



New Mexico Department of Health



Volunteer Management Plan

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ACRONYMS

ASPR	Assistant Secretary for Preparedness and Response
BHEM	Bureau of Health Emergency Management
CDC	Centers for Disease Control
DHSEM	Department of Homeland Security & Emergency Management
DMAT	Disaster Medical Assistance Team
DMAT-AO	Disaster Medical Assistance Team Administrative Officer
DOC	Department Operations Center
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EOC-R	Emergency Operations Center-Representative
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
HIPAA	Health Insurance Portability and Accountability Act
HHS	Health and Human Services
HRSA	Health Resources and Services Administration
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
ICS	Incident Command System
IMAA	Intrastate Mutual Aid Act
MRC	Medical Reserve Corps
NIMS	National Incident Management System
NMDOH	New Mexico Department of Health
NMVOAD	New Mexico Volunteer Organizations Active in Disaster
NRL	NM MRC Serves Registry Liaison
PAHPA	Pandemic and All Hazards Preparedness Act
SOP	Standard Operating Procedure
UC	Unified Command

EXECUTIVE SUMMARY

Recent natural and man-made catastrophic events have demonstrated the need for volunteer healthcare professionals and lay volunteers to supplement and enhance response and recovery capabilities during and after such events. Additionally, the potential for widespread consequences from these events often cross jurisdictional lines. As a result, public health preparedness initiatives that include pre-credentialed and pre-trained volunteers have been developed to address local, regional, multi-state and federal collaboration.

Congress passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to facilitate the effective use of volunteer health professionals during public health emergencies. Section 107 of the Act directs the Health and Human Services Secretary to “establish and maintain a system for the advance registration of health professionals for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of such professionals when, during public health emergencies, the professionals volunteer to provide health services. The Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (HHS) was delegated the responsibility for assisting each state in establishing a standardized state-wide registry of volunteer health professionals which would include readily available, verifiable, up-to-date information including identity, licensing, credentialing, accreditation, and privileging in hospitals or other facilities. As a result, the Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) was implemented. In 2006, the Pandemic and All Hazards Preparedness Act (PAHPA) transferred the responsibility for ESAR- VHP to the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Implementation of an ESAR-VHP program became a required ASPR Level One Sub-capability during the 2007 grant funding year. Compliance requirements for ESAR-VHP were included in the Centers for Disease Control (CDC) Program Announcement for the 2008 grant funding year. Eligibility for grant funds required participation in the ESAR-VHP program. As a recipient of federal funding from both CDC and ASPR, the New Mexico Department of Health (NMDOH), Bureau of Health Emergency Management (BHEM), implemented *NMserves* as the statewide ESAR-VHP compliant volunteer registry for the State of New Mexico.

In 2002, President George W. Bush's State of the Union address launched the Medical Reserve Corps as a demonstration project. The Medical Reserve Corps (MRC) is a national initiative of the Department of Health and Human Services, is housed in the Office of the U.S. Surgeon General, and is a Citizen Corps program. The MRC is a national network of local groups of volunteers committed to improving the health, safety, and resiliency of their communities. The MRC organizes teams of medical and other volunteers to support public health activities in preparing for, responding to, and recovering from public health emergencies. While this is a community-based program focused on local needs, they are also a critical resource for regional, multi-state and federal collaboration. . In 2003, the Albuquerque/University of New Mexico (UNM) MRC Unit became the first in New Mexico. Since then, the MRC has grown dramatically, with 13 units across the State.

In 2011, the New Mexico Medical Reserve Corps and NMServes announced that both organizations integrated and formed a united organization known as NM MRC Serves, the sole registration and volunteer management system for health emergency response in New Mexico. This system is used by each Medical Reserve Corps unit statewide. The Medical Reserve Corps units have become the standard program for utilizing volunteers. NMServes (ESAR-VHP) and MRC integration to NM MRC Serves, develops a unified and systematic approach for local, state, and federal coordination of volunteer health professionals, in support of existing resources, to improve the health, safety and resilience of local communities, states and the nation in public health and medical emergency responses.

1. PURPOSE

The purpose of the NM MRC Serves Policies and Procedures is to define administration of the NM MRC Serves registry, including the functions and roles of its administrators and users. The content of this Manual outlines NM MRC Serves mission and associated goals, objectives and procedures to be followed for the enrollment and deployment of health professionals and lay volunteers in the registry.

2. MISSION STATEMENT

Mission of NM MRC Serves is:

“To augment local community health and medical services during a disaster, public health emergency or community public health event with pre-identified, trained and credentialed volunteers.”

3. TABLE OF AUTHORITIES AND POLICIES

Various state and federal laws and regulations, as well as policies have been relied upon in formulating the New Mexico Department of Health NM MRC Serves Policy and Procedures Manual. The legal authorities and policies listed below provide the foundation for a comprehensive approach to administering the NM MRC Serves registry to provide for the availability of volunteers to serve within or outside the State of New Mexico during a public health emergency or other disaster or event. There may be other applicable authorities and policies not included in the listing below.

The NM MRC Serves Policy and Procedures Manual does not alter the applicability of existing laws or regulations of federal, state, local or tribal governments. Rather, the Manual serves only to coordinate the goals and objectives, as well as the structures, processes, protocols and responsibilities of NM MRC Serves, while incorporating these governmental laws, regulations and policies. As such, the Manual provides a collective interoperability framework for volunteer health professionals and lay volunteers in an effort to enhance response and recovery capabilities during and after such natural or man-made catastrophic events.

Federal Authorities:

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, 42 U.S.C. §§ 5121-5207
- The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (P.L. 107-188), Sec. 107. Emergency System for Advance Registration of Health Professions Volunteers
- The Public Health Service Act, as amended, 42 U.S.C. § 247d-7b, Emergency

System for Advance Registration of Health Professions Volunteers

- Volunteer Protection Act of 1997, Public Law 105-19, as amended, 42 U.S.C. § 14501, *et seq.*

State of New Mexico Authorities:

- Department of Health Act, § 9-7-1, *et seq.*, NMSA 1978
- Public Health Act, § 24-1-1, *et seq.*, NMSA 1978
- Emergency Medical Services Act, § 24-10B-1, *et seq.*, NMSA 1978
- State of New Mexico All Hazards Emergency Operations Plan, July 1977, as amended, and the State of New Mexico Department of Health, Bureau of Health
- Emergency Management, Annex 2, Appendix 1: Health Professional Volunteer, June 2008
- Emergency Licensing Act, § 12-10-10.1, *et seq.*, NMSA 1978
- Intrastate Mutual Aid Act, § 12-10B-1, *et seq.*, NMSA 1978
- Public Health Emergency Response Act, § 12-10A-1, *et seq.*, NMSA 1978
- Volunteer Emergency Responder Job Protection Act, § 12-10C-1, *et seq.*, NMSA 1978
- Good Samaritan Law, §§ 24-10-3 and 24-10-4, NMSA 1978
- Tort Claims Act, § 41-4-1, *et seq.*, NMSA 1978
- Workers' Compensation Act, § 52-1, *et seq.* NMSA 1978
- Uniform Emergency Volunteer Health Practitioners Act, § 12A-1, *et seq.*, NMSA 1978

Relevant Federal and State Policies:

- The U.S. Department of Homeland Security, National Response Goal and Homeland Security Presidential Directive (HSPD) 5, providing that preparedness activities must be dedicated to the creation of capability in four mission areas: prevention, protection, response, and recovery.
- The U.S. Department of Homeland Security, National Response Goal and Homeland Security Presidential Directive (HSPD) 21, Public Health and Medical Preparedness, providing a strategy to transform our national approach to protecting the health of the American people against all disasters.
- In accordance with the U.S. Department of Homeland Security, National Response Goal and Homeland Security Presidential Directives (HSPD) 5, 7 and 8, providing that the Incident Command System (ICS) is the management system that will be used in order to coordinate emergency response in accordance with the National Incident Management System (NIMS). Although a single Incident Commander handles the command function for some emergencies, an Incident Command System (ICS) organization may be expanded to include a Unified Command.
- Unified Command (UC) is a structure that brings together the Incident Commanders of all major organizations with particular response functions in order to coordinate an effective response, while at the same time maintain their distinct organizational responsibilities. The UC links the organizations responding to the incident and provides a forum for these entities to make consensus decisions. Under the UC, the various jurisdictions and/or agencies and non-government responders may blend together throughout the operation to create an

integrated response team. It is highly likely that the response to a pandemic influenza or other public health emergency will require response through a Unified Command Structure. The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), policy that preparedness activities must be dedicated to creating urgent public health system response capacity for terrorism and non- terrorism events. CDC preparedness goals are: prevention, detect/report, investigate, control, recover, and improve.

