Division of Emergency Preparedness

January 2026

Volunteer Management Plan

Indiana Department of Health

I. Contents

II. Background and Executive Summary

The Volunteer Management Plan provides guidance for volunteer usage as it relates to emergency management and preparedness. It addresses the roles and responsibilities of government organizations and provides a link to local, state, federal, and private organizations and resources that may be activated to address disasters and emergencies in the State of Indiana. The Volunteer Management Plan ensures consistency with current policy guidance and describes the interrelationship with other levels of government. The plan will continue to evolve, responding to lessons learned from actual disasters and emergency experiences, ongoing planning efforts, training and exercise activities, and federal guidance.

Congress passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to facilitate the effective use of volunteer health professionals during public health emergencies. Section 107 of the Act directs the Health and Human Services Secretary to "establish and maintain a system for the advance registration of health professionals for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of such professionals when, during public health emergencies, the professionals volunteer to provide health services."

Health and Human Services (HHS) was given the responsibility for assisting each state in establishing a standardized state-wide registry of volunteer health professionals which would include readily available, verifiable, up-to-date information including identity, licensing, credentialing, accreditation, and privileging in hospitals or other facilities. As a result, the Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) was implemented. In 2006, the Pandemic and All Hazards Preparedness Act (PAHPA) transferred the responsibility for ESAR-VHP to the Office of the Administration of Strategic Preparedness and Response (ASPR).

Therefore, the Indiana Department of Health (IDOH) Division of Emergency Preparedness (DEP) has developed initiatives for the implementation of a program to include pre-credentialed, and non-credentialed, volunteers when responding to local, tribal, regional, state, and federal collaboration. This plan intends to help guide local health departments, preparedness districts, and jurisdictions in the creation of, management, and training of volunteer groups, such as a Medical Reserve Corps (MRC), Volunteers Active in Disasters (VOAD), and/or Community Organizations Active in Disasters (COAD). The annexes to this document may serve as a template for completing each of the above-mentioned activities but they **do not** mandate the use of any specific system mentioned.

This plan is a living document developed for use by the Indiana Department of Health (IDOH) and its preparedness partners. It supersedes all previously released Volunteer Management Plans. All content within this plan is subject to ongoing review, revision, and approval by IDOH leadership. Procedures, responsibilities, and operational strategies may be modified at any time to reflect updated guidance, regulatory requirements, or organizational priorities.

IDOH reserves the right to amend, update or rescind any portion of this plan as needed to ensure alignment with current best practices and statewide preparedness objectives. Users are responsible for ensuring they are referencing the most current, approved version of this plan and should follow official IDOH communications for updates.

III. Record of Changes

Change No.	Date	Part Affected	Date Posted	Who Posted
1	01/15/2026	Full Plan Re-write		

IV. Record of Distribution

Plan No.	Office/Department	Representative	Signature

V. Planning Agencies

Within each plan or annex, an agency or organization has been given the designation of primary, supporting, non-governmental or local agencies based on their authorities, resources and capabilities. The primary agency identifies the appropriate support agencies that fall under this plan and collaborates with each entity to determine whether they have the necessary resources, information and capabilities to perform the required tasks and activities within each phase of emergency management, including activations in the State Emergency Operations Center (SEOC) and impacted areas. Though an agency may be listed as a primary agency, they do not control or manage those agencies identified as supporting agencies. The agencies listed below are part of the Whole Community Planning Committee for this plan/annex.

A. Primary State Agency

1. ESF-8: Public Health and Medical Services

Primary Agency	Support Agencies	Planning Functions
Indiana Department of Health (IDOH)	IDHS, EMS, INDOT, INNG, ISP, OFBCI, FSSA, BOAH, Dept. of Commerce, IDOA, State Budget Agency, IURC, Department of Insurance, Department of Labor, SPD, State Treasurer, IHA	Provide subject matter expertise on public health; Medical support; Mental health services; Mortuary services; Budgets or additional funding opportunities

B. Supporting State Agencies

2. ESF-5 Emergency Management

Primary Agency	Support Agencies	Planning Functions
Indiana Department of Homeland Security	All	Subject expertise on coordination of incident management and response efforts; issuance of mission assignments; resource and human capital; incident action planning; financial management for immediate response needs
Indiana Professional Licensing Agency	Professional/occupational agencies	The Indiana Professional Licensing Agency (IPLA) is responsible for licensing and regulating 40 different professions and more than 200 unique license types as set in statute by the Indiana General Assembly. The IPLA reviews professional license applications, issues licenses including

		provisionary licenses in an emergency, provides customer support, and provides inspection services for certain professions and businesses across the state.

C. Local Organizations

Organization	Planning Functions
Local Health Departments	Subject matter expertise on local health department functions/capabilities, resource allocation, preparedness and mitigation processes for a COOP activation level event.
Health Care Coalitions	Provide subject matter expertise on Health Care Coalition functions/capabilities and resources to aid local communities impacted before, during, and after a COOP activation event or incident.
Community Emergency Response Team (CERT)	Community Emergency Response Teams (CERT) are local teams in neighborhoods, workplaces and schools that are trained in basic disaster response skills, including fire suppression, medical operations and urban search and rescue. These volunteer citizens take an active role in local emergency preparedness.
Medical Reserve Corps (MRC) Units	The MRC is a national network of local groups of volunteers committed to improving the public health, emergency response and resiliency of their communities. MRC units are federally recognized groups of medical, non-medical, and public health volunteers who actively train and exercise to aid their community in the event of a disaster.
Volunteers Active in Disasters (VOAD)	Indiana Voluntary Organizations Active in Disaster (VOAD) is an affiliate of National Voluntary Organizations Active in Disaster (NVOAD). VOADs are associations of organizations that mitigate and alleviate the impact of disasters. Indiana VOAD consists of both locally based organizations and local representatives of national organizations.
Community Organizations Active in Disasters	Community Organizations Active in Disasters (COADs) play a crucial role in preparing for, responding to, and recovering from disasters. These organizations work collaboratively to enhance disaster coordination, communication, and cooperation within the community.
County Emergency Management Agency (EMA)	County EMAs are coordinating agencies that work with other local agencies, nonprofit organizations, the state, and federal government agencies to request potential resources and assistance programs to help those who were impacted by a disaster within the affected county.

VI. HHS Domains and Preparedness Capabilities Matrix

The information in this section was derived from Centers for Disease Control and Prevention (CDC)'s Public Health Emergency Preparedness Capabilities, the Administration for Strategic Preparedness and Response (ASPR) Health Care Preparedness and Response Capabilities, as well as the Health and Human Services (HHS) Domains. The domains and capabilities relevant to the plan are highlighted in grey and bolded as necessary as shown in the table below. The aim of this section is to illustrate what phase of response the plan being presented is utilized in as well as identifying the capabilities this plan will fulfill.

A. ASPR Healthcare Preparedness and Response Capabilities

ASPR Health Care Preparedness and Response Capabilities	
1	Foundation for Health Care and Medical
2	**Health Care and Medical Response Coordination**
3	**Continuity of Health Care Service Delivery**
4	Medical Surge

B. CDC Public Health Emergency Preparedness (PHEP) and Response Capabilities

CDC Public Health Emergency Preparedness and Response Capabilities			
1	**Community Preparedness**	**9**	Medical Materiel Management and Distribution
2	**Community Recovery**	**10**	Medical Surge
3	**Emergency Operations Coordination**	**11**	Nonpharmaceutical Interventions
4	**Emergency Public Information and Warning**	**12**	Public Health Laboratory Testing
5	Fatality Management	**13**	Public Health Surveillance and Epidemiological Investigations
6	**Information Sharing**	**14**	**Responder Safety and Health**
7	Mass Care	**15**	**Volunteer Management**
8	Medical Countermeasures Dispensing and Administration		

C. Domains

Community Resilience	Incident Management	Information Management	Surge Management	Countermeasures and Mitigation	Bio surveillance
Foundation for Health Care and Medical Readiness **Community Preparedness** **Community Recovery**	Foundation for Healthcare and Medical Readiness Health Care and Medical Response Coordination **Continuity of Health Care Service Delivery** **Emergency Operations Coordination**	Health Care and Medical Response Coordination Public Information and Warning **Information Sharing**	**Continuity of Health Care Service Delivery** Medical Surge Fatality Management Mass Care Medical Surge **Volunteer Management**	Foundation for Health Care and Medical Readiness **Continuity of Health Care Service Delivery** Medical Countermeasure Dispensing Medical Materiel Management and Distribution Non-Pharmaceutical Interventions **Responder Safety and Health**	Public Health Laboratory Testing Public Health Surveillance and Epidemiological Investigation

VII. Purpose, Scope and Assumptions

A. Purpose

The purpose of this plan is to establish a statewide approach to effectively facilitate the use of volunteers in local, tribal, state, and federal emergency responses. It will also lay out the basic role of volunteers in case an event requires their aid. Though volunteers are not regularly used by the Indiana Department of Health (IDOH), they are brought in to aid during events when resources are scarce, especially when there is no way to predict what type of disaster will occur, making it impossible to know what type of volunteers will be in highest demand.

