

Hendricks County

Health Department

Medical Reserve Corps

Handbook

Hendricks County

Health Department



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Hendricks County Health Department

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## I. INTRODUCTION

### A. MISSION STATEMENT

The mission of the Hendricks County Medical Reserve Corp (HCMRC) is to recruit, train, and retain a volunteer roster of medical and non-medical professionals who are willing to contribute their skills and expertise in response to public health initiatives, community educational needs, and threats that may affect the citizens of Hendricks County.

### B. VISION STATEMENT

The vision of the HCMRC is to support the Hendricks County public health initiatives, lead community health-related programs, and enhance the medical and emergency response capability of Hendricks County.

### C. VALUES

The HCMRC values include:

1. Community:We honor the community-based nature of the HCMRC and recognize and encourage the spirit of volunteerism within the Hendricks County community and the HCMRC.
2. Action:We seek opportunities to develop meaningful initiatives that support community medical and public health volunteerism and service.
3. Resourcefulness:We maximize our potential to learn, and create relationships that maximize our assets to the fullest extent.
4. Teamwork:We embrace and create collaboration and partnerships that work collectively to achieve our mission.

These values are core to our ability to meet our mission, goals and vision.

### D. BACKGROUND

The National Medical Reserve Corps (MRC) Program was launched in July 2002 by the Office of the U.S. Surgeon General in response to President George W. Bush’s call for Americans to offer volunteer services in their community. The objective of the MRC program was to create a national network of local, community-based groups of medical and non-medical professionals that are organized and willing to respond to all threats that have the potential to affect the public health of their region. In addition to responding to public health threats, the MRC was also designed to provide community-based, public health awareness promotion as needed.

At the national level, the Division of the Civilian Volunteer Medical Reserve Corps (DCV-MRC) facilitates efforts to establish and implement local MRC units across the country. As of 2015, the MRC network comprises approximately 185,000 volunteers in roughly 860 community-based units located throughout the United States and its territories.

Hendricks County understands that volunteers are a driving factor in the preparedness of our community for major or catastrophic events and other public health-related disasters. It is this understanding that led to the establishment of the Hendricks County Medical Reserve Corps (HCMRC) in 2007. The HCMRC works to recruit a dedicated team of volunteers to assist with medical teams in times of public health emergencies; to assist the Hendricks County Health Department in promoting public health awareness through activities such as flu clinics, and health fairs, etc.; and promoting health initiatives such as the national program Stop The Bleed, assisting at Hendricks County festivals and fairs, etc. Although the MRC mission is public health focused, having a medical professional background is not a requirement to join; all are welcome.

In 2019 Crisis Response Team (CRT) volunteers were added to the HCMRC. This volunteer group is trained to assist victims, and survivors following a traumatic event.

## II. ORGANIZATION

### A. ORGANIZATIONAL STRUCTURE

Since 2007, the HCMRC has operated under the jurisdiction of the Hendricks County Health Department. The HCMRC Coordinator is a paid position under the Hendricks County Health Officer, and is responsible for:

* The day-to-day, emergency and non-emergency operations of the HCMRC.
* Identifying, recruiting, and training all HCMRC volunteers.
* Ensuring that all volunteer FEMA training, licenses, certificates and background checks are accurate and up-to-date.
* Rostering all volunteers within a secure database maintained within the Hendricks County Health Department computer network.
* Ensuring the Hendricks County Emergency Management Agency (EMA) has a current copy of the volunteer roster.
* When possible, participate in state-wide MRC activities as mandated by the Indiana State Department of Health (ISDH).

The HCMRC Executive Committee supports the efforts of both the HCMRC and HCMRC Coordinator. Responsibilities include ensuring oversight of fiscal management, program and project planning and implementation, and alignment of the volunteers to the mission and vison of Hendricks County***.***

### B. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

The HCMRC has adopted the National Incident Management System (NIMS) guidelines. Volunteer activation and responses are managed under the organizational structure set forth in the Incident Command System (ICS) protocols. The ICS provides structured management and communications allowing smooth expansion and contraction of incident response. HCMRC volunteers deployed for emergency events will be integrated into an existing ICS structure of the requesting agencies/organizations and should operate in accordance with ICS principles.

