



Volunteer Handbook



Arkansas Department of Health

Keeping Your Hometown Healthy

Introduction

The System of Emergency Response Volunteers (SERV) Arkansas is the database of volunteers for the state. It is housed at the Arkansas Department of Health (ADH) Preparedness and Emergency Response Branch. This Volunteer Handbook is a guide for all disaster or emergency response volunteers in Arkansas. The purpose of this handbook is to both orient volunteers and help answer any questions that might come up for volunteers. In this handbook you will find forms that every volunteer must fill out, helpful hints on volunteering, informational material on the Medical Reserve Corps (MRC), and a special section on deployment.

We hope that you find this information helpful and do not hesitate to ask if you have questions.

Thank you for volunteering!

Cindy Horeis, SERV AR Coordinator

Cassie Cochran, MRC Coordinator

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Overview

ESAR-VHP

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) was established by the U.S. Department of Health and Human Services. The ESAR-VHP system is designed to:

- Register health volunteers
- Allow for the verification of the identity, credentials and qualifications of registered volunteers in an emergency

SERV

The SERV is a part of ESAR-VHP. It is Arkansas's database of volunteer health professionals and lay people that verifies credentials prior to a disaster and provides education and training opportunities in disaster response.

Mission

The Mission of the SERV Arkansas database is:

“To establish and maintain a database of health care personnel and lay people who can be called upon to volunteer to provide aid and assistance during emergencies and also non-emergency activities.”

Medical Reserve Corps

The Medical Reserve Corps (MRC) program was established after President George W. Bush's 2002 State of the Union Address in an effort to get Americans to give of their time in support of their country. The Office of the Civilian Volunteer Medical Reserve Corps (OVCMRC), housed in the Office of the Surgeon General, runs the program. MRCs are made up of individuals who volunteer in order to prepare for and respond to public health emergencies, as well as promote healthy living, in their communities. MRCs utilize existing public health resources to effectively respond to emergencies.

Mission

“To engage volunteers to strengthen public health, emergency response and community resiliency.”

SERV AR Registry

SERV is the statewide secure and confidential volunteer registry of credentialed, trained volunteers ready to respond to disasters in the state of Arkansas. It follows the requirements of ESAR-VHP, as outlined by the United States Federal Department of Health and Human Services.

In order to register for SERV, visit the following website:

www.healthy.arkansas.gov/serv

If you are unable to access a computer or for some other reason are not able to fill out the online registration form, see *Appendix A, SERV AR Registration Form*.

You will be required to fill out information regarding your professional licensing (if applicable), contact information and other relevant background information. Once registration is complete, your license/credentials/background information will be validated by SERV employees. All volunteers registering for SERV will be required to go through a background check provided by the Arkansas State Police Department, as well as the Office of Inspector General's List of Excluded Individuals/Entities (LEIE) database. If you do not pass the background check or your name appears on this list, you will be contacted for further information and to request a waiver. Volunteer background information will be kept confidential and will only be viewed by authorized SERV employees.



SERV AR Volunteers

What is a public health volunteer?

A public health volunteer is anyone who gives of their time if called upon by the Arkansas Department of Health to aid in emergency or non-emergency related events within the state. A volunteer must be officially enrolled and registered in SERV AR prior to volunteering.

Who can register in SERV?

Volunteers, including licensed health care professionals and lay or non-health care individuals, are eligible to register in SERV.

Licensed health care professionals can include EMTs, psychologists, dentists, nurses, physicians, pharmacists, veterinarians, lab technicians, etc.

Lay and Non-health care volunteers can include any individual with training in customer service, data entry, traffic control, clerical support, transportation, word processing, janitorial services, etc.

What am I volunteering for?

SERV ensures a competent health volunteer force, enables efficient emergency operations, allows sharing of health volunteers across state lines, and provides immunity from liability for volunteers for health volunteers.

SERV AR volunteers can be called upon to volunteer at the following:

- Disaster relief or mass immunization efforts
- Health screenings
- Community health fairs
- Sheltering operations
- Events dealing with public health education



Arkansas Medical Reserve Corps

What is the Medical Reserve Corps?

The Medical Reserve Corps (MRC) program was established in 2002 by the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) in a plea to get Americans to volunteer for their country. MRCs are made up of individuals who volunteer in order to prepare for and respond to public health emergencies, as well as promote healthy living, in their communities. MRCs utilize existing public health resources to effectively respond to emergencies. Arkansas MRCs have been activated in recent years in response to natural disasters such as Hurricanes Katrina and Gustav. Your community is actively seeking volunteers of individuals, groups or organizations to volunteer to join efforts in forming MRCs.