- Prevention, protection, response, and recovery planning must be coordinated at the state level in accordance with the New Mexico All Hazards Emergency Operations Plan. Planning must also be coordinated with local and tribal governments' Emergency Operations Plans.

4. GOALS AND OBJECTIVES

The NM MRC Serves registry goals are to:

- Ensure an adequate and competent volunteer force of healthcare professionals and lay volunteers
- Enable efficient and effective public health emergency operations
- Allow sharing of healthcare professionals and lay volunteers across state lines
- Provide guidance on the legal protections that are available to volunteer healthcare professionals and lay volunteers who serve through the registry
- Establish clear protections for health professionals and lay volunteers

The ESAR-VHP program is guided by five fundamental objectives to ensure the proper development and operation of each ESAR-VHP system. These objectives are:

1. Recruit and register medical and non-medical volunteers;
2. Apply ESAR-VHP emergency credentialing standards to registered volunteers;
3. Allow for the verification of the identity, credentials and qualifications of registered volunteers prior to an emergency or disaster;
4. Automatically notify and confirm the availability of registered healthcare professionals and lay volunteers at the beginning of an emergency/disaster event; and
5. Provide deployment information to available volunteers and track/document their service from deployment through demobilization.

This Manual provides the processes and protocols to address these fundamental goals and objectives. Additionally, it outlines roles and responsibilities for NM MRC Serves registry staff to implement public health preparedness initiatives and for volunteers to better prepare themselves and their families in the event of deployment.

5. COMMITTEES

5.1 NM MRC Serves Advisory Committee

The purpose of this committee is to provide input for the NM MRC Serves volunteer registry, recruitment and retention strategies, and to assist with the development of the NM MRC Serves Policies and Procedures Manual.

6. TARGET AUDIENCE

The NM MRC Serves target audience will include at a minimum, the following health care professionals as identified in the *ESAR-VHP Interim Technical and Policy Guidelines, Standards, and Definitions, April 2010*. This audience may be expanded to include

additional professions identified by ESAR-VHP. See NM MRC Serves Recruitment and Retention Plan, Annex 1.

6.1 Licensed Healthcare Professionals

The U.S. Department of Health and Human Services (HHS) Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program has identified the following priority professions to be included in the registry.

Health Diagnosing and Treating Professions

Advanced Practice Registered Nurse	Clinical Social Worker
Dentist	Marriage and Family Therapist
Mental Health Counselor	Pharmacist
Physician	Physician Assistant
Psychologist	Registered Nurse
Midwives	Respiratory Therapist and Veterinarian.

Health Technologists and Technicians

Cardiovascular Technologist and Technician	Diagnostic Medical Sonographer
Emergency Medical Technician and Paramedic	Licensed Practical Nurse and Licensed Vocational Nurse
Medical and Clinical Laboratory Technician	Medical and Clinical Laboratory Technologist
Medical Records and Health Information Technician	Radiologic Technologist and Technician.

6.2 Lay Volunteers

In addition to licensed health care volunteers, NM MRC Serves will also register volunteers with various skills and experience. Volunteers could be called upon to help staff mass immunization centers, participate in emergency preparedness/response/recovery exercises, assist at community health fairs, support sheltering operations and provide many other services that are critical to a quick and effective response during emergencies and disasters. If a decision is made to request a volunteer's service, the individual will be contacted using the information in the NM MRC Serves registry. If a volunteer agrees to deploy, that volunteer's information will be forwarded to the requesting agency.

Lay volunteers from the following occupational groups are encouraged to register with NM MRC Serves database:

Administration/Management	Agriculture
Armed Forces/Military	Automotive
Aviation	Banking/Finance
Communications (Amateur Radio)	Construction

Education/Kindergarten – High School	Education/College or University
Entertainment	Facility Support or Management
Fire Fighter	Government Services
Healthcare Administration/Support	Hotel/Guest Services
Interpretive Services (American sign language, etc.)	Insurance
Law Enforcement	Language Services
Manufacturing	Mortuary Services
News	Media/Advertising/Public Relations
Non-profit	Pharmaceuticals
Publication	Restaurant/Catering
Retired (please list former occupation)	Sales – Retail
Sales – Wholesale	Science (life)
Science (earth)	Science (physics)
Student	Transportation (ground, including bus driver, taxi etc.)
Transportation (distribution, including truck driver, etc.)	Warehouse Services/Support

7. STATE EMPLOYEES

State employees will need to obtain leave from work from their respective state government employer in order to provide volunteer services during work hours, sign an acknowledgement of terms and conditions and follow all applicable laws and policies from your government employer and State Personnel Office.

7.1 Junior Medical Reserve Corps Volunteers

Junior Medical Reserve Corps volunteers are allowed to register and volunteer through the ESAR-VHP registry, and are permitted the same TORT protections as our adult volunteers beginning at the age of 14. Applicant and parent must complete and notarize a parental consent form, comply with all requirements of the Bureau of Health Emergency Management (BHEM) concerning the applicant's enrollment and any activities and stay within his/her scope of practice.

8. NM MRC SERVES REGISTRY

NM MRC Serves is the statewide secure and confidential ESAR-VHP compliant volunteer registry for the State of New Mexico. Volunteers are prompted through the on-line application. In order to be credentialed for deployment, they will be asked to enter information regarding their professional license(s) (if applicable), contact information, and other relevant background information. Once registration is complete, the volunteer's professional license/credentials/background information will be validated by NM MRC Serves registry staff. All volunteers registering in NM MRC Serves will go through a background check. ESAR-VHP requires that all credential levels must meet the Inspector General Status and any individual whose name appears on the list of excluded individuals/entities shall be excluded as a volunteer. Volunteer information will only be viewed by authorized NM MRC Serves representatives. The registry is a module of the NM MRC Serves website <http://nmmrcserves.org/>.

The NM MRC Serves website contains relevant NM MRC Serves registry information,

online orientation, electronic volunteer handbook, newsletters, volunteer opportunities, upcoming training, relevant volunteer news articles and a spotlight for outstanding volunteers. This website will include a link to NMTrain, which is the NMDOH learning management system for on-line training opportunities.

9. RECRUITMENT AND RETENTION STRATEGIES

NM MRC Serves will apply a comprehensive approach to the recruitment and retention of its volunteers. It is the goal of NM MRC Serves to engage volunteers who possess the necessary skills and expertise in an effort to enhance the ability of local communities and the State to better prepare for, respond to, and recover from a public health emergencies and disasters. Whenever possible, volunteers should be sorted into local MRC Units. In areas with no local MRC Units, volunteers will be placed into a statewide pool of volunteers. All new volunteers should receive an orientation on both NM MRC Serves and the Medical Reserve Corps. To ensure the NM MRC Serves registry continues to meet the needs of current volunteers in the registry and future volunteers, an annual review of recruitment and retention strategies will be conducted. This review will assess current strategies and validate their success towards meeting registry goals and objectives. Strategies not meeting registry requirements will be reviewed and restructured accordingly to meet overall registry objectives. Annex 1 of this Manual contains a copy of the NM MRC Serves Recruitment and Retention Plan.

10. CREDENTIALING POLICY AND LEVELS

This section describes both the required and recommended ESAR-VHP emergency credentialing standards that are incorporated into the NM MRC Serves registry.

10.1 Overview of Emergency Credentialing Standards

The NM MRC Serves registry maintains the standards established and required by the ESAR- VHP program. Emergency credentialing standards will be updated, revised, and expanded as identified by ESAR-VHP guidance. NM MRC Serves classifies every healthcare and non-healthcare volunteer in accordance with the emergency credentialing standards. The following ESAR-VHP terms and emergency credentialing standards definitions will be referenced in this section:

Credentials are a health volunteer's qualifications. Credentials are used with an ESAR-VHP System to determine a health volunteer's Emergency Credential Level. According to The Joint Commission, credentials are the documented evidence of licensure, education, training experience, or other qualifications.

Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care professional to provide patient care, treatment, and services in or for a health care organization.

Emergency Credentialing Level is a designation assigned to a volunteer registered in NM MRC Serves and based on possessed and verified credentials, as defined by emergency credentialing standards. Each healthcare volunteer being evaluated may be classified into one of four different emergency credentialing levels: Levels 1, 2, 3, and 4. The highest emergency credential level is level 1 indicating that the health volunteer possesses all of the minimum required credentials and that the credentials have been appropriately verified. Lay volunteers with no verifiable healthcare experience or education will be classified in Level 5.

