, injuries and illnesses to your supervisor.

Family Emergencies

Family health and safety is paramount for all DHVs. Volunteers should always make sure their families are safe and taken care of before deploying. DHVs should obtain contact information that families can use to communicate with deployed DHVs in case of an emergency.

Family Preparedness Guide

Volunteers should take reasonable steps to prepare themselves and their families to deal with the predictable impact of disasters on themselves or their property. Being prepared will enable volunteers to be better able to accept volunteer disaster deployments if they are requested. For information about family preparedness, please visit the FEMA Website at: http://www.fema.gov/plan-prepare-mitigate.

Grooming and Attire

Volunteers are representatives of your local community and need to present a positive image to the public. Image plays an important role in developing and maintaining trust and support. DHVs are expected to maintain a standard of attire and grooming that is consistent with the professional nature of your work and the demands of the work environment. Clothing and accessories should be chosen with safety as a priority, volunteers who are inappropriately dressed may be asked to change or cover offending items.

Examples of inappropriate attire include, but are not limited to:
- Open-toe, open-back shoes
- Jewelry or other accessories that have sharp edges or may dangle dangerously
- Fragrances that may cause allergic reactions in others
- Graphics on clothing that espouse political causes or that may be offensive to those we serve
- Bare midriffs, halter tops, tank tops, tube tops, low-cut tops, beachwear
- Shorts, tattered or frayed jeans, low-slung pants

Equal Opportunity Policy
EMSA does not discriminate on the basis of race, religion, gender, national origin, ethnicity, age, physical disability, political affiliation, sexual orientation, ancestry, marital status or other non-merit factors. Volunteers have equal access to available positions and are limited only by their licensure/certification (if applicable to the position) and their ability to perform the position responsibilities efficiently and effectively.

Sexual Harassment Policy
Sexual harassment by any DHV participant during any DHV event or activation is prohibited. Sexual harassment includes, but is not limited to; unwelcome sexual advances, request for sexual favors, slurs, jokes, and other verbal, visual or physical conduct of a sexual or demeaning nature. In addition to being responsible for their own conduct, individuals in leadership positions must ensure individuals under their supervision contribute an environment that is free of sexual harassment. Any individual who believes sexual harassment has occurred must report it immediately to their supervisor.

Ethics Policy
No volunteer shall solicit or accept anything of value that is of such a character as to manifest a substantial and improper influence upon the volunteer with respect to the person's duties.

Language
DHVs should use appropriate language that is culturally sensitive and politically correct – and avoid language that could be interpreted as offensive.

Smoking
Smoking or chewing tobacco products is contrary to the health and medical values of the healthcare volunteers and are not permitted while on duty.

Drug-free
The DHV Program is dedicated to a safe, healthy and drug-free work environment. All DHVs are expected to report to work free from drug and/or alcohol impairment and to remain at work in a condition that enables them to perform their duties in a safe, efficient, legal and professional manner. Volunteers who may have an alcohol and/or drug problem are encouraged to voluntarily seek evaluation and treatment that leads to a successful rehabilitation.

Media Protocols
Never talk to the media while deployed unless authorized by the Incident Commander or the Public Information Officer. When authorized to speak to anyone, be accurate, timely and credible. Take time to communicate calmly, clearly and completely. Never say "No Comment." Instead, say, "How can I get back to you with that information?" Be aware that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules prohibit giving medical and personal data concerning the people you are helping.

Electronic Communications
On-site electronic communication systems, including telephones, email, voice mail, faxes and the internet may or may not be available to conduct professional business and emergency operations. Personal communication devices may be used when not on duty if service is available and the service is not restricted to emergency functions.

Social Media

Facebook, Twitter, YouTube and many other social media sites have grown to become valuable communications tools in our modern digital age. While these communication tools serve valuable new roles in disaster, volunteers are cautioned to be very careful in their use of social media. First, Public Information Officers are responsible for all media releases and this would include social media. Volunteers are also reminded that HIPAA privacy and security rules are intended to protect the health and privacy of the people volunteers will be serving during disaster responses. It is important that we honor and respect individual privacy during disaster response and recovery.

Photography and Video

Photos and video may be taken during training classes, exercises and other events involving DHVs for documentation, exhibits, promotion, recruiting and/or training. Photographs and videos may be used in print and/or electronic media such as newsletters, newspapers, websites and other publications that may be kept in files and released to the public. DHVs will not be compensated for the appearance of their image in these photographs and videos. If you do not wish to appear in these photographs and videos, it is your obligation to remove yourself from the vicinity where these photographs and videos are being produced.

DHV Journal

EMSA regularly publishes a newsletter for DHV volunteers in California, titled "DHV Journal." These newsletters offer information about activities and planning for the DHV system, highlights of local MRC Unit activities, helpful pointers about using the DHV System for updating your personal profile. Current information about Drills, Exercises or Real Events in which DHV or MRC volunteers are participating is also included. DHV Journals are archived
at: http://www.emsa.ca.gov/disaster_healthcare_volunteers_journal_page
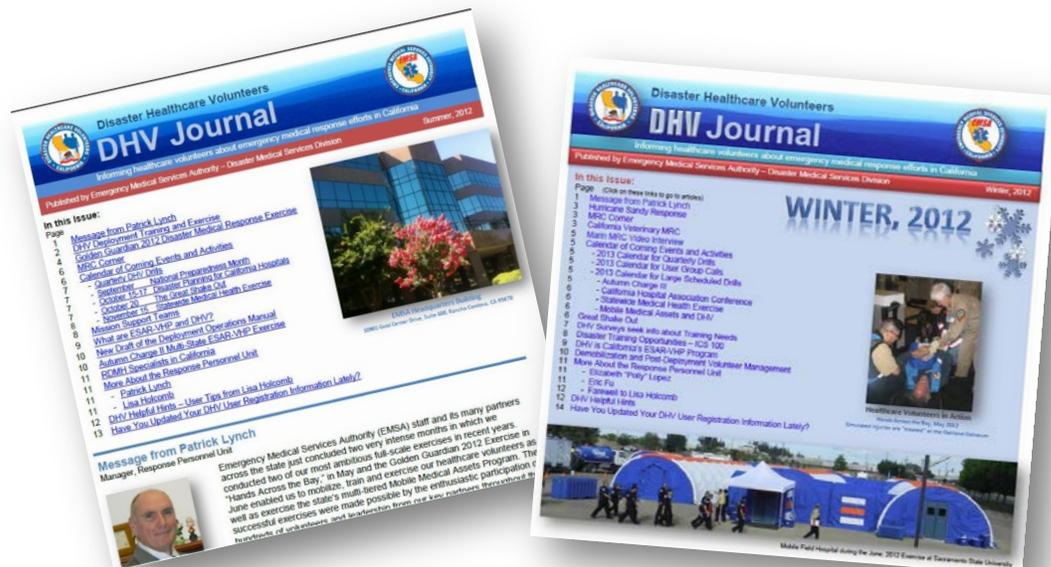
Volunteer Rights and Responsibilities

Rights

Registering with DHV is not an obligation to serve. It is always at the individual's discretion. Volunteers may be asked to deploy locally or to other counties within the state. Volunteer periods may extend from a few hours to several days. As a volunteer, you will always be advised of the mission and have the right to accept or decline the assignment. Volunteers also have the right to refuse a medical order that is beyond the volunteer's scope of practice.