B. Scope

The scope of the Volunteer Management Plan is the overall volunteer management program administered by the IDOH for public health, medical, and lay volunteers across the state. This plan covers the resources and the scope of coordinating volunteers at the state level. This plan supports the State Emergency Registry of Volunteers for Indiana (SERV-IN) and promotes coordination with other volunteer health professionals and emergency preparedness entities to support the use of both health professionals and lay volunteers.

C. Planning Assumptions

- A disaster or public health emergency has occurred in the state, and local resources have been exhausted leaving local emergency response overwhelmed
- Volunteers or individuals belonging to mobile support units or other teams are registered in SERV-IN
- IDOH will work with the Indiana Department of Homeland Security (IDHS) State Emergency Operation Center (SEOC) to develop support units as needed, or deploy volunteer resources as needed
- The primary concept of volunteer management throughout the state is performed at a local level; IDOH's primary role is to support local volunteer management
- Public health volunteer groups and organizations involved in an emergency response will be recommended to use SERV-IN for registration and credential verification of volunteers
- Volunteers requested or received from outside states will be coordinated through Emergency Mutual Aid Compact (EMAC) and/or through the Indiana Uniform Emergency Volunteer Health Practitioners Act
- In cases of a major disaster or catastrophic events, IDOH may need to make provisions to expand this plan and response systems

D. Planning Limitations

- IDOH does not use volunteers in the traditional sense of a volunteer; any personnel utilized will go through the proper channels of Indiana Emergency Management and Disaster Law
- Volunteers may not be available during a disaster, as they may have primary responsibilities that take precedence and may choose to decline to serve at any time

VIII. Concept of Operations

A. General

During a disaster or other public health emergency, it is likely that additional personnel resources will be needed. At a local level, volunteers become a critical resource in response. IDOH will aid in coordinating volunteer use during an incident via the use of electronic volunteer management systems. These systems allow for volunteers to be pre-credentialed and then used where they will be the most valuable.

IDOH will continue to help coordinate volunteer response as incidents grow beyond the capacity of local jurisdictions. This coordination may occur through IDOH directly or, in the case of a larger, state-wide disaster, through ESF-8 Representatives at the state Emergency Operations Center (EOC).

IDOH can contact volunteer groups, such as the Medical Response Corps (MRC), in adjacent jurisdictions to serve in a mutual aid response or activated as a Mobile Support Unit. IDOH will activate local volunteer groups through the State EOC, where the EOC will pass requests directly to the corresponding local EOCs. For additional information and resources pertaining to volunteer or MRC unit registration, please visit the Administration for Strategic Preparedness and Response (ASPR) website link provided here: ASPR MRC Registration Criteria FAQ's.

B. ESAR-VHP System

To simplify this process, IDOH employs the use of a specific ESAR-VHP system to manage its volunteers, known as SERV-IN. SERV-IN is an acronym for State Emergency Registry of Volunteers for Indiana. It is an electronic database that can be used to pre-register, manage, and mobilize clinical and non-clinical volunteers to help in responding to all types of disasters. It allows potential volunteers to have their credentials verified before a disaster occurs so they can be identified and assigned quickly when a disaster occurs. This volunteer management system aligns with the nation-wide effort to ensure that volunteer professionals can be identified quickly and their credentials checked so that they can properly be utilized in response to a public health emergency or disaster. IDOH utilizes this particular system, local and jurisdictional organizations have the autonomy to choose their own system.

During a disaster or other public health crisis, an efficient volunteer registry system is a critical part of responding in a way that mitigates potential loss of

SERV-IN: 5 FUNDAMENTAL OBJECTIVES

1. Recruit and register medical and non-medical volunteers.
2. Apply emergency credentialing standards to registered volunteers.
3. Allow for the verification of the identity, credentials, and qualifications of registered volunteers prior to an emergency or disaster.
4. Automatically notify and confirm the availability of registered healthcare professionals and lay volunteers at the beginning of an emergency/disaster event.
5. Provide deployment information to available volunteers and track/document their service from deployment through demobilization.

life. IDOH's use of an ESAR-VHP is comprised of local volunteer coordinators who mobilize medical and non-medical volunteers to respond to emergencies within the community, or if the volunteer is interested, within the state.

IDOH's ESAR-VHP system is administered by the IDOH Information and Emergency Systems Coordinator. To manage the volunteer network throughout Indiana, groups have been created for each of the 10 Indiana Emergency Preparedness Districts, and each of the corresponding counties of the District. Each local health department, or preparedness district, has access to creating a group for their volunteers through the use of the ESAR-VHP system. Additionally, all counties that have a Medical Reserve Corps, have a group. Each group has a designated administrator of the group to manage the volunteers within.

On a larger scale, IDOH also utilizes its ESAR-VHP system for any statewide teams or district teams. The Indiana Board of Animal Health (BOAH) and Indiana Family Social Services Administration (FSSA) each have statewide groups for their respective teams. The FSSA team focuses on providing access to behavioral and/or mental health services and BOAH provides access to animal health services. For additional guidance on the utilization of SERV-IN, IDOH's current ESAR-VHP system, please see Annex B SERV-IN Registration Guidance.

C. Local Health Department Volunteer Management

All disasters begin and end on a local level. State agencies will only become involved if local and district-level resources prove insufficient. Because of this, IDOH will focus more on macro-level volunteer management, such as managing an ESAR-VHP system, while leaving the minutia to LHDs.

The responsibilities of LHDs regarding volunteers include:

- Determining and establishing volunteer eligibility requirements
- Coordinating volunteers
- Notifying volunteers
- Deploying volunteers
- Demobilizing volunteers

LHDs should ensure that volunteers are registered properly and pre-credentialed to prepare for a potential situation when their aid is required. For more information on Local Health Department Volunteer Management, see the **Volunteer Management SOP.**

D. Command and Control

1. PHEP Capability 15 Functions

The following functions coincide and align with the Public Health Emergency Preparedness (PHEP) Capability 15: Volunteer Management. For a volunteer program to be successful, it is essential that state, local, and district level public health or emergency management organizations adequately perform these functions.

A. Recruitment, Coordination and Training of Volunteers

To form a successful and robust volunteer roster, recruitment of volunteers from all backgrounds, including medically trained, certified, licensed, or unlicensed is a crucial first step. How each local or district organization advertises and recruits its volunteers can differ at each

level, it is recommended that the coordination and management of volunteers be conducted through the state's volunteer management system. However, every local and district organization may choose a different system to maintain a current list of active volunteers. For more guidance in this area, please refer *to* ***Annex A: LHD MRC/Volunteer Recruitment Guidance***. For training recommendations for volunteers, please see **Annex D: IDOH/IDHS PHEP Training Guidance**.

B. Notification, Assembly, and Deployment of Volunteers

Timely notification and deployment of necessary response personnel, including volunteers, is a key component of a successful response, exercise, or drill. The state's ESAR-VHP system has the capability to notify active volunteers of an exercise, drill, or response. Local and district MRC or volunteer units are not required to use this system and may choose to utilize a mass notification system of their choice. For additional guidance on MRC or volunteer management and notification, please see **Annex C: LHD Volunteer Management Guidance**.

C. Conduct and Support for Volunteer Safety

The primary responsibility of the state, local, jurisdictional, or district health departments or emergency management organizations is to the safety and security of its employees, staff, and volunteers. This is especially true before, during, and after exercises, drills, or responses. Annex C, referenced above, provides some guidance on ensuring the safety of volunteers. **Attachment B: Civil Liability** and **Attachment C: Worker's Compensation 2025** provide state level guidance on the state's responsibilities to its workers and volunteers. Local and district volunteer units may also choose to supply volunteers with liability coverage, when activated, through their own ways and means.

D. Demobilization of Volunteers

Demobilization of resources, staff, and volunteers begins during the activation stage of any exercise, drill, or response effort. Timely notification to staff and volunteers gives individuals the ability to make proper arrangements for transfer of responsibilities and/or reunification with their families or transportation to their home location. How each local, jurisdictional, or district organization or unit chooses to notify their staff or volunteers of demobilization is their discretion, however, the state's ESAR-VHP system has this capability as well. Annex C of this document provides additional guidance on this process.

2. Resources

The State of Indiana possesses several resources for volunteer personnel that may be used during a disaster, particularly regarding public health and medical services.

A. In-State Healthcare Resources

Indiana Department of Health

The Indiana Department of Health (IDOH) has several volunteer resources that may be used during a disaster or emergency:

State Emergency Registry of Volunteers for Indiana (SERV-IN) - Indiana's ESAR-VHP system for volunteer management (see above for details)

Indiana Medical Reserve Corps – There are more than 16 MRC units across the state administered by IDOH. The majority of these are housed within local health departments (LHDs). MRC units consist primarily of volunteers with a wide range of expertise, including both healthcare experience and non-healthcare experience. These MRCs may be utilized in a disaster to help with various public health and medical missions. For the most current list of volunteers and volunteer groups throughout the state, please contact the MRC State Coordinator.

