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**Office of Public Health  
Bureau of Community Preparedness  
Volunteer Management Program**



**Louisiana Volunteers in Action (LAVA) Program  
Standard Operating Procedures**

**October 2018**

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# Louisiana Volunteer in Action (LAVA) Standard Operating Procedures

## Purpose

This document establishes the policies and procedures for Louisiana Department of Health employees and Medical Reserve Corps (MRC) Unit Leaders at the State, Regional, Local, Tribal, and Territorial levels who manage volunteers through the state's LAVA and MRC Programs. When managed appropriately, volunteers provide valuable, cost-effective resources to the community on a daily basis and during times of disasters. Depending on the nature and scale of a disaster, neither the state nor local entities may have adequate staffing resources to respond to large-scale emergencies. As such, volunteers supplement workforce shortages. The state leverages its volunteer resources with private resources to optimize response efforts. Further staffing supplements may include but are not limited federal resources such as Disaster Medical Assistance Teams (DMAT), mutual aid agreements, and Emergency Management Assistance Compact (EMAC).

## Goal

The overall goal of this document is to ensure that all State, Regional, Local, Tribal, and Territorial level Volunteer Management staffs have all information to perform job duties accurately and effectively.

## Objectives

1. Ensure employees are familiar with all policies, procedures, forms, etc., related to Volunteer Management.
2. Ensure employees are familiar with the LAVA System and utilization of the various tools and functions to perform their duties accurately and effectively.

## Definitions

These Standard Operating Procedures focus on the mobilization, coordination, and referral of volunteers and service programs, as well as other related issues, such as recruitment and retention, integration, system requirements, etc. For the purposes of this plan, the following definitions are used:

- ***Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP):***  
ESAR-VHP is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. The U.S. Department of Health and Human Services (HHS) introduced this program in 2006, for administration on the state level. The ESAR-VHP Program verifies health professionals' identification and credentials, licensures, accreditations, and hospital privileges so they can respond more quickly when disaster strikes.

- ***Louisiana Volunteers in Action (LAVA)***: Implemented by Louisiana in 2007, the LAVA System is Louisiana’s approach to the federally mandated ESAR-VHP Program. LAVA recruits, credentials, trains, manages, and deploys medical and non-medical volunteers for emergency medical response. The state ESAR-VHP Program and the Medical Reserve Corps units across the state.
- ***Medical Reserve Corps (MRC)***: The Medical Reserve Corps is a network of community-based units initiated and established by local organizations to meet the public health needs of their communities. The U.S. Department of Health and Human Services-Office of the Assistant Secretary for Preparedness and Response sponsors the MRC, which consists of medical and non-medical volunteers who contribute to local health initiatives and supplement existing response capabilities during a disaster.
- ***Volunteer***: Someone who willingly provides services without receiving financial compensation.
- ***Spontaneous Volunteer***: An individual who comes forward following a disaster to assist a governmental agency or non-governmental organization with disaster-related activities during the response or recovery phase without pay or other consideration. By definition, spontaneous volunteers are individuals not initially affiliated with a response or relief agency or pre-registered through the LAVA System. They may possess training, skills, and experience that can be useful in the relief effort. Additionally, they are called unaffiliated, spontaneous unaffiliated, and convergent volunteers.
- ***Affiliated Volunteer***: This individual affiliates with a governmental agency or non-governmental organization (NGO) and has trained for a specific role or function in disaster relief or response. These volunteers are with a recognized *voluntary agency* that has trained them for disaster response and has a mechanism in place to address their use in an emergency. Examples of affiliated volunteer groups include LAVA volunteers, Community Emergency Response Teams (CERT), American Red Cross’ Disaster Action Teams (DAT), and rescue teams.

## **Background**

Volunteers represent a potential resource to a community affected by a disaster. Prior to a disaster, the LAVA Program works to recruit and affiliate interested volunteers to provide a pool of pre-credentialed, trained and ready to deploy volunteers. Affiliating with a volunteer program gives practitioners the opportunity to obtain specialized training appropriate to their roles during an emergency.

## **Volunteer Protections**

Louisiana provides civil liability protection for medical and non-medical volunteers during a declared state of emergency. Limitations or exceptions to this coverage apply to intentional or grossly negligent acts and willful and wanton misconduct of the volunteer. A complete summary of statutory provisions affecting the liability of

providers during emergencies in Louisiana is located in the Appendices. There have been no enactment of new legislation since 2009.

## **ESAR-VHP/MRC Implementation Plan**

The National ESAR-VHP Program helps States to develop standardized programs for registering volunteer health professionals in advance of an emergency or disaster. Louisiana launched its ESAR-VHP Program, the LAVA System, in December 17, 2007, and is the web-based registry to credential volunteers in advance of an emergency or disaster. It also serves as a mechanism to recruit, notify, manage, train, and deploy volunteers to assist the state in meeting the health/medical surge needs during an emergency. The U. S. Department of Health and Human Services with supplemental funding through the Centers for Disease Control and Prevention (CDC) Cooperative Agree funds the LAVA System.

The Medical Reserve Corps (MRC) is the program's largest partner as they provide a national network of local volunteers that primarily focus on the well-being and overall health of their communities. The mission of the MRC is to advance the health and safety of communities across the country by organizing and utilizing public health, medical, and other volunteers. After President George W. Bush's 2002 State of the Union Address, the U.S. founded the MRC was founded.

MRC units concentrate on the specific needs of their communities, building upon their infrastructure. They function as a way to locally organize and utilize volunteers who are willing to donate their time, effort and expertise to prepare for and respond to an emergency. The MRC units also exist to promote healthy living throughout the year by participating in drills and exercises, and planning in advance of an emergency.

MRC volunteers may include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Volunteers also may include non-medical individuals such as interpreters, chaplains, office workers, legal advisors, and others. These individuals can serve in key support positions during an emergency. The MRC supplements the resources of the local public health infrastructure in the event of a large-scale emergency or disaster.

ESAR-VHP and MRC Programs are allowing states to define the relationship between the programs and integrate accordingly. Louisiana's ESAR-VHP and MRC Programs work together because of the 2008 ESAR-VHP/MRC Implementation Plan. There are Regional Volunteer Coordinators (RVC) in the nine Louisiana Department of Health-Office of Public Health administrative regions, and seven MRC Unit Leaders statewide. The Regional Volunteer Coordinators and MRC Unit Coordinators collaborate to leverage resources and better coordinate volunteer response. Since deployment is at the regional level, they work with the Hospital Disaster Response Coordinators (DRCs) to ensure volunteer deployment where needed.

**NOTE:**

Please refer to the Program Staff section for in-depth roles and responsibilities for ESAR-VHP and MRC positions. Also, refer to the Appendices for a contact list of employees in the ESAR-VHP and MRC job positions.

## **Volunteers in LAVA**

Any citizen of the State of Louisiana, age 18 or older, is eligible to volunteer through LAVA. The LAVA website is <https://www.lava.dhh.louisiana.gov/>. Persons under 18 years of age may volunteer upon written consent of their parent/guardian and with continual accompaniment by an adult for the duration of their volunteer assignment. For the purpose of the LAVA Program, a volunteer is any individual who provides voluntary services without compensation and beyond the confines of normal responsibilities to assist in the accomplishment of a mission.

Registration in LAVA does not obligate volunteers to serve during a disaster. If an event requiring volunteer assistance occurs, the Louisiana Department of Health (LDH) will use LAVA to generate a list of potential volunteers based on information provided during registration. The volunteer has the right to terminate his/her registration and account on the LAVA website at any time. Likewise, the LDH may terminate the volunteer's services at any time.

LAVA Staff will contact listed volunteers and given them information regarding the event and reporting location. LAVA Staff will provide volunteers the opportunity to accept or decline service. Volunteers should maintain current contact information on LAVA.

In an emergency, the LDH may call volunteers to meet the demands of the incident. Some of these volunteers may include healthcare professionals with specialized skills. LAVA improves the efficiency of volunteer deployment and utilization by verifying in advance the credentials of volunteer medical professionals. This pre-registration and pre-verification of potential volunteers enhances the state's ability to quickly and efficiently send and receive appropriate medical and non-medical professionals as needed to assist with an emergency response.