10.2 Classifying Health Volunteers According to the Emergency Credentialing Standards

Emergency credentialing standards establish common personnel resource definitions that assist in the efficient ordering and dispatching of personnel during an incident and to ensure that requesting authorities receive the personnel needed during an emergency or disaster. A limited set of credentials is utilized under the emergency credentialing standards. In addition, NM MRC Serves collects information on the qualifications of volunteers to provide health services in a disaster, such as whether volunteers have the appropriate disaster preparedness training or specialized professional experience. Each volunteer registered in NM MRC Serves will be classified by emergency credentialing level in accordance with emergency credentialing standards.

10.2.1 ESAR-VHP Credential Level 1

Level 1 ensures that an adequate supply of hospital-qualified health professionals is available to work in hospitals in times of an emergency. Hospital-qualified health professionals are distinguished from other health professionals through a rigorous and constant review of credentials and performance. ASPR standards for assignment to Credential Level 1 were developed in consultation with the hospital industry and reflect the level of review hospitals would require before accepting a volunteer into their facility.

Assignment to Level 1 requires confirmation that the volunteer is clinically active in a hospital, either as an employee or by virtue of having hospital privileges. Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meet other occupational specific qualifications identified in the ESAR-VHP Interim Technical and Policy Guidelines, Standards and Definitions: System Development Tools, April, 2010).

10.2.2 ESAR-VHP Credential Level 2

Level 2 ensures the availability of highly qualified individuals who may deliver services in a wide variety of settings such as clinics, nursing homes, and shelters. Typically, these health professionals possess all the credentials and qualifications of a Level 1 health professional except that they are not employed in a hospital nor do they have hospital privileges.

Assignment to Level 2 requires confirmation that the volunteer is clinically active in any setting other than a hospital (e.g., clinic, private practice, nursing home, etc.). Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meet other occupational specific qualifications identified in the ESAR-VHP Interim Technical and Policy Guidelines, Standards and Definitions: System Development Tools (2010).

10.2.3 ESAR-VHP Credential Level 3

Level 3 classifies individuals who meet the basic qualifications necessary to practice in the State in which they are registered.

Assignment to Level 3 requires verification of a volunteer's license, certification, or other State requirement to practice. In situations where the State does not govern a profession, ASPR has identified requirements that are deemed to be usual and customary for

employment in the profession, which must be verified.

10.2.4 ESAR-VHP Credential Level 4

Level 4 classifies individuals who have healthcare experience or education in an area that would be useful in providing basic healthcare not controlled by scope of practice laws and to assist clinicians.

Assignment to Level 4 requires that the volunteer possess verified documentation of healthcare education or experience. This level may include, but is not limited to, healthcare students or retired healthcare professionals who no longer hold a license.

10.2.5 NM MRC Serves Lay Volunteer Credential Level 5

Level 5 classifies individuals who do not have healthcare experience or education that would be useful in providing basic healthcare not controlled by a state's scope of practice laws and to otherwise assist clinicians. However these individuals, known as Lay Volunteers, may possess a wide range of skills and experience that are essential during an event or incident. Lay Volunteers could be called upon to support staff or healthcare related volunteers with the following: mass immunization centers, points of distribution, emergency preparedness/response/recovery exercises, community health fairs, shelter operations; and many other services that are critical to a response during an emergency or disaster.

Assignment to Credential Level 5 is not as stringent as the aforementioned ESAR-VHP credential levels 1-4. Prior to being classified as a Lay Volunteer, a background check (including sex offender) will be conducted. Additional information on available skills, training and willingness to serve will be obtained from such lay volunteers.

10.3 Background Checks

A background check will be conducted on all volunteers who register with the NM MRC Serves website. The NM MRC Serves registry staff utilizes the New Mexico Courts website (www.nmcourts.gov) and other publicly available databases.

Exclusion criteria for acceptance of an applicant to the NM MRC Serves registry include, but are not limited to, conviction of a felony or of a misdemeanor involving abuse, neglect, exploitation or moral turpitude; or if they are listed in the National Sex Offender Public Website (<http://www.nsopw.gov/Core/Conditions.aspx>) .

11. NM MRC SERVES REGISTRANT TERMS AND CONDITIONS

Each individual registering with NM MRC Serves is required to read and accept the Terms and Conditions (<http://nmmrcserves.org/>). By accepting the Terms and Conditions, volunteers agree that they are solely responsible for the information provided on the application. Volunteers agree to provide complete accurate, and non-misleading, information in all areas of the NM MRC Serves website and update such information in order to maintain its accuracy and completeness. At any time, volunteers may update information regarding their information profile on the NM MRC Serves website.

Terms and Conditions requiring review and acceptance by volunteers include:

- Consent to Use and Disclosure of Personal Information
- Health Professional Volunteer Selection Process
- Statement of Physical & Mental Competence & Assumption of Risk

- Agreement to Perform Volunteer Services Without Compensation
- Agreement to Non-Commercial Use of Site
- Pledge to Provide Accurate Information

Copies of the Terms and Conditions are located in Appendix A of this Manual.

Once a volunteer has accepted the Terms and Conditions and completed the Registration Information portion of the volunteer application, a confirmation will be received from NM MRC Serves registry staff. Once this occurs, the volunteer is officially registered in the NM MRC Serves registry and will have a profile. The Profile can be accessed online with the username and password created by the volunteer during the registration process.

12. TRAINING

Ensuring that NM MRC Serves volunteers have the training necessary to perform their assignments is a focus of the registry. *Training* is defined as the formal activities and coursework taken to incrementally develop or enhance a volunteer's ability to provide services in an emergency or disaster. *Competency* is a broad statement detailing a complex, but observable, set of behaviors including components of knowledge, skill, and attitude. *Situational Orientation*, also referred to as "*just in time*," is a subset of training that corresponds to a specific deployment.

12.1. Competency Training

It is assumed that most volunteers will already possess the clinical knowledge and skills derived from their professional education, or experience. The training described in this Section addresses the additional knowledge and skill competencies that may be provided by NM MRC Serves to registered volunteers with respect to emergency response; (i.e., knowledge about incident command or methods to ensure personal safety, etc.)

Three training courses are **required** of volunteers before they can be deployed through NM MRC Serves, including IS-100.b Introduction to the Incident Command System, IS-200.b Single Resources and Initial Action Incidents and IS-700.a National Incident Command System. These courses are available on-line through the Independent Study Program of the FEMA Emergency Management Institute available at (<http://training.fema.gov/IS/crslist.asp>). **Additional courses may be required or recommended by individual MRC Unit Leaders.**

- **IS-100.b Introduction to Incident Command System**

This course introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS) (<http://training.fema.gov/IS/NIMS.asp>)

- **IS-200.b Single Resources and Initial Action Incidents**

The Single Resources and Initial Action Incidents course provides training on and resources for personnel who are likely to assume a supervisory position within the ICS. This course is designed to enable personnel to operate efficiently during an incident or event within the ICS (<http://training.fema.gov/IS/NIMS.asp>).

- **IS-700.a National Incident Management System**

This course introduces NIMS and takes approximately three hours to complete. It explains the purpose, principles, key components and benefits of NIMS. The course also contains "Planning Activity" screens giving you an opportunity to complete some planning tasks during this course. The planning activity screens are printable so that you can use them after you complete the course (<http://training.fema.gov/IS/NIMS.asp>).

The following courses are not required but are highly recommended:

- **OHSA 1910.120 HazMat Awareness Training Equivalent**

IS-5.a An Introduction to Hazardous Materials. This course provides a general introduction to hazardous materials that can serve as a foundation for more specific studies in the future (<http://training.fema.gov/IS/crslist.asp>).

- **Health Insurance Portability and Accountability Act (HIPAA)**

Basic HIPAA. This course provides HIPAA basic, operations, and privacy level training and testing

- **IS-800.b National Response Framework**

The course introduces participants to the concepts and principles of the National Response Framework available at (<http://training.fema.gov/IS/NIMS.asp>).

- **Answering the Call – Health and Medical Emergency Preparedness Response in New Mexico**

Answering the Call is organized into nine online modules which provide information regarding general concepts of emergency preparedness and response, as well as information regarding the specific roles and responsibilities of New Mexico agencies and individuals during a crisis. The information covered in this online curriculum is supplemented by reference materials and websites referenced in the modules. You are encouraged to use this material for continued study and research (nmtrain.org).

Additional classroom and online training opportunities will be posted on the NM MRC Serves website and advertised by email as they become available. While only Independent Study courses IS 100.b, IS 200.b, and IS 700.a are required, it is strongly suggested that volunteers complete additional ICS training available on the FEMA website or through classroom instruction. Wherever possible, free Continuing Education Units (CEU) will be awarded upon the successful completion of training.

13. EXERCISES

NM MRC Serves will participate in all NMDOH or other identified exercises as requested. NM MRC Serves, along with its many partners, will follow the Homeland Security Exercise and Evaluation Program (HSEEP) guidance as required.

