

Public Health Emergency Preparedness and Response Capabilities



National Standards for State, Local, Tribal, and Territorial Public Health

Capability 15: Volunteer Management

October 2018
Updated January 2019



Centers for Disease
Control and Prevention
Center for Preparedness
and Response



Capability 15: Volunteer Management

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

Functions: This capability consists of the ability to perform the functions listed below.

- **Function 1:** Recruit, coordinate, and train volunteers
- **Function 2:** Notify, organize, assemble, and deploy volunteers
- **Function 3:** Conduct or support volunteer safety and health monitoring and surveillance
- **Function 4:** Demobilize volunteers

Summary of Changes: The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Addresses the need to monitor volunteer safety, risks, and actions during and after an incident
- Strengthens and clarifies volunteer eligibility considerations, such as medical, physical, and emotional health, during the volunteer selection process
- Promotes use of Emergency Responder Health Monitoring and Surveillance™ (ERHMS™)

For the purposes of Capability 15, partners and stakeholders may include the following:

- academic institutions
- emergency management agencies
- faith-based organizations
- government agencies
- health care coalitions
- health care organizations
- professional associations
- volunteer programs and organizations¹³

¹⁴For example, the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), the Medical Reserve Corps (MRC), the National Voluntary Organizations Active in Disaster (NVOAD), the American Red Cross, Radiation Response Volunteer Corps (RRVC), community emergency response teams (CERTs), and other jurisdictional nongovernmental or community service organizations.



Function 1: Recruit, coordinate, and train volunteers

Function Definition: Identify, recruit, register, verify, and train volunteers to support the jurisdictional public health agency incident response.

Tasks

Task 1: Identify needs for volunteers and other supporting resources. Identify the types and numbers of volunteers and other supporting resources needed to address potential public health responses based on jurisdictional risk assessments.

Task 2: Recruit volunteers. Support the pre-incident recruitment of volunteers needed in a potential jurisdictional public health response by coordinating with existing volunteer programs and partner organizations.

Task 3: Verify volunteer credentials. Ensure pre-incident screening and verification of volunteer credentials through jurisdictional ESAR-VHP, MRC, or other volunteer programs.

Task 4: Support volunteer emergency response training. Support provision of just-in-time, initial, and ongoing emergency response training, including access and functional needs training, for registered volunteers in partnership with jurisdictional MRC unit(s) and other partner groups.

Preparedness Resource Elements

P1: (Priority) Volunteers and other resources identified as necessary to respond to public health incidents or events based on jurisdictional risks. Considerations for volunteers may include

- Functional roles, assignments, and corresponding competencies
- Description of necessary skills, knowledge, such as language proficiency and expertise on access and functional needs, or credentials for each volunteer task or role
- Timeline for mobilizing and assembling volunteers
- Plan and triggers for when to activate volunteers including deployments
- Jurisdictional authorities that govern issues of volunteer liability and scope of practice

(See [Capability 1: Community Preparedness](#) and [Capability 14: Responder Safety and Health](#))

P2: (Priority) Written agreements, such as contracts or memoranda of understanding (MOUs), established with jurisdictional or regional volunteer sources, as needed, to address potential public health responses. Recommended partnership agreements may include

- Partner organizations' promotion of public health volunteer opportunities
- Registration requirements for ESAR-VHP, MRC, or other pre-identified partner groups, such as the American Red Cross or CERTs
- Liability protection for volunteers
- Recognition of qualifications and certifications
- Efforts to continually engage volunteers through routine community health promotion activities
- Identification and administration of appropriate trainings for volunteers
- Documentation of the volunteer affiliations, such as employers and volunteer organizations at federal, state, local, tribal, and territorial levels to assist in minimizing "double counting" of prospective volunteers



P3: Verification of professional volunteer diplomas, licenses, certifications, credentials, and registrations in accordance with federal and state laws using the state’s ESAR-VHP or other programs, as appropriate.

P4: Deployment eligibility for pre-identified volunteer responders based on medical, physical, and mental/behavioral health screenings and background checks. Eligibility criteria may include

- Medical health, such as immunization status, medications, and pre-existing conditions
- Physical fitness
- Mental/behavioral health
- Criminal records, such as sexual offender registry

(See [Capability 14: Responder Safety and Health](#))

Skills and Training Resource Elements

S/T1: Documentation of completed training(s), as required by the jurisdiction, to prepare volunteers for their assigned responsibilities. Recommended trainings may include those addressing

- Cardiopulmonary resuscitation (CPR)
- Basic first aid skills
- Medical countermeasure dispensing roles
- Incident Command System training
- Basic triage skills, psychological first aid, and self-care
- Basic and advanced disaster life support (American Medical Association’s [AMA] National Disaster Life Support Program)
- Cultural competency
- Access and functional needs during a disaster response
- HazMat awareness
- MRC TRAIN (as applicable to the jurisdiction)
- Privacy and confidentiality of information collected during emergency response
- Other skills and courses identified by the jurisdiction for specific roles

S/T2: Personnel trained in volunteer management. Recommended training may include FEMA IS244.B: Developing and Managing Volunteers.

