BRDHD Volunteer Corps

Barren River
DISTRICT HEALTH DEPARTMENT
Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson, and Warren Counties

"Volunteers Building Strong, Healthy, and Prepared Communities"

Standard Operating Guidelines (SOGs) Team Handbook

Kentucky
BRIDLED SPIRIT

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Standard Operating Guidelines
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_____   _____

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Local Revision Record

REVISION	DATE	PERSON RESPONSIBLE	DESCRIPTION OF CHANGE
1			
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3			
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VOLUNTEER STANDARD OPERATING GUIDELINES/TEAM HANDBOOK

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Welcome

Dear BRDHD Volunteer,

On behalf of the Barren River District Health Department, I welcome you and thank you for joining BRDHD as a Volunteer. We recognize that trained, organized, and motivated medical and non-medical volunteers are essential to meeting the public health needs of our community should a disaster or public health crisis arise. The Barren River District Health Department covers Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson, and Warren Counties.

This handbook was created to provide information and define guidelines for volunteers. Please take time to read the information. If you have any questions, please contact me at 270-781-8039 ext 155 or janarae.conway@BarrenRiverHealth.org.

Once again welcome and thank you for your interest in becoming a volunteer. I look forward to meeting and working with you.

Sincerely,

Janarae Conway, BS
Branch Manager for Disaster Preparedness and Response
Barren River District Health Department

BRDHD Volunteer Standard Operating Guidelines
Team Handbook

The Standard Operating Guidelines Team Handbook provides volunteers with guidance and direction. This handbook is intended to serve as a reference for the volunteer.

Purpose

The BRDHD Volunteer Corps was formed to promote public health and safety in three key areas:
1. Public Health Emergencies – events that threaten public health, such as a disease outbreak or toxic chemical release.
2. Mass Casualty Incidents – disasters that cause injury or threats to large numbers of people. These can include a building collapse, fire, storm, flood, or other event that displaces groups of residents that must be moved to emergency shelters.
3. Community Service Activities – opportunities to foster the well-being of local residents; such as health fairs, blood pressure clinics, or training programs.

The purpose of the BRDHD Volunteer Corps is to:
1. Identify, organize, and train volunteers, before a crisis occurs, to respond to the specific needs of the community, thereby enhancing local emergency response efforts, especially to large-scale emergencies.
2. Provide surge capacity at the community level to respond to local, regional, state and national public and community health needs.
3. Create a framework to match medical and non-medical volunteers' skills with the community's needs.
4. Educate the community on preparedness related topics as well as other public health topics further engaging volunteers in community involvement in non-disaster related activities.
5. Draw health professionals and community members into volunteer service.

Team Mission

The Mission of the Barren River District Health Department Volunteer Corps is to establish, support and guide teams of local medical, public health and non-medical volunteers who can contribute their skills and expertise throughout the year, as well as during times of community need.

Team Goals

- "To do the greatest good for the greatest number of people."
- Work as a region to strengthen the community response to emergency situations through development of community volunteers, including health professionals and support staff.
- Identify, train, and credential volunteers for response in identified areas of expertise, enabling them to work efficiently and competently in a disaster (natural or man-made) as a team.
- Engage volunteers in community involvement in non-disaster related activities.

County Risks

Volunteers may be activated to respond to identified regional or county risks. These include:
- Earthquakes (the New Madrid Fault)
- Severe Weather (thunderstorms, tornadoes, winter storms, floods)
- Contagious Disease Outbreaks
- Transportation Accidents
- Emergency Related Hazards and Emergency Shortages/Outages (natural gas/petroleum products, electrical transmission, power outages/shortages)
- Water Shortages
- Hazardous Materials Accidents
- County Specific Hazards from local industries
- War Related Incidents
- Weapons of Mass Destruction, Terrorism, Civil Disturbances, B-NICE (Biological, Nuclear, Incendiary, Chemical, Explosive)

Role of Volunteers

The BRDHD Volunteer Corps is a volunteer group. Volunteers support emergency response systems in the community. Volunteers are medical and non-medical volunteers trained to assist in an emergency. Volunteers may be activated to assist the Barren River District Health Department, and/or other agencies responding to an event that involves a county risk listed above. Thank you again for volunteering. Keep in mind your family comes first in an emergency. Because you signed up as a volunteer does not mean you will be able to respond.

This handbook describes specific public health response areas you may be asked to assist with in an emergency. Examples include:
- Supporting the receipt and distribution of emergency supplies (Strategic National Stockpile)
- Supporting community Point of Dispensing clinics (POD) (antibiotics/vaccine)
- Staffing functional access needs/medical shelters
- Assisting with American Red Cross shelters
- Assisting with public health outreach information/activities
  Responsibilities can include, but are not limited to the following:
  1. Medical
     i. Inoculation (immunization and prophylaxis)
     ii. Clinic set up
     iii. Interviews for patient history
     iv. Triage
     v. Treatment (basic first aid)
     vi. Primary care
     vii. Phone screening and consultation
     viii. Local distribution of medications from the Strategic National Stockpile
     ix. Communicable disease control measures
     x. Supporting health needs of vulnerable populations
     xi. Shelter care
  2. Non-medical
     i. Patient intake (basic data forms)
     ii. Patient transport

        iii.   Translators
        iv.   Greeters
         v.   HAM radio operators
        vi.   Administrative tasks
       vii.   Record keeping
     viii.   Comforting and consoling

3. Non-emergency
          i.   Coordinate and evaluate training programs
         ii.   Assist in community health programs
        iii.   Support public awareness campaigns
        iv.   Advocate for liability protections
         v.   Promotion and public relations
        vi.   Participate in drills, exercises, and trainings

GENERAL INFORMATION

BRDHD Volunteer Corps

With Public Health Transformation in Kentucky, many health departments dissolved their Medical Reserve Corps. In 2020, The world was hit with a Pandemic. It wasn't the flu, but a

SARS type virus, SARS-CoV-2. It would commonly be referred as COVID-19. Then in December 2021, Western and South Central Kentucky would experience a tornado outbreak that hadn't been seen in years. The Barren River District Health Department realized the need for volunteers. In 2022, they decided to form their own volunteer group called the BRDHD Volunteer Corps/group. Using the Medical Reserve Corps format, they would make their plan and start recruiting volunteers through the old roster. With the assistance of AmeriCorps members (Ky Ready Corps), they will set up, recruit, credential and train volunteers.

National Incident Management System (NIMS)

 On February 28, 2003, President Bush issued Homeland Security Presidential Directive-5. HSPD-5 directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. The National Incident Management System is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It allows organizations (public and private) to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

NIMS includes a core set of concepts, principles, and terminology. It consists of six (6) parts that address command and control, resource management, communications, technology, planning, and maintenance. It also mandates the use of the Incident Command System to manage all emergencies, large or small.

There are established Federal NIMS compliance guidelines for recipients of federal preparedness grants, hospitals and healthcare systems, and volunteers and emergency responders. **The BRADD MRC, Monroe County Health Department, and Barren River District Health Department recognize NIMS and are NIMS compliant.**

Incident Command System (ICS) – Overview

Persistent wildfires in California led to the development of Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE) as a way to manage incidents. FIRESCOPE, along with issues raised during the 9/11 incident, highlighted the need for a multi-purpose incident management system to deal with common issues during emergency response.

Following September 11, 2001, Homeland Security Presidential Directive (HSPD-5) mandated the use of the Incident Command System, or ICS, to prevent, prepare for, respond to, and recover from terrorist attacks, major disasters and other emergencies. ICS provides an organized method of commanding and controlling resources and agencies involved in responding to an emergency to ensure coordination and effective planning in the emergency response process.

The Monroe County Health Department, Barren River District Health Department and the BRADD MRC use the Incident Command System for all incident response operations and are expected to adhere to the chain of command. Volunteers are required to complete introductory courses on the National Incident Management System (NIMS) IS700.a and Introduction to Incident Command System (ICS) IS 100.b. This knowledge is vital for MRC members to work effectively with a variety of public health, medical, emergency services, and other organizations in an emergency. This training is required for the "Basic" affiliation level. Further information

on the NIMS can be found at www.fema.gov. The following resources are included in the appendix:

- Incident Command Structure (Appendix A)
- NIMS definitions (Appendix B)

Strategic National Stockpile—Overview

The Center for Disease Control's (CDC) Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency severe enough that local supplies are insufficient. Once Federal, state and local authorities agree that the SNS is needed, medicines can be delivered to any state in the country within twelve (12) hours.

BRDHD volunteers may be asked to assist Regional Department for Public Health employees at a regional distribution site in receiving, taking inventory, and preparing the medicine/medical supplies for distribution out to the county level.

Point of Dispensing Site (PODs)—Overview

A point of dispensing site, or POD, is a large-scale clinic designed to enable the public health agency to rapidly administer vaccinations or dispense medications to a large number of the population. PODs are activated when a normal public health response system must be supplemented due to the severity of the public health crisis. They are established to provide the first 12 – 72 hours "surge" capacity necessary to distribute needed medication to a large population to prevent mass casualties.

During a public health crisis the speed with which medication is dispensed to the public is directly related to preventing illness and saving lives. Public health agencies support the preparation and implementation of the PODs and provide the needed medication and staffing resources. However, public health does not have adequate numbers of employees to handle this alone. Because the required numbers are so large, members of the community, such as BRDHD volunteers, may actually help staff the PODs during a large-scale public health emergency.

The Barren River District Health Department practices setting up PODs in their counties and will include volunteers whenever possible.

MEMBERSHIP PROCESS

Application

Membership is open to medical and non-medical volunteers who support the mission of the BRDHD Volunteer Corps. To apply for membership volunteers must first register with . Applicants that do not have internet access should contact BRDHD for a paper application. The application should be completed and returned to the Disaster Preparedness and Response Branch. There are two categories of membership. These are:

1. **SERV-KY affiliated**
2. **BRDHD affiliated**

SERV-KY Affiliated Volunteer

The SERV-KY affiliation represents the minimum requirements that any individual must meet to be approved as a volunteer and activated for any incident. This level is ideal for those who are currently unable or do not desire to complete any pre-training. Volunteers at this level of membership are the second-line of volunteer support during emergencies or community needs and are called upon *only after BRDHD affiliated resources have been exhausted and only as a last resort*. Applicants electing this membership category are approved and issued a BRDHD Volunteer ID Badge after completion of the following:

1. Completes/returns:
    a. Workers Compensation (KYEM Form 50), Form 1
    b. Criminal Record Check Form, Form 2
    c. Confidentiality, Code of Conduct, Standard Operating Guidelines Certification and Photo Authorization, Form 3B
    d. Medical Volunteers Only complete the Healthcare Experience/Health Care Education Form 10 or the Hospital/Clinical Privilege Form 11 (see table of contents for Medical Credentialing section)
    e. BRDHD ID Badge Form
2. Criminal Record Check process is complete
3. License information is verified (if applicable)
4. Completes a phone or face-to-face interview with the Disaster Preparedness Branch   to determine volunteer interests
5. Presents a current, valid, photo ID

BRDHD Affiliated Volunteer. Volunteers at this level of membership are pre-trained and are the first-line of volunteer support during emergencies or community needs. Applicants electing this membership category are approved and issued a BRDHD ID Badge after completion of all of the above listed items *PLUS* the following Basic trainings:

1. **KY DPH Medical Reserve Corps Orientation Training**
    Course Description: Introduces MRC volunteers to activation, reporting and deactivation procedures and describes the role of the local MRC unit in a public health event or emergency response. Also helps MRC members identify limits to their own skills, knowledge and abilities as they pertain to MRC roles. (~60 minutes in length). TRAIN course ID # 1009215. This course is also taught face-to-face at least twice a year at different locations throughout the region. Contact unit leader for more information.