Who Makes MRCs Possible?

Volunteers can include medical or public health professionals and community members such as the following:

- Community-based Organizations- Faith-based Groups, Senior Groups, Office Workers, Legal Advisors, Interpreters, Poll Workers, Rotary Clubs, etc.
- College Organizations- Student Councils, Sororities/Fraternities, Sports Teams, etc.
- Public Health Professionals- Physicians, Nurses, Pharmacists, Dentists, Veterinarians, Epidemiologists, Psychologists, Social Workers, EMTs, etc.



How can an MRC Benefit Your Community?

- Help people in your community through a time of crisis and need
- Learn public health emergency response skills
- Network with health professionals in your community
- Become trained in preparedness skills that will enable you to promote healthy living among members of your community
- Develop a trained and organized volunteer response teams

Credentialing

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.

Proper credentialing, as followed by the ESAR-VHP program, will occur for each volunteer in the SERV registry. The SERV registry follows all standards and procedures as outlined by ESAR-VHP.

ESAR-VHP credential levels are as follows:

Credential Level 1- Ensures that an adequate supply of hospital qualified health professionals are available to work in hospitals during emergencies. Hospital qualified health professionals are distinguished from other health professionals by the rigorous and constant review of credentials and performance. Credential Level 1 requires confirmation that the volunteer is actively employed in a hospital or has hospital privileges.

Credential 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. These health professionals possess all the credentials and qualifications of a Credential Level 1 health professional except that they are not employed in a hospital and do not have hospital privileges. Credential 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.).

Credential Level 3- Includes individuals who meet the basic qualifications necessary to practice in the state in which they are registered. Credential Level 3 usually requires verification of a volunteer's license or a certification.

Credential Level 4- Includes individuals who have health care experience or education in an area that would be useful in providing basic health care not controlled by a state's scope of practice laws, and to otherwise assist clinicians. Credential Level 4 requires that the volunteer possess verified documentation of health care education or experience. This could include, but is not limited to, health care students or retired health care professionals who no longer hold a license.

None- Lay and non-health care individuals with other backgrounds such as being able to drive a truck, plumb, use a chainsaw, work in an office, etc.

Proper credentialing is done to ensure that individuals who sign up to volunteer have active and current licenses for the position he or she holds. Volunteers are credentialed upon registering with SERV.

Volunteer Terms and Conditions of Service

During disaster or emergency times, like that of the recent Albert Pike Flood or the 2009 H1N1 pandemic influenza outbreak, volunteers are needed to aid victims, families and first responders in the crisis response. If you are interested in volunteering during a public health or other emergency, please complete the registration for SERV and then review and acknowledge the following Terms and Conditions of Service:

I authorize SERV employees to conduct a criminal background check and/or to obtain my personal records as part of the background check.

I will provide personal information that will be used and maintained by SERV employees in the process of sustaining the SERV registry.

I agree to offer volunteer, medical or public health services as directed by SERV and within my scope of practice.

I recognize that at any point either party may terminate my registration or volunteer assignment.

I further understand and agree to:

Represent SERV and the state of Arkansas in a professional manner at all times.

Perform my volunteer services under the terms and conditions of SERV, the Arkansas Department of Health or other public or private health care entity.

Perform volunteer services without compensation or payment for my service.

Be assigned during an emergency situation, county or statewide.

Maintain professional licensure and certification, as appropriate.

Provide any necessary health and background information, as required by participation in SERV.

Provide any changes to my personal contact information, licensure or certification.

Follow all Arkansas laws, rules, policies and procedures.

Signature _____ Date _____

SERV AR/MRC Criminal Record Check

Section I: FBI Record Check Requested
State Check Completed Online

Instructions: Volunteer completes Criminal Record Check Form.

Form mailed to: Cindy Horeis, SERV Coordinator or Fax: Cindy Horeis
4815 West Markham, Slot 61 (501)661-2081
Little Rock, AR 72205

Section II: Contact Information (Enter Name & DOB as it currently appears on Driver's License or identification)

Name _____
Last Middle First Aliases

DOB (mm/dd/yy) _____ SSN _____ Sex _____ Race _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Driver's License Number _____ State Issued _____

Current or Last Place of Employment _____

Have you lived continuously in the state of Arkansas for the past 5 years? Yes No

NOTE: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity. Please list the identification document used, if not the person's driver's license _____

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty or pled nolo contendere to:

Date of Charge	Location	Description of Charge	Sentence/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section III: Notice: I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal records check on myself and release any results to the Arkansas Department of Health, SERV Coordinator, 4815 West Markham, Slot 61, Little Rock, AR 72205-3867. I also authorize the Arkansas State Police to give the above mentioned party access to my records through the Criminal Background Check System on an annual basis. I further authorize a national records check through the Federal Bureau of Investigation.