## **Units in LAVA**

“Unit” is the term used within LAVA to represent a collection of volunteers overseen by a single administrator. A volunteer may list his/her affiliation within one or more units before and/or after registering. Current LAVA units as follows:

- Acadiana Medical Reserve Corps
- Calcasieu Medical Reserve Corps
- Department of Health, Region 1
- Department of Health, Region 2



- Department of Health, Region 3
- Department of Health, Region 4
- Department of Health, Region 5
- Department of Health, Region 6
- Department of Health, Region 7
- Department of Health, Region 8
- Department of Health, Region 9
- Louisiana State Animal Response Team Veterinary Medical Reserve Corps
- New Orleans Medical Reserve Corps
- Northwest Louisiana Medical Reserve Corps
- Out-of-State
- Point of Dispensing Response Unit
- Plaquemines Parish Medical Reserve Corps
- Special Populations Unit
- State

### **Integration with Licensing Boards**

Currently, the LAVA System and the following licensing boards are integrated:

- Drug Enforcement Administration
- Louisiana Emergency Medical Services
- Louisiana State Board of Examiners for Speech-Language Pathology and Audiology
- Louisiana State Board of Medical Examiners
- Louisiana State Board of Nursing
- Louisiana State Board of Practical Nurse Examiners
- Louisiana State Board of Social Work Examiners
- Office of the Inspector General List of Excluded Individuals and Entities Database

### **Credentialing**

Integration with the above licensing boards allows pre-event credentialing. Upon receipt of a request for volunteers, the LAVA System can:

- Within 2 hours, generate a list of potential volunteer health professionals and contact them.
- Within 12 hours, generate a list of willing volunteer health professionals;
- Within 24 hours, provide the requester with a verified list of available volunteer health professionals, which includes the names, qualifications, credentials, and credential levels of volunteers.

The LAVA System provides additional links to various state boards (out-of-state) for real-time credentialing. Designated staff members at the Local, Regional, Territorial, and State levels are able to verify online credential status. If an Internet connection is available, designated staff members should conduct online verification of health professionals. If a connection is unavailable, LDH staff will inspect, evaluate, and copy documents for validity.

## **Recruitment and Retention of Volunteers**

The recent economic downturn coupled with reduction in staff necessitates use of volunteers of diverse backgrounds and professions. Therefore, volunteer recruitment is an ongoing process for ensuring a sufficient number of volunteers for deployment in an emergency.

The identification of the volunteers is a Local and State responsibility. The state ESAR-VHP Program coordinates with the Regional Volunteer Coordinators (RVC), MRC Unit Leaders, and other volunteer organizations (professional associations, civic organizations, etc.) to increase visibility of the state program and the LAVA System to expand the number of volunteers. The LAVA System recruits for the Medical Reserve Corps by offering volunteers interested in local day-to-day response the opportunity to affiliate. There are certain demographics that need targeting, such as high school and college students, who have flexible schedules. Another focus are those disciplines with low numbers of registered LAVA volunteers, such as dental, mortuary, radiologic, and respiratory professionals.

While there are basic volunteer recruitment strategies already in place, it is critical that the Volunteer Management Program expands to identify and develop new and innovative recruitment strategies. This is of particular interest in those areas where the volunteer numbers are low. Recruitment strategies include (but are not limited to):

- Streamlining the registration process.
- Analyzing recruitment efforts of other agencies/groups to recruit effectively.
- Developing a short list of volunteers you want to reach.
- Determining ways to identify volunteers on the short list.

During the recruitment process, the state ESAR-VHP Program coordinates with the regional employees to assist in increasing visibility of the state program and the LAVA System. The state ESAR-VHP Program emphasizes the importance of volunteering and its benefits to the volunteer, i.e., personal satisfaction, flexibility when responding, etc.

There is various participation in activities including but not limited to methods for recruiting and retaining volunteers. The following is a list of possible recruitment strategies:

- Annual Volunteer Summit
- Annual Medical Reserve Corps Leadership and Training Retreat
- Incentives, such as free training continuing education units
- Presentations at school career days and academic and professional conferences
- Partnerships with universities, colleges, religious entities, etc.
- Media campaigns-print, television, social media sites (e.g., Facebook, YouTube, Twitter)
- Booth sponsorships at festivals, health fairs, and academic and professional conferences
- Outreach to teens and young adults organizations (i.e., Girl Scouts, Boy Scouts, etc.)
- Network with civic and faith-based organizations

### **Background Checks**

The State is not performing background checks at this time. However, the State conducts sex offender checks by utilizing the state’s Sex Offender Registry. Health care professional boards perform criminal history checks. Additionally, MRC Units independently conduct background checks on their unit members.

### **Performance Indicators**

The State measures the effectiveness of the recruitment strategy from the number of registered volunteers and response rate during an actual event. This can be achieved by running reports from the LAVA System before and after recruitment activities, such as summits, media campaigns, meetings with our partners, etc., to ascertain if the number of volunteers increased. Effectiveness of a recruitment strategy is measured by evaluating the percentage of volunteers that respond during an event.

### **Activation**

Once the Department of Health–Emergency Operations Center (EOC) has activated, the LDH-EOC Volunteer Command Center is on alert. The LDH-EOC Incident Commander provides the authority under which actions will occur. Daily LDH-EOC Situation Report (SITREP) document activities and response actions. Volunteer response may be required at each phase of emergency response. The OPH Executive Leadership and the OPH subject matter experts through the LDH-EOC Incident Commander Direction will provide direction. Protocols and procedures include plans to track volunteers during an emergency and for maintenance of volunteer deployment history.

As a part of the general checklist of activities performed upon Activation, each Regional Volunteer Coordinator is notified. The following are activation steps for the LDH-EOC Volunteer Command Center:

- Determine the need for full or partial activation.

- Full activation – All components of the Volunteer Management Team (State, Regional and Local) are activated to manage volunteers needed to provide assistance.
- Partial activation – Less than full activation is required – incidents when volunteer request are minimal.

The regions mimic the LDH-EOC structure by establishing Regional Volunteer Command Centers for the credentialing of spontaneous volunteers. These Centers may be co-located with ESF-8 activities but away from actual operations. The activation and operation of the LDH Emergency Operations Center will follow the policies set forth in the Louisiana Department of Health Emergency Preparedness Policy 11-83 and the Office of Public Health Policy Manual 401.

### **Volunteer Notification**

The purpose of the LAVA System is to create a system to notify trained and properly verified volunteers, and supply them where they are needed to respond in a medical emergency. In anticipation of an event, the State places volunteers on standby. When it receives a request for volunteers, the State queries the LAVA System for the appropriate number and type of volunteer needed and contacts them about their willingness to serve in the emergency response. At that time, it is completely up to the volunteer to accept or decline the request. Please see *Communications* for methods of delivery of volunteer notification.

### **Level of Commitment**

Volunteers can expect to work one 8-12 hour shift per each 24-hour period. However, shift hours may vary depending on the volunteer’s availability. Volunteers may be assigned to various ESF-8 operations, depending on the particular skill set and the need. The LDH deployment sites for ESF-8 operations are as follows:

- Emergency Operations Centers (EOC)
- Fatality Management (FM)
- Medical Special Needs Shelters (MSNS)
- Medical Evacuation
  - Parish Pickup Points (PPP)
  - Transportation Triage (TT)
- Receiving, Staging, & Storing (RSS) Warehouses
- Point of Dispensing Sites (PODS)
- Search and Rescue Base of Operations (SARBOO)
- Temporary Medical Operations Staging Area (TMOSA)

## Training and Learning Opportunities

Volunteers have various opportunities to attend training or participate in activities such as drills and exercises, so they can become familiar with emergency preparedness and response as well as other aspects of public health. Various methods deliver these trainings, such as online courses, instructor-led courses, workshops, just-in-time training, etc.

The State of Louisiana, Office of Public Health collaborates extensively with the Tulane Learning Management System. Formerly known as the South Central Public Health Partnership (SCPHP), this partnership is comprised of three states (Alabama, Louisiana, and Mississippi) and two schools of public health (Tulane University School of Public Health and Tropical Medicine and University of Alabama at Birmingham School of Public Health). The partnership recognizes the need for solid training programs designed to meet the ever-changing challenges that public health employees face on a daily basis. Therefore, the Office of Public Health and the SCPHP have collaborated on a web-based initiative through the LAVA System to allow volunteers to access and complete courses in the learning management system at no cost to the volunteer.