NM MRC Serves staff will seek opportunities in which the following capabilities of the registry are tested:

- Upon receipt of a request for volunteers from any source, ability of the NM MRC Serves registry to (1) produce a list of requested volunteers within 2 hours of the request; (2) contact potential volunteers; (3) within 12 hours, respond with an initial list of volunteers available to deploy; and (4) within

24 hours, provide the requestor with a verified list of volunteers for deployment.

- Test capability of NM MRC Serves registry staff to deploy, track and demobilize volunteers.
- Annually test and exercise notification and activation of volunteers.

14. DEPLOYMENT

NM MRC Serves employs generally accepted protocols when gathering deployment information; identifying and disseminating information to volunteers; processing and tracking deployed volunteers; and demobilization of volunteers. Deployment protocols are provided in the Volunteer Deployment Management Plan Standard Operating Guides (SOG) located in Annex 2 of this manual.

15. IDENTIFICATION

Once a volunteer has completed all the requirements for acceptance into the NM MRC Serves registry, they will be issued an NM MRC Serves ID badge that to identify them as an NM MRC Serves volunteer. In addition to the badge, uniform items, such as T-shirts and a deployment “Go Kit”, may also be issued. Volunteers will receive notification when they are eligible to receive these items and arrangements will be made for their delivery. Volunteers are required to wear their issued identification items and ID badge whenever engaging in an NM MRC Serves sponsored event. Loss of these items is to be reported immediately to NM MRC Serves staff. NM MRC Serves volunteers will **NOT** be allowed to participate in sponsored events or at a disaster/emergency site without proper identification.

16. RECORD KEEPING

NM MRC Serves automatically tracks and maintains volunteer records. Reports can be generated for:

- Volunteers by Team
- Volunteers by Event
- Volunteers by Profession
- Volunteers by Distance (Location of Event)
- Volunteer Training
- Volunteer Deployment History

Adhoc reporting is also available to include any of the fields in the volunteer record.

17. LEGAL PROTECTIONS FOR NM MRC SERVES VOLUNTEERS

17.1 Legal Protections

NM MRC Serves volunteers may be entitled to the legal protections afforded by state and/or federal laws and regulations that govern tort liability and workers’ compensation benefits. Tort law refers to whether an individual is liable or responsible to another under civil law (versus criminal law) for personal injury (including death) or property damages caused by the negligent acts or omissions of that individual. State workers’ compensation laws provide benefits to a worker for an injury (or to the legal representative in the event of death) incurred while acting within the scope of that worker’s duties or responsibilities.

Generally, the extent of legal protections available to volunteers who provide services

during an emergency and the entity responsible for providing such protections (i.e., State of New Mexico, another state, federal government) will depend upon the particular circumstances, which may include but are not limited to whether the volunteer: (1) is a licensed health care professional or a lay volunteer; (2) is considered a “public employee,” an “officer, employee or servant,” or “personnel,” of a government entity; (3) is acting on behalf or in the service of a governmental entity in an official capacity performing duties that are requested, required or authorized; (4) is performing services during a “declared emergency” or during emergency preparedness training, drills or exercises prior to a declared emergency; (5) is deployed to another state pursuant to a request for emergency assistance under the Emergency Management Assistance Compact (EMAC); (6) is rendering services for a non-profit organization or a governmental entity; (7) is paid and, if so, how much; (8) is acting within the scope of duties as a volunteer; or (9) commits willful or criminal misconduct, gross negligence or recklessness. A volunteer may not be entitled to legal protections based upon other limitations and/or exceptions that apply.

17.2 Tort Liability

All NM MRC Serves volunteers who are acting on behalf or in the service of a New Mexico governmental entity (i.e., New Mexico Department of Health (NMDOH), New Mexico Department of Homeland Security and Emergency Management (DHSEM), etc.) and performing duties that are requested, required or authorized by such governmental entity, regardless of the time and place of performance (i.e., during a declared emergency or emergency preparedness training, drills or exercises), are entitled to the liability protections of the New Mexico Tort Claims Act (TCA). Health care professionals licensed by New Mexico or otherwise permitted by law to provide health care services are covered under the TCA for liability for damages caused by negligent acts or omissions committed in the performance of duties as a volunteer. NM MRC Serves volunteers who are non-licensed health care professionals or lay volunteers are entitled to immunity from tort liability under the TCA, unless immunity is waived for the specific activities in which they are engaged, in which case they are covered for liability for damages caused by negligent acts or omissions committed in the performance of duties as a volunteer.

17.3 Workers’ Compensation

Although NM MRC Serves volunteers are not employed by the NMDOH, all unpaid licensed health care professionals registered with NM MRC Serves who are deployed by the NMDOH in response to a declared public emergency or public health emergency, or deployed by the NMDOH outside New Mexico in response to a request for emergency assistance under the Emergency Management Assistance Compact (EMAC) are “public employees” of the State of New Mexico and entitled to workers’ compensation benefits under the New Mexico Workers’ Compensation Act (WCA). There is no coverage for injury or death occurring during emergency preparedness training, drills or exercises prior to an emergency.

NM MRC Serves volunteers who are non-licensed health care professionals or lay volunteers are not covered by NM workers’ compensation benefits for injury or death occurring during volunteer services since they are not “public employees” of the State of New Mexico.

17.4 Federal Volunteer Liability Protections

All NM MRC Serves volunteers rendering services for a nonprofit organization or

governmental entity, without compensation (excluding actual expenses) or any other thing of value in lieu of compensation, in excess of \$500 per year, may be immune from tort liability under the Federal Volunteer Protection Act of 1997 (VPA) for “economic damages” only (but not for “non-economic damages, such as pain and suffering, mental anguish, etc.) caused by their negligent acts or omissions if such volunteers (1) were acting within the scope of their responsibilities; (2) were properly licensed, certified or authorized by law for the activities or practice in the state in which the harm occurred; (3) were NOT engaged in willful or criminal misconduct, gross negligence or reckless misconduct, or a flagrant indifference to the rights or safety of the individual harmed; and (4) did not cause harm by the operation of a motor vehicle, vessel, aircraft, or other vehicle for which the state requires the operator to have an operator’s license or to maintain insurance. Other limitations and exceptions may apply to determine whether a volunteer is entitled to liability protection under the VPA.

The following **Table 1** provides a quick reference to the information provided in this Section. The information is not intended as legal advice or to be relied upon in deciding whether to register with NM MRC Serves. An NM MRC Serves registrant should seek personal legal counsel and advice to determine if the legal protections discussed below are applicable to the specific services which the volunteer is willing and/or may be called upon to provide as an NM MRC Serves volunteer. If you have any questions with respect to the information provided, please contact the NM MRC Serves registry staff and they will attempt to assist you.

**TABLE 1
LEGAL PROTECTIONS
FOR NM MRC Serves
VOLUNTEERS**

**Health Care Professionals
Licensed in New Mexico (Credential
Levels 1, 2, and 3)**

Tort Liability Immunity

The New Mexico Tort Claims Act (TCA) provides *professional liability coverage* (i.e., defense and indemnity) if (1) licensed by NM or permitted by law to provide health care services; (2) acting on behalf or in service of a NM governmental entity in any official capacity; (3) with or without compensation; and (4) acting within scope of duties requested, required or authorized to perform without regard to time and place of performance (i.e., during emergency or emergency training, drills or exercises).

No *immunity* from tort liability is afforded to health care providers under the TCA.

Workers' Compensation

Under the New Mexico Workers' Compensation Act (WCA), all unpaid health professionals deployed by NMDOH within the state in response to a declared public emergency or public health emergency or deployed by NMDOH in response to an emergency in another state pursuant to the Emergency Management Assistance Compact (EMAC), are "public employees" of NM entitled to receive NM workers' compensation benefits.

Benefits do not apply to injury or death occurring during emergency preparedness training drills or exercises prior to an emergency.

**Non-Licensed Health Care
Professionals or Lay Volunteers
(Credential Levels 4 and 5)**

Tort Liability/Immunity

New Mexico TCA provides *immunity* from tort liability if (1) acting on behalf or in service of a NM governmental entity in any official capacity; (2) with or without compensation; (3) acting within scope of duties requested, required or authorized to perform without regard to time and place (i.e., during emergency or emergency training, drills or exercises); and (4) there is no waiver of immunity under TCA for activities in which volunteer is engaged (i.e., the operation of motor vehicle, etc.).

If *immunity is waived* under the TCA, liability coverage (i.e., defense and indemnity) is provided.

Workers' Compensation

No NM workers' compensation benefits for NM MRC Serves health care professionals or lay volunteers for injury or death occurring during volunteer services since they are not "public employees" under the WCA.