Providing false information on this form is a violation of Arkansas law and punishable as set forth in Arkansas Code 5-53-103.

Statement of Oath: I state on oath that the representations made herein are true and correct.

Signature _____ Date _____

FOR ARKANSAS STATE POLICE USE ONLY

80001

80005 FBI Records Check @ \$15.25

Deployment

If a disaster strikes in your community or surrounding area and you are asked to volunteer, you will be contacted by phone or email using information provided in your volunteer registry application. If you agree to deploy, your information will be sent to the appropriate official wherever the disaster might be. For more information on deployment, see *Appendix E: Supplement for Deployed Personnel*.

If a statewide public health response is required in Arkansas, ADH can activate the SERV AR database directly to support response activities.

All requests for SERV AR activation must be submitted with the minimum of the following information:

- How many volunteers are needed?
- What types of specialties on personnel are needed?
- Detail of where and in what capacity the volunteers will function?
- A point of contact for the requested volunteers?
- Approximate length of deployment?
- Any additional support information as appropriate.

Deployment for Non-Emergency Events

SERV/MRC volunteers could be called upon to assist during non-emergency events such as health fairs, community events, exercises, immunization clinics or other public health events. Use of SERV volunteers during non-emergency events should have the endorsement of the local health unit, and/or the ADH SERV administration. The same volunteer information will be needed from the requesting person as during in an emergency event.

Deployment for Emergency Events

SERV/MRC volunteers could be called upon to aid communities that have been affected by disasters. Depending on the disaster, volunteers could be asked to assist in triage, help run a shelter, cut down trees, do paperwork, etc.

In order for volunteers to be activated during an emergency event the following process will occur:

System Emergency Response Volunteers (SERV) AR Activation Process

1. Emergency or disaster happens (All emergencies begin locally).
2. County Office of Emergency Management determines there is a need for SERV volunteers to respond.
3. County Office of Emergency Management calls ADEM to declare an emergency verbally. For example, "This is the X County Emergency Management Coordinator; we have had a tornado, and are verbally declaring a state of emergency. We also request activation of X SERV AR or X MRC Unit, to assist in shelter operations."
4. ADEM contacts ADH Emergency Communication Center (ECC).
5. ECC contacts SERV Coordinator at ADH and/or Staff Duty Officer.
6. ADH Activates X SERV AR or X MRC Unit volunteer(s) and volunteers are notified by phone or email from SERV Coordinator.
7. Volunteer(s) either accept or decline call to activation.
8. Volunteers are told where and to whom to report upon notification.
9. Volunteers report to volunteer site.

Identification



After completion of the registration process, you will receive either a SERV or MRC volunteer t-shirt that is to be worn upon deployment during a disaster or emergency to easily identify you as a volunteer. You will also receive deployment “Go Bags” containing materials to aid you as you are volunteering.

Volunteers are required to wear either their SERV or MRC t-shirt during any event in which they are volunteering for the state. Wearing these shirts makes you easily recognizable to emergency workers, victims and others involved in the disaster or emergency. If your t-shirt is lost, please report immediately to either SERV Coordinator, Cindy Horeis, by email cynthia.horeis@arkansas.gov or phone 501-661-2916 or MRC Coordinator, Cassie Cochran, by email cassie.cochran@arkansas.gov or phone 479-968-3254, extension 135.



Training

SERV and MRC volunteers will be required to go through the following trainings before being allowed to volunteer during an emergency or disaster:

Required Trainings:

Incident Command System (ICS): ICS is a standardized, on-scene, all-hazards incident management approach that:

- Allows for integration of facilities, equipment, personnel, procedures and communications operating within a common organizational structure.
- Enables a coordinated response among various jurisdictions and functional agencies, both public and private.
- Establishes common processes for planning and managing resources.

The following ICS Trainings will either be offered as a lecture course, as announced by the SERV AR or MRC Coordinator, or can be completed online on the ADH TrainingFinder Real-time Affiliate Integrated Network (A-TRAIN). A-TRAIN can be accessed by creating a login and password at <https://ar.train.org>.

- IS-100a Introduction to Incident Command System
 - This course introduces the ICS and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS).
- IS-200a Single Resources and Initial Action Incidents
 - This 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.
- IS-700 National Incident Management System
 - This course introduces NIMS and takes approximately 3 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.