## III. VOLUNTEER-SPECIFICS

### A. RECRUITMENT

The HCMRC Coordinator with support of the Executive Committee is responsible for recruiting volunteers into the HCMRC. Methods of recruitment include, but are not limited to:

* Meetings with municipal agencies and health care organizations.
* Presentations to affiliates and potential response partners.
* Information tables at health fairs and community events.
* Mass mailings to health professionals (funds permitting).
* Word of mouth marketing from current volunteers.
* Media campaigns, i.e. newspapers, TV, radio, and Internet, etc. (funds permitting)
* Social Media outlets like Facebook, Twitter, YouTube, and LinkedIn, etc.
* Use of posters and brochures targeted to health care professionals, students, retirees and general community volunteers.

### B. VOLUNTEER APPLICATION PROCESS

Volunteers should direct interested individuals to the HCMRC website at HendricksCountyMRC.org for information and background on the organization. Question concerning the HCMRC can be directed to the HCMRC Coordination at [MRC@co.hendricks.in.us](mailto:MRC@co.hendricks.in.us). Those interested in Joining the HCMRC will need to complete the application form found on the website.

Following the completion of the HCMRC application, the HCMRC Coordinator will ensure verification of all licenses and certificates. All volunteers will be checked against the Indiana Sex and Violent Offender Registry and have background checks completed. **Error! Hyperlink reference not valid.**Once accepted into the HCMRC, the HCMRC Coordinator will input the volunteer’s information into the State Emergency Registry of Volunteers for Indiana (SERV-IN) database and register with Hendricks County. Once entered into the Registry an individual is considered a rostered volunteer.

### C. TRAINING AND EXERCISES

Training is essential for preparedness. Training ensures that all individuals involved in an incident response effort, regardless of authority level, have the same understanding. HCMRC requires allvolunteers to complete the MRC Basic Training Level as outlined by the DCV-MRC within one year of being accepted into the HCMRC. Volunteer assignments will be based upon training levels, regardless of a volunteer’s day-to-day position within the community.

##### REQUIRED MRC TRAININGS

The following are the HCMRC Basic Training requirement. Course can be accessed at the FEMA training site. **Upon course completion, certificates are to be submitted to the HCMRC Coordinator.**

* IS-100.b – Introduction to Incident Command System (or HICS 100).

This course is designed to give an introduction to the principles, common terminology and position responsibilities when responding to an event using the Incident Command System (ICS). The course specifically discusses major ICS functions and their primary responsibilities, ICS organizational units, span of control, major incident facilities and the function of each, what an Incident Action Plan is and how it is used, and the common responsibilities associated with incident assignments. (~2-3 hours in length).

* IS-700.b – National Incident Management System, Introduction (or HICS 700).

This course introduces and overviews the National Incident Management System (NIMS). The NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents. (~2-3 hours in length).

##### RECOMMENDED HCMRC OPTIONAL TRAINING

* Basic First Aid and CPR/AED Training.   
  It is recommended that all MRC volunteers be trained in Basic First Aid and CPR.
* Drills, Pods and Exercises.   
  Participation in drills, pods and exercises is a great tool to promote preparedness. Not only do they promote teamwork and improve incident response, but they allow planners to identify gaps in response efforts resulting in plan improvement. With this understanding, HCMRC volunteers may be asked to participate in local exercises. These exercises may include, but are not limited to:
* Call-Down Drills: Tests team availability.
* Tabletop Exercises: An exercise that simulates an emergency situation in an informal environment (i.e., large conference room). It is designed to elicit constructive discussion as participants respond to situations as presented in the role in which they would serve.
* Functional Exercises: A fully simulated interactive exercise. It tests the capability of a jurisdiction to respond to a simulated emergency testing one or more functions of the jurisdiction’s plan. It focuses on policies, procedures, roles and responsibilities of single or multiple emergency functions.
* Full Scale Exercises: Full scale exercises are as close to a real disaster as one can get without the real thing. It is a field exercise designed to evaluate the operational capability of emergency management systems in a high stress environment simulating actual response conditions. This exercise requires the mobilization and actual movement of emergency personnel, equipment and resources. Realism is achieved through on-scene actions, decisions and simulated victims, communication and actual resource allocation.
* District 5 Medical Reserve Corps Orientation Training   
  This course will introduces MRC volunteers to activation, reporting and deactivation procedures; describes the role of the local MRC unit in a public health event or emergency response; helps MRC volunteers identify limits to their own skills, knowledge and abilities as they pertain to MRC roles; provides introductory training on Point of Dispensing (POD) sites and the Incident Command; and provides risk communication training. It is approximately 60 minutes in length. This course can be presented in the classroom or presentations can be emailed to volunteers. If the latter, acknowledgement of review will be required

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* Ready.gov (brief overview).   
  Ready.gov is a website that houses trainings and guidelines that may aid an individual with their personal preparedness readiness.