B. Out of State Healthcare Resources

Indiana possesses a mechanism to receive healthcare volunteers from other states. In the event such resources are needed, IDOH will coordinate the request for assistance with IDHS. The IDOH MRC state coordinator will communicate with other state volunteer coordinators who have access to information regarding available volunteers, such as verification of licensure and ensuring they are registered in their state's appropriate ESAR-VHP equivalent system.

3. Roles and Responsibilities

When this plan is active, several different agencies have roles and responsibilities must be fulfilled. It should be noted that these may vary based on the exact situation. Responders must be mindful of the fact that no two disasters are the same and that the situation will likely require adjustments to the plan in the field. The following agencies and partners have a responsibility and role in the activation and execution of this plan:

A. Indiana Department of Health

IDOH is the lead agency for ESF-8 incidents in the state and have designated personnel to serve as the ESF-8 Representative in the State EOC during emergency situations. Additionally, the IDOH MRC state coordinator oversees MRCs and teams developed by IDOH.

B. Indiana Department of Homeland Security

The IDHS is responsible for coordinating statewide disasters and emergencies through the SEOC. The IDHS Office of External Affairs is responsible for activating the Joint Information Center (JIC) if needed, and working with the IDOH in the release of public information related to the incident. The IDHS is also responsible for providing other resource support as needed by the local jurisdiction to respond to the incident.

C. Local Medical Reserve Corps (MRC) Units and Health Departments

MRC units are responsible for developing and maintaining their individual local units. Each unit has different volunteer pools and specialties unique to their unit.

It should also be assumed that other agencies outside IDOH will play a role as well. These agencies will likely include those who have experience coordinating volunteers, such as the American Red Cross.

IX. Plan Development and Maintenance

A. General

IDOH Division of Emergency Preparedness (DEP) Planning and Preparedness section will review and update this plan as necessary to ensure full compliance with the most recent versions of national and state program guidelines and standards. Specific updates may include status of teams developed, other state resources, and any other related information.

B. Emergency

IDOH-DEP Planning and Preparedness will review this plan annually to ensure the most current and correct information is included. Additionally, IDOH will conduct a review after an activation of the plan, whether in response to a real-world incident or exercise.

C. Exercise and Evaluation

This plan should be exercised by IDOH exercise team or other agency exercise team at least one time after implementation of the plan. The exercise shall test and evaluate the strengths and weaknesses of the plan. An after-action report (AAR) will be completed to identify problematic issues and needs for improvement, as well as to propose corrective actions.

At the local and district levels, exercises and drills that can test volunteer capabilities can include, but are not limited to, monthly call-down drills for volunteers, point of dispensing (POD) exercises, activation drills for the local department operations center (DOC) or volunteer management plan/SOP, family assistance center setup drills, or vendor sponsored exercises where volunteers can be utilized. These exercises and drills can then be used to improve local and district level volunteer support.

X.Authorities and References

A. Federal

Federal Acts and Laws		
Act/Law	Usage	Description
Robert T. Stafford Disaster Relief and Emergency Assistance Act, Nov. 23, 1988	Emergency/Disaster Declaration	Establishes and provides direction for federal and state government entities affected by emergencies and disasters and the means and methods necessary to declare and seek reimbursement and monies to support recovery efforts.
Homeland Security Act of 2002, Nov. 25, 2002	Establishment of Federal Agency	Establishes the United States Department of Homeland Security and organizes existing agencies and departments at the federal level into an overall structure to support the protection of the American Homeland.
Public Health Security and Bioterrorism Preparedness and Response Act, June 12, 2002.	Public Health Security	Also known as the **Bioterrorism Act of 2002**; Establishes guidance and directives for the prevention, tracking and reporting of potential or actual events of bioterrorism within the United States. Focuses public health response personnel toward a number of preparedness activities, which include emergency planning, training, and exercises.
Volunteer Protection Act of 1997.	Volunteer Management	The federal Volunteer Protection Act of 1997 (the VPA or the Act) aims to promote volunteerism by limiting, and in many cases, completely eliminating, a volunteer's risk of tort liability when acting for nonprofit organizations or government entities.

Presidential Directives		
Directive	Usage	Description
Homeland Security Presidential Directive 5, Feb. 28, 2003.	Disaster Response Coordination	Establishes and directs the National Incident Management System (NIMS) for the purpose of managing and coordinating major natural or human-caused hazards.
Homeland Security Presidential Directive 7, Dec. 17, 2003.	Critical Infrastructure	Establishes a national policy for federal departments and agencies to identify and prioritize critical infrastructure and key resources in the United States with the purpose of protecting these locations from terrorist attacks.
Homeland Security Presidential Directive 8, Dec. 17, 2003	Preparedness and Response	Establishes policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all hazards preparedness goal.
Homeland Security Presidential Directive 9, Jan. 30, 2004.	Agricultural Safety	Establishes a national policy to defend the agriculture and food system against terrorist attacks, major disasters, and other emergencies.
National Response Frameworks		
Framework	Usage	Description
United States Department of Homeland Security, National Incident Management System (NIMS), December 2008	Disaster Response Coordination	Provides background information regarding NIMS, including a detailed explanation of the core set of concepts and principles that comprise the program.
National Response Framework (NRF), January 2008	Disaster Recovery	Presents the guiding principles that enable all response partners to prepare for and provide a unified response to national disasters and emergencies.

National Disaster Recovery Framework (NDRF), September 2011.	Disaster Recovery	Presents the guiding principles that enable all recovery partners to prepare for and provide a unified national recovery effort to disasters and emergencies.

B. State of Indiana

Indiana Code, Legal Authorities, and References		
Disaster Declarations/Proclamations		
Code	Usage	Description
IC 10-19-2. Duties of the Department of Homeland Security	Establishment of State Agency	Established the Department of Homeland Security in the State of Indiana.
IC 10-14-3. Emergency Management and Disaster Law	Emergency Management	Establishes and coordinates local emergency management programs and provides information regarding the disaster declaration process, emergency planning, and other pertinent requirements for public safety programs.
IC 10-14-5 Emergency Management Assistance Compact	Disaster Mutual Assistance	Provides for mutual assistance for managing any emergency or disaster that is duly declared by the governor of the affected states, whether arising from natural disaster; technological hazard; manmade disaster; civil emergency aspects of resource shortages; community disorders; and/or insurgency or enemy attack.
IC 16-19-3. Duties of the Department of Health	Establishment of State Agency	Empowers IDOH to act to protect the health and lives of the citizens of the State of Indiana; gives IDOH "all powers necessary to fulfill the duties prescribed in the statutes and to bring action in the courts for the enforcement of the health laws and health rules."

IC 10-14-3-3. Emergency Management and Disaster Law. "Emergency management worker" defined	Defining State Volunteers	This law defines an emergency management worker as any full-time or part-time paid, volunteer, or auxiliary employee of the state or any political subdivision.
IC 10-14-3-19. Emergency Management and Disaster Law. Mobile Support Units	Establishment of Public Health Mobile Support	This law defines the mobile support unit law of Indiana.
IC 10-14-3.5. Uniform Emergency Volunteer Health Practitioners Act	Licensing of Volunteers	This law defines the requirements for Indiana to accept and recognize licensures of healthcare practitioners volunteering from outside of Indiana.
IC 10-14-5. Emergency Management Assistance Compact.	Emergency Management Compact Agreements	The purpose of this compact is to provide for mutual assistance among the states entering this compact in managing any emergency or disaster that is duly declared by the governor of the affected state, whether arising from natural disaster, technological hazard, manmade disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack. This compact shall also provide for mutual cooperation in emergency related exercises, testing, or other training activities using equipment and personnel.
IC 16-20-1	Local Health Departments	This Indiana law describes the duties and powers that apply to all local health officers and local health boards.

Governor's Executive Orders (EO)		
Order	Usage	Description
Executive Order 05-13	Duties of State Agencies	Establishes and clarifies duties of State agencies for all matters relating to emergency management; designates the Executive Director of the Indiana Department of Homeland Security as the State Coordinating Officer for all emergency and disaster preparedness, mitigation, response, and recovery operations for the State of Indiana.
State Plans (IDHS)		
Plan	Usage	Description
State Emergency Operations Plan (SEOP)	Emergency Management	Documents the multidiscipline, all hazards plans modeled after the NRF for the State of Indiana; provides for a single, comprehensive framework for the management of emergency and disaster events within the state; outlines structures and mechanisms for coordinating state preparedness and response activities.
Indiana Department of Health (IDOH) Plans		
Plan	Usage	Description
IDOH Emergency Communications Plan.	Communications	Describes how the IDOH will communicate during an emergency or disaster and the different forms of communications commonly available statewide.
IDOH Crisis Emergency Risk Communication Plan	Communications	Establishes how IDOH will coordinate and deliver public health information using risk and

		crisis communication theory and best practices.
IDOH Emergency Operations Plan (EOP) SOP	Emergency Operations	This plan documents IDOH's operational approach, responsibilities and capabilities as they relate to health and medical emergency response in the State of Indiana.

C. Local

Emergency Ordinances and Plans		
Ordinance/Plan	Usage	Description
Local Emergency Management Ordinances	Establishing Local EMA	Serve as an extension of ***IC 10-14-3*** at the local jurisdictional level, establishing additional jurisdictional-specific requirements the State law does not address; provides Local Emergency Management Directors with the authority to act before, during, and after an emergency or disaster and defines the necessary requirements for establishing and maintaining an effective emergency management and public safety program.
Local Comprehensive Emergency Management Plans	Duties of Local EMA	Modeled after the State **EOP** and the **NRF**; provides for a single, comprehensive framework for the management of emergency and disaster events within a given jurisdiction by outlining structure and mechanisms for coordinating local

		preparedness and response activities.

XI. Annexes

Annex A – Local Health Department (LHD) Medical Reserve Corps (MRC)/Volunteer Recruitment Guidance

Annex B – SERV_IN Volunteer Registration Guidance

Annex C – Local Health Department (LHD) Volunteer Management Guidance

Annex D – IDOH/IDHS Public Health Emergency Preparedness (PHEP) Training Guidance

Annex E – Indiana Medical Reserve Corps (MRC) Contact List

Annex F – Acronyms and Abbreviations

XII. Attachments

Attachment A – NACCHO MRC Core Competencies

Attachment B – Indiana Civil Liability

Attachment C – Indiana Worker's Compensation Law

Annex A: Local Health Department (LHD) Medical Reserve Corps (MRC)/Volunteer Recruitment Guidance

LHD MRC/Volunteer Recruitment

To best serve the local community, region, and/or state during an exercise, drill, or response activities, having a robust volunteer and/or Medical Reserve Corps (MRC) unit becomes necessary to fill needed roles. The section below describes how an LHD, HCC, or regional organization could recruit volunteers to create a larger volunteer base.

Purpose:

The purpose of this document is to outline the plan for Volunteer recruitment for the _X_ County Health Department and Medical Reserve Corps.

Scope:

This policy is for the _X_ County Health Department and Medical Reserve Corps.

Responsibility:

The responsibility for the implementation of this plan is the Emergency Preparedness Coordinator and the MRC Unit Leader, if separate.

A. Background

The _X_ County MRC was established in [Insert date] and is based out of the _X_ County Health Department. Volunteers have been consistently recruited and used to help the health department with public health outreach and public health emergencies. Volunteers are the basis of the MRC. Volunteers come from all types of backgrounds. You do not need to be in the medical profession to volunteer with the MRC.

Recruitment Goals:

- Increase recruitment outreach to the following targeted groups:
    - Retired individuals
    - Nurses
    - College students
    - Those with professional or unique skill sets, such as people who are proficient in more than one language
- Increase awareness of the X County MRC through public health outreach programs at fairs and festivals.

Suggested Target Groups for MRC/Volunteer Recruitment:

Retired Individuals

- Retired Senior Volunteer Program (RSVP)
- Churches
- Retirement homes and assisted living centers
- Senior Centers

Volunteer Groups

- United Way
- Red Cross
- Salvation Army
- YMCA
- Local Hospital Volunteers
- Indiana Volunteers of America (VOA)

Professional Associations

- Indiana Dental Association - indental.org
- Indiana Pharmacy Association - Indiana Pharmacy Association
- Indiana State Nurses Association - The Indiana State Nurses Association | Nursing Network
- Indiana Public Health Association - inpha.org
- Indiana Academy of Physician Assistants Association - Indiana Academy of PAs - Home
- Indiana State Medical Association - Home

University Programs

- School of Nursing
- School of Health Sciences
- School of Public Health
- School of Dentistry
- School of Medicine
- School of Allied Health Professionals
- School of Pharmacy
- School of Physician Assistants
- Foreign Language Students
- Clubs or volunteer groups

B. Recruitment Methods

The following is a list of ways to attract and recruit more volunteers. This will be reviewed and revised as needed annually.

Social Media

- MRC Promotional Videos
    - The MRC will use this video to recruit on public access channels, at presentations, public service announcements and posted on the _X_ County MRC Facebook (if applicable) and the _X_ County Health Department website and any other appropriate/relevant websites.

- Websites
  - Facebook
  - X (formerly known as Twitter)
  - _X_ County Health Department website
  - _X_ County government website
    - Make sure to include web address on all printed materials that are distributed at events
    - Encourage volunteers and potential volunteers to visit the website, emphasize ease of registration online
  - Website can serve as a resource to other community and governmental agencies, including (but not limited to):
    - _X_ County agencies, including Emergency Medical Services (EMS), Emergency Management Agency (EMA)
    - Indiana District _X_ Healthcare Coalition
    - Volunteer registry website
    - Various professional organizations
    - _X_ County educational institutions
    - Local colleges and universities

Recruitment Events

- Booths
  - Set up booths at health fairs, festivals, community gatherings, etc.
- Volunteer
  - Volunteer to set up first aid stations
  - Volunteer to assist other groups

Recruitment Presentations

- A PowerPoint Presentation should be used to explain the main objective, benefits of the MRC program and registration process
- These general presentations will be held at meetings of Professional Associations and Universities; there will be a variety of presentations available for the different recruitment venues, types, and audiences.
- Each presentation should be targeted at the type of professional group and/or group the presentation is being given to
- For profession-specific presentations, it might be useful to invite an existing MRC volunteer who is employed in a specific profession to give personal insight on how the MRC has benefited them personally and how it benefits the community

Recruitment Articles

- Create a concise article about MRC goals, objectives, and registration process

- Work with professional associations to incorporate an informational article on the X County MRC into their existing newsletter
- Write and submit articles regarding the X County MRC activities to DPH newsletters, local print media, and other media outlets

- Recruitment Brochures and Flyers

Recruitment Plan Re-Evaluation Strategy

The _X_ County MRC Unit Leader and the Emergency Preparedness Coordinator will complete an annual review of this plan each year. This review will ensure that effective recruitment strategies are maintained, new approaches are considered, and methods shown to be ineffective are discontinued.

Annex B: SERV-IN Volunteer Registration Guidance

As part of the 2025-2026 Hospital Preparedness Program (HPP), the Indiana Department of Health will provide access to the State Emergency Registry of Volunteers for Indiana (SERV-IN) for volunteers during an emergency response operation. IDOH is asking that this is done to help with efficiency and accuracy of volunteers during critical events. SERV-IN is an electronic registration system and database of local, regional and statewide volunteer programs who want to assist our public health and healthcare systems during an event or disaster. Key developments include:

1. **Creating a user account with SERV-IN**: SERV-IN is comprised of local volunteer coordinators who mobilize medical and non-medical volunteers to respond to emergencies within the community, or if the volunteer is interested, within the state.
2. **How do I join**: Whether you work in a health field or not, active or retired, if you have an interest in assisting your community or state during a health crisis, we invite you to join SERV-IN.

   Process guidelines:

   - Go to State Emergency Registry of Volunteers for Indiana (SERV-IN) and create your account using the email that is already associated with your WebEOC or EMResource account
   - Please enter your demographic information along with contact details. This includes your preferences such as locality and specialty in your field.
   - Once this is completed the administrator of the organization will approve your acceptance into the organization that you selected to volunteer with.

Your cooperation is crucial as we implement these changes to streamline processes, ensure compliance, and promote the health and safety of all Hoosiers.

Annex C: Local Health Department Volunteer Management Template

LHD Volunteer Management

Purpose:

The purpose of this document is to outline the policies and procedures to help prepare the _X_ County Health Department volunteers to assist the health department in the event of a large-scale, public health emergency, as well as to provide the _X_ County Health Department with a guideline for managing volunteers.

Scope:

This policy is for the _X_ County Health Department and any partner agency working with the _X_ County Health Department.

Policy:

This corresponds with the Indiana Code 10-14-3-7 which declares it the policy of the state to authorize and provide coordination of activities relating to disaster prevention, preparedness, response, and recovery.

Procedure:

This document covers the following components:

- Volunteer eligibility procedures
- Volunteer notification procedures
- Coordination of volunteers
- Spontaneous volunteer management procedures
- Volunteer demobilization procedures

Responsibility:

The responsibility for the implementation of these procedures is for the volunteer manager of the MRC Unit.

Resources:

An example would be: _X_ County Health Department Volunteer Application

A. Volunteer Eligibility Procedures

Purpose:

To provide the _X_ County Health Department with screening procedures to determine the eligibility of pre-identified volunteers.

