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I. Purpose
Recent natural and human-made catastrophic events have demonstrated the need for volunteers to supplement and enhance response and recovery capabilities during and after such events. Additionally, the potential for widespread consequences from these events often cross jurisdictional lines. Arizona Department of Health Services (ADHS), Bureau of Public Health Emergency Preparedness is responsible for the implementation and maintenance of a statewide volunteer health professional plan within the state of Arizona to include pre-credentialed volunteers to respond to local, tribal, regional, state, and national emergencies.

The purpose of this Plan is to establish a statewide approach to effectively facilitate the use of volunteers in local, tribal, state, and federal emergency responses. This plan supports the Arizona Emergency System for Advance Registration of Volunteer Health Professionals (AZ ESAR-VHP) and promotes coordination with other volunteer health professional and emergency preparedness entities to support the deployment of health professionals and lay volunteers.

II. Scope
The Arizona Volunteer Coordination Plan goals are to:
- Ensure an adequate and competent volunteer force
- Coordinate the credentialing, verification, recruitment, activation, notification, deployment, movement, and demobilization of volunteers using ESAR-VHP
- Allow sharing of volunteers across jurisdictions and state lines
- Provide guidance on the legal protections that are available to volunteers who serve through the registry

III. Situation Overview
During any disaster or public health emergency response, plans and situations may require health and medical personnel that exceed currently available resources; volunteers may be required to supplement response efforts. Using AZ-ESAR-VHP in conjunction with the national ESAR-VHP program; emergency response officials will utilize this plan to mobilize the volunteer workforce. This plan will foster coordination among volunteers and emergency officials and alleviate barriers associated with integration of workers in an emergency.

Volunteers would likely be called upon to staff and support the following health emergency response functions:
- Hospital surge capacity and capability needs,
- Alternate care sites/facilities,
- Point of dispensing/mass dispensing sites for mass prophylaxis emergencies,
- Shelters and hydration centers for incidents, and
- First-aid, mass triage, or screening sites.
Additionally, this plan will be used to request volunteers from other states when an incident is expected to surpass Arizona’s capability to support local jurisdictions or the state emergency response. Threats that may strain or exceed capabilities include:

- Widespread biological or chemical attack,
- Severe nuclear emergency (Palo Verde Nuclear Generating Station reactor disaster),
- Infrastructure failure, and
- Emergency needs that exceed the total available population of Arizona’s health professionals or events that require immediate support beyond available resources.

### IV. Planning Assumptions

- Volunteer health, safety, security, and supervision will be a priority at all times.
- Volunteer requests are made in response to an emergency declaration (local, tribal, state, federal) after local resources and capabilities have been exhausted.
- Logistical and legal issues regarding the use of volunteers will have been addressed prior to requesting/mobilizing volunteers through ESAR-VHP.
- Volunteers will be managed at the lowest organizational and jurisdictional level possible.
- Volunteers may choose to decline a call to service at any time.
- The Public Health Incident Management System (PHIMS) will be used as a basis for supporting, responding to, and managing all response activities compliant with National Incident Management System (NIMS) and National Response Framework (NRF).
- Requesting entities will identify a main/central volunteer staging and training area (live location or virtual) for initial intake or demobilization of volunteers.
- The use and movement of public health volunteers across local and state jurisdictions will be tracked and reported by the requesting entity.
- Volunteer accountability during mobilization, movement, and deployment will be maintained by ADHS via the state’s electronic ESAR-VHP system.
- Volunteer care, feeding; and transportation considerations will be handled by the requesting entity.
- In cases of a major disaster or catastrophic events, ADHS may need to make provisions to expand this plan and response systems.
- Public health volunteer groups and organizations involved in an emergency response will use AZ-ESAR-VHP for registration 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 AZDEMA/EMAC Coordinator.
- Volunteer coordination will align with CDC’s Ethical Guidance for Public Health Emergency Preparedness and Response (www.cdc.gov/od/science/integrity/phethics/ESdocuments.htm)
- This plan will be reviewed and updated as needed to ensure compliance with national and state program guidelines and standards.
V. Concept of Operations

A. Alignment
Volunteer coordination will occur within the Operations Section of the Arizona Health Emergency Operations Center (HEOC). Volunteer coordination and ESAR-VHP activation aligns within the framework of HEOC/SEOC/SERRP plans. The Volunteer Coordinator will report to the Operations Section Chief and is responsible for executing this Plan in conjunction with HEOC staff.

B. Response Phases
• Phase I – Preparation
• Phase II – Request Processing
• Phase III – Mobilization
• Phase IV – Tracking Volunteer Use and Movement
• Phase V – Demobilization and Recovery

C. Operational Time Frames
The timeframes below outline ESAR-VHP performance standards for the deployment of volunteers:

<table>
<thead>
<tr>
<th>Operation upon receipt of request:</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Query the system and generate a potential list of volunteers to contact.</td>
<td>Within 2 hours</td>
</tr>
<tr>
<td>Contact potential volunteers and identify willing volunteers.</td>
<td>Within 12 hours</td>
</tr>
<tr>
<td>Provide the requester with a verified list of available volunteers.</td>
<td>Within 24 hours</td>
</tr>
</tbody>
</table>

D. Additional Considerations
Activating ESAR-VHP and implementing volunteer coordination may also include the following:

• Coordination among Emergency Support Function 8 (ESF #8) Health and Medical partners,
• Technical assistance in identifying emergency authorizations and volunteer protections,
• Supporting volunteer recruitment and credential verification,
• Supporting the spontaneous volunteer process,
• Technical support and training for volunteers, volunteer coordinators and requesting entities, and
• Program liaison support among national ESAR-VHP/Medical Reserve Corps (MRC) offices, SEOC/ADHS, local volunteer coordinators and volunteers

VI. Organizations and Assignment of Responsibilities
This is an overview of the roles and responsibilities. The ADHS Health Volunteer Coordinator has a guideline referenced in the Health Volunteer Coordinator Guideline which is available on the Health Services Portal (HSP) or directly from the Volunteer Coordinator.
## Federal

U.S. Health and Human Services (DHHS) Assistant Secretary for Preparedness and Response (ASPR) is the primary agency for Federal ESAR-VHP response activities. ASPR is responsible for assisting in the coordination of the provision of appropriate medical personnel, equipment, and provision of health care services in federally lead ESAR-VHP operations. This role will become active only if requested by an authorized state representative or upon HHS/ASPR’s reasonable assessment that Arizona does not have the necessary medical resources to respond to such events. ASPR will notify Arizona to convene a meeting to discuss medical assistance. ASPR may use the National Disaster Medical System (NDMS), Public Health Service Corps, and Division of Civilian Volunteers, State ESAR-VHP programs or other DHHS Operating Division resources to perform these tasks.

## AZDEMA/SEOC

ESF #8 lead to provide situational awareness and coordination with the ADHS/ESAR-VHP Coordinator

<table>
<thead>
<tr>
<th>ADHS/HEOC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coordinate ESAR-VHP implementation and assistance</td>
<td></td>
</tr>
<tr>
<td>• Provide credential verification for registered volunteers</td>
<td></td>
</tr>
<tr>
<td>• Maintain 24/7 accessibility to state registration system</td>
<td></td>
</tr>
<tr>
<td>• Provide advance coordination and communication with health volunteers, volunteer entities, and public health partners</td>
<td></td>
</tr>
<tr>
<td>• Provide technical assistance, guidance and resources to support effective use and movement of volunteers throughout ESAR-VHP activation and deployment</td>
<td></td>
</tr>
<tr>
<td>• Process volunteer requests within 24 hours of receiving HEOC authorization</td>
<td></td>
</tr>
<tr>
<td>• Assist in the tracking and monitoring of volunteer use and movement</td>
<td></td>
</tr>
<tr>
<td>• Maintain a historical log of volunteer deployment</td>
<td></td>
</tr>
<tr>
<td>• Maintain ESAR-VHP standards and guidelines</td>
<td></td>
</tr>
<tr>
<td>• Provide advance communication, coordination regarding ESAR-VHP activations, relevant systems and protocols involving interstate sending/receiving of AZ volunteers</td>
<td></td>
</tr>
<tr>
<td>• Share situational awareness regarding volunteer capability, capacity, and triggers potentially leading to requests for volunteers</td>
<td></td>
</tr>
<tr>
<td>• Support integration of local volunteer systems and plans</td>
<td></td>
</tr>
<tr>
<td>• Establish communication systems to maintain effective monitoring of volunteer use and movement</td>
<td></td>
</tr>
<tr>
<td>• Ensure volunteer personal data is destroyed within 90 days when the information is no longer needed</td>
<td></td>
</tr>
</tbody>
</table>