Courses available through the system include:

- *Applied Epidemiology of Terrorist Events*
- *Biological Response Preparedness for Emergency Medical Services*
- *Bioterrorism*
- *Bioterrorism Preparedness: Infectious Disease Prevention and Control*
- *Bioterrorism Preparedness: Factors for the Emergence/Reemergence of Infectious Diseases*
- *Bioterrorism Preparedness: Infectious Disease Epidemiology and Public Health Surveillance*
- *Bioterrorism Preparedness: Infectious Disease Transmission Dynamics*
- *Bioterrorism Preparedness: Principles of Emerging Infectious Diseases*
- *Bioterrorism: The Agents*
- *Bioterrorism: The Public Health Threat*
- *Chemical Terrorism*
- *Chemical Terrorism Clinical Specimen Transport*
- *Communication Gap: Linking First Responders and First Receivers*
- *Continuity of Operations Planning*
- *Counterterrorism Incident Command*
- *Crisis Management*
- *Cultural Competence in Emergencies*
- *Defense Against the Radiological Threat*
- *Diversity and Cultural Competency in Public Health Settings - Basic Level*
- *Environmental Health Issues in Disasters*
- *Environmental Health and Shelters*

- *Environmental Sampling and Monitoring in a Disaster*
- *Evidence-Based Approaches for Post-Disaster Mental Health Disorders*
- *Explosion and Blast Injury*
- *Facing Fear: Crisis Communication and Disaster Behavioral Health*
- *Guidelines and Standards for a Weapons of Mass Destruction (WMD) Response*
- *Homeland Security: Defining Directives, Organization and Policies*
- *ICS-100: Introduction to the Incident Command System*
- *ICS-200: Basic Incident Command System*
- *ICS-300: Intermediate Incident Command System*
- *ICS-400: Advanced Incident Command System*
- *ICS-700: An Introduction to National Incident Management System*
- *ICS-800: An Introduction to National Response Plan*
- *Implementing the National Strategy for Pandemic Influenza*
- *Introduction to Points of Dispensing*
- *Management of Radiological Casualties*
- *Mass Antibiotic Dispensing: A Primer (Web on Demand)*
- *Mass Antibiotic Dispensing: Streamlining POD Design and Operations*
- *Mass Casualty Incident Triage*
- *Mass Dispensing Sites: A Primer for Volunteers*
- *Needs of Our Children: Pediatric Care Before, During and After Disasters*
- *Pediatric Issues in Disasters and Emergencies*
- *Planning and Execution for Disaster Response*
- *Practice-based Scenarios for Recognition, Detection and Exposure Assessment of Chemical Terrorist Agents*
- *Preparing for a Chemical Terrorist Event*
- *Psychological Resiliency - Building Personal Resilience and Self-Reliance*
- *Recognition and Safe Handling of Chemical Terrorist Agents*
- *Special Needs Populations in Disaster Response*
- *Terrorism, Risk Assessment and Homeland Defense*
- *Transportation Triage*
- *The Role of Health Literacy in Disaster Preparedness*
- *Using Risk Assessment in Chemical Emergencies to Protect Public Health*
- *Vectors of Disease in Disasters*

Once a volunteer has created an account in the LAVA System at [www.lava.dhh.louisiana.gov](http://www.lava.dhh.louisiana.gov), he/she can access and complete any or all of the courses.

There are other trainings, workshops, and conferences conducted throughout the year by LDH-OPH or other community partners that are no cost to the volunteer. Notices of these trainings are sent through the LAVA System and provide the volunteer with the registration information. Volunteers are encouraged to attend these trainings, but it is not mandatory. Volunteers may also receive notices through LAVA to participate in emergency preparedness drills and exercises.

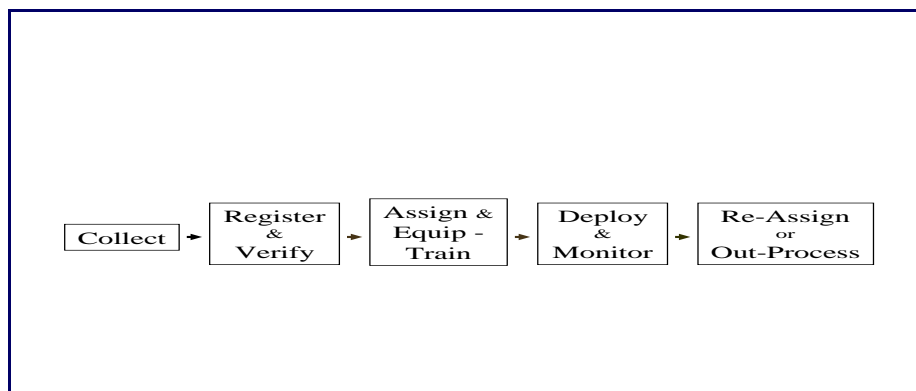
Just-in-time training (JITT) will be administered to volunteers at the Volunteer Command Center. The concept of just-in-time training is to provide training at the time it is most needed, incorporating information specific to the type and magnitude of the incident. JITT is utilized immediately after deployment to issue assignments and equipment necessary for a volunteer’s role in the incident. Assignments will be made based on resource needs and availability. Volunteers will only be asked to perform roles for which they have been prepared.

A volunteer’s role will depend upon the following factors:

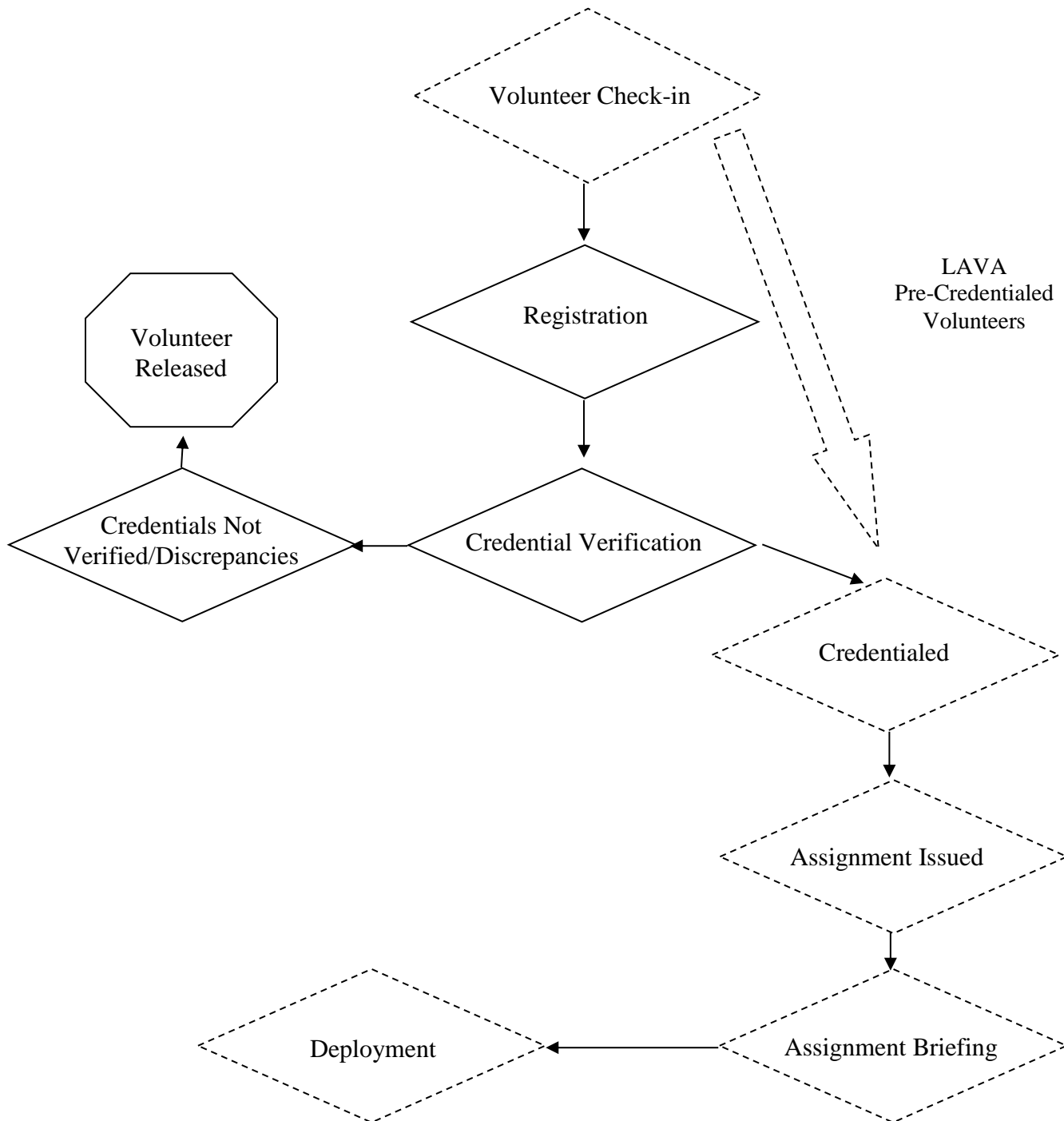
- Type, magnitude, duration, and severity of the incident
- Roles identified by incident command staff as necessary for the response effort
- Person’s skills, interests, and licensure