**All NM MRC Serves
Volunteers
(Credential Levels 1 through 5)**

**Tort
Liability/Immunity**

Federal Volunteer Protection Act of 1997 (VPA) provides immunity to all volunteers rendering services for a nonprofit organization or governmental entity, without compensation (excluding actual expenses) or other thing of value in excess of \$500 per year, if (1) acting within scope of responsibilities; (2) properly licensed, certified or authorized by law for the activities or practice in the state in which harm occurred; (3) did not engage in willful or criminal misconduct, gross negligence or reckless misconduct, or a flagrant indifference to rights or safety of individual harmed; and (4) did not cause harm by operation of motor vehicle, vessel, aircraft, or other vehicle for which state requires operator's license or to maintain insurance.

**Workers'
Compensation**

No workers' compensation benefits provided under federal law.

NM MRC Serves POLICY AND PROCEDURES MANUAL APPENDICES

Documents that relate to the purposes of this manual are included in the following appendices:

Appendix A: NM MRC Serves Volunteers Terms and Conditions of Service

Appendix B: Volunteer Deployment – Sending Location

Appendix C: Volunteer Deployment – Receiving Location

Appendix D: Volunteer Demobilization

Appendix E: Record of Emergency Data

Appendix F: Volunteer Locator and Processing Checklist

Appendix G: Volunteer Timesheet

Appendix H: Helpful Hints and Things to Remember

Appendix I: Checklist for Deployed Volunteers

Appendix J: Volunteer Pre-Deployment Information

Appendix K: Recommended Vaccinations Prior to Deployment

Appendix L: NM MRC Serves Volunteer Feedback Form

Appendix M: NM MRC Serves Post Deployment Assessment

Appendix N: Post Deployment Health Assessment

APPENDIX A: NM MRC Serves VOLUNTEER TERMS AND CONDITIONS OF SERVICE

In times of emergency or disaster, the need for volunteers to assist in providing aid to victims, families and first responders becomes critical. If you have an interest in assisting during a public health or other emergency, please complete the registration for NM MRC Serves and review and acknowledge the following Volunteer Terms and Conditions of Service:

Registrant Volunteer Terms and Conditions of Service

I agree to voluntarily provide personal information that will be collected, used and maintained by NM MRC Serves registry staff in implementing the NM MRC Serves registry.

I authorize the NM MRC Serves registry staff to conduct a criminal background check and/or to obtain my personal records as part of the background check.

I agree to provide emergency health care, public health services or other volunteer services as needed and as assigned in accordance with my NM MRC Serves Credential Level classification. I understand that, as an NM MRC Serves volunteer deployed to render volunteer services at an emergency/disaster, to the extent that I represent NM MRC Serves and/or the State of New Mexico, I agree to present myself in a professional manner at all times.

I further understand and agree to:

1. Perform my volunteer services assignment and responsibilities under the terms, conditions and general direction of NM MRC Serves, State of New Mexico departments or agencies (i.e., NMDOH or NMDHSEM) or other public or private health care entities (i.e., hospitals or clinics), and as approved or supervised by an appropriate and designated official of such public or private entities.
2. Be assigned to serve in potentially dangerous and uncomfortable situations.
3. Be responsible for any actions that are not directly related to the performance of my volunteer services assignment.
4. Maintain current professional licensure, certification or registration, as applicable.
5. Notify the NM MRC Serves registry staff of any changes in personal contact information or licensure, certification or registration status, within 72-hours of the change.
6. Provide the necessary health and identification information as required by my participation in NM MRC Serves, which may be disclosed by NM MRC Serves registry staff to other public or private entities as necessary for the administration of the registry.

7. Abide by all applicable State of New Mexico laws, regulations, rules, policies, procedures and protocols concerning standards of conduct and conflicts of interest.
8. Abide by the New Mexico Department of Health NM MRC Serves Policy and Procedures Manual.

I understand that either party (i.e., NM MRC Serves or me as a registered volunteer) may terminate my registration and/or volunteer assignment at any time.

Consent to Use and Disclosure of Personal Information

I understand that the information I provide with this registration will be used by NM MRC Serves to determine the status of my credentials, including confirmation that my license is current, valid, and free of any restrictions. By registering and agreeing to these NM MRC Serves Volunteer Terms and Conditions, I agree to have the status of my credentials verified by national, federal and New Mexico licensing and credentialing authorities. I also understand that the information I provide will be used only by NM MRC Serves registry staff to verify my credentials and to assign an emergency Credentialing Level to me in accordance with applicable Emergency System for Advance Registration of Volunteer Health Professional (ESAR-VHP) standards. I understand that the assignment of an emergency Credentialing Level neither designates or grants clinical privileges nor authorizes me to provide healthcare services without proper authorization and supervision. I further understand that, during an emergency or disaster, the information I provide will be used by authorized state and local volunteer administrators and emergency or disaster managers to assign me to volunteer services and activities for which I am adequately credentialed, and by on-site emergency or disaster operational area officials to identify me once I am deployed to the emergency or disaster site. I understand that, if I agree to deploy to a specific emergency or disaster, the information I provide to the NM MRC Serves registry will be forwarded to emergency or disaster operational area officials, and that NM MRC Serves provides no assurance regarding the security and privacy of that information once forwarded to the emergency or disaster operational area.

I also acknowledge that the information I provide to NM MRC Serves registry with this registration may be subject to disclosure pursuant to a request under the New Mexico Inspection of Public Records Act (§ 14-2-1, et seq., NMSA 1978) or legal process such as a court order or subpoena. Disclosure of highly sensitive personal information will only occur in accordance with New Mexico law or any other relevant state or federal laws or regulations.

I hereby voluntarily consent to the collection, use, maintenance and disclosure of my personal information as described herein.

Acknowledgement of Volunteer Selection Process

I understand that the process of being selected as an NM MRC Serves volunteer to render volunteer services for a specific emergency or disaster is based upon an evaluation of the information I provide with my NM MRC Serves registration in conjunction with the NM MRC Serves' mission requirements. I understand that, if selected, I will be contacted by the NM MRC Serves registry staff or state or local emergency managers, and I will be given the choice of whether or not to volunteer my services for that specific emergency or disaster. I understand and agree that if I register on the NM MRC Serves registry, no guarantee or assurance is provided that I will be requested for a specific emergency or

disaster deployment. Similarly, I understand and agree that registering on the NM MRC Serves registry in no way obligates me to participate or agree to deploy for a specific emergency or disaster and that I may decline to participate or deploy for whatever reason I choose.

Statement of Physical & Mental Competence & Assumption of the Risk

I acknowledge that by registering on the NM MRC Serves registry I am representing that I am of sound physical and mental capacity, and capable of performing volunteer services in an emergency or disaster. I acknowledge that emergency or disaster settings may pose significant psychological and physical hardships and risks to those volunteering services and that there are often a lack of the normal amenities of daily life and accommodations for persons with disabilities. In volunteering my services, I agree to accept such conditions and risks as may occur in any emergency or disaster to which I am assigned.

Agreement to Perform Volunteer Services without Compensation

By registering on the NM MRC Serves registry, I agree that I am not an employee of NM MRC Serves or the State of New Mexico and that I agree to participate as a volunteer without compensation or payment for my services.

Agreement to Non-Commercial Use of Site

By registering and using the NM MRC Serves registry and website, I agree to accept these Volunteer Terms and Conditions of Service. I understand that the NM MRC Serves registry and registration website is a non-commercial venue that is intended to assist in providing volunteer emergency response services. I agree to not copy, sell, or exploit any portion of the NM MRC Serves website for any commercial purpose.

