



ARIZONA DEPARTMENT
OF HEALTH SERVICES

PREPAREDNESS

Public Health Volunteer Coordination Plan

Arizona Department of Health Services

June 2018

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Record of Distribution

Date:	Recipient:	Platform:

Record of Changes

Date:	Change	Location
Dec 2016	Plan was reviewed and updated where needed to ensure compliance with the following documents: <ul style="list-style-type: none"> • PHEP/HPP Capability Planning Elements • Corrective Action Workplan • ESAR-VHP Guidelines • Healthcare-related disaster legal policy (HHS) • Grant FOA 	Various
June 2017	ESAR-VHP Request Form screenshots updated.	Appendix E
September 2017	Editorial corrections	Throughout
December 2017	Removals and streamlining	Throughout

Introduction

Recent natural and human-made catastrophic incidents have demonstrated the need for volunteers to supplement response and recovery efforts. 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 volunteer health professional plan to include pre-credentialed volunteers to respond to local, tribal, regional, state, and national emergencies.

Purpose

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. 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.

Situation & Assumption

Situation

A public health emergency response may require health and medical personnel that exceeds available resources; in such a situation volunteers may be utilized to enhance response efforts. The AZ-ESAR-VHP in conjunction with the national ESAR-VHP program will provide emergency response officials the means to mobilize the volunteer workforce, foster coordination among volunteers and emergency officials, and alleviate barriers associated with integration of responders during an emergency.

Volunteers would be called upon to staff and support the following health emergency response functions:

- Hospital surge capacity,
- Alternate care sites/facilities,
- Point of dispensing/mass dispensing sites,
- Shelters and hydration centers, and
- First-aid, mass triage, or screening sites.

Additionally, volunteers from other states may be requested 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.

Assumptions

- Volunteer health, safety, security, and supervision will be priorities 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 ESAR-VHP.
- 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 DEMA/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)
- ADHS legal triage support during a declared emergency can be reached through communications following HEOC standard operating procedures.
- As identified in State Statute 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.
- This plan will be reviewed and updated as needed to ensure compliance with national and state program guidelines and standards.

Concept of Operations

Alignment

Volunteer coordination will occur within the Operations Section of the Arizona Health Emergency Operations Center (HEOC), with the Volunteer Coordinator reporting to the Operations Section Chief. Volunteer coordination and ESAR-VHP activation aligns within the framework of HEOC/SEOC/SERRP plans.

Response Phases

- Phase I – Preparation
- Phase II – Request Processing
- Phase III – Mobilization
- Phase IV – Tracking Volunteer Use and Movement
- Phase V – Demobilization and Recovery

Operational Time Frames

The timeframes below outline ESAR-VHP performance standards for the deployment of volunteers:

Operation upon receipt of request:	Timeframe
Query the system and generate a potential list of volunteers to contact.	Within 2 hours
Contact potential volunteers and identify willing volunteers.	Within 12 hours
Provide the requester with a verified list of available volunteers.	Within 24 hours

Additional Considerations

Activating ESAR-VHP may 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
- Program liaison support among national ESAR-VHP/Medical Reserve Corps (MRC) offices, SEOC/ADHS, local volunteer coordinators and volunteers

Roles & Responsibilities

Federal	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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.
DEMA/SEOC	<ul style="list-style-type: none"> • ESF #8 lead to provide situational awareness and coordination with the ADHS/ESAR-VHP Coordinator
ADHS/HEOC	<ul style="list-style-type: none"> • Coordinate ESAR-VHP implementation and assistance • Provide credential verification for registered volunteers • Maintain 24/7 accessibility to state registration system • Provide advance coordination and communication with health volunteers, volunteer entities, and public health partners • Provide technical assistance, guidance and resources to support effective use and movement of volunteers throughout ESAR-VHP activation and deployment • Process volunteer requests within 24 hours of receiving HEOC authorization • Assist in the tracking and monitoring of volunteer use and movement • Maintain a historical log of volunteer deployment • Share situational awareness regarding volunteer capability, capacity, and triggers potentially leading to requests for volunteers • Support integration of local volunteer systems and plans • Ensure volunteer personal data is destroyed within 90 days when the information is no longer needed
Local Emergency Management and County/Tribal Health	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> Facilitate volunteer requests following local health department/emergency management (EM) processes Support local integration, communication, mobilization and demobilization of volunteers Work with 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)	<ul style="list-style-type: none"> 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 Volunteer Coordinator when local volunteer units have been activated
Coordinators utilizing ESAR-VHP database	<ul style="list-style-type: none"> 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, and volunteer roles and responsibilities

Phase I – Preparation

Recruiting

The Department of Health and Human Services has provided 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 efforts to continually recruit these specialized professions.

