

Responder Health & Safety Reference Guide

July 2008

A D P H

EMERGENCY PREPAREDNESS

Alabama Department of Public Health

www.adph.org/volunteer

334-206-3394 | 1-866-264-4073 | E-mail: cep@adph.state.al.us

FOREWORD

July 1, 2008

The Alabama Department of Public Health (ADPH) recognizes the importance of staff and volunteer safety during disaster response. Responder health and safety issues vary somewhat depending upon the disaster. Regardless of the event, responders who have been trained and adequately prepared will respond more effectively. Therefore, all responders should have an awareness of behaviors and actions to implement to protect themselves, both physically and psychologically, from illness or injury during deployment.

The ADPH Responder Health and Safety Reference Guide has been created to serve as a companion manual to the U.S. Department of Health and Human Services (HHS) Public Health Emergency Response: A Guide for Leaders and Responders manual. The HHS document provides a broad overview of Public Health response, whereas the ADPH Reference Guide contains information specific to the department, its staff and volunteers.

While hoping to avoid disasters, we must continually prepare to respond to them. Preparedness is an ongoing effort that should be initiated by all at both the individual and family levels. When we are prepared at home, we will be ready and able to respond to emergencies as representatives of ADPH.

A handwritten signature in black ink, appearing to read 'D. E. Williamson', with a long horizontal flourish extending to the right.

Donald E. Williamson, M.D.
State Health Officer

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ACRONYMNS AND ABBREVIATIONS

ABC	Alabama Alcoholic Beverage Control Board
AC	Area Command
ADECA	Alabama Department of Economic and Community Affairs
ADEM	Alabama Department of Environmental Management
AEMA	Alabama Emergency Management Agency
SEOC	Alabama Emergency Operations Center
AERC	Alabama Emergency Response Commission
AFC	Alabama Forestry Commission
ALDHS	Alabama Department of Homeland Security
ALNG	Alabama National Guard
ALVOAD	Alabama Volunteer Agencies Active in Disasters
ARES	Amateur Radio Emergency Services
ARC	American Red Cross
BSI	Base Support Installation
CAP	Civil Air Patrol
CHEMTREC	Chemical Transportation Emergency Center
CBRNE	Chemical, Biological, Radiological, Nuclear, or High-Yield Explosive
CDC	Centers for Disease Control and Prevention
CDRG	Catastrophic Disaster Response Group
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CIA	Central Intelligence Agency
COG	Continuity of Government
CONOPS	Concept of Operations
CONPLAN	U.S. Government Interagency Domestic Terrorism Concept of Operations Plan
COP	Common Operating Picture
COTS	Commercial-off-the-Shelf
CP	Command Post
CT	Counterterrorism
DALO	(NCS) Disaster Area Liaison Officer
DCE	Defense Coordinating Element
DCO	Defense Coordinating Officer
DEST	Domestic Emergency Support Team
DFO	Disaster Field Office
DHR	Department of Human Resources
DHS	Department of Homeland Security
DIA	Defense Intelligence Agency
DISC	Disaster Information Systems Clearinghouse
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOC	Department of Commerce
DOD	Department of Defense
DOE	Department of Energy
DOI	Department of Interior
DOJ	Department of Justice

DOL	Department of Labor
DOS	Department of State
DOT	Department of Transportation
DPA	Defense Production Act
DPS	Department of Public Safety
DRC	Disaster Recovery Center
DRM	Disaster Recovery Manager
DSCA	Defense Support of Civil Authorities
DTRIM	Domestic Threat Reduction and Incident Management
DWI	Disaster Welfare Information
EAS	Emergency Alert System
ECC	Emergency Communications Coordinator
ED	Department of Education
EDA	Economic Development Administration
EI	Essential Element of Information
EMAC	Emergency Management Assistance Compact
EMCs	Emergency Management Coordinators
EMS	Emergency Medical Services
EMTS	Emergency Management of the Transportation System
EOC	Emergency Operations Center
EOD	Explosive Ordnance Disposal
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
EPLO	Emergency Preparedness Liaison Officer
ERL	Environmental Research Laboratories
ERT	Emergency Response Team
ERT-A	Emergency Response Team – Advanced Element
ERT-N	National Emergency Response Team
ESF	Emergency Support Function
ESFLG	Emergency Support Functions Leaders Group
EST	Emergency Support Team
ELT	Evacuation Liaison Team
ETIS	Evacuation Traffic Information System
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCO	Federal Coordinating Officer
FCP	Forward Command Post
FCT	Forward Coordinating Team
FDA	Food and Drug Administration
FECC	Federal Emergency Communications Coordinator
FEMA	Federal Emergency Management Agency
FHwA	Federal Highway Administration
FICO	Flood Insurance Claims Officer
FIRST	Federal Incident Response Support Team
FMC	Federal Mobilization Center
FNVARS	Federal Emergency Management Radio System

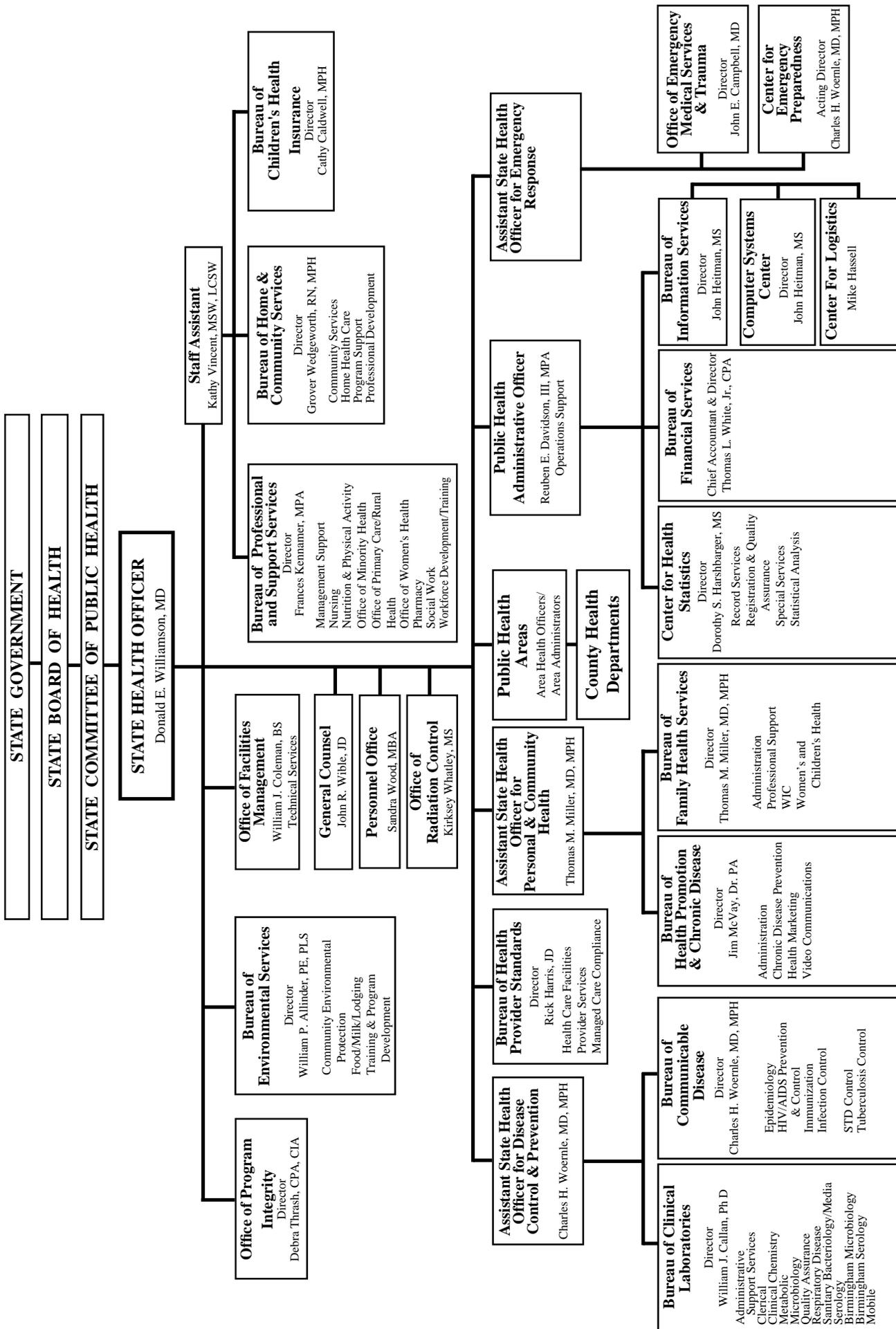
FOC	FEMA Operations Center
FOG	Field Operations Guide
FOSC	Federal On-Scene Commander or Federal On-Scene Coordinator
FRC	Federal Resource Coordinator
FRERP	Federal Radiological Emergency Response Plan
FRMAC	Federal Radiological Monitoring and Assessment Center
FRP	Federal Response Plan
FRPCC	Federal Radiological Preparedness Coordination Committee
GAR	Governor's Authorized Representative
GCO	Grant Coordinating Officer
GIS	Geographical Information System
GOTS	Government-off-the-Shelf
GSA	General Service Administration
HASP	Health and Safety Plan
HAZMAT	Hazardous Material
HAZWOPER	Hazardous Waste Operations and Emergency Response Standard
HLT	Hurricane Liaison Team
HMGP	Hazard Mitigation Grant Program
HHS	Department of Health and Human Services
HQ	Headquarters
HSAS	Homeland Security Advisory System
HSC	Homeland Security Council
HSOC	Homeland Security Operations Center
HSPD	Homeland Security Presidential Directive
HUD	Department of Housing and Urban Development
IAIP	Information Analysis and Infrastructure Protection
IAP	Incident Action Plan
IC	Incident Command
ICC	Increased Cost of Compliance
ICD	Infrastructure Coordination Division
ICP	Incident Command Post
ICS	Incident Command System
IIMG	Interagency Incident Management Group
IMCS	Incident Management Communications Systems
IMT	Incident Management Team
INRP	Initial National Response Plan
IOF	Interim Operating Facility
IRR	Initial Response Resources
ISAC	Information Sharing and Analysis Center
IST	Incident Support Team
JDCC	Joint Data Coordination Center
JDOMS	Joint Director of Military Support
JFO	Joint Field Office
JFOCG	Joint Field Office Coordination Group
JIC	Joint Information Center
JIS	Joint Information System

JOC	Joint Operations Center
JTF	Joint Task Force
JTTF	Joint Terrorism Task Force
LE	Law Enforcement
LEOC	Local Emergency Operations Center
LEPC	Local Emergency Planning Committee
MAC	Mapping and Analysis Center
MAC Group	Multi-agency Coordinating Group
MACS	Multi-agency Coordination Systems
MCP	Mobile Command Post
MERS	Mobile Emergency Response Support
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NASA	National Aeronautics and Space Administration
NAWAS	National Warning System
NBC	Nuclear, Biological, and Chemical
NCC	National Coordinating Center (for Telecommunications)
NCP	National Oil and Hazardous Substances Pollution Contingency Plan
NCS	National Communications System
NDMS	National Disaster Medical System
NDTA	National Defense Transportation Association
NEOC	National Emergency Operations Center
NFIP	National Flood Insurance Program
NGO	Nongovernmental Organization
NICC	National Infrastructure Coordinating Center
NIEOC	National Interagency Emergency Operations Center
NIFC	National Interagency Fire Center
NIH	National Institutes of Health
NIJ	National Institute of Justice
NIMS	National Incident Management System
NIST	National Institute of Standards and Technology
NJTTF	National Joint Terrorism Task Force
NOAA	National Oceanic and Atmospheric Administration
NOS	National Ocean Service
NPP	National Protection Plan
NRC	Nuclear Regulatory Commission
NRCC	National Resource Coordination Center
NRCS	Natural Resources Conservation Service
NRP	National Response Plan
NRS	National Response System
NRT	National Response Team
NSA	National Security Agency
NSSE	National Special Security Event
NTSP	National Telecommunications Support Plan
NVOAD	National Voluntary Organizations Active in Disaster
NWS	National Weather Service

OET	Office of Emergency Transportation
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OPSEC	Operational Security
OSC	On-Scene Coordinator
OSHA	Occupational Safety and Health Administration
PA	Primary Agency, Public Assistance
PAC	Public Access Center
PAO	Public Affairs Officer
PCC	Policy Coordinating Committee
PDA	Preliminary Damage Assessment
PEP	Propositioned Equipment Program
PFO	Principal Federal Official
PHS	Public Health Service
POC	Point of Contact
PPE	Personal Protective Equipment
PVO	Private Volunteer Organization
RACES	Radio Amateur Civil Emergency Service
RCP	Regional Contingency Plan
RCRA	Resource Conservation and Recovery Act
REPLO	Regional Emergency Preparedness Liaison Officer
RETCO	Regional Emergency Transportation Coordinator
RFA	Request for Federal Assistance
RISC	Regional Interagency Steering Committee
RRCC	Regional Resource Coordination Center
RRT	Regional Response Team
ROC	Regional Operations Center
ROSS	Resource Ordering and Status System
RST	Regional Support Team
S&T	Science and Technology Directorate
SA	Support Agency
SAC	FBI Special Agent-in-Charge
SBA	Small Business Administration
SCC	Secretary's Command Center (HHS)
SCO	State Coordinating Officer
SDC	State Donations Coordinator
SDO	Standards Development Organizations
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team (AL)
SFLEO	Senior Federal Law Enforcement Official
SFO	Senior Federal Official
SIOC	Strategic Information and Operations Center
SITREP	Situational Report
SLGCP	DHS Office of State and Local Government Coordination and Preparedness
SME	Subject Matter Expert
SNS	Strategic National Stockpile

SOGs	Standard Operating Guidelines
SOPs	Standard Operating Procedures
SOSC	State On-Scene Coordinator
START	Scientific and Technical Analysis and Response Team
STED	Science, Technology, and Energy Division
STOLS	Structures Specialists and System to Locate Survivors
TREAS	Department of Treasury
TSA	Transportation Security Administration
TSC	Terrorist Screening Center
TTIC	Terrorism Threat Integration Center
TVA	Tennessee Valley Authority
UAC	Unified Area Command
UC	Unified Command
UC/IC	Unified Command/Incident Command
UOC	U.S. Army Corps of Engineers Operations Center
US&R	Urban Search and Rescue
USACE	United States Army Corps of Engineers
USCG	United States Coast Guard
USDA	United States Department of Agriculture
USFS	United States Forest Service
USGS	United States Geological Service
USPS	United States Postal Service
USSS	United States Secret Service
USTRANSCOM	United States Transportation Command
VA	Veterans Administration
VAL	Voluntary Agency Liaison
WETP	Worker Education and Training Program
WMD	Weapons of Mass Destruction
WMD-CST	Weapons of Mass Destruction Civil Support Team

ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH



October 19, 2007

 State Health Officer



POLICY ID# 04-17
CLEARED BY: D. Blaw
DATE: 9-14-04

STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

September 13, 2004

POLICY MEMORANDUM

TO: Office, Bureau, Division, and Branch Directors
Area Health Officers
Area Administrators
Local Health Administrators

FROM: Donald E. Williamson, M. D. 
State Health Officer

RE: Utilization of Non-ADPH Volunteer Workers for Emergency Events

Volunteer workers can be a valuable resource in performing work in the central, area and county offices and in the field. It is important that volunteer workers are recognized as unpaid employees. Since liability for any acts or omissions committed by volunteer workers while in the course, line and scope of his/her volunteer service could be considered a liability of the State or of the Department, such service should generally be limited to situations where such liability is covered under an emergency declaration by the Governor or where the volunteer has been listed and covered by the Department with the Alabama State Employees' Liability Trust Fund.

Supervisors are responsible for verifying a prospective volunteer worker's education and work experience to ensure that he/she is qualified to perform the tasks assigned. All volunteer workers assigned direct patient care duties must be licensed or certified as appropriate by the State Health Officer or his designee prior to the service.

All volunteer workers must read and complete the Policies Summaries for Volunteers, Volunteer Orientation Checklist, and any applicable competency evaluations. Completed forms should be maintained at the worksite and be available for audit purposes. In addition, volunteer workers are expected to adhere to the policies and procedures of the office to which they are assigned.

If you have any questions concerning the utilization of volunteer workers, please contact the Center for Emergency Preparedness Volunteer Coordinator at (334) 206-3394.

CL: jc

The RSA Tower • 201 Monroe Street • Montgomery, AL 36104
P.O. Box 303017 • Montgomery, AL 36130-3017

Alabama Department of Public Health Policy Summaries for Volunteers

Thank you for volunteering your time and talent to serve with the Alabama Department of Public Health (ADPH) to prepare our state in the event of an emergency. Please read each policy summary, to ensure a safe and coherent work environment for all staff involved. All staff involved in an emergency exercise or event must comply with the following ADPH policies. Full texts of the policies are available on site and online at www.adph.org/cep.

Employee Responsibility in Confidentiality

Personal information, written or unwritten, such as medical, financial and social information (e.g. addresses, social security numbers, telephone numbers, etc.), given to a Public Health employee in any discipline is strictly confidential. Employees of the Alabama Department of Public Health who handle personal information are required to uphold the individual's right to privacy.

Professional Conduct

It is the policy of the Alabama Department of Public Health that employees must conduct themselves in a professional and unbiased manner in the performance of their duties. Professional conduct requires compliance with State Personnel Board Rules, ethics laws, and other ADPH policies. Employees of the Department may not sell merchandise, products, or services while on duty, to other employees during work hours. All employees must serve the public with respect, concern, courtesy, and responsiveness. Except in response to a subpoena, court order, or at direction of the State Health Officer, no employee may disclose confidential information outside the agency, or to any employee within the agency who does not have a need to know the information.

Sexual Harassment

The policy of the Alabama Department of Public Health is to maintain a work place free from retaliation, intimidation, coercion, or harassment, including sexual harassment of any employee or applicant for employment. Verbal and physical conduct of a sexual nature, including sexual advances requests for sexual favors is strictly prohibited. Employees who believe they are being subjected to sexual harassment by a co-worker, supervisor, etc. (whether employed by ADPH or not) should make a report through the chain of command or to the Employee Relations Office. This complaint will be investigated promptly if the employee is not satisfied with the results of this investigation he or she may present this complaint to the State Health Officer.