2.   **An Introduction to NIMS Training (IS-700)**

Course Description: This course introduces NIMS, explains the purpose, principles, key components and benefits of NIMS. IS 700 is taught as part of the face-to-face Orientation Training or it may be completed on line at http://www.training.fema.gov/EMI/

3. **ICS-100 Incident Command System (IS-100)**
Course Description: This course is designed to give an introduction to the principles, common terminology and position responsibilities when responding to an event using the Incident Command System. The course specifically discusses major ICS functions and their primary responsibilities, ICS organizational units, span of control, major incident facilities and the function of each, what an Incident Action Plan is and how it is used, and the common responsibilities associated with incident assignments. IS 100 is taught as part of the face-to-face Orientation Training or it may be completed on line at http://www.training.fema.gov/EMI/

Volunteer Training

Volunteer training is aligned with the Core Competencies established by the Office of the Surgeon General (Appendix C) and Public Health Capabilities. Training is provided at no cost to the volunteers. Volunteer training consists of three levels classified as Basic, Intermediate, and Advanced. Before being approved as a BRDHD affiliated volunteer, volunteers must complete the above application process and submit completion certificates from the Basic Trainings listed above to the BRDHD Preparedness and Response Branch.

Training may be completed on-line or face-to-face. On-line courses can be completed at www.ky.train.org (Appendix D: TRAIN Instructions). For volunteers without internet access, an alternative face-to-face training plan is available. If you prefer face-to-face training, contact the BRDHD Preparedness and Response Branch for a classroom course schedule. Contact hours for nurses are available for most volunteer trainings.

Volunteers are encouraged to further their training beyond the Basic level. Appendix E contains the Training Matrix and descriptions of each course. Volunteers are encouraged to use the matrix to keep track of their training. Completion certificates on all trainings should be submitted to the BRDHD Preparedness and Response Branch. Courses will not be considered complete until certificates have been submitted to the BRDHD Preparedness and Response Branch.

Just-In-Time Training

Just-In-Time training is provided to volunteers working at an incident. This pre-printed information describes the roles and responsibilities of the position the volunteer has been assigned to for the incident. It also details who the volunteer reports to.

Volunteers only meeting the SERV-KY affiliation will be required to complete Just-In-Time Training covering ICS, NIMS and MRC Orientation prior to deployment or before participating in any MRC related activities. SERV-KY affiliated volunteers will be called upon only after all MRC volunteer resources have been exhausted.

Medical Credentialing

Public health emergencies and natural disasters are unpredictable and can strike at any moment without advanced notice. In the event of a large-scale public health emergency, health and medical systems would be overwhelmed with individuals seeking treatment, and the need to meet this demand would be critical. That is why it is important we be prepared to deal with events like these by having medical volunteers to provide an important surge capacity during this critical period.

To meet state and federal requirements and aid in regional/state surge capacity requirements, medical volunteers must be assigned to one of four credential levels based on license and work status. All volunteers that provided license information during registration will minimally have their license verified by the appropriate licensing/certification board. To better facilitate interstate and intrastate deployment of volunteers, national guidelines for credentialing medical volunteers have been established. These guidelines help make the most effective use of healthcare workers who may have varying levels of clinical competency. The following is a basic description of what is required for assignment to each Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP) level, why each credential was developed, and how volunteers in each level might be used in a disaster.

ESAR-VHP Credential Level 1
Level 1 was created to ensure that an adequate supply of hospital qualified health professionals are available to work in hospitals in times of an emergency. Hospital qualified health professionals are distinguished from other health professionals by the rigorous and constant review of credentials and performance that they are subject to. 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 actively employed in a hospital or has hospital privileges. Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meets other occupational specific qualifications.

ESAR-VHP Credential Level 2
Level 2 ensures the availability of highly qualified 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 one health professional except that they are not employed in a hospital or 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.). Implicit in this requirement is the ability to practice in a full and unrestricted manner within the State and meets other occupational specific qualifications.

ESAR-VHP Credential Level 3
Level 3 classifies individuals who meet the basic qualifications necessary to practice in the State in which they are registered. <u>Assignment to Level 3 usually requires verification of a volunteer's license or sometimes certification.</u> In situations where the State does not govern a profession, other requirements have been identified that are deemed to be usual and customary for employment in the profession, which must also be verified.

ESAR-VHP Credential Level 4
Level 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. <u>Assignment to Level 4 requires that the volunteer possess verified documentation of healthcare education or experience.</u> This level may include, but is not limited to, healthcare students or retired healthcare professionals who no longer hold a license.

What is needed from you:

- At a minimum, volunteers with a medical license will be credentialed at Level 3 based on licensing information provided in the application.

- Medical volunteers that have active hospital privileges and/or are clinically active are encouraged to complete the **Hospital/Clinical Privilege Verification form.**

- Volunteers without a current license but can document healthcare education or experience are encouraged to complete the **Healthcare Experience/Health Care Education form.**

We hope that you will take the time to complete the appropriate form so that your skills can be utilized appropriately during a time of need. Both forms can be found in the Form section at the end of this handbook.

OPERATIONS

Exercises

Exercises are a way to promote team preparedness by promoting teamwork and most importantly improve incident response and identify gaps in response efforts. This allows agencies to develop plans for improvement. Volunteers may have the opportunity to participate in exercises in other counties if they desire. Exercises may include the following:

- Call / E-mail Drills— Coordinated to check team availability at a specific time through email or team call down.

- Tabletop Exercises— Simulates an emergency situation in an informal environment. It is designed to elicit constructive discussion as participants respond to situations as presented in the role they would serve in.

- Functional Exercises— A fully simulated interactive exercise. It tests the capability of a jurisdiction to respond to a simulated emergency testing one or more functions of the jurisdiction's plan. It focuses on policies, procedures, roles and responsibilities of single or multiple emergency functions.

- Full Scale Exercises—This is as close to a real disaster as possible. It is a field exercise designed to evaluate the operational capability of emergency management systems in a high stress environment simulating actual response conditions. This exercise requires the mobilization and actual movement of emergency personnel, equipment and resources. Realism is achieved through on-scene actions, decisions and simulated victims, communication and actual resource allocation.

Volunteer Activation

A volunteer should **never** respond without being activated. Volunteers will be activated by a member of the Disaster Preparedness and Response Branch, or the BRDHD director, for the following:

- In a true **Emergency**
  An automated call down system is used (depending on the situation the media, e-mail & other methods may be utilized). Please let the person who contacted you know if you will be able to be part of the emergency response. If you cannot participate **no action** is necessary by you, unless otherwise instructed in the alert.

- In a **Non-emergency**
  Email will be the primary means of volunteer activation. Please respond by email as directed in the activation email if you will be participating. If you cannot participate **no-action** is necessary by you, unless otherwise instructed in the alert.

- **Routine test**
  Every six months a test of the automated call down system may be administered. A response is necessary to fully test the system and confirm contact information. Follow the instructions in the alert.

The volunteer may be provided with current known information at time of call, or who to contact/where to find additional information. This may include:

- Type / location of incident
- Check in point with Incident Command
- Size-up of incident
- Number of people affected / severity
- General operational plan based on the situation / event
- Equipment / gear suggested

BRDHD volunteers will be activated through the Barren River District Health Department in conjunction with Emergency Management.

Authorized persons for volunteer activation for Barren River District Health Department:

Matt Hunt, Director
Janarae Conway, Branch Manager for Preparedness and Response
Crystal Kingrey, Preparedness Coordinator

Important: Volunteers are not considered on assignment until officially checked in at their assigned site. This is important because it impacts workers' compensation if injured and professional liability coverage. This is discussed in more detail in the Risk Management Section

Identification

Approved volunteers are issued a BRDHD Photo ID badge. Once activated to respond to an incident, volunteers should wear their BRDHD photo ID at all times. It is the volunteer's responsibility to keep the badge in a secure, easily accessible area.

BRDHD Volunteer ID badges will be renewed as follows:

- Bi-Annually for medical volunteers in credential Levels 1-3
- Every 5 years for medical volunteers in credential Level 4
- Every five years for non-medical volunteers

BRDHD volunteer vests may be issued at the check in point and should be worn as another means of identification.

Shirts (polo or t-shirts) **may be** issued to wear for deployments, community service events, training exercises, and any other opportunities where members are identified as part of the MRC. The shirt identifies volunteers as official members. Whenever wearing logoed clothing, members must always be mindful that they are representing BRDHD, and their own capabilities. Only members are authorized to wear logoed clothing.

Valid Operator's License

Individuals operating a vehicle as a volunteer will be required to show proof of a valid operator's license prior to deployment. The license of the volunteer shall be checked at the Staging Area prior to assignment.

The BRDHD volunteers will meet at the site designated in the activation requested to be officially logged in and receive assignment.

Declining An Assignment

Declining an assignment requires no action on the behalf of the volunteer. Only those accepting an assignment should reply to the notification. Due to the numerous calls that would be made and received to coordinate a response effort, do not reply to the call or email unless you are accepting an assignment.

Accepting an Assignment / Accountability

A volunteer must be officially logged in and receive an assignment before they are considered activated. This is important and impacts workers compensation if injured and professional liability coverage. **A volunteer under the influence of alcohol or medication should not respond.**

Volunteers must:
- Have a family disaster plan and activate their individual plan
- Ensure that their family and home is secure before responding
- Report to the EOC/Incident Command/Authorized Volunteer Checkpoint and officially check-in
- Wear their BRDHD photo ID badge at all times while activated
- Report as scheduled once an assignment is accepted. Do not accept the assignment if you are not able to respond.

Communications

Volunteers communicate their needs through their immediate supervisor. Volunteers will not be issued individual communication equipment. Devices used during an incident for communication may vary depending on the situation and may include such devices as walkie talkies, satellite radios, cell phones, or runners.

Deactivation of Volunteers / Leaving an Incident

Deactivation of volunteers from an incident will be announced by Incident Command down through the chain of command. Volunteers will receive notice of deactivation from their supervisor.