## Local Emergency Management and County/Tribal Health

Facilitate local volunteer requests following state processes
- Follow the proper volunteer request process to cover liability issues
- Support local integration, communication, mobilization and demobilization of volunteers
- Align strategies and protocols for health volunteer coordination with ADHS
- Ensure volunteer personal data is destroyed within 90 days when the information is no longer needed

## Hospital

Facilitate volunteer requests following local health department/emergency management (EM) processes
- Support local integration, communication, mobilization and demobilization of volunteers
- Work with the local public health to align strategies and protocols for health volunteer coordination
- Ensure volunteer personal data is destroyed within 90 days when the information is no longer needed

## Support Entities (MRC, CERT, DMAT)

Maintain ESAR-VHP credential verification standards
- Integrate ESAR-VHP within volunteer systems and plans
- Ensure responding volunteers have been appropriately credentialed (see ESAR-VHP standards)
- Coordinate plans and systems with local health departments/OEM
- Alert ADHS/Health Volunteer Coordinator when local volunteer units have been activated

## Coordinators utilizing ESAR-VHP database

Maintain up-to-date volunteer profiles within the state system
- Follow the proper volunteer request process to cover liability issues
- Do not deploy without an authorized mission/operation number
- Provide advance communication, coordination regarding ESAR-VHP activations, relevant systems and protocols involving interstate sending/receiving of AZ volunteers
• Share relevant awareness regarding volunteer capability, capacity, and triggers potentially leading to requests for volunteers
• Establish communication systems to maintain effective monitoring of volunteer use and movement
• Ensure volunteer personal data is destroyed within 90 days
• Maintain volunteer code of conduct as established by requesting entity
• Clearly understand legal considerations, JITT, emergency response trainings, volunteer roles and responsibilities

VII. Direction, Control, and Coordination

Phase I- Preparation

A. Recruiting
The Department of Health and Human Services (DHHS) has determined a list of Public Health Priority Professions that are necessary and often in short supply during a public health emergency (see Appendix B). ADHS will make a concerted effort to continually recruit these specialized professions.

B. Credential Verification
Overview of Emergency Credentialing Standards
The ADHS Volunteer Coordinator will classify every healthcare and non-healthcare volunteer in accordance with the emergency credentialing standards. The following ESAR-VHP terms and emergency credentialing standards definitions will be referenced in this section:

Credentials are a health volunteer’s qualifications. Credentials will be used with an ESAR- VHP System to determine a health volunteer’s emergency credential level. According to The Joint Commission, credentials are the documented evidence of licensure, education, training experience, or other qualifications.

Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care professional to provide patient care, treatment, and services in or for a health care organization. Detailed information on the process used to verify volunteer credentials is available in the separate AZ-ESAR-VHP CORES RMS Administrator Guide document, available on the Health Services Portal (HSP) or within RMS by following the Help link. All volunteers and administrators have access to the help section, although volunteers cannot access documentation outlining advanced features of the system.

Emergency credentialing level (ECL) is a designation assigned to a volunteer registered in ESAR- VHP and based on possessed and verified qualifications. Each healthcare volunteer being evaluated may be classified into one of four different ECLs: Levels 1, 2, 3, and 4. The highest ECL is level 1 indicating that the health volunteer possesses all of the minimum required qualifications and that these have been appropriately verified. Please refer to Appendix C for credentialing levels.
ESAR-VHP Health Volunteers Emergency Credentialing Standards

Emergency credentialing standards establish common personnel resource definitions that assist in the efficient ordering and dispatching of personnel during an incident and to ensure that requesting authorities receive the personnel needed during an emergency or disaster. A limited set of credentials are utilized under these standards. A credentialing contact list can be referenced in Appendix D.

ESAR-VHP Credentialing Levels

Credential Level 1
ECL 1 Classifies individuals that are available to work in hospitals in times of an emergency. Hospital-qualified health professionals are distinguished from other health professionals through a rigorous and constant review of credentials and performance. ASPR standards for assignment to Credential Level 1 were developed in consultation with the hospital industry and reflect the level of review hospitals would require before accepting a volunteer into their facility. Assignment to Level 1 requires confirmation that the volunteer is clinically active in a hospital, either as an employee or by virtue of having hospital privileges.

Credential Level 2
ECL 2 Classifies individuals who may deliver services in a wide variety of settings such as clinics, nursing homes, and shelters. Typically, these health professionals possess all the credentials and qualifications of a Level 1 health professional except that they are not employed in a hospital nor do they have hospital privileges. Assignment to Level 2 requires confirmation that the volunteer is clinically active in any setting other than a hospital (e.g., clinic, private practice, nursing home, etc.).

Credential Level 3
ECL 3 Classifies individuals who meet the basic qualifications necessary to practice in the State in which they are registered. Assignment to Level 3 requires verification of a volunteer’s license, certification, or other State requirement to practice. In situations where the State does not govern a profession, ASPR has identified requirements that are deemed to be usual and customary for employment in the profession, which must be verified.

Credential Level 4
ECL 4 Classifies individuals who have healthcare experience or education in an area that would be useful in providing basic healthcare not controlled by scope of practice laws and to assist clinicians. Assignment to Level 4 requires that the volunteer possess verified documentation of healthcare education or experience. This level may include, but is not limited to, healthcare students or retired healthcare professionals who no longer hold a license.

Terms and Conditions
Each individual registering with ESAR-VHP is required to read and accept the Terms and Conditions. By accepting the statement, volunteers agree that they are solely responsible for the information they provided on the application. Volunteers agree to provide complete accurate and non-
misleading information in all areas of the ESAR-VHP website and update such information in order to maintain its accuracy and completeness. At any time, volunteers may update information regarding their information profile on the ESAR-VHP website.

Once the volunteer has accepted the Terms and Conditions and completed the Registration Information portion of the volunteer application, a confirmation will be sent to them by ESAR-VHP registry staff. Once this occurs, they are officially registered in the ESAR-VHP database and will have a profile. They can access their profile online by using the username and password created during the registration process.

C. Risk Management
The ADHS internal contact for support and information can be reached at 602-542-5372 via the State Insurance Analyst with the Arizona Department of Administration Risk Management. During an event, contact the State Risk Management Office www.azrisk.state.az.us at 602-542-2182.

Planning information on ESAR-VHP Legal and Regulatory Issues may be found at: http://www.publichealthlaw.net/Projects/ESAR-VHP.php.

Users may access an ESAR-VHP Legal and Regulatory Issues Advanced Toolkit at:

[http://www.publichealthlaw.net/Research/PDF/ESAR%20VHP%20Toolkit.pdf], the advanced toolkit includes the following relevant documents:

ESAR VHP Legal and Regulatory Issues Project: An Overview - Power Point Presentation

Universal Checklist for ESAR-VHP Legal and Regulatory Issues and Civil Legal Liability and Public Health Emergencies Checklist

Volunteers officially deployed in response to a request will receive a mission-specific number from the SEOC, plus additional information regarding professional liability and workers compensation protection.

Volunteers enrolled in AZ-ESAR-VHP are eligible for state- and/or local-sponsored liability, legal coverage, and worker’s compensation within the borders of the state or local jurisdictions during a declared state of emergency or public health emergency crisis. Additionally, similar coverage is applied if they are officially deployed by the Governor to a disaster area outside the state, under the national Emergency Management Assistance Compact (EMAC) or by other mutual aid agreements. Any of the participating hospital CEOs may declare a large-scale disaster for his or her specific hospital and request assistance from volunteers enrolled in the program. Legal triage in public health emergencies helps address public health law in real-time to support the following functions:

- Assess and monitor changing legal norms during emergencies,
- Identify legal issues that may facilitate or impede public health responses as they arise,
- Explain legal conclusions through tailored communications to planners and affected persons, and
- Consistently revisit the utility, efficacy, and ethicality of legal guidance.
ADHS legal triage support during a declared emergency can be reached through communications following HEOC standard operating procedures. Additional planning and training assistance is available through Public Health Law Network [www.publichealthlawnetwork.org](http://www.publichealthlawnetwork.org) and their Western Region office 480-727-2092.


### D. Safety

Planning to receive or deploy volunteers will involve advance communication and coordination to ensure the safety and health of volunteers. Volunteer training resources and just-in-time training materials are available in the HSP Volunteer Shared Document Library and on the web located at [http://www.azdhs.gov/volunteer/resources.htm](http://www.azdhs.gov/volunteer/resources.htm).