### **Managing and Processing Volunteers**

Affiliated and spontaneous volunteers should report directly to the Volunteer Command Center (VCC). Prior to arrival, spontaneous volunteers will be encouraged to complete the online registration process through the LAVA System. The VCC will screen, deploy, and debrief spontaneous volunteers. The location of a Volunteer Command Center will be pre-identified as a part of planning. In some cases, there will be a reasonable distance between the volunteer center and the location of field operations. The exact layout of the Volunteer Command Center will depend on the building being used, number of volunteers expected, and resources. Volunteer Command Centers exist on both the regional or state level.

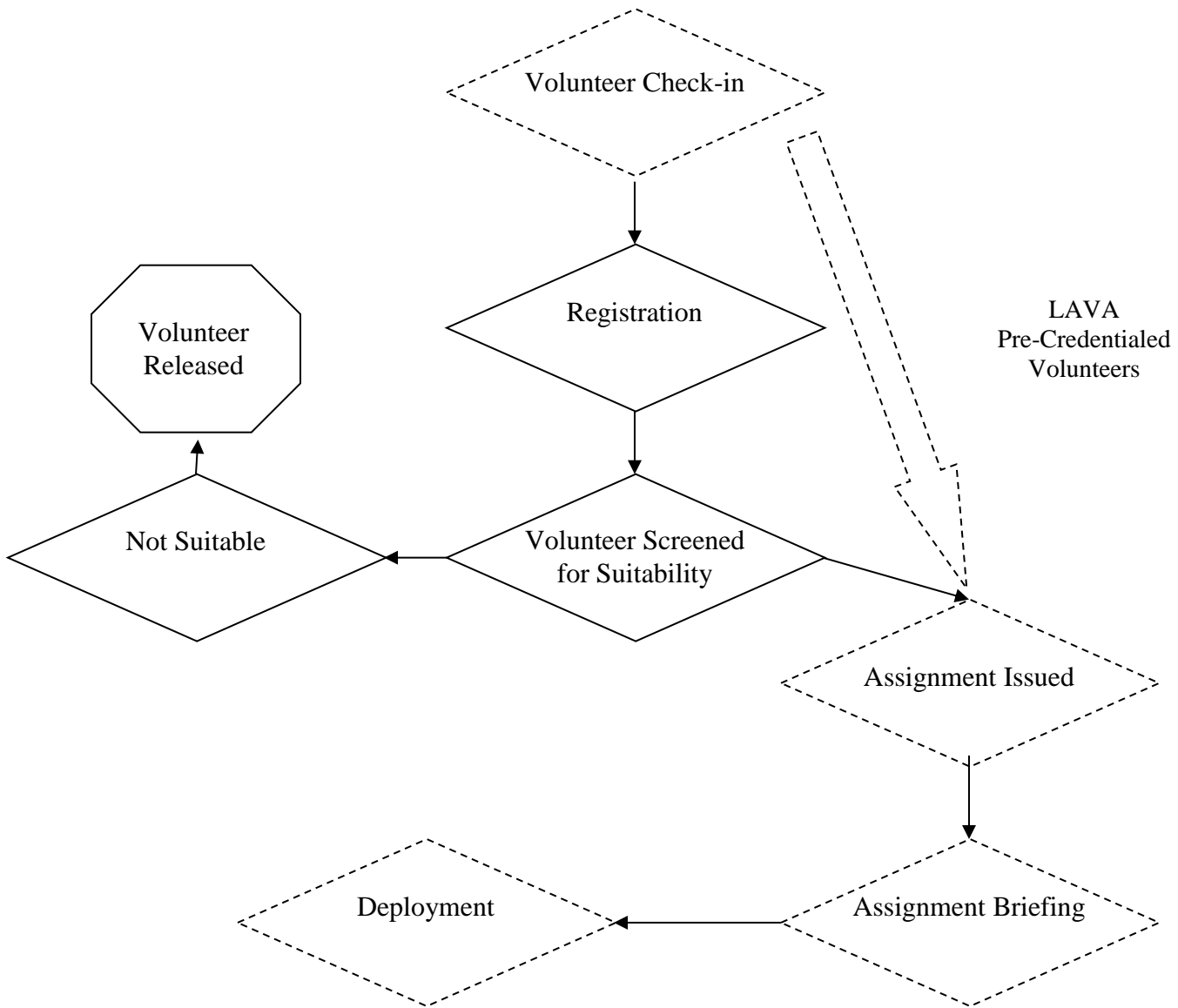


**Figure 1: Volunteer Management Process**



**Figure 2: Pre-Credentialed/Spontaneous Medical Volunteers**





**Figure 3: Pre-Credentialed/Spontaneous Non-Medical Volunteers**

## Checklists

### Spontaneous Non-Medical

- At the volunteer point of arrival, the spontaneous volunteer arrives at the Volunteer Command Center (VCC) and goes to a registration/check-in point.
- Spontaneous volunteers must provide picture identification upon arrival. The spontaneous volunteer will be asked to fill out a Louisiana Volunteers in Action (LAVA) quick registration form or register electronically at a kiosk.
- Once registered, volunteers will be screened for suitability.
- Volunteer assignment is issued and volunteer is briefed. Volunteer should complete and sign *Agreement to Volunteer Services*.
- Designated staff reviews Health Insurance Portability and Accountability Act of 1996 (HIPAA) documents with volunteer.
- LDH personnel should witness *Agreement to Volunteer Services* by signing the form.
- Deployment site is recorded.
- Badge is issued, if applicable.
- Each deployment site should receive notification of any volunteer before arrival if deployed through the LAVA System.
- Volunteer is provided a copy of the *Just-in-Time Training (JITT) Packet* for review and a copy of the *Job Action Sheet*.

### Spontaneous Medical

- At the volunteer point of arrival, the spontaneous volunteer arrives at the VCC and goes to a registration/check-in point.
- Spontaneous volunteers must provide picture identification upon arrival. The spontaneous volunteer will be asked to fill out a Louisiana Volunteers in Action (LAVA) quick registration form or register at kiosk.
- Once credential status has been confirmed through respective board website or LAVA System and registration form completed, the volunteer should complete the *Agreement to Volunteer Services* form.
- LDH personnel should witness *Agreement to Volunteer Services* by signing the form.
- Designated staff reviews HIPAA Documents with volunteer.
- Volunteer assignment is issued and volunteer is briefed.
- Deployment site is recorded.
- Badge is issued if applicable.
- Each deployment site should receive notification of any volunteers before arrival if deployed through the LAVA System.
- Provide a copy of the *Just-in-Time Training (JITT) Packet* for review and a copy of the *Job Action Sheet*.

- Regional Volunteer Coordinator or On-Site Volunteer Coordinator will supply Volunteer Center (LDH-EOC) with a copy of all documentation on volunteer including: copy of picture identification (out-of-state), proof of licensure (out-of-state), LAVA Registration (printable from website), *Disaster Permit Affidavit (Nursing only)* and Temporary Permit (Medical only). Documents will be sent to boards to facilitate the issuance of a *Temporary Disaster Permit*.
- Continuous Quality Improvement (CQI) to be done within 24 hours.