Pledge to Provide Accurate Information

By registering and agreeing to these Volunteer Terms and Conditions of Service, I agree that the information I provide and the representations I make with the NM MRC Serves registration will be truthful, complete, accurate, and free of any attempt to mislead. I understand that I may return to the NM MRC Serves registry website and modify my personal information (Profile) at any time, and I agree to keep such information up to date and current. I agree to protect the confidentiality of the password I have chosen that provides access to my information on the NM MRC Serves registry website, and to abide by all security provisions of the NM MRC Serves registry website

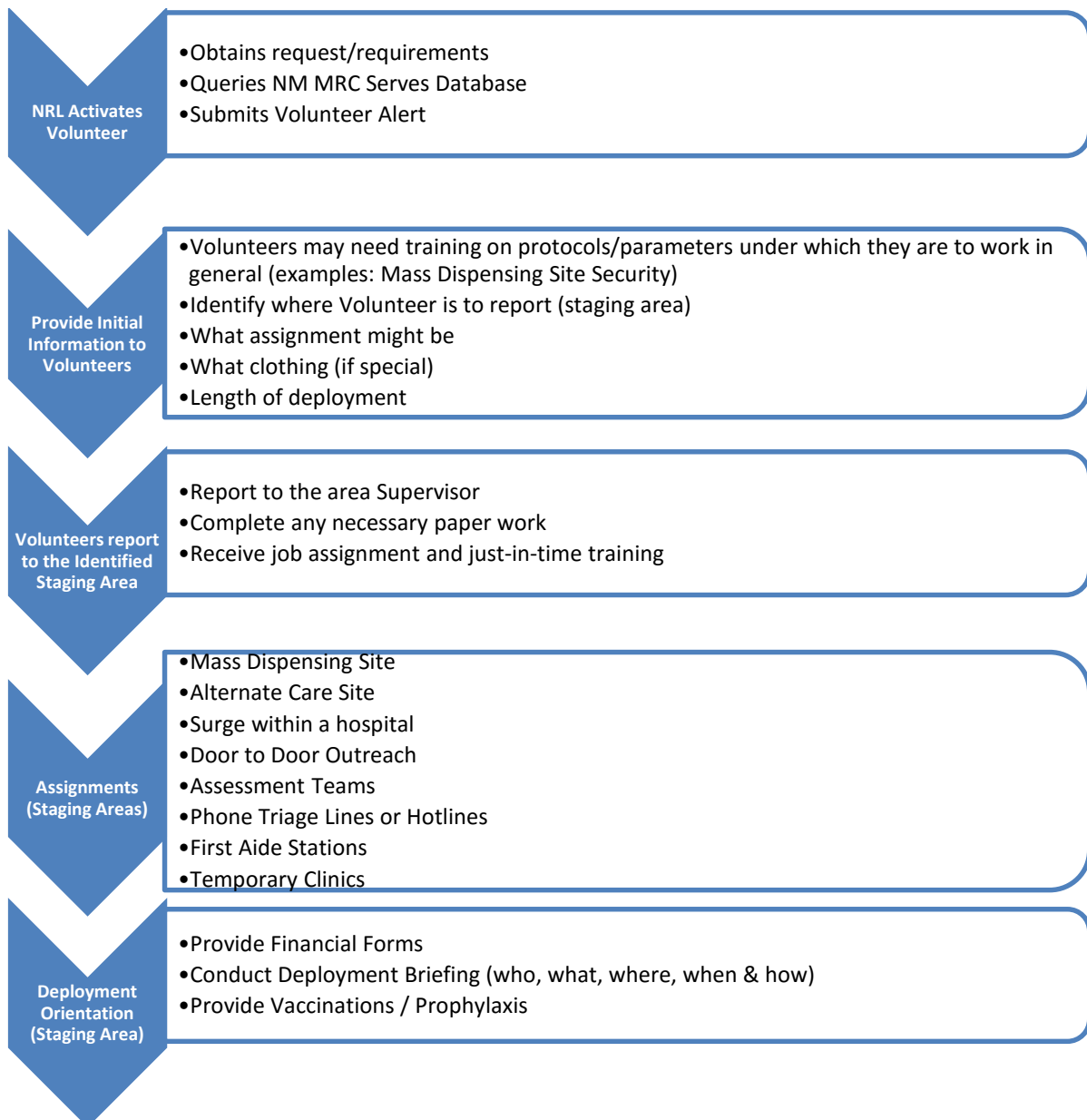
By indicating “ACCEPT” on these Volunteer Terms and Conditions of Service, I affirm that I understand its contents and that I have been given the opportunity to ask questions about any part of this document which I may not understand. Questions can be directed to Bobbie.Mackenzie@state.nm.us.

ACCEPT

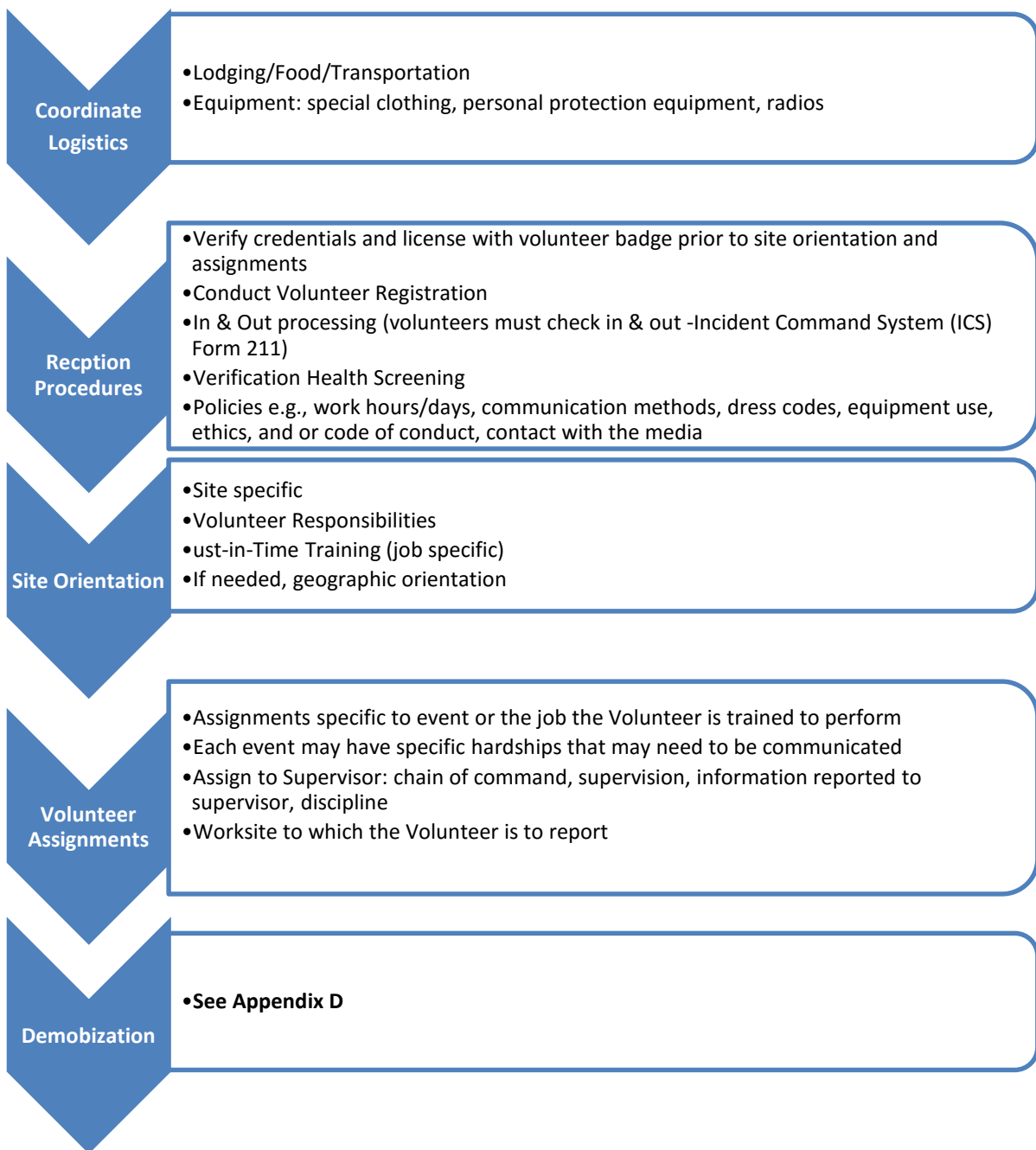
DECLINE

APPENDIX B: VOLUNTEER DEPLOYMENT- SENDING LOCATION

VOLUNTEER DEPLOYMENT - NM MRC SERVES REGISTRY LIAISON & ONSITE MRC UNIT LEADER - The Onsite Volunteer Coordinator role should be filled by the MRC Unit Leader when possible.



**APPENDIX C: VOLUNTEER DEPLOYMENT – RECEIVING LOCATION
ONSITE VOLUNTEER COORDINATOR RESPONSIBILITIES FOR
VOLUNTEERS - The Onsite Volunteer Coordinator role should be filled by the MRC
Unit Leader when possible.**



APPENDIX D: VOLUNTEER DEMOBILIZATION



APPENDIX E: RECORD OF EMERGENCY DATA



Record of Emergency Data

Date: _____	Organization: _____
Name: _____	NM MRC Serves ID
Home/Cell Phone: _____	Number: _____
Religious Preference: _____	Work Phone: _____
Address: _____	Marital Status: _____

Emergency Notification in Order of Preference

Name, Relationship, Phone and Address

Remarks

I certify that the information that I have provided is true and correct to the best of my knowledge.

Signature

Date



APPENDIX F: VOLUNTEER LOCATOR & PROCESSING CHECKLIST

Principle Purpose: Source document for accounting information and maintains volunteer accountability.