The collective goal is a comprehensive and systematic approach to ensure:

- Use of appropriately trained and fit volunteers
- Health and safety monitoring is maintained throughout the response
- Assessments are conducted to determine the potential need for implementing post deployment long term health surveillance

Volunteer requesting entities and persons responsible for integrating volunteers will ensure implementation of plans that are compatible with the National Incident Management System (NIMS) structure and which include the following:

- Medical screening (focusing on fitness and ability to deploy),
- Training on anticipated hazards and protective measures,
- Centralized tracking, monitoring, and rostering of volunteers,
- Surveillance and monitoring for exposures and adverse health effects including environmental monitoring and assessment,
- Out-processing assessments on completion of response duties, and
- Follow-up or long term monitoring and surveillance for potential delayed or long-term adverse health effects of the deployment experience.

### E. Public Information

#### 1. Emergency Recruitment

Situations may arise which require coordinated efforts beyond the day-to-day recruitment or a need for rapid build-up of volunteers is necessary. Emergency Recruitment protocols will be coordinated between the Health Volunteer Coordinator and the Public Information Officer.

- Follow the ADHS HEOC SOP, the ADHS Crisis and Emergency Risk Communication (CERC) Plan and request support from the Public Information Officer.
- Direct the public and public health partners to the ESAR-VHP website, encouraging registration or updating of registry information.

Implement emergency recruitment during the following:
• A declared state/federal emergency in which health volunteer resources may be requested.
• Total number of requested volunteers exceeds the number of available volunteers within the system.

2. **Spontaneous Volunteers**
During large scale emergencies local governments may be required to manage spontaneous, unaffiliated volunteers. ADHS will assist with the coordination of these volunteers, incumbent on management by the requesting jurisdiction. The Health Volunteer Coordinator will also work with the PIO to:

• Link with the SEOC and the Arizona Emergency Information Network [http://www.azein.gov](http://www.azein.gov)
• Refer volunteers to local volunteer organization programs
• Collaborate with appropriate volunteer reception centers and organizations to develop relevant referral and outreach procedures
• Encourage non-registered volunteers to register with the State ESAR-VHP system ([www.azdhs.gov/volunteer](http://www.azdhs.gov/volunteer))

During deployment, in which a volunteer’s personal information will be received from other states, the Health Volunteer Coordinator will:
• Contact the sending state’s ESAR-VHP Coordinator or appropriate entity,
• Establish a process for receiving information,
• Ensure personal information remains secured and maintained according to ADHS standards,
• Ensure volunteer deployment and event activity history is logged and maintained, and
• Verify destruction of personal information within 90 days following the close of the event.

**F. Failsafe and Redundancy**
In order to enable Arizona’s ESAR-VHP to continue functioning in the event of a system failure, the Volunteer Coordinator maintains bi-monthly database backups. These backups are stored on an encrypted non-network storage device that is kept in a discrete location. Using the offline database, communication and notification to volunteers may resume using one of the following systems, the Health Alert Network (HAN), ADHS’s Microsoft Exchange server, or the Health Services Portal (HSP). All of these hosts allow volunteer lists and contact information to be imported.

**Phase II- Request Process**

**A. Volunteer Requesting Process**
Activation can only be initiated by Arizona Division of Emergency Management (AZDEMA) or Arizona Department of Health Services (ADHS) during a declared disaster by the Governor or federal government to support intrastate, interstate, or federal needs.

The volunteer request form is the vital link to requesting volunteers from county, tribes, State and Federal entities. The form can be found on the HSP portal, see **Appendix E** for a sample form.
During a declared disaster, the ADHS Health Volunteer Coordinator will be alerted, and additional personnel will be called upon to support the following activities:

- Filling requests for health volunteers,
- Coordinating incoming/outgoing health volunteers (intrastate/interstate/federal),
- Bridging health volunteer resources/partners,
- Credential verification for medical professionals,
- Situational awareness - tracking and monitoring health volunteer use and movement, and
- Technical assistance/resources for local volunteer coordination.

Refer to the overview of the ESAR-VHP request process in Appendix F for additional information on the procedure.

Phase III-Mobilization

A. Pre-mobilization considerations

The Health Volunteer Coordinator will serve as the main point of contact for the collection of volunteer request forms. Following the review and consolidation of requests, the Volunteer Coordinator will contact volunteers to determine their availability to deploy.

If the incident differs from or exceeds this Plan’s defined actions, it may be necessary to identify additional volunteers that have the necessary credentials and skills.

B. Logistics

The Summary of Logistic Considerations should be reviewed by requesting entities before submitting a volunteer request Appendix G.

Transportation: Volunteers will be responsible for transportation to the mobilization/demobilization location unless otherwise specified.

Lodging: Hotel accommodations cannot be guaranteed; therefore, volunteers must be prepared to stay in shelter-type conditions.

Meals: At some locations, meals will be provided. At other locations, meals will be the volunteer’s responsibility; volunteers should be prepared for a 72-hour self-sustaining kit to include food and water.

Operational Hours: Unless otherwise specified by the Incident Commander (IC) or the onsite volunteer coordinator, volunteers will work in 12-hour rotations with breaks every two (2) hours and one (1) hour for lunch, for a term of not more than 30 days.

Due to the unknown types of incident conditions, the volunteer should be prepared to be self-sustained for 72 hours.

C. Activation
In the event of a public health emergency in Arizona, the Health Volunteer Coordinator will identify volunteers within ESAR-VHP that are eligible to meet the quantity and qualification requirements of the volunteer request. The coordinator will then notify volunteers via the ESAR-VHP email, phone, and/or text contact process. Notification will include all pertinent information such as the nature of the emergency; sleeping, eating and travel arrangements; and expectations of the length of deployment and hours of operation. A template for this notification/briefing is separately available as the AZ-ESAR-VHP Volunteer Briefing Template, available on the Health Services Portal (HSP) or directly from the Volunteer Coordinator.

The time span given for the volunteers to respond to the request will vary by the situation, but will be 6 hours by default. This response will be an indication for their willingness to respond. Once the response window for feedback from volunteers has closed, the volunteers who have responded in the affirmative will be given a final credential check. The volunteer will use the same process that is followed during normal operations. The intent of this is to ensure that the volunteer’s ECL is as current as possible, and there have been no newly posted board actions taken against the volunteer. After the final vetting process, the response volume will be relayed to ICS Operations as well as the SEOC. The final step is to send out an activation notice to the volunteers that have been chosen for deployment from the list of available professionals.

Volunteers will follow these steps:
1. The volunteer will accept the assignment.
2. The volunteer will report to the designated staging area specified by the requesting agency and present their deployment papers to the onsite volunteer Coordinator.
3. When the volunteer arrives at the staging area, they will log in, fill out all necessary paperwork, receive deployment papers and briefing (including a safety briefing and incident-specific training, if necessary), and receive an assignment to a position and work location.
4. Once a volunteer arrives at the site of deployment, additional paperwork may be required to assign the volunteer to an area supervisor.
5. It is very important for every volunteer to sign in and out each day (including lunch) and keep track of all hours worked on the required form, which must be signed by the Supervisor. ESAR-VHP itself provides this functionality in electronic form.
6. Before leaving the site, volunteers will brief replacement volunteers on all pertinent information needed to perform the job and continue smooth operations.

Phase IV-Tracking Volunteer Use and Movement

A. Tracking and Movement
During volunteer deployment, volunteers must be accounted for from the initiation of assignments through demobilization. Depending on the situation, reporting protocols will be established for either a “once a day” or an “every 12 hours” tracking of volunteers. The Health Volunteer Coordinator will coordinate the required tracking mechanisms with the onsite Volunteer Coordinator at the duty station.
This will be the individual identified as the “requester” or the “requesting entity,” and will be contacted using information from the Volunteer Request Form and updated as necessary.

This information will be shared with AZDEMA or other jurisdictional lead as necessary or requested in order to facilitate ongoing support of public health volunteers.

**Phase V- Demobilization and Recovery**

**A. Demobilization**

Volunteer demobilization is a function of the SEOC and the requesting/receiving entity. ADHS will track and monitor the demobilization process. Outstanding issues will be communicated to the SEOC and the requesting/receiving entity. ADHS and ESF #8 partners involved in mobilization, movement and demobilization of volunteers will participate in an event “hot wash” (typically seven days following close of event). Additionally, ADHS will participate in after action reporting and incorporate lessons learned within improvement process planning following HEOC standard operating guidelines.