- IS-800-B National Response Framework (NRF)
 - This course introduces participants to the concepts and principles of the NRF.
- Health Insurance Portability and Accountability Act (HIPAA)
 - This course provides HIPAA basics, operations and privacy level training and testing.

Suggested Trainings:

- OSHA 1910.120 HazMat Awareness Training Equivalent
 - ADEM offers an OSHA training course. See its website for more details: www.adem.arkansas.gov
- First Aid
- CPR
- Personal Safety
- Emergency Communication

Layers of Coverage for SERV/MRC Volunteers

The state has adopted the Uniform Emergency Volunteer Health Practitioners Act of 2009. The Act provides immunity from liability for health professional volunteers, who are enrolled in SERV and respond to state emergencies.

In addition, the Public Readiness and Emergency Preparedness Act (PREP Act) protects MRC members administering a “covered countermeasure” after a public health emergency is declared by the HHS Director. The HHS Director also declares what a covered countermeasure is by order.

Other state and federal laws which provide additional legal protection for volunteers:

- Public Health Service Act, 42 U.S.C. 201 et seq.
- Federal Tort Claims Act
- Good Samaritan Laws, both state and federal
- Federal and State Volunteer Protection Laws
- Federal and State Mutual Aid Agreements and Emergency Compact Laws
- Federal and State Sovereign Immunity Laws
- Federal Food, Drug and Cosmetic Act, 21 U.S.C. 201 et seq.
- Social Security Act, 42 U.S.C. 301 et seq.
- Stafford Act, 42 U.S.C. 5121 et seq.
- State Liability Laws for Charitable Organizations and Volunteers
- National Emergencies Act, 50 U.S.C. 1631
 - Patriot Act of 2001
 - Public Health Security and Bioterrorism Preparedness and Response Act of 2002
 - Homeland Security Act of 2002
 - Smallpox Emergency Personnel Protection Act of 2003
 - BioShield Act of 2004
 - Pandemic and All-Hazards Preparedness Act of 2006

SERV Frequently Asked Questions

How do I register?

Registration is simple and easy. Go to: www.healthy.arkansas.gov/serv to register.

What kind of information do I need to register?

You will need to provide personal background information and any professional licenses or certifications you have.

What will be expected of me?

Every disaster is different. Many factors affect the conditions that a person may face during deployment. Hours worked can be long, and sometimes both physically and mentally challenging. Persons recruited for an assignment must be physically capable of performing the duties for which they are selected.

If a person chooses to accept an out-of-the-country deployment, he or she must also be current in his or her vaccination status. These include: tetanus/diphtheria, hepatitis A and B, measles, mumps and rubella (MMR). Specific additional vaccinations may be necessary depending on the area and nature of the emergency and the conditions present at the time of deployment.

As part of the registration process, volunteers are required to fill out a Volunteer Fit for Duty Survey (Appendix B). This will help SERV AR employees match credentials with deployment requests. **It is important to note** that volunteers will be properly matched to a deployment based on their individual skills and abilities.

It is the volunteer's responsibility to make all arrangements with his/her employer, as well as for childcare or other personal needs before accepting a volunteer assignment with SERV or MRC.

How will I be contacted if I'm chosen as a volunteer?

Volunteers will be deployed in the event of a public health emergency or other disaster via email or phone request.

If I'm already part of a volunteer team, do I need to register with SERV?

Yes. If you are part of a Medical Reserve Corps (MRC) team or other volunteer group, you will need to register with SERV so that you will be properly credentialed as a volunteer in the state of Arkansas.

What if I am called to deploy and am unable or unwilling to volunteer?

It is your decision to either accept or decline a deployment request. It is understandable that volunteers have lives, with families, jobs, etc., and declining to volunteer will not exclude you from being called to volunteer in the future. All volunteers are welcome.

Will I be compensated for volunteering?

SERV and MRC volunteers will not be compensated for services during an emergency or disaster.

What will my role be in a large-scale disaster or emergency?

Volunteers' skills, competencies, licenses and/or credential level will be matched with assignments for large-scale disasters or emergencies.

Who will have access to my information?

Your information will be kept in a safe, secure electronic database housed in the Preparedness and Emergency Response Branch of the Arkansas Department of Health. Access to this database will be limited to ensure confidentiality.

How would I be deployed?

When a disaster or emergency occurs in Arkansas, the SERV AR Coordinator will receive a request for volunteer assistance. The coordinator will then determine what skills, credentials and training are needed from volunteers in the response and match volunteers to specified needs. Volunteers will then be contacted by email or phone. If individuals agree to volunteer, they will be given further information on the disaster or emergency, including the type of assignment, length of service, who to contact and where to report.