Adhering to the chain of command within the Incident Command structure is extremely important. Incident Command is responsible for knowing who is working on the scene at all times. Should a volunteer need to leave an incident or exercise prior to being deactivated, it is the volunteer's responsibility to notify their supervisor through the proper chain of command and check out at Incident Command.

Prior to leaving an incident or following deactivation, volunteers should ensure that all equipment is returned to the appropriate agencies.

Staff/Volunteer Breaks

Staff/volunteer breaks are to ensure the physical and mental condition of volunteers operating at the incident does not deteriorate to a point which affects their abilities or may jeopardize their safety and/or the integrity of the operation. Volunteer needs (i.e. food, water, medication, physical/mental rest) are of utmost importance. Break areas will be established for staff and volunteers.

Post Incident Evaluation

The purpose of the post-incident evaluation is to improve future response by evaluating what worked, what did not, and what needs to change. After an incident, the lead agency should provide a formal critique of the incident. This evaluation is conducted by a lead response agency following any incident or exercise and includes:

- Review of incident and the operational plan used during the incident
- Evaluation of volunteer response to the incident
- Evaluation of volunteer / first responder agency roles

Based on the results of the evaluation, corrective action will be implemented. Corrective action may include altering training requirements, providing further volunteer training, revising Standard Operating Guidelines, implementing changes to improve communication and/or addressing equipment failures / needs.

Deployment Outside of the BRDHD Service Area

The BRDHD volunteer's primary role is in its own community. Volunteers, who are willing, able, and have identified a response area outside of the BRDHD Service Area on their application **MAY** have the opportunity to serve other communities in Kentucky or in another state if a large-scale emergency occurs. Activation of volunteers would occur in the same manner as listed previously. The decision to activate BRDHD volunteers will only be made after verification of the appropriateness of the deployment to the affected areas needs and that the volunteer can conduct their mission effectively with minimal risk.

RISK MANAGEMENT LEGAL & LIABILITY ISSUES

BRDHD volunteers must only work within the normal scope of practice of their medical license.

Volunteers **MUST:**
- Work under the buddy system, or within a team, and never alone,
- Wear personal protective equipment (i.e. hard hats, gloves, goggles, mask) as indicated,
- Observe Standard Precautions at all times (Appendix F),
- Maintain basic measures of sanitation and hygiene (Appendix G: "Clean Hands Save Lives").

Volunteer Risk

BRDHD intends to minimize and prevent risks to volunteers. Attempts to reduce risks to volunteers include training, education, and use of universal precautions. Volunteers will be matched according to positions for which they have the skill and qualifications.

Some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient care. Volunteers agree to assume their own risk as a volunteer. Any incidents, accidents, or injuries should be reported to their immediate supervisor immediately and the report should be forwarded to the BRDHD Branch Manager for Preparedness and Response as soon as possible.

Confidentiality Policy

This addresses Kentucky Statute and HIPPA Regulations regarding Confidentiality, Security and Protected Health Information.

During a volunteer's involvement with the BRDHD, he/she may be privy to sensitive confidential information. Health information that must be kept secure is called Protected Health Information (PHI). The Health Insurance Portability & Accessibility Act (HIPAA) of 1996 established in Federal Laws the basic principle that an individual's medical records belong to that individual and cannot be reused, released or disclosed without the explicit permission of that individual or legal guardian. Protected health, confidential and sensitive information is either information that is protected by law or is of such a personal nature that it is not treated as public record and must be safeguarded.

All information pertaining to personal facts, medical records and/or circumstances seen, obtained and/or overheard in conversation is confidential. All information that may lead to the identification of an individual must also be protected as Patient Health Information. This includes information that can be linked to a specific person through name, identifying number such as social security number, address or phone number. Information may be in the form of a person's medical records, excerpts from the medical record or conversations that identify an individual. We also identify response activities specifically related to an individual. Any identifying information is considered confidential.

The identities of individuals a volunteer may see and specific information a volunteer may learn from conversation or observations while responding with BRDHD are confidential. This includes patient identifying information as noted above.

Volunteers understand that accessing or releasing confidential information and/or records or causing confidential information and/or records to be accessed or released to themselves or another individual would constitute a violation of the confidentiality agreement. This may

subject the volunteer to civil and criminal liability for disclosure of confidential information to unauthorized persons.

Disciplinary action by the Barren River District Health Department consisting of, but not limited to,

- o suspension,
- o restriction or loss of privileges,
- o termination of the volunteer assignment and dismissal from the volunteer team.

BRDHD volunteers agree to abide by the terms of confidentiality as stated above and certify their agreement to these terms by signing and returning Form 3B to the BRDHD Preparedness and Response Branch.

Police Record Check

Police record checks are conducted on response volunteers in Kentucky. An acceptable Police Record Check is required prior to a prospective volunteer being approved for membership and may be repeated routinely thereafter. All volunteers are expected to act under the direction of the organization requesting volunteers and/or Emergency Management.

Local policies apply to any conviction noted on a criminal record check. A conviction does not automatically disqualify an individual from becoming an approved volunteer. A decision to accept or reject an individual with a conviction is at the discretion of the BRDHD policy. Please see the BRDHD policy

Code of Conduct

All volunteers of the BRDHD shall meet the standards of conduct.

As a volunteer I shall:

Ethical Conduct

- Maintain and abide by the standards of my profession, including licensure, certification and / or training requirements to support my MRC role.
- Not act in the capacity of a responder, nor present myself as a volunteer, at any given site without prior authorization / deployment from BRDHD.
- Dress for the environment. Wear closed toe shoe-wear if activated.
- Avoid profane and abusive language and disruptive behavior including behavior that is dangerous to self and others including acts of violence, physical or sexual abuse, or harassment.
- Avoid situations that could be interpreted as a conflict of interest as a volunteer.
- Abstain from the use of county equipment / resources for personal use.
- Abstain from transport, storage and / or consumption of alcoholic beverages and / or illegal substances while performing volunteer duties.
- Abstain from responding for duty under the influence of alcohol or illegal substances or under the influence of prescription / non-prescription medication that may influence my ability.

- Abstain from the use of audio or video recording equipment, unless authorized.
- Keep contact information current on Ready Op by checking it when an update email is sent.

Safety

- Put safety first in all volunteer activities.
- Respect and use all equipment appropriately.
- Promote healthy and safe work practices.
- Take care of self and others.
- Report injuries, illnesses, and accidents to the appropriate staff member.
- Check in with the Incident Commander or Safety Officer
- Wear the proper identification badge while on-scene.

Respect

- Respect the cultures, beliefs, opinions, and decisions of others although I may not always agree.
- Treat others with courtesy, sensitivity, tact, consideration, and humility.
- Accept the chain of command and respect others regardless of position.

As a BRDHD volunteer **I shall not**:

- Comment, answer questions or divulge any information to the media.
- Accept or seek on behalf of myself or any other person, any financial advantage or gain as a result of the volunteer's affiliation with BRDHD.
- Publicly use any BRDHD affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue.
- Disclose or use any confidential BRDHD information that is available solely as a result of the volunteer's affiliation with BRDHD to any person not authorized to receive such information.
- Knowingly take any action or make any statement intended to influence the conduct of the BRDHD in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.
- Authorize the use of or use for the benefit or advantage of any person, the name, emblem, services, or property of BRDHD, except in conformance with BRDHD policy.

Media Relations

Volunteers should not provide any information to the media nor answer any media questions. All media inquiries should be directed to the appointed Public Information Officer (PIO) (see NIMS definitions, Appendix B). Your supervisor will know who the PIO is.

Volunteers should be aware that the media might intercept personal two-way radio signals. Care should be exercised to protect patient confidentiality when using two-way radios.

Volunteer Insurance

Volunteers are encouraged to check the limitations of their own insurance policies related to coverage in volunteer service. Some homeowners insurance may offer some coverage, check with your agent.

Kentucky Good Samaritan Law

Kentucky's *Good Samaritan Law* states in KRS 411.148 that no physician, nurse, EMT, person CPR certified or any board of education employee shall be liable in civil damages for administering emergency care or treatment at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment excluding house calls, for acts performed at the scene of such emergency, unless such acts constitute willful or wanton misconduct. Nothing in this section applies to the administering of such care or treatment where the same is rendered for remuneration or with the expectation of remuneration. (http://www.lrc.ky.gov/KRS/411-00/148.PDF)

However, volunteers should be aware that in 1979 the Office of the Attorney General gave an advisory opinion and questioned the constitutionality of this law under the Kentucky Constitution. (http://kbn.ky.gov/practice/goodsam.htm)

Information on the Kentucky Good Samaritan Act of 2007 can be found at: http://www.lrc.ky.gov/record/07rs/hb287.htm

Professional Liability Coverage

Professional liability coverage may be extended to volunteers through local county agency policy *but only while acting at the direction of, and within the scope of their duties for the agency.* Many government agencies such as local health departments and emergency management have professional liability through Kentucky Association of Counties (KACo). This coverage is limited to nurses, paramedics and emergency medical technicians. It does **not** cover physicians or nurse practitioners.

Worker's Compensation Coverage

All volunteers complete an enrollment form (Form 1) with KY Division of Emergency Management before approval. BRDHD gives a copy of your form to the Regional & County Emergency Management Directors. This form certifies your participation and eligibility for Worker's Compensation. Remember, you are not considered under coverage until you have signed in and received an official assignment at the volunteer mobilizations site. To remain an

active BRDHD volunteer this form must be up-to-date, by filling out a new form every calendar year. BRDHD volunteer ID cards will only be renewed to active members.

Denial of Membership

An applicant may be denied membership as a BRDHD volunteer for, but not limited to, the following:

- Submitting false information in the registration process.
- Result of a Criminal Record Check (See Criminal Record Check Policy & Procedure policy #002 page 24.

Dismissal from BRDHD

A volunteer may be dismissed from service with BRDHD for, but not limited to, the following:

- Self-deployment
- Violation of confidentiality
- Violation of the Code of Conduct
- Criminal activity as defined by the local Criminal Record Check Policy

When a member is to be dismissed or suspended from BRDHD as a volunteer the member will be notified in writing through Certified Mail. The member will be informed of the reason, date, time, and place of the action that they are being dismissed or suspended. If the member wishes to appeal the dismissal or suspension, the member must notify the Branch Manager for Preparedness and Response in writing within 10 business days of the date on the dismissal/suspension letter. Within 14 calendar days of the date of the request for an appeal, Branch Manager for Preparedness and Response will convene an appeals committee consisting of the Branch Manager for Preparedness and Response, a representative of BRDHD, and three BRDHD volunteer members. The member may at the time of the appeals meeting present information as to why they should not be dismissed or suspended by proving that the violation was reported incorrectly. In the event of a suspension, the member may be suspended for a period of six (6) months or in accordance with the Police Records Check Policy if the event is of a criminal nature.