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, and will be used within the ESAR-VHP System to determine a health volunteer’s *Emergency Credential Level (ECL)*. 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 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 Credential 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 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 an active 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 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 e-mail. They can then access their profile online by using the username and password created during the registration process.

Risk Management

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

Volunteers deployed in response to an official request will receive 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.

Note: *Interstate deployment provisions for making volunteers agents of the state is referenced in [ARS §26-314](#) and [AAC R8-2-703](#) (January 2009).*

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 located at <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

Public Information

Emergency Recruitment

Situations may arise which require coordinated efforts beyond the day-to-day recruitment or a need for a rapid build-up of volunteers is necessary. Emergency recruitment protocols will be coordinated between the ADHS 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.

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 ADHS Volunteer Coordinator will also work with the PIO to:

- Link with the SEOC and the Arizona Emergency Information Network <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)

During deployment, in which a volunteer's personal information will be received from other states, the ADHS 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.

Failsafe and Redundancy

Bi-monthly database backups are stored on an encrypted non-network storage device that is kept in a discrete location. Using this offline database, communication and notification to volunteers may resume using one of the following systems: The Health Alert Network (HAN) or ADHS's Microsoft Exchange server. These hosts allow volunteer lists and contact information to be imported.

Phase II – Request Process

Volunteer Requesting Process

Activation can only be initiated by Arizona Division of Emergency Management (DEMA) and 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 in ESAR-VHP's Document Library or requested directly from the ADHS Health Volunteer Coordinator; see [Appendix E](#) for a sample form.

During a declared disaster, the ADHS 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

Pre-mobilization considerations

The ADHS 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.

Logistics

The *Summary of Logistic Considerations* should be reviewed by requesting entities before submitting a volunteer request. Please see [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.

Activation

In the event of a public health emergency in Arizona, the ADHS Volunteer Coordinator will identify volunteers within ESAR-VHP that meet the 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 within ESAR-VHP's Document Library or directly from the Volunteer Coordinator.

The time span given for the volunteers to respond to the request will vary by severity of the situation, but will be no more than 12 hours. Volunteers who have responded in the affirmative will be given a final credential check. The volunteer coordinator will use the same process that is followed during normal credentialing operations. The intent of this is to ensure that the volunteer's ECL is current, and there have been no newly posted board actions taken against the volunteer. After the final vetting process, the response statistics 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 identifying information to the onsite volunteer coordinator.
3. When the volunteer arrives at the staging area, they will sign in, fill out all necessary paper work, and 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

Tracking and Movement

During 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 ADHS 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 DEMA or other jurisdictional lead as necessary or requested in order to facilitate ongoing support of public health volunteers.

Phase V – Demobilization and Recovery

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 ADHS 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.*

Finance

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](#).

Plan Maintenance

Review and maintenance of this plan shall occur annually, 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).

Legal Authority

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 (January 2009). 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 (DEMA) 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
DEMA	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
FEMA	Federal Emergency Management Agency
HEOC	Health Emergency Operations Center
HSEEP	Homeland Security Exercise and Evaluation Program
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
SUV	Spontaneous Unaffiliated Volunteer
VSTA	Volunteer Staging and Training Area

Key Definitions:

The following is a 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 Statute 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> .

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).