Background:

This procedure was created to pre-identify verification of volunteer licenses and status prior to an event. This procedure is in place to prevent unqualified volunteers from participating.

Miscellaneous:

The type and extent of volunteer screening will vary with the nature of the volunteer position and extent of the event. This will include but is not limited to consideration of health and medical conditions as well as certifications and licenses.

B. Acceptable Volunteer Guidelines

1. All volunteers will fill out a _X_ County Health Department Volunteer Application. This application will collect information regarding a volunteer's credentials, training, medical licenses, and all other pertinent personal information. Trainings will be tracked to determine volunteer placement. Medical licenses and personal information will be used to check the status.
2. Online license check conducted pre-event
    a. Go to the website of the Indiana Professional Licensing Agency (formally Health Professions Bureau) at https://mylicense.in.gov/EVerification/Search.aspx
    b. Scroll down to the link titled "I want to verify a license:" This is a free service to search and verify all Indiana professional license holders. Using this service ensures you will have the most up-to-date information on the status of any license. Input the individual's name or license number. If they are licensed, their status will be confirmed.
    c. Maintain a copy of driver's license and medical license with volunteer application
    d. Once the volunteer has been verified and approved, they will be included in the official "volunteer roster" and can volunteer for the _X_ County Health Department.
3. Background check conducted pre-event
    a. Background checks will be conducted on an as-needed basis, dependent upon the authority of the public health coordinator or MRC unit leader.

C. Volunteer Notification Procedures

Purpose:

To provide the X County Health Department with a process to contact pre-identified volunteers utilizing the existing call down procedures.

Background:

This procedure was created to facilitate timely notification of volunteers at the time of an event.

Contacting pre-identified volunteers:

1. After the decision has been made to include volunteers in emergency operations, the X County PHEP coordinator (or backup) will utilize the volunteer roster. The PHEP coordinator, or backup, will initiate contact with the rostered volunteers.

2. The PHEP coordinator or backup will initiate the secondary mode of communication identified on the call down list if the primary mode of communication is not answered.

Identifying those able to respond:

1. During the initial contact with the PHEP coordinator or backup the volunteer will be asked if they are available to report for duty.
2. If the volunteer is available, they will be asked to report to the designated location.

Notifying volunteers when and where to respond:

1. During the initial contact by the PHEP coordinator or backup to the volunteers, the volunteer will be informed of the location where they are to report and who to report to upon arrival.
2. Once the volunteer has arrived at the designated location, they will be verified by the PHC or backup.

After the volunteer has been verified, they will be credentialed and assigned a role as needed.

D. Coordination of Volunteer Procedures

Purpose:

To provide the _X_ County Health Department with a process to coordinate with emergency management and/ or other partners to assure support (e.g., housing, feeding, and mental/behavioral health needs) exists for public health volunteers in the case of a public health emergency.

Background:

This procedure was created to coordinate with partner agencies to ensure support is available for _X_ County Health Department volunteers.

Acceptable procedure for coordination before an event:

1. The PHEP coordinator has established MOUs ensuring volunteers, in the case of an emergency event, will be provided food, housing, mental health, and personal safety gear. Example partner agencies contacted by the _X_ County Health Department include:
    a. Local/regional housing assistance organization
    b. Local/regional food distribution organization
    c. Local/regional mental and/or behavioral health assistance organization
2. Memorandums of understanding (MOUs) have been completed and signed, outlining the agreement to help the health department and the resources that will be used to do so.

Acceptable procedure for coordination after an event:

1. After an event, the PHEP coordinator or backup will contact each of their partner agencies.
2. Should the point of contact be unavailable, the secondary contact person will be contacted.
3. The _X_ County Health Department will then request the support outlined in the MOU be deployed to the emergency operations site.

4. If for some reason a partner agency is unable to be contacted the PHEP coordinator will contact the county's EMA for emergency support needed.

E. Spontaneous Volunteer Management Procedure

Purpose:

To provide the _X_ County Health Department a process to manage spontaneous volunteers.

Background:

This procedure was created to facilitate timely, efficient, and safe management of spontaneous volunteers after a public health emergency has occurred.

Procedure to communicate to the public whether or not spontaneous will be utilized:

Spontaneous volunteers will not be accepted, unless they are an employee of X County. There are liability issues with accepting volunteers that have not been verified and added to the insurance roster. Information on other organizations that may accept spontaneous volunteers will be provided.

Identification of duties spontaneous volunteers can perform:

Only X County employees will be accepted as spontaneous volunteers. A county employee will be allowed to perform any duties assigned to them by their superior.

Inform spontaneous volunteers how to register for use in future emergency responses:

Spontaneous volunteers will be informed or given information on how to apply to become part of the _X_ County Medical Reserve Corps. This will allow them to be put on the roster and be able to be utilized in the future.

Refer Spontaneous Volunteers to Other Organizations:

Spontaneous volunteers will be asked to contact the American Red Cross, local churches, United Way, and other local community volunteer organizations.

F. Volunteer Management Demobilization Procedure

Purpose:

To provide the _X_ County Health Department a process for demobilizing and releasing volunteers

Background:

This procedure was created to facilitate timely, safe, and effective demobilization of volunteers in the event of a public health emergency.

Demobilizing volunteers in accordance with the incident action plan:

The POD manager/commander will collaborate with the public health coordinator and the _X_ HD DOC to determine when mass prophylaxis is near completion and demobilization should commence. As per the National Incident Management System (NIMS), the POD commander will work with the logistics chief and the operations chief to arrange the following:

1) **Staff**

    a. Notification of date/time to be released from duties
    b. Collection and verification of any pertinent payroll records
    c. Arrangements for return to home base

2) **Equipment/supplies**

    a. Tearing down of equipment after all participants (patients) have left the premises
    b. Packing of equipment and supplies
    c. Arranging to have equipment/supplies returned to agency providing resources

3) **Documentation**

    a. Determination of who will take possession of all records pertinent to the prophylaxis process
    b. Logging of all documentation being turned over and maintenance of any duplicates as deemed necessary
    c. Packing of records and transfer to appropriate personnel/authority
    d. Secure facility and return keys/access items to the proper authority

4) **Debriefing:**

Prior to leaving the facility, the POD manager and/or operations chief should debrief staff. In this process, staff should be offered an opportunity to share their comments. This is commonly known as a "hot wash."

    a. Evaluation of the process and clinic operations
    b. Any problems experienced from participating in this process
    c. Suggestions they have for improving the process for future events

5) **Facility security**

Prior to leaving the facility, the supply manager or designee will conduct a post-occupation checklist to make sure the facility is restored to the pre-occupation condition.

6) **After-action report**

    a. Event report, including
        i. Description of clinic operations
        ii. Number of participants treated
        iii. Start and stop date/times
        iv. Total number of hours of operation/staff hours
        v. Listing of all personnel involved
    b. Problems identified throughout the process

c. Suggestions for improvement (Improvement Plan)

Assuring assigned activities are completed and/or replacement volunteers are informed of the state of activities:

Incoming volunteers

Individuals reporting for duty will be briefed thirty minutes prior to their shift by the Incident Commander (IC) or his/her designee. At that time the individual will receive their section briefing, applicable Personal Protective Equipment (PPE), and replace the current shift workers. The briefing begins with the off-going IC giving an overview of the current incident. The remainder of the briefing will be conducted by each section chief to cover the specific information that relates to that section and any relevant information.

Outgoing volunteers

These individuals will remove, if necessary, and dispose of their PPE and go through decontamination if the IC so directs. The outgoing shift will then assemble for debriefing by IC or his/her designee. At that time individuals will also receive their section briefing. A unit log book outlining activities during the operation period will be completed by the section supervisors and turned into the Planning section.

For personnel accountability purposes, each supervisor is responsible for the safety and wellbeing of the personnel under their command. To ensure that all responders are safely accounted for, the IC or his/her designee will conduct periodic worker checks throughout operational periods. Once all people have been accounted for, the appropriate accountability forms shall be documented. It is imperative that supervisors maintain close contact and coordination with the personnel under their command so that maximum safety and accountability can be achieved.

Determining whether additional volunteer assistance is needed from the volunteer:

The IC of the shift will try to determine if there will be enough volunteer staff for the next shift. If there is reason to believe there may not be, the IC will ask if there are any volunteers that may be willing to work through the next shift as well. Participation is voluntary, and volunteers may discontinue their involvement at any time.

Confirming the Volunteer's Follow-Up Contact Information:

Volunteers will be asked to verify the accuracy of their contact information

Acceptable Protocol for Exit Screening:

Prior to leaving the facility, IC and/or Operations Section Chief should debrief staff. In this process, staff should be offered an opportunity to share:

- Evaluation of the process and clinic operations
- Any problems that they personally are experiencing as result of participating in this process
- Suggestions they have for improving the process for future clinics

Once debriefing is over, volunteers will be asked if they need any assistance such as speaking with a mental health therapist or if they need to rest or eat before leaving. All efforts will be made to ensure

said need is met. Volunteers with no unmet needs will be signed out after the incident commander completes any required documentation.