What personal items should I bring if I am deployed?

The basic rule is 2-3-4. Each volunteer should deploy with two bags, three days of food and four quarts of water. Based on the disaster, volunteers will be told what type of items they need to bring with them. Appendix C offers a checklist of the types of items you should bring with you.

Appendices:

Appendix A: SERV Arkansas Volunteer Registration

Appendix B: Volunteer Fit for Duty Survey

Appendix C: Arkansas Medical Reserve Corps

Appendix D: Supplement for Deployed Personnel

Appendix A: SERV Arkansas Volunteer Registration



Volunteer Registration

First Name _____ Middle Name _____

Last Name _____ Birth Date ____/____/____

Gender _____ Height _____ Weight _____ Hair Color _____

Eye Color _____ Language Spoken _____

Address _____ City _____ State _____

Zip Code _____ County _____

Contact Information:

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contact:

Name _____

Relationship _____

Address _____

City _____ State _____ Zip Code _____

Emergency Number #1: _____ - _____ - _____

Emergency Number #2: _____ - _____ - _____

Alternate Contact's Name _____

Alternate Contact's Number _____ - _____ - _____

Employer Information:

Name_____

Address_____

City_____ State_____ Zip Code_____

County_____ Phone Number_____ - _____ - _____ Extension _____

Employment Setting_____

Military Service_____

Note any physical issues_____

Are you a State Employee? Yes/No

Is your name the same on all credentials or licenses? Yes/No

Credentials and Licenses:

Profession_____

Is this your primary profession? Yes/No

Are you retired from this profession? Yes/No

Unencumbered License:

License Number_____ License State_____

License Expiration Date ____/____/____

Degree:

Institution Name _____

City_____ State_____ Degree Type _____

Residency Training Information:

Organization Name_____

Supervisor Name_____

City_____ State_____ Completion Date: ____/____/____

International Medical Graduate:

ECFMG Number _____ Issue Date ____/____/____

Specialty Certification:

Do you have any specialty certifications? Yes/No

Skill by Practical Experience:

Area of experience _____

Years of experience _____

Hospital Active:

Hospital Name _____

City _____ State _____

Specialty _____ Specialty Privilege _____

Additional Hospital Active Group _____

Clinically Active (Any setting other than a hospital; e.g. private practice):

Are you clinically active? Yes/No

Do you have any record of Adverse Actions? Yes/No

If yes, date: ____/____/____ Inspector General Status Date: ____/____/____

DEA License:

Registration Number: _____ Expiration Date __/__/____

Background Information:

Would you be available for situational or “Just in Time” training? Yes/No

Emergency-Preparedness Training:

Training Title _____

Institution Name _____

Completion Date ____/____/____

Class Certification Expiration Date ____/____/____

Additional Emergency-Preparedness Training:

Training Title _____

Institution Name _____

Completion Date ____/____/____

Class Certification Expiration Date ____/____/____

NIMS Training:

Circle NIMS compliance training that you have completed:

ICS-100 ICS-200 ICS-30 ICS-400 ICS-700 ICS-800

Please write any special skills that may be valuable during an emergency crisis: _____

Terms and Conditions of Service

I confirm that all information listed is accurate and I understand that by signing this form I agree to volunteer, when called upon by SERV, to aid in an emergency or major disaster in Arkansas. I understand that I may either accept or decline a request. I give my consent to SERV officials to use my information, as deemed necessary, for its volunteer efforts. I further authorize SERV officials to conduct a criminal background check and to obtain my personal records as part of the background check. I agree to maintain my professional licensure and certification, as appropriate. I agree to offer volunteer, medical or public health services as directed by SERV and along with my specific classification. I will perform my volunteer services under the terms and conditions of SERV, the Arkansas Department of Health or other public or private health care entity.

Signature _____ Date _____

Deployment Preference _____

Travel Distance Preference (in miles) _____

Deployment Duration Preference (in days) _____

Incident Type Preference _____

Circle the Emergency Preparedness Affiliations, including local, state and federal entities, which you belong to:

- | | |
|--|-----------------------------------|
| American Red Cross (ARC) | County Public Health (CPH) |
| Cities Readiness Initiative (CRI) Volunteer | Medical Reserve Corps |
| County Emergency Management (CEM) | Local Fire Department Volunteer |
| Local Health Department Volunteer | The Salvation Army (TSA) |
| National Disaster Medical System (NDMS) | Tribal Public Health (TPH) |
| National Nurses Response Team (NNRT) | Tribal Emergency Management (TEM) |
| National Pharmacy Response Team (NPRT) | USAonWatch |
| National Voluntary Organizations Active in Disaster (NVOAD) | |
| Church- or Synagogue-affiliated Disaster/Emergency Volunteer | |
| Other affiliations (separate each affiliation with commas) | |
-

If you do not belong to any group, would you like information about groups in your area?
Yes/No

In the event of a declared national emergency, would you consider volunteering to work under the auspices of the federal government? Yes/No

If you circle yes, in the event of a national emergency, the information you provide will be made available to the federal government upon its request.

Completed by _____ Date _____



Appendix B: Volunteer Fit for Duty Survey

The Fit for Duty Survey is designed to ensure volunteer safety and deployment efficiency and effectiveness. It is a self-assessment tool that should help volunteers understand the conditions they may encounter during a disaster response. It also enables the emergency management coordinator to adequately match a volunteer with requests for disaster assistance.

- | | | | |
|---|-----|----|--------|
| 1. Are you able to climb at least three flights of stairs? | Yes | No | Unsure |
| 2. Are you able to stand for two hour durations? | Yes | No | Unsure |
| 3. Are you able to sit for two or more hour durations? | Yes | No | Unsure |
| 4. Are you able to walk for two continuous hours? | Yes | No | Unsure |
| 5. Are you allergic to latex/powdered gloves? | Yes | No | Unsure |
| 6. Do you suffer from motion sickness? | Yes | No | Unsure |
| 7. Do you have problems functioning in inclement weather?
(i.e. extreme heat, cold and/or humidity): | Yes | No | Unsure |
| 8. Are you able to read small print for extended periods? | Yes | No | Unsure |
| 9. Are you able to work for long periods on computers? | Yes | No | Unsure |
| 10. Are you able to repeatedly bend and stoop without pain or difficulty? | Yes | No | Unsure |
| 11. Are you able to lift 25 pounds repeatedly? | Yes | No | Unsure |
| 12. Do you hold a valid driver's license? | Yes | No | Unsure |
| 13. Are you willing to work a 12-hour day under extreme conditions? (Most
operational periods are 12 hours in length): | Yes | No | Unsure |
| 14. Are you willing to sleep in an emergency shelter, possibly on the floor? | Yes | No | Unsure |

15. Are you willing to share sleeping accommodations, dorm style, with someone you never met? (Same gender): Yes No Unsure

16. Are you willing to take communal showers? (Same gender) Yes No Unsure

17. Are you willing to work in areas where there is a disruption to the water supply? (No bathing availability for several days): Yes No Unsure

18. Are you willing to work and be housed in areas where there is no electricity? Yes No Unsure

19. Are you willing to work and be housed in areas where there may be a limited food supply? Yes No Unsure

20. Are you willing to work where there is limited or no access to health care? Yes No Unsure

21. Are you willing to work in areas that are confined and noisy? Yes No Unsure

22. Are you willing to work in a stressful environment? Yes No Unsure

23. Are you willing to work under extreme emotional stress? Yes No Unsure

24. Are you willing to deal with difficult travel conditions? Yes No Unsure

25. Are you willing to work in areas of poor air quality and be fitted for a mask? Yes No Unsure

26. Are you claustrophobic? Yes No Unsure

27. Are you current on your vaccinations? Yes No Unsure

28. Are you current on your Hepatitis A vaccination? Yes No Unsure

29. Are you current on your Hepatitis B vaccination? Yes No Unsure

30. Are you current on your Td vaccination? (Tetanus and/or Diphtheria):
Yes No Unsure

31. Are you current on your Smallpox vaccination? Yes No Unsure

32. Are you current on your Pneumococcal vaccination? Yes No Unsure

33. Are you current on your Influenza A (H1N1) vaccination?
Yes No Unsure

34. Have you received any other Influenza vaccinations? Yes No Unsure
If yes, please state the strain(s) and any other information available:

35. Do you use a C-PAP machine? Yes No Unsure

36. Do you have asthma? Yes No Unsure

37. Do you have any medical restriction you feel we should know about?
Yes No Unsure

If yes, please elaborate:

38. Do you take any regularly scheduled medications to maintain health or any long-term use medications? Yes No Unsure

If yes, please elaborate:

39. Do you have any incapacitating allergies? Yes No Unsure
If yes, please elaborate:

40. Have you had any symptoms of illness now or in the past three days?
Yes No Unsure

If yes, please elaborate:

Appendix C: Arkansas Medical Reserve Corps



<p>AHEC South Arkansas MRC 460 W. Oak St. El Dorado, AR 71730</p>	<p>NLR High School Medpro MRC 2400 Lakeview Rd. North Little Rock, AR 72116</p>
<p>Craighead County MRC 223 E. Jackson St. Jonesboro, AR 72401</p>	<p>Pulaski County Team 1 4021 W. 8th St. Little Rock, AR 72204</p>
<p>Crawford County Arkansas MRC 1820 Chestnut St. Van Buren, AR 72956</p>	<p>Texarkana/Miller County MRC 300 E. 6th St. Texarkana, AR 71854</p>
<p>Crittenden County MRC 200 Tyler St. West Memphis, AR 72301</p>	<p>Washington County AR MRC Unit 105 N. Mill Ave. Fayetteville, AR 72701</p>
<p>Jefferson County MRC 2010 Mulberry St. Pine Bluff, AR 71603</p>	<p>Western AR River Valley MRC 612 S. 12th St. Fort Smith, AR 72901</p>
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Appendix D: Supplement for Deployed Personnel during an Emergency Event

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D1: Consider the Following Before Agreeing to Deploy:



- Are you taking any prescription medications that may impact your ability (causing drowsiness) to function in an emergency or disaster situation? Does medication require strict administration times or need refrigeration?
- Do you have a health condition such as significant mobility concerns or a heart condition that would prohibit your participation? Do you have difficulty bending or stooping? Can you sit or stand for extended periods of time?
- Do you have allergies to medications, foods or insect bites?
- Do you have a medical condition such as asthma or diabetes which could worsen due to the difficult conditions at an emergency or disaster site?
- Do you have a psychological condition such as anxiety disorder or depression which may prohibit your participation in a disaster response?
- Have you had a recent emotional or psychological event which would make you unable to participate effectively in a disaster response?
- Do you have special dietary requirements which you may not be able to follow while at an emergency or disaster site?
- Are there any other concerns that would make you unable to participate effectively in an emergency or disaster response at this time?

Things to Remember When Deploying:

1. Pack all of your clothing in one or two 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 (MREs) 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 two bags, three days of food and four quarts of water. The "Check List for Deployed Volunteers" (Appendix C) includes not only minimally required items, but others to help each team member travel and live more comfortably during the deployment.



D2: The Challenges of Living under Field Conditions

In the aftermath of major catastrophes, you should be prepared to be living under field conditions and, accordingly, the following are some considerations:

- 1) There will be a general lack of privacy and little opportunity for recreation during non-duty hours.
- 2) Lodging arrangements could be tents or hastily constructed buildings.
- 3) Meals could be pre-packaged rations/Meals Ready to Eat (MREs). Meals could also be served in a military type dining facility. Special diets cannot be accommodated in most circumstances. Bring a small plastic bottle of hot sauce
- 4) Showers, if available, could be communal or even more rustic.
- 5) The opportunities to phone home may be initially limited. Cell phones may not work, but bring an extra battery and charger in case they do.
- 6) Receiving mail or packages via FedEx, UPS or other services may not be possible or delayed.
- 7) Laundry services may also be severely limited.
- 8) Denominational religious services and assistance may be limited or limited to non-denominational chaplains.
- 9) You are advised to bring cash (money) in case ATMs do not work.

D3: Guide for Development of a Family Care Plan for Volunteers

You and your family should be prepared before you deploy. The following guide can be helpful for your spouse/family members while you are deployed. Also, use this guide to prepare your family for an emergency or disaster. Review it with them occasionally so they are familiar with it and to ensure its accuracy. The following are some suggestions that may benefit your family planning:



Health and Medical:

- Where are the health records for each member of the family?
- Who is contacted if medical assistance is needed?
- Where are your medical insurance policies?
- Are family members briefed on procedures for filing medical insurance claims?
- Does your caregiver for children or other family members know who to contact in a medical or other emergency?

Finances:

- Will there be money immediately available on a continuing basis during your absence?
- Is a bank allotment available or required?
- Will your allotment or direct deposit provide for all the necessities to maintain a household?
- Does the family have a safety deposit box and where is the key?
- Are all the credit card numbers written down and in a safe place? What are the company numbers and addresses in case of loss?
- Is your spouse/family prepared to take control of the bank accounts?





What payments must be made, when, and to whom? Consider the following:

- Mortgage/rent, telephone, water/sewage, electricity, trash, gas, credit cards, auto payment, childcare, investments, etc.

Home:

Does your spouse/family know where and how to use the following?

- The electrical control box (fuse or breaker box)?
- The water control valve for shutting off the water?
- The gas control valve for shutting off the gas?
- The contact information of someone to call in case repairs are needed?
- Intruder alarm/detection systems?
- Location of service contracts?

Does the family have a duplicate set of house keys?

Transportation/Automobile:

- Is your spouse familiar with maintenance and responsibilities of the automobile?
- Where is the vehicle title?
- Are the registration and the insurance card in the vehicle?
- Is a duplicate set of keys available and where?
- Who can be called for emergency transportation?
- Do you have a towing or emergency road service? Is the number available to all drivers in your family?



Administrative: (Note: There are many factors involved regarding preparation of legal documents such as wills, powers of attorney, etc. If you do not already have these prepared, or they need to be reviewed and updated, you should contact an attorney or other legal service and discuss your particular situation with a legal expert.)

- Does your spouse/family have a power of attorney? Is it “full” or “limited?”
- Does your spouse/family have copies of all birth certificates?

- Does your spouse/family know your social security number?
- Where are the insurance policies kept?
- Are family members aware of government benefits/entitlements?
- Are all-important papers safeguarded? Does your spouse/family know where they are and have access?
- Do you and your spouse/family have updated wills?
- If you are a single parent, have you provided your caregiver a power of attorney to authorize medical treatment of your child in your absence if you cannot be contacted?

Checklist of Important Documents that should be available during your absence:

- Marriage certificate/divorce decrees
- Automobile/tag registrations
- Powers of attorney
- Insurance policies (auto, home, health)
- Adoption papers
- Letters of naturalization
- Passports
- Bank books
- Copies of mortgage/lease
- Stocks, bonds, and other securities



Emergency Notifications:

The families of deployed staff should always know emergency telephone numbers of the ambulance, police, fire department, poison control center and family practice clinic or doctor. They should also know your specific work organization, your supervisor's telephone number and an emergency contact number where you may be reached during your deployment.

D4: Pre-Deployment Checklist

____ Supervisor/Director approval prior to travel arrangements

____ Emergency contact telephone numbers while away

____ Specific deployment paperwork

- Driver's license/Picture ID
- Badge
- Vaccination Records
- Professional License
- Time Cards

____ Travel Arrangements

____ Sufficient cash (bank machines may not be available or in working order; be careful of large sums and the need to secure on person)

____ Technical Equipment- As desired (Unless specifically directed otherwise, you should expect that necessary equipment and supplies will be provided for you to perform your duties. However, medical personnel may desire to bring with them some of their own reference material and personal equipment such as a PDR, manuals, personal stethoscopes, BP cuff, ophthalmoscope, bandage scissors, etc.)

____ Know where to report or whom to meet at destination

____ Any special requirements (i.e. medications, allergy or other medical tags or bracelet, etc.)

D5: What to Pack when Deploying

Note: This is specifically for volunteers who know that they will deploy for an extended period of time.

Sleeping Gear

- Sleeping bag
- Ground Cloth
- Sleeping bag for cold weather

Clothing

- Long trousers (2 pairs)
- Shorts
- Long-Sleeved shirts (2)
- Short-Sleeved shirts (3-5)
- Work boots (steel toe recommended)
- Canvas shoes (comfortable)
- Canvas shoes (comfortable)
- Underwear (3)
- Socks (3)
- Sun hat (baseball cap)
- Jacket with hood
- Large bandana
- Rain coat & rain pants
- Leather work gloves

Personal Items

- Shampoo
- Toilet paper
- Deodorant
- Hand lotion
- Insect repellent with 35% DEET
- Shaving cream
- Foot care (alcohol, powder, moleskin)
- Handiwipes
- Medications (Tylenol, Advil or other pain medications; RXs, decongestants, antacids)
- Bar soap/conditioner
- Toothpaste/brush

Cooking & Food

- Mess kit (plate, cup, & bowl)
- Knife, spoon, & fork set
- Enough easy-to-carry food for 48 hours, such as granola bars, beef jerky, trail mix (non-perishables)
- Water purification tablets
- 1-qt canteens (3)

Miscellaneous

- Head lamp (second flash light)
- Extra bulb/batteries
- Waterproof matches/fire starters
- Hard hat
- Goggles
- Face mask/dust mask
- Tape, safety pins, sewing kit
- Book/reading material
- Sunglasses
- Extra glasses/contacts
- Cash, travelers checks, credit cards
- Necessary meds
- Necessary hygiene items
- Inflatable pillow
- Camera/film
- Personal medical equipment (scissors, stethoscope, etc.)
- Flashlight/batteries
- Notebook
- Pocket knife
- Hearing protection
- Trash bags



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Contact List

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Cassie Cochran	MRC Coordinator	479-968-3254	479-857-8975	cassie.cochran@arkansas.gov

For 24-hour emergency assistance contact:

ADH Emergency Communications Center
501-661-2136 or 1-800-651-3493