##### JUST-IN-TIME-TRAINING

Just-in-time-training will be provided to all HCMRC volunteers working at an incident regardless of training level and will describe the roles and responsibilities of the position the volunteer has been assigned to. Volunteers will also be provided with job action sheets as required.

##### ADDITIONAL TRAININGS FOR AN EXPANDED ROLE

If a volunteer would like to have an expanded role within the HCMRC and ICS hierarchy, they should notify the HCMRC Coordinator, who will in turn, provide them with the necessary instruction for the additional responsibilities and trainings that may be required. Some examples of additional trainings could include IS-200, IS-300, IS-400, and IS-800.

## D. LENGTH OF SERVICE

There is no binding agreement regarding a volunteer’s length of service with the HCMRC. However, because of the investment of time, training, and resources that the HCMRC will dedicate to each volunteer, it is hoped that prior to joining, potential volunteers consider whether they will be able to fully participate in the HCMRC program and complete the training plan.

## E. VOLUNTEER POSITIONS

The incident or event being responded to may dictate differing levels of volunteer activity.

Assigned positions will depend on a number of factors; factors that may include a volunteer’s physical ability, interest, training, and expertise.

## F. VOLUNTEER RIGHTS AND RESPONSIBILITIES

##### VOLUNTEER RIGHTS

Volunteers rostered with the HCMRC will be have the following rights:

* An interview and orientation;
* Assignments that utilize and develop existing skills;
* Adequate information and training to carry out assignments;
* Clear and specific directions;
* Recognition and appreciation for each contribution;
* Opportunities to offer feedback and ask questions;
* Regular volunteer feedback;
* Adequate space, equipment and supplies to perform necessary duties; and
* The right to know as much about the organization as liked.

##### CODE OF CONDUCT

Volunteers also have specific responsibilities to the HCMRC. In an effort to maintain the high standard of conduct expected and deserved by the public, and to enable the organization to continue to offer services required by those in need, the HCMRC operates under the following Code of Conduct, applicable to all volunteers:

* Volunteers will refrain from self-activating;
* Volunteers will obey all state, federal, and local laws;
* Volunteers should be amenable to serving all people regardless of race, gender, age, religion, sexual orientation, and/or disability;
* Volunteers should be dependable, reliable, and professional, and abide by all policies set forth by the HCMRC;
* Volunteers will refrain from activating if under the influence of any substance, legal or illegal, if the said substance has the potential to render the volunteer impaired, unfit, or unable to carry out their assigned duties;
* Volunteers will not accept or seek on behalf of themselves, or any other person, any financial advantage or gain that may be offered because of the volunteer’s affiliation with the HCMRC;
* Volunteers will not publicly utilize any HCMRC affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the official positions of the HCMRC;
* Volunteers will adhere to the guidelines of their job description/scope of practice;
* If a volunteer feels unfit, physically or mentally, to perform their assigned duties, then it is the responsibility of the volunteer to immediately report this to their immediate supervisor and/or Incident Commander;
* Volunteers will maintain the confidentiality of information revealed to them regarding clients and coworkers in accordance with federal, state, and local regulations;
* Volunteers will possess the required licensure and liability insurance for any private vehicles, vessels, boats, or aircraft being used in any mission, exercise, or other authorized activity unless specifically directed otherwise by an authorized official in accordance with current law;
* Volunteers will adhere to the NIMS and the ICS structure at all times;
* Volunteers will refrain from talking to the media. If approached, volunteers should refer the media contact to their immediate supervisor and/or the incident Public Information Officer.
* Volunteers will sign in and out (using ICS Form 211) with their immediate supervisor or HCMRC Coordinator when responding to an incident. Similarly, volunteers will keep track of their hours worked; and
* Volunteers should look to continuously offer feedback and suggestions to incident management.

##### CONFLICT RESOLUTION

If the HCMRC Coordinator and/or an incident supervisor is dissatisfied with a volunteer’s performance, the first course of action will be to communicate that concern to the volunteer. If they are unable to reach a mutual understanding, the management of the Hendricks County Health Department will attempt to resolve the matter. In most cases, a volunteer will be given sufficient time to respond affirmatively or request reassignment to a more suitable placement. In some cases, however, immediate action may be required depending upon the severity of the issue. The management of the Hendricks County Health Department will be the ultimate deciding body for all matters concerning the HCMRC.