Any member dismissed from the team must return the BRDHD volunteer ID Badge and any other issued equipment / items to the Branch Manager for Preparedness and Response immediately.

Nondiscrimination

The Barren River District Health Department recognizes the responsibility to volunteer staff to assure fair and equal treatment and will not discriminate on the basis of color, religion, sex, age, or national origin or against any qualified individual with a disability.

Policy & Procedures

Policy
The BRADD MRC will complete a police criminal record check on all applicants to the MRC Unit as well as current members selected randomly from time-to-time. The information obtained shall be kept confidential to the furthest extent allowed by law. New applicants and current members will be held to the same standards.

Purpose
The purpose of this policy is to comply with the KY Department for Public Health's recommendation for police criminal record checks on unit members and to specify information obtained by the checks that would result in denial of unit membership. Police criminal record checks are meant to protect the citizens in the community as well members of the Unit. The discovery of criminal records that disqualify a person from serving in the Unit does not necessarily mean that the individual is a bad person. But because of the nature of the Unit's work and the special vulnerability of the Unit's patients, it is necessary to impose stricter standards.

Procedure
1. All MRC applicants and potential volunteers shall be provided with a Police Criminal Records Check Request Form as part of the application process, and should return the completed and signed form with the application to the MRC Unit Leader. Using the information and permission granted in the request form, the MRC will promptly order a police criminal records check of the individual.

2. When the results of the check are received, and if there are any questionable events listed on the report, the individual and the appropriate leaders of the MRC will meet in private to review the results. This will allow the individual to dispute the accuracy of the results and personally begin the process of trying to get the records corrected. It will also allow the individual to present any information that might warrant a special exception or interpretation of these rules. At this stage of the procedure, the individual may withdraw his or her application for current membership to avoid any unnecessary embarrassment.

Standards
1. Applicants and current members will be judged primarily by the results of the Police Criminal Records checks. However a current member may bring additional information regarding character and fitness of an applicant to be considered. The additional information must be very reliable and not successfully challenged by the individual.

2. The following will automatically exclude a person from membership on the MRC Unit:
   (a) Any conviction, felony or misdemeanor, that causes a person to be registered as a sex offender;
   (b) Any conviction that was amended down from an original charge of conduct that would have caused a person to be registered as a sex offender;
   (c) Any conviction for (i) acts of violence toward children, women, elderly, or other vulnerable persons; (ii) first or second degree murder; (iii) rape or other sexual assault; (iv) possession of controlled substances, illegal drugs or prescription medicines with the intent to sell them; (v) being a persistent felon; (vi) any felony committed within the last ten years; (vii) any misdemeanor committed within the last five years that could have resulted in a penalty of six months or more in jail.

3. If the individual has been the subject of an emergency protective order or domestic violence order within the last two years, there will be a rebuttable presumption that the person is not qualified to serve in

the Unit. The individual may, however, present credible evidence that there are extenuating circumstances and that the person is nevertheless qualified. The burden of proof shall be on the individual.

Police Criminal Record Checks Only
These policies and procedures are only meant to deal with police criminal records checks. They are designed to set minimum qualifications of character and fitness as shown by the police criminal records check. They are essentially objective and should be applied with few exceptions. They are not meant to serve as general policies and procedures regarding a person's ability to serve as an effective member of the Unit. Such general policies and procedures tend to be subjective and depend largely on the personal evaluations of other members of the Unit.

Revised by: BRADD MRC Work Group

Reviewed and edited by: Lee Huddleston,
Attorney at Law, Bowling Green, KY

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APPENDIX A- Incident Command

Incident Command System ICS
A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure a\that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

ICS Positions use distinct titles:
Incident Commander (The person who will lead)
This person manages the overall response effort including the other functions listed below.

Command Staff Positions Include:
Public Information Officer
Coordinates all incident related public information and works with the media. The Public Information Officer (PIO) is responsible for getting information out to medical providers / the public and participates in the Joint Information System (JIS).

Liaison Officer
This position serves as the contact person for other agencies involved in the response. The Liaison Officer is responsible to work with community agencies and may represent health and medical at the County Emergency Operations Center (EOC).

Safety Officer
This position is responsible for making sure all response personnel are working under safe conditions.

General Staff include:
- Operations Section Chief has responsibility for whatever the agency does in an emergency to respond to community needs. Directs the carrying out of initial response functions, some of which may be delegated to other staff.
- Planning Section Chief gathers facts and provides current information on the agency situation. Projects short and long term needs for client and agency recovery.
- Logistics Section Chief responsible for getting everything operations needs (supplies, personnel) to function to ensure the health and safety of clients, staff and volunteers.
- Administration/Finance Section Chief oversees the processing and documenting of all disaster related costs.

SAMPLE Command Structure

```
┌─────────────────────────┐
│     Judge Executive     │
└─────────────────────────┘

┌─────────────────────────┐
│    County Emergency     │
│        Manager          │
└─────────────────────────┘

┌─────────────────────────┐
│   Incident Commander    │
└─────────────────────────┘

                    ┌─────────────────────────┐
                    │     Safety Officer      │
                    └─────────────────────────┘

                    ┌─────────────────────────┐
                    │      PIO Officer        │
                    └─────────────────────────┘

                    ┌─────────────────────────┐
                    │     Liaison Officer     │
                    └─────────────────────────┘
```

▲
▲
▲
▲
▲
▲
▲
▲

Operations Section Chief	Planning Section Chief	Logistics Section Chief	Adm. / Finance Section Chief

BRADD MRC Volunteers
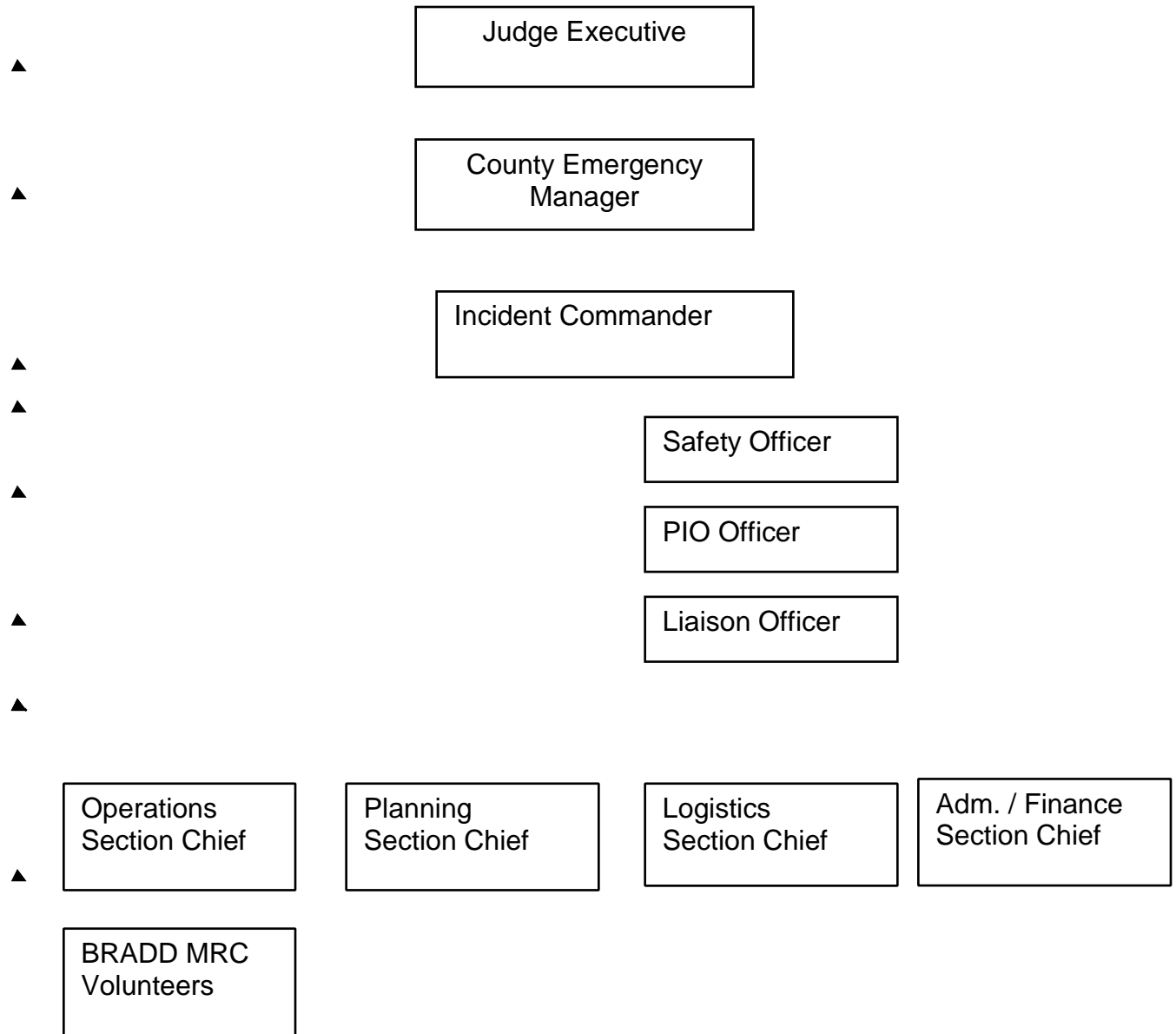
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Appendix B National Incident Management System (NIMS) Definitions

Command: The act of directing or controlling resources under the authority of explicit legal or agency authority or delegated authority. May also refer to the Incident Commander.

Command Post: An area where the *Incident Commander* can optimally see at least two sides of the incident and where on scene personnel can find and communicate face to face with the Incident Commander.

Command Staff: Consists of the Public Information Officer (PIO), Safety Officer (SO) and Liaison Officer (LNO). They report directly to the Incident Commander.

Emergency: Absent a Presidentially declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place.

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of Operations, Planning, Logistics, Finance/Administration. Each area is managed by a Section Chief.

- ▪ Operations Section: Directs all incident tactical resources to accomplish goals and objectives developed by Command. Includes Branches, Divisions and/or Groups, Task Forces, Strike Teams, Single Resources, and Staging Areas.
- ▪ Planning Section: Collects, evaluates and disseminates information related to the incident, and prepares and documents the Incident Action Plan. The Section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident.
- ▪ Logistics: Provides services and supplies needed to support incident tactical operations.
- ▪ Finance/Administration: Responsible for managing all financial aspects of an incident

Hazards: Any situation or substance that can harm the health, property, environment, or system operation of persons involved in an incident.

Incident: Any occurrence or event, natural or human-caused that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Incident Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Incident Types: Incidents are categorized by five types based on complexity. Type 5 incidents are the least complex and Type 1 the most complex.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident.