Drug-Free Workplace

The Alabama Department of Public Health maintains a drug-free workplace. Employees shall not use unauthorized drugs, including alcohol during working hours.

This includes lunch hours and breaks. Employees shall not report to work with detectable levels of alcohol or drugs in their systems. Employees are prohibited from possessing, manufacturing, selling or dispensing of drugs while on the Departments premises. Employees shall not use tobacco in any form in indoor premises under the control of the Alabama Department of Public Health.

Violence in the Workplace

The Alabama Department of Public Health is committed to maintaining a safe environment for its employees. The Department is committed to working with its employees to maintain a workplace free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. Individuals who commit violent acts may be removed from the premises and may be subject to criminal penalties as well. The Department specifically prohibits the possession of weapons by any employee within its facilities or work site where its employees conduct the business of the Department.

Equal Employment Opportunity/ Civil Rights

The Alabama Department of Public Health is committed to providing equal employment opportunities to all employees and applicants for employment. We are equally committed to ensuring that no individual be excluded from participation in, denied the benefit of, or otherwise be subjected to discrimination under any program or services provided by this Department. It is our policy to comply with all local, state, and federal laws concerning equal employment opportunities. This Department also has a commitment to providing a work environment free of harassment or intimidation of and any kind, including racial and sexual harassment.

I have read and been able to ask questions regarding these policies before I begin volunteer service. The policies have been explained to me and I know the full text versions are available on site and online at www.adph.org/cep/volunteer. I understand I maybe excused from service at any time and for any reason without prior notice by an ADPH staff member.

Print Name _____

Signed _____

Date _____

9/8/2004

Volunteer Orientation Checklist

Checklist must be completed and maintained by the Program or County responsible for the volunteer's work. The volunteer needs to initial and date each item.

Name _____ SS# _____

Job Assignment _____

County _____

I. Arrival of New **Volunteer & Supervisor Initials/Date**

Volunteer was welcomed to the Department
Department's mission and structure
described to volunteer

II. Introduction to Work Unit

Volunteer introduced to supervisor
Tour of facility
Job duties and position are explained
Dress code and other office procedures discussed
Hours of work, lunch, breaks discussed

III. Equipment or Supplies Issued (identify)

9/8/2004

Why We Need You

During a disaster, whether natural or man-made, Public Health responds to ensure that Alabamians receive the support and attention they need before, during and after a disaster. And while we cannot make Alabama disaster free, we can ensure an efficient recovery. Whether it is caring for a person's medical needs, providing medications, offering emotional support, or ensuring sanitary conditions, Public Health will respond. Volunteers are a vital part of Public Health's efforts to be ready to serve whenever an emergency occurs.

We encourage you to become a part of our team and join the Alabama Department of Public Health's Volunteer Network.

How to Become an ADPH Volunteer

You can become a volunteer by registering on the Learning Content Management System (LCMS) via our website. LCMS is a database that enables the ADPH to manage volunteer information. LCMS provides for initial volunteer registration, updating contact information, and registering for training courses to better prepare volunteers for emergency events.

LCMS Functions

- Volunteer registration
- Update contact and professional information
- Register for available trainings
- Notification of exercises/emergencies

To Register

- 1) Go to www.adph.org/volunteer
- 2) Click on your volunteer discipline
- 3) Follow the prompts to complete your volunteer form and account

VOLUNTEER

LCMS Technical Assistance:

334-206-5226

Volunteer Information

334-206-3394 | 1-866-264-4073 | E-mail: cep@adph.state.al.us

ADPH
EMERGENCY PREPAREDNESS
Alabama Department of Public Health

www.adph.org/volunteer

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ADPH
EMERGENCY PREPAREDNESS

www.adph.org/volunteer

Alabama Department of Public Health Volunteers

The Alabama Department of Public Health (ADPH) is looking for volunteers for the following positions to assist during emergencies:

Physicians To provide medical evaluations, treatment recommendations, and care.

Physician Assistants

Pharmacists To help locate, distribute, organize and dispense medication.

Nurses (RN, APRN, LPN, LVN) To provide patient assessment and nursing care.

Dentists To provide dental medical evaluations, treatment recommendations, and care.

Veterinarians To provide veterinary medical evaluations, treatment recommendations, and care.

Social Services To provide counseling, resource referrals, and stress relief activities.

- Clinical Social Workers
- Marriage and Family Therapists
- Mental Health Counselors
- Psychologists

Allied Health Technologists and Technicians

To collaborate with other healthcare disciplines for the identification, prevention, and treatment of diseases, disabilities, and disorders.

- Cardiovascular Technologists and Technicians
- Diagnostic Medical Sonographers
- Emergency Medical Technicians and Paramedics
- Medical and Clinical Laboratory Technicians
- Medical and Clinical Laboratory Technologists
- Medical Records and Health Information Technicians
- Radiologic Technologists and Technicians
- Respiratory Therapists

Environmentalists To assess sanitation issues and ensure safe and efficient shelter operations.

Support Staff To support administrative and supply operations, patient care, and miscellaneous activities.

Frequently Asked Questions

How will I be trained?

ADPH provides FREE training to volunteers on a variety of emergency related topics including: Smallpox, Anthrax, Pandemic Influenza, CPR, First Aid, Incident Command System, and Strategic National Stockpile. These trainings will be provided through volunteer symposiums, live webcasts/broadcasts, local, area and state conferences, and printed or electronic materials

What kind of credentials will I have to provide?

All volunteers must provide valid identification. Those working in a professional capacity will also have to provide their current professional license.

What will be my duties?

Your first duty will be to respond to emergency alerts to inform ADPH of your availability to volunteer. Subsequently, you may be requested to participate in public health events/exercises and assist in actual emergencies.

What if I do not choose to participate in a particular emergency?

ADPH will respect a volunteer's choice to decide whether or not to respond during an emergency. We want all volunteers to prioritize their responsibilities for their families, jobs, and communities.

Will I have liability protection while I am volunteering?

Although ADPH cannot fully guarantee total liability protection, our program offers several legal measures such as:

- The Good Samaritan Act¹
- The Volunteer Service Act²
- Title 31 Emergency Management³

Can I volunteer for more than one agency?

(Public Health, Red Cross, Medical Reserve Corps) Participating in other volunteer health professional/emergency preparedness affiliations will not be a conflict of interest. Volunteers decide what organization they are willing to devote their time and efforts for a particular event. Volunteers choose based on their primary commitment or personal preference.

Medical Reserve Corps

Medical Reserve Corps (MRC) is the component of the Citizen Corps volunteer program that unites local health professionals and other individuals with relevant health-related skills to volunteer in their community. These volunteers will aid the local, existing community emergency medical response systems. In addition, these MRC units will provide a group of readily trained volunteers along with available resources to assist their community when dealing with urgent needs of the public's health.



medical
reserve
Corps

¹ <http://alisdh.legislature.state.al.us/acas/CodeOfAlabama/1975/6-5-332.htm>

² <http://alisdh.legislature.state.al.us/acas/CodeOfAlabama/1975/6-5-336.htm>

³ <http://alisdh.legislature.state.al.us/acas/CodeOfAlabama/1975/31-916.htm>

A D P H

EMERGENCY PREPAREDNESS

Alabama Department of Public Health

VOLUNTEER FORM

FIRST NAME _____ LAST NAME _____

LAST 4 NUMBERS OF SOCIAL SECURITY # _____ DATE OF BIRTH _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

FAX NUMBER _____ CELL PHONE _____

EMAIL ADDRESS (Very important for notification of training opportunities) _____

Will you serve during a public health emergency event? Yes No

Will you serve during a Federal out-of-state public health emergency event? Yes No

Are you fluent in any language other than English? Yes No

If yes, please identify languages: Spanish Korean German French Vietnamese Other

Are you a certified sign language interpreter? Yes No

Would you be willing to become a member of the Medical Reserve Corps (MRC)? Yes No

[Medical Reserve Corps (MRC) is the component of the Citizen Corps volunteer program that unites local health professionals and other individuals with relevant health-related skills to volunteer in their community. These volunteers will aid the local, existing community emergency medical response system, as well as provide a group of readily trained and available resources to help their community deal with urgent public health needs and emergencies.]

List any other organization(s) that you are affiliated with as a volunteer.

[Note: Having other volunteer health professional/emergency preparedness affiliations such as being an American Red Cross (ARC) volunteer will not be a conflict of interest. Volunteers choose what organization they are willing to devote time and efforts to for a particular circumstance; they choose based on their primary commitment or desire.]

Number of people in immediate household _____

Continued on reverse

To fill this form out online, please go to our Web site www.adph.org/volunteer/

To fax, please send to 334-206-3819.

Type of Volunteer: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Physician (MD and DO) | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Cardiovascular Technologist or Technician |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Emergency Medical Technician (EMT) or Paramedic |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Medical and Clinical Laboratory Technician |
| <input type="checkbox"/> Nurse - RN | <input type="checkbox"/> Clinical Social Worker | <input type="checkbox"/> Medical and Clinical Laboratory Technologist |
| <input type="checkbox"/> Nurse - LPN | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Medical Records and Health Information Technician |
| <input type="checkbox"/> Nurse - LVN | <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Radiologic Technologist or Technician |
| <input type="checkbox"/> Nurse - APRN (list) _____ | | <input type="checkbox"/> Respiratory Therapist _____ |
| <input type="checkbox"/> Other Medical (list) _____ | | <input type="checkbox"/> Other Allied Health (list) _____ |
- Alabama License # _____
- List any other states that you are licensed and license # _____
- General Non-Medical (list) _____
- List any specialized skills _____

Current area of practice: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Academia |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Long term care |
| <input type="checkbox"/> Community | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other _____ |
- List all hospital privileges _____
- List current duties _____
- List previous duties _____

Have you been vaccinated against smallpox? Yes No
 If yes, date of vaccination, location and vaccinating authority _____

Have you been certified in administration of the smallpox vaccine? Yes No
 If yes, certification date, location and certifying authority _____

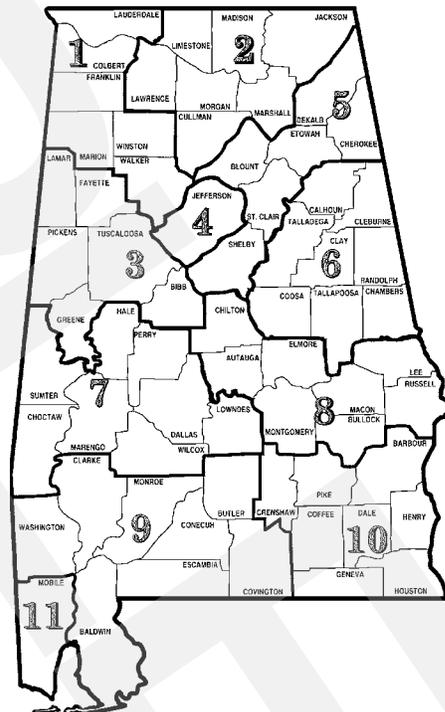
Strategic National Stockpile POD Training: Yes No
 Current First Aid Training Yes No
 Current CPR Trained Yes No
 If yes, expiration date _____

Estimated amount of time you could serve:

One-two days
 Three-five days
 Seven days
 Would depend on circumstances

Area of state willing to serve: (see corresponding map to right)

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Statewide | |
| <input type="checkbox"/> Area 1 | <input type="checkbox"/> Area 7 |
| <input type="checkbox"/> Area 2 | <input type="checkbox"/> Area 8 |
| <input type="checkbox"/> Area 3 | <input type="checkbox"/> Area 9 |
| <input type="checkbox"/> Area 4 | <input type="checkbox"/> Area 10 |
| <input type="checkbox"/> Area 5 | <input type="checkbox"/> Area 11 |



To fill this form out online, please go to our Web site www.adph.org/volunteer/

To fax, please send to 334-206-3819.

ADPH-LIC VOL-1-2-08

VOLUNTEER'S LIABILITY ISSUES

By John R. Wible,

General Counsel, Alabama Department of Public Health

North Alabama Medical Reserve Corps

October 14, 2007

The Phenomenon of Volunteers - During disasters, large numbers of people with no pre-planned role arrive at the scene to offer assistance. "Convergence," which is mass movement or attempted movement towards a disaster site, is not a new phenomenon. In his dissertation, Samuel Prince described the convergence of people and supplies in response to the 1917 Halifax shipping explosion.¹ This same phenomenon was recently observed after the 2004 Indian Ocean Tsunami, Hurricane Katrina in the United States, and the Kashmir Earthquake of 2005. Although estimates of the number of volunteers are pending for these events, other recent disasters document substantial volunteer response. After the 1985 Mexico City earthquake, ten percent of the population (over two million people) assisted others. In 1989, sixty percent of the population of San Francisco and seventy percent of the population in Santa Cruz, California responded to the Loma Prieta Earthquake. Following 9/11, over 40,000 unsolicited volunteers arrived at Ground Zero in New York.²

And then there was Katrina/Rita. Two volunteer stories interest us, that of Mark Morice, prominent local New Orleans lawyer who used boats to rescue a reported more than 200 Katrina victims and Kim Deserio from Montgomery County, Maryland, who

¹ Samuel H. Prince, *Catastrophe and Social Change, Based on a Sociological Study of the Halifax Disaster*. (1920) Columbia University. This thesis is the first systematic study of a disaster and its relief. First published in book form in 1920 and re-published in 1926 and again in 1968, is regarded around the world as the classic study of a disaster. - Citation to the *Reseau Canadien du Stress Traumatique* Canadian Traumatic Stress Network, Dr. Samuel Henry Prince Humanitarian Award, named in his honor.

² Lauren S. Fernandez, Joseph A. Barbera, and Johan R. van Dorp. *Strategies for Managing Volunteers during Incident Response: A Systems Approach*. *Homeland Security Affairs*, the online journal of the Naval Postgraduate School Center for Homeland Defense and Security (CHDS). <http://www.hsaj.org>.

took part in a project to rescue stranded animals. They have two things in common: they both acted heroically and they both were sued for their actions. See the newspaper accounts that follow.

[Mark Morice] Boat owner drops lawsuit -Man took it to rescue victims of Katrina³

John Lyons Jr. has decided not to pursue his lawsuit against a Broadmoor man who said he rescued more than 200 residents from post-Katrina floodwaters after commandeering Lyons' boat.

On Tuesday, Lyons' attorney, E. Ronald Mills, filed a motion to dismiss the lawsuit seeking payment for direct and indirect costs "attributable to the actual conversion of the boat and motor," as well as for "grief, mental anguish, embarrassment and suffering of the petitioner due to the removal of the boat and motor."

In a written statement, Lyons referenced the "media frenzy" surrounding the lawsuit against Mark Morice and explained that the turnabout will allow Lyons "to redirect my energy back to rebuilding my home and my neighborhood." "The big issue here is not the monetary damages that I incurred from the loss of the boat," he wrote. "It is about holding people responsible for their actions. "Does a natural disaster give an individual the right to break into private property, take possessions of others, not return them and then have no responsibility to the rightful owner? If this becomes a precedent, then we, the citizens, will ultimately pay the price."

Lyons said he too was a victim of Hurricane Katrina and that he evacuated 10 people from a flooded home, including several elderly women and a young child.

"To complete this evacuation, I borrowed a pirogue and personally paddled these people eight blocks through fallen trees to dry ground. After numerous trips back and forth, when everyone was out and safe, I waded back through chest-deep floodwater to return the pirogue to the owner's home." Morice welcomed Lyons' change of heart.

"I feel relieved," Morice said Thursday. "I'm sorry he lost his boat, but I felt blessed that it was available to me when I needed it."

Morice said he didn't return the boat when he could no longer use it because he turned it over to others "at the water's edge, so they could go save more lives." Morice, who said he never saw the 18-foot Fiberglas T-hull boat again, said he later told Lyons' wife that he took their boat and explained why. Lyons said Thursday that Morice's encounter with his wife was accidental, and he did not purposefully seek out his wife to explain why he had taken their boat.

"I felt horrible when I was taking the boat," Morice said, "but I realized I had to have it to save lives."

For video see: <http://www.nola.com/hurricane/video/?hurricane/video/content.ssf/morice.wmv>.

³ Leslie Williams, *New Orleans Times-Picayune*, Friday, September 08, 2006

[Kim Deserio] Fangs Are Bared Over Md. Group's Katrina Dog Rescues⁴

It started as a dispute over the custody of Sandy Marie and Coco Ree, two dogs brought to Montgomery County last year after being rescued from a suburb of New Orleans ravaged by Hurricane Katrina. But the attorneys involved in the spiraling fight are dueling about more than ownership of the female shepherds. It has become a battle over the legal complexities of rescuing pets in disaster zones; disparities in social class and the incendiary effect grass-root campaigns waged on the Internet can have on people's lives.

On one side is Belinda Sumrall, a New Orleans evacuee who left her pets behind. On the other are the Montgomery County Society for the Prevention of Cruelty to Animals and two of its volunteers. In the middle are the dogs' new owners, who adopted them from the society and now might have to return them to Sumrall.

A judge in Louisiana has ordered the society to return the dogs to Sumrall. The agency and the two volunteers have struck back with a defamation lawsuit in Maryland, in which they contend that the Louisiana attorney representing Sumrall has unfairly characterized them as elitist thieves who took advantage of Katrina victims. The new owners are not a party in either suit, and their identities are not public.

When Katrina hit nearly a year ago, Kim Deserio of Gaithersburg, a federal government lawyer, traveled to Louisiana to help rescue abandoned pets. She found Sandy Marie and Coco Ree on the streets of Arabi in St. Bernard Parish.

Sumrall had left the dogs when fleeing the storm and resettled in Texas. Attempts to locate her to comment for this article were unsuccessful. Parish officials gave Deserio permission to take the dogs to Maryland so they could be placed in foster care. The parish required the SPCA to post photographs of them with contact information on a Web site used by many Katrina evacuees to find their missing pets.