Post-incident follow-up service to POD volunteers:

The PHEP coordinator or one of his/her support staff will make personal contact with each volunteer within 36 hours of the volunteer completing their final shift. The purpose of this contact is to ensure the volunteer is returning to their pre-Incident routine and that the volunteer does not have any unmet needs remaining from having worked the POD. Any needs identified will be brought to the immediate attention of the public health coordinator as soon as the staff member ends the conversation with the Volunteer. The PHC will then take appropriate action to fulfill the needs of the volunteer who is requesting assistance.

Annex D: IDOH/IDHS Emergency Preparedness Training Guidance

Indiana Public Health Emergency Preparedness Training

The Indiana Department of Health (IDOH) Division of Emergency Preparedness (DEP) partners with the Indiana Department of Homeland Security (IDHS) to utilize the Indiana Public Safety Personnel Portal, also known as Acadis.

This Indiana Public Safety Personnel Portal is part of a cooperative effort between IDHS and the Indiana Law Enforcement Academy (ILEA) to provide centralized information storage in support of consolidated emergency readiness and response. This portal provides public safety personnel a mechanism to access information published to them by these organizations, and provide information back in efforts to keep their records up-to-date.

Acadis serves as a centralized course registration for all disciplines, inclusive of public health. Users can create an account on Acadis and search for nearby courses to register. See Acadis Training Courses at the end of this document for a list of the current course catalog.

To access Acadis, log in at: https://acadisportal.in.gov/.

A public safety identification number (PSID) is required for Acadis registration. If you do not already have a PSID, you can apply for one at https://www.in.gov/dhs/3880.htm.

In addition to Acadis in-person courses, the IDOH promotes the following resources of free online training:

Training Agency	Agency Website
Federal Emergency Management Agency (FEMA)	https://training.fema.gov/
Texas Engineering Extension Service (TEEX)	https://teex.org/
Counter Terrorism Operations Support (CTOS)	http://www.ctosnnsa.org/
CDC Train	https://www.train.org/
National Child Traumatic Stress Network	https://learn.nctsn.org/
Rural Domestic Preparedness Consortium	https://www.ruraltraining.org/
Juvare Training Center	CORES RMS - Volunteer/Responder

Acronyms and Abbreviations

The following acronyms and abbreviations appear in the DOC plan, its appendixes, or attachments.

Acronym	Meaning
AAR	After-Action Report/Review
CEMP	Comprehensive Emergency Management Plan
DEP	Division of Emergency Preparedness
DPH	Department of Public Health
EMA	Emergency Management Agency
EMAC	Emergency Mutual Aid Compact
EMResource	Juvare Emergency Management Resource
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPC	Emergency Preparedness Coordinator
ESAR-VHP	Emergency Systems for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FAQs	Frequently Asked Questions
FEMA	Federal Emergency Management Agency
FSSA	Indiana Family and Social Services Administration
HHS	United States Department of Health and Human Services
HPP	Hospital Preparedness Program
IC	Indiana Code
IDHS	Indiana Department of Homeland Security
IDOH	Indiana Department of Health
JIC	Joint Information Center
LHD	Local Health Department
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NACCHO	National Association of County and City Health Officials
NDRF	National Disaster Recovery Framework
NRF	National Response Framework
NIMS	National Incident Management System
PAHPA	Pandemic and All Hazards Preparedness Act

PHEP	Public Health Emergency Preparedness
POD	Point of Dispensing/Distribution
RSVP	Retired Senior Volunteer Program
SERV-IN	State Emergency Registry of Volunteers for Indiana
SOP	Standard Operating Procedure
State EOC (or SEOC)	State Emergency Operations Center
VOA	Volunteers of America
VPA	Volunteer Protection Act of 1997
WebEOC	Juvare Website adaptable Emergency Operations Center
YMCA	Young Men's Christian Association

MRC Core Competencies

Developing Volunteer Capabilities and Baseline Training Standards

Providing a solid training foundation is essential in building volunteer capabilities and ensuring they are ready for potential deployments. The MRC Core Competencies serve as the national training standard for MRC volunteers and provide a **"common language"** to communicate volunteer capabilities with other MRC units and partner organizations.

In addition, NACCHO has developed two eLearning modules for MRC volunteers to provide them with resources and tools to outline steps they can take to prepare for deployments and identify what to expect during and after a deployment.

MRC Core Competencies Overview

The Medical Reserve Corps (MRC) Core Competencies were originally developed in 2006 to provide a set of skills and knowledge for MRC volunteers to be able to perform their volunteer responsibilities. In 2014, the MRC Core Competencies were updated to align with the **11 Disaster Medicine and Public Health (DMPH) core competencies**, which serve as the core competencies for public health professionals.

These competencies represent a **baseline level of knowledge and skills that all MRC volunteers should have**, regardless of their role within the MRC unit. Each competency should be understood at a basic level, with the recognition that more information and skill can be gained in each competency with additional training and experience.

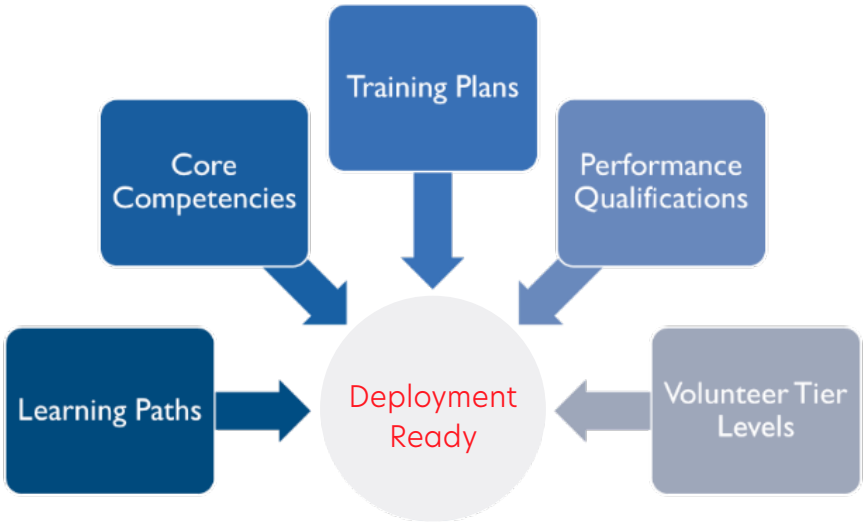
The competencies are aligned into **four MRC Learning Paths**: Volunteer Preparedness, Volunteer Response, Volunteer Leadership, and Volunteer Support for Community Resiliency.

An **MRC core competencies training plan** is available for MRC unit leaders and volunteers to assist them in meeting the training requirements of the competencies. This training plan provides courses that are available through the MRC TRAIN platform and provides flexibility for MRC volunteers to take courses at their own pace. MRC units may also provide in-person courses or develop their own training plan to meet the competencies.

The **MRC performance qualifications translate the core competencies into measurable actions** that are relevant to the work of MRC volunteers.

MRC Core Competencies

Like the core competencies, each of these performance qualifications can be met at a basic or advanced level.



MRC volunteers will have **varying levels of training, experience, and ability to deploy**. The 2019 MRC Core Competencies Training Plan includes recommendations for the appropriate volunteer tier level for each of the trainings. Using the recommended tier levels will help the MRC unit leader identify core competency training priorities to build volunteer capability across the unit to meet the local response needs. It also provides a structure for volunteers seeking additional training or levels of responsibility.

MRC Volunteer Deployment Readiness eLearnings

NACCHO, with input from the contributors of the Deployment Ready project, has developed two eLearning trainings for MRC volunteers to prepare them for the different phases of deployments.

The **Pre-Deployment training** provides volunteers with an understanding of the phases of deployment, terms and acronyms used, personal and family preparedness, trainings, and other activities they can take to be prepared in advance for potential emergency responses, as well as planned non-emergency events.

The **Deployment and Post-Deployment training** provides volunteers with understanding of the types of activities they can expect during and after a deployment. It also provides information on health and safety factors, equipment, supplies, training, administrative and operational activities.

The MRC Volunteer Deployment Readiness trainings are available on:

MRC TRAIN (www.mrc.train.org)

- MRC Volunteer Deployment Readiness: Pre-Deployment Course #1086867
- MRC Volunteer Deployment Readiness: Deployment and Post-Deployment Course #1086868

NACCHO University (www.pathlms.com/naccho)

- Both courses can be found in the Public Health Preparedness tab - Medical Reserve Corps.

MRC Core Competencies

MRC Core Competencies by Learning Path

Organized into four Learning Paths, the Core Competencies for Disaster Medicine and Public Health (DMPH) represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit. Because the DMPH Competencies establish only a minimum standard, units may choose to expand on the competencies in order to train volunteers at a more advanced level.