Leader: The ICS title for an individual responsible for a Task Force or Strike Team.

Liaison Officer: Serves as a point of contact between the Incident Commander and the Agency Representatives of the assisting and cooperating agencies supporting the incident.

Logistics: Providing resources and other services to support incident management.

National Incident Management System (NIMS): A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology.

Public Information Officer (PIO): A member of the command staff that offers information relevant to the incident to the public and media or with other agencies with incident-related information requirements.

Safety Officer: Person responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety. The Safety Officer may have Assistants.

Sector: An area of operations assigned by the *Incident Commander* or *Operations Officer* responsible for strategy and tactics of a special area of the incident.

Single Resource: an individual, a piece of equipment and its personnel complement, or a team with an identified work supervisor that can be used on an incident. (i.e. three dump trucks, each with a driver could be considered a single resource).

Span of Control: The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7).

Staging: A designated area for apparatus and personnel to locate and maintain a state of readiness.

Staff/Volunteer Break Area: Safe area near the incident site that provides a means for personnel to break from the action, replenish equipment, and rest.

Strike Team: a specific combination of the same kind and type of resources with common communications and a leader (i.e. a team of nurses)

Team Leader: MRC volunteer in charge of a group of volunteers for call trees or in response to an incident.

<u>Task Force:</u> a combination of single resources assembled for a specific tactical need with common communications and a leader (i.e. an epi, two environmentalists, two nurses, clerk)

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Appendix C – Core Competencies

In partnership with the National Association of City and County Health Officials, the MRC Program Office has identified eight core competencies for MRC volunteers. Although these core competencies are not a requirement, they are recommended for all units because they establish a minimum baseline for volunteers that will help them function effectively. These core competencies are appropriate for all volunteers, regardless of background. Competencies for specific medical and health volunteers have not been established at this time.

All active members of a MRC unit, at a minimum, are encouraged to be able to:

1. Describe the procedure and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.

2. Document that the MRC member has an existing personal and family preparedness plan.

3. Describe the chain of command (e.g., ICS, NIMS), the integration of the MRC, and its application to a given incident.

4. Describe the local MRC unit's role in public health and / or emergency response and its application to a given incident.

5. Describe the MRC member's communication role(s) and processes with response partners, media, general public, and others.

6. Describe the impact of an event on the mental health of the MRC member, responders, and others.

7. Demonstrate the MRC member's ability to follow procedures for assignment, activation, reporting, and deactivation.

8. Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s).

Appendix D – Setting up TRAIN Account

1. Creating your TRAIN Account

- Go to http://ky.train.org

- Click on "Create Account"

- You will be taken to the TRAIN policies page

2. Click on "I Agree to these TRAIN policies"

- Click "Next"

3. Fill in all "Required Fields"

Required Fields

Login Name *	loginname1234
Password *	••••••••••••••
Confirm Password *	••••••••••••••
First Name *	First Name
Last Name *	Last Name
Title *	Title
Telephone (daytime) *	270-781-2490
Example: (777)777-7777	
Email *	first.last@barrenriverhealth.org
Confirm Email *	first.last@barrenriverhealth.org
Organization name *	Barren River District Health Department
Department / Division *	division
Address 1 *	P.O. Box 1157
Country *	United States
State / Territory *	Kentucky
City / Township / Town *	Bowling Green
Zip code / Postal code *	42101
County *	Warren

Please choose your secret question and provide a ONE WORD answer.

Question *
Best Friend's Last Name

Answer *
Firend

Optional Fields

Middle Name	
Telephone (evening)	
Daytime Extension	
Pager	
Fax	
Mobile	
Bureau/ Section	
Address 2	

Check

☑ I would like to receive emails from TRAIN
☐ I would like to receive notifications about the site updates by email.

- Check "I would like to receive emails from TRAIN"

- Click "Next" at the bottom of the page

4. Select Groups - you must select at least the "State Portal" and if you are a MRC Member please also select the MRC Portal as well.

- You must select "State Portal"

- If you are a MRC volunteer, select the "State Portal" as well as the "MRC Portal"

- Click on State Groups

- Click on "Select Agency" drop down

- Select "Local Health Department"

- Click "Select Agency"

- Select "Barren River District Health Department"

- Click on "Select Agency"

- Choose your home county (i.e. Metcalfe County Health Department)

- Click on the "Submit" box at the bottom of the page

- Click on the "Submit" box at the bottom of the page

- **MRC Volunteers** – Select "MRC Portal" and select appropriate groups (instructions above)

Group Selection: As a member of TRAIN, you have the opportunity to participate on one or more of the TRAIN portals listed below. TRAIN portals are connected and will not require you to have a separate accounts or logins. Remember that you will only need one TRAIN account for any portals you select.
To participate on one or more portals, follow the instructions below.

1. Choose the "Select Groups" button next to the desired portal, "State Portal", "MRC Portal" (Medical Reserve Corps), "CDC Portal" (Centers for Disease Control and Prevention) or "HRSA Portal".
2. Select your groups within each portal.

The portals and groups you select will determine what TRAIN content (including courses) you can access.

Select the state or territory in which you work, study, or reside - or select "International".

State Portal   Select Groups   Remove Groups

State Portal – for volunteers

Selected Groups:
National/Kentucky/Local Health Department/Barren River District Health Department/Warren County Health Department

If you are a member of the Medical Reserve Corps, then you should select MRC Portal in addition to your state.

MRC Portal   Select Groups   No Groups Selected

MRC Portal – for volunteers

To access additional CDC TRAIN (Centers for Disease Control and Prevention) content, and to participate in CDC-hosted communities of practice, you should also add the CDC Portal.

CDC Portal   Select Groups   No Groups Selected

To access additional Health Resources and Services Administration (HRSA) content, and to participate in HRSA practice and content groups, you should add to the HRSA Portal. HRSA grantees are especially encouraged to select HRSA groups.

HRSA Portal   Select Groups   No Groups Selected

Note: You must select at least one porta

Back   Next

5. Select Roles

Please take a minute to review all roles before making your selection.

Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available. If the "Other" option is selected, please enter specialization.

Professional Role	Value
☐ Allied Health Professional	Select ▼
☐ Administrator / Director / Manager	
☐ Administrative Support Staff	
☐ Animal Control Specialist / Veterinarian	
☐ Biostatistician	
☐ Childcare Provider	
☐ Communicable Disease / Infection Control Staff	
☐ Computer / Information Systems Specialist	
☐ Dental Professional	Select ▼
☐ Emergency Responder	Select ▼
☐ Environmental Health Professional	Select ▼
☐ Epidemiologist / Surveillance Staff	
☐ Finance and Budget Staff	
☐ Food Services / Facilities Management Staff / Housekeeper	
☐ Government Official	Select ▼
☐ Health Educator	
☐ Human Services Personnel	
☐ Laboratory Professional / Technician	
☐ Law Enforcement	
☐ Legal Professional	
☐ Librarian / Information Specialist	
☐ Licensure / Inspection / Regulatory Specialist	
☐ Medicaid Personnel	
☐ Medical Examiner / Coroner	
☐ Mental and Behavioral Health Professional	Select ▼
☐ Nurse	Select ▼
☐ Occupational Health and Safety Personnel	
☐ Outreach / Field Worker	
☐ Pharmacy Professional	Select ▼
☐ Physician	Select ▼
☐ Non-Physician Clinician	Select ▼
☐ Policy / Planner	
☐ Program Specialist	
☐ Public Health Official	
☐ Public Relations / Media Specialist	
☐ Researcher / Analyst	
☐ Student	
☐ Teacher / Faculty	
☐ Volunteer	
☐ Other (specify)_____	

[Back] [Next]

- Select up to three roles

- After you have selected your role(s), click on "Next

6. Work Settings

Please select up to three (3) Work Settings that best fit your work environment. Choose Subcategories where applicable.

Work Settings	Value
☐ Academic / Educational Institution	Select ▼
☐ Official Public Health Agencies	Select ▼
☐ Military	
☐ Other Government Agencies (except Military)	
☐ Healthcare Services	Select ▼
☐ Indian Health Service	
☐ Tribal Health Sites	
☐ Non-Profit Organization (except Healthcare)	
☐ Private Industry (except Healthcare)	
☐ Other (specify)	[ ]

Back   Next

- Select "Official Public Health Agencies"

- Click on the "Select Drop Down Box" select "Local"

- Then select "Next"

7. Demographics
- This page is optional

Please select appropriate demographic information (optional).

Demographic Information	Value
Education level (highest attained)	Select ▼
Sex	Select ▼
Ethnicity	Select ▼
Race	Select ▼
Birth Date	[ ] 🔲 (Format: MM/DD/YYYY)
Primary Language	Select ▼
Secondary Language	Select ▼

Back   Next

- Click on "Next" and you will go to your homepage

- TRAIN Homepage

- If you have any questions or need assistance please contact Janarae Conway at 270-781-8039, ext. 155 or janarae.conway@barrenriverhealth.org.

Appendix E - BRADD Medical Reserve Corps/ KHELPS Training Matrix January 2015

Volunteer Name:	TRAIN #	Contact Hours	MRC-MEDICAL	MRC-NON MEDICAL	Date Completed	Core Competency met
SERV KY	**Complete:** ☐ Background Check Request Form ☐ Workers Comp Enrollment Form ☐Code of Conduct/Confidentiality Agreement ☐Phone Interview with MRC Unit leader ☐Present current, valid photo ID to MRC Coordinator **Additionally, for Medical Volunteers only, complete:** ☐Hospital/Clinical Privilege or HealthCare Experience/Health Education Form ☐Local Unit leader verifies licensure					
Basic Approved MRC	**To become an approved MRC Team Member, Complete Level 1 Requirements and:**					
☐ **Orientation**	1009215	1	M	M		4,5,7,8
☐ **EMI An Introduction to NIMS (IS- 700.A) #see below for web site****		1	M	M		3
☐**EMI ICS-100.b Incident Command System** **		1	M	M		3
Intermediate MRC	**Complete Level 2 Requirements and:**					
☐**Family Disaster Plan**	1009110	0.5	R	R		1,2
☐**Psychology of Disaster**	1009534	1	R	R		6
☐**Infection Control**	1004805	1	O	R		
Advanced MRC *Note: Most Teams Still Under Development*	**Complete Level 3 Requirements, Train with ESF-8 Strike Teams as opportunities arise and attend exercises. Volunteer chooses track(s) based on interest/experience. Tracks are as follows:**					
Strategic National Stockpile Team						
☐**SNS 100 Introduction, Terms & Concepts Introduction to the Department Operations Center (DOC)**	1010328	1.0	R	R		
☐**SNS 110 Point of dispensing (POD) Staff Introductory Level Training SNS 120 Distribution Node (DN) Staff Introductory Level Training**	1010329	1.0	R	R		
Community Shelter						
Red Cross Sheltering Training			R			

MRC Unit Management						
☐KY New MRC Unit Leader Training	Contact State Coordinator		R			
☐MRC Volunteer Coordination Training	Contact Local Unit Leader		R			
OTHER AVAILABLE COURSES						
☐ Public Health Orientation	1008492		O	O		
☐KY DPH Pandemic Influenza: Kentucky's Response – Awareness Level	1005569		O	O		
☐MRC Category "A" Agents	1004807	1.4	O	O		
☐**Psychological Impact of Disasters & Catastrophic Events (2 parts: On-line + On-site)						
☐*KY DPH MRC Risk Communication	1009111	0.5	R	R		5
☐IS-200.a Single Resources, Incident Action Plan**						
☐IS-800B National Response Framework (NRF) **						
☐***ICS-300 Intermediate ICS for Expanding Incidents			O	O		
☐***ICS-400 Advanced Incident Management System			O	O		

 # http://training.fema.gov/EMI/

* Family Disaster Plan and Risk Communication must both be taken to earn the total of 1.0 Contact Hour.

** Courses may be completed in Face-to-face class room training or on line at http://www.training.fema.gov/EMI/

***These courses are offered on occasion in the state. Check with MRC coordinator or visit http://kyem.ky.gov/training/

KEY: M = Minimum training an individual should complete to effectively assist during a community response to an event.
   R = Recommended training for an individual that will enhance their ability to assist during a community response to an event.
   O = Optional training for an individual that will maximize their ability to assist during a community response to an event.

COURSE DESCRIPTIONS

SERV

Requirements for completion of the SERV affiliation are described in this handbook in the KHELPS MRC Membership section. *(See Table of Contents).*

Basic

KY DPH Medical Reserve Corps Orientation Training

   Course Description: Introduces MRC volunteers to activation, reporting and deactivation procedures and describes the role of the local MRC unit in a public health event or emergency response. Also helps MRC members identify limits to their own skills, knowledge and abilities as they pertain to MRC roles. (~60 minutes in length). TRAIN course ID # 1009215.

IS 700: An Introduction to NIMS Training

   Course Description: "On February 28, 2003, President Bush issued Homeland Security Presidential Directive-5. HSPD-5 directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all

government, private-sector, and nongovernmental organizations to work together during domestic incidents." This course introduces NIMS, explains the purpose, principles, key components and benefits of NIMS. http://www.training.fema.gov/EMI/

ICS-100 Introduction to ICS

Course Description: This course is designed to give an introduction to the principles, common terminology and position responsibilities when responding to an event using the Incident Command System. The course specifically discusses major ICS functions and their primary responsibilities, ICS organizational units, span of control, major incident facilities and the function of each, what an Incident Action Plan is and how it is used, and the common responsibilities associated with incident assignments from the Federal disaster response workforce perspective.   http://www.training.fema.gov/EMI/

Intermediate
Family Disaster Plan

This module describes the procedure and steps necessary for the MRC member to protect health, safety, and overall well being of themselves, their families, the team and the community. Different types of disasters and how individuals and families can better prepare are described. The module takes approximately 30-45 minutes to complete. This course is a prerequisite for the MRC Risk Communication Training Module.

Kentucky Department of Public Health MRC Psychology of Disaster

This module describes the impact of an event on the mental health of the MRC member, responder and others. This course introduces Psychology of Disaster and takes approximately 45-60 minutes to complete. This is an awareness level course.
Objectives: Describe the disaster and post-disaster emotional environment, describe the steps that responders can take to relieve their own stress and those of disaster survivors, identify "Psychological First Aid" concepts, describe Kentucky's Disaster Behavioral Health Assets-Emergency Support Function-8 (ESF-8).

MRC Infection Control

The course helps MRC volunteers identify possible infection control hazards and safe practices when working in an environment where bloodborne or airborne pathogens are present.

Advanced
Strategic National Stockpile Team
SNS 100 Introduction, Terms & Concepts/Introduction to the Department Operations Center (DOC)

This first section of this introductory level training will introduce the participant to the Strategic National Stockpile, federal repository of pharmaceuticals and medical supplies for emergencies/disasters. Objectives: Define the Strategic National Stockpile (SNS), describe the concept for communities to receive the SNS, identify SNS contents. Estimated time of completion for this section: 30 minutes.

The Department Operations Center (DOC) section will introduce the participant to the concept of managing an agencies response under the direction of a DOC and how the DOC fits into overall community response. Objectives: State the purpose and function of the Department Operations Center (DOC), describe the difference between the DOC and the Emergency Operations Center (EOC), describe the Incident Command Structure of a DOC and the duties of the staff, describe the operational phases of a DOC activation, state the requirements for DOC location, activation, operations, and deactivation, list the documentation requirements of DOC operations, including After Action Reports (AAR). Estimated time of completion for this module: 30 minutes.

SNS 110 Point of Dispensing (POD) Staff Introductory Level Training / SNS 120 Distribution Node (DN) Staff Introductory Level Training

This section will introduce participants to Points of Dispensing (POD) Operations. The Point of Distribution (POD) module will introduce the participant to the concepts associated with distributing

emergency supplies to communities. Objectives: Describe the purpose of a Point of Dispensing (POD), discuss when it may be necessary to open a POD, define the goal of a POD, recommend an Incident Command Structure (ICS) for the organization of POD staff, recommend minimum job functions for a POD, recommend job action sheets (JAS) for POD functions, identify a possible POD flow diagram. Estimated time of completion for this module: 30 minutes.

This section will introduce participants to the Distribution Node (DN) and its function in the distribution of emergency supplies. The Distribution Node (DN) module provides awareness level training on the receipt, storage, and distribution of SNS assets. Objectives: Describe a Distribution Node (DN), list events that could cause a DN to be utilized, summarize the purpose of a DN, describe job functions in a DN. Estimated time of completion for this module: 30 minutes.

Community Shelter American Red Cross Sheltering Training on line or face-to-face

MRC Unit Management
Kentucky New MRC Unit Leader Training
This training is intended to get new MRC Unit Leaders in Kentucky (or back-up MRC Unit Leaders from the sponsoring agency) started by giving a broad overview of issues related to administration of a unit. However, this course is also useful for MRC volunteers that want to better understand the MRC program in Kentucky. Contact the State Coordinator for more information on how to get this training.

MRC Volunteer Coordination Training
This is a training done by the MRC Unit Leader based on local roles/needs. It is intended for volunteers who want to get involved with the administration of a MRC unit. Pre-activation roles could include newsletter development team leader, marketing/recruitment team leader, advisory committee member, public health initiatives leader, training team leader, annual summer picnic team leader, special needs planning leader (KOIN or special needs registry) or other roles as determined by the unit leader. During activation, MRC volunteers could serve as team leaders to help with volunteer coordination (scheduling, onsite care/rehab/safety, just in time training, call center/DOC staffing)

Other Available Courses

Public Health Orientation
The module is an efficient tool to orient and train employees on the history, vision, and mission of Public Health, the Core Functions of Public Health, and the 10 Essential Services of Public Health. Because as many as 45% of the Public Health workforce retired in 2008, Public Health Departments will be facing the orientation of many employees. To assure a competent workforce, able to achieve Public Health Goals and deliver Essential Public Health Services, Public Health must find a way to orient these employees as effectively and efficiently as possible. An online orientation/training module offers Public Health a method to accomplish this task.

KY DPH Pandemic Influenza: Kentucky's Response – Awareness Level
This is an awareness level training providing an overview of the current knowledge of past pandemics, and Kentucky's response to these events. Information about the current state of "bird flu" around the world is available, as well as links to Kentucky's preparedness plan. Also included are measures individuals and families can take to decrease their exposure to a possible outbreak and how to develop a personal preparedness plan.

MRC Category "A" Agents
The module identifies category "A" biological agents, their signs, symptoms and treatments. The module also discusses emergency infections and their possible threat. Objectives: Discuss three emerging infections and their possible threat, and identify Category A Biological agents, their signs/symptoms and treatments.

Psychological Impact of Disasters & Catastrophic Events
This is a 2 part course. The first part must be completed on-line on TRAIN. The second part is in the classroom. The ON-LINE COURSE and EVALUATION MUST be completed BEFORE attending a FACE-TO-FACE training. You MUST bring your certificate from the module to be admitted to the face-to-face training.
This training will include information on the following topics: types of trauma caused by disaster, phases of disaster, and risk factors that make disasters and terrorist events psychologically toxic for survivors and responders. Participants will learn the factors and situations that influence psychological response; assessment of community needs; effects of terrorism before, during and after impact; types of terrorist agents (CBRNE) and the psychological reactions likely with each. Participants will learn the types of crisis intervention and mental health services applicable in the aftermath of disaster and terrorism, and will practice numerous interventions. Recent innovations in service delivery as a result of mass terrorism and disaster will be presented. The Oklahoma City bombing, the September 11, 2001 attacks, Hurricane Katrina, Pandemic Influenza, and Severe Acute Respiratory Syndrome (SARS) will be used as case studies, and students will participate in a variety of small group learning exercises and scenarios.

Kentucky Department of Public Health MRC Risk Communication
This module describes the MRC member's communication role(s) and processes with response partners, media, general public and others. This awareness level course defines Risk Communication, "The Seven Cardinal Rules of Risk Communication" and "The 10 Deadly Sins of Communication". This course should take approximately 30 minutes to complete.
Objectives: The overall objective of risk communications is to establish and maintain the public confidence by providing information, identify the purpose of Risk Communication, define the role of the Public Information Officer, list the 10 Deadly Sins of communication.

IS-200 Single Resources, Incident Action Plan
ICS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS-200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS. IS-100 is a pre-requisite to the IS-200 course. http://www.training.fema.gov/EMI/

IS-800.a National Response Framework (NRF)
The National Response Framework (NRF) specifies how the resources of the Federal Government will work in concert with State, local, and tribal governments and the private sector to respond to Incidents of National Significance.   This course introduces you to the NRP, including the concept of operations upon which the plan is built, roles and responsibilities of the key players, and the organizational structures used to manage these resources. The NRP provides a framework to ensure that we can all work together when our Nation is threatened.

ICS-300 Intermediate ICS for Expanding Incidents
ICS-300 and ICS-400 courses are courses conducted in a classroom. Both the Emergency Management Institute and the National Fire Academy sponsor NIMS compliant ICS-300 and 400 training. Please contact your local or State's Emergency Management Agency or State Fire Academy for details about when and where these courses will be available. (http://kyem.ky.gov/training/)

ICS-400 Advanced Incident Management System
ICS-300 and ICS-400 courses are courses conducted in a classroom. Both the Emergency Management Institute and the National Fire Academy sponsor NIMS compliant ICS-300 and 400 training. Please contact your local or State's Emergency Management.

Appendix F – Standard Precautions

Standard Precautions are basic infection control guidelines for preventing the spread of diseases. These "work practices" should be used in the care of ALL patients ALL of the time—even if they don't seem sick! Using standard precautions reduces your risk of getting an infection from someone else, whether you know they are ill or not.

Standard Precautions should be used with every patient AND when you have contact with:

- Blood
- All other body fluids, secretions and excretions (except sweat), even if you don't see blood
- Broken skin
- Mucous membranes (like the inside of the eyelids, nose or mouth)
- Dried blood and body fluids, including saliva

Preventing Disease Transmission

When you follow standard precautions, you reduce your risk of getting a disease or infection. Whenever possible, you should:

- Avoid contact with blood and other body fluids.
- Avoid touching objects that may be soiled with blood or other body fluids.
- Cover any cuts, scrapes or sores before you put on protective equipment, such as gloves.
- Remove jewelry such as rings and watches before giving care.
- Avoid eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, or touching your mouth, nose or eyes when you may be exposed to infectious materials.
- Place barriers between you and a person's blood or other body fluids using such items as:
  - Disposable gloves
  - Protective eyewear (goggles, glasses, face shield)
  - CPR breathing barriers (CPR mask or face shield)

Hand Washing is the single most important thing you can do to prevent the spread of infection!! Wash your hands following contact with blood & body fluids (liquid or dried), broken skin, mucous membranes. (See following page for general information on hand washing and proper hand washing technique).

Remember:

- Assume that all patients have a disease or illness that can be spread to you. You cannot tell if a person is infected with a bloodborne disease by their appearance.
- Assume that all blood or body fluids are possibly infected with germs that can make you sick.
- After coming into contact with a patient, avoid touching your mouth, nose, or eyes until you have washed your hands thoroughly. Hand sanitizer may be used.
- If you are involved in any situation involving blood or other potentially infected materials, make sure to avoid getting another persons blood or body wastes on your skin or mucous membranes by wearing protective equipment.

**To learn more about how to protect yourself while helping others, call your local American Red Cross and enroll in a First Aid course.

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Appendix G -Clean Hands Save Lives: Emergency Situations

After an emergency, finding running water can be difficult. However, keeping your hands clean helps you avoid getting sick. It is best to wash your hands with soap and water for 20 seconds. However, when water is not available, you can use alcohol-based hand products made for washing hands (sanitizers).

When should you wash your hands?
- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after caring for someone who is sick
- After handling uncooked foods, particularly raw meat, poultry, or fish
- After blowing your nose, coughing, or sneezing
- After handling an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound

Using alcohol-based hand sanitizers
When your hands are visibly dirty, you should wash them with soap and water when available. However, if soap and water are not available, use alcohol-based hand sanitizers.
- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until your hands are dry.

Note: the volume needed to reduce the number of germs on hands varies by product.

Washing with soap and water
1. Place your hands together under water (warm water if possible).
2. Rub your hands together for at least 20 seconds (with soap if possible). Wash all surfaces well, including wrists, palms, backs of hands, fingers, and under the fingernails.
3. Clean the dirt from under your fingernails.
4. Rinse the soap from your hands.
5. Dry your hands completely with a clean towel if possible (this helps remove the germs). However, if towels are not available it is okay to air dry your hands.
6. Pat your skin rather than rubbing to avoid chapping and cracking.
7. If you use a disposable towel, throw it in the trash.

Remember: If soap and water are not available, use an alcohol-based hand sanitizer.

For more information, visit www.bt.cdc.gov/disasters, or call CDC at 800-CDC-INFO
(English and Spanish) or 888-232-6348 (TTY).

Also visit
www.cdc.gov/cleanhands

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Appendix H - Spanish Quick Reference

English	Spanish (Espańol)	Pronunciation
My name is	Mi nombre es _____	(Mee 'nohm-breh es ___)
What is your name?	¿Cual es su nombre?	(kwahl es soo 'nohm-breh)
We're going to help.	Vamos a ayudar	('vah-mohs ah ah-yoo-dahr)
Are you in pain?	¿Tiene dolor?	(tee-'eh-neh doh-'lohr)
Where does it hurt?	¿Donde le duele?	('dohn-deh le 'dweh-leh)
Point to where it hurts	Seńale donde le duele	(seh-'nyah-'leh 'dohn-deh le 'dweh-leh)
Do you have a family?	¿Tiene usted familia?	(Tee-eh-neh oo-'stehd fah-'mee-lee-ah)
Where are they?	¿Donde están?	('dohn-deh 'ehs-tahn)
How many in your family?	¿Cuántos hay en su familia?	('kwahn-tohs hi en soo fah-'mee-lee-ah)
What is happening?	¿Que pasa?	(keh 'pah-sah)
Are you tired?	¿Está consado/a	('ehs-tah kahn-'sah-doh)
Are you thirsty?	¿Tiene sediento?	(Tee-eh-neh seh-dee-'ehn-toh)
Are you hungry?	¿Tiene hambre?	(Tee-eh-neh 'ahm-breh)
Are you cold?	¿Tiene frio?	(Tee-eh-neh free-oh)
Do you need a telephone?	¿Necestita usted el telefono?	(Neh-seh-'see-tah oo-'stehd ehl the-'leh-fon-noh)
Do you need a bathroom?	¿Necesita usted el bano?	(Neh-seh-'see-tah oo-'stehd ehl 'bah-nyoh)
Do you take medicine?	¿Toma usted medicina?	('toh-meh oo-'stehd meh-dee-'see-nah)
Do you have medicine with you?	¿Tiene usted su medicina aqui?	(Tee-eh-neh oo-'stehd soo meh-dee-'see-nah ah-kee)
Does medicine need to be in the refrigerator?	¿Necesita la medicina estar en el refrigerador?	(Neh-seh-'see-tah lah meh-dee-'see-nah ehs-'tahr en el reh-free-heh-rah-'dohr)
Do you need help?	¿Necesita usted ayuda?	(Neh-seh-'see-tah oo-'stehd ah-'yoo-dah)
Are you sick?	¿Puede usted enfermo?	('Pweh-deh oo-'stehd ehn-fehr-'moh)
Can you move?	¿Puede moverse?	('Pweh-deh oo-'stehd moh-'behr-seh)
Does it hurt?	¿Le duele?	(le 'dweh-leh)
Can you breathe?	¿Puede usted respirar	('Pweh-deh oo-'stehd rehs-'pee-rah)
Can you see?	¿Puede usted ver?	('Pweh-deh oo-'stehd behr)
Can you hear?	¿Puede used oir?	('Pweh-deh oo-'stehd oh'-eer)
Can you talk?	¿Puede usted hablar?	('Pweh-deh oo-'stehd ah-'blahr)
Can you walk?	¿Puede usted caminar?	('Pweh-deh oo-'stehd kah-mee-'nahr)

More slowly!	¡Más despacio!	(mahs dehs-'pah-see-oh)
Again	Otra vez	('oh-trah behs)
Hello	Hola	('oh-lah)
Do you speak English?	¿Habla Inglés?	(ah-blah een-glehs)
I don't understand!	¡No entiendo!	(noh ehn-tee-'ehn-doh)
I speak little Spanish	Hablo poquito Español.	('ah-bloh poh-'kee-toh ehs-pah-'nohl)

Key Words		
What	Qué	(keh)
When	Cuándo	('kwahn-doh)
Where	Donde	('dohn-deh)
Who	Quién	(kee-'ehn)
Which	Cual	(kwahl)
Why	Por qué	(pohr keh)
Because	Porque	(pohr-keh)
How old?	Cuántos años tiene?	('kwahn-tohs 'ah-nyohs tee-'eh-neh)
How many?	Cuántos tiene?	('kwahn-tohs tee-'eh-neh)
Please	Por Favor	(pohr fah-'bohr)
Want to	Quiere	(kee'eh'reh)
Head	La Cabeza	(lah kah-'beh-sah)
Arm	El brazo	(ehl 'brah-soh)
leg	La Pierna	(lah pee-ehr-nah)
chest	El pecho	(ehl 'peh-choh)
stomach	El Estomago	(ehl ehs-'toh-mah-goh)
back	La espalda	(lah ehs-'pahl-dah)
knee	La Rodilla	(lah roh-'dee-yah)
foot	El pie	(ehl 'pee'eh)
shoulder	El hombro	(ehl 'ohm-broh)
Water	El agua	(ehl 'ah-gwah)
Food	La Comida	(lah koh-'mee-dah)
Blanket	La Colcha or Cobija	(lah kohl-chah) (lah koh-'bee-hah)
Medicine	La Medicina	(lah meh-dee-'see-nah)
Glass	El Vaso	(ehl 'bah-soh)
Coffee	El café	(ehl kah-feh)
A glass of water	Un vaso de agua	(oon 'bah-soh day 'ah-gwah)
Grandfather	El abuelo	(ehl ah-'bweh-loh)
Grandmother	La abuela	(lah ah-'bweh-lah)
Mother	La madre	(lah 'mah-dreh)
Father	El padre	(lah 'pah-dreh)
Boy, Child	El Niño	(ehl 'nee-nyoh)
Teenage male	El Muchacho	(ehl moo-'chah-choh)
Teenage female	La Muchacha	(lah moo-'chah-chah)
Son	El Hijo	(ehl 'ee-hoh)
Daughters	Las Hijas	(lahs 'ee-hahs)
Baby	El Bebe	(ehl beh-'beh)
Yes	Sí	(see)

No	No	(no)
Thank you	Gracias	('grah-see-ahs)

Numbers

1 Uno
2 Dos
3 Tres
4 Cuatro
5 Cinco
6 Seis
7 Siete
8 Ocho
9 Nueve
10 Diez
11 Once
12 Doce
13 Trece
14 Catorce
15 Quince
16 Dieciseis
17 Diecisite
18 Dieciocho
19 Diecinueve
20 Veinte
30 Treinta
40 Cuarenta
50 Cincuenta
60 Sesenta
70 Setenta
80 Ochenta
90 Noventa
100 Cien

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Appendix I - Workers Compensation
39C.110 WORKERS' COMPENSATION COVERAGE—Limitations

Local emergency management agencies, including local directors or their deputies, and other local emergency management agency staff personnel and workers, and local emergency management agency-supervised operating units or personnel officially affiliated with the local disaster and emergency services organizations pursuant to KRS 39B.070, paid or volunteer, for the purposes of receiving workers' compensation benefits paid by the division, shall be covered by those benefits when performing emergency assessment, mitigation, preparedness, response, or recovery functions, with the following limitations:

(1)   The local emergency management agencies, including local directors or staff personnel and workers, and local emergency management agency-supervised operating units or personnel, shall not be covered when performing fundraising functions, unless all proceeds of the function are to be dedicated to the administration or operation of the local emergency management agency or operating unit.