Code	Title	Subject	Summary
ARS §9-500.02	Cities and Towns	Emergency medical aid; assistance to other public bodies; limitation on liability	Volunteer Health Professional (VHP) Civil Liability Protections
ARS §12-571	Courts and Civil Proceedings	Qualified immunity; health professionals; nonprofit clinics; previously owned prescription eyeglasses	VHP Liability Protections
ARS §12-820.04	Courts and Civil Proceedings	Punitive and exemplary damages; immunity	Neither a public entity nor a public employee acting within the scope of his employment is liable for punitive or exemplary damages.
ARS §12-981	Courts and Civil Proceedings	Definitions	"Volunteer"
ARS §12-982	Courts and Civil Proceedings	Qualified immunity; insurance coverage	Any Volunteer for nonprofit or government agency has Civil Liability Protections
ARS §23-801	Labor	Liability of employer	Employer Liable for death of Employee. State Liable for death of VHP/Feds liable for death of VHP
ARS §23-802	Labor	Declaration of policy	Hazardous Occupations/ Emergency Work
ARS §23-803	Labor	Hazardous occupations	Hazardous Occupations/ Emergency Work
ARS §23-804	Labor	Posting of notices by employer	Employer Must Provide Precautionary Information (i.e. State must provide just in time training, safety briefings)
ARS §23-805	Labor	Right of action for damages; two-year limitation	Employer is Liable for Damages. State liable for Damages to VHP (some clarification and limitations)

Code	Title	Subject	Summary
ARS §23-901	Labor	Definitions	"Employee" and "Volunteer". VHP=State Employee
ARS §23-901.01	Labor	Occupational disease; proximate causation; definitions	State provides VHP with "Occupational Disease" Coverage
ARS §23-901.02	Labor	Liability of last employer; exception	(Some conditions in which someone else other than the State falls responsible for VHP Occupational Disease) "Who's Responsible for Occupational Disease" and any statutes of Limitations.
ARS §23-901.06	Labor	Volunteer workers	VHP = State Employee
ARS §23-902	Labor	Employers subject to chapter; exceptions	Out of State VHPS = State Employee (covered by AZ), also Fed Employee (some coverage under Feds as well).
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	Employers to Secure Workers Compensation (Employees may elect to reject the provisions in writing prior to injury...if not then assumed to have accepted provisions)
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	State Pays VHP Workers Compensation
ARS §23-961	Labor	Methods of securing compensation by employers; deficit premium; civil penalty	Listing of How State Pays VHP Workers Comp

Code	Title	Subject	Summary
ARS §23-1022 (E)	Labor	Compensation as exclusive remedy for employees; public agency employees	VHPs from one jurisdiction serving within the boundaries of another public agency (within an intergovernmental agreement viewed as employees of both – regarding workers compensation)
ARS §26-301 (7)	Military Affairs and Emergency Management	Definitions	"Emergency Worker" and "State of Emergency" VHP and Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program Staff
ARS §26-303	Military Affairs and Emergency Management	Emergency powers of governor; termination; authorization for adjutant general; limitation	Governor can suspend any state law or regulation in an Emergency. Governors in Charge.
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	During an Emergency when designated by the Governor, a County, City, or Town may waive procedures that prevent the use of Volunteer workers if such procedures hinder or delay mitigation
ARS §26-308	Military Affairs and Emergency Management	Powers of local government; local emergency management establishment; organization	Each County Must be Ready to handle an Emergency. Each County Must Provide VHP list to the State.
ARS §26-309	Military Affairs and Emergency Management	Mutual aid; responsibilities of agencies and officials; interstate and federal agreements	Governor can use Federal Resources i.e. Federal Emergency Management Agency (FEMA), Emergency Management Assistance Contract (EMAC).
ARS §26-310	Military Affairs and Emergency Management	Use of professional skills	In Emergency Arizona VHP, with and active license from another state is OK. Out-of-State VHPs with Out-of-State License OK.
ARS §26-311	Military Affairs and Emergency Management	Local emergency; power of political subdivisions; state agency assistance	Local Emergencies are handled locally - The State can provide assistance