Name: (Last, First, Middle Initial) _____ **NM MRC Serves ID number:** _____ **Gender:** M F (circle one)

Organization: _____ **Address:** _____ **Phone:** _____

Supervisor: _____ **Supervisor Phone:** _____

Area Deployed To: _____ **Deployed From:** _____

Date Departed: __/__/__ **Date Arrived:** __/__/__

Mode of Transportation

Airline Name: _____ **Flight #:** _____

Bus Company: _____ **Bus #:** _____

Personal Owned Vehicle

Year: _____ **Make:** _____ **License Plate #** _____

Driver's License

State: _____ **Number:** _____ **Expiration:** _____



APPENDIX G: VOLUNTEER TIMESHEET

TIMESHEET

Volunteer Name:				NM MRC Serves ID Number				
District/Bureau				Deployment Period		From	To	
Date								Week 1
	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	
Supervisor Initial & Date For First Week:								TOTAL HRS
Volunteer Name:				NM MRC Serves ID Number				
District/Bureau				Deployment Period		From	To	
Date								Week 2
	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	
Supervisor Initial & Date For second Week:								TOTAL HRS

APPENDIX H: HELP HINTS AND THINGS TO REMEMBER

Helpful Hints and Things to Remember

1. Pack all of your clothing in 1 or 2 gallon Ziploc bags before putting into your suitcases. Line your entire luggage with plastic trash bags to protect clothes and other content against moisture and possible mold.
2. Meals Ready to Eat (MRE's) are available at most camping stores. If you are transporting your own food, make sure it's easily transportable and doesn't need cooking or refrigeration.
3. The basic rule is "2-3-4." This means that each volunteer should deploy with 2 bags, 3 days of food, and 4 quarts of water. The "Check List for Deployed Volunteers" (Appendix I) includes not only minimally required items, but others to help each team member travel and live more comfortably during the deployment.
4. Contact the airline for most up-to-date flight times and rules for carry on personal luggage. As a general rule, two bags/suitcases to be utilized are a large one for transportation which will possibly not be available during transit, and the smaller "ready bag" to contain items needed during the transport.

MAIN TRAVEL/FLIGHT BAG

NECESSARY PAPER WORK

- Deployment Papers
- Driver's License/Picture ID
- Volunteer ID Badge
- Vaccination Records
- Professional License

CLOTHING

- Long trousers (2 pairs)
- Shorts
- Long sleeved shirts (2)
- Short sleeved shirts (3-5)
- Work boots (steel toe recommended)
- Canvas shoes (comfortable)
- Large bandana
- Underwear (3)
- Socks (3)

PERSONAL GEAR

- Razor/blades
- Shaving cream
- Toilet paper
- Deodorant
- Shampoo
- Hand lotion
- Insect repellent with 35% DEET
- Foot care (alcohol, powder, moleskin)
- Medications (Tylenol, Advil or other pain
- Medication Prescriptions, decongestants, antacids)
- Handiwipes
- Bar soap/container
- Toothpaste/brush
- Personal Hygiene
- Comb/brush
- Lip Balm
- Sunscreen
- Detergent (cloths)
- Flip-flops
- Bathing suit (just in case)
- Towel

COOKING AND FOOD

- Mess Kit (plate, cup, and bowl)
- Knife, spoon, and fork set
- Enough easy-to-carry food for 48 hrs. such as beef jerky, granola bars, and trail mix (non-perishable items)
- Water purification tablets
- 1 – qt canteens (3)

LIST FOR DEPLOYED VOLUNTEERS

SLEEPING GEAR

- Sleeping bag (+15)
- Ground Cloth
- Sleeping bag liner for cold weather

MISCELLANEOUS

- Head lamp (second flash light)
- Extra bulb/batteries
- Waterproof matches/fire starters (no butane)
- Hard hat
- Goggles
- Face mask/dust mask
- Tape, safety pins, sewing kit

READY/CARRY BAG

CLOTHES

- Sun hat (baseball cap)
- Jacket with hood
- Rain coat and rain pants
- Leather work gloves

FOOD

- High nutrition snacks
- Enough non-perishable food for 24 hrs.
- 1 qt. water

MISCELLANEOUS/SUGGESTED ITEMS

- Book/reading material
- Sunglasses
- Extra glasses/contacts
- Cash, travelers checks and/or credit cards
- Necessary meds (airsickness)
- Necessary hygiene items
- Inflatable pillow
- Camera/film
- Personal medical equipment (scissors, stethoscope, etc.)
- Flashlight/batteries
- Notebook
- Pocket Knife
- Hearing protection
- Trash bags

APPENDIX J: Volunteer Pre-deployment Information

Date from: _____ To: _____

Location: _____

Address: _____

Event name: _____

Volunteer name: _____

Supervisor name: _____ Contact number: _____

Potential nature of work site:

Potential security/safety issues:

Weather forecast:

Living conditions:

Required/recommended immunizations (see vaccination list):

Suggested/required attire:

APPENDIX K: RECOMMENDED VACCINATIONS PRIOR TO DEPLOYMENT

Physical Requirements, Reviews, and Injuries

The physical requirements for individuals being deployed to disasters or emergencies under NM MRC Serves will be based on the functional requirements of the job to be performed and the conditions in which you will perform those functions. Volunteers selected for an NM MRC Serves assignment must be physically capable to perform the duties for which they are selected and current in their vaccination status. Specific additional vaccinations may be necessary for the area you are deploying to and the conditions present there at the time of deployment. The Center for Disease Control (CDC) offers the following thoughts:

Before you leave, check with your doctor about your immunization status. The following immunizations (or proof of immunity to disease) are recommended for healthcare workers.

- **Tetanus/diphtheria/pertussis (Tdap)** booster every 10 years (every 5 years if deploying).
- **Hepatitis B vaccine**, a complete 3-dose series.
- **Measles, Mumps, Rubella (MMR) vaccine**, 2 doses spaced at least one month apart or proof of immunity (positive titers). After 50, another vaccine is recommended of 1 or 2 doses for those with certain risks related to health, job or lifestyle.
- **Varicella vaccine** or immunity to disease (history, or positive titer). 2 dose vaccine series for adults.
- **Influenza vaccine**, injection; or nasal vaccine appropriate for most Healthcare Workers. Seasonal availability.
- **Zoster (Shingles)**, 1 dose for all adults over 60 years of age.

Under certain circumstances these vaccines may be advisable:

- **Hepatitis A vaccine**, a 2-dose series. First dose confers immunity for at least a year two weeks to one month after the first dose.
- **Immune Globulin** can be administered as prophylaxis if immunity is needed on short notice. **MOST STRONGLY RECOMMENDED FOR DEPLOYMENTS.**
- **Meningococcal vaccine.** College students and military recruits receive the vaccine to prevent outbreaks that are more common in adolescent age groups and persons living in close quarters. *Menactra* is a new conjugate vaccine for immunization against 4 disease serotypes. One dose is good for at least three years.
- **Pneumococcal vaccine** is recommended for persons under 65 years or with health conditions that affect pulmonary immune systems, such as diabetes, AIDS, renal dysfunction, chronic lung diseases or a job or lifestyle that will put them at higher risk for serious disease. Recommended for all adults over 65 years.

Other Considerations:

Travelers' Diarrhea: Altered sanitation conditions could increase risks of traveler's diarrhea. You may want to contact your doctor for a prescription of Ciprofloxacin or Rifaximin to have on hand for treatment of severe diarrhea. Pepto Bismol or bismuth-containing compounds, antimotility agents (such as Immodium), and or a rehydration preparations are useful to have available for treatment. Persistent diarrhea not responding to Ciprofloxacin may be from protozoa, which require treatment with medications such as metronidazole (Flagyl) and iodoquinol. The CDC website has excellent guidance on food and water safety recommendations (<http://www.cdc.gov/travel/foodwater.htm>).

CDC Recommendations for Insect Repellants:

DEET: U.S. Environmental Protections Agency (EPA) registered repellants include DEET (N, N-diethylmetatoluamide), Picaridin (KBR 3023), MGK-326, MGK-264, IR3535, oil of citronella, and p-Menthane 3, 8-diole (Oil of Lemon Eucalyptus). All the EPA-registered active ingredients have some repellent activity, but most authorities recommend repellents containing DEET (N, N-diethylmetatoluamide) as the most reliable and long lasting. DEET repels mosquitoes, ticks, and other arthropods when applied to the skin or clothing. In general, the more DEET a repellent contains, the longer time it can protect against mosquito bites. However, there appears to be no added benefit to concentrations less than 50%. No serious illness has been reported from use of DEET according to the manufactures recommendations. DEET formulations as high as 50% are recommended for both adults and children under 2 months of age. Lower concentrations are not as long lasting, offering short-term protection only and necessitating more frequent reapplication. Repellent products that do not contain DEET are not likely to offer the same degree for protection from mosquito bites as products containing DEET.