Under the agreement, the animals would become the property of the Montgomery SPCA if their owners hadn't come forward by Nov. 1. Sumrall posted queries on other Web sites about her missing pets but received no response, she said in court documents. A volunteer helping her look for them later discovered that they had been taken to Maryland.

⁴ Ernesto Londoño, *Washington Post*, Monday, August 14, 2006; Page A01

The dogs, renamed Andi and Foxy by their caretakers in Montgomery, were treated for heartworm. One had a mass on her salivary gland that required expensive surgery, according to the society. They were among the roughly 15,000 pets rescued in the Gulf Coast after the hurricane hit. "We had two, three, four hundred animals being rescued every day," said Wayne Pacelle, president and chief executive of the Humane Society of the United States. "If we hadn't exported them, we would have had to suspend the operation."

Between 25 and 30 percent of the rescued pets were reunited with their owners, but most were adopted, Pacelle said.

Several ownership disputes have wound up in court, and their outcomes are likely to set precedents. "There are many cases around the country, and they are going in many different ways," said Marie Riccio Wisner, who represents the Montgomery SPCA and its volunteers in the Louisiana case. Her clients did everything by the book and worked tirelessly to save endangered pets, Wisner said. "My main concern is that we on the Gulf Coast will be confronted with another hurricane. I don't think that we can bite the hand that feeds us."

Weeks after Sandy Marie and Coco Ree were adopted, Kathryn S. Bloomfield, a Shreveport attorney, contacted the Montgomery SPCA, saying that her client, Sumrall, wanted the dogs back. Bloomfield was told that they had a new home.

"We will not be returning the dogs to Ms. Sumrall, but wish her the best in her transition to a new life," Deserio wrote in a Dec. 17 e-mail, excerpts of which were posted on Bloomfield's blog -- Maddogs World -- under the headline: "Proof of the Callous Disregard of MCSPCA and Kim Deserio."

Bloomfield argued that Montgomery SPCA officials had not made an effort to find the dogs' owner before putting them up for adoption.

"It is again requested that you contact me immediately to arrange for the transport of Ms. Sumrall's pets home to her," Bloomfield wrote in a Dec. 28 e-mail to Deserio, according to court records. "Your continued refusal to do so makes no sense to us or to any of the agencies duly involved with the pet rescue efforts." Days later, Bloomfield took a softer stance.

"Please contact me to make arrangements for the amicable return of Ms. Sumrall's pets to her," she wrote in a Jan. 7 e-mail to Dawn Wilcox, another society volunteer. "She misses them terribly and has just suffered terribly. Being denied her two beloved pets, Sandy Marie and Coco Ree, the latter of which was a wedding gift in honor of her wedding last year, simply is not the right thing to do."

Deserio and Wilcox allege in the defamation lawsuit that Bloomfield began lambasting Deserio and other Montgomery SPCA officials in online postings.

Bloomfield did not return phone messages left at her home and office. Her attorney, Edward S. Wisneski, said the allegations are baseless but would not respond to them in detail. He would not say whether Bloomfield disputes writing some of the postings attributed to her in the suit. According to the defamation suit, Bloomfield posted a profanity-laced poem aimed at Deserio on at least two Web sites.

The poem and other items allegedly posted by Bloomfield on Web sites were attached to the defamation complaint.

The poem warned that "no rich [expletive] who don't do Nuthin right is gonna take my dogs without a fight."

The blog also featured a letter from Sumrall. "I don't know if you realize how bad you're hurting me by not giving me my dogs back," Sumrall wrote in the undated posting. "You make the holidays hard for me cause I always by my dogs something for Christmas. This year, I couldn't cause of people like you who have my babies."

Deserio and Wilcox began receiving "threatening and disturbing communications" from people who were following the case in the blogosphere, they allege in the defamation lawsuit. Their attorney in that case would not comment, nor would Wilcox. Deserio did not respond to a phone message. Bloomfield obtained a temporary restraining order Jan. 31 in which a Louisiana judge ordered officials from the Montgomery SPCA to return the dogs to Sumrall and threatened to fine it \$1,000 for each day it disobeyed the order.

The defendants weren't properly notified and didn't get a chance to defend their position, Wisner said. They believe that the petition for the restraining order misstates the facts.

Wisner said the easiest way to resolve the case would probably be to have the original and new owners of the dogs talk to each other.

So end the newspaper stories. With those two stories as an opening, we look at some liability issues facing volunteers and volunteer organizations with some remedies that have been applied and with some suggestions for remedies that could be applied under the appropriate state law.

Objectives - This presentation and accompanying paper are designed to make volunteers aware of potential types of liability: civil, criminal and administrative; constitutional protections; federal statutory protections; and state statutory protections. Also discussed are protections available to volunteers in a declared or proclaimed emergency, some credentialing issues and finally some perceived gaps in volunteer coverage with proposed “fixes.”

Types of Civil Liability – Facing volunteers are potential issues involving malpractice and professional liability; general tort liability, IE. negligence for acts or omissions committed while volunteering. These can produce economic loss and non-economic loss.

Also of concern is the potentiality for complaints based on charges of gross negligence, wanton or willful misconduct and bad faith. Volunteers may also face possible liability for the acts of others: vicarious liability and its related construct: *respondeat superior*, supervisor’s liability merely because he or she *is* the supervisor. Supervisors may also face liability for negligent recruitment/training/supervision.

Property owners loaning real property to the State or other entities in a disaster may be called on to respond for issues of premises liability.

Criminal Complaints - Criminal charges could be brought alleging, *inter alia*, trespass, assaults, theft of property, conversion and offenses involving sexual misconduct

Administrative Issues can involve licensure issues in a new state where the volunteer has been sent, licensure issues in your home state and the need for temporary licenses *or not*.

An Additional Worry – a lawyer to Defend You. A volunteer may have complete and absolute immunity and may not have in fact even done the act alleged of, and may not have even been in the state when the alleged act took place – however, if a lawsuit is filed against the volunteer someone – hopefully a good lawyer -must file the appropriate answer in court. Lawyers don't work cheap.

State Methods for Protecting Volunteers – States attempt to protect volunteers in a variety of ways. General Immunity – 43 States have some charitable immunity statutes; 38 states protect the volunteer in his/her own personal practice; and 35 states single out healthcare providers by profession. Some states have elected to change the standard of care from negligence to “willful and wanton,” a much more difficult job of proof for the plaintiff. Still other states have enacted laws which treat volunteers as “public employees.” Then there are the states which legislatively “cap” damages at \$250,000. As one would expect, there are a variety of combinations.⁵ For a state-by-state, text-by-text listing of state volunteer protection statutes see the following website:

<http://www.state.hi.us/lrb/rpts96/vol/volchp3.html>.⁶

Professor Shapiro has also prepared a graphical summarization of the laws involving volunteer immunities and protections of the various kinds current as of the end of 2002. While the law is usually in a state of flux, that chart may be taken as fairly accurate for discussion purposes. That is provided for the reader as a chart entitled “An Overview of Charitable Immunity Laws” which follows on the next page.⁷

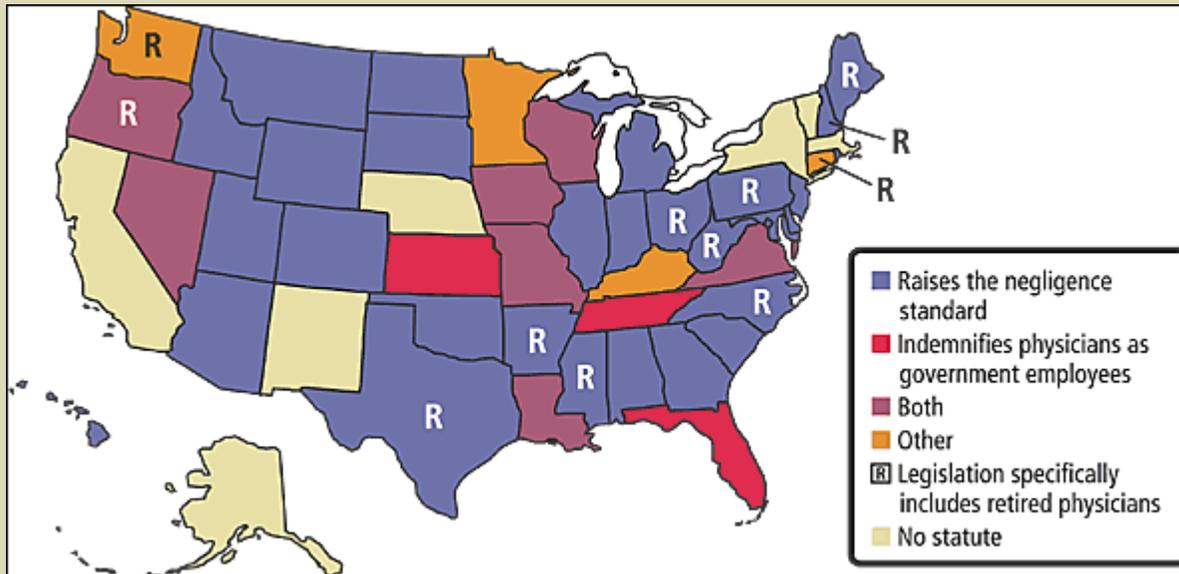
⁵ Howard B. Shapiro, PhD., *Providing Charity Care: A Primer on Liability Risk*. American Academy of Family Physicians, 2003.

⁶ *Good Samaritan, Charitable Care Statutes, and Specific Provisions Related to Disaster Relief Efforts*. American Medical Association – Current as of 9/22/05

⁷ Shapiro, *supra*.

AN OVERVIEW OF CHARITABLE IMMUNITY LAWS

A state-by-state examination of charitable immunity laws reveals the individuality of response to the issue. No state law looks exactly like another's. Nevertheless, a few summary statements can be made.



- 43 states and the District of Columbia have some sort of charitable immunity legislation.
- Seven states don't have charitable immunity laws. They include Alaska, California, Massachusetts, Nebraska, New Mexico, New York and Vermont.
- 12 states specifically reference retired physicians in their charitable immunity statutes; three states (Pennsylvania, West Virginia and Washington) have legislation only for retired physicians.

Source: Hattis PA, Staton S. Charitable Immunity Manual: A Review of U.S. Charitable Immunity Legislation for Volunteer Health Care Providers. Providence, RI: *Volunteers in Health Care*; 2002. Available at: www.volunteersinhealthcare.org/manuals/charit.imm.man.pdf. Accessed Dec. 9, 2002.

(See Shapiro, *supra*.)

Constitutional Immunities - Historically, most states had in their state constitution a principle known as *sovereign immunity*. The “immunity of the King.” Going back to “merry Old England, the principle had as its scion, the idea that the king was above the law and thus *immune* from its impact. The rebel colonists of the Americas translated that to the state in the 1700s. The principle was designed to protect the State from suits by its

In modern times, many states have abolished sovereign immunity as to the state or counties and municipalities either by constitutional amendment, state statute or judicial interpretation. See *Montana Constitution*, Art. II, § 18 and ILCS 350/1 (Illinois.)

Similarly, many states have modified the principle. See South Carolina Code (1962) § 21-111 and *Graham v. Charleston County School Bd.* 262 S.C. 384, 204 S.E. 2d 384 (1974).

However, the minority like Alabama have retained it. See *Constitution of Alabama of 1901*, Article 1, § 14 which provides: “the State shall never be a defendant in a suit at law or in equity.” Where sovereign immunity, sometimes know as *state's immunity*, has been maintained in one form or another, this means that there may be all or some of the following: complete sovereign immunity for the state, immunity for state agencies,⁸ qualified Immunity for state employees, and/or qualified immunity for volunteers performing a state function.

Where qualified immunity, sometimes known as “state agent’s immunity,” is available either by constitutional or statutory pronouncement, this would be a defense to be raised as against certain charges in a civil action. This immunity would be available for agents of most states in state and federal civil actions. It is also sometimes known as “discretionary function immunity” because the immunity is designed to protect the state’s decision making process. This immunity could be available for volunteers if the volunteer is exercising state a function. We should note, however that typically discretionary function immunity does not protect against simple negligence.

Statutes of Use to Volunteers – A variety of statutes could be used to shield a volunteer from liability: emergency management acts (Civil Defense,) EMAC statutes, the Federal

⁸ A very good idea in my view as General Counsel for a state’s public health department.

Volunteer Protection Act, various volunteer service acts and so-called “Good Samaritan Acts.”

Emergency Management Acts (Civil Defense) - Sen. Joe McCarthy’s “*Red Scare*” was the genesis of emergency management acts passed in the 1950s, the old “duck and cover” days. Most, if not all states passed such emergency laws. See examples: Alaska Disaster Act. Sec. 26.23.071; Arizona Rev. St. Tit.26 Chapter 2; 61 C.G.S.A § 28-1(Connecticut); and West’s F.S.A. § 252.36 (Florida.)

Definition of “Emergency” - Typically, the Governor proclaims an “emergency” which consists of enemy attack, sabotage, or “other hostile action.” Natural disasters have always been included as well: fire, flood and “other natural causes.” Modern definitions are usually broad enough to cover bioterrorism incidents or naturally occurring events like hurricanes, tsunamis and tornadoes. Alabama’s includes a “public health emergency” which is defined to include the emergence of a novel lethal contagious disease (pandemic influenza) or the re-emergence of an old disease foe (smallpox.)⁹

Governor’s Powers - Typically, the Governor has authority, *inter alia*: to make orders, rules and regulations (some of them can be drastic or draconian depending on the extent of the emergency;) to utilize all state employees for emergency purposes; and to utilize any state or local officers or agencies, granting state officer immunity to such, including volunteers.

Personal Liability Protections – Operating under the Governor’s emergency powers, state workers, and in our case – volunteers working for or under the auspices of the state – are granted civil immunity “except for willful misconduct, gross negligence or bad faith, thus, any “emergency management worker” is granted state officer immunity.

⁹ Alabama’s definition is taken from Johns Hopkins’ Model Public Health Emergency Powers Act.

Another feature of the typical EMA act is a waiver of requirements for licenses to practice a particular profession.

Premises Liability Protections - Similarly, EMA statutes typically grant premises liability protections, that is, immunity for property owners lending property to the state in the emergency.

Emergency Management Mutual Assistance Compact - P.L.104-321 (1996), an Act of the United States Congress, authorized mutual aid among the states known as EMAC. The federal EMAC statute requires states to pass consistent statutes to: facilitate licensure (deemed status) and immunities of other state's workers; permit condemnation, seizure and compensation of facilities and property; coordinate evacuation; and direct all civilian officers. All 50 states have adopted compatible EMAC statutes, though California's is set to expire by its terms in the next couple of years. Hawaii was the most recent to come into the fold.

EMAC Worker Protections - EMAC workers, when dispatched in accordance with national EMAC protocols, and whether paid or not are subject to the following protections and requirements: they remain employees (volunteers) of their sending (home) jurisdiction. They look to home jurisdiction for worker's compensation, if any; death benefits; reparations for injury to themselves and insurance, if any.

Status with Receiving State - From the receiving state, EMAC workers receive a certain status. Out of state Officers functioning in a site state are considered "officers" of the receiving state for liability purposes. They work under the supervision of the receiving state officers. Professionals of one state are "deemed" licensed in the site state to the extent they would be licensed in their home state, though there may be wrangles

with in-state licensing boards needing to protect turf. Governors of the states typically have the power to limit these powers by order.

In-House Credentialing - may be a matter for the internal governance of the receiving facility. To facilitate emergency credentialing, JCAHO rules allow emergency credentialing; most states would allow and encourage emergency credentialing. Properly credentialed, EMTALA would not be an issue. State Medical or other professional licensure acts could be an issue, however.¹⁰

Federal Volunteer Protection Act - 42 USC § 14501 – The Federal Volunteer Protection Act is major federal legislation designed to encourage and protect volunteers *when home states do not so protect*. It is designed to give minimum protections to volunteers even in state law functions. It does not supercede state acts giving greater protections to volunteers. It is somewhat limited in protections to: economic loss (as opposed to non-economic loss) and simple negligence. There is no protection against punitive damages. It does not cover driving a car or boat.¹¹ Lastly, states may “opt out.”

For protections to lie as to the volunteer, he or she must be in service to: non-profit organizations or governmental entities; must be functioning within scope and line of their authority; must be properly licensed and credentialed; and must not fall below standards of conduct.

Two caveats: The Federal Act does not immunize the organization and neither does it extend the old common law doctrine of *charitable immunity*. Further, protection does not apply to misconduct that constitutes a crime of violence, terrorism, hate crimes (whether or not convicted,) allegations of sexual offenses (for which the volunteer is

¹⁰ See *Ala. Code* § 34-24-74 for 10 a day limit on medical practice. But see § 34-24-73 for potential reciprocity.

¹¹ The boat exclusion proved to be an issue in Hurricane Katrina

criminally convicted,) civil rights violations, actions taken under the influence of alcohol or drugs, nor does it preclude an organization from suing its own volunteers for damages to the nonprofit.

Note that nonprofits entities will continue to be sued as well as the "deep pocket." Likewise, nonprofits will still be liable for acts of their volunteer agents, even if the volunteers are not personally liable. Where the nonprofit has insurance that covers the volunteer as well as the organization, the outcome will probably not be much different under the Act. If the nonprofit is without insurance, however, the volunteer may have a defense to personal liability not available to the organization.

The Texas Medical Association has written an excellent article on the Federal Act. It is reprinted herein below.

Volunteer Protection Act Summary – By the Texas Medical Association

The purpose of the Volunteer Protection Act of 1997 is to promote the interests of social service program beneficiaries and taxpayers and to sustain the availability of programs, nonprofit organizations, and governmental entities that depend on volunteer contributions by reforming the laws to provide certain protections from liability abuses related to volunteers serving nonprofit organizations and governmental entities.[1] Two types of organizations can qualify as nonprofit organizations. The first kind of nonprofit organization is an organization which is described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of the Code and which does not practice any action which constitutes a hate crime.[2] The other type of nonprofit organization is a not-for-profit organization which is organized and conducted for public benefit and operated primarily for charitable, civic, educational, religious, welfare, or health purposes and which does not practice any action which constitutes a hate crime.[3] A volunteer is an individual performing services for a nonprofit organization or a governmental entity who does not receive compensation (other than reasonable reimbursement for expenses) or any other thing of value in lieu of compensation in excess of \$500 per year. This term includes those serving as director, officer, trustee, or direct service volunteer. [4]

This law provides that no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if the volunteer meets four requirements. First, the volunteer must have been acting within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity at the time of

the act or omission. Next, if it is required or appropriate, the volunteer must have been properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the nonprofit organization or governmental agency. Third, the harm may not have been caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer. And finally, the harm may not have been caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license or maintain insurance.