Responsibilities

Volunteers are expected at all times to act in a manner consistent with their professional status and licensure. In agreeing to participate in the DHV Program as a volunteer, each individual acknowledges their understanding of the nature of the volunteer role, the process for verifying credentials, and affirms that all information they give the system will be truthful.

Expectations regarding the nature of the DHVs enrolled in the program have been articulated in the Disaster Healthcare Volunteers Principles of Operations, the federal ESAR-VHP guidance, and elsewhere. Some of the key expectations and assumptions are listed below:

1. DHVs deployed through the DHV Program are not "first responders." It is assumed that in emergencies and disasters first responders will be appropriately deployed.
2. DHVs are not self-deploying or self-supporting—either as individuals or as units. Thus, deployment of these resources will require organization, preparation, and significant effort on the part of MHOAC programs.
3. Volunteers enrolled in the program are indeed "volunteers." This means that they have a right to be informed about the nature of the incident and what to expect about field conditions, housing, etc. It also means they are not paid for their service and, as volunteers, are not mandated to respond.
4. DHVs are not "assets." Thus, unlike medical supplies, the number and type of volunteers available for a given incident will vary based on individual availability and interest in deploying.

Volunteer Code of Conduct

   The purpose of the Disaster Healthcare Volunteer Program is to ensure the deployment of competent credentialed healthcare professionals in times of emergency. DHV participants agree to meet the following standards of conduct:

Professional:
- Maintain and abide by the standards of my profession, including licensure, certification and training requirements.
- Treat all individuals with a sense of dignity, respect, and worth.
- Accept assignments appropriate to the level of my skill.
- Be professionally dependable, recognizing the commitment and responsibility in accepting an assignment.
- Act only in the capacity in which I am assigned as a volunteer and refrain from self-deploying, (i.e., going to a disaster area without having been requested by a government agency).
- Comply with all legal requirements associated with my professional status including: confidentiality of personal information and reporting of suspected child abuse, or adult abuse and neglect.
- Accept feedback from my supervisor in order to do the best job possible.

Ethical Conduct:
- Avoid situations that could be interpreted as a conflict of interest and refrain from actions that may be perceived as such.
- Not proselytize or pressure anyone to accept my political, cultural, or religious beliefs.
- Not accept tips, request meals to be paid for, or otherwise accept payment for my volunteer work or seek to gain financial benefit from association with the DHV program.
- Address ethical concerns by speaking directly with the colleague/volunteer with whom I have the concern and, when necessary, report such to my team leader or proper authority in the chain of command.
- Abstain from the use of equipment or resources for personal use.
- Refrain from commenting, answering questions, or divulging any information to the media.
- Refrain from taking pictures or videos, and from posting videos or pictures to the Internet (including sites such as You Tube, Facebook, Twitter), without first receiving authorization from my supervisor or the Public Information Officer.

Safety:
- Follow the directions of my immediate supervisor, team leader, safety officer, incident commander or other appropriate authority.
- Follow safe workplace practices, including participation in applicable education sessions, using appropriate personal safety equipment and reporting accidents, injuries, and unsafe situations.
- Report any suspicious activity to my supervisor.
- Abstain from all illegal activity.
- Abstain from bringing any weapon to a deployment.
- Abstain from bringing children, friends, and pets to a deployment.
- Abstain from the transport, storage, or consumption of alcoholic beverages and/or illegal substances while on deployment.
- Avoid profane and abusive language and disruptive behavior, including behavior that is dangerous to me and others, (including acts of violence, physical abuse, sexual abuse, harassment or horseplay).

- Provide all pertinent and truthful information about my fitness and ability to carry out a particular assignment.
- Ensure that my supervisor, team leader, incident commander or other appropriate authority is aware of my whereabouts and is able to contact me if necessary.
- Wear required identification and clothing if requested to do so. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material (e.g., slogans or graphics).
- Recognize my responsibility to adhere to the rules and procedures of the Disaster Healthcare Volunteer Program. Failure to satisfactorily perform my assigned duties, or engaging in illegal activity, or gross misconduct, will cause me to be subject for dismissal from the Disaster Healthcare Volunteer program.

Liability and Legal Protections

Disaster Service Workers (DSW) Volunteer Program

The State of California's Disaster Service Worker (DSW) Volunteer Program provides workers' compensation and immunity protections for properly sworn and registered volunteers providing disaster services. The program applies to all activities authorized and carried out pursuant to the California Emergency Services Act. This includes services authorized under proclaimed "state of war" emergencies, "state of emergency" proclaimed by the governor, or a proclaimed "local emergency." The program also applies to approved training and exercises undertaken in preparation for these authorized activities.

Enrolling in the DHV program does NOT register a volunteer as a DSW. In order to be registered as a DSW, a volunteer must complete a registration form and swear to or affirm a loyalty oath. It is the policy of the DHV program that all volunteers will be registered as DSWs before being deployed. However, many will enroll in the system before being properly registered as DSWs.

All volunteers must be formally sworn in as Disaster Service Workers prior to initiating any disaster assignments. The volunteer needs to be sworn in by an officially authorized representative in their designated county. Volunteers may also be sworn in by an officially authorized representative of the county to which they have been assigned. Alternatively, an officially authorized state agency representative may perform the swearing in process. Volunteers must be sure to sign the affirmation of oath document. Failure to sign the loyalty oath affirmation voids Disaster Service Worker status.

Workers Compensation

If you are ill or injured during your assignment, seek immediate medical attention as needed and immediately report the injury or illness to your supervisor. Follow your supervisor's instructions for filing a Worker's Compensation Claim.

Confidentiality and HIPAA Regulations

DHV members may encounter sensitive personal medical or non-medical information about the people they serve. This information is protected by law and/or out of respect for the individual. Members must refrain from repeating personal and/or medical information that is given to them or that they see or overhear unless they are delivering the information to a person who is authorized to receive it. Volunteers must also refrain from seeking or viewing information that does not pertain to their work assignments. Documents containing personal information must be kept in a secured location and should not be left unattended until secured. If you have questions or need clarification during your assignment, you should seek guidance from your direct supervisor.

Training Opportunities

Training Opportunities

Now that you have registered on the DHV website for possible service during a disaster response, it is important that we alert you to key training opportunities that can give you the basic information you will need to successfully participate as part of a disaster response team. While this training is not "required" we strongly urge you to complete the training as preparation for participation in a future disaster response effort.

This free, on-line training will introduce you to the **Incident Command System (ICS)** used by all California disaster response organizations to manage disaster operations. As you complete any of the disaster training courses, please be sure to inform your local DHV or MRC system administrator so they may be aware of the full range of your training and skill sets. You are also encouraged to log into your profile on the DHV system and record your completion of training in your DHV profile.

The basic training includes:

        ICS 100   Introduction to the Incident Command System
        ICS 200   ICS for Single Resources and Initial Action Incidents
        ICS 700   NIMS - An Introduction Course Overview
        ICS 800   National Response Framework

ICS 100 and 200 are interactive web-based training classes that are important for every person who may serve in a disaster incident.
ICS 100 can be found at: http://training.fema.gov/EMIWeb/IS/is100b.asp;
ICS 200 is available at http://training.fema.gov/EMIWeb/IS/is200b.asp
IS-100.HCb - Introduction to the Incident Command System (ICS 100) for Healthcare/Hospitals is available at: http://www.training.fema.gov/EMIWeb/IS/is100HCb.asp
IS 200 HCa ICS Healthcare/Hospitals is available at: http://training.fema.gov/emiweb/is/is200HCa.asp

National Incident Management System (NIMS) classes start with ICS 700 and 800. These are also self-paced, web-based interactive classes.
ICS 700 is available at: http://training.fema.gov/EMIWeb/IS/is700a.asp;
ICS 800 can be found at: http://training.fema.gov/EMIWeb/IS/IS800b.asp

Additional training is available for many of the health and disaster disciplines. www.training.fema.gov/emi is the website for FEMA's Emergency Management Institute

 (EMI), and is an excellent source for training information.[5] In-person class training may be available in your local community. Contact your DHV System Administrator to let them know of your interest in training.

Orientation at Disaster Operations You will receive an orientation from local disaster officials when you report for assignments. These orientations are intended to provide information about the incident, the assignment, local community conditions and information about specific hazards or concerns. Your safety is always our highest priority.

Just-In-Time Training may be provided as necessary at the mobilization center or deployment site.

Safety Briefings will also be offered at each assignment. Please give these safety briefings your serious attention and act in ways that will help you avoid any injuries or illness. Disaster response operations are often performed in less than ideal circumstances and this can present unusual hazards one does not normally encounter. Volunteers should be especially cautious about safety in this environment. For example, facilities could have damage, electrical wiring or extension cords could be installed temporarily, vehicle or foot traffic patterns could be altered from the norm, weather and environmental conditions could be hazardous, etc. Volunteers can help emergency managers keep a watchful eye out for hazards that could be addressed or avoided. Volunteers should be especially watchful to protect themselves and their colleagues. Any hazards encountered should be reported to your immediate supervisor or the Safety Officer.

Participation in Non-emergency Events
You may have the opportunity to participate in training/exercises and to support projects in your local county. You are encouraged to participate in these activities in order to enhance your response capabilities.

Emergency Preparedness Resources

Some Helpful Websites

Disaster Healthcare Volunteers   https://www.healthcarevolunteers.ca.gov

EMSA   www.emsa.ca.gov

Federal Medical Reserve Corps   www.medicalreservecorps.gov

ESAR-VHP   www.phe.gov/esarvhp

DHV Newsletter   www.emsa.ca.gov
                                        Click on the "Disaster" Tab
                                        Click on "Disaster Healthcare Volunteers"
                                        Click on "Newsletter - All Issues of The DHV Journal"

The California Governor's Office of Emergency Services
CalOES   www.oes.ca.gov

Federal Emergency Management Agency
FEMA   www.fema.gov

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[5] Visit EMI's Independent Study Program at: www.training.fema.gov/emi

Recruitment Message

You have chosen to make a difference when disaster strikes. Do you know of colleagues who share your dedication? Please share the following message with them and then invite them to join you as a Disaster Healthcare Volunteer!

California is a magnificent place to live but we also recognize that it is not immune from the impact of major disasters. Our history of disaster response has demonstrated that when disasters strike Californians will immediately respond to the call for help.

The medical and healthcare professional community learned a tough lesson following the terrorist strike on 9-11 in New York City. Thousands of medical and healthcare professionals went immediately to the scene to offer their professional services. Regrettably, there was no way to quickly verify that they were licensed and certified and thus there was no way to accept their generous offers of aid.

Now, California has developed a computerized system to pre-register healthcare volunteers on a secure, internet-based website that checks all licenses daily and can communicate with each volunteer to alert them to specific needs for their service. The system can also arrange for them to be deployed as part of the emergency medical disaster response.

Please join thousands of your colleagues in the healthcare field who have already registered to become Disaster Healthcare Volunteers. It's easy to register and California needs you! We cannot wait until lives are at stake to begin locating and recruiting licensed healthcare professionals. In addition we cannot afford delays while licenses and credentials are verified.

Registering now on our website will allow quick, secure and accurate verification of your professional licenses so emergency officials can match your professional skills with the positions we will need to fill during times of disaster. As a volunteer you are not obligated to accept an assignment. Our website will answer your questions.

What does it take to register for disaster service?

1. Go to the website: www.healthcarevolunteers.ca.gov and click on **REGISTER NOW** located at the bottom of the page. During the easy, on-line registration process, you will be asked to enter information regarding your license (if applicable), information about the best way to contact you and other relevant background information.

2. Once you've registered, your credentials will be validated - before an emergency - so that you can be deployed quickly and efficiently if you are available.

Once I'm registered, what happens next?

1. During a state or national disaster, (e.g., an earthquake, severe weather event, or public health emergency), the DHV system will be accessed by authorized healthcare officials at the state or local county level.

2. If a decision is made to request your service, you will be contacted using the information you entered on the site. If you are available and agree to assist, your information will be forwarded to the appropriate emergency officials who will arrange for your deployment.

Appendix A: DHV Privacy Policy

Overview

The State of California Emergency Medical Services Authority (EMSA) is strongly committed to protecting the privacy of registrants of the Disaster Healthcare Volunteers Site (Site) to the extent allowable under applicable California law. EMSA wants to contribute to providing a safe and secure environment for our users.

The purpose of this Privacy Policy is to inform you, as a user of the Site or as a user of any Site content, what kinds of information EMSA will gather about you when you visit the Site, how EMSA may use that information, whether it can be disclosed to anyone, and the choices you have regarding EMSA's use of, and your ability to revise or update, that information. This Privacy Policy applies to the Site and any information collected through this Site. This policy applies only to the Site and any information collected through this Site and not to any other companies' or organizations' Web sites to which this Site links.

Information About All Site Visitors

In general, this Site automatically gathers certain usage information, such as the number and frequency of visitors to the Site. EMSA only uses such data in the aggregate. This aggregate data helps EMSA determine how much certain parts of the Site are used so that EMSA can improve the Site and assure that it is as appealing as it can be for as many users as possible. The Site uses a technology called "cookies" that tells EMSA how and when pages in the Site are visited and by how many users. EMSA may partner with other organizations (such as professional associations) to recruit volunteers through those organization's websites. In such cases, EMSA may provide aggregate statistical information to those partnering organizations to indicate how many volunteers were recruited via partner websites. This reporting is entirely statistical (e.g., how many volunteers were recruited), not lists of names of specific volunteers solicited at a given partner's site. Most browsers are initially set up to accept "cookies." You can reset your browser to refuse all "cookies" or to indicate when a "cookie" is being sent.

Disclosure of Personal Information

When registering on the Site as a volunteer healthcare professional in the Disaster Healthcare Volunteers System, volunteer registrants agree to provide certain personal identifying information and professional credentialing information (collectively, Registration Information). EMSA collects, uses and maintains this Registration Information in implementing the Disaster Healthcare Volunteers System. EMSA does not use the Registration Information provided by volunteer registrants to the Site except to the extent described in the Site's Terms of Service. EMSA does not disclose any Registration Information provided by volunteer registrants to the Site except to the extent that such disclosure is required pursuant to a California Public Records Act request (Government Code sections 6250, et seq.) Disclosure of highly sensitive personal information will only be done in accordance with the California Information Practices Act (Civil Code 1798.24), and any other relevant state or federal laws. Additionally, as described above, EMSA may share aggregated statistical "ratings" information about the use of this Site with Web site partners.

Site Privacy Policy Changes

If changes are made to this Privacy Policy, EMSA will post those changes on line so that users will be informed as to what information is collected, how it is used and whether such information is disclosable.

Appendix B: Frequently Asked Questions

What is California Disaster Healthcare Volunteers?
California Disaster Healthcare Volunteers is California's initiative to pre-register, manage, and mobilize healthcare professionals to volunteer and help in responding to all types of disasters. The system is part of a nation-wide effort, the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) to make sure that volunteer healthcare professionals can be quickly identified and their credentials checked so that they can be properly utilized in response to disaster.

Who can register with Disaster Healthcare Volunteers? It says Disaster Healthcare Volunteers. Can I register if I'm not a physician?
The system is currently enrolling over 48 licensed medical professions. Anyone with a valid, unencumbered California clinical license can register.

I am a retired health professional. Can I volunteer?
Yes. As long as you have an active, unencumbered license, you are eligible to volunteer. So, if you have a professional license, whether you are currently working, retired, or not currently employed, you are eligible to volunteer and register with California Disaster Healthcare Volunteers Program.

I do other volunteering….will this interfere with that?
You may certainly volunteer in other ways. The system will ask you about prior commitments that you might have so that this information is understood at the time of deployment. Prior commitments will be considered when deployment decisions are being made.

What is my responsibility to my current employer?
Clearly, you must make necessary arrangements with your employer in order to take the time to volunteer. The system recognizes that your employer may have particular needs, including needs related to the particular disaster, and that you must choose how to respond to those needs. The conditions under which an employee will be released to volunteer in an emergency remain between the employer and the employee. There is no employment protection associated with the Disaster Healthcare Volunteers Program.

How do I register?
Registering is as simple as logging on to the web site and entering the information requested. When you log on to https://www.healthcarevolunteers.ca.gov select **"Register Now."** You should have information about your license and contact information available in order to complete the registration process. You may start and stop the registration process at any time. Simply login to the system using the username and password you have created to complete anything you have not finished.

Do I have to have any special training or expertise to volunteer?
No. The system is open to any licensed healthcare personnel. There will be no requirement for any specific post-enrollment training. (Specific local units, e.g. Medical Reserve Corps Units, may require orientation and training.) When a volunteer is being deployed, operational area commanders or clinical managers in receiving institutions will try to make assignments based on the evidence of competence and/or experience that is in the system.

Can I get training in order to be a more effective volunteer?
All volunteers are encouraged to seek training opportunities that will make them more effective if deployed to an emergency. (See page 25.)

How can I ensure that my particular talents/training/expertise will be utilized?
When you register, you will have the opportunity to enter information about your particular skills, expertise, certifications, etc. At the time of deployment, this information will be considered by those doing the deployment. Efforts will be made to match knowledge, skills, and abilities with needs. You can help ensure the proper match by keeping the information about your own competencies and certifications up to date in the system.

What can I anticipate that I will be asked to do as part of California Disaster Healthcare Volunteers?
Assignments will be made by local Medical Health Operational Area Coordinator (MHOAC) program staff and the clinical managers in receiving facilities. In making those assignments, licensure, training, experience, competencies, and certifications will all be considered. You can expect that you will be asked to perform tasks that are consistent with your level of licensure. However, there might be situations in which you will be asked to assist with activities that are less challenging than your normal work duties. We ask that you perform such activities in the spirit of volunteerism. However, you should not perform duties outside of your normal professional scope of practice.

Are there any specific health concerns—e.g., vaccinations—that are required for me to participate in California Disaster Healthcare Volunteers?
No prior vaccinations are required for volunteers. However, in the event of certain emergencies (e.g., pandemic influenza, bioterrorism), in which a vaccine-preventable infectious agent is involved it is expected that all volunteers will have access to vaccinations prior to being deployed to assist the public.

How will I be notified that my services are required?
When you register you will enter information on the best way to contact you. If a deployment is required, this is the information that the system will use to contact you. Therefore, please be sure that the information you give is accurate and up-to-date. Whenever you have a change to any of that information, please log on and update the information.

How far would I have to travel?
When you register, you will have the opportunity to indicate your willingness to travel. You will be asked if you are willing to volunteer locally, within the state, or even outside the state. These preferences will be considered when deployment decisions are being reached.

Can I specify that I want to volunteer in my own community?
Yes. You can indicate that you are only willing to volunteer in your local area.

How long would I have to be gone?
At registration, you are able to indicate your willingness to serve. You may choose preferences from two weeks or less to more than 4 weeks. Your preferences will be considered when deployment decisions are being reached.

Once I've registered, how should I prepare for deployment? What should I bring with me?
You may receive an e-mail about deployment preparation and, of course, you can always check back on the web site for more up to date information. Please see Appendix C for items to bring with you.

Is there any compensation for participating as a Disaster Healthcare Volunteer?
Volunteers will not be compensated for their service under the California Disaster Healthcare Volunteers Program. Any person registered in the system as an employee of an entity that will respond to emergencies will be compensated according to the arrangement they have with that entity.

Will I be covered for malpractice?
The program does not provide malpractice coverage. All volunteers will be registered as Disaster Service Workers (DSW) as set forth by California law. Under the DSW program, volunteers are given limited immunity from liability. (Registration on the DHV system does not confer Disaster Service Worker Volunteer status. That requires a separate process.)

What happens if I am injured while volunteering?
Volunteers will be registered as Disaster Service Workers. As such, they are eligible for Workers' Compensation benefits as provided for by the State Legislature for injuries incurred while volunteering in an emergency or approved training.

How much personal information do I have to share with California Disaster Healthcare Volunteers?
The system does not ask for much personal information. You will be asked for your clinical license number and your contact information. You will also be asked some general questions about your health status in order to determine if there is any limitation to your ability to be deployed.

How safe is the information I share with California Disaster Healthcare Volunteers?
The information that is collected as part of enrollment and registration is stored on a highly secured system and will only be accessible to officials for use in responding to emergency or for contacting you for trainings. None of your personal information collected will be given, sold, or otherwise shared with any third party.

Who will have access to the information in the system?
Only officials involved in the maintenance of the system or the deployment of volunteers will have access to the information in the system. The information will not be sold, shared, or otherwise made available to other parties.

How often should I update my information?
It is requested that you update your information any time there is a change. Also, it is recommended that you check on the information and update as needed every 6 months.

What other issues should I consider?
Consider having a personal family disaster plan in place. Personal medical conditions may need to be evaluated. Consider the safety and well-being of your family if you respond. Emergency response can be physically and emotionally difficult.

Volunteers debriefing at EMSA's Golden Guardian Field Exercise

Appendix C: Suggested Items to Bring if Deployed

This Packing List is a general example of things volunteers may need for a short-term deployment. Items may be added or deleted based on the specific requirements of the mission, and adapted to special environmental considerations, weather at the disaster area and personal needs.
Remember: Pack smart, as you will need to carry your own gear.

Identification/Credentials
❑ Photo ID (Gov't-issued such as a driver license.)
❑ Clinical License/Certificate

Clothing
❑ Clinic appropriate clothing (shirts/slacks or scrubs)
❑ Shorts (with pockets if possible)
❑ T-shirts / Underwear/socks (pack sturdy socks)
❑ Long pants
❑ Sweatshirt/Sweater
❑ Light rain jacket/gear
❑ Warm coat/jacket
❑ Functional shoes (comfortable/protective) e.g. tennis shoes, hiking boots
❑ Hat w/ a brim (consider a stocking cap for cold weather
❑ Pajamas
❑ Shower shoes (flip-flops, river shoes, etc.)

Hygiene items
❑ Shampoo/Soap
❑ Tooth brush/Toothpaste
❑ Hand sanitizer
❑ Contact lens solution/case with extra lenses
❑ Laundry powder/camp soap

Equipment
❑ Exam kit (stethoscope, thermometer, tongue blades, otoscope, BP cuff, gloves), if indicated
❑ Watch
❑ Travel alarm
❑ Penlight
❑ Quality ear plugs/eye covers
❑ Towel/washcloth
❑ Fanny Pack/Small backpack

Sleeping Gear (may not be needed)
❑ Sleeping bag/blankets/bed linens/pillow, if indicated
❑ Air mattress (self- inflating preferred), if indicated

Food/Water
❑ Snacks (such as power bars, granola bars, trail mix)
❑ Water bottle

Personal Medications
❑ Personal medications (prescriptions, NSAIDS, vitamins, etc.)
Volunteers with legally prescribed medications should plan to bring an adequate supply of those medications as they may not have access to a pharmacy during their deployment.

Miscellaneous
❑ Cell phone and charger
❑ Leatherman or other multipurpose tool
❑ Insect repellent
❑ Sunglasses in cases
❑ Eyeglasses
❑ Cash for food and incidentals and one ATM/credit card
❑ Small flashlight or headlight with extra batteries if needed
❑ Work gloves
❑ Lock and cable to secure your personal belongings (pack your items in a bag that can accommodate a lock and cable – camping and travel stores sell such lock/cable devices for travelers)

Optional
❑ Reading material/playing cards
❑ MP3 player
❑ Envelopes/stamps
❑ Sunscreen
❑ Foot powder or spray
❑ Small Ziploc bags
❑ Pens/paper
❑ Personal journal

Please be aware: Firearms of any sort are strictly prohibited

Appendix D: SAMHSA Disaster Behavioral Health Information Series

Substance Abuse and Mental Health Services Administration (SAMSHA) provides various mechanisms for those in the disaster behavioral health field to obtain useful information. This resource guide targets specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response. It provides examples of the current resources and examples specific to the MRC at http://www.samhsa.gov/dtac/dbhis/.

- **SAMHSA Disaster Behavioral Health Information Series (DBHIS)**
  The SAMHSA DBHIS contains themed installments of resources and toolkits in disaster behavioral health. Each installment focuses on a specific population, disaster type, or other topic pertinent to disaster behavioral health preparedness, response, and recovery. To view the DBHIS installments, please visit www.samhsa.gov/dtac/dbhis.

- *The Dialogue*
  The Dialogue is SAMHSA DTAC's quarterly electronic newsletter that provides practical and down-to-earth information for disaster behavioral health coordinators, local service providers, Federal agencies, and nongovernmental organizations. *The Dialogue* is distributed via SAMHSA's email updates, which can provide you with the latest news about grants, publications, campaigns, programs, statistics, and data reports. To view *The Dialogue* issues, please visit www.samhsa.gov/dtac/dialogue.

To receive *The Dialogue*, please go to SAMHSA's homepage (www.samhsa.gov), enter your email address in the "Mailing List" box on the right, and select the box for "SAMHSA's Disaster Technical Assistance newsletter, The Dialogue." To volunteer to author an article for an upcoming issue, please contact SAMHSA DTAC by emailing DTAC@samhsa.hhs.gov or calling 1-800-308-3515.

- **SAMHSA** *DTAC Bulletin*
  The SAMHSA *DTAC Bulletin* is a monthly e-communication that is used to share updates in the field, post upcoming activities, and highlight new resources. If you would like to contribute an item for an upcoming issue, please contact SAMHSA DTAC. If you would like to subscribe to the *DTAC Bulletin*, please submit your contact information.

- **New* SAMHSA DTAC Supplemental Research Bulletin*
  SAMHSA DTAC is pleased to introduce the *Supplemental DTAC Research Bulletin*, which will be published biannually. The purpose of the *Research Bulletin* is to provide practitioners, planners, and other responders a summary of the most recently published research and literature reviews. Each of the *Supplemental Research Bulletins* will highlight a number of chosen articles related to a specific topic of interest. To view the archived issues, please visit *SAMHSA DTAC Supplemental Research Bulletins* Archive.

- **SAMHSA DTAC Discussion Board**
  The SAMHSA DTAC Discussion Board is an online discussion forum for disaster behavioral health stakeholders. Become a member of this community by visiting dtac-discussion.samhsa.gov/register.aspx and completing the brief registration process. Within 2

business days, you will receive your login and password via email with further instructions on how to access the site.

- **SAMHSA Disaster Kit**
  The SAMHSA Disaster Kit contains SAMHSA disaster behavioral health publications for professionals and the general public. Materials may be used to support immediate disaster behavioral health response efforts. Please see the Crisis Counseling Assistance and Training Program (CCP) Application Toolkit for guidance on applying for a CCP.

If you would like to receive a SAMHSA Disaster Kit please visit the [SAMHSA store](#) to download the files or contact SAMHSA DTAC:
Toll-Free: 1-800-308-3515
Email: [DTAC@samhsa.hhs.gov](#)
Online: [Contact SAMHSA DTAC](#)

Appendix E: Modified HICS Form 253 – Volunteer Staff Registration

Volunteers should be aware of the importance of signing in and signing out at the beginning and end of each shift and at the beginning and end of their deployment. The below form is a modified sample of a HICS Form 253 for an example. The staff registration forms may vary at each location but it will always be important to register in and out so the locations of all deployed personnel are accounted for.

Sample of HICS 253

1 Incident Name				2 Operational Period (#) Date: From: _____ To: _____ Time: From: _____ To: _____				
3 Registration Information								
NAME (LAST NAME, FIRST NAME)	CERTIFICATION/ LICENSE AND NUMBER	ID NUMBER (DRIVERS LICENSE OR SSN)	ADDRESS CITY, STATE, ZIP	TELEPHONE NUMBER	BADGE ISSUED	BADGE RETURNED	TOTAL HOURS	SIGNATURE

1.   PREPARED BY   PRINT NAME: _____   SIGNATURE: _____

         DATE/TIME: _____   FACILITY: _____

FACILITY: To document volunteer sign-in for each Operational Period.
Origination: Labor Pool and Credentialing Unit Leader.   HICS 253 { Page _____ of _____
Copies to: Time Unit Leader, Personnel Tracking Manager, and Documentation Unit Leader.

Appendix F: Healthcare Occupations

The licenses and certifications of the healthcare occupations listed below are verified daily by the DHV System

- ✓ Acupuncturists
- ✓ Audiologists and Audiology Aides
- ✓ Certified Nurse Assistants
- ✓ Chiropractors
- ✓ Clinical Laboratory Scientists
- ✓ Medical Laboratory Technologists
- ✓ Clinical Nurse Specialists
- ✓ Cytotechnologists
- ✓ Dentists
- ✓ Diagnostic Radiologic Technologists
- ✓ EMT-Is and EMT-Paramedics
- ✓ Hemodialysis Technicians
- ✓ Home Health Aides
- ✓ Licensed Clinical Social Workers
- ✓ Licensed Midwives
- ✓ Licensed Vocational Nurses
- ✓ Marriage and Family Therapists
- ✓ Nuclear Medicine Technologists
- ✓ Nurse Anesthetists
- ✓ Nurse Midwives
- ✓ Nurse Midwife Furnishers
- ✓ Nurse Midwife Practitioner Furnishers
- ✓ Nurse Practitioners
- ✓ Occupational Therapists
- ✓ Occupational Therapy Assistants
- ✓ Optometrists
- ✓ Osteopathic Physicians and Surgeons
- ✓ Pharmacists
- ✓ Pharmacy Technicians
- ✓ Phlebotomists
- ✓ Physical Therapists
- ✓ Physical Therapist Assistants
- ✓ Physicians and Surgeons
- ✓ Physician Assistants
- ✓ Podiatrists
- ✓ Psychiatric Metal Health Nurses
- ✓ Psychiatric Technicians
- ✓ Psychologists
- ✓ Public Health Microbiologists
- ✓ Public Health Nurses
- ✓ Registered Associate Social Workers
- ✓ Registered Dental Assistants
- ✓ Registered Dental Hygienists
- ✓ Registered Nurses
- ✓ Registered Veterinary Technicians
- ✓ Respiratory Care Practitioners
- ✓ Speech-Language Pathologists
- ✓ Speech-Language Pathology Aides
- ✓ Veterinarians

Appendix G: Medical Reserve Corps Units in California

List of Medical Reserve Corps Units in California   December, 2013

Note: In the on-line version of this document you can hit the "Control" key on your computer and click the cursor on one of the "Unit Names" listed below and you will navigate to web information about that MRC Program.

County	City	MRC Unit Name
ALAMEDA	FREMONT	Fremont Medical Reserve Corps
ALAMEDA	OAKLAND	Oakland Medical Reserve Corps
CONTRA COSTA	MARTINEZ	Contra Costa County Medical Reserve Corps
CONTRA COSTA	PITTSBURG	Northern California Veterinary MRC
El DORADO	PLACERVILLE	El Dorado County Medical Reserve Corps
FRESNO	FRESNO	Fresno Medical Reserve Corps
IMPERIAL	EL CENTRO	Imperial County Medical Reserve Corps
KERN	BAKERSFIELD	Kern County Medical Reserve Corps
LAKE	LAKEPORT	Lake County Medical Reserve Corps
LOS ANGELES	LOS ANGELES	MRC Los Angeles
LOS ANGELES	LONG BEACH	Long Beach MRC
LOS ANGELES	REDONDO BEACH	Beach Cities Health District
MARIN	SAN RAFAEL	Marin Medical Reserve Corps
MERCED	MERCED	Merced County Medical Reserve Corps
MONTEREY	MONTEREY	Monterey County Medical Reserve Corps
NAPA	NAPA	Napa County Medical Reserve Corps
ORANGE	SANTA ANA	Orange County Medical Reserve Corps
RIVERSIDE	RIVERSIDE	Riverside County MRC
SACRAMENTO	MCCLELLAN	Sacramento Medical Reserve Corps
SACRAMENTO	SACRAMENTO	California Veterinary Medical Reserve Corps
SAN BERNARDINO	RIVERSIDE	San Bernardino County Sheriff's Medical Reserve Corps
SAN DIEGO	SAN DIEGO	San Diego County
SAN DIEGO	VALLEY CENTER	Rural Emergency Alliance Medical Reserve Corps
SAN FRANCISCO	SAN FRANCISCO	San Francisco Fire Department Civilian Volunteer MRC
SAN JOAQUIN	STOCKTON	City of Stockton MRC
SAN LUIS OBISPO	SAN LUIS OBISPO	San Luis Obispo County MRC
SAN MATEO	HALF MOON BAY	San Mateo Coastside Medical Reserve Corps
SAN MATEO	MENLO PARK	Menlo Atherton Medical Reserve Corps
SAN MATEO	WOODSIDE	Woodside Medical Reserve Corps
SANTA BARBARA	SANTA BARBARA	Santa Barbara County Medical Reserve Corps
SANTA CLARA	CUPERTINO	City of Cupertino
SANTA CLARA	SAN JOSE	County of Santa Clara - Medical Volunteers for Disaster Response (MVDR)
SANTA CLARA	SARATOGA	Saratoga Medical Reserve Corps
SANTA CRUZ	SANTA CRUZ	Santa Cruz County Medical Reserve Corps of California
SOLANO	BENICIA	Benicia Medical Reserve Corps
SOLANO	FAIRFIELD	Healthcare Emergency Auxiliary Response Team
SONOMA	SANTA ROSA	Sonoma County Medical Reserve Corps

County	City	MRC Unit Name
SONOMA	SANTA ROSA	California Tribal Nations - MRC
STANISLAUS	MODESTO	Stanislaus County Medical Reserve Corps
TULARE	VISALIA	Porterville Medical Reserve Corps
TULARE	VISALIA	Tulare Medical Reserve Corps
TULARE	VISALIA	Visalia Medical Reserve Corps
VENTURA	OXNARD	Ventura County Medical Reserve Corps
YOLO	DAVIS	UC Davis Veterinary Emergency Response Team MRC

Appendix H: Glossary

ACLS	Advanced Cardiac Life Support
ACS	Alternate Care Site
ADA	Americans with Disability Act
Cal OES	The California Governor's Office of Emergency Services
CDMRP	California Disaster Medical Response Plan
CDPH	California Department of Public Health
CPR	Cardiopulmonary Resuscitation
DHV	Disaster Healthcare Volunteers
DO	Duty Officer
DOC	Department Operations Center
DOM	Deployment Operations Manual
DSW	Disaster Service Worker
DSWVP	Disaster Service Worker Volunteer Program
ECL	Emergency Credential Level
EMAC	Emergency Mutual Assistance Compact
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	California Public Health and Medical Emergency Operations Manual
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
HICS	Hospital Incident Command System
ICS	Incident Command System
MHCC	Medical Health Coordination Center
MHOAC	Medical Health Operational Area Coordinator
MMAA	Master Mutual Aid Agreement
MRC	Medical Reserve Corps
MRE	Meal, Ready to Eat
MST	Mission Support Team
NIMS	National Incident Management System
OA	Operational Area
PALS	Pediatric Advanced Life Support
PPE	Personal Protective Equipment
RDMHC/S	Regional Disaster Medical Health Coordinator/Specialist
RIMS	Response Information Management System
SCIF	State Compensation Insurance Fund
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SNF	Skilled Nursing Facility
SUV	Spontaneous Unaffiliated Volunteer
VHP	Volunteer Healthcare Professional

Appendix I: Terms of Service

Registration

By registering on the California Emergency Medical Services Authority's (EMSA) Disaster Healthcare Volunteers Site for health professional volunteers, I agree to be considered for service as a volunteer health professional during a duly declared emergency or disaster. As part of the registration process, I agree to voluntarily provide personal information that will be collected, used and maintained by EMSA in implementing the Disaster Healthcare Volunteers System.

Consent to Use and Disclosure of Personal Information

I understand that the information I provide will be used by EMSA to determine the status of my credential(s), including confirming that my license is current, valid, and free of any restrictions. By registering and agreeing to these Terms of Service, I agree to have the status of my credential(s) verified by federal or California licensing/credentialing authorities. I also understand that the information I provide will be used by EMSA to assign me an emergency credentialing level in accord with applicable emergency credentialing standards. I understand that the assignment of an emergency credentialing level neither designates clinical privileges nor authorizes me to provide health services without proper authorization and supervision. I further understand that, during an emergency or disaster, the information I provide will be used by authorized Disaster Healthcare Volunteers Site administrators and local (county) emergency/disaster managers to assign me to activities for which I am adequately credentialed and by on-site emergency/disaster operational area officials to identify me once I am deployed to the emergency/disaster locale.

I understand that if I am a member of a Medical Reserve Corp, the information I provide may be used by the MRC for assignment and deployment purposes. I understand that, if I agree to deploy to a specific emergency/disaster, the information I provide to this Site will be forwarded to operational area officials, and that EMSA can provide no assurances regarding the security and privacy of that information once forwarded to the emergency/disaster operational area. I also acknowledge that the information I submit may be subject to disclosure pursuant to a request under the California Public Records Act (Government Code sections 6250, et seq.) or legal process, such as a court order or subpoena. Disclosure of highly sensitive personal information will only be done in accordance with the California Information Practices Act (Civil Code 1798.24), and any other relevant state or federal laws. I hereby voluntarily consent to the collection, use, and maintenance of my personal information as described herein.

Health Professional Volunteer Selection Process

I understand that the process of being selected for service as a professional health volunteer for a specific emergency/disaster is a process in which the information I enter at this Site will be evaluated to match mission requirements. I understand that, if selected, I will be contacted by Disaster Healthcare Volunteers Site administrators and/or local (county) emergency/disaster managers, and I will then be given the choice of whether or not I wish to volunteer my services for that specific emergency/disaster. I understand that if I volunteer for service for a specific emergency/disaster, my personal information will be forwarded to the requesting agency in the emergency/disaster operational area. I understand and agree that registering at this Site provides no guarantee or assurance that I will be requested for a specific mission or emergency/disaster deployment. Similarly, I understand and agree that registering at this Site in no way obligates me to participate or deploy for a specific emergency/disaster and that I may decline to participate or deploy for whatever reason I choose.

Statement of Physical and Mental Competence and Assumption of the Risk

I acknowledge that by registering at this Site I am representing that I am of sound physical and mental capacity, and capable of performing in an emergency/disaster setting. I acknowledge that emergency/disaster settings can pose significant psychological and physical hardships and risks to those volunteering their services and that emergency/disaster settings often lack the normal amenities of daily life and accommodations for persons with disabilities. In agreeing to volunteer my services, I agree to accept such conditions and risks voluntarily.

Consent to Volunteer Service and Acceptance of Liability

By registering at this Site, I agree to participate as a volunteer, without compensation or payment for my services. I agree to hold EMSA and the State of California and any of its entities or subdivisions harmless from any claims of civil liability, including but not limited to claims of malpractice or negligence, injury, or death.

## Agreement to Non-Commercial Use of Site

By registering and using this site, I am accepting the current Terms of Service. I understand that this registration site is a non-commercial venue which will assist in emergency response services. I agree to not copy, sell, or exploit any portion of this Site for any commercial purpose.

Pledge to Provide Accurate Information

By registering and agreeing to these Terms of Service, I agree that the information I provide and the representations I make at this Site will be truthful, complete, accurate, and free of any attempt to mislead. I understand that I may return to this Site and modify my personal information at any time, and I agree to keep such information updated and current. I agree to protect the confidentiality of the password I have chosen that provides access to my information on this Site, and I agree to abide by all security provisions of this Site.

Volunteers above are practicing patient triage during an exercise
in the Oakland Coliseum

Appendix J

Distribution of Disaster Healthcare Volunteers

20,171 DHV Members
8,169 MRC Members
44 MRC Units
223 System Administrators

Revised December 2013
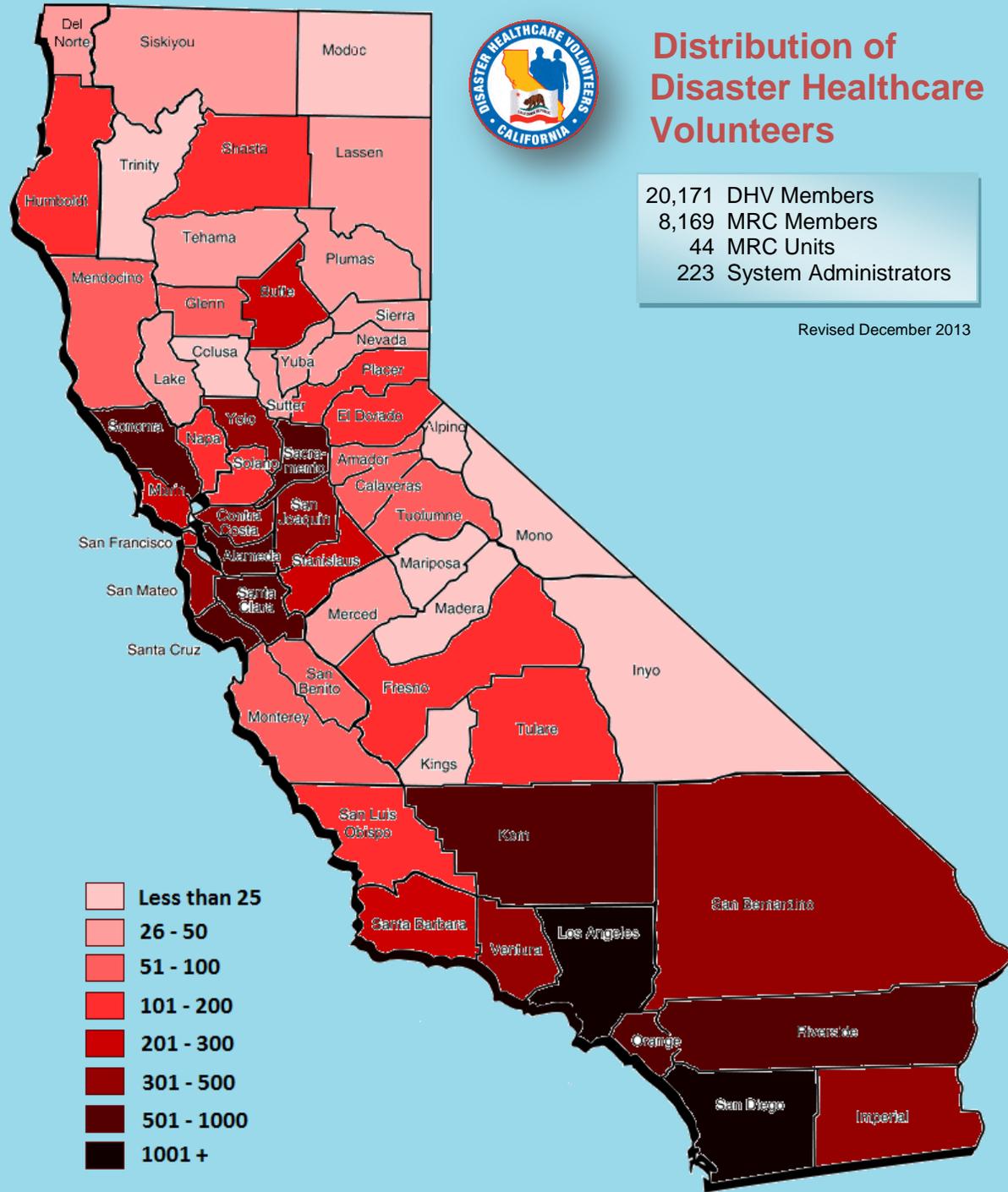
Legend:
- Less than 25
- 26 - 50
- 51 - 100
- 101 - 200
- 201 - 300
- 301 - 500
- 501 - 1000
- 1001 +
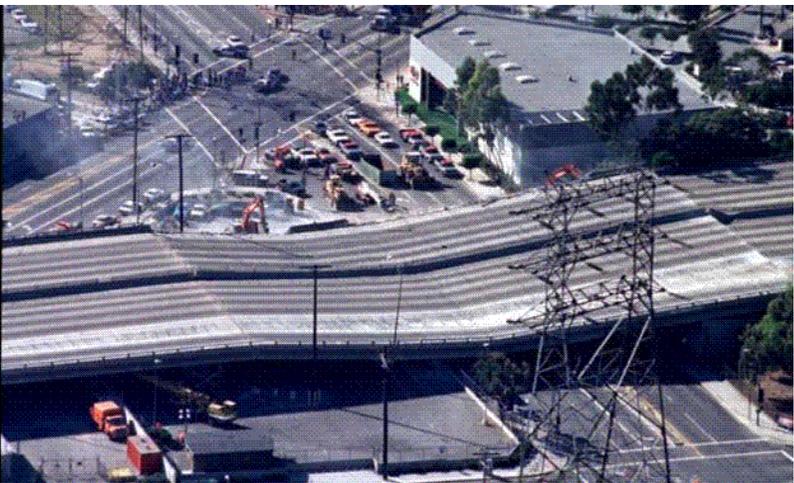
DHV

Californians recognize the reality that our state is confronted with the potential to experience wildfires, floods, earthquakes, terrorist attacks and other disasters.

Healthcare professionals constantly plan, train and prepare for disasters because these incidents can result in a large surge in the need for medical and healthcare personnel.

By registering in the DHV System, volunteer healthcare professionals are taking the first step toward being able to serve in a disaster response effort. Preregistration enables EMSA to immediately verify all professional licenses and credentials, communicate quickly with all registrants to determine availabilty and to quickly deploy qualified volunteers to the specific sites needing assistance.

Over 20,000 healthcare professionals are already registered in the DHV System and this is a positive reflection on healthcare professionals in California.

Disaster Healthcare Volunteers

Appendix K: How to Reach Us

US Mail:

California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Telephone:

Office: 916-322-4336
Fax: 916-323-4898

Email: dhv@emsa.ca.gov

Websites:

The EMSA website is: www.emsa.ca.gov
The Disaster Healthcare Volunteers website is: www.healthcarevolunteers.ca.gov

Join the Team … Volunteer!

California Emergency Medical Services Authority