Permethrin-containing repellents (e.g., Permanone) are recommended for use on clothing, shoes, bed nets, and camping gear, and are registered by the EPA for this use. Permethrin is highly effective both as an insecticide and as a repellent. Permethrin-treated clothing repels and kills ticks, mosquitoes, and other arthropods and retains this effect after repeated laundering. There appears to be little potential for toxicity from permethrin-treated clothing. The insecticide should be reapplied after every five washings (<http://www2.ncid.cdc.gov/travel/yb/utills>).

Individuals should deploy with a minimum of a two-week supply of any required personal medication to preclude any adverse pharmaceutical shortages in the area (21-30 day supply preferred). Part of the screening process prior to deployment should be to assess both type and amount of medications being taken.

APPENDIX L RESOURCE STATUS AND EQUIPMENT RETURN POLICY

During an event or incident it is required that a resource tracking system will be in place under the direction of the Unit Leader or the Onsite Volunteer Manager or designee, i.e. Logistics Chief. There are many resource-tracking systems, ranging from simple status sheets to sophisticated computer-based systems.

Types of Resource Status-Keeping Systems:

- **Manual Recordkeeping on Forms.** The following ICS forms can be used for resource tracking: the resources summary of the Incident Briefing (ICS Form 201), Check-In List (ICS Form 211), and Assignment List (ICS Form 204).
- **Card Systems.** Several versions are available that allow for maintaining status of resources on cards. One of these systems has different-colored T-shaped cards for each kind of resource. The cards are formatted to record various kinds of information about the resource. The cards are filed in racks by current location.
- **Magnetic Symbols on Maps or Status Boards.** Symbols can be prepared in different shapes, sizes, and colors with space to add a resource designator. The symbols are placed on maps or on boards indicating locations designated to match the incident.
- **Computer Systems.** A laptop computer can be used with a simple file management or spreadsheet program to maintain information on resources. These systems can be used to compile check-in information and then be maintained to reflect current resource status.

Nonexpendable Resources

Nonexpendable resources (such as personnel, fire trucks, and durable equipment) must be fully accounted for both during the incident and when they are returned to the providing organization. Broken or lost items should be replaced through the appropriate resupply process, by the organization with invoicing responsibility for the incident, or as defined in existing agreements. It is critical that fixed-facility resources also be restored to their full functional capability in order to ensure readiness for the next mobilization.

Expendable Resources

Expendable resources (such as water, food, fuel, and other one-time-use supplies) must be fully accounted for. The incident management organization bears the costs of expendable resources, as authorized in financial agreements executed by preparedness organizations..

All resources used to respond to an event or an incident that do not belong to MRC volunteers, i.e. radios, hard hats, medical supplies, etc., must be returned immediately following an event or incident. The final disposition of all resources, including those located at the incident site and at fixed facilities will be directed by the Unit Leader or the Onsite Volunteer Manager. Resources will then be rehabilitated, replenished, disposed of, and/or retrograded.

APPENDIX M: NM MRC SERVES VOLUNTEER FEEDBACK FORM

NM MRC Serves Volunteer Feedback Form Response/Deployment

Please provide us your name and email address so we can follow up with you; or, you are free to submit this form anonymously. We **will** use your comments, criticisms and suggestions to improve our volunteer deployment procedures.

1. Name _____ (leave blank if anonymous)
2. Email _____ (leave blank if anonymous)
3. List your role(s) during the deployment (example: usher, medication dispenser, registration clerk).

-
4. Was this your first deployment as an NM MRC Serves volunteer? ____ Yes ____ No
 5. Please comment on the phone/email notification message you received? (for example: efficiency of the process, clarity of the message). We are especially interested in your suggestion for improvement.

Your experience during the deployment

6. Please comment on the volunteer check-in process, providing suggestions for possible improvement if you have them.

-
-
-
7. Were you provided adequate training to perform your responsibilities on deployment? If no, what aspect of the training was inadequate or missing?

-
-
-
8. What could have been done differently to make this response/deployment a better experience for you as a volunteer?

APPENDIX N:
Post Deployment Health Assessment (PDHA)

- Purpose:** To obtain information from an individual's health after deployment and to assist healthcare providers in identifying and providing present and future medical care.
- Routine Uses:** Your records may be disclosed to other federal and state agencies, as necessary, in order to provide medical care and treatment. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule.
- Disclosure:** Voluntary. If you chose not to provide information, comprehensive healthcare services may not be possible or administrative delays may occur. However, care will not be denied.
- Instructions:** You are encouraged to answer all questions. You must at least complete the first portion on who you are and when and where you deployed. If you do not understand questions, please discuss the question with your State Volunteer Coordinator.

Demographics

Today's Date: _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Date of Birth: _____ **Gender:** Male Female

Home Unit: _____ **Unit Leader:** _____

Current Contact Information:

Phone: _____

Cell: _____

Email: _____

Address: _____

PLEASE ANSWER ALL QUESTIONS BASED ON YOUR MOST RECENT DEPLOYMENT

Date Arrived on Scene: _____ Date Departed: _____

Location: _____ Supervisor while on scene: _____

What were your main duties while deployed?

_____	_____
_____	_____
_____	_____
_____	_____

1. Overall, how would you rate your health during the PAST WEEK?

- Excellent Very Good Good Fair Poor

2. Compared to before this deployment, how would you rate your health in general now?

- Much better now than before I deployed
 Somewhat better now than before I deployed
 About the same as before I deployed
 Somewhat worse not than before I deployed **Please explain:** _____
 Much worse now than before I deployed **Please explain:** _____

3. Were you wounded, injured, assaulted or otherwise hurt during you deployment: Yes No

If yes, are your still having any problems or concerns related to this event? Yes No

If yes, please explain:

4. During your deployment:

a) Did you ever feel like you were in great danger? Yes No

If yes, please explain:

b) Did you encounter dead bodies or see people die during this deployment? Yes
 No
If yes, please explain:

5. How many during your deployment did you visit a health care provider for a medical or health problem/concern:

- No visits
- 1 visit
- 2-3 visits
- 4-5 visits
- 6 or more

6. During this deployment did you received care for stress or mental health problem/concern?
 Yes No

7. During this deployment, did you have to spend one or more nights in a hospital as a patient:
 Yes No

Reason/dates:

Location:

8. During the past week, how difficult have physical health problems (illness or injury) made it difficult for you to do your work or other regular daily activities?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extreme difficult

9. Since you have returned, how much have you been bothered by any of the following problem?

	Symptom	Not bothered at all	Bothered a little	Bothered a lot
1.	Stomach pain			

2.	Back pain			
3.	Pain in the arms, legs, or joints (knees, hips, etc.)			
4.	Headaches			
5.	Chest pain			
6.	Dizziness			
7.	Fainting spells			
8.	Feeling you heart pound or race			
9.	Shortness of breath			
10.	Constipation, loose bowels, or diarrhea			
11.	Nausea, gas, or indigestion			
12.	Feeling tired or having low energy			
13.	Trouble sleeping			
14.	Trouble concentrating on things (such as reading or watching TV)			
15.	Memory problems			
16.	Balance problems			
17.	Noises in your head or ears (such as ringing, buzzing)			
18.	Trouble hearing			
19.	Sensitivity to bright light			
20.	Becoming easily annoyed or irritable			
21.	Fever			
22.	Cough lasting more than three weeks			

23.	Numbness or tingling in the hands or feet			
24.	Hard to make up your mind or make decisions			
25.	Watery, red eyes			
26.	Dimming of vision, like the lights were going out			
27.	Skin rash and/or lesion			

10. While deployed did you experience anything that was so frightening, horrible, or upsetting that, in the past week you?

Have had nightmares about it or thought about it when you did not want to? Yes No

Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No

Were constantly on guard, watchful or easily startled? Yes No

Felt numb or detached from others, activities, or your surroundings? Yes No

11. Over the last week, how often have you been bothered by the following problems?

	Symptom	Not at all	Few or several days	More than half the days	Nearly every day
a.	Little interest or pleasure in doing things				
b.	Feeling down, depressed, or hopeless				

12. Are you worried about your health because you believe you were exposed to something in the environment while deployed? Yes No

If yes, please explain:

13. Were you bitten or scratched by an animal during your deployment? Yes No

If yes, please explain what kind of animal was involved, your injury, and what happened:

14. Would you like to schedule an appointment with a health care provider to discuss any health concern(s)? Yes No

15. Are you interested in receiving information or assistance for a stress, emotional or alcohol concern? Yes No

16. Would you like to schedule a visit with a chaplain or a community support counselor? Yes No

Signature: _____ Date: _____

Office Use Only

Reviewed by: _____ Date: _____

Was the volunteer referred to a health professional Yes No

If yes, please list organization name:
