ARIZONA DEPARTMENT
OF HEALTH SERVICES

MEDICAL SURGE PERSONNEL AND PUBLIC HEALTH VOLUNTEER COORDINATION PLAN

Arizona Department of Health Services

October 2022

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Table of Contents

Record of Changes

Date	Change	Page(s)

10/2022	During the COVID Response, the plan was activated, which initiated a review and update to include lessons learned. All sections were updated. Below is a list of changes:
	• Updated the plan Title
	• Updated the Purpose section
	• Updated definitions for volunteer and interchangeable terms
	• Added a Scope section
	• Updated the Situation Overview section
	• Added the At-Risk Individuals section
	• Added definitions in the body of the plan
	• Updated the Planning Assumptions section
	• Updated the Concept of Operations & added an image
	• Updated the Organization and Assignment of Responsibilities & Added Healthcare Coalitions
	• Added the Direction, Control, and Coordination section & added images & table
	• Added the Information Collection, Analysis, and Dissemination section & added an image
	• Updated the Administration, Finance, and Logistics section
	• Updated the Plan Development and Maintenance section
	• Updated the Authorities and References
	• Updated and Added the following Appendices:
	   ○ Appendix A: Key Definitions
	   ○ Appendix B: Acronym List
	   ○ Appendix C: ESAR-VHP/What Do Volunteers Need To Know?
	   ○ Appendix D: Volunteer Resource Request & Logistical Considerations Checklist
	   ○ Appendix E: Arizona Professional License Boards & Credential Resources
	   ○ Appendix F: Volunteers' Economic Value
	   ○ Appendix G: Facilities Tracking and Reporting Volunteer Usage
	• Removed the Introduction section
	• Removed the following sections:
	   ○ Terms & Conditions
	   ○ Risk Management
		Entire Plan

Date	Change	Page(s)

	○ Safety
	      ○ Public Information - Emergency recruitment
	      ○ Public Information - Failsafe and Redundancy
	● Removed the Legal Authority section:
	      ○ Legal Authority
	      ○ Workers and Staff Liability
	      ○ Volunteer Liability
	● Removed Appendix B: Public Health Priority Professions
	● Removed Appendix C: Credential Levels
	● Replaced and Updated Appendix D: Credentialing Contact List (Now Appendix E)
	● Removed Appendix E: Sample Volunteer Request Form
	● Removed Appendix F: Overview of Arizona ESAR-VHP Request Process
	● Replaced and Updated Appendix G: Summary of Logistic Considerations for Requesting Entities (Now Appendix D)
	● Removed Appendix H: Demobilization and Recovery Checklist
	● Removed Appendix I: Volunteer Hourly Rate Calculator	

06/2018	Editorial corrections and streamlining	Entire Plan
12/2017	Removals and streamlining	Entire Plan
9/2017	Editorial corrections	Entire Plan
06/2017	ESAR-VHP Request Form screenshots updated	Appendix E
12/2016	Plan was reviewed and updated where needed to ensure compliance with the following documents: ● Capability planning elements ● Corrective action workplan ● Volunteer response guidelines ● Healthcare-related disaster legal policy ● Grant funding opportunity announcements	Various

Purpose

This plan describes the framework by which the Arizona Department of Health Services (ADHS) will:

1. Harmonize the coordination and communication with:
    a. Qualified healthcare professionals (clinical), individuals without healthcare qualifications (non-clinical), lay non-health volunteers, and spontaneous unaffiliated volunteers to support public health and healthcare partners' preparedness, response, and recovery activities.
    b. Support local partners with medical surge personnel, planning and response.
2. Provide technical assistance and support to:
    a. Increase the Arizona Emergency System for Advance Registration of Volunteer Health Professionals (AZ-ESAR-VHP) registry.
    b. Provide situational awareness and education to administrators and system users.
    c. Maintain effective situational awareness during inter-jurisdictional movement of volunteers throughout deployment.
3. Provide technical assistance to support volunteer coordination through guidance and resource tools that assist local jurisdictions and volunteer organizations before, during, and after an incident.

This plan aims to support and assist jurisdictions with building and sustaining a statewide volunteer management program. The program should be flexible and scalable whereby jurisdictional plans are easily integrated and complement each other to allow for the:

1. Resource requests of volunteers and surge personnel.
2. Collaboration and addressing of concerns with multi-jurisdictional partners before, during, and after emergencies to support public health emergency planning and response.

Scope

The scope of this plan embraces a whole community approach to engage the full capacity of state, local, tribal, and federal government partners with support from the private and nonprofit sector partners in the volunteer management process. At a minimum, this means collaborating with local volunteer coordinators to build or refine resource tools and strategies required to create a volunteer coordination plan that addresses protocols to support Arizona's all-inclusive diverse population base through:

1. Recruiting and coordinating volunteers.
2. Utilizing a volunteer registry database (such as AZ-ESAR-VHP or another system capable of integrating with other electronic volunteer registries) to manage. volunteers.
3. Educating local public health and healthcare partners on the volunteer resource request process.

Moreover, this plan does not address the management of volunteer commitment services or legal protections in any descriptive manner, as these are issues best addressed at the local level. To assist the local jurisdictions, the Arizona laws and regulations governing volunteerism are provided as a resource tool. In addition, a checklist of logistical considerations when volunteer services are required can be found in *Appendix D*. Finally, the term *volunteer* may be interchangeable with other worker types such as registrants, medical staff, surge personnel, and other emergency workers.

Situation Overview

Recent natural and human-caused catastrophic incidents have demonstrated the need for credentialed volunteers and surge personnel to complement federal, state, and local response and recovery activities. In addition, the potential for widespread consequences due to these events often crosses jurisdictional lines and may exceed available resources at local and state levels. In such cases, surge personnel may enhance and relieve response efforts. ADHS is the primary agency that supports these activities and the Bureau of Public Health Emergency Preparedness (BPHEP) is responsible for:

1. Verifying credentials of volunteers.
2. Maintaining this volunteer coordination plan to support a response.
3. Educating local jurisdictions on the protocol for requesting medical volunteers and surge personnel.

Volunteers may be called upon to staff and support emergency response functions (e.g., first-aid, mass triage, screening sites, etc.). If an incident is expected to surpass Arizona's capacity to support a response, the state may request additional resources from neighboring states or the federal government. Any disaster that threatens surge capacity or staffing gaps may require volunteer support.

AZ-ESAR-VHP is the electronic tool for jurisdictions to manage medical volunteers and other surge personnel. In this system, registrants create a profile which outlines their identity, deployment preferences, contact information, occupation details, training, skills and certifications. To ensure a minimum readiness standard is met for deployment activities, the system has the ability to:

1. Verify registrant qualifications.

2. Alert and notify registrants about available opportunities.
3. Schedule registrants for active missions.
4. Conduct a criminal background check (this is an optional paid service).

At-Risk Individuals

This plan encompasses coordination and support for at-risk populations, including Limited English Proficiency (LEP) populations, geographically isolated individuals, access and functional needs (AFN) groups, people with serious mental illness (SMI), and others requiring behavioral healthcare. Response strategies will consider the medical and public health needs of groups such as people with disabilities, pregnant women, children, senior citizens, and other sub-groups as dictated by the response.

Planning for at-risk individuals occurs on several levels within Arizona. The U.S. Department of Health and Human Services (HHS) and the ADHS use the Communication, Maintaining Health, Independence, Support and Safety, and Transportation (CMIST) framework to identify and understand at-risk individuals with AFN when planning for, responding to, and recovering from a disaster. The CMIST Framework provides a useful and flexible framework for emergency planning and response that emphasizes a person's needs without having to define a specific diagnosis, status, or label.

During a disaster, it has been observed that certain at-risk individuals, specifically those with AFN, may require additional response assistance before, during and after an incident. These additional considerations for at-risk individuals with AFN are vital towards inclusive planning for the whole community, and have been mandated for inclusion in federal, state, tribal, and local public health emergency plans by the Public Health Service Act (PHSA). In addition, Arizona Healthcare Coalitions will be called upon during an emergency event to share information throughout their members to ensure that the needs of at-risk individuals are addressed.

Planning Assumptions

- The Public Health Incident Management System (PHIMS) will be used to support, respond, and manage all response activities compliant with the National Incident Management System (NIMS) and National Response Framework (NRF).
- In a response to an emergency declaration (local, tribal, state, federal):
  - Surge personnel may perform unpaid or paid services.
  - All resource requests should be initiated at the local level using WebEOC form 213-RR.
  - Volunteer resource requests to the state are made after local resources and

capabilities have been exhausted or exhaustion is imminent.

- Only verified ESAR-VHP profiles will be alerted or deployed.
- The requesting entity will handle volunteer care, feeding, lodging, transportation, safety and security considerations (see *Appendix D*).
- Requesting facilities will identify a volunteer staging and training area (VSTA) for the initial intake or demobilization.
- Health, safety, security, and supervision will always be priorities.
- Surge personnel will be managed at the lowest organizational and jurisdictional level possible.
- The use and movement of surge personnel across the state may be tracked and reported by the requesting entity to AZ-ESAR-VHP system administrators.
- Volunteers may choose to accept or decline a call to service at any time.
- All spontaneous unaffiliated volunteers (SUV) must meet minimum deployment standards before being able to deploy or join the response or recovery efforts.
- ADHS will maintain volunteer accountability during mobilization, movement, and deployment via AZ-ESAR-VHP, when necessary.
- In cases of a major disaster or catastrophic events, ADHS may need to make provisions to expand this plan and response.
- Public health or medical volunteer groups involved in emergency response may use the AZ-ESAR-VHP system for registration, alert notification, and credential verification of volunteers (see website www.azdhs.gov/volunteer).
- Volunteers requested or received from outside states will be coordinated through Emergency Mutual Aid Compact (EMAC) and with the support of the Department of Emergency and Military Affairs (DEMA).
- Liability and legal protection relating to volunteer services, paid or unpaid, is addressed at the local jurisdiction or the requesting healthcare facility during a declared or undeclared emergency.
- As identified in Arizona Revised Statutes § 12-981, a "volunteer" is a person who performs services for a nonprofit corporation or nonprofit organization, hospital, or governmental entity without compensation other than reimbursement of actual expenses incurred.

Concept of Operations

This section describes how volunteer resources are coordinated during the response and recovery phases of an emergency. This plan may be executed by an exercise or in response to a real-world emergency. Any exercise or real-world incident that addresses this plan should follow the Homeland Security Exercise and Evaluation Program (HSEEP).

Response and Recovery Phases

The federal government may strengthen state and tribal government's efforts during a response when available resources are exhausted. This support becomes active when requested by an authorized state representative. Once approved, the Administration for Strategic Preparedness and Response (ASPR) will convene a meeting with Arizona to discuss assistance to augment the response. They may use the National Disaster Medical System (NDMS), Public Health Service Corps, Medical Reserve Corps, state ESAR-VHP programs, or other HHS Operating Division resources to support Arizona surge demands.

Emergency Support Function (ESF) 8-Public Health and Medical Services is the state's mechanism for coordinating federal, state, and local assistance to supplement local resources in a response. In conjunction with DEMA, ADHS will continue to monitor incidents and maintain situational awareness with county and local governments where applicable.

The system administrator will prepare AZ-ESAR-VHP registry profiles for future deployment and conduct educational assistance to local volunteer coordinators on the:
1. Use and best practices of the AZ-ESAR-VHP system, and the
2. Volunteer resource request process.

Local public health authorities closely monitor and gather situational awareness during an incident to facilitate an effective response. Other touchpoints during an event may include:
- Establishing advanced communication amongst ESF 8 partners.
- Continuing to collect, analyze, and disseminate relevant information among key stakeholders.
- Ensuring essential systems, personnel, and resources are maintained at the highest state of readiness.
- Educating requesting facilities on the volunteer resource request process and logistical considerations to support volunteers' needs.
- Reviewing surge personnel resources to support response and recovery operations.
- Establishing mechanisms for liability protection, policy, legal triage, and other legal considerations.
- Reviewing agreements or memorandums of understanding (MOU) with local

volunteer organizations.

- Preparing for the activation and operation of the volunteer coordination plan.
- Verifying credentials of volunteers and surge personnel who meet mission specifications and ensure mission support services (volunteer wraparound services) are established.
- Tracking volunteer use and movements.
- Reviewing surge personnel demobilization procedures.
- Ensuring volunteer personal data is destroyed within 90 days or after the information is no longer needed in a timely manner.
- Reviewing recovery triggers and protocols as recovery actions will likely begin while response activities are still in progress.

Recovery operations will become the primary focus as life safety and public health concerns have subsided during and after a disaster or emergency response. Figure 1 outlines some recovery considerations that should take place during this phase.

Efforts to restore the public health volunteer management infrastructure, healthcare system capacity, and capability toward pre-disaster levels will begin with:

- Stabilization in surge capacity and staffing gaps.
- Reduction in resource requests and volunteer opportunities.
- Track volunteer physical and behavioral health status post demobilization.
- Provide post-incident support to volunteers & volunteer recognition and appreciate.
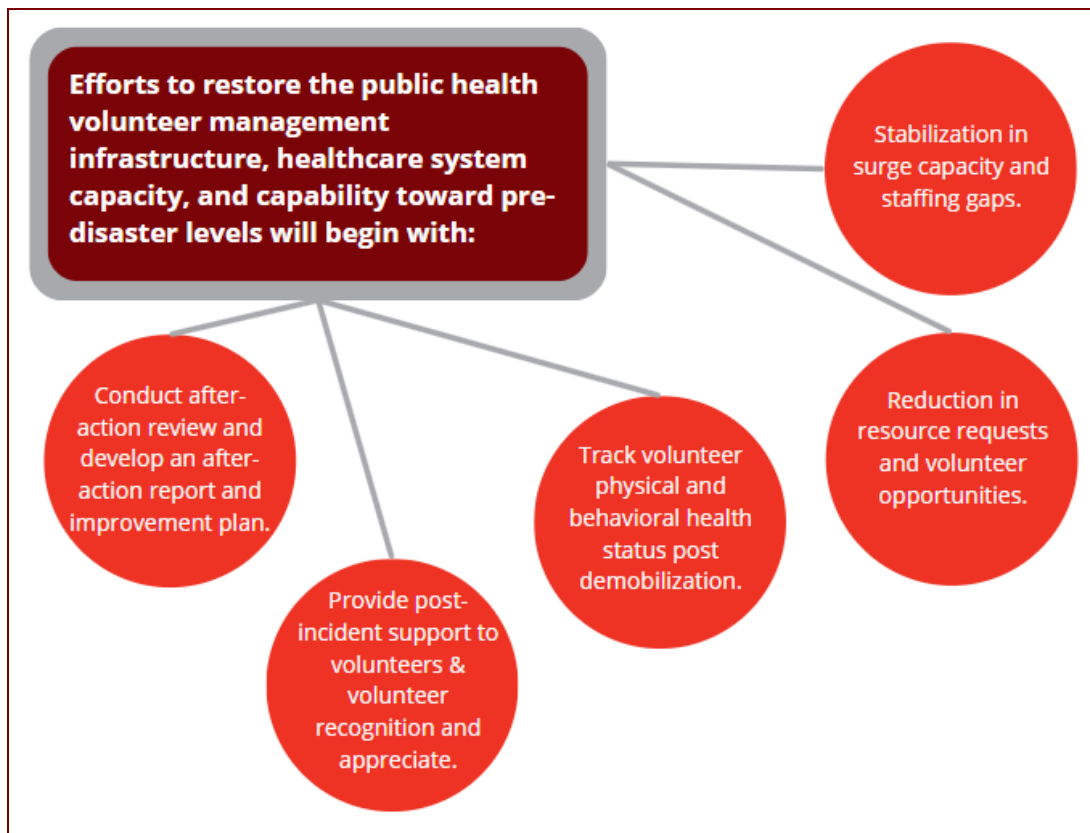- Conduct after-action review and develop an after-action report and improvement plan.

Figure 1

Organization and Assignment of Responsibilities

When programs are activated, the primary focus for volunteer management partners is to continuously evaluate resource supply. Many partners are available to help and strengthen public health and healthcare infrastructure affected by surge gaps. The roles and responsibilities of key ESF 8 partners are summarized in Table 1 below:

Table 1

Agency	Roles and Responsibilities
Federal Government	- ASPR is the primary agency for the federal ESAR-VHP response activities. - The primary agency responsible for coordinating the provision of appropriate medical personnel, equipment, public health, and healthcare services in the federally led ESAR-VHP operations.
Arizona Department of Emergency and Military Affairs	- Lead agency in providing management of lay non-health volunteers, spontaneous unaffiliated volunteers, and unsolicited donated goods. - ESF 8 lead provides situational awareness and coordination with the Health Emergency Operations Center (HEOC).
Arizona Department of Health Services	- Assists with the coordination and communication of credentialed volunteers. This includes local public health personnel, healthcare partners, and volunteer organizations to support the infrastructure in response recovery activities. - Educate requesting county and tribal public health agencies, healthcare facilities, and other volunteer organizations on the agency's volunteer resource request process and logistical considerations to support surge capacity. - Monitor situational awareness regarding volunteer capability, capacity, and triggers that may lead to volunteer resource requests. - Process volunteer requests within 12 hours of receiving HEOC authorization approval. If necessary, the alert processing timeframe can be flexible to extend beyond 12 hours. - Perform verification of professional volunteer licenses and certifications following federal and state laws using the AZ-ESAR-VHP or other programs.

Agency	Roles and Responsibilities
Arizona Department of Health Services	- Provide technical assistance, guidance, and resource tools to increase AZ-ESAR-VHP situational awareness, education, and outreach to local jurisdictions, administrators, and system users. - Coordinate AZ-ESAR-VHP implementation and troubleshoot errors with the application vendor. - Support local jurisdiction with tracking and monitoring the use and movement of volunteers throughout deployment. - Understand the general rules and regulations of governing professional licensing issuance and the boards authorized to grant licenses or certificates to practice medicine within the state (see *Appendix* E). - Support the integration of local volunteer systems and plans. - Coordinate with the requesting organization's point of contact (POC) to collect data on the number of AZ-ESAR-VHP registrants used during deployment and their economic contribution. - Ensure volunteer personal data is destroyed when the information is no longer needed or within 90 days following the close of the event. - Review the laws, rules, and regulations that govern volunteer liability, protection and policies.
County and Tribal Government	- Share situational awareness regarding volunteer capability, capacity, and triggers that may lead to volunteer resource requests from local jurisdictions to the state and federal partners. - Coordinate calls with stakeholders and requesting facilities to address the volunteer resource request process. - Outreach and education for local healthcare partners on the AZ-ESAR-VHP program and the volunteer resources request process. - Understand the general rules and regulations of governing professional licensing issuance and the boards authorized to grant licenses or certificates to practice medicine within the state (see *Appendix* E). - Coordinate with the jurisdictional authorities on laws, rules, and regulations governing volunteer liability, protection, and policies (see the Authorities and References).

Agency	Roles and Responsibilities
County and Tribal Government	- AZ-ESAR-VHP Regional Administrators manage their local volunteer network. - Perform a preliminary credential verification on registered volunteer profiles. - Support additional volunteer logistics as needed (E.g. movement, communications, wraparound services, health monitoring, etc.). - Align strategies and protocols for coordinating volunteers and surge personnel with local public health volunteer coordinators. - Coordinate with the facility POC to collect data on the number of AZ-ESAR-VHP registrants used during deployment and their volunteer economic contribution. - Ensure volunteer personal data is destroyed when the information is no longer needed or within 90 days following the close of the event.
Hospital and Healthcare Systems	- Share situational awareness and triggers that may lead to volunteer resource requests to the county or tribal public health partners. - Healthcare system providers shall initiate volunteer resource requests with local public health. - Support integration, communication, wraparound support services, mobilization, and demobilization of volunteers. - Coordinate with the facility POC to collect data on the number of AZ-ESAR-VHP registrants used during deployment and their economic contribution. - Work with local public health to align strategies and protocols for volunteers and surge personnel coordination. - Ensure volunteer personal data is destroyed when the information is no longer needed or within 90 days following the close of the event.
Healthcare Coalition	- Work with local public health to align strategies and protocols to support healthcare surge capacity and staffing gaps. - Share situational awareness and healthcare system triggers that may lead to volunteer resource requests to strategic partners.

Agency	Roles and Responsibilities

Non-Profit Organizations:
 	
Medical Reserve Corp
 	
Community Emergency Response Team
 	
Volunteer Organizations Active in a Disaster
 	
Community Organizations Active in a Disaster
 	
Other Non-profit & Private Sector Organizations
	• Integrate the AZ-ESAR-VHP database within the organization's systems to coordinate volunteer plans and programs with local health and emergency management departments.
	• Verify responding volunteers have been appropriately credentialed, background checked, trained, and received a mission brief before deployment.
	• Educate volunteers on:
	   ○ pre-deployment and deployment.
	   ○ health and safety monitoring.
	   ○ out-processing and post-deployment.
	• Understand the general rules and regulations of governing professional licensing issuance. Identify the boards authorized to grant licenses or certificates to practice medicine within the state (see *Appendix* E).
	• Alert the ADHS Volunteer Coordinator when local volunteer units have been activated to address potential threats.
	• Coordinate with local authorities on the rules and regulations governing volunteer liability, protection, and policies.
	• Coordinate with the facility POC to collect data on the number of AZ-ESAR-VHP registrants used during deployment and their volunteer economic contribution.
	• Ensure volunteer personal data is destroyed when the information is no longer needed or within 90 days following the close of the event.

ESAR-VHP System Administrators	• Maintain up-to-date volunteer profiles within the state system. • Volunteers must not be deployed without mission operation authorization at the appropriate jurisdictional level. • Volunteers must not be deployed without lodging and logistical support services.

Agency	Roles and Responsibilities
AZ-ESAR-VHP System Administrators	• Provide advance communication and coordination regarding AZ-ESAR-VHP activations, relevant systems, and protocols involving interstate movement of Arizona volunteers. • Provide situational awareness regarding the capability, capacity, and triggers leading to volunteer resource requests. • Establish communication systems to maintain effective monitoring of volunteer use and movement. • Ensure personal data is destroyed when the information is no longer needed or within 90 days following the close of the event. • Understand volunteer roles and responsibilities at the appropriate jurisdictional level. • Regional administrators need to understand the jurisdictional authorities that govern issues of liability, protection, and policy. • Understand the general rules and regulations of governing professional licensing issuance. Identify the boards authorized to grant licenses or certificates to practice medicine within the state (see *Appendix* E).

Direction, Control, and Coordination

Authority to Initiate Actions

1. The Director of ADHS, or designee, holds primary responsibility for activation of the HEOC and PHIMS. This authority is also delegated to the Assistant Director of Public Health Preparedness Services and the Bureau Chief of the BPHEP.
2. Implementation of the Medical Surge Personnel and Public Health Volunteer Coordination Plan will come from the HEOC Manager or appointed official.

Activation

Upon activation for an incident, the Volunteer Management Unit will report through the HEOC Operations or Logistics Sections, depending on the scale and nature of the incident to address surge gaps and staffing shortages in the healthcare system. Activities and actions of the unit during a response are further detailed in Figure 2.
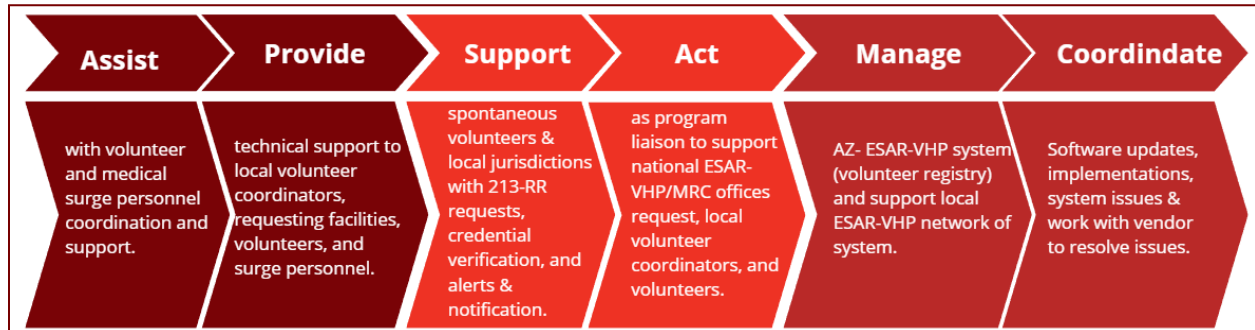
Assist	Provide	Support	Act	Manage	Coordindate
with volunteer and medical surge personnel coordination and support.	technical support to local volunteer coordinators, requesting facilities, volunteers, and surge personnel.	spontaneous volunteers & local jurisdictions with 213-RR requests, credential verification, and alerts & notification.	as program liaison to support national ESAR-VHP/MRC offices request, local volunteer coordinators, and volunteers.	AZ- ESAR-VHP system (volunteer registry) and support local ESAR-VHP network of system.	Software updates, implementations, system issues & work with vendor to resolve issues.

Figure 2

Volunteer Resource Requests Coordination Flow

The volunteer resource request coordination flow diagram (Figure 3) shows the pathways in which the local and state jurisdictions initiate and gather volunteers to supplement a surge or staffing shortage. These resources can be sourced vertically, horizontally, or both.
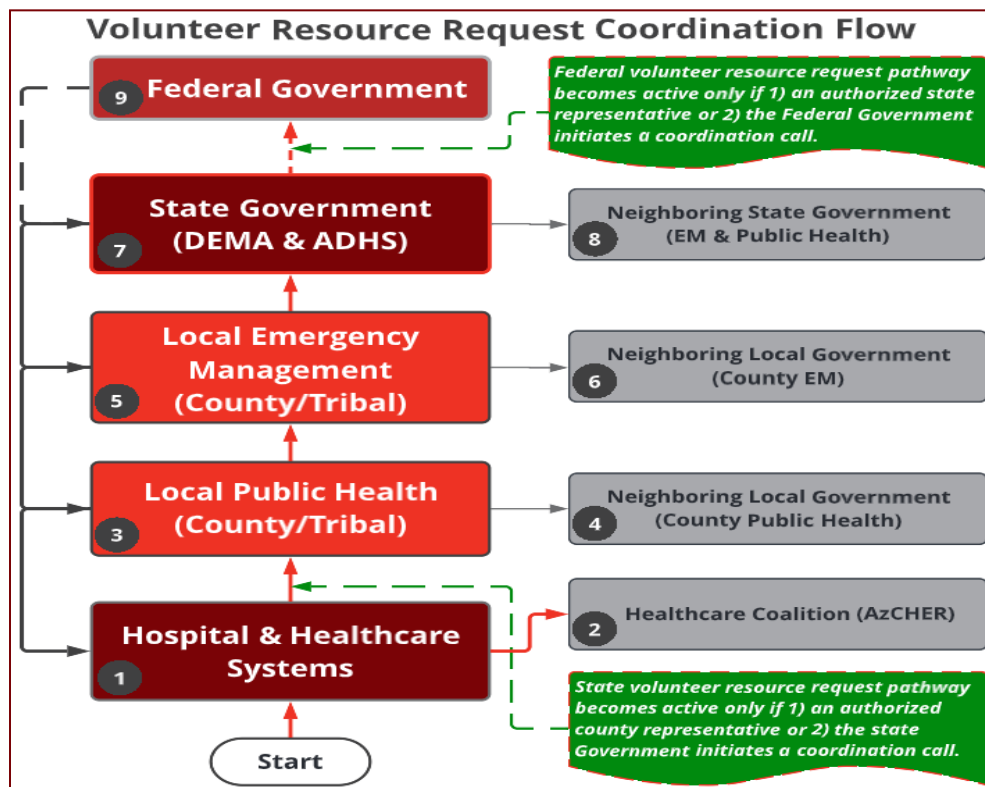

Volunteer Resource Request Coordination Flow

9 Federal Government

Federal volunteer resource request pathway becomes active only if 1) an authorized state representative or 2) the Federal Government initiates a coordination call.

State Government (DEMA & ADHS) 7

8 Neighboring State Government (EM & Public Health)

Local Emergency Management (County/Tribal) 5

6 Neighboring Local Government (County EM)

Local Public Health (County/Tribal) 3

4 Neighboring Local Government (County Public Health)

Hospital & Healthcare Systems 1

2 Healthcare Coalition (AzCHER)

Start

State volunteer resource request pathway becomes active only if 1) an authorized county representative or 2) the state Government initiates a coordination call.

Figure 3

Performance Standards for Volunteer Requests

The time frames below outline AZ-ESAR-VHP performance standards for the 213-RR requests. Upon receipt of the resource request, the AZ-ESAR-VHP Response Unit shall:

Table 2

Performance Standards	Operations Upon Receipt of Request	Key Stakeholders
Health Emergency Operation Center	• Within 1 hour, schedule a coordination call to review the request. Upon completion of the call, the following activities below ensue.	• Arizona Department of Health Services • County or Tribal Public Health • Requesting Facility
	• Within 1 hour of the coordination call, seek approval to launch the AZ-ESAR-VHP alert notification message.	• AZ-ESAR-VHP Response Unit • HEOC Logistics or Operations Chief

	• During or at the end of the volunteer deployment, follow up with the requester and the volunteers to collect deployment data including:
	  ○ Number of volunteers deployed from the AZ-ESAR-VHP Network (see *Appendix G*).
	  ○ Volunteer economic contribution (number of AZ-ESAR-VHP volunteers used, number of volunteer hours, and the dollar value of the volunteer services, see *Appendix F*).
		• Arizona Department of Health Services
		• AZ-ESAR-VHP Administrators
		• County or Tribal Public Health
		• Requesting Facility

Performance Standards	Operations Upon Receipt of Request	Key Stakeholders
ESAR-VHP Program	• Within 2 hours of receiving the 213-RR, launch the alert & notification message by querying the system and generating a potential list of volunteers to contact. • Within 12 hours, review the alert results, contact potential volunteers, identify willing volunteers, and verify their qualifications and deployment readiness. • Within 24 hours, provide the requester with a verified list of available volunteers and provide the volunteers with the requester's POC information.	• Arizona Department of Health Services • AZ-ESAR-VHP Administrators • County or Tribal Public Health

Mobilization & Logistical Considerations

After volunteers have affirmed their willingness to support a deployment assignment, the requesting entity may provide preliminary touch points regarding the mission (e.g. the nature of the emergency, sleeping, eating, travel arrangements, deployment length, hours of operation, and VSTA location). After the initial volunteer briefing, please refer to Figure 4 for the next action steps of the volunteers.
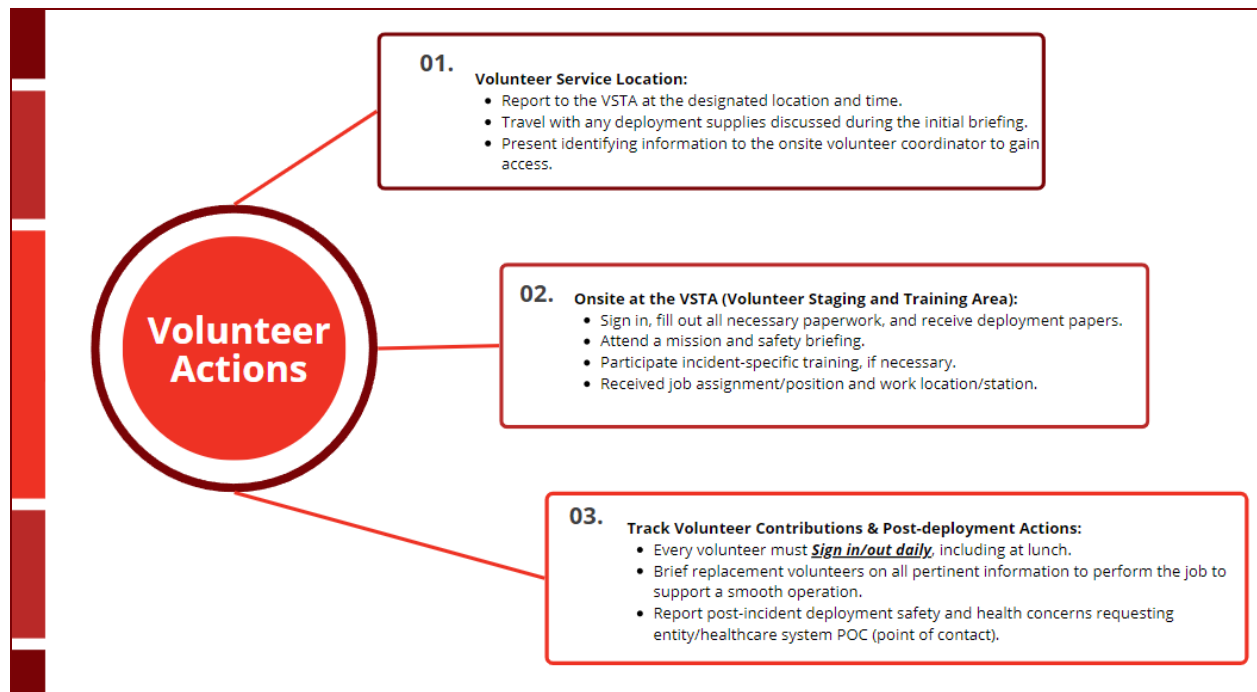

Volunteer Actions

01. Volunteer Service Location:
- Report to the VSTA at the designated location and time.
- Travel with any deployment supplies discussed during the initial briefing.
- Present identifying information to the onsite volunteer coordinator to gain access.

02. Onsite at the VSTA (Volunteer Staging and Training Area):
- Sign in, fill out all necessary paperwork, and receive deployment papers.
- Attend a mission and safety briefing.
- Participate incident-specific training, if necessary.
- Received job assignment/position and work location/station.

03. Track Volunteer Contributions & Post-deployment Actions:
- Every volunteer must *Sign in/out daily*, including at lunch.
- Brief replacement volunteers on all pertinent information to perform the job to support a smooth operation.
- Report post-incident deployment safety and health concerns requesting entity/healthcare system POC (point of contact).

Figure 4

For additional information on volunteer wraparound support services, mobilization, demobilization, and logistical considerations, refer to *Appendix C* and *Appendix D*.

Credential Verification Process

The AZ-ESAR-VHP program was created in coordination with HHS to provide advance registration and credentialing of healthcare professionals that are able to provide services during a disaster or an emergency. Credentialing is obtaining, verifying, and assessing the qualifications of healthcare professionals and support workers to provide patient care, treatment, and services for a healthcare organization.

As a result, based on national guidelines, credentialing standards will be used within the AZ-ESAR-VHP System to determine volunteers' deployment readiness and eligibility to participate in the volunteer program. The AZ-ESAR-VHP program has three types of volunteers that are outlined in Figure 5.

01 HEALTHCARE PROFESSIONALS (CLINICAL)
- Must hold an active and unencumbered license issued by a state board authorized to issue a medical license/certificate.
- Must have an active license/certificate issued by an Arizona board to practice medicine in Arizona.

02 HEALTHCARE SUPPORT WORKER (NON-CLINICAL)
- May hold a medical certificate, and Arizona does not have a board that is authorized to issue a certificate.

03 LAY NON-HEALTH WORKER (NON-CLINICAL)
- No medical licenses/certificates are not required

Figure 5

For additional information on a list of the Arizona boards and agencies license lookup websites, see *Appendix E*.

Spontaneous Unaffiliated Volunteers

During large-scale emergencies, local governments may be required to manage SUVs. History has shown that spontaneous volunteers will converge at an incident site or wherever they believe there may be opportunities to volunteer. Though well-intentioned, these volunteers may interfere with the efforts of first responders. Local governments are typically responsible for responding to those seeking help and directing them to appropriate disaster agencies and volunteer organizations. Well-managed volunteers are valuable to the community and contribute to positive public perception of local government response and recovery efforts.

If SUVs overwhelm the local jurisdictions system, partners may seek support from the state. DEMA, in conjunction with ADHS, will urge volunteers to:
1. Join the state or local response team within the AZ-ESAR-VHP program (esar-vhp.health.azdhs.gov).
2. Register with and support local volunteer organization programs.
3. Collaborate with appropriate volunteer reception centers and organizations to develop relevant referral and outreach procedures.

Securing Volunteers from other States

When all local and state volunteer resources have been exhausted, it may require outreach to other state programs to fulfill 213-RR requests. Refer to Figure 6 for how ADHS will coordinate resources and secure volunteer profile information from other states.
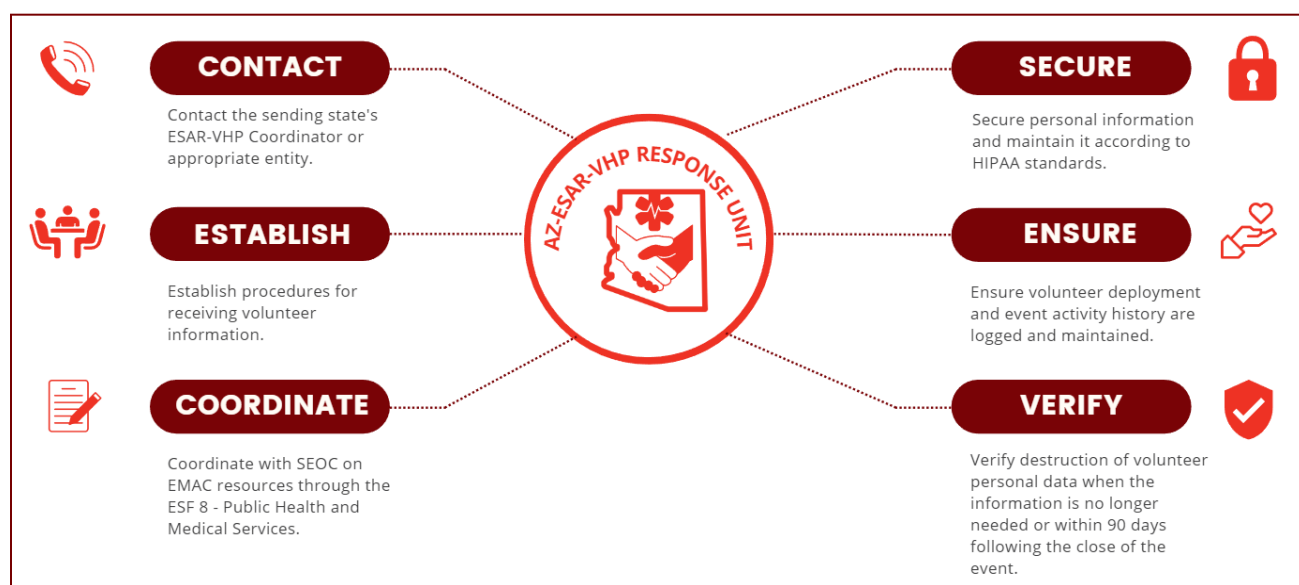

CONTACT
Contact the sending state's ESAR-VHP Coordinator or appropriate entity.

ESTABLISH
Establish procedures for receiving volunteer information.

COORDINATE
Coordinate with SEOC on EMAC resources through the ESF 8 - Public Health and Medical Services.

SECURE
Secure personal information and maintain it according to HIPAA standards.

ENSURE
Ensure volunteer deployment and event activity history are logged and maintained.

VERIFY
Verify destruction of volunteer personal data when the information is no longer needed or within 90 days following the close of the event.

Figure 6

Information Collection, Analysis and Dissemination

To align strategies during a response, different types of information and data are required to be collected, analyzed, and shared with identified partners. This empowers, leverages and strengthens the local infrastructure to better respond to and recover from a threat or incident. Much of the information that is requested and shared may be sensitive; it is the responsibility of each stakeholder to ensure all information is secured.

In addition, the best practice in securing information is to only share information with the partners needing to utilize the data, necessary information that partners require to perform their job, and ensure sensitive data is destroyed.

Communications and Coordination

The volunteer coordination plan has two communication and coordination approval pathways; one for day-to-day preparedness operations and the other for emergency response and recovery activities. Figure 7 illustrates the flexible and scalable pathways based on leadership or operational needs.
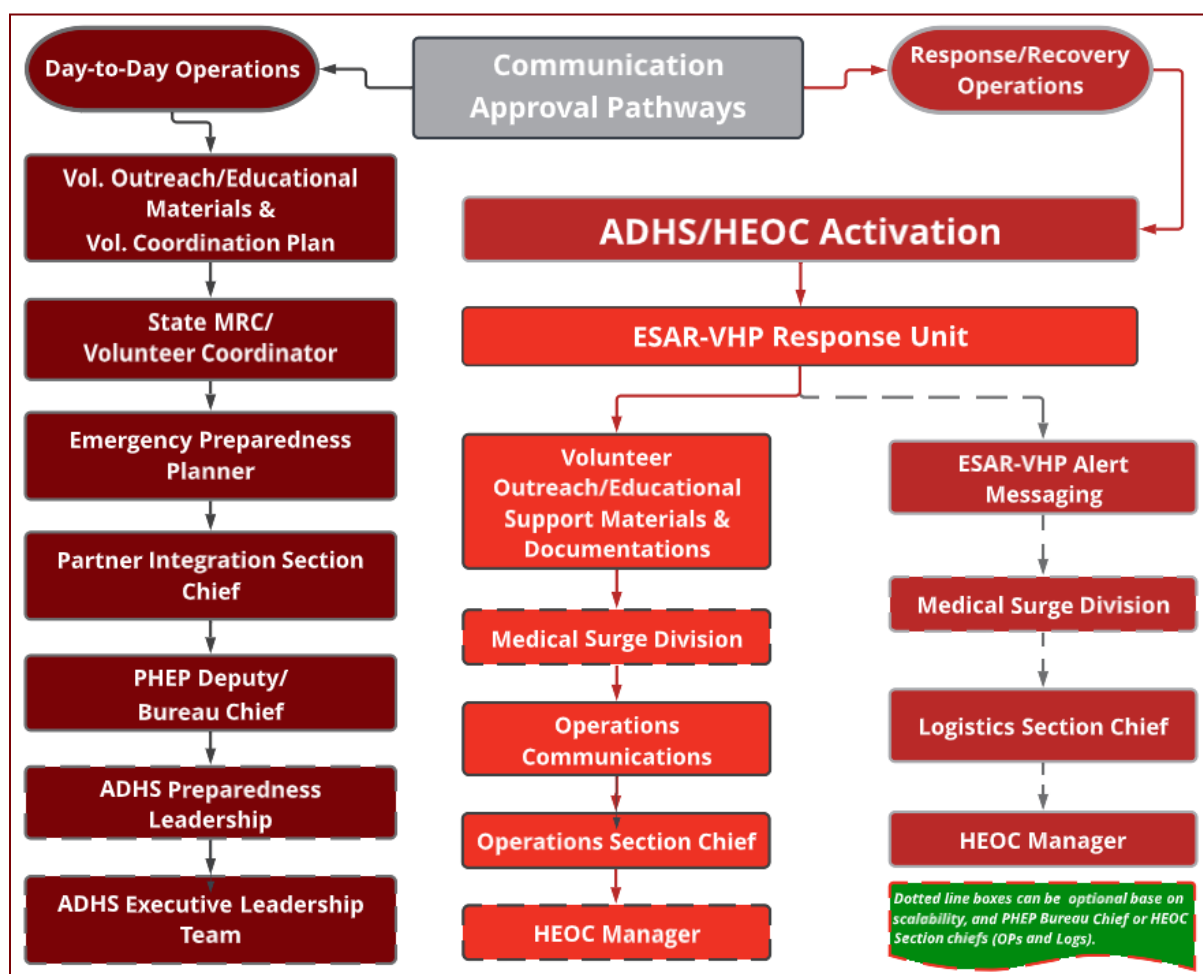
Figure 7

Volunteer resource information developed through these communication pathways are shared amongst ESF 8 partners to help support and strengthen volunteer preparedness, response, and recovery activities. The communication pathways allow ESF 8 partners to alert and notify volunteers about volunteer opportunities with consistent messaging.

Administration, Finance, and Logistics

There may be a need to procure resources to further response efforts during any emergency, which is handled by the HEOC Logistics Section while working with the Finance Section.

ADHS has developed standard work for expedited procurement during emergencies through the use of statewide procurement contracts and state purchasing cards (P-Card). This process gives ADHS the ability to rapidly respond to procurement needs during a declared emergency. Refer to the *Continuity of Operations-Executive Management Plan* (COOP-EMP) for the emergency procurement process.

Also, during declared emergencies, the impacted jurisdiction(s) and other responding agencies are responsible for maintaining records of all expenditures incurred during response operations for possible federal reimbursement:

1. Federal agencies are responsible for financial claims and documentation for federally led mobilizations.
2. In collaboration with the Finance Section, the HEOC may maintain ADHS-related costs and funding records as necessary.
3. Requesting and receiving facilities will track and monitor costs in conjunction with reimbursement procedures.
4. Volunteer cost calculation guidance and resources relating to hours and priority professions are available from the [US Bureau of Labor and Statistics](#).

Demobilization

ADHS will support jurisdictions in tracking and monitoring the demobilization process, in addition, any outstanding issues will be communicated to the SEOC and the requesting and receiving entity. ADHS and ESF 8 partners involved in the mobilization, movement, and demobilization of volunteers may participate in a "hot wash" following the event. Additionally, ADHS will participate in after-action reporting and incorporate lessons learned within improvement process planning following HEOC standard operating guidelines.

The Volunteer Management Unit will coordinate with local Volunteer Coordinators to determine when volunteers have been deactivated. Each volunteer will be encouraged to update their AZ-ESAR-VHP profile to include their service.

Plan Development and Maintenance

ADHS plan review and revision involves three levels:

- Level 1 - Cosmetic and cursory internal review.
- Level 2 - Operational stakeholder review for content updates.
- Level 3 - Complete plan overhaul.

In collaboration with internal and external stakeholders, BPHEP takes the lead in reviewing and revising the plan to ensure:

1. The plan will be evaluated through exercises or real-world events regularly. ADHS and stakeholder participation will vary and is dependent on the scope of the exercise or event. The associated corrective actions, lessons-learned, and best practices will be implemented and integrated as appropriate.
2. The maintenance of the plan will include a review by communicating through email, telephone, or in-person meetings with operational stakeholders as dictated by the level of review identified. This will occur at a minimum of every 3 years and in conjunction with exercise or real-world events.
3. Public comment may be obtained for emergency preparedness plans directly through the ADHS website.
4. The revised plan will be posted to the ADHS public-facing website and filed in the agency's secure information sharing portal. In addition, the updated and approved plan will be shared with all operational stakeholders and other partners to promote local and state emergency planning alignment.

Acronyms

Acronyms	Meaning
213-RRs	Resource Request
AAR	After Action Report
ADHS	Arizona Department of Health Services
AFN	Access and Functional Needs
ARS	Arizona Revised Statutes
ASPR	Administration for Strategic Preparedness and Response
AZ-ESAR-VHP	Arizona Emergency System for the Advanced Registration of Volunteer Health Professionals
BPHEP	Bureau of Public Health Emergency Preparedness
CDC	Centers for Disease Control and Prevention
CMIST	Communication, Maintaining Health, Independence, Support and Safety, and Transportation
COOP-EMP	Continuity of Operations-Executive Management Plan
CORES RMS	Community Response System Responder Management System
DEMA	Department of Emergency and Military Affairs (Arizona)
EMAC	Emergency Mutual Aid Compact
ESF	Emergency Support Function

Acronyms	Meaning
FEMA	Federal Emergency Management Agency
HIPAA	Health Insurance Portability and Accountability Act
HHS	U.S. Department of Health & Human Services
HEOC	Health Emergency Operations Center
HSEEP	Homeland Security Exercise and Evaluation Program
IGA	Intergovernmental Agreements
LEP	Limited English Proficiency
MRC	Medical Reserve Corps
MOU	Memorandum of Understanding
NDMS	National Disaster Medical System
NIMS	National Incident Management System
NLC	Nurse Licensure Compact
NRF	National Response Framework
P-Card	Purchasing Card
PHIMS	Public Health Incident Management System
PHSA	Public Health Service Act

Acronyms	Meaning
PO	Purchase Order
POC	Point of Contact
POD	Point of Dispensing
SEOC	State Emergency Operations Center
SERRP	State Emergency Response and Recovery plan
SMI	Serious Mental illness
SUV	Spontaneous Unaffiliated Volunteers
USERRA	Uniformed Services Employment and Reemployment Rights Act
VSTA	Volunteer Staging and Training Area

Authorities and References

Liability and legal protection relating to volunteer services are addressed at the local jurisdiction or the requesting healthcare facility.   This summary is intended as a basic reference guide and for a comprehensive listing of Arizona Revised Statutes, visit the Arizona State Legislature website [Arizona Revised Statutes (azleg.gov)](azleg.gov).

Table 3

Summary of State Statutes		
Code	**Title**	**Subject**
ARS §9-500.02	Cities and Towns	Emergency medical aid; assistance to other public bodies; limitation on liability
ARS §12-571	Courts and Civil Proceedings	Qualified immunity; health professionals; nonprofit clinics; previously owned prescription eyeglasses
ARS §12-820.04	Courts and Civil Proceedings	Punitive and exemplary damages; immunity
ARS §12-981	Courts and Civil Proceedings	Definitions
ARS §12-982	Courts and Civil Proceedings	Qualified immunity; insurance coverage
ARS §23-801	Labor	Liability of employer
ARS §23-802	Labor	Declaration of policy
ARS §23-803	Labor	Hazardous occupations
ARS §23-804	Labor	Posting of notices by employer
ARS §23-805	Labor	Right of action for damages; two-year limitation
ARS §23-901	Labor	Definitions
ARS §23-901.01	Labor	Occupational disease; proximate causation; definitions
ARS §23-901.02	Labor	Liability of last employer; exception
ARS §23-901.06	Labor	Volunteer workers

Summary of State Statutes

Code	Title	Subject
ARS §23-902	Labor	Employers subject to chapter; exceptions
ARS §23-906	Labor	Liability under chapter or under common law of employer securing compensation; carriers; service representatives; right of employee to make elections; procedure for making election
ARS §23-907	Labor	Liability of employer failing to secure compensation; defenses; presumption; right of employee to compensation under chapter; information exchange; civil penalties; settlement of disputed claim
ARS §23-961	Labor	Methods of securing compensation by employers; deficit premium; civil penalty
ARS §23-1022 (E)	Labor	Compensation as exclusive remedy for employees; public agency employees
ARS §26-301 (7)	Military Affairs and Emergency Management	Definitions
ARS §26-303	Military Affairs and Emergency Management	Emergency powers of governor; termination; authorization for adjutant general; limitation
ARS §26-307	Military Affairs and Emergency Management	Powers of counties, cities, towns and state agencies designated by the governor to make orders, rules and regulations; procedure
ARS §26-308	Military Affairs and Emergency Management	Powers of local government; local emergency management establishment; organization
ARS §26-309	Military Affairs and Emergency Management	Mutual aid; responsibilities of agencies and officials; interstate and federal agreements
ARS §26-310	Military Affairs and Emergency Management	Use of professional skills

Summary of State Statutes

Code	Title	Subject
ARS §26-311	Military Affairs and Emergency Management	Local emergency; power of political subdivisions; state agency assistance
ARS §26-312	Military Affairs and Emergency Management	Authority of executive officers and governing bodies to accept materials or funds
ARS §26-314	Military Affairs and Emergency Management	Immunity of state, political subdivisions and officers, agents and emergency workers; limitation; rules
ARS §26-353	Military Affairs and Emergency Management	Emergency response; immunity
ARS §26-402	Military Affairs and Emergency Management	Emergency Management Assistance Compact (EMAC)
ARS §32 Title	Professions and Occupations	List of Professions which require a license in the State of Arizona
ARS §32-1422	Professions and Occupations	Basic requirements for granting a license to practice medicine
ARS §32-1426	Professions and Occupations	Licensure by endorsement
ARS §32-1430	Professions and Occupations	License renewal; expiration
ARS §32-1471	Professions and Occupations	Health care provider and any other person; emergency aid; non-liability
ARS §32-1472	Professions and Occupations	Limited liability for emergency health care at amateur athletic events
ARS §32-1473	Professions and Occupations	Limited liability for treatment related to delivery of infants; physicians; hospitals; exception; definition
ARS §32-1632	Professions and	Qualifications of professional nurse;

Summary of State Statutes

Code	Title	Subject
	Occupations	application for license
ARS §32-1642	Professions and Occupations	Biennial renewal of license; failure to renew; renewal of certification; inactive licensees
ARS §32-1832	Professions and Occupations	A retired physician who had the renewal fee waived by the board may perform volunteer work of not more than 10 hours a week.
ARS §36-628	Public Health and Safety	Provision for care of persons afflicted with contagious disease; expenses
ARS §36-787	Public Health and Safety	Public health authority during state of emergency or state of war emergency
ARS §36-790	Public Health and Safety	Privileges and immunities
ARS §36-2206	Public Health and Safety	Liability for emergency instructions
ARS §32-2226	Public Health and Safety	Emergency administration of epinephrine by good Samaritans; exemption from civil liability
ARS §36-2263	Public Health and Safety	Civil liability; limited immunity; good Samaritan
ARS §48-818	Special Taxing Districts	Emergency medical aid or assistance to other public bodies; limitation on liability
Uniformed Services Employment and Reemployment Rights Act (USERRA)	note: USERRA can apply to a civilian VHP if the VHP was activated by Federal Emergency Management Agency (FEMA)	Rights of Volunteer Health Professionals to continue employment

Appendix A: Definitions

Access and Functional Needs refers to individuals with and without disabilities, who may need additional assistance because of any condition (temporary or permanent) that may limit their ability to act in an emergency.

An **emergency worker** is a person who is registered and certified with a local or state emergency management organization to engage in authorized emergency management activities.

Emergency Volunteer Management is the ability to screen, credential, train, assign, supervise, and demobilize volunteers to support public health and healthcare organizations during emergencies.

Nurse Licensure Compact (NLC) increases access to care while maintaining public protection at the state level. It allows a nurse to have one multistate license with the ability to practice in their home state and other compact states.

Surge personnel is an individual who performs service for compensation. This type of service is called "contract for hire" or "temporary paid assignment.

A **volunteer** is an individual who performs services without compensation (free of charge) other than reimbursement of actual expenses incurred. This type of service is called "volunteer service/work" or "temporary unpaid assignment.

Volunteer Management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers/surge personnel to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.

Appendix C: What Do Volunteers Need To Know?

AZ-ESAR-VHP

What Do Volunteers Need To Know?

WHAT IS ESAR-VHP?

ESAR-VHP is a secure online public health emergency preparedness registry for ALL Arizona healthcare professionals. This registry system enables hospitals and other medical entities to meet the crisis, surge capacity needs, and ensure the continuance of critical health care services for Arizonans.

WHERE DO I SIGN UP?

Volunteers can register in the system at https://esar-vhp.health.azdhs.gov/. The registry is open to all medical and non-medical personnel. Medical staff must provide information about their active healthcare license/certifications and work experience. All other volunteers without a healthcare license should provide information about their education/work experience. Registered volunteers may be affiliated or unaffiliated members. When registering, volunteers can select to be an affiliated member with a local volunteer organization such as the Medical Reserve Corps (MRC) or Community Emergency Response Team (CERT) by joining a "Local Response Team." Volunteers who wish to support the broader Arizona communities as unaffiliated members by joining the "Statewide Response Team."

WHAT VOLUNTEER OPPORTUNITIES CAN I CONSIDER?

All volunteer opportunities/missions are voluntary. When completing the ESAR-VHP volunteer profile, there is an option to indicate the length and distance the volunteer is willing to travel. If notified of a mission, volunteers are not required to accept the volunteer opportunity. Moreover, it is crucial to keep the volunteer profile up to date with the latest contact and license information to help with the volunteer matching process for available missions.

HOW WILL I BE NOTIFIED?

Volunteers will receive an alert notification by email or phone number on file on behalf of the requesting entity, such as a local health department, hospital, or long-term care facility that is interested in a specific volunteer skill set (RNs, CNAs, EMTs, or MD, etc.). Upon receiving the alert notification, volunteers can accept or decline the mission. Remember, 1) volunteers can decline a mission at this stage of the process, and 2) licensed medical volunteers must hold an active and encumbered Arizona license to practice medicine in the state.

WHERE DO I GO? WHAT DO I NEED TO KNOW?

Upon accepting a mission opportunity, volunteers will receive an initial volunteer briefing (virtual or email, or phone) on the mission and information about the volunteer staging and training area (VSTA). Volunteers will deploy to the VSTA at the mission site to receive a VSTA and safety briefing and, if applicable, just-in-time training. Volunteers must 1) travel with a legal identification to gain access to the VSTA site, 2) shall sign in/out each day of volunteer services, and 3) Brief replacement volunteers on all pertinent information to perform the job to support a smooth operation. If a volunteer is unsure of the following parameters, contact the VSTA field supervisor to address any issues or questions.

THE VOLUNTEER MISSION IS OVER...WHAT DO I DO NOW?

Before leaving the volunteer site, sign out with the VSTA field supervisor, await instructions on post-incident deployment activity, including safety and health monitoring, confirm that all the appropriate forms are signed and approved before officially being released from service, and debrief volunteer opportunities to enhance future volunteer experience.

Thank you for your volunteer service and for helping ensure Arizona's health.

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Appendix D: Volunteer Resource Request & Logistical Considerations Checklist

This checklist should be utilized by requesting entities/healthcare facilities to submit a 213-RR through the local public health jurisdiction.

Before AZ-ESAR-VHP volunteers can be deployed, the requesting entities/healthcare facilities are required to develop a plan for providing volunteer wraparound support services (volunteer care, feeding, lodging, and transportation considerations, etc.).

Volunteer Resource Request & Logistical Considerations Checklist	
1.	**Liability Coverage (personal and medical) Initiation:** ☐ Identify who provides the required personal/medical liability and workers' compensation coverage. ☐ Identify who is providing the required workers' compensation coverage.
2.	**Tracking and Monitoring System Integration:** ☐ Ensure the systems used to track and monitor volunteer health professionals/lay non-health can integrate with AZ-ESAR-VHP. ☐ Identify support mechanisms that maintain the security of volunteer information. ☐ Information and data are "For Official Use Only" and will remain confidential. ☐ Ensure any volunteer personal data received will be securely managed and destroyed within 90 days following the close of the event.
3.	**Safety and Security:** ☐ Identify who will be responsible for the safety and security of the requested volunteer. ☐ Identify who will provide the volunteers with identity badges or some other repeatable and secure method to identify volunteers and ensure scene security quickly. ☐ This should be part of the requester's emergency planning process.

Volunteer Resource Request & Logistical Considerations Checklist

4.	**VSTA:**
	☐ Establish a preliminary deployment or check-in site and a final demobilization or check-out site.
	☐ A local VSTA may be established when sending volunteers out of state – gather additional check-in and check-out information from the receiving state.
	☐ Site secured by the requesting entity/healthcare facility
	☐ List VSTA location and hours of operation.
	☐ List VSTA POC information.
5.	**Mobilization, Deployment, or Reception (Demobilization):**
	☐ Ensure onsite requirements for the identification and verification of volunteer(s) are compliant with appropriate regulatory entities.
	☐ Ensure mobilization, demobilization, and deployment information has been communicated.
	☐ Ensure a POC for further information has been identified.
	☐ Ensure volunteer departure and arrival methods have been identified.
	☐ Air ☐ Bus ☐ Government-owned vehicle ☐ personal-owned vehicle
	☐ Identify key points for ingress and egress.
	☐ Establish clear check-in and check-out procedures.
	☐ Establish clear protocols for sending and receiving information.
	☐ Ensure tracking and monitoring procedures have been determined for:
	☐ Logging of arrival and departure (locations and times). This information can be logged on a form and signed by the volunteer supervisor, or this process can be done electronically.
	☐ AZ-ESAR-VHP Response team is available to support local jurisdictions with developing forms and protocols.
	☐ Volunteer coordinators can find support for volunteer cost calculation at the US Bureau of Labor and Statistics: https://www.bls.gov/oes/current/oes_nat.htm.
	☐ Provide post-incident support to volunteers.
	☐ Develop processes to show volunteer recognition and appreciate.

Volunteer Resource Request & Logistical Considerations Checklist

	☐ Develop a protocol for safety and health monitoring and surveillance reporting.
6.	**Team Assignment:** ☐ Identified direct report/supervisor. ☐ Ensure work assignment location and POC information have been established. ☐ Team name (Optional). ☐ Team leader (Optional).
7.	**Communication and Briefings:** ☐ Ensure mission briefing information has been prepared. ☐ Ensure job-aids or just-in-time training is prepared. ☐ Provide safety briefing as appropriate to the situational hazards. ☐ Identify any hospital privileging approval accommodations to be made (as needed). ☐ Identify related job duty limitations, modifications, and restrictions needing to be updated. ☐ Communicate volunteer shift schedule. ☐ Establish a centralized message contact/location where volunteers and volunteers' family members can leave messages in the event of a personal emergency.
8.	**Living Quarters:** ☐ Identify and communicate availability (or arrangements). ☐ Describe the living quarters (i.e., camp, hotel, shelter). ☐ Identify and document location.
9.	**Transportation:** ☐ Identify and communicate the type of transportation that will be used. ☐ Communicate schedule and location of pick-up and drop-off times.

Volunteer Resource Request & Logistical Considerations Checklist

10.	**Sanitation and Personal Hygiene:** ☐ Communicate location of facilities/type/resources. ☐ Identify personal showers and washing schedules. ☐ Identify clothing exchange or washing resources. ☐ Identify the location of additional supplies. ☐ Personal hygiene items.
11.	**Feeding:** ☐ Communicate food/feeding resources, location, and schedules. ☐ Communicate protocols regarding requests for special diets (medical necessities).
12.	**Recreation, Relaxation, and Entertainment:** ☐ Communicate the type of services available or accessible. ☐ Include location and transportation resources. ☐ Communicate types of services available. ☐ Communicate locations where services are available. ☐ Identify transportation resources.

13.	**Timekeeping and Compensation Claims:**
	☐ Prepare to answer questions regarding workman's compensation claims.
	    ☐ Identify the POC for further information.
	☐ Communicate timekeeping and recording requirements.
	    ☐ Identify POC for further information.
	☐ Prepare to answer questions regarding tort-type claims and liability protections.
	    ☐ Identify POC for further information.

Appendix E: Arizona Professional License Boards & Credentialing Resources

According to the ESAR-VHP guidelines; each state must collect and verify the credentials and qualifications for a list of the twenty high-priority health professionals listed below. Beyond this list of occupations, a state may register volunteers from any other occupation it chooses. The standards and requirements for including additional occupations are left to the states (source: High Priority ESAR-VHP Health Professionals). This registry or system is used to collect and securely store healthcare professionals and healthcare support staff profiles that are available to support an emergency response.

Note: Under the Nurse Licensure Compact (NLC), nurses can practice in other NLC states, without having to obtain additional licenses.

AZ-ESAR-VHP High Priority Healthcare Occupations		
Healthcare Occupations	**Licensing Organization Occupation Search**	**Contact**
• Allopathic Physicians (MD) • MD Resident License • Osteopathic Physician (DO) • DO Resident License • Physician Assistants (PA)	• Allopathic Physician (MD) Search • Osteopathic Physician (DO) Search • Physician Assistant (PA) Search	Arizona Medical Board Phone: (480) 551-2700 Toll Free: (877) 255-2212 Arizona Board of Osteopathic Examiners Phone: (480) 657-7703 Arizona Regulatory Board of Physician Assistants Phone: (480) 551-2700 Toll Free: (877) 255-2212
• Naturopathic Physicians (ND or NMD)	• Naturopathic Medical Physicians and Medical Assistants Directory Search	Arizona Naturopathic Physicians Medical Board

AZ-ESAR-VHP High Priority Healthcare Occupations		
Healthcare Occupations	**Licensing Organization Occupation Search**	**Contact**
- Naturopathic Medical Assistants		Phone: (602) 542-8242
- Homeopathic Physicians - Homeopathic Medical Assistant	- Homeopathic Physicians Licensee Directory Search - Homeopathic Medical Assistants Search	Arizona Board of Homeopathic and Integrated Medicine Examiners Phone: (602) 542-8154
- Podiatrist	- Podiatry License Search	State of Arizona Board of Podiatry Phone: (602) 542-8151
- Chiropractic Physician - Chiropractic Assistant	- Chiropractic Physician Search - Chiropractic Assistant Search	State of Arizona Board of Chiropractic Examiners Phone: (602) 864-5088 GeneralInfo@chiroboard.az.gov

Nursing Professions
- Licensed Practical Nurse (LPN or PN)
- Registered Nurse (RN), &
- Advanced Practice Registered Nurse (APRN)
   - (Certified Nurse Practitioner-CNP,
   - Clinical Nurse Specialist-CNS,
	- NurSys: Nursing Profession Search
	
	- **Note:** Nurses with a multi-state license through the NLC can practice in states that participate in the NLC. For Arizona, only the LPN/PN and RN licenses are part of the NLC. Arizona APRN licenses are not part of the NCL.
		Arizona State Board of Nursing (AZBN)
		Phone: (602) 771-7800

AZ-ESAR-VHP High Priority Healthcare Occupations		
Healthcare Occupations	**Licensing Organization Occupation Search**	**Contact**
○ Certified Registered Nurse Anesthetist-CRNA, & ○ Certified Nurse Midwife-CNM Nursing Assistant ● Certified Nursing Assistant (CNA or RCNA) ● Licensed Nursing Assistant (LNA)	● [Nursing Assistant Search](#)	
● Pharmacist ● Pharmacist Intern ● Pharmacy Technician	● [Pharmacy type license verification](#)	[Arizona State Board of Pharmacy](#) Phone: (602) 771-2727
● Psychologist ● Behavior Analyst	● [Psychologist license Search](#) ● [Behavior Analyst license Search](#)	[Arizona State Board of Psychologist Examiners](#) Phone: (602) 542-1882
● Clinical Social Worker (LCSW) ● Counseling (Mental Health Counselor (LPCs) ● Marriage and Family Therapist ● Substance Abuse Counseling	● [Arizona Board of Behavioral Health Examiners](#)	[Arizona Board of Behavioral Health Examiners](#) Phone: 602-542-1882 information@azbbhe.us
● Medical Radiologic Technologists ● Laser Technicians	● [Medical Radiologic Technologists (MRT) and Laser Technicians](#)	[Arizona Department of Health Services](#) Phone: (602) 364-2079

AZ-ESAR-VHP High Priority Healthcare Occupations		
Healthcare Occupations	**Licensing Organization Occupation Search**	**Contact**
• Respiratory Therapist	• [Respiratory Therapist License Status Search](#)	[Arizona Board of Respiratory Care Examiners](#) Phone: (602) 542-5995
• Medical and Clinical Laboratory Scientists (MLS/CLS) • Medical and Clinical Laboratory Technicians (MLT/CLT) including Phlebotomists	• ***Licensure is not required to work in a medical laboratory in Arizona.*** • Eleven states and one territory recognize [ASCLS Laboratory Personnel Licensure](#) (California, Hawaii, Florida, New York, North Dakota, Tennessee, Louisiana, Nevada, West Virginia, Montana, Georgia, and Puerto Rico). • [AMT Certification Lookup](#) • [ASCP/BOC (Board of Certification) Certification Lookup](#) • [National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)](#)	National Professional organizations such as: • [The American Society for Clinical Laboratory Science (ASCLS)](#), • [American Society for Clinical Pathology (ASCP)](#) • [American Medical Technologists (AMT)](#) • [National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)](#) works towards the improvement of clinical pathologists, laboratory professionals, and medical laboratory technicians, dental assistants, medical assistants.
• Dentist • Dental Hygienist	• [Dental Professional Directory Search](#)	[Arizona State Board of Dental Examiners](#) Phone: (602) 242-1492

AZ-ESAR-VHP High Priority Healthcare Occupations		
Healthcare Occupations	**Licensing Organization Occupation Search**	**Contact**
● Denturist		
● Veterinarian ● Certified Veterinary Technician	● [Veterinary Professional or Certified Veterinary Technician Search](#)	[Arizona State Board of Veterinary Medical Examining Board](#) Phone: (602) 364-1738
● Cardiovascular Technologists and Technicians	***Licensure is not required to work as a cardiovascular technologist or technician in Arizona.*** Certification/Credentialing Organizations: ● [Cardiovascular Credentialing International (CCI)](#), and [American Registry for Diagnostic Medical Sonographers (ARDMS)](#) are two associations that administer licensure or credentials relevant to cardiovascular technology, radiation, nuclear medicine, and mammography technologists.	[Cardiovascular Credentialing International (CCI)](#) Phone: (919) 861-4539 [The American Registry For Diagnostic Medical Sonography (ARDMS)](#) Phone #1: (301) 738-8401 Phone #2: (800) 541-9754 Phone: (919) 861-4539 [American Registry for Radiologic Technologists (ARRT)](#) Phone: (651) 687-0048

AZ-ESAR-VHP High Priority Healthcare Occupations		
Healthcare Occupations	**Licensing Organization Occupation Search**	**Contact**
• Diagnostic Medical Sonographers	• ***Licensure is not required to work as a sonographer in Arizona.*** Only four states have Sonographer licensing boards (New Hampshire, New Mexico, North Dakota, and Oregon. • [American Registry for Radiologic Technologists (ARRT)](#) are associations that administer licensure or credentials relevant to cardiovascular technology, radiation, nuclear medicine, and mammography technologists. • [American Registry for Diagnostic Medical Sonographers (ARDMS)](#) is an association that administers licensure or credentials relevant to medical diagnostic sonography or ultrasound.	[American Registry for Radiologic Technologists (ARRT)](#) Phone: (651) 687-0048 [The American Registry For Diagnostic Medical Sonography (ARDMS)](#) Phone #1: (301) 738-8401 Phone #2: (800) 541-9754 Phone: (919) 861-4539
• Emergency Medical Care Technicians (EMCT) • EMCT-Paramedic	• [EMCT Search](#) **Note:** EMCTs and Paramedics must have an active, unencumbered National Certificate to be eligible to apply for an Arizona EMT certificate.	[Arizona Department of Health Services](#) Phone: (602) 364-3150 Toll-Free: 1-800-200-8523

AZ-ESAR-VHP High Priority Healthcare Occupations		
Healthcare Occupations	**Licensing Organization Occupation Search**	**Contact**
● Medical Records and Health Information Technicians	***Licensure** is not required to work as a **Medical Records and Health Information Technician** in **Arizona**.* AHIMA Credential Verification Portal For questions regarding certification, registration, eligibility, digital badges, and transcripts: certification@ahima.org	American Health Information Management Association (AHIMA) Customer Relations: (800) 335-5535 Main Number: (312) 233-1100 info@ahima.org

Appendix F: Volunteers' Economic Value

This Google Sheet is a resource tool to assist with calculating volunteers' contribution value. Key elements required economic value:

☐ Occupation Type = Medical (M), and Non-medical (NM)
☐ Occupation/Profession = Registered Nurse, Medical Doctor, or Non-Medical, etc.
☐ Visit the US Bureau of Labor and Statistics (https://www.bls.gov/oes/current/oes_nat.htm)
☐ Total Volunteers' Economic Value = hours X hourly wage

Resource tool available upon request: partner.integration@azdhs.gov | esarvhp@azdhs.gov

Volunteers Contribution Hours and Value

No. #	Date	Mission Name/Type	Organizations/ Network	Occupation Type (M & NM)	Occupation/Profession	First Name	Last Name	Total Volunteer Contribution Hours	Volunteer Contribution Hourly Wage (Estimate)	Total Volunteer Economic Value ($ Amount)	
1	05/10/21	Phoenix Studium Vaccine POD	HandsOn Greater Phoenix	Non-medical	Administrative Support	Jane	Doe	4	$18.98	$75.92	Sample Entry
2	05/10/21	Phoenix Studium Vaccine POD	AZ-ESAR-VHP	Medical	RN	John	Doe	6	$39.78	$238.68	Sample Entry
3	05/13/21	Phoenix Studium Vaccine POD	AZ-ESAR-VHP	Medical	EMT-Paramedics	Mary Jane	Doe	6	$23.80	$142.80	Sample Entry
4	05/13/21	Phoenix Studium Vaccine POD	AZ-ESAR-VHP	Medical	Pharamcist	Jacob	Doe	6	$60.43	$362.58	Sample Entry
5	05/13/21	Phoenix Studium Vaccine POD	HandsOn Greater Phoenix	Non-medical	Administrative Support	Michael	Doe	6	$18.98	$113.88	Sample Entry
6	05/13/21	Delta Warehouse POD	HandsOn Greater Phoenix	Non-medical	Laborers and Freight, Stock, and Material Movers, Hand	Gail	Doe	8	$16.80	$134.40	Sample Entry
7	05/13/21	Phoenix Studium Vaccine POD	AZ-ESAR-VHP	Medical	General Internal Medicine Physician	Peter	Doe	12	$116.44	$1,397.28	Sample Entry
8	05/13/21	Phoenix Studium Vaccine POD	HandsOn Greater Phoenix	Non-medical	Administrative Support	Michael	Doe	6	$18.98	$113.88	Sample Entry
9								0	$0.00	$0.00	
10								0	$0.00	$0.00	

Key elements required to calculate contributions:
- Occupation Type = Medical (M), and Non-medical (NM)
- Occupation/Profession = Registered Nurse, Medical Doctor, or Non-Medical, etc.
- Visit the US Bureau of Labor and Statistics (https://www.bls.gov/oes/current/oes_nat.htm) to assist with calculating volunteer

Total Volunteer Contribution Hours	54
Total Voluteer Economic Value (= hours * wage)	$2,579.42

Appendix G: Facilities Tracking and Reporting Volunteer Usage

This Google Sheet is a resource tool to assist with tracking and reporting AZ-ESAR-VHP volunteer usage.   When a mission is completed, the requesting facility should submit a report to the AZ-ESAR-VHP Volunteer Coordinator. Some key elements to consider are:

- ☐ Maintain a list of volunteer outreach due to the call for volunteers through the AZ-ESAR-VHP network of systems.
- ☐ Update the AZ-ESAR-VHP Volunteer Coordinator on the number of volunteers that are continuing to assist with ongoing missions; monthly or quarterly reporting.
- ☐ Update the AZ-ESAR-VHP Volunteer Coordinator on the number of volunteers that express interest, and did not work out to support the volunteer mission including a brief explanation why the volunteer did not work out.

Resource tool available upon request: esarvhp@azdhs.gov | partner.integration@azdhs.gov.

Facilities Reporting on ESAR-VHP Volunteer Usage

No. #	First Name	Last Name	Occupation	ESAR-VHP Alert (Y/N)	Declaration Emergency (Y/N)	Volunteer Utilization Length (Hours)	Comments	
1	Jane	Doe	RN	Y	Y	20	Volunteer disruptive to operation and was inform service no longer needed.	Sample Entry
2	John	Doe	EMT-Paramedics	Y	Y	0	Not a right fit for the organization	Sample Entry
3	Jacob	Doe	Administrative Support	Y	Y	80	Completed the mission	Sample Entry
4	MaryAnn	Doe	Adminstrative Support	Y	Y	20	No show in the middle of operations	Sample Entry
5	Peter	Doe	Laborers and Freight, Stock, and Material Movers, Hand	Y	Y	0	Did not respond to recruitment outreach from facility HR/Talent Manager	Sample Entry
6	Michael	Doe	Pharamcist	Y	Y	0	No show for mission deployment	Sample Entry
7								
8								
9								
10								

Resource Request (RR) #	R-2166053		Current Date:	01/12/22
County	Maricopa		Point of Contact (POC)	Jane Mary Doe
Requesting Facility	AVMC (Arizona Vista Medical Center)		Mobile #	602.768-7856