[5]

This law explicitly limits the punitive damages that may be awarded against a volunteer. Punitive damages may not be awarded against a volunteer in an action brought for harm based on the action of a volunteer acting within the scope of the volunteer's responsibilities to a governmental agency or nonprofit organization unless the claimant establishes by clear and convincing evidence that the harm was proximately caused by an action of such volunteer which constitutes willful or criminal misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed.[6] This law does not create a cause of action for punitive damages and does not preempt or supersede any Federal or State law to the extent that such law would further limit the award of punitive damages.[7]

A further limitation of liability exists for non-economic loss. Non-economic losses are non-pecuniary losses of any kind or nature.[8] In any civil action against a volunteer, based on an action of a volunteer acting within the scope of the volunteer's responsibilities to a governmental entity or a nonprofit organization, the liability of the volunteer for non-economic loss shall be determined as follows.[9] Each defendant who is a volunteer shall be liable only for the amount of non-economic loss allocated to that defendant in direct proportion to the percentage of responsibility of that defendant for the harm to the claimant with respect to which that defendant is liable. The court shall render a separate judgment against each defendant. [10] For purposes of determining the amount of non-economic loss allocated to a defendant who is a volunteer, the trier of fact shall determine the percentage of responsibility of that defendant for the claimant's harm. [11] However, there are exceptions to the limitation for non-economic losses. The limitation on the liability of a volunteer for non-economic losses does not apply to any misconduct that constitutes a crime of violence or act of international terrorism for which the defendant has been convicted in any court. The limitation also does not apply to misconduct that constitutes a hate crime, or misconduct that involves a sexual offense for which the defendant has been convicted in any court. Also, misconduct for which the defendant has been found to have violated a Federal or State civil rights law is not subject to the liability limitation for non-economic loss. Finally, the limitation does not apply to misconduct where the defendant was under the influence of intoxicating alcohol or any drug at the time of the misconduct. [12]

This law, however, does not affect any civil action brought by any nonprofit organization or any governmental entity against any volunteer of such organization or entity. [13] Furthermore, this law does not affect the liability of any nonprofit organization or governmental entity with respect to harm caused to any person. [14]

It is very important to note that this law preempts State laws to the extent that such laws are inconsistent with this law, except it shall not preempt any State law that provides additional protection from liability relating to volunteers or to any category of volunteers in the performance of services for a nonprofit organization or governmental entity.[15] The state of Texas provides additional protection of this kind for volunteers providing services for nonprofit organizations.

Footnotes:

- [1] 42 U.S.C.A. §14501(b).
- [2] 42 U.S.C.A. §14505(4)(A).
- [3] 42 U.S.C.A. §14505(4)(B).
- [4] 42 U.S.C.A. §14505(6).
- [5] 42 U.S.C.A. §14503(a).
- [6] 42 U.S.C.A. §14503(e)(1).
- [7] 42 U.S.C.A. §14503(e)(2).
- [8] 42 U.S.C.A §14505(3).
- [9] 42 U.S.C.A. §14504(a).
- [10] 42 U.S.C.A. §14504(b)(1).
- [11] 42 U.S.C.A. §14504(b)(2).
- [12] 42 U.S.C.A. §14503(f)(1)(A)-(E).
- [13] 42 U.S.C.A §14503(b).
- [14] 42 U.S.C.A. §14503(c).
- [15] 42 U.S.C.A §14502(a).

Text of Public Law 105-19; the Volunteer Protection Act of 1997 as signed into law

by President Clinton on June 18, 1997. ¹²

One Hundred Fifth Congress of the United States of America AT THE FIRST SESSION Begun and held at the City of Washington on Tuesday, the seventh day of January, one thousand nine hundred and ninety-seven

An Act To provide certain protections to volunteers, nonprofit organizations, and governmental entities in lawsuits based on the activities of volunteers. Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE. The `Volunteer Protection Act of 1997'.

SECTION 2. FINDINGS AND PURPOSE.

(a) FINDINGS- The Congress finds and declares that--

¹² 42 U.S.C.A. §14501, *et seq.*

- (1) the willingness of volunteers to offer their services is deterred by the potential for liability actions against them;
 - (2) as a result, many nonprofit public and private organizations and governmental entities, including voluntary associations, social service agencies, educational institutions, and other civic programs, have been adversely affected by the withdrawal of volunteers from boards of directors and service in other capacities;
 - (3) the contribution of these programs to their communities is thereby diminished, resulting in fewer and higher cost programs than would be obtainable if volunteers were participating;
 - (4) because Federal funds are expended on useful and cost-effective social service programs, many of which are national in scope, depend heavily on volunteer participation, and represent some of the most successful public-private partnerships, protection of volunteerism through clarification and limitation of the personal liability risks assumed by the volunteer in connection with such participation is an appropriate subject for Federal legislation;
 - (5) services and goods provided by volunteers and nonprofit organizations would often otherwise be provided by private entities that operate in interstate commerce;
 - (6) due to high liability costs and unwarranted litigation costs, volunteers and nonprofit organizations face higher costs in purchasing insurance, through interstate insurance markets, to cover their activities; and
 - (7) clarifying and limiting the liability risk assumed by volunteers is an appropriate subject for Federal legislation because--
 - (A) of the national scope of the problems created by the legitimate fears of volunteers about frivolous, arbitrary, or capricious lawsuits;
 - (B) the citizens of the United States depend on, and the Federal Government expends funds on, and provides tax exemptions and other consideration to, numerous social programs that depend on the services of volunteers;
 - (C) it is in the interest of the Federal Government to encourage the continued operation of volunteer service organizations and contributions of volunteers because the Federal Government lacks the capacity to carry out all of the services provided by such organizations and volunteers; and
 - (D)(i) liability reform for volunteers, will promote the free flow of goods and services, lessen burdens on interstate commerce and uphold constitutionally protected due process rights; and (ii) therefore, liability reform is an appropriate use of the powers contained in article 1, section 8, clause 3 of the United States Constitution, and the fourteenth amendment to the United States Constitution.
- (b) PURPOSE- The purpose of this Act is to promote the interests of social service program beneficiaries and taxpayers and to sustain the availability of programs, nonprofit organizations, and governmental entities that depend on volunteer contributions by reforming the laws to provide certain protections from liability abuses related to volunteers serving nonprofit organizations and governmental entities.

**SECTION 3. PREEMPTION AND ELECTION OF STATE
NONAPPLICABILITY.**

(a) **PREEMPTION-** This Act preempts the laws of any State to the extent that such laws are inconsistent with this Act, except that this Act shall not preempt any State law that provides additional protection from liability relating to volunteers or to any category of volunteers in the performance of services for a nonprofit organization or governmental entity.

(b) **ELECTION OF STATE REGARDING NONAPPLICABILITY-** This Act shall not apply to any civil action in a State court against a volunteer in which all parties are citizens of the State if such State enacts a statute in accordance with State requirements for enacting legislation--

(1) citing the authority of this subsection;

(2) declaring the election of such State that this Act shall not apply, as of a date certain, to such civil action in the State; and

(3) containing no other provisions.

SECTION 4. LIMITATION ON LIABILITY FOR VOLUNTEERS.

(a) **LIABILITY PROTECTION FOR VOLUNTEERS-** Except as provided in subsections (b) and (d), no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if--

(1) the volunteer was acting within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity at the time of the act or omission;

(2) if appropriate or required, the volunteer was properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity;

(3) the harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and

(4) the harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to--

(A) possess an operator's license; or (B) maintain insurance.

(b) **CONCERNING RESPONSIBILITY OF VOLUNTEERS TO ORGANIZATIONS AND ENTITIES-** Nothing in this section shall be construed to affect any civil action brought by any nonprofit organization or any governmental entity against any volunteer of such organization or entity.

(c) **NO EFFECT ON LIABILITY OF ORGANIZATION OR ENTITY-** Nothing in this section shall be construed to affect the liability of any nonprofit organization or governmental entity with respect to harm caused to any person.

(d) **EXCEPTIONS TO VOLUNTEER LIABILITY PROTECTION-** If the laws of a State limit volunteer liability subject to one or more of the following conditions, such conditions shall not be construed as inconsistent with this section:

- (1) A State law that requires a nonprofit organization or governmental entity to adhere to risk management procedures, including mandatory training of volunteers.
- (2) A State law that makes the organization or entity liable for the acts or omissions of its volunteers to the same extent as an employer is liable for the acts or omissions of its employees.
- (3) A State law that makes a limitation of liability inapplicable if the civil action was brought by an officer of a State or local government pursuant to state or local law.
- (4) A State law that makes a limitation of liability applicable only if the nonprofit organization or governmental entity provides a financially secure source of recovery for individuals who suffer harm as a result of actions taken by a volunteer on behalf of the organization or entity. A financially secure source of recovery may be an insurance policy within specified limits, comparable coverage from a risk pooling mechanism, equivalent assets, or alternative arrangements that satisfy the State that the organization or entity will be able to pay for losses up to a specified amount. Separate standards for different types of liability exposure may be specified.

(e) **LIMITATION ON PUNITIVE DAMAGES BASED ON THE ACTIONS OF VOLUNTEERS-**

(1) **GENERAL RULE-** Punitive damages may not be awarded against a volunteer in an action brought for harm based on the action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity unless the claimant establishes by clear and convincing evidence that the harm was proximately caused by an action of such volunteer which constitutes willful or criminal misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed.

(2) **CONSTRUCTION-** Paragraph (1) does not create a cause of action for punitive damages and does not preempt or supersede any Federal or State law to the extent that such law would further limit the award of punitive damages.

(f) **EXCEPTIONS TO LIMITATIONS ON LIABILITY-** (1) **IN GENERAL-** The limitations on the liability of a volunteer under this Act shall not apply to any misconduct that-- (A) constitutes a crime of violence (as that term is defined in section 16 of title 18, United States Code) or act of international terrorism (as that term is defined in section 2331 of title 18) for which the defendant has been convicted in any court; (B) constitutes a hate crime (as that term is used in the Hate Crime Statistics Act (28 U.S.C. 534 note)); (C) involves a sexual offense, as defined by applicable State law, for which the defendant has been convicted in any court; (D) involves misconduct for which the defendant has been found to have violated a Federal or State civil rights law; or (E) where the defendant was under the influence (as determined pursuant to applicable State law) of intoxicating alcohol or any drug at the time of the misconduct.

(2) **RULE OF CONSTRUCTION-** Nothing in this subsection shall be construed to effect subsection (a)(3) or (e).

SECTION 5. LIABILITY FOR NONECONOMIC LOSS.

(a) GENERAL RULE- In any civil action against a volunteer, based on an action of a volunteer acting within the scope of the volunteer's responsibilities to a nonprofit organization or governmental entity, the liability of the volunteer for noneconomic loss shall be determined in accordance with subsection (b).

(b) AMOUNT OF LIABILITY-

(1) IN GENERAL- Each defendant who is a volunteer, shall be liable only for the amount of noneconomic loss allocated to that defendant in direct proportion to the percentage of responsibility of that defendant (determined in accordance with paragraph (2)) for the harm to the claimant with respect to which that defendant is liable. The court shall render a separate judgment against each defendant in an amount determined pursuant to the preceding sentence.

(2) PERCENTAGE OF RESPONSIBILITY- For purposes of determining the amount of noneconomic loss allocated to a defendant who is a volunteer under this section, the trier of fact shall determine the percentage of responsibility of that defendant for the claimant's harm.

SECTION 6. DEFINITIONS. For purposes of this Act:

(1) ECONOMIC LOSS- The term 'economic loss' means any pecuniary loss resulting from harm (including the loss of earnings or other benefits related to employment, medical expense loss, replacement services loss, loss due to death, burial costs, and loss of business or employment opportunities) to the extent recovery for such loss is allowed under applicable State law.

(2) HARM- The term 'harm' includes physical, nonphysical, economic, and noneconomic losses.

(3) NONECONOMIC LOSSES- The term 'noneconomic losses' means losses for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation and all other nonpecuniary losses of any kind or nature.

(4) NONPROFIT ORGANIZATION- The term 'nonprofit organization' means--
(A) any organization which is described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code and which does not practice any action which constitutes a hate crime referred to in subsection (b)(1) of the first section of the Hate Crime Statistics Act (28 U.S.C. 534 note); or
(B) any not-for-profit organization which is organized and conducted for public benefit and operated primarily for charitable, civic, educational, religious, welfare, or health purposes and which does not practice any action which constitutes a hate crime referred to in subsection (b)(1) of the first section of the Hate Crime Statistics Act (28 U.S.C. 534 note).

(5) STATE- The term 'State' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, any other territory or possession of the United States, or any political subdivision of any such State, territory, or possession.

(6) VOLUNTEER- The term 'volunteer' means an individual performing services for a nonprofit organization or a governmental entity who does not receive--
(A) compensation (other than reasonable reimbursement or allowance for expenses actually incurred); or
(B) any other thing of value in lieu of compensation, in excess of \$500 per year, and such term includes a volunteer serving as a director, officer, trustee, or direct service volunteer.

SECTION 7. EFFECTIVE DATE.

(a) IN GENERAL- This Act shall take effect 90 days after the date of enactment of this Act.

(b) APPLICATION- This Act applies to any claim for harm caused by an act or omission of a volunteer where that claim is filed on or after the effective date of this Act but only if the harm that is the subject of the claim or the conduct that caused such harm occurred after such effective date.

State Volunteer Service Acts – State volunteer protection acts come in several forms.

Typical of many are the following: See *Code of Ala. 1975* § 6-5-336 (Alabama); A.C.A. § 16-6-102, *et seq.* (Ark.); *Code* § 662D-2 (Hawaii); and V.A.M.S. 537.118 (Missouri).

These acts provide negligence immunity for a person performing services gratuitously for: a nonprofit organization or corporation, a hospital (public, private or nonprofit), and a governmental entity. They provide that the volunteer is immune from civil liability in any action, on the basis of any act or omission, resulting in damage or injury if her or she is acting in good faith; within the scope of duties; for a covered organization; and damage or injury was not caused by: willful misconduct; or wanton misconduct by the volunteer. The immunity provided may not apply to the organization which may be held liable on a theory of "respondeat superior" even though immunity is granted to the volunteer. That's why good risk management practices for the organization are so important.

Other State Volunteer Acts - follow and rely on the Federal Act. See Colorado - C.R.S.A. § 13-21-115.5 and Nebraska Rev. St. § 43-3716.

The Good Samaritan Act – is named, of course for the famous Biblical Character¹³ who, though beset by bandits, highwaymen, brigands and all sorts of thieves, was not cursed with having to deal with American lawyers. Though the “Good Sam” act differ by state, they may apply to any mix of: doctor or dentist, medical intern, nurse, member of rescue squad, police, state trooper, member of fire department, volunteer fire department, EMT or Medical corpsman, Chiropractor, or Public education employee.¹⁴

Good Samaritan – Elements – The elements of the “Good Sam” Act typically are that the supposed Good Samaritan acts gratuitously and in good faith and renders first aid or emergency care at the scene of an accident, casualty, or disaster. If so, even if a tort occurs, the Good Samaritan is not liable for any civil damages.

Good Samaritan– The Scene, what is “at the scene?” In Georgia’s view, the “scene” includes “at the hospital.” See *Willingham v. Hudson*.¹⁵ In this case, a tornado victim was treated at the “scene of the emergency” at hospital by a physician who was “called in” from home to help with “an irregular influx” of tornado victims. During the treatment, there was an allegation under a medical malpractice claim, that following the treatment for a laceration to victim's right leg, the leg became infected to extent that it required amputation. The court’s reasoning was that since the doctor was not on duty at the time, in effect, he was summoned “to the scene.”

In accord is an Illinois case, *Neal v. Yang*.¹⁶ The Plaintiff, Lorraine Neal, filed this medical malpractice action for the injuries sustained by plaintiff's decedent, Samantha Neal, at the time of her birth. Plaintiff initially sued the attending obstetrician, Albert C.

¹³ See Luke 10:35-37.

¹⁴ Perhaps including administrators, teachers, bus drivers and lunchroom workers.

¹⁵ *Willingham v. Hudson*. 274 Ga .App. 200, 617 S.E. 2d 192 Ga.App. 2005.

¹⁶ *Neal v. Yang* , 352 Ill.App.3d 820, 816 N.E.2d 853 Ill.App. 2 Dist.,2004

Yang, M.D.; the hospital, Provena Health, d/b/a St. Therese Medical Center; and nurse, Constance Fossler. Plaintiff subsequently amended the complaint to add pediatrician, Manoochehr Sharifi, M.D.; and defendant, Michelle Lee, M.D., who answered an urgent call for help in resuscitating the unresponsive newborn. The trial court granted defendant summary judgment on the theory that her conduct was immunized under section 25 of the Good Samaritan Act , 745 ILCS 49/25 (West 1996). The remaining defendants were dismissed from the action and are not parties to this appeal. The Plaintiff appealed, arguing that the trial court erred in granting summary judgment. She contended that the defendant, who is the subject of this discussion was the “on-call physician” obligated by contract to provide medical care to Samantha and that, in order to obtain immunity under the Act, defendant was required to prove the absence of a preexisting duty to render care. The Court held that, under the plain language of section 25 of the Act, there is no requirement that a physician prove the absence of a preexisting duty to render care to a patient; rather, the physician's preexisting duty to render care is relevant only to how much notice the physician had of the illness. Because plaintiff conceded that defendant satisfied the requisite elements under section 25, the judgment of the lower court granting immunity was affirmed. On the other hand, California does not follow this logic. See *Colby v. Schwartz*.¹⁷

Gaps in Volunteer Protection - What items and concerns of the volunteer may not be met or covered by *anything*? Not covered may be the volunteer’s own personal injuries, volunteer’s lost wages, worker’s compensation type benefits, and volunteer’s death benefits. While some states have accounted for some or all of these, all states have not. Check with your own state’s law to see where you stand.