*Out-of-state medical information must be confirmed by Louisiana boards. All information outlined above must be sent to the LDH-EOC to facilitate in the process.*

### **Affiliated Medical and Non-Medical Volunteers**

- At the volunteer point of arrival, the LAVA volunteer arrives at the VCC and goes to a registration/check-in point.
- LAVA volunteers must provide picture identification upon arrival.
- Designated staff views volunteer's picture identification.
- Designated staff instructs volunteer to sign-in.
- Designated staff pulls corresponding file with volunteer's information (Printable from LAVA website).
- Volunteer completes and signs *Agreement to Volunteer Services*.
- Designated staff reviews HIPAA Documents with volunteer.
- LDH personnel should complete and sign *Agreement to Volunteer Services*.
- Volunteer assignment is issued and volunteer is briefed.
- Deployment site is recorded.
- Badge is issued to LAVA volunteer, if applicable.
- Volunteer is provided a copy of the *Just-in-Time Training (JITT) Packet* for review and a copy of the *Job Action Sheet*.

### **Out-of-State Volunteers – Medical**

- Using the links provided in the LAVA System to various state boards (out-of-state) for real-time credentialing, designated staff should verify online credential status. If internet connection is available, all out-of-state health professionals should be verified. If internet connection is unavailable, validity of documents should be inspected, copied and information sent over immediately to Volunteer Center (LDH-EOC).
- LDH personnel should witness *Agreement to Volunteer Services* by signing the form.
- LDH-EOC will verify the identity of the registrants (LAVA) and contractors and send the following information to [verification@lsbme.la.gov](mailto:verification@lsbme.la.gov):
  - Name of provider as it appears on license
  - Professional credential (MD, PA, RT, CLP, OT, other)

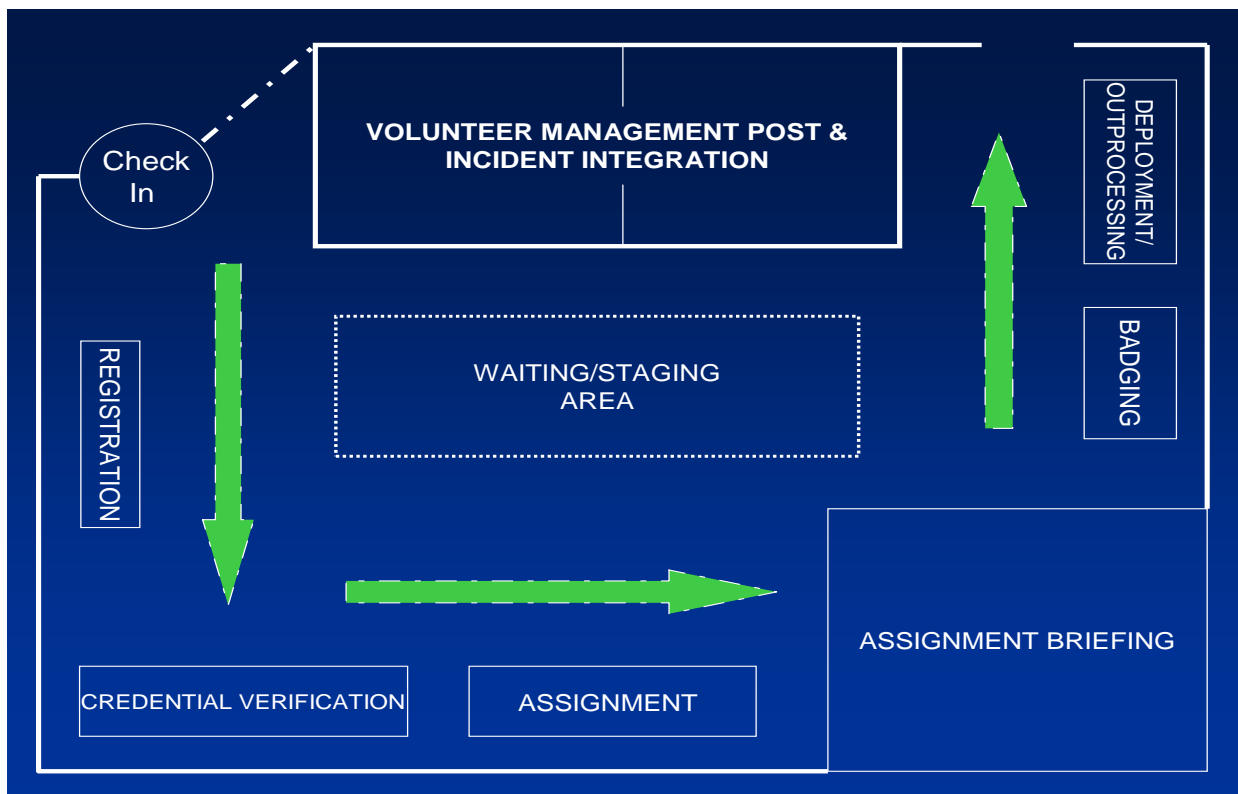
- State where licensed serving as basis for registration
  - License number
  - NPI (physicians, physicians' assistants, other)
- Louisiana State Board of Medical Examiners (LSBME) will verify the licensure and discipline status with National Practitioner Data Bank (NPDB) and post the name and verification status on the LSBME web site.

### **Out-of-State Volunteers – Nursing**

- The affidavit on the Louisiana State Board of Nursing website should be downloaded. Registered nurses from other jurisdictions should complete form as directed.
- Form should be faxed to the LDH-EOC.
- The registered nurse may practice upon verification that his/her fax has been transmitted. LSBN will not return a message of receipt of fax.
- Louisiana State Board of Nursing will process the disaster permit and will enter it into their licensure system.
- The registered nurse's status should be accessible through the verification system at [www.lsbn.state.la.us](http://www.lsbn.state.la.us)

### **LAVA Volunteer Out-Processing**

- Retrieve equipment and unused supplies, if applicable, from volunteer.
- Provide and collect *Volunteer Evaluation*.
- Debrief and discuss any stress-related factors.
- Collect access badge and instruct volunteer to sign-out.
- Extend personal thank you and expression of appreciation for volunteer assistance and contributions; provide *Volunteer Thank You Letter*.



**Figure 4: Sample Volunteer Center Set-up**

## Communications

Communications are critical to the successful activation and coordination of responsibilities for managing volunteers. There are three major delivery methods-Internal Messages, Email, and Voice Notification. Messaging templates are saved in a file as well as in the messaging area of the LAVA ESAR-VHP System.

**Internal messages** will only be delivered to the “Messages” section in the Responder’s LAVA account, and can handle up to four attachments totaling two megabytes. **Email messages** will be sent to the email address the Responder entered in the “Contact” section in LAVA and can optionally contain up to nine response options. **Voice Notification messages** can be sent to a variety of phones, faxes, SMS/Text capable equipment and Pagers. Voice notification options can also contain up to nine response options.

When contacting the LDH-EOC Volunteer Command Center phone and email should serve as the primary means of communication. In the event that direct communication with LDH-EOC via phone or email is not possible, other methods of communication will be used, for example:

- Facsimile (fax)
- Digital and voice radios
- Runners

## **Position Description Qualifications and Job Action Sheets**

Per common Incident Command System (ICS)/National Incident Management System (NIMS) principles, not all functions or positions are staffed individually in all incidents. Staffing decisions are based upon the size, nature, and complexity of the incident. In events where no individual is assigned to a functional position, the responsibility for accomplishing the function or task is assumed by the supervisory position for that function or task. In small incidents with a relatively few number of public health volunteers, or where the majority of public health volunteers are already pre-registered and affiliated with a known organization, tasks may be performed by the same individual. Volunteers are to work under the Incident Command System at the designated reporting site. Response actions taken by a volunteer should be documented utilizing the appropriate LDH Form or Activity Log, and subsequently becomes the property of the Louisiana Department of Health. **(See Appendices for a more detailed account of volunteer roles and responsibilities.)**

## **Flagging Volunteers**

While working with volunteers, the LDH staff should be attentive to the behavior and actions of volunteers. Volunteers exhibiting exemplary performance should be reported. A group in the LAVA System should be created to access those volunteers for future deployment opportunities. Likewise, volunteers exhibiting behaviors hazardous to operations must be reported immediately first to the Incident Commander on site, then to the LDH EOC-Volunteer Management desk. LAVA accounts for those volunteers who have been problematic will be deactivated.

## **Debriefing**

Debriefing should take place briefly at the end of each shift. Volunteers should be afforded the opportunity to express their feelings and concerns in a non-intimidating environment to allow them closure. Additionally, volunteers should be given the chance to discuss their successes. Debriefing is interpersonal, with a focus on emotional safety, rather than management of the emergency.