Code	Title	Subject	Summary
ARS §26-312	Military Affairs and Emergency Management	Authority of executive officers and governing bodies to accept materials or funds	Governor can accept Federal Aid and Support
ARS §26-314	Military Affairs and Emergency Management	Immunity of state, political subdivisions and officers, agents and emergency workers; limitation; rules	Arizona Department of Health Services staff and ESAR-VHP program not liable in an Emergency (ESAR-VHP volunteers have liability/workman's comp benefits for training/exercises)
ARS §26-353	Military Affairs and Emergency Management	Emergency response; immunity	ESAR-VHP Volunteers not liable in an Emergency
ARS §26-402	Military Affairs and Emergency Management	Emergency Management Assistance Compact (EMAC)	ESAR-VHP Volunteers are licensed from their home state (OK during EMAC), and requesting state covers liability.
ARS §32 Title	Professions and Occupations	List of Professions which require a license in the State of Arizona	VHPs needing Certification Verification
ARS §32-1422	Professions and Occupations	Basic requirements for granting a license to practice medicine	Requirements for an AZ Medical License
ARS §32-1426	Professions and Occupations	Licensure by endorsement	AZ Endorsement OK
ARS §32-1430	Professions and Occupations	License renewal; expiration	Penalty for not renewing license: 1) Pay a Fee, 2) Be Denied a license, 3) Failure of Exam
ARS §32-1471	Professions and Occupations	Health care provider and any other person; emergency aid; non-liability	in an Emergency: Out of State VHPs/Licensees OK to practice and have liability protections
ARS §32-1472	Professions and Occupations	Limited liability for emergency health care at amateur athletic events	VHP working for free - Helping in an Emergency has civil liability protections
ARS §32-1473	Professions and Occupations	Limited liability for treatment related to delivery of infants;	Emergency Birth = VHP's and facilities have liability protections

Code	Title	Subject	Summary
		physicians; hospitals; exception; definition	
ARS §32-1632	Professions and Occupations	Qualifications of professional nurse; application for license	AZ Nurse Qualifications
ARS §32-1642	Professions and Occupations	Biennial renewal of license; failure to renew; renewal of certification; inactive licensees	AZ Nursing License Renewal regulations/Fees
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.	Retired Physician (with waved renewal fee) may practice under "volunteer" work (penalty for non-volunteer practice activity).
ARS §36-628	Public Health and Safety	Provision for care of persons afflicted with contagious disease; expenses	Local Boards and Health Departments can use ESAR-VHP (Local Recipient Municipality pays)
ARS §36-787	Public Health and Safety	Public health authority during state of emergency or state of war emergency	Public Health Emergency Definitions. Governor can waive Licensing Requirements for VHPS in an Emergency
ARS §36-790	Public Health and Safety	Privileges and immunities	VHPs (nurses, etc.) Following Orders have Liability Protection in an Emergency
ARS §36-2206	Public Health and Safety	Liability for emergency instructions	VHPs (Med techs, etc....) Following Orders have Liability Protection in an Emergency
ARS §32-2226	Public Health and Safety	Emergency administration of epinephrine by good Samaritans; exemption from civil liability	Any VHP and ESAR-VHP Program Staff giving Emergency Epinephrine Has Liability Protection
ARS §36-2263	Public Health and Safety	Civil liability; limited immunity; good Samaritan	VHPs and ESAR-VHP Staff Protected by Good Samaritan Laws

Code	Title	Subject	Summary
ARS §48-818	Special Taxing Districts	Emergency medical aid or assistance to other public bodies; limitation on liability	VHPs and ESAR-VHP Program Staff helping in an Emergency have Liability Protections
Uniformed Services Employment and Reemployment Rights Act (USERRA)	note: USERRA can apply to a civilian VHP if the VHP was activated by FEMA	Rights of Volunteer Health Professionals to continue employment	In State VHPs serving under FEMA have return to work protections. Out-of-State VHPs serving under FEMA have return to work protections.

Appendix B – Public Health Priority Professions

Source: U.S. Department of Health and Human Services, Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program Interim Technical and Policy Guidelines, Standards, and Definitions: Systems Development Tool. June 2010

- 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

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 conducting in their local communities to support emergency preparedness and community involvement. See <http://www.ready.gov/get-involved/>

Appendix C – Credential Levels

Physicians

Physician Level 1	Status
Unencumbered License	Verified
Degree	Verified
Certification – ABMS/AOA Specialty & Subspecialty	Verified
Active Clinical Practice	Not Required
Active Clinical (Hospital) Privileges	Verified
National Practitioner Databank Status	Verified
DEA License	Verified
Inspector General Status	Verified

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

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

Unencumbered License
Degree
Certification – ABMS/AOA Specialty & Subspecialty
Active Clinical Practice
Active Clinical (Hospital)
National Practitioner Databank Status
DEA License
Inspector General Status

Registered Nurse

Registered Nurse Level 1	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Verified
Active Clinical Practice	Verified

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

Registered Nurse Level 3	Status
Unencumbered License	Verified
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Registered Nurse Level 4	Status
Unencumbered License	Indeterminate
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

MFT Level 2	Status
Unencumbered License	Verified
Degree	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate

MFT Level 3	Status
Unencumbered License	Verified
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

MFT Level 4	Status
Unencumbered License	Indeterminate
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Marriage & Family Therapists

Marriage Family Therapist Level 1	Status
Unencumbered License	Verified
Degree	Verified
Certification	Verified
Active Clinical Practice	Verified

Psychologists

Psychologist Level 1	Status
Unencumbered License	Verified
Degree	Verified
Certification	Verified
Active Clinical Practice	Verified

Psychologist Level 2	Status
Unencumbered License	Verified
Degree	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Psychologist Level 3	Status
Unencumbered License	Verified
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Psychologist 4	Status
Unencumbered License	Indeterminate
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Mental Health Counselor Level 2	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Mental Health Counselor Level 3	Status
Unencumbered License	Verified
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Mental Health Counselor Level 4	Status
Unencumbered License	Indeterminate
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Mental Health Counselor

Mental Health Counselor Level 1	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Verified
Active Clinical Practice	Verified

Appendix D – Credentialing Contact List


Health Volunteer Credentialing List of Contacts

Physicians (allopathic and osteopathic), Physician Assistants	
Arizona Medical Board 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/ 9535 E. Doubletree Ranch Rd. Scottsdale, AZ 85258	Phone: 480-657-7703 Fax: 480-657-7715
Arizona Regulatory Board of Physician Assistants http://www.azpaboard.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/ 1400 West Washington, Suite #230. Phoenix, AZ 85007	Phone: 602-542-8242 Fax: 602-542-3093
State of Arizona Board of Homeopathic and Integrated Medicine Examiners http://www.azhomeopathbd.az.gov/ 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/ 1400 West Washington, Suite #230. Phoenix, AZ 85007	Phone: 602-542-3095 Fax: 602-542-3093
State of Arizona Chiropractic Board of Examiners http://www.azchiroboard.com/ 5060 N. 19 th Avenue, Suite 416 Phoenix, AZ 85015	Phone: 602-255-1444 Fax: 602-255-4289
RNs/APRNs , LPN (Licensed Practical Nurses), NP (Nurse Practitioners)	
Arizona State Board of Nursing http://www.azbn.gov/ 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/ 1700 West Washington Street, Suite 250 Phoenix, Arizona 85007	Phone: 602-771-2727 Fax: 602-771-2749
Psychologist	
Arizona Board of Psychologist Examiners http://www.psychboard.az.gov/ 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/ 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 19 th 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 18 th 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, 21 st 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) fcvs@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




ADHS

State Health Volunteer Request Form

(Page 1 of 2)

Personnel (e.g. health volunteers, public health technical assistance, ESAR-VHP activation)

Liability Note: State and/or local sponsored liability and workers compensation coverage is available to selected volunteers deemed agents of the state serving approved and authorized missions during a declared emergency. In the absence a State/County emergency volunteers may be eligible for coverage by the requesting entity.



Form Version: ADHS 6-2-2017

Print Form

ESAR-VHP Information:
www.azdhs.gov/volunteer
www.phe.gov/esarvhp

Protocol: This request is submitted upon a declared local/state emergency in which the need for public health assets exceeds local resources/capabilities, County/Tribal Public Health in coordination with local Emergency Management will submit this form to the state emergency operation center (SEOC) for approval. The SEOC will assign a state resource order tracking number fulfilling the request through the SEOC Health/Medical Branch (e.g. ADHS HEOC). A request should represent the sum of public health resources for the entire jurisdiction. **Complete this form to the extent possible and applicable.** The request process may include a preliminary technical assistance conference call from ADHS HEOC for additional information.

Request #

Incident Name: Date:

REQUESTER

Requester Name: Title:

Requesting Entity: State:

24hr Contact #/Radio: Email:

FORM ROUTING

SEOC Order Number: HEOC Mission Number:

↓
●

County/Tribal Public Health

Approved by: Date: Time:

↓
●

County Office of Emergency Management

Approved by: Date: Time:

↓
●

State Emergency Operations Center

Approved by: Date: Time:

↓
●

State Public Health

Approved by: Date: Time:

EVENT

Destination Type: Contact Name:

Check-In Location: Contact Phone:

Address: Arrival Date:

City/State/Tribe: Zip Code: Arrival Time:

Volunteer Reception Center?
 Care and Feeding Plan?
 Transportation Plan?

End Date:

Emergency Declared:



State Public Health Resource Request Form

(Page 2 of 2)



Personnel (e.g. health volunteers, public health technical assistance, ESAR-VHIP activation)

Liability Note: State and/or local sponsored liability and workers compensation coverage is available to selected volunteers deemed agents of the state serving approved and authorized missions during a declared emergency. In the absence a State/County emergency volunteers may be eligible for coverage by the requesting entity.

Form Version: ADHS 6-2-2017

Description of Mobilization Conditions

Nature/Conditions of the worksite:

Sleeping Accommodations:

Potential Health Issues:

Required Immunization/Prophylaxis:

Safety information/instructions:

Additional Information:

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 or greater**. Operational Periods: 12 hours (not to exceed 5 consecutive operations without 24 hours off).

Volunteer Type: Min. Credential Level: QTY

Volunteer Type: Min. Credential Level: QTY

Volunteer Type: Min. Credential Level: QTY

Volunteer Type: Min. Credential Level: QTY

Volunteer Type: Min. Credential Level: QTY

Volunteer Type: Min. Credential Level: QTY

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.

Level 0 – Steady State Continuity prior to event Trigger Event 1: Event occurs which may lead to health staff shortages	
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.	
Actions/Issues	Notes
A. Planning and Coordination – Level 0	
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.	
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.	
3. County Emergency Management will notify ADEM/State EOC.	
4. County Emergency Management initiates strategies to mitigate potential effects and strengthen preparation.	
5. County Health, based on the potential needs assessment, conduct a gap analysis and review logistical considerations for requesting entities.	
6. County Health reviews Volunteer Coordination/Management/Integration Plans, the request process/forms, and update/revise essential contact lists (revise tactics to best support current jurisdictional/state strategies).	
7. County Health maintains relevant awareness among ESF #8 partners.	

Level 1 – Prepare	
Incident Occurs	
Trigger Event 2: Significant health staff shortages	
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.	
Actions/Issues	Notes
B. Planning and Coordination – Level 1	
1. Establish contact with essential ESF #8 partners to maintain a heightened state of relevant awareness.	
2. Review volunteer coordination plans.	
3. Review ESF #8 essential elements of information, data/information collection strategies and methodologies, and related decision points.	
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.	
Level 2 – Respond	
Implement Local Support Strategies	
Trigger Event 3: Emergency response actions are initiated and local resources are mobilized.	

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	Notes
C. Planning and Coordination – Level 2	
1. 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.	
2. Maintain logistics and communication systems supporting the capability to receive additional resources if necessary.	
3. Review 24-hour staffing plan/health volunteer resiliency strategies to address the need.	
4. County/Tribal – Review: <ul style="list-style-type: none"> • State Public Health Resource Request Form (ICS 308 Form Modified for the ADHS, Appendix C) • Demobilization and Recovery Checklist (Volunteer Coordination plan, Table 3) • County Volunteer Staging and Training Area contact and site information (if applicable) • Sovereign Nation/Tribe Coordination, Temporary Waivers and Legal Triage 	
5. Hospitals – Explore integrating 48- hour staffing plan as part of daily operations.	
6. County/Tribe implement emergency recruitment measures (health volunteers/staff) and activate MOUs to meet the need (if applicable).	
7. Hospital/MRC/County/Tribal review plans/strategies for establishing and maintaining legal triage.	
8. Hospital/MRC/County/Tribal review plans/strategies for expediting the integration of potential state ESAR-VHP volunteers.	
Level 3 – Request ESAR-VHP Submitting 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.

Actions/Issues	Notes
D. Planning and Coordination – Level 3	
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.	
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.	
3. Hospital/County/Tribe -Activate 24-hour staffing plan/health volunteer resiliency strategies to address need until help arrives.	
4. County/Tribe – Implement the following resources: <ul style="list-style-type: none"> • State Public Health Resource Request Form (ICS 308 Form Modified for the ADHS, Appendix C) • Health Volunteer Demobilization Guide • County Volunteer Staging and Training Area Plans (if applicable) • Sovereign Nation/Tribe Coordination, Temporary Waivers and Legal Triage (if applicable) 	
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.	
6. Hospital/Duty Post Level Volunteer Coordinators plan to liaison with County/Tribal level Volunteer Coordinator.	
7. County/Tribal Level Volunteer Coordinator plan to liaison with ADHS Volunteer Coordinator (ESAR-VHP/MRC).	
8. Hospital/County/Tribe -Review demobilization/recovery triggers, plans and protocols.	
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.	
10. Maintain mechanisms for legal triage.	

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.	
12. Implement State Volunteer Tracking and Monitoring Communication Guidance (table 1) and prepare for volunteer arrival.	

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 (AZ-ESAR-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 AZ ESAR-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 enroute, 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

DEMOBILIZATION & RECOVERY CHECKLIST	
<p>The following checklist provides a common set of actions recommended for use by all tiers of Volunteer Coordinators during the various phases of demobilization.</p>	<p>Volunteer Coordinators & Logistics Teams</p>
Demobilization Considerations	
<ol style="list-style-type: none"> 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. 	

12. Assure coordination of out-processing of volunteers.
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.)

Resource Related Recovery Considerations

- 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)
- 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).

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 as of June 2013.			
Healthcare Volunteer Roles	Hourly Rate	# of Hours	Total Volunteer Hours
Physicians (M.D. or D.O.)	\$91.38		\$0.00
Registered Nurses	\$32.66		\$0.00
Nurse Practitioners	\$43.97		\$0.00
Certified Nurse Anesthetists	\$74.22		\$0.00
Certified Nurse Midwives	\$43.78		\$0.00
Clinical Nurse Specialists	\$43.97		\$0.00
Licensed Practical Nurses and Licensed Vocational Nurses	\$20.39		\$0.00
Pharmacists	\$55.27		\$0.00
Psychologists	\$35.45		\$0.00
Clinical Social Workers	\$22.78		\$0.00
Mental Health Counselors	\$20.84		\$0.00
Radiologic Technologists and Technicians	\$27.14		\$0.00
Respiratory Therapists	\$27.50		\$0.00
Medical and Clinical Laboratory Technologists	\$23.59		\$0.00
Medical and Clinical Laboratory Technicians (including Phlebotomists)	\$28.19		\$0.00
Physician Assistants	\$44.45		\$0.00
Dentists	\$80.25		\$0.00
Marriage and Family Therapists	\$23.69		\$0.00
Veterinarians	\$44.83		\$0.00
Cardiovascular Technologists and Technicians	\$25.51		\$0.00
Diagnostic Medical Sonographers	\$31.90		\$0.00
Emergency Medical Technicians and Paramedics	\$16.53		\$0.00
Medical Record and Health Information Technicians	\$17.68		\$0.00
Chiropractor	\$38.25		\$0.00
Dental Assistant	\$16.86		\$0.00
Medical Examiner	\$45.67		\$0.00
Medical Students			\$0.00
Nurse's Aide/ Certified Nursing Assistants	\$12.32		\$0.00
Nutritionist/Dietician	\$27.00		\$0.00
Pharmacy Tech	\$14.63		\$0.00
Physical Therapist	\$38.99		\$0.00
Massage Therapist	\$19.40		\$0.00
Vet Tech	\$15.13		\$0.00
Vet Asst	\$11.90		\$0.00
Other Medical	\$18.05		\$0.00
		0	\$0.00
Average Healthcare Volunteer Rate	\$32.40		
Support Volunteer Roles	Hourly Rate	# of Hours	Volunteer Hours
General Support Volunteers (Current Independent Sector Rate)	\$18.05		\$0.00
Health Educators	\$41.74		\$0.00
Educators	\$32.00		\$0.00
Computer / IT Support	\$42.00		\$0.00
Radio Communication Technicians	\$21.94		\$0.00
Interpreters/Translators	\$25.69		\$0.00
Chaplains/ Counselors	\$23.02		\$0.00
Funeral Directors	\$45.22		\$0.00
		0	\$0.00
Value of Medical & Support Volunteer Hours		0	\$0.00