MRC Core Competencies Learning Paths

Preparedness

- Demonstrate personal and family preparedness for disasters and public health emergencies. 1.0
- Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency. 5.0

Response

- Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency. 2.0
- Communicate effectively with others in a disaster or public health emergency. 4.0
- Demonstrate knowledge of surge capacity assets consistent with one's role in organizational, agency, and/or community response plans. 6.0
- Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice. 7.0

Leadership

- Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency. 3.0
- Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies. 8.0

Community Resiliency

- Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. 9.0
- Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency. 10.0
- Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency. 11.0

MRC Core Competencies

MRC Core Competencies Training Plan (as of August 2019)

The Medical Reserve Corps (MRC) Training Plan is a suggested guide for training MRC volunteers at the local level. It presents a "menu" of options to guide MRC unit leaders and volunteers with trainings that align with the DMPH Competencies. MRC units can choose trainings from the training matrix, use other trainings not listed in the matrix, or create their own unit-specific trainings based on the DMPH competencies.

How to Use the MRC Volunteer Training Matrix

The MRC Core Competencies Training Plan is organized using the following categories:

- **Learning paths** are groups of competencies related to certain topics that align with volunteer motivations. The four learning paths are Volunteer Response, Volunteer Preparedness, Volunteer Leadership, and Volunteer Support for Community Resiliency.
- **Disaster Medicine and Public Health (DMPH) competencies** serve as the foundational competency set for MRC volunteers and represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit.
- **MRC performance qualifications** break down the DMPH Competencies into measurable, MRC-specific qualities (i.e., knowledge, skills, and attitudes) and actions that a volunteer should have or be able to perform in order to be considered competent in an area.
- **Suggested trainings/tools** are recommended resources and trainings, most of which are available online and free of cost, that will enable volunteers to meet the competencies. The training list is not comprehensive; rather, it is a starting point for unit leaders to consider. The trainings are accessible through MRC-TRAIN. (**The DMPH Competencies have an associated training series that are eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.)*
- **Time** is the estimated length of time required to complete the training.
- **Volunteer tier level** applies to the level of training (introductory, intermediate, or advanced) and the appropriate volunteer tier level.
    - Tier Level 1: Advanced level of knowledge for volunteers serving in a specialized or supervisory response role
    - Tier Level 2: Intermediate level of knowledge for volunteers wishing to expand their skills and abilities
    - Tier Level 3: Introductory level of knowledge that all volunteers should have
    - Tier Level 4: Volunteers who have registered but have not completed MRC orientation
    - Unassigned: New volunteers who have not completed registration or orientation

MRC Core Competencies

Accessing and Registering for Courses on MRC-TRAIN

MRC-TRAIN is an online training platform that allows MRC unit leaders and volunteers to access, register, and share MRC-related, public health, and emergency preparedness courses. Use the following instructions to access MRC-TRAIN and the course recommendations listed below:

1. Login to MRC-TRAIN at www.train.org/mrc.
2. Search for courses by Keyword or Course ID #.
3. To register for a course, click on the course title and then click the **+Register** tab. Next, select your credit (if applicable) and click **Launch**. The course will open in a new window.
4. The National MRC Training Plan can be found at www.train.org/mrc/training_plan/4101.

MRC Core Competencies Training Plan

Learning Path: Volunteer Preparedness

DMPH Competency	MRC Performance Qualifications	Suggested Trainings and MRC TRAIN Course Number	Time	Volunteer Tier Level
1.0 Demonstrate personal and family preparedness for disasters and public health emergencies.	Complete a personal and family preparedness plan.	• Personal and Family Preparedness* - MRC-TRAIN 1081145	25 minutes	Level 3
		• Personal Preparedness for Public Health Workers (RIDOH) - MRC-TRAIN 1060420	1-2 hours	Level 3
		• Animal Emergency Preparedness - MRC-TRAIN 1025307	1 hour	Level 2
5.0 Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency.	Demonstrate safe behaviors during MRC activities.	• Personal Safety* - MRC-TRAIN 1081353	40 minutes	Level 3
		• Responder Health and Safety (Basics of Public Health Preparedness, Module 5) - MRC-TRAIN 1046400	25 minutes	Level 3
		• Workforce Resiliency 2: Individual and Organizational Preparedness - MRC-TRAIN 1021348	2.25 hours	Level 3
		• Personal Safety and Health for Emergency Responders - MRC-TRAIN 1064120	1 hour	Level 3
		• HAZMAT for Healthcare Providers: Awareness Level - MRC-TRAIN 1048614	Self-paced	Level 2
		• Disaster Responder Health and Safety - MRC-TRAIN 1037220	6 hours	Level 1

**Disaster Health Core Curriculum Competency Courses have an associated training series that is eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.*

MRC Core Competencies

MRC Core Competencies Training Plan

Learning Path: Volunteer Response

DMPH Competency	MRC Performance Qualifications	Suggested Trainings and MRC TRAIN Course Number	Time	Volunteer Tier Level
2.0 Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency	Follow procedures to successfully activate, report, and demobilize. Follow policies and procedures related to professional and ethical representation of the MRC. Describe the chain of command (e.g. NIMS, ICS, EMS) during MRC activities.	• Expected Roles in Organizational & Community Response Plans During a Disaster or Public Health Emergency* - MRC-TRAIN 1081338	40 minutes	Level 3
		• FEMA IS-100.C: An Introduction to the Incident Command System - MRC-TRAIN 1078825	1-2 hours	Level 2
		• FEMA IS-700.B: An Introduction to the National Incident Management System - MRC-TRAIN 1078831	1-2 hours	Level 2
		• IS-200.C: Basic Incident Command System for Initial Response - MRC-TRAIN 1084004	1-2 hours	Level 1
		• FEMA IS-800.C: National Response Framework - MRC-TRAIN 1077604	1-2 hours	Level 1
4.0 Communicate effectively with others in a disaster or public health emergency	Describe the chain of command (e.g. NIMS, ICS, EMS) during MRC activities.	• Communication* - MRC-TRAIN 1081351	1 hour	Level 3
		• Risk Communication in Public Health Emergencies - MRC-TRAIN 1009201	3 hours	Level 2
		• FEMA IS-242.B: Effective Communication - MRC-TRAIN 1052535	Self-paced	Level 2
6.0 Demonstrate knowledge of surge capacity assets consistent with one's role in organizational, agency, and/or community response plans	Describe how MRC serves the community.	• Surge Capacity* - MRC-TRAIN 1081356	25 minutes	Level 3
		• Points of Dispensing (PODs): Public Health Training for Staff/Volunteers - MRC-TRAIN 1037506	30 minutes	Level 2
		• Mass Dispensing Overview: An SNS Perspective - MRC-TRAIN 1054681	Self-paced	Level 2
7.0 Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice	Identify the impact of an event on the behavioral health of the MRC member and their family, team, and community. Describe how MRC serves the community.	• Clinical Management Principles* - MRC-TRAIN 1081357	40 minutes	Level 3
		• Psychological First Aid: A Minnesota Community Supported Model - MRC-TRAIN 1050404	45 minutes	Level 3
		• Disaster Behavioral Health - MRC-TRAIN 1021342	1 hour	Level 2
		• Effects of Disasters on Mental Health - MRC-TRAIN 1050638	1 hour	Level 2
		• ACEs (Adverse Childhood Experiences) - MRC-TRAIN 1079049	1.25 hours	Level 2
		• Nurses: Preparing for and Responding to Emergencies and Disasters - MRC-TRAIN 1013008	Self-paced	Level 2

*****Disaster Health Core Curriculum Competency Courses have an associated training series that is eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.*

MRC Core Competencies

MRC Core Competencies Training Plan				
Learning Path: Volunteer Leadership				
DMPH Competency	**MRC Performance Qualifications**	**Suggested Trainings and MRC TRAIN Course Number**	**Time**	**Volunteer Tier Level**
3.0 Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency.	Describe how MRC serves the community.	• Situational Awareness* - MRC-TRAIN 1081343	25 minutes	Level 3
		• You Are the Help Until Help Arrives - MRC-TRAIN 1069847	25 minutes	Level 3
		• Assessment of Chemical Exposures Training - MRC-TRAIN 1060828	1 hour	Level 2
8.0 Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies.	Demonstrate cultural humility during MRC activities. Describe how MRC serves the community. Identify the role of public health in the community.	• Public Health Principles* - MRC-TRAIN 1081358	1 hour	Level 3
		• Disability and Disaster - MRC-TRAIN 1052223	1 hour (webinar)	Level 3
		• Cultural Awareness: Introduction to Cultural Competency and Humility - MRC-TRAIN 1062987	30 minutes	Level 3
		• Cultural Competency - PowerPoint slides	n/a	Level 3
		• Introduction to Public Health Preparedness - MRC-TRAIN 1046396	40 minutes	Level 3