(2)   No person shall be covered when performing hazardous materials emergency response operations defined in 29 C.F.R. 1910.120 which are above the first-responder operations level, on-scene incident commander level excluded, except as provided in subsection (3) of this section.

(3)   A volunteer hazardous materials response team as defined in 29 C.F.R. 1910.120 which meets all provisions of 29 C.F.R. 1910.120(q), operates on a regional basis, and is supervised by a local emergency management agency may, by action of the director pursuant to administrative regulations, be provided Kentucky emergency management workers' compensation coverage. Such hazardous materials response teams shall take no actions involving environmental clean-up, removal, or transportation of hazardous substances or materials except as may be essential for initial emergency control or initial emergency stabilization when there is a clear and evident risk of harm to people.

(4)   No personal shall be covered unless enrolled on a workers' compensation enrollment form that is filed with the area manager of the division, except when the magnitude of an emergency, or a preparedness exercise activity, is so great that a local director must solicit additional workers. At these times, the local director may develop and maintain a list of workers, to include names, Social Security account numbers, missions assigned, and dates covered, and submit a copy of the list to the area manager within twenty-four (24) hours of the conclusion of the emergency, or the preparedness exercise activity.

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Kentucky Division of Emergency Management
WORKERS' COMPENSATION ENROLLMENT FORM

☐ **New Member**   ☐ **Updated Enrollment**

Name   **(Last)**   **(First)**   **(Middle)**

Street/P.O. Box/Route#

(City)   **(Zip Code)**   **(County)**

Social Security _____   **DOB:** _____

Phone   Home: _____   **Office:** _____

Sex: _____   **Height:** _____   **Weight:** _____   **Hair:** _____   **Eyes:** _____

Emergency Services Organization: _____

Date of Enrollment: _____

List any special training:

_____

_____

_____

_____

_____

_____

Are you presently a:

    1. **Volunteer Firefighter**   Yes ☐ No ☐
    2. **Auxiliary Policeman**   Yes ☐ No ☐
    3. **Water Rescue Member**   Yes ☐ No ☐
    4. **Cave Rescue Member**   Yes ☐ No ☐
    5. **Other:** _____

Signature: _____   **Date:** _____

DO NOT WRITE BELOW THIS LINE

Date Received in Area Office: _____

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REQUEST FOR CONVICTION RECORDS FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD
ACKNOWLEDGEMENT BY APPLICANT

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (**PLEASE PRINT**)

NAME: _____

| Last | First | Middle | Maiden |

ADDRESS:_____

| Street | City | State | Zip |

SEX _____ RACE _____ DATE OF BIRTH _____ SOC SEC NO _____

_____   _____

Signature   Date   Witness   Date

Requesting agencies should ensure that all application information is completed.
Requests should be accompanied by **two, self –addressed stamped envelopes –** one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.
RETURN THIS FORM TO: Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @ http:\\kentuckystatepolice.org

Revised 10/03

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:
Barren River Area Development District Medical Reserve Corps, Barren River District Health Department, P.O. Box 1157, Bowling Green, KY, 42102-1157
I have applied for employment or a volunteer position with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.
Organization Name and Address

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FORM 3A: Volunteer Copy

Confidentiality, Code of Conduct, Standard Operating Guidelines Certification & Photo Authorization

BRDHD Volunteer Corps Standard Operating Guidelines / Team Handbook, have had the opportunity to ask questions and agree to comply with the terms set forth therein, including, but not limited to, Confidentiality & Code of Conduct. I understand this is an unpaid volunteer position. I agree that as a BRDHD / SERV-KY Volunteer I may not accept payment for my services and that I will incur transportation costs. I will utilize the Incident Command System and will be accountable to my supervisor / team leader during a response event.

If, for any reason, my membership ceases with the BRDHD Volunteer Corps, I agree to return to the BRDHD any equipment issued to me for use in my volunteer service including my BRDHD Volunteer ID badge.

I understand that photos of me may be taken during training classes, exercises and other events involving BRDHD for exhibits, advertisement, promotion and/or recruiting. Photos may be used, but not limited to use, in the following ways: BRDHD newsletter, local newspaper and/or website or in other publications. Please check the appropriate box below.

€ **I give** the Barren River District Health Department permission to use my photo as stated above.

€ **I do not give** the Barren River District Health Department permission to use my photo as stated above.

I understand that this signed and dated document will become a part of my volunteer file.

_____   _____
                  Volunteer Signature   Date

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FORM 3B: Sign and Return to

Confidentiality, Code of Conduct, Standard Operating Guidelines
Certification & Photo Authorization

I, _____, certify that I have read & understand the Barren River District Health Deparment's Volunteer Corps Standard Operating Guidelines / Team Handbook, have had the opportunity to ask questions and agree to comply with the terms set forth therein, including, but not

limited to, Confidentiality & Code of Conduct. I understand this is an unpaid volunteer position. I agree that as a BRDHD / SERV-KY Volunteer I may not accept payment for my services and that I will incur transportation costs. I will utilize the Incident Command System and will be accountable to my supervisor / team leader during a response event.

If, for any reason, my membership ceases with the BRDHD, I agree to return any equipment issued to me for use in my volunteer service including my BRDHD Volunteer ID badge to BRDHD.

I understand that photos of me may be taken during training classes, exercises and other events involving BRDHD for exhibits, advertisement, promotion and/or recruiting. Photos may be used, but not limited to use, in the following ways: BRDHD newsletter, local newspaper and/or website or in other publications. Please check the appropriate box below.

€ **I give the** Barren River District Health Department permission to use my photo as stated above.

€ **I do not give** the Barren River District Health Department permission to use my photo as stated above.

I understand that this signed and dated document will become a part of my volunteer file.

_____   _____
             Volunteer Signature   Date

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Form 4a: If appropriate, sign and return to BRDHD

Healthcare Experience/Education Verification

It is the responsibility of the volunteer to ensure the accuracy and completion of this form and to return this completed form to the BRDHD upon its completion. Failure to comply will result in the volunteer being moved to a Non-Medical Group in the MRC.

I, _____, consent to the release of information pertaining to my
                Print Name

Healthcare education/Healthcare experience at _____.
                                          Institution Name

_____   _____
Volunteer Signature   Date

For Agencies to Complete

_____, is/was an employee/student in good standing at
                Print Name

_____, in the capacity of a
      Place of Employment/School Name

_____.
             Position/Student

_____   _____
Print Name/Title of Verifying Person   Institution Name

_____   _____
Signature   Date

Contact Person:_____ Fax
Number/Email:_____
Phone Number:_____

Please return completed form to:

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Form 4b: If appropriate, sign and return to BRDHD

Hospital/Clinical Privilege Verification Form

To be completed by potential volunteer

I, _____, consent to the release of my hospital/clinically
          Print Name

active privilege information to the <u>Barren River District Health Department Volunteer</u>

<u>Corps</u>. This includes my privilege effective date and current work status. I extend absolute

immunity to, and release from any and all liability, _____ and its authorized
                                                                          place of employment

representative to release the information requested.

Please provide contact information for the verifying authority at the agency where you hold
privileges.
Contact Person:_____ Fax Number/Email:_____
Phone Number:_____
Assuming the continued involvement with the BRDHD Volunteer Corps, this document will be
utilized on an annual basis to re-verify privileges.

_____   _____
Volunteer Signature   Employee number or Date of Birth
_____
Date

To be completed by verifying authority
_____, has active hospital/clinical privileges at
                   Print Name
_____ to practice as a _____. Privileges are
       place of employment   Provider Type
active and in good standing since _____.
                                                       Effective Date

_____   _____
Signature of Verifying Person   Date
Please return completed form to:

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BRDHD ID Badge

The ID Badge will be issued after the applicant completes & submits to the BRDHD all required forms from the BRDHD Volunteer Standard Operating Guidelines / Team Handbook and clears the criminal record check. The following information will be needed to make the ID badge.

PLEASE PRINT INFORMATION LEGIBLY AS YOU WISH IT TO APPEAR ON THE CARD

First Name: _____

Last Name:_____

Medical Credentials: (ex. RN, MD, DVM, etc)
_____

Affiliation: BRDHD Volunteer Corps

Agency: Barren River District Health Department

KHELPS User Name (Identifier):_____

Issuer ID: <u>Barren River District Health Department</u>

For Office Use:

> **Circle One:**
> **SERV   or   BRDHD**
>   **Medical**
>   **Credential Level   1   2   3   4**
>   **Non-Medical**
>
> **Date ID Issued:**_____
>
> **ID Expiration Date:**_____

Medical Conditions, Allergies, Etc. (be specific regarding allergies or medical conditions. This information will be used to guide your treatment should you require medical assistance during a MRC activity or response)_____
_____

Date of Birth:_____   **Eye Color:**_____

Hair Color:_____   **Height (in inches):**_____

Photo Taken: _____**Color of Clothing**_____ **Other Identifying information**_____

Contact information:
Day phone number _____ Night phone number_____
Email Address_____
Best way and time of day to contact you_____

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Form 6: Complete and Return to BRDHD

BRDHD Volunteer Member Information Form

Name: _____Post Office Box Number_____
Street: _____ City: _____
State: _____ Zip: _____County: _____
Day Telephone: _____ Evening Telephone: _____
Weekend Telephone: _____ Cell Telephone: _____
Day Email Address: _____
Night/Weekend Email Address: _____
Emergency Contact: Name_____ Relationship_____
Street: _____ City:_____
State:_____ Zip:_____ Telephone_____
Email address: _____
Employer:_____City:_____County:_____
Do you have any medical issues that would not allow you to respond to an emergency? _____
Are you a trained medical professional? _____ If yes, what type? _____
_____ Is your license current? _____
Are you a student in a medical field? _____ If yes, what program and where? _____
If you are a non-medical volunteer what is your profession? _____
_____
Do you hold any special certification or experience?   For example
First Aid ____   CPR_____   Nursing home experience_____   Hospital experience_____
Customer Service_____   Warehouse_____   Computer Tech. _____
Other_____

Please check one of the following:
        _____I wish to have my name <u>removed</u> from the BRDHD Volunteer roster.
        ==(If you check to have your name removed, this will be the only form you will need to==
==return.)==
                 _____ I wish to remain on the BRDHD Volunteer roster and work toward
        becoming a   member at the level checked below:
        ● _____SERV KY
        ● _____**BRDHD Basic**
        ● _____BRDHD Intermediate
        ● _____BRDHD Advanced

I understand that I have six months from the date at the top of this form to meet at least the
SERV KY level. If I do not meet at least that level my name will be removed from the BRDHD
roster. At that time I may choose to reactivate my account and receive an additional six months
to meet the SERV KY level. Once I have met the SERV KY level, I may continue working
toward the BRDHD Basic, Intermediate, and/or Advanced levels at my own pace by attending
face to face trainings, completing on-line courses or a combination of both.

_____   _____
Signature   Date