S/T3: Prospective volunteers trained in jurisdictional incident management or National Incident Management System (NIMS) trainings, which may include

- Introduction to Incident Command System (IS-100)
- NIMS- An Introduction (IS-700.a)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Incident Command System (IS-300) and Advanced ICS Command and General Staff (IS-400) for volunteer leaders that will hold key leadership positions
- MRC Volunteer Orientation

Equipment and Technology Resource Elements

E/T1: Access to a system or registry for volunteer managers to track the number of registered volunteers by profession and skill level, the number of hours of volunteer services performed, and previous volunteer activities in incident responses. The system or registry should be capable of reporting data to the Volunteer Reception Center (VRC).



E/T2: Information technology (IT) security measures that prevent unauthorized access to any personally identifiable information (PII) of volunteers.

Function 2: Notify, organize, assemble, and deploy volunteers

Function Definition: Notify, organize, assemble, and deploy volunteers participating in the jurisdictional public health agency response efforts based on identified assignments and incident characteristics.

Tasks

Task 1: Identify incident-specific volunteer needs. Identify the number of volunteers, skills, and resources needed to support an incident based on existing volunteer registration lists.

Task 2: Identify volunteers. Contact volunteer organizations to support the identification of volunteers based on incident-specific needs.

Task 3: Notify registered volunteers of incident-specific assignment details. Notify pre-incident registered volunteers who are able and willing to respond and share assignment details using multiple modes of communication.

Task 4: Request additional volunteers as needed. Notify partner organizations of any additional volunteer needs and request additional volunteers.

Task 5: Manage or support spontaneous volunteers. Manage spontaneous volunteers by incorporating them into the incident response or triaging them to other potential volunteer agencies, as applicable.

Preparedness Resource Elements

P1: Procedures in place to coordinate with partners, inter- and intrajurisdictional agencies, and other relevant organizations, contact registered volunteers, identify volunteers willing and able to respond, identify supporting resources needed for volunteers, and share incident-specific assignment details. Recommended procedures may include

- Processes to describe how the jurisdictional public health agency requests volunteers
- Processes to determine the best use of available volunteers based on mission and capabilities
- Processes for the jurisdictional public health agency to request federal resources, such as personal protective equipment (PPE), response-specific vaccinations, and response teams, that include a clear statement of need, list of requested asset(s), and role of the requested asset(s), if applicable
- Plans for communications between state and local health departments about volunteer needs and assignments during an incident
- Plans to provide volunteer pre-deployment briefings that describe incident conditions and assignment details. Briefing topics should include
 - Incident or event details
 - Volunteer roles and responsibilities
 - Health safety risks
 - PPE
 - Local weather
 - Liability protection



- Living and work conditions
- Nature of the work site
- Personal security risks
- Required immunizations or prophylaxis
- Required identification for rostering and badging volunteers
- Procedures to assign volunteers to other response agencies

(See [Capability 3: Emergency Operations Coordination](#), [Capability 4: Emergency Public Information and Warning](#), [Capability 6: Information Sharing](#), and [Capability 14: Responder Safety and Health](#))

P2: Procedures in place to identify public health agency personnel and their roles and responsibilities in volunteer management.

P3: Procedures in place to coordinate with agencies and organizations involved in the identification of volunteers.

P4: (Priority) Procedures in place to support additional and spontaneous volunteers, meaning volunteers not pre-identified. Recommended procedures may include

- Informing volunteers how to report to appropriate incident management leads, such as volunteer coordinators or off-site incident command
- Ensuring all volunteers follow standardized, in-processing requirements
- Identifying duties spontaneous volunteers can perform
- Verifying credentials of spontaneous volunteers
- Managing spontaneous volunteers who are not assigned to the appropriate job functions or tasks based on their skills and the needs of the response
- Registering spontaneous volunteers for future emergency responses
- Referring spontaneous volunteers who are not aligned with an identified partner organization to other organizations, such as nonprofits or MRC

(See [Capability 4: Emergency Public Information and Warning](#) and [Capability 14: Responder Safety and Health](#))

P5: Procedures in place to support volunteer needs during the response. Volunteer needs may include

- Housing
- Safe food and potable water
- Medical countermeasures or vaccination
- First aid and emergency medical care
- Mental/behavioral health services

(See [Capability 1: Community Preparedness](#) and [Capability 2: Community Recovery](#))

Equipment and Technology Resource Elements

E/T1: Communication equipment for public health agency personnel to contact volunteer organizations. Communication equipment may include

- Phones
- Computers
- HAM or hand radios

(See [Capability 6: Information Sharing](#) and [Capability 10: Medical Surge](#))



E/T2: Volunteer registries and rosters that are maintained with the appropriate IT security measures to safeguard PII.