*****_Disaster Health Core Curriculum Competency Courses have an associated training series that is eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix._

MRC Core Competencies

MRC Core Competencies Training Plan Learning Path: Volunteer Support for Community Resiliency				
DMPH Competency	**MRC Performance Qualifications**	**Suggested Trainings and MRC TRAIN Course Number**	**Time**	**Volunteer Tier Level**
9.0 Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.	Follow policies and procedures related to professional and ethical representation of the MRC. Demonstrate cultural humility during MRC activities.	• Ethical Principles* - MRC-TRAIN 1081360	40 minutes	Level 3
		• Distinguishing Public Health Ethics from Medical Ethics - MRC-TRAIN 1050863	35 minutes	Level 3
10.0 Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency.	Demonstrate safe behaviors during MRC activities. Follow policies and procedures related to professional and ethical representation of the MRC. Demonstrate cultural humility during MRC activities.	• Legal Principles* - MRC-TRAIN 1081361	1 hour	Level 3
		• Law and Ethics in Public Health, Public Health Ethics, Module 4 - MRC-TRAIN 1050892	1 hour (webinar)	Level 3
		• Public Health and the Law: An Emergency Preparedness Training Kit - MRC-TRAIN 1050167	30 minutes	Level 3
		• Public Health Emergency Law Course: *Unit 1*—Introduction to Emergency Management Systems Preparedness and Response - MRC-TRAIN 1084118 *Unit 2*—Emergency Powers: Protection of Persons, Volunteers, and Responders - MRC-TRAIN 1084126 *Unit 3*—Emergency Powers: Management and Protection of Property and Supplies - MRC-TRAIN 1084130	1 hour 1 hour 1 hour	Level 2
11.0 Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency.	Identify the impact of an event on the behavioral health of the MRC member, their family, team and community. Demonstrate cultural humility during MRC activities.	• Short- and Long-term Considerations for Recovery* - MRC-TRAIN 1081365	20 minutes	Level 3
		• Social Media and Long-term Recovery - MRC-TRAIN 1052242		Level 3
		• Caring for Older Adults in Disasters: A Curriculum for Health Professionals - MRC-TRAIN 1059666	30-120 minutes	Level 2
		• Long Term Recovery Basics (4-part webinar) - MRC-TRAIN 1052226	2-4 hours	Level 2

*****Disaster Health Core Curriculum Competency Courses have an associated training series that is eligible for CME or CNE credit. These courses are denoted with an asterisk in the matrix.*

Civil Liability

The General Assembly has provided at least four possible immunities from civil liability that could apply to volunteers utilized by a political subdivision** during a public health emergency:

General description of the law:

(1) Per Indiana Code §10-14-3-15(a), a volunteer identified as an emergency management worker (as defined in Indiana Code § 10-14-3-3) who is complying or attempting to comply with the emergency management law is not liable for death or injury to persons or damage to property as a result of such activity, except in cases of willful misconduct, gross negligence, or bad faith. The volunteer must be working subject to the order or control of, or under a request of, the political subdivision.

(2) As a direct result of the federal Public Health Security and Bioterrorism Preparedness and Response Act of 2002, P.L. 107-188, the General Assembly adopted immunity for persons administering "an inoculation or other medical countermeasure against an actual or potential bioterrorist incident or another actual or potential public health emergency." This immunity protects the person from civil liability for any injury or damage that results from the inoculation or countermeasure, except for an act or omission that amounts to gross negligence or willful or wanton misconduct. However, this chapter applies only if the federal government authorizes IDOH to implement "a program providing for the administration of inoculations or other medical countermeasures against an actual or potential bioterrorist incident or another actual or potential public health emergency" pursuant to a declaration by the secretary of the Department of Health and Human Services. The original intent of the statute was to cover people providing smallpox immunizations. See Indiana Code § 34-30-12.5.

(3) The Tort Claims Act covers "public employees", defined as "a person presently or formerly acting on behalf of a governmental entity, whether temporarily or permanently or with or without compensation…" Indiana Code §34-6-2-38(a). This seems to include volunteers acting under the auspices of a program of a governmental entity. The volunteer would have the burden of establishing that their conduct falls within the exceptions set out in the Act.

(4) Per Indiana Code §34-30-13.5, a person who has a license to provide health care services under Indiana law or the law of another state and provides a health care service within the scope of the person's license to another person at a location where health care services are provided during an event that is declared as a disaster may not be held civilly liable for an act or omission relating to the provision of health care services in response to such an event absent gross negligence or willful misconduct.

** Other protections from civil liability may apply to volunteers deployed by the state.

Workers' Compensation

ISSUE: Is the Indiana Worker's Compensation law applicable to volunteers utilized by a political subdivision during a public health emergency?

For purposes of the Indiana Worker's Compensation Act, all types of employment relationships may be divided into three categories:

1. Employment relationships that *must* be covered by worker's compensation.
2. Employment relationships that *are not* covered by worker's compensation.
3. Employment relationships that are not automatically covered, but that *may* be covered at the option of the employer.

In general, volunteers of a governmental unit (defined as a county, municipality, or a township) fall into the third category of employment relationships and are an elected coverage. Governmental units are not required by law to cover volunteers.

To be covered, the law also requires a governmental unit's volunteers be "rostered." That is the volunteer's name must be entered on a roster of volunteers for a volunteer program operated by the governmental unit and the volunteer must be approved by the proper authorities of the unit. (See IC 22-3-2-2.1.)

A rostered volunteer *may* be covered by the medical treatment provisions of the worker's compensation law (IC 22-3-2 through IC 22-3-6) and the worker's occupational disease law (IC 22-3-7). Lost wage and impairment compensation would not be covered.

In addition, Indiana Code § 10-14-3-15(c) provides that a volunteer working as an authorized emergency management worker (as defined in IC 10-14-3-3) *may* be covered by the medical treatment and burial expense provisions of the worker's compensation law (IC 22-3-2 through IC 22-3-6) and the worker's occupational diseases law (IC 22-3-7).

Action steps:

1. Contact your governmental unit's risk manager or legal counsel to ascertain whether and to what extent your unit's worker's compensation premiums include rostered volunteers.

2. If the coverage is there, verify that your governmental unit is "rostering" in compliance with the statute (IC 22-3-2-2.1)

3. If the coverage is not there, we encourage you to have this discussion in your governmental unit. Such coverage can aid in volunteer recruitment.

4. Having the coverage is beneficial to the volunteer as well as the unit of local government. The worker's compensation system was designed to replace the civil lawsuit as the means of recovering damages for work-related injuries.

   The volunteer has a more expedient and assured monetary recovery while the employer avoids abstract claims for "pain and suffering." Both parties avoid the costs of civil litigation.

Relevant citations:

IC 22-3-2-2.1 Coverage for rostered volunteers

Sec. 2.1. (a) As used in this section, "rostered volunteer" means a volunteer:
(1) whose name has been entered on a roster of volunteers for a volunteer program operated by a unit; and
(2) who has been approved by the proper authorities of the unit.
The term does not include a volunteer firefighter (as defined in IC 36-8-12-2) or an inmate assigned to a correctional facility operated by the state or a unit.
(b) As used in this section, "unit" means a county, a municipality, or a township.
(c) A rostered volunteer may be covered by the medical treatment provisions of the worker's compensation law (IC 22-3-2 through IC 22-3-6) and the worker's occupational disease law (IC 22-3- 7). If compensability of an injury is an issue, the administrative procedures of IC 22-3-2 through IC 22-3-7 apply as appropriate.
(d) All expenses incurred for premiums of the insurance allowed or other charges or expenses under this section shall be paid out of the unit's general fund in the same manner as other expenses of the unit are paid.
As added by P.L.51-1993, SEC.2.

IC 10-14-3-15 Governmental functions; liability; emergency management workers

(c) A volunteer working as an authorized emergency management worker may be covered by the medical treatment and burial expense provisions of the worker's compensation law (IC 22-3-2 through IC 22-3-6) and the worker's occupational diseases law (IC 22-3-7). If compensability of the injury is an issue, the administrative procedures of IC 22-3-2 through IC 22-3-7 shall be used to determine the issue.
As added by P.L.2-2003, SEC.5.

IC 10-14-3-3 "Emergency management worker"

Sec. 3. As used in this chapter, "emergency management worker" includes any full-time or part-time

paid, volunteer, or auxiliary employee of:

(3) the state;

(4) other:

(A) states;

(B) territories; or

(C) possessions;

(5) the District of Columbia;

(6) the federal government;

(7) any neighboring country;

(8) any political subdivision of an entity described in subdivisions (1) through (5); or

(9) any agency or organization performing emergency management services at any place in Indiana subject to the order or control of, or under a request of, the state government or any political subdivision of the state. The term includes a volunteer health practitioner registered under IC 10-14-3.5.

As added by P.L.2-2003, SEC.5. Amended by P.L.134-2008, SEC.1.