## IV. PRINCIPLES OF OPERATION

## A. ACTIVATION PROCEDURES

All requests for MRC volunteers will be funneled through the HCMRC Coordinator and the Hendricks County Health Department. If the request is made directly to the HCMRC Coordinator and/or designee(s), the request will be funneled up the Health Department management, and if approved, to the EMA. **All activations must be approved by EMA**. Upon EMA approval, the HCMRC Coordinator and/or designee may then activate volunteers per procedures outlined below.

##### CHAIN OF COMMAND

The chain of command for the unit always begins with the HCMRC Coordinator. The HCMRC Coordinator and/or designee(s) will carry out notifications and activations as instructed by Health Department management and/or EMA and manage all deployments. Once activated, the HCMRC Coordinator and/or designee(s) will still be a part of the incident response, but volunteers may be directed to report to station supervisors and/or ICS Command and/or General Staff.

##### OVERVIEW OF ACTIVITIES

The type of incident being responded to will determine the specifics for activation. Whether volunteers are needed for one site, or many, depends on the scope of the incident. For example, volunteers could be assigned to a single staging area if there is a localized mass-casualty incident (such as an apartment fire or building collapse); to various emergency shelters if a flood or snowstorm displaces people from their homes; and/or to clinics in several towns across the county to prevent the spread of an infectious disease outbreak that has put the region at risk, etc. Due to an incident’s lack of predictability, there is no pre-determined volunteer gathering point; instead, the Health Department and its partners will have identified an appropriate location and will relay such to the HCMRC volunteers when activated.

The type and scope of incident also impacts the methods of activation to be used in each case, i.e. non-emergency vs. emergency. Regardless, volunteers will be activated by the HCMRC Coordinator and/or designee(s) and should **NEVER** self-activate. Note that activation of the HCMRC in an emergency will occur in conjunction with the EMA.

1. During an Emergency: Live Process Software will be used to alert and activate volunteers. Other methods of communication may also be utilized. The alert notification will be sent to the telephone number(s) and/or e-mail addresses provided by the volunteer upon registration and kept in the HCMRC database. Thus, it is important that volunteers ensure that their information is kept up-to-date in the HCMRC Coordinators database. Depending on the situation, the media or other methods may be utilized to contact volunteers. If a volunteer cannot participate no action is required.
2. During a Non-Emergency: E-mail and/or telephone calls will be the primary means of volunteer activation. Software may or may not be used. Meetings and the website will be utilized to inform volunteers of upcoming events and public health activities where volunteer support is desired. If a volunteer cannot participate no action is required.

##### COMMUNICATIONS

Based upon the scope of the incident being responded to, a combination of the following vehicles will be used to activate HCMRC volunteers:

* Software. Automated computer software system designed to send messages via multiple vehicles (telephone, email, etc.) simultaneously. The Live Process account, and associated permissions for Hendricks County Health Department’s use, is maintained by Hendricks Regional Health;
* Telephone. Incoming and outgoing telephone calls. If available, the use of short message service (SMS), i.e. text messages, may also be used;
* E-mail. Incoming and outgoing emails.
* Internet. Internet that includes Indiana State Health Department (ISHD) partner/stakeholder, media, and social media may be used. The internet can also be used to request additional volunteers (spontaneous volunteers, see Section D);
* Media. Media that includes print, radio, and television. The media may be notified by the HCMRC Coordinator or designee to request additional volunteers;
* Hotline. If needed, the Hendricks County Health Department will use (317) 745-9217 as a hotline for volunteers to use in determining their activation status. This will be at the discretion of Health Department management;
* Indiana’s 2-1-1 System. Through the non-profit organizations, Indiana 211 Partnership, Inc. and United Way of Central Indiana, the goal of 2-1-1 is to create a seamless network of information and referral services that enables anyone in Indiana in need of human services to have quick referrals to those who provide them by dialing 2-1-1. Volunteers and partners alike will be able to use 2-1-1 as a form of hotline that they can dial for the most up-to-date preparedness information. If 2-1-1 is needed, the Hendricks County Health Department would contact the United Way of Central Indiana Hendricks County Area Director for further guidance and volunteers would be informed.

## B. RULES OF ACTIVATION

There are two fundamental rules for activation under the HCMRC:

1. The HCMRC Coordinator and/or designee(s) **WILL** be the only one(s) to activate volunteers.
2. Volunteers should **NEVER**self-activate.