¹⁷ *Colby v. Schwartz*, 78 Cal.App.3d 885, 144 Cal.Rptr. 624 (1978)

How to fix it? In states where some of the concerns are not addressed, as in Alabama, we have employed the EMA or “Emergency Management Worker” statute. Another suggestion is to change your state’s volunteer statute to make them a state employee. Other options are to require their sending agency to cover them or to require existing employer to cover them.

ADPH Volunteer Network Frequently Asked Questions

What is the Learning Content Management System (LCMS) and Volunteer Registry Database?

The Learning Content Management system is the central source for volunteer training for ADPH volunteers. This system contains training courses that are available, and serves as the volunteer registry. The volunteer registry is a database of community members and health professionals who have registered to volunteer and assist during a man-made or natural disaster. The volunteer registry allows volunteers to indicate their interests, enter and update their professional and contact information. In the event of an accidental, natural or intentional public health emergency, or other public or health care disaster, the registry will be used to identify and contact appropriate volunteers.

What is the Emergency Services Advanced Registry of Volunteer Health Care Professionals (ESAR-VHP)?

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program is a Health and Human Service's initiative for state development of a standardized online registration database of healthcare personnel who volunteer to provide aid in an emergency. The guidelines for systems are to include verifiable and up-to-date information regarding the volunteer's identity, licensure, credentialing, and accreditation and privileging, in hospitals and other medical facilities. Ideally, this system will give each state the ability to quickly identify and better utilize health professional volunteers during emergencies and disasters. The goal of the ESAR-VHP Program is to eliminate some of the critical problems encountered when utilizing volunteers. The ultimate goal of the ESAR-VHP Program is to link the ESAR-VHP Programs in all states, forming a national database of volunteers.

What is ADPH doing to coordinate its Volunteer Registry with local volunteer programs?

ADPH is striving to ensure the ESAR-VHP registry will enhance local volunteer systems, including local Medical Reserve Corps (MRC) units. Many details remain to be worked out, but ADPH envisions the ESAR-VHP registry will be a valuable resource at the local level. ADPH will continue planning and coordination efforts in developing an interoperable registry. Ideally, the state ESAR-VHP systems will help local organizations and MRC units identify additional volunteers from other areas who are also interested in volunteering in their area if needed. In addition, the state ESAR-VHP registry will identify volunteers who are willing to work as volunteers outside of their area, state or region; and nationwide.

How do I sign up?

Volunteers may register with ADPH online at <http://www.adph.org/volunteer/>. You will be asked to create your own user account. All information provided will be kept confidential.

What if I do not have a computer?

If you do not own or have access to a computer, (family member, friend, neighbor or co-worker) you may visit the local library and use a computer there. Most libraries provide high-speed internet access that will enable you to register in our volunteer database, and to access disaster training courses.

How will I update my information?

During registration, you will set a secure and unique user name and password. You will need this information to re-enter on the website to obtain general program information, register for the program's online training courses or to update your contact information. The volunteer database may contact you in the event of an emergency, or you may also receive periodic reminders to check the accuracy of your profile. It is very important that you keep your contact information in order to gain access to the website.

Is it required that I register now, or may I decide if and when a crisis occurs?

Advanced registration is encouraged, but not required. Advanced registration of health care volunteers will enable the state to produce an immediate list of credentialed volunteers that may be needed in the event of an emergency. The ability to quickly identify and contact volunteer healthcare professionals who have the specific skills and competencies needed to care for people who are injured or ill, is the primary function of the registry. In addition to providing the ability to check credentials in advance of a large-scale disaster or public health emergency, the volunteer registry will serve as a resource and tracking mechanism for emergency training opportunities to all volunteers. It will also help ensure that volunteers and services are available during a disaster or public health emergency, when needs are at a critical level.

Should I join a local Medical Reserve Corps (MRC) or other volunteer group in addition to registering with ADPH?

Most emergencies occur locally and on a smaller scale. Therefore, it is important that local organizations have their own volunteer base. Those organizations will also be able to access state, regional and national volunteer registries to supplement their local forces during a larger event. To be a volunteer locally for a particular organization such as a MRC, you will need to register with that organization and register with the ADPH ESAR-VHP system. Registering with the ADPH ESAR-VHP system will allow you to indicate that you are registered as a volunteer for other local organizations, but it will not directly register you with your local volunteer organization. Registering locally will provide you opportunities to participate in additional trainings and exercises, and perform non-emergency volunteer roles locally. To obtain more information regarding a MRC program, or to locate a MRC unit in your area, you may access their website at <http://www.medicalreservecorps.gov/HomePage>.

What is the Medical Reserve Corps?

Medical Reserve Corps (MRC) is the component of the Citizen Corps volunteer program that unites local health professionals and other individuals with relevant health-related skills to volunteer in their community. These volunteers will aid the local, existing community emergency medical response systems. In addition, these MRC units will provide a group of readily trained volunteers along with available resources to assist their community when dealing with urgent needs of the public's health.

Who will have access to my information?

Your information will be contained within a central, secure database administered by the Center for Emergency Preparedness (CEP) in the Alabama Department of Public Health (ADPH). A limited number of staff at ADPH will have access to this information. Your information will only be used for recruitment for participation in a disaster drill or exercise; to provide you with program information; or to query for qualified volunteers that would be contacted and requested to assist at the time of a large-scale disaster or public health emergency. Your information will not be sold; nor will it be shared with any entity that is not in the program. It will not be available to the public for any purpose.

Will the federal government have access to the ADPH ESAR-VHP registry?

The federal government will not have access to the database. When there is a national emergency and the federal government or others states request specific types of health professional volunteers, ADPH will access the database to identify individuals with the proper qualifications who have indicated their willingness to volunteer nationally. ADPH will then make that information available to the requesting entity. Local authorized users will only receive information regarding volunteers who have indicated a willingness to volunteer in their county.

Who can volunteer?

Anyone can volunteer. ADPH is currently placing emphasis on the recruitment of licensed medical and healthcare volunteers that will satisfy clinical needs and provide surge capacity for public health emergencies. However, volunteers who do not have any medical training are welcomed and are encouraged to apply. There will be a need for volunteers with all types of skills and expertise, such as those who are skilled in: interpretation (languages and hearing impaired); administration; transportation training; mental health counseling; provision of day care; security; computers; clerical work; data entry; and construction. All volunteers are welcomed. ADPH values all volunteers, even if you have no specific qualifications other than the willingness to help. All volunteers will receive training to prepare you to use your own special skills and abilities during disaster or public health emergency.

How many volunteers are needed?

One role of the ADPH is to respond to emergencies that will pose a threat to the health of the general public. The number of volunteers that will actually be needed will vary depending on the size and magnitude of the emergency event. A major emergency could overwhelm the capabilities of first responders, particularly during the first 12 to 72 hours. Medical and other health volunteers, as well as non-medical volunteers, would provide an important “surge” capacity during this critical period. Volunteers will also supplement medical staff shortages at local medical and emergency facilities. Volunteers will play vital roles in bridging gaps, and will enhance the overall capabilities of the community’s emergency response plans. ADPH want to register as many volunteers as possible so communities will have access to the healthcare volunteers and non-healthcare volunteers in the event of an emergency.

Are there core competencies required to become a volunteer?

There are currently no core competency requirements for volunteers. However, healthcare professional volunteers have their own professional licensing and credentialing requirements in addition to an assigned volunteer registry Emergency Credentialing Level based on professional licensing and credentialing information using the guidelines set by the Emergency Services Advanced Registry of Volunteer Health Care Professionals (ESAR-VHP) Program.

Are there any eligibility restrictions for volunteering?

ADPH is seeking people with healthcare backgrounds and experience who are interested in volunteering during an emergency, and those with all skill levels and experiences. Because each emergency will have event specific circumstances and conditions, volunteers with varied abilities will need to be available.

How will I be trained?

ADPH provides FREE training to volunteers on a variety of emergency related topics including: Smallpox, Anthrax, Pandemic Influenza, CPR, First Aid, Incident Command System, and Strategic National Stockpile. These trainings will be provided through volunteer symposiums, live webcasts/broadcasts, local, area and state conferences, and printed or electronic materials.

How will I be credentialed?

Credentialing allows the system to identify volunteers who have the qualifications needed for the current emergency, and to contact them regarding availability to assist during the event. Information will only be utilized to credential applicants and to notify the applicant of volunteer opportunities. Obtaining, verifying and assessing qualifications of a healthcare professional are aspects of credentialing. Only credentialed volunteer healthcare professionals will be utilized to provide patient care, treatment and services in/for a healthcare organization during and emergency event. ADPH will utilize the appropriate licensing board to verify the status of licenses. Volunteers will need to notify the program office regarding any changes with the status of their license.

Under what conditions will I be contacted to provide emergency services?

You may be contacted if local, regional, state and/or interstate responder resources are not sufficient to meet the need for response and recovery efforts resulting from a natural or man-made emergency.

Do volunteers only help in disaster time (during emergency situations)?

Although the volunteers are needed to respond to disasters or emergencies, you may be asked to volunteer for a non-emergency event, especially if you join a local MRC. Part of the MRC program mission is to foster disaster preparedness on a local level. MRC volunteers also are often called on to help during non-emergency times.

How would I know if I was needed during a disaster?

During an event, ADPH will post contact and other communications information here and in appropriate points throughout this website. We will send out requests for volunteers through this and other websites, e-mails and phone calls using the contact information that is entered into the ADPH volunteer registration system. The volunteer database may contact you with routine information, or in the event of an emergency. It is very important that you keep your contact information current. In the event that you are contacted by the system, you will receive necessary information relative to the event, including where you should report to. To view related preparedness Web sites, please visit our links page.

If I register, am I committed to respond when called? What if I have obligations that do not allow me to volunteer at the time of an emergency?

Registration with ADPH in no way commits a volunteer to response. ADPH understands that personal circumstances can prevent you from volunteering. Your service is voluntary and you are not legally obligated to assist. The decision to volunteer when you are called to an emergency is up to you. As a volunteer, you should expect to be called to help in public health emergencies at any time. ADPH encourages all Alabamians to have a preparedness plan. This preparedness plan will not only help to protect you and your family, but it just might make you available to fulfill your desire to volunteer and to assist your community should an emergency occur. Prepare personal, family and work preparedness plans so you are available when you do get the call to volunteer.

I am a retired healthcare professional. Am I still eligible to register with ADPH?

Absolutely! ADPH recognizes the value of retired medical personnel for their wealth of knowledge and experience. Retired healthcare professionals are more likely to be available during a public health emergency, as currently licensed and employed professional may be needed at their place of employment during a disaster.

If I am not currently employed, but keep my license current. May I register?

Yes, for many of the same reasons as the person that is retired or has an inactive license. Licensed healthcare professionals are needed and are strongly encouraged to register.

What if I am already working at a local hospital or am currently obligated to serve in a branch of the military?

If you have prior volunteering commitments, military or National Guard responsibilities or work commitments, please inform us of this in your registration information. The registry also provides ADPH a list of volunteers who are willing to volunteer based on their availability at the time an emergency takes place. Your status and availability as a volunteer may be determined with your hospital/employer's emergency plan. If the emergency is in your immediate area, you may be required to report to work. Some volunteers may need to be released from normal duties by their employer. If circumstances permit, and your employer agrees to release you to volunteer, we encourage you to make yourself available as an ADPH volunteer when you are called.

May I register if I'm not currently licensed or practicing in a medical field?

Yes. Some positions for volunteers will require an active licensure to protect the volunteer and ensure proper care for those in need of medical care. If reactivating your license is not an option, ADPH encourages that you register as an unlicensed volunteer. Volunteers are asked to provide information regarding past employment and experience and specialty areas. Your knowledge and expertise could be a great asset. There will be many needs for unlicensed health professionals, as well as a need for those without medical training who may serve as general volunteers. Volunteers registered in advance will receive training on emergency response as well as "just in time" training/briefing.

I have an out-of-state license. Am I still eligible to register in the ADPH volunteer register?

Yes, out-of-state volunteers are accepted in the system. Currently, however, ADPH is only verifying in-state licenses. Due to the inability of ADPH to verify your medical license, you may be approved as a non-medical group member.

What will be my duties?

The first duty will be to respond to emergency alerts to inform ADPH of your availability to volunteer. Subsequently, you may be requested to participate in public health events/exercises and assist in actual emergencies.

What types of tasks will I be assigned?

Needs and tasks will be determined by the event. ADPH will use volunteer information to assign tasks to volunteers based on the individual's qualifications and experience. Although ADPH understands that it is important that you stay within your "scope of duty" based on your professional licensure and credentials, sometimes healthcare professionals may be assigned to tasks at a lower skill level than normal work duties, including non-medical and general tasks, during emergencies.

What will be my level or length of commitment in an emergency?

There is no specific required length of service; it is entirely voluntary. Most deployments within the state are for five consecutive days. Out-of-state deployments may last longer. Special circumstances may require longer deployments. ADPH expects your participation to be determined by your own availability. Each volunteer should determine his/her current availability, based on the following:

- What type of incident are you willing to respond to?
- What distance are you willing to travel?
- How long are you willing to be deployed?

When you receive the notification to volunteer, you will also receive information regarding the event and other important instructions so that you may determine whether or not you want to volunteer.

Where will I go if I volunteer with ADPH?

Efforts will be made to schedule volunteers close to their communities when possible. Assistance may be provided in various locations throughout Alabama during statewide emergencies. Volunteers may be asked to assist in other states throughout the nation during federal emergencies. Deployment will vary depending on the event. Members of the registry may decline to participate in any event.

What kind of credentials will I have to provide?

All volunteers must provide valid identification. Those working in a professional capacity will also have to provide their current professional license.

Can I be asked to volunteer out of State?

Yes, you may be asked, but are under no obligation, to volunteer out of state. Volunteers who do accept an out of state assignment may be asked to provide additional information in the registry.

What types of risks may I be exposed to during an emergency?

Volunteers will be needed in different types of emergencies including floods, hurricanes, tornados, large fires and events that may be chemical, biological or radiological in nature. Advanced “before the event” training and “just in time” event based training will be offered providing specifics regarding how to helping the event and how to protect yourself during emergency situations. Emergency situations pose danger risks. It is important to understand that responding to an emergency event can be mentally and physically tiring. Volunteers will be taught about the event and any risks associated with the event. Volunteers will not be asked to attempt or to perform any work for which he/she is not trained or prepared. Each volunteer must ask themselves, “What types of incidents am I willing to respond to?”

Are there any provisions for compensating me for time lost from work or other expenses?

Currently, no provisions exist for compensating volunteers for time lost from work, mileage, meal costs, etc. In the event of an emergency, such provisions may become available, but they are not defined at this time.

Will I get paid to volunteer?

There is no financial compensation for volunteer work. The work is, however, very rewarding. Volunteering during and emergency situation is an opportunity to give of your time and skills in a critical time of crisis. The personal reward you will gain from volunteering is immeasurable.

Will I have liability protection while I am volunteering?

Although ADPH cannot fully guarantee total liability protection, our program offers several legal measures such as:

- The Good Samaritan Act
<http://alisdb.legislature.state.al.us/acas/CodeOfAlabama/1975/6-5-332.htm>
- The Volunteer Service Act
<http://alisdb.legislature.state.al.us/acas/CodeOfAlabama/1975/6-5-336.htm>
- Title 31 Emergency Management
<http://alisdb.legislature.state.al.us/acas/CodeOfAlabama/1975/31-916.htm>

If I become injured or sick as a result of the volunteer work, are there any provisions for my medical care and related expenses?

There is currently no specific provision for reimbursement to a volunteers who becomes sick or injured while serving nor is there provision for death benefits. However, a claim may be made in the State Board of Adjustments. The Department is also considering possible changes in authority that might provide some coverage in this regard.

If I volunteer, will there be help available to take care of my family?

At this time there are no provisions in place for the care of families of volunteers. As stated previously, ADPH strongly encourages that you put an emergency plan in place now, to ensure the safety of your own loved ones in the event of an emergency event.

**General questions may be e-mailed via the “Contact Us” link. ADPH staff can be reached Monday-Friday, 8:00 am - 5:00 pm.

For questions regarding volunteering, please call the Center for Emergency Preparedness at 334-206-3394. For Technical Assistance in completing online volunteer forms, or for issues pertaining to ADPH Volunteer Network Web Site, please call 334-206-5226 or 334-206-5309.

This FAQ is for informational purposes only. Nothing within this FAQ is meant to provide specific legal guidance or advice to any person. Rather, this FAQ is meant to serve as an assessment tool for individuals who are considering participation in the Volunteer Registry. Readers should consult with their own attorneys about these laws and their applicability to particular situations or organizations.

Serving in a Medical Needs Shelter

When a Medical Needs Shelter (MNS) is opened, all medical supplies needed will be provided by the shelteree or by the Alabama Department of Public Health. Personal Protective Equipment and medical equipment will be provided; however, nurses are encouraged to bring their own stethoscope and a clip board. Licensed personnel must bring their professional license with them to the shelter.

Those working in MNS are encouraged to bring the following:

- ADPH name tag / Identification
- Cell phone and charger;
- List of backup phone numbers;
- Bottled water;
- Food will be provided; however, personnel are encouraged to bring high protein/energy snacks along with comfort food and plastic utensils if needed;
- Clothing for 7 days. It is recommended that each day's clothing be placed in an individual, sealed plastic bag to ensure that they remain dry.