The Health Volunteer Coordinator will coordinate with the onsite Volunteer Coordinator to determine when AZ ESAR-VHP volunteers have been deactivated. The service will then be recorded in the ESAR-VHP database by adding to the Volunteer’s Prior Deployment Experience, under the Skills and Certifications section of their electronic profile.

Please see Appendix H for the Demobilization and Recovery Checklist. Refer to the AZ-ESAR-VHP Technical Guide: Deploying, Tracking, and Demobilization using Intermedix CORES RMS for detailed instructions on using the ESAR-VHP software solution to contact, track and manage volunteers.

**VIII. Information Collection, Analysis, and Dissemination**

**A. Intermedix® Responder Management System™ (RMS)**

The electronic tool that ADHS uses as the database and communicator for ESAR-VHP is Intermedix Responder Management System (RMS). This system also provides a registration portal, where volunteers create a profile that outlines their identity, deployment preferences, contact information, occupation details, training, and skills and certifications. Much of this information will aid in screening the volunteers for eligibility later on.

**IX. Administration, Finance, and Logistics**

Volunteer means (State Statue 12-981) 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. Requesting and receiving entities will track and monitor costs in conjunction with reimbursement and recovery procedures. The SEOC will lead volunteer finance and reimbursement coordination relating to intrastate and interstate deployments. ADHS-related costs and funding will be accounted for and documented by the Finance Branch of the HEOC.
Federal entities are the lead for financial claims and documentation relating to federally lead mobilizations. Volunteer cost calculation guidance and resources relating to hours and priority professions are available from the SEOC EMAC Coordinator, with additional resources provided by the Volunteer Coordinator. ADHS uses the Medical Reserve Corps Volunteer Hourly Rate Calculator by Role (on file in the Health Service Portal) additional resources can be found on the US Bureau of Labor Statistics website: http://www.bls.gov/bls/blswage.htm and in Appendix I.

X. Plan Development and Maintenance

Review and maintenance of this plan shall be on-going, incorporating the use of the Public Health Preparedness and Healthcare System Preparedness Capabilities, exercise outcomes, lessons learned, and ongoing best practice planning. ADHS, in partnership with key stakeholders, will review, update, edit, and maintain this plan as needed. Changes to this plan will be made available to county, tribal, state volunteer health professionals, and emergency response partners. Improvement planning is integrated into the ADHS Bureau of Public Health Emergency Preparedness annual exercise and evaluation program. Exercises are Homeland Security Exercise and Evaluation Program (HSEEP) compliant.

Copies of this plan are filed with ADHS, Bureau of Public Health Emergency Preparedness office 150 N. 18th Ave, Suite 150, Phoenix, AZ 85007 (602-364-3289). Additional copies are available online in ADHS Health Services Portal.

XI. Authorities and References

Authorized volunteers, mobilized through the State Emergency Operations Center (SEOC), are afforded liability protections, and considered “Agents of the State” under Arizona State Statutes. Legal liability during an emergency requires real time review, assessment, and policy coordination among state and local authorities. Volunteers serving under the auspices of the federal government are granted liability protections under federal laws and protections and will be addressed by federal entities. Interstate deployment provision for making volunteers agents of the state is referenced in ARS §26-314 Arizona Administrative Code (AAC) R8-2-703 (December 2008). Refer to Appendix A for the Summary of State Statutes.

Workers and Staff Liability

- Under ARS § 26-314 and 36 § 790, the Arizona Department of Health Services (ADHS) will not be liable for any claim based upon the exercise or performance, or the failure to exercise or perform, a discretionary function or duty by an emergency worker on the part of the State or its employees, willful misconduct, gross negligence or bad faith of any such employee, in carrying out the provisions of this chapter.
- During a State of Emergency or State of War Emergency as defined by ARS § 36-787, under ARS § 36-790, a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or
State public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

- Under Stafford Act Immunity from Liability provision (42 U.S.C. 5148), the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

- Federal Tort Claims Act (28 U.S.C. 2671), no other state or its officers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such state or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

Volunteer Liability

- **ARS § 26-314 and 36 § 790** provides volunteers with immunity from civil and criminal liability if acting in good faith if the volunteer is both registered with the State or local emergency management agency and is certified to support emergency management functions to include mass dispensing.

- **ARS § 23-901.06.** In addition to persons defined as employed under section 23-901, volunteer workers of a county, city, town, or other political subdivision of the State may be deemed to be employees and entitled to the benefits provided by this chapter upon the passage of a resolution or ordinance by the political subdivision defining the nature and type of volunteer work and workers to be entitled to such benefits. The basis for computing compensation benefits and premium payments shall be four hundred dollars per month.

- **ARS § 26-353, Emergency response; immunity** A licensed, certified or authorized emergency responder and its employees at the scene of an emergency, when the emergency response is provided in good faith, have the immunities provided in section 26-314 in carrying out the provisions of this article. The immunities provided by section 26-314 also apply to governmental entities, multi-jurisdictional planning organizations that encompass each district, members of each local emergency planning committee and their support personnel in carrying out the provisions of this article.

ARS § 26-402, ARTICLE VI – LIABILITY

- Officers or employees of a party state rendering aid in another state pursuant to this compact shall be considered agents of the requesting state for tort liability and immunity purposes; and no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article shall not include willful misconduct, gross negligence or recklessness.

- Volunteers enrolled or registered with the Arizona Division of Emergency Management or any political subdivision, in a local emergency, a State of Emergency, or a State of War Emergency,
or unregistered persons placed into service during a State of War Emergency, in carrying out, complying with, or attempting to comply with any order or rule issued pursuant to the provisions of this chapter or any local ordinance, or performing any of their authorized functions or duties or training for the performance of their authorized functions or duties, shall have the same degree of responsibility for their actions, and enjoy the same immunities and disability workers’ compensation benefits as officers and employees of the State and its political subdivisions performing similar work.

- **CFR Title 42, Chapter 139, Section 14503 (Public Law limiting liability of volunteers)** No volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:
  - The volunteer was acting within the scope of the volunteer’s responsibilities in the nonprofit organization or government entity at the time of the act or omission;
  - If appropriate or required, the volunteer was properly licensed, certified or authorized by the authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer’s responsibilities in the organization or entity;
  - The harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and,
  - The harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator’s license or maintain insurance.
Acronyms:

AAR        After Action Report
ADEM       Arizona Division of Emergency Management
ADHS       Arizona Department of Health Services
ARS        Arizona Revised Statutes
ASPR       Assistant Secretary for Preparedness and Response (U.S.)
AZ ESAR-VHP Arizona Emergency System for Advance Registration of Volunteer Health Professionals
CDC        Centers for Disease Control and Prevention
OEM        Office of Emergency Management
EMAC       Emergency Mutual Aid Compact
ERHMS      Emergency Responder Health Monitoring and Surveillance
ESF #8     Emergency Support Function (Public Health and Medical Services)
EOC        Emergency Operations Center
ESAR-VHP   Emergency System for Advance Registration of Volunteer Health Professionals
FEMA       Federal Emergency Management Agency
HEOC       Health Emergency Operations Center
HSEEP      Homeland Security Exercise and Evaluation Program
HSP        Health Services Portal
ICS        Incident Command System
MACC       Multi-Agency Coordination Center
MRC        Medical Reserve Corps
NDMS       National Disaster Medical System
NIMS       National Incident Management System
NRF        National Response Framework
PHIMS      Public Health Incident Management System
PHVCW      Public Health Volunteer Coordinators Workgroup
PIO        Public Information Officer
SEOC       State Emergency Operations Center
SOP        Standard Operating Procedure/s
SUV        Spontaneous Unaffiliated Volunteer
VSTA       Volunteer Staging and Training Area
Key Definitions

The following is a brief summary of key definitions.

AZ-ESAR-VHP: Arizona’s Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) electronic system, program, and network of tools/approaches/plans and capabilities relating to state public health volunteer coordination and operations.

Credential Elements: National standards identifying specific credentials and other qualifications that states must collect via their registration system for each of the 20 primary professions.

Credential Levels: Credential levels relate to a defined list of criteria for assigning a range of classifications within each primary profession pertaining to qualification criteria for levels 1-4.

Emergency Worker: Any person who is registered and certified with a local or state emergency management organization to engage in authorized emergency management activities (e.g. ESAR-VHP Volunteer).

ESAR-VHP: A national network following standard plans and capabilities to ensure effective management and inter-jurisdictional movement of health volunteer professionals in emergencies.

Spontaneous Unaffiliated Volunteer (SUV): An individual or health volunteer not associated with a formal disaster response agency who offers to serve during an incident without appropriate registration.

Volunteer Coordination Team (VCT): Key State and volunteer organization authorities selected by ADEM to support volunteer coordination efforts within the SEOC.

Verification: Primary source verification is acquired by the credential issuing entity or a credential verification organization identified within the national ESAR-VHP guidelines.

Volunteers: Volunteer as defined by (State Statue 12-981) 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”.
Appendix A: Summary of State Statutes

Note: The summary is intended as a basic reference guide – for a comprehensive listing of Arizona Revised Statutes visit the Arizona State Legislature website [http://www.azleg.gov/ArizonaRevisedStatutes.asp](http://www.azleg.gov/ArizonaRevisedStatutes.asp).

Note: Interstate deployment provision for making volunteers agents of the state is referenced in **ARS §26-314**

Arizona Administrative Code (AAC) R8-2-703 (December 2008).

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<td>Uniformed Services Employment and Reemployment Rights Act (USERRA)</td>
<td>note: USERRA can apply to a civilian VHP if the VHP was activated by FEMA</td>
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<td>In State VHPs serving under FEMA have return to work protections. Out-of-State VHPs serving under FEMA have return to work protections.</td>
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Appendix B: Public Health Priority Professions


Public Health Priority Professions

Volunteers are medical and non-medical professionals from various healthcare professions including, but not limited to:

Physicians (Allopathic and Osteopathic)

- Physician assistants
- Nurses (Advanced Practice Registered Nurses (APRNs) including Nurse Practitioners, Certified Nurse Anesthetists, Certified Nurse Midwives, and Clinical Nurse)
- Certified nursing assistants
- Emergency Medical Technicians and Paramedics
- Phlebotomists
- Medical assistants
- Radiologic Technologists and Technicians
- Respiratory therapists
- Respiratory therapists
- Physical therapists
- Occupational therapists
- Pharmacists and pharmacy technicians
- Mental health professionals
- Marriage and Family Therapists
- Social workers
- Cardiovascular Technologists and Technicians
- Diagnostic Medical Sonographers
- Medical Records and Health Information Technicians
- Medical and Clinical Laboratory Scientists (Technologists)
- Medical and Clinical Laboratory Technicians
- Dentists and dental hygienists
- Administrative workers
- Chaplains
- Specialists
- Veterinarians
ESAR-VHP divides public health volunteers in two main categories: (1) health-diagnosing and treating professionals, and (2) health technologist and technicians. The state registry is able to add other professions as needed by the state.

The capability for ESAR-VHP to document a volunteer’s training history enables it to be utilized to query for specialized volunteers. One of these special roles is Medical Counter-measure (MCM) distribution. To find volunteers relevant to this role, the volunteer coordinator should search for volunteers by the following completed training courses: ICS/NIMS, Inventory Management, PPE, SNS Mass Dispensing, or Reception Center.

*Note: Potential job roles to consider adjusting for integration of spontaneous or unaffiliated volunteers may include; Volunteer Reception Center Assistant, Call Center Operator, Functional Needs and Shelter Support Assistant, Care and Feeding Assistant, Maintenance Assistant (e.g. debris removal), Communications Assistant. Additional strategies may include proactive outreach and referral to local volunteer organizations, or developing guidance on non-intervention activities volunteers may consider conducing in their local communities to support emergency preparedness and community involvement. See [http://www.ready.gov/get-involved/](http://www.ready.gov/get-involved/)*

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Statewide Priority Professions Defined by National ESAR-VHP Standards and Local Public Health Common Need
## Appendix C: Credential Level

### Physician Level 1
- **Status**
- Unencumbered License: Verified
- Degree: Verified
- Certification – ABMS/AOA Specialty & Subspecialty: Verified
- Active Clinical Practice: Verified
- Active Clinical (Hospital) Privileges: Verified
- National Practitioner Databank Status: Verified
- DEA License: Verified
- Inspector General Status: Verified

### Registered Nurse Level 1
- **Status**
- Unencumbered License: Verified
- Degree/Diploma: Verified
- Certification: Verified
- Active Clinical Practice: Verified

### Physician Level 2
- **Status**
- Unencumbered License: Verified
- Degree: Verified
- Certification – ABMS/AOA Specialty & Subspecialty: Verified
- Active Clinical Practice: Verified
- Active Clinical (Hospital) Privileges: Indeterminate
- National Practitioner Databank Status: Verified
- DEA License: Verified
- Inspector General Status: Verified

### Registered Nurse Level 2
- **Status**
- Unencumbered License: Verified
- Degree/Diploma: Verified
- Certification: Indeterminate
- Active Clinical Practice: Indeterminate

### Physician Level 3
- **Status**
- Unencumbered License: Verified
- Degree: Indeterminate
- Certification – ABMS/AOA Specialty & Subspecialty: Indeterminate
- Active Clinical Practice: Indeterminate
- Active Clinical (Hospital) Privileges: Indeterminate
- National Practitioner Databank Status: Indeterminate
- DEA License: Indeterminate
- Inspector General Status: Indeterminate

### Registered Nurse Level 3
- **Status**
- Unencumbered License: Indeterminate
- Degree/Diploma: Indeterminate
- Certification: Indeterminate
- Active Clinical Practice: Indeterminate

### Physician Level 4
- **Status**
- Unencumbered License: Indeterminate
- Degree: Indeterminate
- Certification – ABMS/AOA Specialty & Subspecialty: Indeterminate
- Active Clinical Practice: Indeterminate
- Active Clinical (Hospital) Privileges: Indeterminate
- National Practitioner Databank Status: Indeterminate
- DEA License: Indeterminate
- Inspector General Status: Indeterminate

### Registered Nurse Level 4
- **Status**
- Unencumbered License: Indeterminate
- Degree/Diploma: Indeterminate
- Certification: Indeterminate
- Active Clinical Practice: Indeterminate
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<tr>
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<tr>
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<tr>
<td>Mental Health and Substance Abuse Social Workers Level 1</td>
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</table>
## Appendix D: Credentialing Contact List

### Health Volunteer Credentialing List of Contacts

<table>
<thead>
<tr>
<th>Category</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Physicians (allopathic and osteopathic), Physician Assistants | **Arizona Medical Board** [http://www.azmd.gov/](http://www.azmd.gov/)  
9545 E. Doubletree Ranch Rd.  
Scottsdale, AZ 85258  
**Phone:** 480-551-2700  
**Fax:** 480-551-2700 |
| **Arizona Board of Osteopathic Medicine** [http://www.azosteoboard.org/](http://www.azosteoboard.org/)  
95e5 E. Doubletree Ranch Rd.  
Scottsdale, AZ 85258  
**Phone:** 480-657-7703  
**Fax:** 480-657-7715 |
| **Arizona Regulatory Board of Physician Assistants** [http://www.azapboard.org/](http://www.azapboard.org/)  
9545 E. Doubletree Ranch Rd.  
Scottsdale, AZ 85258  
**Phone:** 480-551-2700  
**Fax:** 480-551-2700 |
| **State of Arizona Naturopathic Board of Medical Examiners** [http://www.npbomex.az.gov/](http://www.npbomex.az.gov/)  
1400 West Washington, Suite #230.  
Phoenix, AZ 85007  
**Phone:** 602-542-8242  
**Fax:** 602-542-3093 |
1400 West Washington, Suite #230.  
Phoenix, AZ 85007  
**Phone:** 602-542-3095 ext.4  
**Fax:** 602-542-3093 |
| **State of Arizona Board of Podiatry Examiners** [http://www.podiatry.state.az.us/](http://www.podiatry.state.az.us/)  
1400 West Washington, Suite #230.  
Phoenix, AZ 85007  
**Phone:** 602-542-3095  
**Fax:** 602-542-3093 |
5060 N. 19th Avenue, Suite 416  
Phoenix, AZ 85015  
**Phone:** 602-255-1444  
**Fax:** 602-255-4289 |
| RNs/APRNs, LPN (Licensed Practical Nurses), NP (Nurse Practitioners)  
4747 North 7th Street, Suite 200  
Phoenix, Arizona 85014-3653  
**Phone:** 602-889-5150  
**Fax:** 602-889-5155 |
| Pharmacists  
**Arizona State Board of Pharmacy** [http://www.azpharmacy.gov/](http://www.azpharmacy.gov/)  
1700 West Washington Street, Suite 250  
Phoenix, Arizona 85007  
**Phone:** 602-771-2727  
**Fax:** 602-771-2749 |
| Psychologist  
1400 West Washington Street, Suite 235  
Phoenix, Arizona 85007  
**Phone:** 602-542-8162  
**Fax:** 602-542-8579 |
| Clinical Social Workers, Mental Health Counselors, Marriage and Family Therapist  
**Arizona Board of Behavioral Health Examiners** [http://www.bbhe.state.az.us/](http://www.bbhe.state.az.us/)  
3443 North Central Avenue, #1700  
Phoenix, Arizona 85012  
**Phone:** 602-542-1882  
**Fax:** 602-364-0890 |
Radiologic Technologists
Arizona Medical Radiologic Technology Board of Examiners
http://www.arra.state.az.us/mrtbe/mrtbe.htm
4814 S 40th Street,
Phoenix, AZ 85040
Phone: 602-255-4845
Fax: 602-437-0705

American Registry of Radiologic Technologist
http://www.arrt.org/
51 Monroe Street, Plaza East One
Rockville, Maryland 20850
Phone: 301-738-8401
Fax: 301-738-0312

Respiratory Therapist
Arizona Board of Respiratory Care Examiners
http://www.rb.state.az.us/
1400 West Washington, Suite 200
Phoenix, Arizona 85007
Phone: 602-542-5995
Fax: 602-542-5900

Clinical Laboratory Technologist and Technicians
National Certificates (AMT, ASCP, NCA – California, Florida, Massachusetts, do not recognize any credential agency other than their individual state).
American Medical Technologists
http://www.amt1.com/site/epage/6124_315.htm
Phone: 1-800-275-1268 AZ rep, Robert Newberry, MT 928-336-7241 (member of NOCA)
American Society of Clinical Pathologist
http://www.ascp.org/
Phone: 1-800-267-2727
National Credentialing Agency for laboratory personnel
http://www.nca-info.org/
Phone: 913-895-4613

Dentist, Dental Hygienists
Arizona State Board of Dental Examiners
http://www.azdentalboard.org/
5060 North 19th Avenue, Ste 406
Phoenix, AZ 85015
Phone: 602-242-1492
Fax: 602-242-1445

Veterinarians
Arizona State Veterinary Medical Examining Board
http://www.vetbd.state.az.us/
1400 West Washington, Room 240
Phoenix, Arizona 85007
Phone: 602-364-1738
Fax: 602-364-1039

Sonographers
American Registry of Diagnostic Medical Sonographers (ARDMS)
http://www.ardms.org/default.asp?ContentID=1&menubar=1
51 Monroe Street, Plaza East One
Rockville, Maryland 20850
Phone: 301-738-8401
Fax: 301-738-0312

Emergency Medical Technicians
National Registry of Emergency Medical Technicians
http://www.nremt.org/about/nremt_news.asp
Arizona EMT Certification Manager: Lynn Snyder
150 North 18th Avenue, Suite 540
Phoenix, Arizona 85007
Phone: 602-364-3150
Fax: 602-364-3566

Medical Records and Health Information Techs
American Health Information Management Association (AHIMA)
http://www.ahima.org/index.asp
233 North Michigan Avenue, 21st Floor
Chicago, Illinois 60601
Attn: Certification Transcripts
Phone: 312-233-1100
Fax: 312-233-1090

Cardiovascular Technologist and Technicians
American Registry of Diagnostic Medical Sonographers
51 Monroe Street, East Plaza One
Rockville, Maryland, 20850-2400
Phone: 800-541-9754
Phone: 301-738-8401
Fax: 301-738-0312
Cardiovascular Credentialing International
http://www.cci-online.org/
1500 Sunday Drive, Suite 102
Raleigh, NC, 27607
Phone: 800-326-0268
Phone: 919-861-4539
Fax: 919-787-4916

National CVO Partners (ADHS/ESAR-VHP)
Jurisdiction Data Bank Services:

*American Board of Medical Specialties
http://www.abms.org/
1007 Church Street, Suite 404
Evanston, IL 60201-5913
Phone: 847-491-9091
Phone: 1-866-275-2267 (credential verification service)
Fax: 847-328-3596

*American Osteopathic Information Association
http://www.osteopathic.org/
Chicago Office – Main Headquarters
142 East Ontario Street
Chicago, IL 60611
Toll-free phone: (800) 621-1773
General phone: (312) 202-8000
Fax (312) 202-8200

Washington Office
1090 Vermont Ave. NW, Suite 510
Washington, DC 20005
Toll-free phone: (800) 962-9008
General phone: (202) 414-0140
Fax: (202) 544-3525

*The Federation of State Medical Boards of the United States, INC http://www.fsmb.org/
PO Box 619850
Dallas, TX 75261
Phone: 817-868-4000
Fax: 817-868-4099
Federation Credentials Verification Services (FCVS)
and Federation Physician Data Center (FPDC)
f cvs@fsmb.org
Kevin Caldwell, Senior Director
(817) 868-5000

*Memorandum of Agreement on file with Arizona Department of Health Services (AZ-ESAR-VHP)
Appendix E: Sample Volunteer Request Form

Note: An electronic copy of this form can be located within the Health Service Portal (ADHS Portal: Volunteer Coordination Shared Document Library)
### Description of Mobilization Conditions

<table>
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<th>Nature/Conditions of the worksite:</th>
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<tr>
<td>Sleeping Accommodations:</td>
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<tr>
<td>Potential Health Issues:</td>
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<td>Required Immunization/Prophylaxis:</td>
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<tr>
<td>Safety Information/Instructions:</td>
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<td>Additional Information:</td>
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### PERSONNEL REQUESTED

**Note 1:** CL-4 – Proof of medical education or experience, CL-3 – Active professional medical license, CL-2 – Currently active in Clinic, CL-1 – Currently active in Hospital

**Note 2:** Approved requests may take 24 hours verify resource availability. **Note 3:** Typical volunteer resource deployment = 14 days. Recommended Deployment: Isolated Incident 1-2 days, Rapid Effort 1 week, Sustained Support 2 weeks. Operational Period: 12 hours (not to exceed 5 consecutive operations without 24 hours off).

<table>
<thead>
<tr>
<th>Volunteer Type</th>
<th>Min. Credential Level</th>
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**Additional Notes:**
### Appendix F: Overview of AZ ESAR-VHP Request Process

*Note: The following overview is intended to provide Arizona Hospitals, Counties and Tribes a functional understanding of the ESAR-VHP request process and support planning and strategic alignment of statewide approaches to effective use and movement of volunteer health professionals during a declared emergency.*

<table>
<thead>
<tr>
<th>Phase 0 – Steady State</th>
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<tbody>
<tr>
<td><strong>Continuity prior to event</strong></td>
</tr>
<tr>
<td><strong>Trigger Event 1:</strong> Event occurs which may lead to health staff shortages</td>
</tr>
</tbody>
</table>

**ESF #8 Strategy:** Closely monitor events and begin review of advance preparations required to facilitate an effective and timely response.

**Normal Operations:** County/Tribal HEOC continually collects, analyzes, and disseminates relevant information among shared stakeholders to anticipate requirements and respond effectively. Establish advance communication among ESF #8 partners.

<table>
<thead>
<tr>
<th>Actions/Issues</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>A. Planning and Coordination – Phase 0</strong></td>
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</tr>
<tr>
<td>1. Hospitals call County Health and provides a “heads up” including a description of the potential issue, the potential need and shares the internal triggers that may lead to a request for support.</td>
<td></td>
</tr>
<tr>
<td>2. County Health relays the “heads up” to County Emergency Management and adds a description of any potential support/estimated resources the health department may need, internal triggers that may lead to County Emergency Management or State request.</td>
<td></td>
</tr>
<tr>
<td>3. County Emergency Management will notify ADEM/State EOC.</td>
<td></td>
</tr>
<tr>
<td>4. County Emergency Management initiates strategies to mitigate potential effects and strengthen preparation.</td>
<td></td>
</tr>
<tr>
<td>5. County Health, based on the potential needs assessment, conduct a gap analysis and review logistical considerations for requesting entities.</td>
<td></td>
</tr>
<tr>
<td>6. County Health reviews Health Volunteer Coordination/Management/Integration Plans, the request process/forms, and update/revise essential contact lists (revise tactics to best support current jurisdictional/state strategies).</td>
<td></td>
</tr>
<tr>
<td>7. County Health maintains relevant awareness among ESF #8 partners.</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Phase 1 – Prepare</th>
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<tr>
<td><strong>Incident Occurs</strong></td>
</tr>
<tr>
<td><strong>Trigger Event 2:</strong> Significant health staff shortages</td>
</tr>
</tbody>
</table>

**ESF #8 Strategy:** Closely monitor events and begin review of advance preparations required to facilitate and effective and timely response.

**Normal Operations:** County/Tribal HEOC continually collects, analyzes and disseminates relevant information among shared stakeholders to anticipate requirements and respond effectively. Establish advance communication among ESF #8 partners.

<table>
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<th>Actions/Issues</th>
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</thead>
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<tr>
<td><strong>B. Planning and Coordination – Phase 1</strong></td>
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</tr>
<tr>
<td>1. Establish contact with essential ESF #8 partners to maintain a heightened state of relevant awareness.</td>
<td></td>
</tr>
<tr>
<td>2. Review volunteer coordination plans.</td>
<td></td>
</tr>
<tr>
<td>3. Review ESF #8 essential elements of information, data/information collection strategies and methodologies, and related decision points.</td>
<td></td>
</tr>
</tbody>
</table>
4. Ensure essential systems, personnel, and resources are brought to and maintained at the highest state of readiness.

5. Ensure logistical considerations for requesting entities have been addressed and are available for implementation.

6. Review health volunteer/staffing resources in support of active response and recovery operations.

7. Establish mechanisms for legal triage.

8. Review agreements/MOUs with local health staff/volunteer resources.

9. County – Identify available resources and local support partners.

10. Hospital – EOC prepares the local jurisdiction’s form/template as a mechanism for organizing and submitting a request for health personnel/volunteers.

11. County reviews relevant MOUs, prepares established coordination workgroups. Communicate early and often with County ESF #8 partners keeping SEOC and ADHS informed.

12. Medical Reserve Corps Units review activation plans, deployment protocols, resources and capabilities, contact rosters and credential verification (ESAR-VHP). Keep the state MRC Coordinator/Health Volunteer Coordinator (ADHS) informed.

13. County – prepare for the activation and operation of Plans e.g. Volunteer Alert/Notification, Training, and Staging Area, Coordination (ESAR-VHP), and Mobilization.

<table>
<thead>
<tr>
<th>Phase 2 – Respond</th>
<th>Implement Local Support Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trigger Event 3:</strong> Emergency response actions are initiated and local resources are mobilized.</td>
<td></td>
</tr>
</tbody>
</table>

**ESF #8 Strategy:** Rapidly deploy assets where needed in saving lives, minimizing adverse health effects, and stabilizing public health, medical and at-risk infrastructure.

**Normal Operations:** Hospitals initiate response actions and resources are mobilized to meet the need. County/Tribal public health/emergency management will address requests for technical assistance, resources, and coordinating support. Maintain communication and relevant awareness among ESF #8 partners.

### Actions/Issues

<table>
<thead>
<tr>
<th>C. Planning and Coordination – Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Activate emergency plans and mobilize resources, keeping support partners aware of the potential type and number of resources needed in the event response needs exceed local capacity.</strong></td>
</tr>
<tr>
<td>2. <strong>Maintain logistics and communication systems supporting the capability to receive additional resources if necessary.</strong></td>
</tr>
<tr>
<td>3. <strong>Review 24-hour staffing plan/health volunteer resiliency strategies to address the need.</strong></td>
</tr>
<tr>
<td>4. <strong>County/Tribal – Review:</strong></td>
</tr>
<tr>
<td>- State Public Health Resource Request Form (ICS 308 Form Modified for the ADHS, Appendix C)</td>
</tr>
<tr>
<td>- Demobilization and Recovery Checklist (Volunteer Coordination plan, Table 3)</td>
</tr>
<tr>
<td>- County Volunteer Staging and Training Area contact and site information (if applicable)</td>
</tr>
<tr>
<td>- Sovereign Nation/Tribe Coordination, Temporary Waivers and Legal Triage</td>
</tr>
<tr>
<td>5. <strong>Hospitals – Explore integrating 48-hour staffing plan as part of daily operations.</strong></td>
</tr>
<tr>
<td>6. <strong>County/Tribal implement emergency recruitment measures (health volunteers/staff) and activate MOUs to meet the need (if applicable).</strong></td>
</tr>
<tr>
<td>7. <strong>Hospital/MRC/County/Tribal review plans/strategies for establishing and maintaining legal triage.</strong></td>
</tr>
<tr>
<td>8. <strong>Hospital/MRC/County/Tribal review plans/strategies for expediting the integration of potential state ESAR-VHP volunteers.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3 – Request ESAR-VHP</th>
</tr>
</thead>
</table>

**Submit State Public Health Resource**

**Trigger Event 4:** A State Public Health Resource Form for volunteers is approved by ADHS and the SEOC.

**ESF #8 Strategy:** Notify and request activation of support through County Emergency Management. State public health resource request will be coordinated through the State Emergency Operations Center and Arizona Department of Health Services (activating ESAR-VHP as the mechanism to mobilize health volunteers).

**Normal Operations:** County Public Health and Emergency Management reaching activation thresholds, coordinates the need for additional support and compile and submit the “State Public Health Resource Request Form” to the SEOC. The SEOC reviews and
approves requests in coordination with ADHS resulting in the assignment of an SEOC Order Number (mission number). Maintain communication and relevant awareness among ESF #8 partners.

<table>
<thead>
<tr>
<th>Actions/Issues</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D. Planning and Coordination – Phase 3</strong></td>
<td></td>
</tr>
<tr>
<td>1. County/Tribe – Consolidate multiple local health volunteer needs (if applicable) to a single (jurisdiction-wide) resource request. Complete the necessary request forms and submit to the SEOC.</td>
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</tr>
<tr>
<td>2. Hospital/County/Tribe - Implement/activate/monitor logistics and communication systems supporting the receipt of health volunteers. Plan for a single reception point/staging area. Prepare to communicate with the arriving ESAR-VHP volunteers and direct them to the appropriate facility/duty post. Ensure tracking and monitoring of volunteer use and movement is maintained.</td>
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<tr>
<td>3. Hospital/County/Tribe - Activate 24-hour staffing plan/health volunteer resiliency strategies to address need until help arrives.</td>
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</tr>
<tr>
<td>4. County/Tribe - Implement the following resources:</td>
<td></td>
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<tr>
<td>- State Public Health Resource Request Form (ICS 308 Form Modified for the ADHS, Appendix C)</td>
<td></td>
</tr>
<tr>
<td>- State Health Volunteer Tracking and Monitoring Communication Guide (Table 2)</td>
<td></td>
</tr>
<tr>
<td>- Health Volunteer Demobilization Guide (Table 2)</td>
<td></td>
</tr>
<tr>
<td>- County Volunteer Staging and Training Area Plans (if applicable)</td>
<td></td>
</tr>
<tr>
<td>- Sovereign Nation/Tribe Coordination, Temporary Waivers and Legal Triage (if applicable)</td>
<td></td>
</tr>
<tr>
<td>5. Hospital/County/Tribe - Review volunteer health and safety monitoring systems, performance evaluation, and follow-up support resources at the reception and duty post level. Pre-assess workplace conditions (physical/mental, environmental, logistical and organizational environment) maintaining safety and security awareness at all times.</td>
<td></td>
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<tr>
<td>6. Hospital/Duty Post Level Volunteer Coordinators plan to liaison with County/Tribal level Volunteer Coordinator.</td>
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<tr>
<td>7. County/Tribal Level Volunteer Coordinator plan to liaison with Health Volunteer Coordinator (ESAR-VHP/MRC).</td>
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<tr>
<td>8. Hospital/County/Tribe - Review demobilization/recovery triggers, plans and protocols.</td>
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</tr>
<tr>
<td>9. Identify sentinel triggers that may exceed the County/Tribal public health departments’ capacity to support volunteer coordination in the event of expanded incidences/increased complexity. Explore contingency strategies to increase resiliency and maintain advance coordination.</td>
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</tr>
<tr>
<td>10. Maintain mechanisms for legal triage.</td>
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<tr>
<td>11. Monitor request through the approval process and receipt of ESAR-VHP volunteers. Maintain communication with requesting entities or duty post locations that anticipate resource arrival.</td>
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</tr>
<tr>
<td>12. Implement State Health Volunteer Tracking and Monitoring Communication Guidance (table 1) and prepare for volunteer arrival.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix G: Summary of Logistic Considerations for Requesting Entities

To be completed between requesting and receiving entities. Forward or attach any pertinent information along with the Arizona Emergency System for Advance Registry of Volunteer Health Professionals (AZESAR-VHP) Volunteer Request Template.

Liability Coverage (personal and medical) Initiation:
- Identify who is providing the required personal/medical liability, and workers compensation coverage

Tracking and Monitoring System Integration:
- Ensure the systems used to track and monitor volunteer health professionals are able to integrate with AZESAR-VHP
- Information and data is “For Official Use Only” and remains confidential identify support mechanisms that maintain the security of public health volunteer information (ensuring any volunteer personal data received will be securely managed and destroyed within 90 days following the close of the event)

Safety and Security:
- Identify who will be responsible for the safety and security of the requested public health volunteer
- Requester should provide the volunteers with identity badges, or some other form of repeatable yet secure method to quickly identify volunteers and ensure scene security. This should be part of the requester’s emergency planning process.

Volunteer Staging and Training Area (VSTA):
- Established 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)
- List VSTA location and hours of operation
- List VSTA point of contact information

Mobilization, Deployment or Reception (Demobilization):
- Ensure onsite requirements for the identification and verification of the public health volunteer are compliant with appropriate regulatory entities
- Ensure mobilization, demobilization, and deployment information has been communicated (or ensure a point of contact for further information has been identified)
- Ensure volunteer departure and arrival methods (Air, Bus, Government owned vehicle, or personal owned vehicle) have been identified
- Ensure tracking and monitoring procedures have been determined (i.e. logging of departure and arrival locations and times, identify key points en route, establish clear check-in and check-out out procedures, and protocols for sending and receiving information)

Team Assignment:
- Identified direct report/supervisor
- Ensure work assignment location and point of contact information has been established
- Team name (Optional)
- Team leader (Optional)

Communication and Briefings:
- Ensure mission briefing information has been prepared, including job aids or just-in-time training
- 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 volunteers and family members of volunteers can leave messages in the event of a personal emergency
Living Quarters:
- Identified and communicate availability (or arrangements)
- Describe type (i.e. camp, hotel, shelter)
- Identify and document location

Transportation:
- Communicate type of transportation that will be used
- Communicate schedule and location of pick-up and drop-off times

Sanitation and Personal Hygiene:
- Communicate location of facilities/type/resources
- Identify personal showers and washing schedules
- Identify clothing exchange or washing resources
- Identify location of additional supplies (Personal Hygiene Items)

Feeding:
- Communicate food/feeding resources, location, and schedules
- Communicate protocols regarding requests for special diets (medical necessities)

Recreation, Relaxation, and Entertainment:
- Communicate type of services available or accessible including location and transportation resources

Medical and Mental Health Needs:
- Communicate type of services available
- Communicate location/s
- Identify transportation resources

Time Keeping and Compensation Claims:
- Be prepared to answer questions regarding workman’s compensation claims (or identify point of contact for further information)
- Communicate timekeeping and recording requirements (or identify point of contact for further information)
- Be prepared to answer questions regarding tort type claims and liability protections (or identify point of contact for further information)
Appendix H: Demobilization and Recovery Checklist

<table>
<thead>
<tr>
<th>DEMOBILIZATION &amp; RECOVERY CHECKLIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following checklist provides a common set of actions recommended for use by all tiers of Volunteer Coordinators during the various phases of demobilization.</td>
</tr>
</tbody>
</table>

### Demobilization Considerations

1. Refer to Incident Action Plan to ensure this checklist aligns with planned ICS operations.
2. Confirm with the SEOC and Requester and/or Requesting Entity indicated on original Volunteer Request Form that volunteers are no longer required.
3. Consult with SEOC to determine if re-assignment is appropriate.
4. Coordinate with ICS PIO to disseminate messages that volunteer objectives have been met and whether or not additional volunteers are needed.
5. Ensure the transfer of any remaining roles and responsibilities held by state requested volunteers to functional units within the NIMS structure and notify appropriate parties.
6. Manage the inventory of state requested volunteers, their equipment and supplies. Refer to Volunteer Request Form – Description of Mobilization Conditions section to check for any recommended original equipment or supplies.
7. Ensure all volunteer data and reports are completed and catalogued. Within the ESAR-VHP system, this primarily entails verifying that missions and deployments have been properly closed.
8. Monitor the breakdown, cleanup and restoration volunteer support facilities/stations and security measures to pre-event conditions.
9. Provide an exit briefing for the volunteer(s) and a volunteer operation summary for volunteer coordination partners. Refer to Volunteer Request Form for basic information, and follow up with Requester/Requesting Entity for complete information. This information will be stored within the ESAR-VHP system for future reference.
10. Ensure that the exit briefing template includes feedback opportunities for exit screening by querying for any injuries or illnesses acquired during the response and any mental/behavioral health needs.
11. Based on feedback from the exit screening, refer the appropriate volunteer to medical/behavioral health services.
13. In conjunction with the SEOC and Requester/Requesting Entity, identify and...
address issues and post-deployment support for state health volunteers (includes physical and mental health support where indicated)

14. Confirm the volunteer’s follow-up contact information.
15. Ensure volunteers know who to contact if they have concerns (maintain a history of volunteer use and refer to volunteer profile history within the ESAR-VHP system.)

<table>
<thead>
<tr>
<th>Resource Related Recovery Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide the volunteer with a letter or written statement of service (e.g. for purposes of personal record, maintenance of event history, or documentation for employer)</td>
</tr>
<tr>
<td>• Maintain records and reports and document the integration of lessons learned into updated plans (ensure personal information for volunteers from outside states is destroyed within 90 days when no longer needed).</td>
</tr>
</tbody>
</table>
### Appendix I: Volunteer Hourly Rate Calculator

This sheet may be utilized to calculate the estimated value of a volunteer activity by specific role. *Information retrieved from the Bureau of Labor Statistics [http://www.bls.gov/oes/current/oes_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm) as of June 2013.*

<table>
<thead>
<tr>
<th>Healthcare Volunteer Roles</th>
<th>Hourly Rate</th>
<th># of Hours</th>
<th>Total Volunteer Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians (M.D. or D.O.)</td>
<td>$91.38</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>$32.66</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>$43.97</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Certified Nurse Anesthetians</td>
<td>$74.22</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>$43.78</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Clinical Nurse Specialists</td>
<td>$43.97</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Licensed Practical Nurses and Licensed Vocational Nurses</td>
<td>$20.30</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>$55.27</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Psychologists</td>
<td>$35.45</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
<td>$22.78</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Mental Health Counselors</td>
<td>$20.84</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Radiologic Technologists and Technicians</td>
<td>$27.14</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>$27.50</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technologists (including Phlebotomists)</td>
<td>$28.19</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>$44.45</td>
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</tr>
<tr>
<td>Dentists</td>
<td>$80.25</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Marriage and Family Therapians</td>
<td>$23.69</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Veterinarians</td>
<td>$44.83</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Cardiovascular Technologists and Technicians</td>
<td>$25.51</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Diagnostic Medical Sonographers</td>
<td>$31.90</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Emergency Medical Technicians and Paramedics</td>
<td>$16.53</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Medical Record and Health Information Technicians</td>
<td>$17.68</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$38.25</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>$16.86</td>
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</tr>
<tr>
<td>Medical Examiner</td>
<td>$45.67</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Medical Students</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Nurse’s Aide/ Certified Nursing Assistant</td>
<td>$12.32</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Nutritionist/Dietician</td>
<td>$27.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Pharmacy Tech</td>
<td>$14.63</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>$38.99</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Massage Therapist</td>
<td>$19.40</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Vet Tech</td>
<td>$15.13</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Vet Aast</td>
<td>$11.90</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Medical</td>
<td>$18.05</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Average Healthcare Volunteer Rate**

$32.40

<table>
<thead>
<tr>
<th>Support Volunteer Roles</th>
<th>Hourly Rate</th>
<th># of Hours</th>
<th>Total Volunteer Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Support Volunteers (Current Independent Sector Rate)</td>
<td>$18.05</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Health Educators</td>
<td>$41.74</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Educators</td>
<td>$32.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Computer / IT Support</td>
<td>$42.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Radio Communication Technicians</td>
<td>$21.94</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Interpreters/Translators</td>
<td>$25.69</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Chaplains/ Counselors</td>
<td>$23.02</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Funeral Directors</td>
<td>$45.22</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Value of Medical & Support Volunteer Hours**

0 $0.00