It is crucial that these rules are followed because it ensures that:

* Notifications will be made through the most effective channels;
* Responses from volunteers will be tracked efficiently with no duplication;
* The appropriate number and type of volunteers will be dispatched;
* Volunteers will be assigned based upon their optimum skill levels and preferences;
* All resources will be allocated wisely in the case of multiple requests;
* Volunteers will be provided with the relevant incident-specifics and instructions;
* Volunteers will arrive with the appropriate training and equipment;
* Activities of volunteers will be monitored appropriately;
* After-action reporting and feedback mechanisms will be maintained

## C. RESPONSIBILITIES DURING ACTIVATION

During times of activation, the HCMRC and its governing body, the Hendricks County Health Department, is ultimately responsible for the safe activation of volunteers. The HCMRC should:

* Ensure that the appropriate number and type of volunteers are activated. Use all available communications methods until a response is received. This includes keeping track of all volunteers activated. Similarly, all volunteers notified, regardless of response, should also be tracked to reduce the potential for duplication of the notification process;
* Ensure that volunteers respond to the appropriate location(s) with the appropriate gear and instructions;
* Ensure that all volunteers have required identification badges using the Medical Countermeasures Dispensing Plan Credentialing and Badging Standard Operating Procedures;
* Provide volunteers with just-in-time-training as needed;
* Maintain constant communications with the incident management and volunteers;
* Monitor the incident as needed to include response and staffing level needs. Depending upon the scope of the incident, this may include creating multiple volunteer shifts;
* Request backup support from other county MRC units or through the request of spontaneous volunteers;
* Ensure all ICS paperwork is adequately completed and maintained (e.g., sign in/out sheets, ICS Form 211); and
* Monitor volunteer safety. This will include working in conjunction with the incident Safety Officer and Logistics Section Chief to not only ensure a safe working environment for the volunteers, but to ensure that volunteers are provided with the necessary food, water, and shelter as well. Food, water, and shelter supplies will be requested through the EMA by the Logistics Section Chief and/or designee. EMA may, in turn, reach out to the American Red Cross, the Salvation Army, or United Way of Central Indiana for these resources. The health department will also ensure that mental health professionals are either on-scene or on-call to provide mental health care as needed. Mental health professionals will come from the MRC, American Red Cross, or from partner agencies (e.g., Cummins Behavioral Health, Inc.). Although the Hendricks County Health Department will help organize the delivery of these services, the Health Department will not be the agency directly responsible for providing food, water, and/or shelter.

Volunteers also have responsibilities that they need to abide by. Volunteers should:

* Always follow the Volunteer Code of Conduct;
* Ensure receipt of assignment and appropriate instruction from the MRC Coordinator and/or designee(s). This should include reporting location and time, expected length of assignment, brief description of assigned duties, route information, and a designated communications link if necessary;
* Bring all required equipment and be sure to dress in a manner fitting of the incident. There are no MRC uniforms, but volunteers are to bring an HCMRC vest, shirt, or sweatshirt if they have one. If not a vest will be provided;
* Report to their assigned stations in a timely manner, sign in, and report to their immediate supervisor. The immediate supervisor should then provide the volunteer with a more in depth assignment-specific briefing;
* Ensure an understanding of the assignment. Ensure receipt of the appropriate just-in-time-training as necessary;
* Organize and brief any subordinates assigned to them;
* Use clear, understandable text when relaying any communications. Volunteers should refer to incident facilities appropriately and to personnel by ICS title;
* At the end of each shift, or if assigned other duties, provide an incident briefing to the successor;
* Complete all required forms and reports (to be disclosed during just-in-time-training) and deliver them to your supervisor;
* Sign in and out of duty stations at all times using the ICS Form 211;
* Demobilize according to the plan.

## D. DEACTIVATION

HCMRC volunteers will support emergency medical and public health operations for the duration of an incident, or for as long as their assistance is required. The HCMRC Coordinator will work in conjunction with the Incident Commander and/or EMA to determine volunteer requirements. If instructed to deactivate, volunteers will demobilize, along with resources, in accordance with the Incident Action Plan and/or their immediate supervisor’s instructions. The following are guidelines to be used when ordered to deactivate:

1. Confirm deactivation order with immediate supervisor;
2. Identify successor and brief them on incident and position status (if applicable);
3. Conduct exit interviews with subordinates (if applicable);
4. Upon incident completion, begin tear down duties at each station and pack all equipment and supplies;
5. Arrange return of equipment and supplies through immediate supervisor;
6. Coordinate with facilities unit to restore station area to pre-incident conditions;
7. Submit all relevant documentation to immediate supervisor;
8. Return identification (if applicable);
9. Identify issues for the After Action Report; and
10. Sign out using the ICS Form 211.