Recommended clothing includes:

- Jeans and T-shirts (walking shorts are also permitted);
- Light jacket;
- Extra pair of comfortable shoes;
- Swim suit and water shoes for open showers;
- Hand wipes in sealed plastic bags;
- Sleeping bag and pillow. An air mattress is also recommended;
- Personal care items such as soap and deodorant. Aerosol deodorant is recommended;
- Towels and washcloths;
- Prescription medications and other medications that may be needed for headache, etc.;
- Two flash lights with extra batteries;
- Earplugs and dark mask for sleeping;
- Magazines, playing cards, journal, pen and pencil, Bible or book; and
- Plastic basket for personal items in shower.

Tips for packing:

1. Pack one day's worth of clothing in a gallon zip lock bag. This will allow you to keep your clothing dry and you will have all the items you need when you go to the shower area.
2. Roll each item of clothing and place in gallon bag. Rolling items take less room and decreases wrinkles.
3. If possible, pack items in a suitcase that has wheels.



Medical Needs Shelter Triage Form

Name and/or Location of Shelter:	
Intake Information	
Date:	Time:
Name:	
Address:	
Telephone Number:	
Date of Birth:	Age:
Condition requiring medical needs shelter:	
Ambulatory Status: <input type="checkbox"/> No limitations <input type="checkbox"/> Ambulatory with cane, walker, or wheelchair <input type="checkbox"/> Confined to bed	
Caregiver with patient:	Name: _____ Relationship: _____
Admit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Information	
Referred to: <input type="checkbox"/> Mass Care Shelter Location: _____ <input type="checkbox"/> Hospital (Name and Location): _____ <input type="checkbox"/> Nursing Home (Name and Location): _____	
Medical condition requiring referral to hospital or nursing home: _____ _____ _____ _____ _____	
Nurse Signature _____	

Guidance for Medical Needs Shelter Admission or Referral

This list is not all-inclusive. Admission or referral is based on the nurse's judgement.

Admit to Medical Needs Shelter	Refer to Hospital	Refer to Nursing Home May also be referred to Special Care Assisted Living Facility
Intravenous (IV) therapy managed at home without complications	IV medication or hyper-alimentation requiring nurse/home care agency management	
Oxygen, nebulizer, or sleep apnea therapy that has been stable and maintained at home for more than 30 days.	Respiratory distress, shortness of breath, or unstable respiratory conditions.	
Urinary catheter (Foley or supra-pubic) that requires minimal to moderate assistance		
Wheelchair bound requiring minimal to moderate assistance with activities of daily living (ADL)	Quadriplegic – total care	Quadriplegic – total care
Urinary or bowel incontinence requiring minimal to moderate assistance with ADL		Uncontrolled urinary or bowel incontinence if no caregiver present
Diabetics requiring minimal to moderate assistance requiring assistance with ADL	Newly diagnosed diabetic that has been discharged from the hospital and has not yet been seen by a referring agency (has new MD orders)	Newly diagnosed diabetic that has been discharged from the hospital and has not yet been seen by a referring agency (has new MD orders)
Simple dressing changes requiring minimal to moderate assistance with ADL	Newly discharged, post op requiring agency assistance that has not been evaluated (has new MD orders) or complex sterile dressings	Newly discharged, post op requiring agency assistance that has not been evaluated (has new MD orders) or complex sterile dressings
Self-or-family administered peritoneal dialysis without complications and requiring minimal to moderate assistance with ADL	Dialysis patients requiring treatments more than 3 times a week or unstable peritoneal dialysis patients	Dialysis patients requiring treatments more than 3 times a week or unstable peritoneal dialysis patients
Ostomy patients that require minimal to moderate assistance with ADL		
Mild dementia without abusive or wandering behavior requiring minimal to moderate assistance with ADL		Dementia or confusion with wandering or agitated behavior
Mental illness or mental retardation with non violent behavior requiring minimal to moderate assistance with ADL		Mental illness or mental retardation with wandering or agitated behavior
Hospice patient that requires minimal to moderate assistance with ADL and are stable	Unstable with a "Do Not Resuscitate" order	Unstable with a "Do Not Resuscitate" order
Portable ventilator patients	Portable ventilator patients if no caregiver present	Portable ventilator patients if no caregiver present
	Injuries that have not been evaluated by a physician	
	Chest pain currently or within the past 24 hours	
	Tracheostomy for less than 2 months	
Comatose	Comatose if no caregiver present	Comatose if no caregiver present
Bedridden requiring total care	Bedridden requiring total care if no caregiver present	Bedridden requiring total care if no caregiver present
	Pregnant in third trimester with complications	
Nasogastric tubes	Nasogastric tubes if no caregiver present	Nasogastric tubes if no caregiver present

APPLY PPE IN THE FOLLOWING ORDER PRIOR TO ENTERING ROOM/AREA

1



1. HAND HYGIENE

Wash hands with soap and water if visibly soiled; use alcohol hand rub if not visibly soiled.

2



2. ISOLATION GOWN

Put on and fasten at the back at the neck and waist.

If surgical head cover is needed; place at this time.



3



3. MASK OR N95 RESPIRATOR (PR)

Secure ties or elastic bands at the middle of the head and neck.



Fit snug to face.



Fit check N95.

4

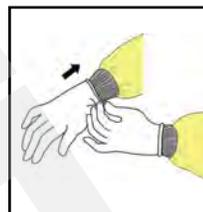


4. GOGGLES OR FACE SHIELD

Place over face or eyes and adjust to fit.



5

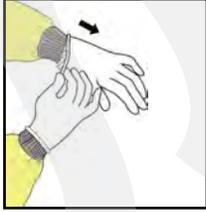


5. GLOVES

Put on gloves and pull over cuff of the gown.

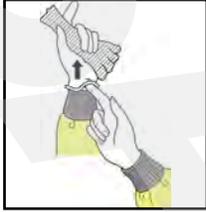
REMOVE PPE IN THE FOLLOWING ORDER AND DISCARD IN WASTE CONTAINER PRIOR TO LEAVING ROOM/AREA

1

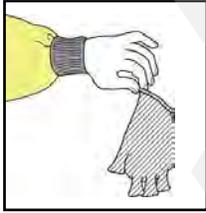


1. REMOVE GLOVES

Grasp near wrist, peel off turning inside-out and hold in gloved hand.



Slide finger under wrist of remaining glove and peel off from inside over 1st glove; discard appropriately.



2



2. REMOVE GOGGLE AND FACE SHIELD

Grasp ear or head pieces and lift away from face.



Place in designated receptacle for disposal or clean/decontaminate goggles for re-use.

3



3. REMOVE GOWN

Unfasten ties and peel gown away from neck and shoulders.



Turn contaminated outside toward the inside.



Fold or roll into a bundle; discard.

4



4. REMOVE MASK AND HEADCOVER IF WORN

Mask: untie bottom tie, then top tie.



Remove from face; discard.



N95 (PR): Lift bottom elastic band, then the top elastic band over head; remove and then discard.

5



5. HAND HYGIENE

Wash hands with soap and water if visibly soiled; use alcohol hand rub if not visibly soiled.

Consumer Product Safety Commission Safety Alert

Portable Generator Hazards

Portable generators are useful when temporary or remote electric power is needed, but they also can be hazardous. The primary hazards to avoid when using a generator are carbon monoxide (CO) poisoning from the toxic engine exhaust, electric shock or electrocution, fire and burns.

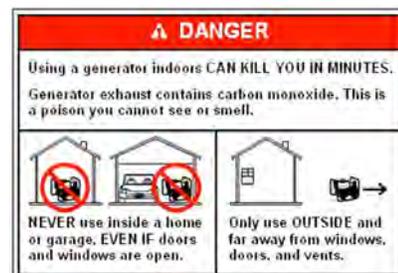
Every year, people die in incidents related to portable generator use. Most of the incidents associated with portable generators reported to CPSC involve CO poisoning from generators used indoors or in partially-enclosed spaces.

Carbon Monoxide Hazards

When used in a confined space, generators can produce high levels of CO within minutes. When you use a portable generator, remember that you cannot see or smell CO. Even if you do not smell exhaust fumes, you may still be exposed to CO.

Danger labels are required on all portable generators manufactured or imported on or after May 14, 2007.

If you start to feel sick, dizzy, or weak while using a generator, get to fresh air **RIGHT AWAY. DO NOT DELAY.** The CO from generators can rapidly kill you.



Follow these safety tips to protect against CO poisoning.

- NEVER use a generator inside homes, garages, crawlspaces, sheds, or similar areas, even when using fans or opening doors and windows for ventilation. Deadly levels of carbon monoxide can quickly build up in these areas and can linger for hours, even after the generator has shut off.
- Follow the instructions that come with your generator. Locate the unit outdoors and far from doors, windows, and vents that could allow CO to come indoors.
- Install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home, according to the manufacturer's instructions. CO alarms should be certified to the requirements of the latest safety standards (UL 2034, IAS 6-96, or CSA 6.19.01). Test batteries monthly.

To avoid CO poisoning when using generators:

- Never run generators indoors, including garages, basements, crawlspaces and sheds.
- Get to fresh air right away if you start to feel dizzy or weak.

Electrical Hazards

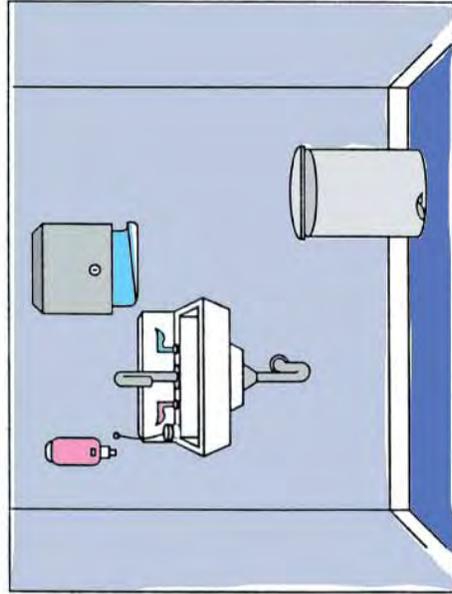
- Generators pose a risk of shock and electrocution, especially if they are operated in wet conditions. If you must use a generator when it is wet outside, protect the generator from moisture to help avoid the shock/electrocution hazard, but do so without operating the generator indoors or near openings to any building that can be occupied in order to help avoid the CO hazard. Operate the generator under an open, canopy-like structure on a dry surface where water cannot reach it or puddle or drain under it. Dry your hands, if wet, before touching the generator.
- Connect appliances to the generator using heavy-duty extension cords that are specifically designed for outdoor use. Make sure the wattage rating for each cord exceeds the total wattage of all appliances connected to it. Use extension cords that are long enough to allow the generator to be placed outdoors and far away from windows, doors and vents to the home or to other structures that could be occupied. Check that the entire length of each cord is free of cuts or tears and that the plug has all three prongs. • Protect the cord from getting pinched or crushed if it passes through a window or doorway.
- NEVER try to power the house wiring by plugging the generator into a wall outlet, a practice known as "backfeeding." This is extremely dangerous and presents an electrocution risk to utility workers and neighbors served by the same utility transformer. It also bypasses some of the built-in household circuit protection devices.

Fire Hazards

- Never store fuel for your generator in the home. Gasoline, propane, kerosene, and other flammable liquids should be stored outside of living areas in properly-labeled, non-glass safety containers. Do not store them near a fuel-burning appliance, such as a natural gas water heater in a garage.
- Before refueling the generator, turn it off and let it cool down. Gasoline spilled on hot engine parts could ignite.

Adequate Facilities

Handwashing stations for employees must be located in the restrooms and in other convenient locations throughout the kitchen or food preparation area.



The handwashing station must have:

- hot and cold water through a mixing faucet.
- soap dispensing.
- a supply of disposable paper towels or forced air blowers.
- a garbage can for the disposal of used paper towels.

Check handwashing stations periodically to make sure that hot water, soap and towels are available and that equipment or boxes are not blocking access to the sinks.

The Health Department's Requirement Concerning Ill Food Workers Is:

“No person, while infected with a disease in a communicable form that can be transmitted by foods or who is a carrier of organisms that cause such a disease or while affected with a boil, an infected wound, or an acute respiratory infection, shall work in a food establishment in any capacity in which there is a likelihood of such person contaminating food or food contact surfaces with pathogenic organisms or transmitting disease to other persons.”

PREVENTING FOODBORNE ILLNESSES

THROUGH GOOD EMPLOYEE HYGIENE



For additional information contact:

Alabama
Department of
Public Health
Bureau of
Environmental
Services

Bureau of Environmental Services
Suite 1250

The RSA Tower, 201 Monroe Street
Montgomery, Alabama 36130

Phone: 334-206-5375 • Fax: 334-206-5788
ADPH-FLP-177-8-98-RO/PK

Alabama
Department of
Public Health
Bureau of
Environmental
Services

Foodborne illness is a disease that is carried or transmitted to people by food.

There are several documented cases of foodborne illness being caused by employees who fail to adequately wash their hands when preparing food. Infected employees who practice poor hygiene is one of the leading causes of foodborne outbreaks in food service establishments.

Remember! DIRTY HANDS CAN CONTAMINATE FOODS

Good Personal Hygiene

While personal hygiene may be a sensitive subject, it is vital to food safety. Food service managers who want to provide safe and wholesome food must build a sanitary wall between the product and the people who prepare, serve, and consume it.

In order to build an effective personal hygiene system, the food manager must:

1. Set personal hygiene standards and policies.
2. Provide facilities that promote personal cleanliness.
3. Monitor employees to ensure good hygiene practices are being followed.

Proper Handwashing

is essential in reducing the number of foodborne illnesses that might occur in your establishment.

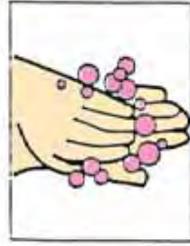


1. Use warm water to moisten hands.

2. Apply soap.



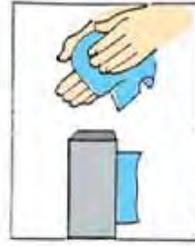
3. Use a clean nail brush.



4. Rub hands together for 20 seconds.



5. Rinse thoroughly.



6. Dry.

When should employees wash their hands?

Before beginning work and after:

- Using the bathroom
- Handling raw food
- Eating or drinking
- Sneezing or coughing touching their hair, face, or body
- Cleaning (sweeping, mopping, etc)
- Smoking and chewing tobacco or gum
- Taking out the garbage
- Doing anything that could recontaminate their hands

Health department requirements and your responsibilities:

Employees who handle food must keep their fingernails clean and trimmed so that the fingernails do not extend beyond the finger.

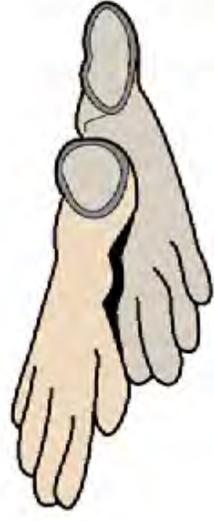
Employees who handle food or food contact surfaces cannot wear artificial fingernails or nail polish while engaged in such work.

While preparing food, employees cannot wear jewelry on their arms and hands except for a plain ring such as a wedding band. (This prohibition does not apply to a wristwatch if it is not in contact with food)

Additional employee hygiene includes:

- Washing hair and bathing daily.
- Wear clean clothing on the job.
- Wear hair restraints to prevent touching their hair.
- Covering all cuts and sores with bandages and plastic gloves.

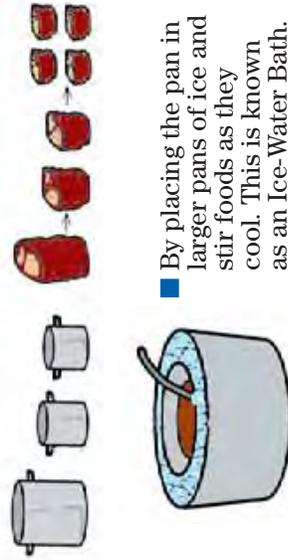
Gloves should be used when working with ready to eat foods. However, gloves must not be used as a substitute for hand washing. Gloves must be clean, intact, and used for one purpose only.



Properly Cooling Foods

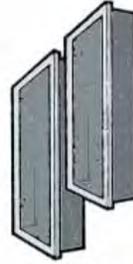
The Alabama Department of Public Health requires that hot foods be cooled from 135°F to 70°F within 2 hours and cooled from 70°F to 41°F within an additional 4 hours. In order to meet these requirements, establishments must be equipped with a thermometer, accurate to ±2°F to check the food temperature as it cools. Food must be properly cooled using one of the following methods:

- Rapidly cooling foods of large volume or prepared in large quantities by cutting large items into smaller pieces or dividing large batches into several smaller ones.



- By placing the pan in larger pans of ice and stir foods as they cool. This is known as an Ice-Water Bath.

- Place the food in shallow stainless steel pans. Thick foods, such as chili and stew, should be in pans with a product depth no more than two inches. Thinner liquids, such as broth may be in pans three inches deep.



Remember!

NEVER use display refrigerators or freezers to cool foods. Hot foods can raise the temperature of the unit and endanger the other foods stored there.

Keep Hot Foods Hot; Keep Cold Foods Cold!

The temperature of potentially hazardous foods must be 41°F or below or 135°F or above at all times. To ensure foods do not remain at temperatures favorable to bacterial growth, follow these guidelines.

Hot Holding:

- Hot food storage facilities shall be provided to assure the maintenance of food at the required temperature during storage.
- Keep foods covered to maintain proper temperature.
- Use a product thermometer to frequently check food temperature.
- Never add fresh foods to old foods.
- Use cleaned and sanitized utensils.
- If hot foods temperature falls below 135°F, reheat the food to 165°F or higher within 2 hours — one time only.

Cold Holding:

- Use only cold-holding equipment that can keep foods at 41°F or lower.
- Never place ready-to-eat cold foods in direct contact with ice.