It is likely that a volunteer debriefing will also bring up comments from volunteers about how they found their task, and suggestions for improvements. This process will allow you to make improvements for your next shift.

It is important to send volunteers home feeling positive about their contributions, so finish with a supportive appreciation statement.

Dependent on the type of emergency and where the volunteer has been deployed, debriefing may also entail a medical and behavioral health clearance in which volunteers are evaluated by a physician or nurse.

## **Program Staff**

Implementation of this initiative consists of the following Program staff with other parties playing essential roles:

- **Volunteer Management Program Manager**

*Responsibilities:* The Program Manager will provide direct oversight and supervision to the overall program by ensuring that the State's volunteer efforts are unified and coordinated across programs.

- **ESAR-VHP/MRC Coordinator**

*Responsibilities:* The Program Monitor is responsible for providing support to the statewide emergency volunteer program. The Program Monitor will work to recruit medical and non-medical personnel across the state to build volunteer resources related to the Medical Reserve Corps and Louisiana Volunteers in Action Programs. The Program Monitor will provide assistance to regions in the development of a comprehensive volunteer program that includes plans for retaining local volunteers. The position will also work to register more MRC teams in the state by providing the technical assistance needed to prospective units and work to develop comprehensive toolkit that can be utilized by Local MRCs.

- **Regional Volunteer Coordinators (RVCs)**

*Responsibilities:* These groups will primarily serve as volunteer recruiters and points of contacts for Local MRC Coordinators. Together these entities will deploy resources during a disaster. RVCs will be the primary point of contact during an emergency regarding volunteer resources. RVCs will be expected to utilize community events, health fairs, etc. as recruitment outlets. Groups will also work closely with Regional OPH staff to assess the quantity and type of volunteers needed during emergencies.

- **MRC Unit Leaders**

*Responsibilities:* These persons will have limited access to the LAVA System to see which LAVA volunteers have self-identified themselves as members of their respective MRC unit and the credential status for the volunteer. During activation of the LAVA System, MRC Unit Leaders will assist Volunteer Management Staff in the identification of possible volunteers to be utilized for response. MRC Unit Leaders will inform their volunteers of need and solicit participation. Together, both entities (Volunteer Management Staff/Regional Staff and MRC Unit Leader) will deploy volunteers. LAVA volunteers will also be available for possible utilization if local MRC assets become overwhelmed.

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## **Appendices**

- Appendix 1: LAVA System Requirements
- Appendix 2: LAVA Volunteer Job Action Sheet-Unit Administrator/Regional Volunteer Coordinator
- Appendix 3: LAVA Volunteer Job Action Sheet-Data Entry/Phone Bank Operator
- Appendix 4: LAVA Volunteer Job Action Sheet-Escort/Information Distribution Attendant
- Appendix 5: LAVA Prospective Volunteer Information-Medical Professionals
- Appendix 6: LAVA Prospective Volunteer Information-Non-Medical Professionals
- Appendix 7: LAVA Louisiana Department of Health-Agreement to Volunteer Services
- Appendix 8: LAVA State of Louisiana-Volunteer Evaluation Form
- Appendix 9: LAVA Volunteer Thank You Letter
- Appendix 10: Volunteer Legislation - Louisiana

## **Appendix 1:**

### **LAVA System Requirements**

The federal ESAR-VHP Program requires each state to develop an electronic registration system for recording and managing volunteer information. The LAVA System must:

- Offer Internet-based registration. The information is controlled and managed by the Office of Public Health-Bureau of Community Preparedness Volunteer Management Program.
- Ensure that volunteer information is collected, assembled, maintained, and utilized in a manner consistent with all federal, state, and local laws governing security and confidentiality.
- Identify volunteers via queries of variables as defined by the requester.
- Ensure that the system is both backed up on a regular basis and that the backup is not co-located.

In addition, LAVA must be able to register and collect the credentials and qualifications of health professionals, which are then verified with the issuing entity or appropriate authority.

LAVA must have the capacity to collect and verify the credentials and qualifications of the following health professional occupations:

1. Physicians (allopathic and osteopathic)
2. Registered nurses
3. Advanced practice registered nurses (APRNs) including nurse practitioners, certified nurse anesthetists, certified nurse-midwives, and clinical nurse specialists
4. Pharmacists
5. Psychologists
6. Clinical social workers
7. Mental health counselors
8. Radiologic technologists and technicians
9. Respiratory therapists
10. Medical and clinical laboratory technologists
11. Medical and clinical laboratory technicians
12. Licensed practical nurses and licensed vocational nurses
13. Dentists
14. Marriage and family therapists
15. Physician assistants
16. Veterinarians
17. Cardiovascular technologists and technicians
18. Diagnostic medical sonographers
19. Emergency medical technicians and paramedics
20. Medical records and health information technicians

The LAVA System must also be able to perform the following functions:

- Assign volunteers to one of four ESAR-VHP Emergency Credential Levels (ECL). Assignment will be based on the credentials and qualifications, which have been collected and verified with the issuing entity or appropriate authority.

#### Emergency Credential Levels

- Level 1: Hospital Active
  - Level 2: Clinically Active
  - Level 3: Licensed or Equivalent
  - Level 4: Experienced or Educated
  - No ECL: Indeterminate Credentials
- Record all volunteer health professional/emergency preparedness affiliations of an individual, including local, state, and federal entities. This helps to avoid confusion that may arise from having a volunteer appear in multiple registration systems (e.g., Medical Reserve Corps [MRC], National Disaster Medical System [NDMS], etc.).
  - Identify volunteers willing to participate in a federally coordinated emergency response.
  - Update volunteer information and re-verify credentials every 6 months.

### **LAVA Operational Requirements**

- Upon receipt of a request for volunteers, within two (2) hours, LAVA staff must be able to query the LAVA System to generate a list of potential volunteer health professionals and contact them. Within 12 hours, staff must generate a list of willing volunteer health professionals; and within 24 hours, provide the requester with a verified list of available volunteer health professionals, including names, qualifications, credentials, and credential levels of volunteers.
- Develop a plan to recruit and retain volunteers.
- Develop a plan for coordinating with all volunteer health professional/emergency preparedness entities to ensure an efficient response to an emergency, including but not limited to MRC units, NDMS teams, and the Federal Emergency Management Agency (FEMA) Citizen Corps.
- Develop protocols for deploying and tracking volunteers during an emergency (Mobilization Protocols):
  - Develop written protocols that govern the internal activation, operation, and timeframes of the ESAR-VHP system in response to an emergency. These protocols must include plans to track volunteers during an emergency and for maintaining a history of volunteer deployments.
  - Establish a working relationship with external partners, such as the local and/or state emergency management agency. Develop protocols outlining the required actions for deploying volunteers during

an emergency. These protocols must ensure 24-hours/7-days a week accessibility to the ESAR-VHP System. There are three areas of focus:

- Intrastate Deployment: Develop protocols that coordinate the use of ESAR-VHP volunteers with those from other organizations, such as the MRC.
- Interstate Deployment: Develop protocols outlining the steps needed to respond to requests for volunteers received from another state. A process must be in place for receiving and maintaining the security of volunteers' personal information sent from another state and procedures for destroying that personal information when it is no longer needed.
- Federal Deployment: Develop protocols necessary to respond to requests for volunteers that are received from the federal government.

### **ESAR-VHP Evaluation and Reporting Requirements**

- Test the LAVA System through mandatory drills and exercises. These exercises must be consistent with the Assistant Secretary for Preparedness and Response -Hospital Preparedness Program (HPP), Centers for Disease Control and Prevention-Public Health Emergency Preparedness Program (PHEP), and ASPR-ESAR-VHP Program requirements for drills and exercises.
- Develop a plan for reporting program performance and capabilities data as specified by the ASPR-HPP, CDC-PHEP, and/or the ASPR-ESAR-VHP Programs.

LAVA VOLUNTEER JOB ACTION SHEET Unit Administrator/Regional Volunteer Coordinator	
<b>Personnel Type</b> Staff/Non-medical Volunteer	<b>Location</b> TBD
<b>Reports To:</b> LDH-EOC	<b>Location</b> TBD

**Time Commitment Prior Incident:**

Minimal – Unit Administrators should routinely monitor the registration of the Unit’s volunteers and support the selection processes. The Unit Administrator has web-based access to administrative functions of the software from their work areas.