(See [Capability 6: Information Sharing](#))

E/T3: (Priority) PPE consistent with incident risks and associated job functions of volunteers.

Function 3: Conduct or support volunteer safety and health monitoring and surveillance

Function Definition: Conduct or support monitoring and surveillance activities to identify potential volunteer safety and health needs.

Tasks

Task 1: Communicate incident-specific safety and health risks to volunteers. Identify potential volunteer safety and health risks based on incident characteristics and communicate identified risks and recommended precautions to volunteers.

Task 2: Conduct volunteer safety and health monitoring and surveillance. Ensure volunteer safety and health monitoring and surveillance are conducted according to volunteer role risk profile(s).

Preparedness Resource Elements

P1: (Priority) Documentation of incident-specific volunteer safety and health risks, threats, and precautions identified by the jurisdictional public health agency and lead partners, such as occupational health and safety, environmental health, and radiation control programs.

P2: (Priority) Procedures in place to conduct standardized assessments of the identified safety and health risks and threats as well as the effectiveness of precautions and mitigation measures used, such as training effectiveness and PPE compliance.

(See [Capability 14: Responder Safety and Health](#))

P3: (Priority) Surveillance activities to assess trends in actions and practices that contribute to incident-related physical illness or injury and mental/behavioral trauma.

(See [Capability 13: Public Health Surveillance and Epidemiological Investigation](#))

P4: Procedures in place to communicate the results of volunteer safety and health monitoring and surveillance to responders, the public, and the media (as applicable). Communicated risks should include both known pre-incident risks and risks encountered during the incident response.

Equipment and Technology Resource Elements

E/T1: Surveillance and monitoring systems or databases to track volunteer health and safety.

(See [Capability 13: Public Health Surveillance and Epidemiological Investigation](#) and [Capability 14: Responder Safety and Health](#))



Function 4: Demobilize volunteers

Function Definition: Support the release of volunteers based on evolving incident needs or incident action plans and coordinate with partner agencies and organizations to support the provision of any medical and mental/behavioral health support for volunteers.

Tasks

Task 1: Manage volunteer demobilization and out-processing. Conduct post-deployment volunteer out-processing and track volunteer physical and behavioral health status during demobilization.

Task 2: Provide post-incident support to volunteers. Determine need for long-term medical and mental/behavioral health support for volunteers based on information collected from volunteers during the response and at demobilization.

Task 3: Conduct after-action reviews and develop after-action reports and improvement plans. Conduct after-action reviews and develop after-action reports (AARs) and improvement plans (IPs) that identify corrective actions specific to volunteer management to improve future operations.

Preparedness Resource Elements

P1: (Priority) Procedures in place to ensure proper demobilization of volunteers after a response, which may include

- Procedures to collect contact information from each volunteer responder
- Formal check-out or out-processing activities to document volunteer health status including physical and mental/behavioral, as applicable, before volunteers leave the worksite
- Procedures to identify volunteer responders with incident-related delayed or long-term adverse health effects. Identification criteria may include
 - Hazardous material exposures
 - Hazardous work activities
 - Adequacy of control measures
 - Injuries and illness incurred during deployment
 - Other risks identified by jurisdictional stakeholders
- After-action processes to identify corrective actions and lessons learned

(See [Capability 2: Community Recovery](#), [Capability 3: Emergency Operations Coordination](#), and [Capability 14: Responder Safety and Health](#))

P2: Procedures in place to provide long-term support for volunteers and conduct periodic assessments of volunteer responder safety and health measures. Procedures may include

- Exposure assessments
- Environmental sampling
- Long-term mental health considerations
- Medical examination results
- Medical monitoring and surveillance



- Out-processing interview and data collection
- Pre-deployment baseline assessments and review of activity logs

(See [Capability 3: Emergency Operations Coordination](#) and [Capability 14: Responder Safety and Health](#))

Equipment and Technology Resource Elements

E/T1: Registry or database created in coordination with emergency management entities and used to document volunteer responders exposed to hazards or injured during an incident or response.

E/T2: Equipment and software to collect, analyze, and report volunteer responder safety and health data during and after an incident or response.

(See [Capability 6: Information Sharing](#))