PREVENTING FOODBORNE ILLNESSES

WITH TEMPERATURE CONTROL



Alabama
Department of
Public Health
Bureau of
Environmental
Services

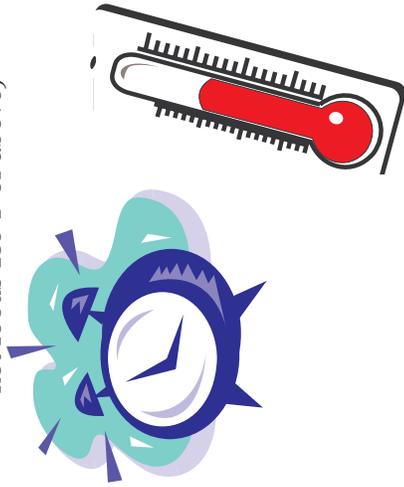
For additional
information contact:

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Bureau of Environmental Services
Suite 1250
The RSA Tower, 201 Monroe Street
Montgomery, Alabama 36130
Phone: 334-206-5375 • Fax: 334-206-5788
ADPH-FLP-176-11-05-KW

The U.S. Centers for Disease Control and Prevention list the following reasons as the **LEADING CAUSES** of bacterial foodborne illness:

- Failure to properly cool foods
- Failure to properly cook or reheat food (such as undercooked hamburger)
- Failure to hold food at proper temperature (cold foods 41°F or below; hot foods 135°F or above)



Time and Temperature are the most important factors Food Service Managers can use to control bacterial growth in food.

It is important that **Potentially Hazardous Foods** (usually moist, high-protein foods on which bacteria can grow easily) not remain in the temperature danger zone for more than four hours during the entire food preparation process.

The **temperature danger zone** is defined as the temperature between 41°F to 135°F. Foods left too long in the danger zone can cause foodborne illness.

To control time and temperature factors, it is important that Food Service Managers follow proper thawing, cooking, holding, cooling, and reheating techniques to reduce the time food spends in the temperature danger zone.

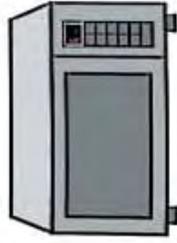
The department of public health requires that food must be properly thawed using one of these four methods.



1. In refrigerated units at a temperature not to exceed 41°F. Place food in pans below ready-to-eat or cooked foods.



2. Under potable running water of a temperature of 70°F or below.



3. In a microwave oven with no interruption in the cooking process.



4. As part of the conventional cooking process

You can make sure foods are thoroughly heated or cooked by using the guide below.

Minimum Cooking Temperatures

FOOD	TEMPERATURE	TIME
Potentially hazardous foods not otherwise specified, including eggs for immediate service	145°F	15 sec
Inspected and approved game animals; raptures (emu, ostrich, rhea)	155°F	15 sec
Poultry, poultry stuffing, stuffed meats and stuffing containing meat	165°F	15 sec
Ground meats, ground fish, injected meats and eggs other than Part 1 above	158°F 155°F 150°F 145°F	< 1 sec 15 sec or 1 min or 3 min

Roast beef can be cooked to 130°F.

For Microwave cooking:

- Cook to a minimum of 165°F in all parts of the food.
- Rotate or stir midway through cooking to help spread the heat.

The only way to verify that items you cook have reached these minimum temperatures is to use a thermometer to check the foods.

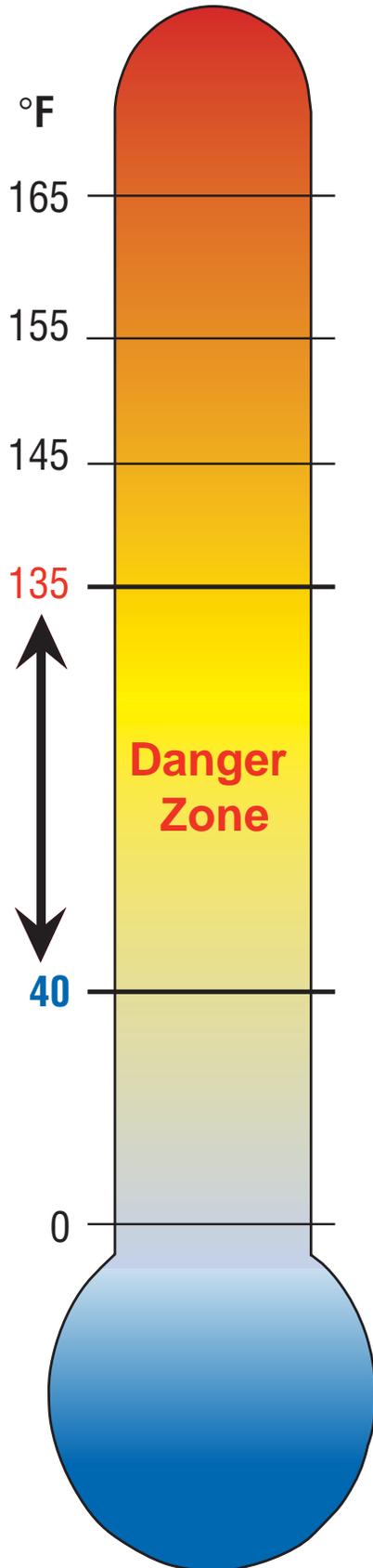
You do not have to check every item, but you should verify at least twice per day, or once per shift, that the prearranged time and temperature settings for the cooking equipment are meeting the requirements.



FOOD SAFETY TIP

NEVER thaw food at room temperature!

Control Time & Temperature



165 F Reheat for holding

165 F Cook for 15 seconds

- ï Poultry, stuffed meats, stuffed fish, and stuffed pasta
- ï Stuffing containing meat, poultry, or fish
- ï Ground poultry or turkey
- ï Any animal food cooked in a microwave

155 F Cook for 15 seconds

- ï Ground meats (beef and pork)
- ï Injected meats, comminuted fish and meats
- ï Game meats
- ï Raw, pooled shell eggs

145 F Cook for 15 seconds

- ï Fish, seafood, pork, beef (cubes, slices, etc.), veal, lamb, mutton
- ï Raw shell eggs for a single order

145 F Cook for 3 minutes

- ï Whole roast beef, whole pork roasts and corned beef roasts

135 F Hold

- ï All hot foods

135 F to 70 F Cool all foods

- ï within 2 hours

70 F to 41 F

- ï within 4 hours

41 F

- ï Hold all cold food

YOUR HEALTH IS IN YOUR HANDS

WASH YOUR HANDS

- 1:** Wet hands with warm water.
- 2:** Lather up both hands with soap.
- 3:** Scrub hands together for at least 20 seconds.
- 4:** Rinse hands thoroughly.
Turn faucets off with towel.
- 5:** Dry hands completely with clean towel.
If you have no towel, you can let your hands air-dry.

Note: If you are using a public restroom, use a tissue or towel to open the door.

COVER YOUR COUGHS AND SNEEZES

Cover your mouth with a tissue or use your upper sleeve.

KEEP YOUR DISTANCE

Stand at least 3-6 feet away when you or others are sneezing or coughing.

KEEP A SUPPLY

Keep a month's supply of food, water, medicines and other items if stores are disrupted.

ADEPH
EMERGENCY PREPAREDNESS
Alabama Department of Public Health
www.adph.org/pandemicflu

PREPARE FOR HOME CARE

CHILD COMFORT CARE DURING PANDEMIC INFLUENZA



adph.org/pandemicflu

This guide assumes healthcare providers are not available and home care is the best option.

Childhood is defined as birth to 12 years of age. This information can also be used for seasonal influenza with or without antiviral treatment.

Minimize the spread of influenza (flu)

- Understand sudden onset of flu symptoms
 - Cough
 - Fever
 - Muscle aches
 - Discomfort, illness, or lack of well-being
- Understand how flu may spread
 - Droplets from an infected person when they cough, sneeze, or talk
 - Airborne droplets can enter the body through the eyes, nose or mouth
 - Contaminated surfaces or objects
- Practice social distancing measures
 - Stay at least 6 feet away from sick people during a flu outbreak
 - Wear a mask
 - If you are sick, wear a mask to minimize spreading the flu to others
 - If you are not sick, wear a mask if you are near sick people
- Wash your hands
 - Use soap and water for at least 20 seconds or
 - Use alcohol-based hand sanitizer, when soap and water are not available
- Cover your cough and sneeze
 - Use a tissue, not your hands. Dispose of tissue immediately and wash your hands
 - If no tissue is available, use your upper sleeve
- Get a seasonal flu shot to help your child stay healthy



General care measures

- Get plenty of rest
- Avoid contact with others who are or may be infected and stay at home if you are sick
- Drink extra fluids
 - Gargle with warm salt water
 - Use throat sprays, saline nose drops, and a humidifier
 - Keep tissues and a trash bag within reach of patient
- Fever is a sign that the body is fighting the infection. Sponging with lukewarm water (water at a temperature comfortable to the wrist) may lower body temperature. Do not sponge with alcohol
- Don't smoke around children to avoid second-hand smoke exposure
- Treat symptoms with over-the-counter (OTC) medications

Monitor and record (see Home Care Record on back)

- Record date, time, temperature, skin condition, fluid intake, urination, and medications
- Record body temperature every 2-3 hours
- Record skin color changes or rashes
- Record the approximate quantity of fluids consumed each day and through the night
- Record how many times urination occurs each day and the color of the urine—for example, clear to light, dark yellow, brown, or red

General guidelines for over-the-counter medications

- Always follow instructions on the label of each medication
- If taking more than one medication at a time, check the labels to avoid taking the same ingredient twice
- Note possible side effects or drug/health conditions when the medication should not be used
- Check the expiration date on medications. Dispose of any medications that are out of date.
- Keep all medications out of reach of children

Muscle pain and fever

- Use acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®)
- Do not use aspirin for children under 19 years of age

adph.org/pandemicflu

PREPARE FOR HOME CARE

ADULT COMFORT CARE DURING PANDEMIC INFLUENZA



This guide assumes healthcare providers are not available and home care is the best option.

Adulthood is defined as 12 years of age and older.

This information can be used for seasonal influenza and with or without antiviral treatment.

Minimize the spread of influenza (flu)

- Understand sudden onset of flu symptoms
 - Cough
 - Fever
 - Muscle aches
 - Discomfort, illness or lack of well-being
- Understand how flu may spread
 - Droplets from an infected person when they cough, sneeze or talk
 - Airborne droplets can enter the body through the eyes, nose or mouth
 - Contaminated surfaces or objects
- Practice social distancing measures
 - Stay at least 6 feet away from people during a flu outbreak
 - Wear a mask
 - If you are sick, wear a mask to minimize spreading the flu to others
 - If you are not sick, wear a mask if you are near sick people
- Wash your hands
 - Use soap and water for at least 20 seconds or
 - Use alcohol-based hand sanitizer, when soap and water are not available
- Cover your cough and sneeze
 - Use a tissue, not your hands. Dispose of tissue immediately and wash your hands
 - If no tissue is available, use your upper sleeve
- Get a seasonal flu shot to help you and your family stay healthy

General care measures

- Get plenty of rest
- Avoid contact with others who are or may be infected and stay at home if you are sick
- Drink extra fluids
- Gargle with warm salt water
- Use throat sprays or lozenges, saline nose drops, and a humidifier
- Keep tissues and a trash bag within reach of patient
- Fever is a sign that the body is fighting the infection. Sponging with lukewarm water (water at a temperature comfortable to the wrist) may lower body temperature. Do not sponge with alcohol.
- Avoid smoking or exposure to second-hand smoke
- Treat symptoms with over-the-counter (OTC) medications

Monitor and record (see Home Care Record on back)

- Record date, time, temperature, skin condition, fluid intake, urination, and medications
- Record body temperature every 2-3 hours
- Record skin color changes or rashes
- Record the approximate quantity of fluids consumed each day and through the night
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- Always follow instructions on the label of each medication
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- Check the expiration date on medications. Dispose of any medications that are out of date.
- Keep all medications out of reach of children



FLU & YOU...

FOUR SIMPLE THINGS YOU CAN DO TO PROTECT YOURSELF, YOUR FAMILY AND YOUR FRIENDS

1 COVER YOUR COUGHS & SNEEZES.

- Cover your mouth and nose with a tissue.
- Put your tissue in the trash can.
- No tissue? Cough or sneeze into your upper sleeve, not your hands.

2 WASH YOUR HANDS.

- Wash hands with warm, soapy water for at least 10-15 seconds OR use a hand sanitizer after:
 - Coughing or sneezing
 - Using the bathroom
 - Caring for a sick person
 - Handling garbage, animals, and animal waste

DURING FLU SEASON

3 CLEAN LIVING & WORK AREAS.

- Clean area with household detergents.
- Sanitize surfaces with bleach or alcohol.

4 KEEP YOUR DISTANCE.

- Avoid crowds.
- During outbreaks, work from home, if possible.
- Limit your travel.
- Stay at home if you are sick, and keep your family at home if they are sick.

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EMERGENCY PREPAREDNESS
Alabama Department of Public Health

www.adph.org/pandemicflu

ADPH-CEP-Pan Flu5 11/16/06 dd



CLEANING & STERILIZING

Influenza (Flu) virus can be killed by a two-step process. First, clean surfaces with household detergents. Second, follow with a sterilizing solution. The table below gives you directions on how to clean and sterilize to kill the flu virus.

STEP 1: CLEAN

Agent

Household Detergents:

Dishwashing liquid, laundry detergent, or hand soap.

Recommended Use

Wipe surfaces, like work desks, phones, food preparation areas, door knobs, faucets, and other frequently used items.

Precautions

Follow label warnings.



STEP 2: STERILIZE

Agent

Household Bleach:

Dilute 3/4 cup of bleach (Clorox) into one gallon of water.

Rubbing Alcohol:

(70% isopropyl alcohol or 60% ethyl alcohol)
Do not dilute; use straight from bottle.
Products with lower alcohol concentrations will **not** work.

Recommended Use

Disinfect material and areas contaminated by flu virus. Apply on smooth surfaces and other surfaces where bleach can not be used.

Precautions

Follow label warnings. Remember: Use in a well-ventilated area and wear gloves while using bleach. Do not inhale, because bleach and alcohol are flammable and toxic. Keep bleach and alcohol away from heat sources, electrical equipment, and flames. Allow surface to dry completely.

Keep bleach and rubbing alcohol away from children and pets. If swallowed, do not encourage vomiting. Call Alabama Poison Center at 1-800-462-0800.

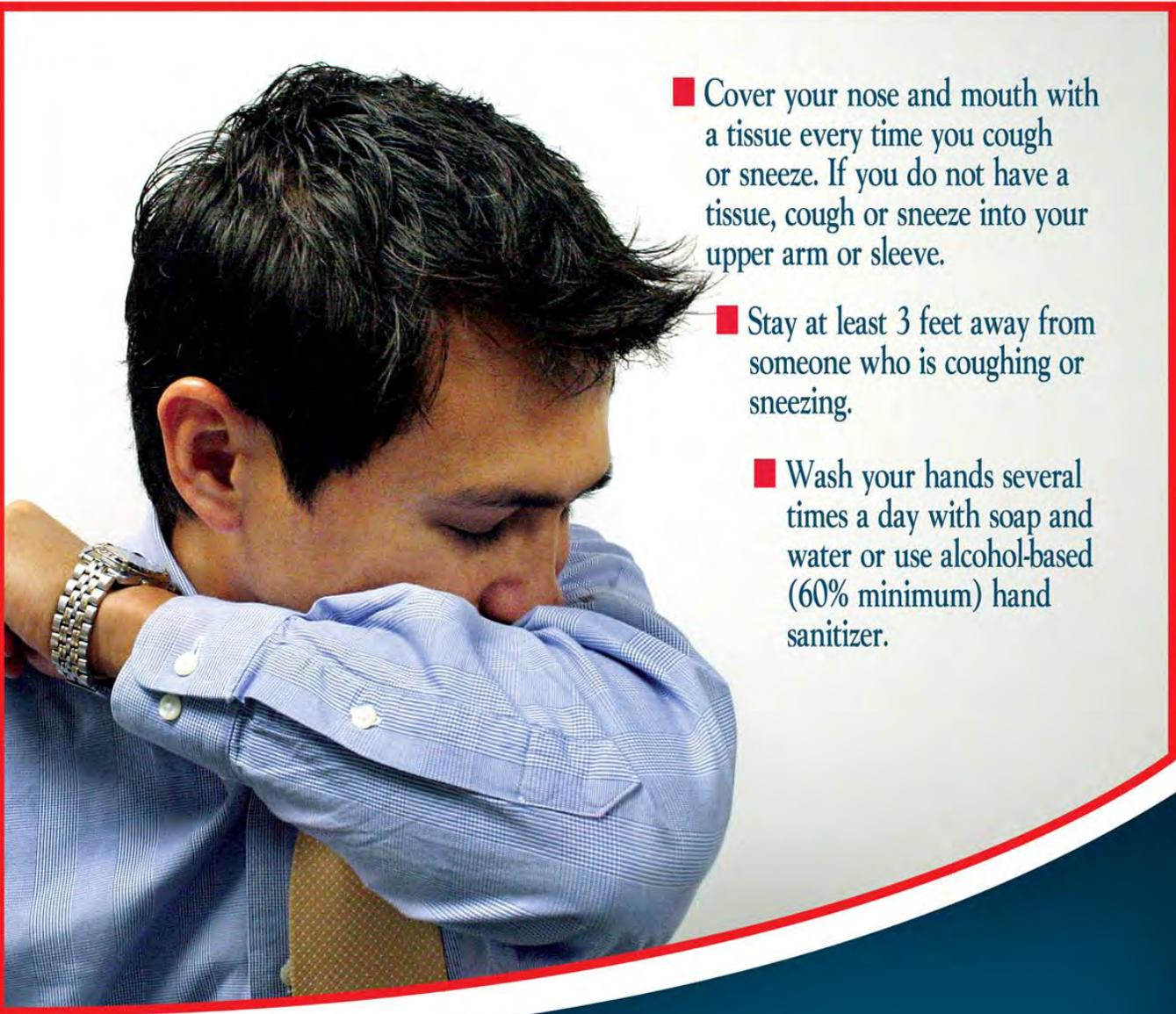
ADEPH
EMERGENCY PREPAREDNESS
Alabama Department of Public Health

www.adph.org/pandemicflu

Did you cover your cough?