**Time Commitment During Incident:**

Unit Administrator will be expected to maintain a work schedule consisting of 12-hour shifts.

**Mission/Duties:**

During an emergency, the Unit Administrator shall have expanded authority to validate the following information as it relates to a volunteer affiliated with the Unit:

- Identification
- Credential information
- Emergency credential level (ECL)
- Deployment management

Within the supported LAVA software system daily, a Unit Administrator has the authority to execute a number of functions as it relates to affiliates of his or her Unit. Specifically, the Unit Administrator has to ability to:

- Approve or reject volunteers
- Eliminate volunteers
- Perform volunteer searches
- Activate and deactivate alerts
- Create missions and notifications
- Add, modify, and delete news and/or announcements

**Qualifications (Recommended):**

- Completion of Volunteer Management Trainings.

**Equipment (Recommended):**

- Laptop.

<b>LAVA VOLUNTEER JOB ACTION SHEET</b>	
<b>Data Entry/Phone Bank Operator</b>	
<b>Personnel Type:</b> Staff/Non-medical Volunteer	<b>Location</b> TBD
<b>Reports To:</b> Volunteer Group Supervisor	<b>Location</b> TBD

**Time Commitment Prior to Incident:**

Minimal – Position may assist Unit Administrators with routine LAVA System management. Data Entry/Phone Bank has web-based access to administrative functions of the software from their work areas to input volunteer information.

**Time Commitment during Incident:**

Data Entry/phone bank will be expected to maintain a work schedule consisting of 12-hour shifts.

**Mission:**

During an emergency, the data entry/phone bank staff shall assist with following information as it relates to a volunteer affiliated with the Unit:

- Identification
- Credential information
- Emergency credential level (ECL)
- Deployment management

**Qualifications (Recommended):**

- Completion of Volunteer Management Trainings.

**Equipment (Recommended):**

- Laptop.

**LAVA VOLUNTEER JOB ACTION SHEET**  
**Escort/Information Distribution Attendant**

<b>Personnel Type:</b> Non-medical Volunteer	<b>Location</b> TBD
<b>Reports To:</b> Volunteer Group Supervisor	<b>Location</b> TBD

Just-in-Time Training will be provided onsite and other resources will be made available prior to deployment and assuming role.

**Time Commitment during Incident:**

Time commitment is at the volunteer's discretion.

**Mission:**

Dependent on assigned task volunteer may partake in the following:

- Provide assistance in removing patient belongings off buses.
- Escort/accompany patients to and from destinations as assigned.
- Wait with clients as they are being transported to health care facilities.
- Distribute information as assigned.
- Provide assistance at shelter as it relates to non-medical tasks (runners, floaters, etc.).

**Qualifications (Recommended):**

- Completion of required Just-in-Time Training (may be completed at deployment).

**Equipment (Recommended):**

- Vest/ID Badge (if applicable)

**Immediate Duties:**

- Review Job Action Sheet
- Complete Just-in-Time Training
- Obtain briefing from the Volunteer Group Supervisor
- Assist person(s) requiring assistance as outlined on Job Action Sheet
- Accompany person(s) as assigned
- Ensure personal safety

**Ongoing Duties:**

- Request resources/assistance as needed
- Ensure personal safety

**Extended Duties:**

- Brief incoming volunteer staff at the end of shift
- Sign-in/out as required and verify when return to shift
- Participate in demobilization at the end of incident
- Participate in debriefing at the completion of each shift
- Plan for the possibility of extended deployment

\*\*Medical Volunteers: Medical positions should be referred to the Emergency Systems for Advance Registration of Volunteer Health Professional (ESAR-VHP) Interim Technical Policy Guidelines, Standards and Definitions: System Development Tools Document for a description of all medical staff positions and responsibilities. \*\*



## Louisiana Volunteers in Action (LAVA) Prospective Volunteer Information Medical Professionals



More information is available at [www.lava.dhh.louisiana.gov](http://www.lava.dhh.louisiana.gov).

**\* THIS SYMBOL INDICATES THAT THE INFORMATION IS REQUIRED.**

<b>1. Personal information:</b>			
*First Name: _____ Middle Name: _____ *Last Name: _____			
*Gender: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Transgender	Date of birth (mm/dd/yyyy): _____	*Parish/county you live in: _____	
*Home address: _____	*City: _____	*Zip Code: _____	
Driver's License/State ID# : _____		License State: _____	
Primary email address: _____	Alternate email address: _____	Wireless email address: _____	
<b>2. What is the best way to contact you in the event of an emergency?</b>			
*2a. Primary contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager * Please list the number: _____
2b. Secondary contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager Please list the number: _____
<b>3. Occupation:</b>			
<b>4. If you currently have a license, complete the following that will be used credentialing purposes.</b>			
Primary license, certification, or registration #:		Expiration date (mm/dd/yyyy):	
If not a Louisiana board, please list the state or province.		State:	Province/territory:
<b>*4. Emergency Contact Information</b>			
<b>NAME:</b>		<b>PHONE #:</b>	<b>RELATIONSHIP:</b>
<b>Signature</b>		<b>Date</b>	

Revised October 2018





## Louisiana Volunteers in Action (LAVA) Prospective Volunteer Information Non-Medical Professionals



More information is available at [www.lava.dhh.louisiana.gov](http://www.lava.dhh.louisiana.gov).

**\* THIS SYMBOL INDICATES THAT THE INFORMATION IS REQUIRED.**

<b>1. Personal information:</b>			
*First Name: _____ Middle Name: _____ *Last Name: _____			
*Gender: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Transgender	Date of birth (mm/dd/yyyy): _____	*Parish/county you live in: _____	
*Home address: _____	*City: _____	*Zip Code: _____	
Driver's License/State ID# : _____		License State: _____	
Primary email address: _____	Alternate email address: _____	Wireless email address: _____	
<b>2. What is the best way to contact you in the event of an emergency?</b>			
*2a. Primary contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager * Please list the number: _____
2b. Secondary contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager Please list the number: _____
<b>3. Occupation:</b>			
<b>*4. Emergency Contact Information</b>			
NAME:		PHONE #:	RELATIONSHIP:
Signature			Date

Revised October 2018



## AGREEMENT TO VOLUNTEER SERVICES

### Office of Public Health-Bureau of Community Preparedness Louisiana Volunteers in Action (LAVA)

This agreement is between the State of Louisiana through the Department of Health (hereafter known as "LDH") and \_\_\_\_\_ (hereafter known as "Volunteer").

Volunteer agrees to provide services to the State of Louisiana through LDH during \_\_\_\_\_. Volunteer agrees and understands that he/she will not receive monetary compensation from LDH for his/her services.

LDH agrees to accept the services of Volunteer. Volunteer agrees to serve under the supervision and direction of LDH, and to abide by all LDH policies, rules, and regulations, including policies concerning the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Volunteer acknowledges review of LDH HIPAA Privacy Policy numbers 1-3, and agrees that he or she has read and will abide by said policies.

Volunteer expressly affirms, to the best of his/her knowledge, that he/she does not have any communicable diseases.

If the Volunteer is providing services within his/her given health care professional discipline and scope of practice, then by signing this agreement the Volunteer acknowledges that she or he has current credentials and/or professional licenses. In accordance with L. R. S. 40:1299.39, and subject to the conditions, stipulations, and exceptions contained therein, professional health care providers volunteering their services on behalf of the State of Louisiana are generally held harmless and indemnified by the state for any malpractice claims arising from their service on behalf thereof.

If the Volunteer is providing non-medical services, then by signing this agreement the Volunteer acknowledges that she or he shall not provide care, assistance, goods, or services for which a medical license is required. In accordance with L. R. S. 29:735.3.1 and subject to the conditions, stipulations, and exceptions contained therein, any natural or juridical person, who gratuitously and voluntarily renders any disaster relief or recovery services in coordination with the State shall not be liable to the recipient thereof for any injury or death to a person or any damage to property resulting therefrom.

LDH and Volunteer further agree that the Volunteer's service may be immediately terminated at any time by either LDH or Volunteer.