Following deactivation, the HCMRC Coordinator will meet with each volunteer and ensure that the Health Department has the most up-to-date contact information for each volunteer. This will help ensure that the HCMRC roster is fully up-to-date. In addition, because public health emergencies are stressful events, the HCMRC Coordinator will need the most up-to-date contact information so that he/she may follow-up with activated volunteers to ensure that there are no mental health needs post-deployment, and if there are, that the appropriate mental health referrals have been made.

## V. RISK MANAGEMENT, LEGAL, AND LIABILITY CONCERNS

## A. CONFIDENTIALITY

During times of activation, a volunteer may be privy to sensitive confidential information such as protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishes, in federal law, the basic principle that an individual’s medical records belong to that individual and cannot be reused, released, or disclosed without the explicit permission of that individual or legal guardian. Protected health, confidential, and sensitive information is either information that is protected by law, or is of such a personal nature that it is not treated as public record and must be safeguarded at all times. This includes information that can be linked to a specific individual through name and/or an identifying number such as a social security number, address, or telephone number.

Volunteers should understand that accessing or releasing confidential PHI, regardless of intention, could constitute a violation of the confidentiality agreement and may subject the volunteer to:

* Civil and criminal liability; and
  + HCMRC disciplinary action such as suspension, restriction or loss of privileges, termination of the volunteer assignment, and/or dismissal from the HCMRC.

## B. VOLUNTEER RISK

The HCMRC intends to minimize and prevent risks to volunteers through appropriate live and online training, and will match volunteers with assignments for which they have the skill and qualifications. Volunteers can reduce their personal risk by ensuring participating in offered training, participating in mock training exercises, keeping immunizations records accessible and up-to-date, and always using universal precautions. However, volunteers must understand that some unanticipated risk is unavoidable during any work which involves direct patient care, regardless of the duties being performed and/or emergency level.

Personal valuables and equipment are also subject to risk. At this time, the HCMRC does not accept any responsibility for loss or damage to any personal valuables or equipment. It is recommended that volunteers refrain from bringing valuables when activated.

## C. TORT PROTECTION

The Federal Volunteer Protection Act of 1997 (VPA; 42 U.S.C. § 14501 et. seq.) provides qualified immunity from liability for volunteers and, subject to exceptions, preempts inconsistent state laws on the subject, except for those that provide protections that are stronger than those contained in the VPA. The VPA defines a volunteer as “an individual performing services for a nonprofit organization or a governmental entity who does not receive compensation" (other than reasonable reimbursement or allowance for expenses actually incurred or any other thing of value in lieu of compensation, in excess of $500 per year).

The Public Readiness and Emergency Preparedness Act (PREP Act) enacted as Division C of the Defense Appropriations Act for fiscal year 2006, Pub. L. No. 109-148 authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a declaration (PREP Act declaration) that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures.

Indiana Code 10-14-3-15 states that volunteers functioning in an emergency management-related capacity are not liable for the death of or injury to persons or for damage to property as a result of that activity except in the cases of willful misconduct, gross negligence, or bad faith.

## D. WORKERS’ COMPENSATION COVERAGE

Indiana Code 22-3-2-2.1 states that rostered volunteers may be covered by the medical treatment provisions of the worker's compensation law (IC 22-3-2 through IC 22-3-6). Hendricks County policy states that **activated** and **rostered** HCMRC volunteers that perform duties within the scope of their day-to-day duties will be covered under the county’s Workers’ Compensation insurance coverage as long as they are appropriately rostered, trained, and activated through the Emergency Medical Agency (EMA). Non-activated and spontaneous volunteers are **NOT** covered; thus, it is imperative that volunteers do not self-activate – await activation orders. The current Hendricks County insurance policy will cover up to $25,000 worth of liability. The Hendricks County Office of Human Resources is responsible for maintaining the insurance policy. However, it is the responsibility of the HCMRC Coordinator to ensure that the EMA and the Office of Human Resources has the most up-to-date list of HCMRC volunteers at all times.