PANDEMIC FLU

YOUR HEALTH IS IN YOUR HANDS



- Cover your nose and mouth with a tissue every time you cough or sneeze. If you do not have a tissue, cough or sneeze into your upper arm or sleeve.
- Stay at least 3 feet away from someone who is coughing or sneezing.
- Wash your hands several times a day with soap and water or use alcohol-based (60% minimum) hand sanitizer.

ADPH-CEP-PanFLU4-11/8/06 DD

ADEPH

EMERGENCY PREPAREDNESS

Alabama Department of Public Health • The RSA Tower • 201 Monroe Street • Montgomery, Alabama 36104
For more information, please call 1.866.264.4073 • www.adph.org

FAXBACKORDERFORM334.206.3819



Date _____
 Name _____
 Business/Org. _____
 Street address (No P.O. Boxes please) _____
 City, State, Zip _____
 County _____
 Telephone () _____
 Email: _____
 Requested due date (Please allow two weeks for delivery) _____
 Who will be receiving materials from you? _____

► **YOU CAN MAIL YOUR ORDER TO:**

Center for Emergency Preparedness
 ADPH
 P.O. Box 303017
 Montgomery, AL 36130

For questions please call
 866.264.4073 or 334.206.3394

TITLE	DESCRIPTION	ENGLISH	SPANISH
Are You Ready?	General information to prepare for a variety of disasters, injury prevention, food & water safety		
Preparing for Medical Needs in an Emergency	General guidelines for Medical Needs Shelters & Medical Needs		
Alabama Emergency Preparedness Volunteer Network	General brochure on how to get involved & volunteer with ADPH		Not available
*Did You Cover Your Cough? Pandemic Flu	One-page flyer on covering your cough.		
*Flu & You...	One-page flyer on four simple things you can do to protect yourself, your family & your friends from flu		
*Did You Wash Your Hands? Pandemic Flu	One-page flyer on washing your hands		
*Cleaning & Sterilizing	One-page flyer on cleaning to prevent the spread of flu virus		
Flu Planning Checklist	Brochure on planning to prevent the spread of flu & to prepare for pandemic flu		Not available
Prepare For Home Care (Adult)	A guide for adult home care during pandemic influenza		Not available
Prepare For Home Care (Child)	A guide for child home care during pandemic influenza		Not available
Preparing For Special Needs In An Emergency	Handbook for households which have to consider special medical needs when preparing for emergencies.		Not available
Get 10 Information Page	Quick list of ten essential emergency kit items		
Get 10 Brochure	A detailed look at ten essential emergency kit items		
Get 10 Poster	An 11X17 poster that shows the 10 essential emergency kit items		
How You Can Prepare For Pandemic Influenza	A handbook on how to prepare for Pandemic Influenza	Not available	
Preparedness for Special Needs Children	Brochure on preparing you and your special needs child		Not available

Materials & shipping are FREE. Some materials shipped separately. *** These flyers are double-sided in Spanish.**

Please make copies of this form for future orders or you may download it from our website at www.adph.org/cep
Thank you for distributing this information. Your assistance and feedback are important to the success of this program.
Please use this area to make suggestions, comments or ask questions. THANK YOU.

SHARE

Stakeholder Help, Advice and Recommendation Exchange ListServ

The Alabama Department of Public Health (ADPH), Center for Emergency Preparedness (CEP), Pandemic Influenza (PI) Program is sponsoring the Stakeholders Help, Advice, and Recommendations Exchange (SHARE) ListServ. A ListServ is an email list designed to push new information to our partners and promote planning discussions within Alabama.

SHARE was created to accelerate pandemic influenza planning for the healthcare, business, first responders, education, government, faith-based, and communications sectors in Alabama. PI planners can collaborate on common issues and innovative solutions to a potentially overwhelming event, like a pandemic influenza outbreak.

All of our PI plans created now will ensure the citizens in Alabama are better prepared for any emergency in the future.

If you are interested in enrolling in SHARE, please email cep@adph.state.al.us and put in the subject line "enroll in SHARE." SHARE emails can be quickly identified because [SHARE] will always be in the subject line.

User Instructions to review archived emails:

1. Go online to share.adph.state.al.us
2. Select Online List Archives
3. In the main section, select SHARE
4. Select the week to review, all attachments are included

Thank you for your interest in planning, preparing, and protecting Alabama.

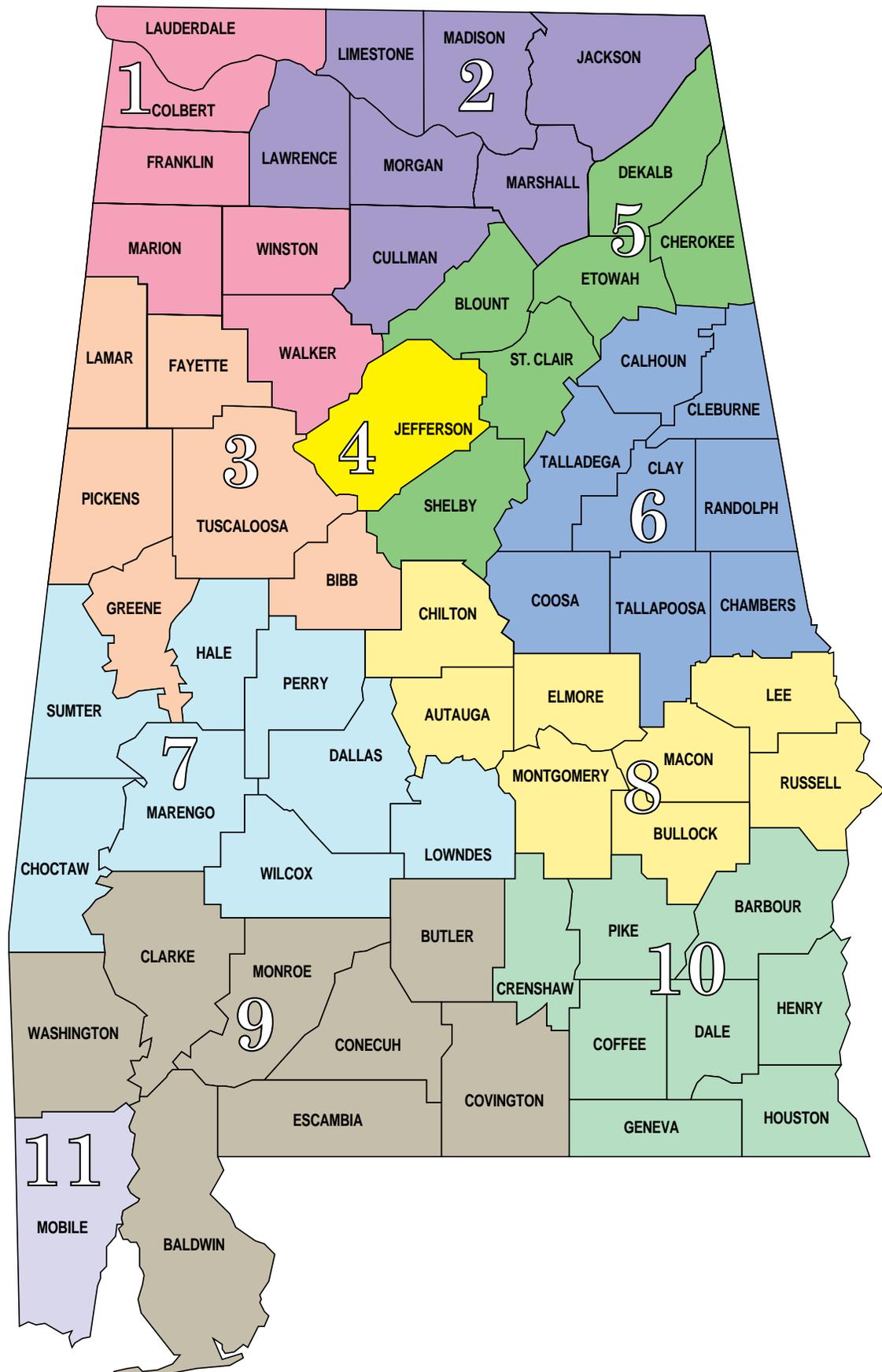
For more information on pandemic influenza, visit www.pandemicflu.gov or www.adph.org/pandemicflu or call ADPH CEP at 1-866-264-4073.



Alabama Department of Public Health

adph.org/cep
cep@adph.state.al.us
1-866-264-4073

Alabama Department of Public Health Areas



Alabama Department of Public Health EMS & Trauma Regions

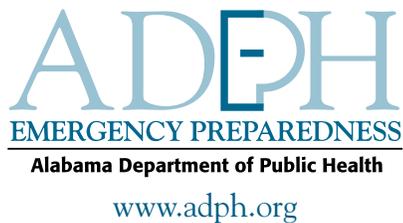


Normal Reactions to an Abnormal Event

Common Signs and Symptoms of a Stress Reaction

<u>PHYSICAL / BODY</u>	<u>COGNITIVE / MIND</u>	<u>EMOTIONAL / FEELINGS</u>	<u>BEHAVIORAL / ACTIONS</u>
fatigue	blaming self or others	anxiety	change in socialization
nausea	confusion	guilt	withdrawal/isolation (others do not understand)
muscle tremors/twitches	difficulty concentrating	grief	emotional outbursts
elevated blood pressure	difficulty making decisions	denial	suspiciousness
nonspecific body complaints	memory problems	emotional shock	change in usual communications
loss or increase in appetite	intrusive images (e.g., repeated visions of the incident)	fear	change in eating habits
rapid heart rate	increased vigilance/watchfulness	uncertainty	increase in alcohol and/or drug consumption
thirst	difficulty identifying familiar objects or people	loss of emotional control	inability to rest/relax
headaches	increased or decreased awareness of surroundings	depression	sleep problems
visual difficulties	poor problem solving	apprehension	antisocial acts
vomiting	poor abstract thinking	feeling overwhelmed	pacing
grinding of teeth	disorientation (time, place and/or person)	intense anger	erratic movements
weakness	disturbed thinking	irritability	change in sexual functioning
dizziness	distressing dreams	agitation	less humor
profuse sweating	nightmares	sadness	
chills	react to criticism, as if attacked	feeling numb or cold	
fainting		denial of reality	
chest pain*		feeling isolated	
difficulty breathing*		intense worry about others	
shock symptoms*			

INCIDENT STRESS CONTROL FOR LEADERS



INCIDENT STRESS

Incident Stress can be a silent enemy having adverse effects on a unit's mission and performance.

The focus of Incident Stress Control is to sustain the readiness and optimal capabilities of the unit's most valuable resource, its members.

Incident Stress is a normal reaction to unusual or traumatic events.

Incident Stress Control focuses on (PIES) responding to workers at or near their sites (Proximity), as quickly as possible (Immediacy), with the expectation that they will return to duty (Expectancy). The interventions used are common sense and practical (Simplicity).

COMMON SIGNS AND SYMPTOMS OF INCIDENT STRESS

Physical: GI upset, jumpiness, "1,000 Yard Stare", tension, headaches and pains, pounding heart, light-headedness, dizziness, shortness of breath, fatigue, dry mouth, shaking.

Cognitive: Difficulty concentrating, problems with memory, difficulty making decisions, confusion.

Emotional: Anger, irritability, grief, anxiety, sadness, worry, guilt, feeling let down by leaders, feeling easily bothered.

Behavioral: Recklessness, trouble sleeping, acting out, swearing, pacing, feeling frozen.

FACTORS CONTRIBUTING TO INCIDENT STRESS

- Problems and uncertainties on the home front or work
- New in unit / limited experience or new responsibilities
- Noise / Dust
- Smells
- Confusion
- Exposure to fatalities
- Threat of future attacks
- Transportation problems / mobility
- Sleep Loss
- Fatigue
- Poor diet / Dehydration

SIGNS OF SERIOUS INCIDENT STRESS

- Behaviors extremely uncharacteristic
- Persistent extreme fatigue
- Displaying rapid speech
- Arguing / starting fights
- Reckless actions / endangering self / others
- Inattention to hygiene / self care
- Stuttering / mumbling / can't speak at all
- Rapid emotional shifts
- Withdrawal from the group
- Sulking / silence
- Apathetic / no interest in food or anything
- Hysterical outburst
- Unable to perform job / disrupting the mission
- Severe Incident Stress can come on quickly or slowly but usually improves with rest and replenishment

LEADERSHIP ACTIONS

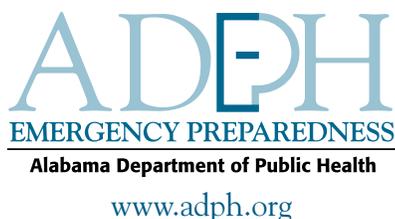
- Appear calm and in control
- Communicate it's OK to feel the fear but necessary to remain calm
- Know your job well / keep team focused
- Encourage members to think and focus on succeeding and talk about succeeding
- Give simple task to stressed team members
- Remind team members to use quick relaxation techniques
- Remember stress fatigue is normal and everyone is susceptible, even you
- Stay in touch with all team members and other unit leaders
- Keep team members informed, don't hide unpleasant possibilities (talk about how they'll be handled)
- Explain reversals and delays positively
- Get the facts
- Rotate jobs
- Encourage team members to support each other
- Have respect for the dead
- Never waste a chance to sleep
- Replenish yourself
- Stay comfortable / maintain good hygiene
- Avoid overuse of alcohol / stimulants

ADPH-CEP-Emerg Prep tips 4-17/07 r&o

Source: National Disaster Medical System



INCIDENT STRESS CONTROL FOR SELF & TEAM



INCIDENT STRESS

Incident Stress can be a silent enemy having adverse effects on a unit's mission and performance.

The focus of Incident Stress Control is to sustain the readiness and optimal capabilities of the unit's most valuable resource, its members.

Incident Stress is a normal reaction to unusual or traumatic events.

Incident Stress Control focuses on (PIES) responding to workers at or near their sites (Proximity), as quickly as possible (Immediacy), with the expectation that they will return to duty (Expectancy). The interventions used are common sense and practical (Simplicity).

COMMON SIGNS AND SYMPTOMS OF INCIDENT STRESS

Physical: GI upset, jumpiness, "1,000 Yard Stare", tension, headaches and pains, pounding heart, light-headedness, dizziness, shortness of breath, fatigue, dry mouth, shaking.

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Emotional: Anger, irritability, grief, anxiety, sadness, worry, guilt, feeling let down by leaders, feeling easily bothered.

Behavioral: Recklessness, trouble sleeping, acting out, swearing, pacing, feeling frozen.

FACTORS CONTRIBUTING TO INCIDENT STRESS

- Problems and uncertainties on the home front or work
- New in unit / limited experience or new responsibilities
- Noise / Dust
- Smells
- Confusion
- Exposure to fatalities
- Threat of future attacks
- Transportation problems / mobility
- Sleep Loss
- Fatigue
- Poor diet / Dehydration

SIGNS OF SERIOUS INCIDENT STRESS

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- Reckless actions / endangering self / others
- Inattention to hygiene / self care
- Stuttering / mumbling / can't speak at all
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- Withdrawal from the group
- Sulking / silence
- Apathetic / no interest in food or anything
- Hysterical outburst
- Unable to perform job / disrupting the mission
- Severe Incident Stress can come on quickly or slowly but usually improves with rest and replenishment

SELF & TEAM ACTIONS

- Focus on the immediate mission
- Appear calm and control
- Practice deep breathing
- Think of succeeding and talk about succeeding
- Remember stress is normal and everyone has it
- Take action and don't ignore your stress
- Stay in touch with team members and communicate
- Get the facts / avoid rumors / don't jump to conclusions
- Replenish, rest, use down time to get gear and self ready
- Sleep at least 4 hours, optimal is 6 to 10 hours
- Talk and share grief, feelings
- Keep busy
- Expect to continue duties, keep working, follow standard operating procedures

ADPH-CEP-Emerg Prep tips 4-17/07 r&o

Source: National Disaster Medical System



RETURNING HOME

AFTER

DEPLOYMENT



Alabama Department of Public Health

www.adph.org

FOR THE TEAM MEMBER

- Support positive things your family has done
- Make individual time for yourself
- Avoid excess spending
- Go slowly in readjusting
- Be prepared to make adjustments
- Take time to listen and talk
- Go easy on partying
- Delay major decisions
- Be patient
- Continue to expect stress reactions

FOR SPOUSES

- Avoid overscheduling too many things
- Go slowly in making changes and adjustments
- Take time for yourself
- Remind spouse they are still needed
- Be patient
- Update returning spouse on family news

TIPS FOR REUNION WITH CHILDREN

- Be available with time and emotions
- Let children set the pace in reunion
- Delay changes in rules
- Focus on success; avoid criticism
- Encourage children to talk about what has happened
- Make individual time for children
- Blend back into family routines
- Expect that there may have been changes

RETURNING TO WORK

- Work may seem less important
- Co-workers may not understand
- Allow time to readjust to workplace changes
- There may be hostility from co-workers
- Think about how to talk about your experiences
- There may be time you do not wish to talk

TAKE CARE OF YOURSELF

- Attend your team debriefing
- Get adequate rest
- Talk to someone supportive
- Get adequate exercise
- Avoid misuse of alcohol
- Expect stress reactions to diminish with time

ADPH-CEP-Emerg Prep tips 4-17/07 r&o

Source: National Disaster Medical System



get 10

get ready for emergencies

Collect and store these 10 essential items to **GET READY** for an emergency.

- Place your emergency supply kit in waterproof bags.
- Store the bags in one or two emergency containers, such as plastic tubs, unused trash cans or duffel bags.
- Store your kit where family members can locate it.
- Try to have enough food, liquid, batteries, and other supplies to last one to four weeks depending on the emergency.

For more information about emergency preparedness, contact:
ADPH Center for Emergency Preparedness
adph.org/cep
Centers for Disease Control and Prevention
cdc.gov
Federal Emergency Management Agency
fema.gov
Homeland Security
ready.gov
U.S. Department of Health and Human Services
pandemicflu.gov

ADPH

EMERGENCY PREPAREDNESS

Alabama Department of Public Health

No computer? Call the Alabama Department of Public Health.

Call Toll Free: 1-866-264-4073

For TTY call Alabama Department of Rehabilitation Services at 1-800-499-1816.

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