#### VOLUNTEER

Volunteer Name: \_\_\_\_\_ Volunteer Signature/Date: \_\_\_\_\_

*If Volunteer is under 18 years of age, the Parent or Guardian must consent:*

Parent or Guardian Name:

\_\_\_\_\_ Parent or Guardian Signature/Date: \_\_\_\_\_

#### LDH REPRESENTATIVE:

Name: \_\_\_\_\_ Signature/Date: \_\_\_\_\_



# State of Louisiana

Department of Health and Hospitals  
Office of Public Health – Bureau of Community Preparedness

## VOLUNTEER EVALUATION FORM

Volunteer Name (optional): \_\_\_\_\_ Discipline: \_\_\_\_\_

Site: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

1. Did your volunteering experience meet your expectations?

Fully  Adequately  Partially  Not at all

2. Was your assignment clear?

Fully  Adequately  Partially  Not at all

3. Was your volunteer assignment orientation adequate to meet the responsibility of your position?

Fully  Adequately  Partially  Not at all

4. Was your on-site job specific training adequate to fulfill your duties?

Fully  Adequately  Partially  Not at all

5. Do you feel you were able to fulfill your responsibilities?

Fully  Adequately  Partially  Not at all

6. Were you provided with adequate information and assistance when needed?

Fully  Adequately  Partially  Not at all

7. Would you want to volunteer again for a public health emergency in Louisiana?

Yes  Possibly  Doubtful  Definitely not

Please detail any additional issues and recommendations to address the identified issues.

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Thank you for your assistance. Your input will help us to improve our volunteer system.



First Name, Last Name  
Volunteer's Mailing Address  
City, State, Zip Code

Date

Dear Mr./Ms. \_\_\_\_\_ :

Thank you for supporting the Department of Health-Office of Public Health's Emergency Preparedness Outreach efforts. The feedback from your organization was extremely positive and demonstrates both the need for and the impact of this effort. We are genuinely appreciative of your support and assistance in helping to communicate Emergency Preparedness to our community. We will keep you up to date in the coming months as we receive more information regarding the progression and planning for Emergency Preparedness.

Again, thank you for all of your attention and tireless commitment and support to Emergency Preparedness. This effort has opened a dialogue in our community that can help to change behavior and save lives.

Best regards,

Office of Public Health – Bureau of Community Preparedness  
8453 Veterans Memorial Boulevard • Baton Rouge, Louisiana 70807  
Phone #: 225/354-3500 • Fax #: 225/354-3506 • [WWW.DHHLA.GOV](http://WWW.DHHLA.GOV)  
“An Equal Opportunity Employer”

## Volunteer Legislation

Statute	Act	Session	Relevance	Who is Covered?	Immunity from what?	Limitations or Exceptions	Comments
<b>La. R.S. 9:2793</b>			Provides liability protection for persons rendering gratuitous assistance at the scene of an emergency	Anyone providing emergency care, first aid, or rescue	Civil liability	Intentional or grossly negligent acts; cannot have a “business relationship” with the person assisted	
<b>La. R.S. 9:2793.2</b>			Provides liability protection for American Red Cross volunteers certified in first aid who render care to victims of injury or sudden illness	American Red Cross volunteers certified in first aid	Civil liability	Intentional acts or gross negligence	
<b>La. R.S. 9:2793.3-2793.9</b>			Provide liability protection to volunteers who render evacuation assistance or recovery services in anticipation of hurricane or following a declared state of emergency	Volunteers of various named charities	Civil liability	Intentional acts or gross negligence	Named charities include: United Way, Southern Mutual Help Association, PRC Compassion, Inc., Catholic Charities, Louisiana Girl Scout Councils, National Voluntary Organizations Active in Disaster (or its member organizations)
<b>La. R.S. 29:735.1</b>	<b>244</b>	<b>2006</b>	Provides for immunity of health care providers during a declared state of emergency anywhere in the state	Health Care Providers	Civil liability	Gross negligence or willful misconduct	
<b>La. R.S. 29:735.3</b>	<b>538</b>	<b>2008</b>	Provides protection from liability for medical personnel who provide care at the direction of military or government authorities and in accordance with “disaster medicine protocols”	Medical Personnel	Civil Liability	Willful and wanton misconduct	

<p><b>La. R.S. 29:735.3.1</b></p>	<p><b>295</b></p>	<p><b>2009</b></p>	<p>Provides civil immunity for certain volunteers working in coordination with the state or its political subdivisions.</p>	<p>Natural Person or Juridical Person (entity), in coordination with the state or its political subdivisions) – gratuitously and voluntarily</p>	<p>Civil liability</p>	<p>Gross negligence or willful misconduct.</p>	
<p><b>La R.S. 29:735.4; La. R.S. 40:1299.39.3</b></p>	<p><b>758</b></p>	<p><b>2008</b></p>	<p>Health/Emergency Med. Service: Creates a review panel to review health care services rendered during an emergency, prior to any criminal prosecution.</p>	<p>Medical Personnel</p>	<p>Possible limitation of criminal liability; Recognition that during an emergency or disaster, medical personnel are under added duress because of staffing shortages, resource limitations, and damaged infrastructure, and such personnel's clinical decisions may be affected by nonmedical factors including lack of basic human services, loss of communication, necessity to immediately evacuate, and safety</p>	<p>Apparently not mandatory (i.e. the DA may file charges without first seeking opinion of the panel)</p>	<p>Enacted as a result of the prosecution of Dr. Anna Pou.</p>

					concerns for medical personnel		
<b>La. R.S. 29:735.5</b>	<b>231</b>	<b>2009</b>	Limits civil liability related to evacuation, sheltering, care delivery, transportation or repopulation of a licensed health care provider facility during declared state of emergency	Employees and volunteers of the health care provider facility, a mobile medical unit, and the officers, directors, shareholders, partners, members or managers of legal entities who own or operate a health care provider facility; licensed volunteers who participate and assist	Civil liability	Gross negligence or willful misconduct.	
<b>La. R.S. 29:769(E)</b>	<b>207</b>	<b>2006</b>	Provides for the temporary registration of health care professionals. During a declared public health emergency, any board or commission placed within LDH has the power to issue temporary registrations to health care providers licensed, certified or register in another jurisdiction of the US whose license,	NA	NA	NA	

			certification or registration or in good standing in their home jurisdictions.				
<b>La. R.S. 29:771</b>			Provides in a state of public health emergency: 1) health care providers shall not be civilly liable for causing the death of, or, injury to, any person or damage to any property; 2) any private person, firm or corporation and employees and agents of such person, firm or corporation, who renders assistance or advice at the request of the state or its political subdivisions shall not be civilly liable for causing the death of, or injury to, any person or damage to any property	Health care providers; any persons or entities rendering assistance at the request of governmental bodies	Civil liability	Gross negligence or willful misconduct.	
<b>La. R.S. 29:781-792</b>	<b>397</b>	<b>2009</b>	Enacts the “Uniform Emergency Volunteer Health Practitioners Act.”	Health Care Providers (in most cases even if compensated by a third party; compensation may not, however, come either directly or indirectly from the person who receives the health services)	Civil liability	Willful misconduct or wanton, grossly negligent, reckless, or criminal conduct; intentional tort; vehicular accidents breach of contract; a claim asserted by a host entity or by an	



				registered with an recognized volunteer registration system		entity located in this or another state which employs or uses the services of the practitioner.	
<b>La. R.S. 37:1731</b>			Provides protection from liability for gratuitously rendering care at the scene of an emergency	certain enumerated health care workers only	Civil Liability	Gross negligence or willful and wanton misconduct.	Part of the “Good Samaritan Law”
<b>La. R.S. 37:1731.1</b>	<b>539</b>	<b>2008</b>	Provides limitation of liability for medical services during a declared state of emergency.	Medical personnel who render or fail to render emergency health care services. (Regardless of compensation)	Civil liability	Gross negligence or willful and wanton misconduct.	Part of the “Good Samaritan Law”
<b>La. R.S. 40:1299.39</b>			Provides legal defense and indemnification (regarding any liability) for “state health care providers”	Generally designed for certain enumerated health care workers who are state employees or contractors; <i>may</i> sometimes apply to volunteers assisting the state after a disaster	NA	Gross negligence or willful and wanton misconduct	Most volunteers should probably assume that they will not be entitled to the protections of this statute

<b>42 USC 14501</b> <i>et seq.</i>			Provides liability protection for volunteers acted within the course and scope of their responsibilities within their respective organizations	Medical and non-medical volunteers for non-profit organization and governmental entities	Civil liability	Gross negligence or intentional acts; vehicular accidents	Federal Volunteer Protection Act
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