



**pennsylvania**  
DEPARTMENT OF HEALTH

# **State Emergency Registry of Volunteers in Pennsylvania (SERVPA)**

## **Operations Manual**

**VERSION 2 (12/29/2014)**



**STATE EMERGENCY REGISTRY  
OF VOLUNTEERS IN PENNSYLVANIA**

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## LIST OF ACRONYMS

ACS – Alternate Care Site  
AMA – American Medical Association  
ARC – American Red Cross  
CORES™ – SERVPA web-based emergency response system  
DRC – Disaster Recovery Center  
DVCT – Donations and/or Volunteer Coordination Team  
EMAC – Emergency Management Assistance Compact  
EMS – Emergency Medical Services  
ESAR-VHP – Emergency System for the Advance Registration of Volunteer Health Professionals  
FEMA – Federal Emergency Management Agency  
ICS – Incident Command System  
ID – Identification  
JITT – Just-in-Time Training  
JNET – Pennsylvania Justice Network  
LMS – Learning Management System  
MESS - Mobile Emergency Support System  
MRC – Medical Reserve Corps  
NIMS – National Incident Management System  
PADOH – Pennsylvania Department of Health  
PA DOS – Pennsylvania Department of State  
PEMA – Pennsylvania Emergency Management Agency  
POD – Point of Dispensing  
SERVPA – State Emergency Registry of Volunteers in Pennsylvania  
VRC – Volunteer Reception Center

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I. Introduction

A. Purpose

The purpose of the SERVPA Operations Manual (hereafter referred to as “Manual”) is to inform volunteers and administrators about the SERVPA web-based data system and volunteer management program. The Manual explains how volunteers register and manage their contact information in SERVPA and how volunteers are deployed through the system. The Manual is a living document, with sections being revised and updated as new information becomes available. An electronic copy of the Manual may be obtained at the SERVPA website (<https://www.serv.pa.gov>).

B. PADOH Mission Statement

The mission of the PADOH is to promote healthy lifestyles, prevent injuries and disease, and to ensure the safe delivery of quality healthcare for all Commonwealth citizens. SERVPA supports this critical mission by improving Pennsylvania’s ability to respond to natural and man-made threats to protect the health of its citizens.

II. SERVPA Program Overview

A. Background of the ESAR-VHP Program

The ESAR-VHP program was prompted by the recognition that there was no national effective or efficient means of registering or credentialing emergency response healthcare personnel and that this deficiency may hamper response in an emergency. Growing attention to public health emergency preparedness and the recognized need to improve the country’s capability to respond to both natural and man-made disasters led to the passage of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, which requires the United States Department of Health and Human Services to establish and maintain a system for the advance registration of health professionals for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of medical professionals when they are requested to volunteer their skills during public health emergencies.

The Federal Health Resources and Services Administration was tasked with implementing the registry and is assisting each state to establish a standardized volunteer registration system. The 2006 Pandemic and All-Hazards Preparedness Act moved the ESAR-VHP program to the Office of the Assistant Secretary for Preparedness and Response. ESAR-VHP standards are mandated to American states and territories, enabling an enhanced national interstate and intrastate system for identifying and sharing medical professionals.

The goal of ESAR-VHP is for each state to build and maintain a registry of readily available, verifiable and up-to-date information regarding volunteer identity, licensing, credentialing, accreditation, and privileging. The creation of the standardized state systems

provides each state with the ability to quickly identify and better utilize volunteers in emergencies and disasters. This state-based approach to creating a national system with each state independently developing, maintaining, operating, and commanding its own system is dependent upon a number of core tenets including:

1. Development and adherence to a common set of definitions.
2. Collection and maintenance of a minimum data set.
3. Commitment and assurance of interoperability.

## B. SERVPA Framework

SERVPA is Pennsylvania's implementation of the ESAR-VHP program. The PADOH Volunteer Emergency Workforce Coordinator manages the SERPVA program.

SERVPA is a statewide volunteer database that allows volunteers to register for possible deployment to support an emergency response. It provides a single, statewide comprehensive registry for the recruitment, registration, vetting, and potential deployment of volunteers. By collecting, verifying, and maintaining a standard set of volunteer data, SERVPA makes it easy to identify, activate, and deploy responders with the appropriate skills when needed.

1. SERVPA Program Goals
  - a. Pre-register healthcare professional and non-medical volunteers into a database capable of tracking volunteer information, verifying credentials, and tracking public safety and criminal justice information to ensure a qualified and safe volunteer workforce that is ready to support emergency response needs in Pennsylvania.
  - b. Provide a volunteer registry system, capable of electronically managing volunteer data, to local and state emergency response leaders.
  - c. Establish an efficient system for volunteer notification and deployment.

## 2. Technology

SERVPA is supported by web-based software that allows the PADOH to recruit, register, validate, and manage up-to-date information for individuals, with both medical and non-medical skills, who volunteer to assist in the event of an emergency.

The software, provided by Intermedix (formally known as Collaborative Fusion, Inc.), is called the CORES™ Platform. It provides ESAR-VHP compatible, Hospital Incident Command System (ICS) compliant, National Incident Management System (NIMS) compliant, and Federal Information Processing Standards 201-1 compliant:

- a. Interoperable registration.
- b. Notification.
- c. Deployment management.
- d. On-scene accountability.
- e. Post-incident reporting solutions to agencies responsible for coordinating response personnel and resources in a disaster.

SERVPA is linked to:

- a. PA Prepared, the PADOH's preparedness Learning Management System (LMS)

The LMS provides training and continuing education credits for certain licensed professionals through an online LMS. When SERVPA volunteers complete courses on the LMS, the trainings are automatically registered on their account in SERVPA.

- b. Pennsylvania Department of State (PA DOS)

The PA DOS provides licenses in Pennsylvania. When SERVPA volunteers provide medical license information, the SERVPA system communicates with the PA DOS database and verifies medical license information at the time of initial registration, when volunteers are deployed or upon a verification request at any time.

- c. Pennsylvania Justice Network (JNET)

JNET is a system that manages public safety and criminal justice information. JNET provides real time updates via email to the PADOH SERVPA System Coordinator concerning warrants, convictions, etc., for registered volunteers.

- d. Bureau of Emergency Medical Services (EMS)

The PADOH's Bureau of EMS provides certifications for all EMS personnel in Pennsylvania. When SERVPA volunteers provide EMS certification information, the SERVPA system communicates with the EMS database and verifies EMS certification at the time of initial registration, when volunteers are deployed or upon a verification request at any time.

### 3. Stakeholders

Stakeholders include, but are not limited to, local and state volunteers, volunteer associations, and volunteer leaders, e.g., Medical Reserve Corps (MRC) organizations.

#### 4. Levels of SERVPA Administration

##### a. Local Administrators

SERVPA volunteers are organized into organizations. Each organization has a Local Administrator who functions as the volunteer coordinator. In the SERVPA system, the Local Administrators have access to volunteer data for those volunteers registered in their organization. For local emergencies, the Local Administrators may deploy SERVPA volunteers from their organization without involvement from any other level of Administrator.

##### b. Regional Administrators

Regional Administrators have access to multiple organizations that comprise their respective program or region. Local Administrators agree to allow a Regional Administrator to have visual access to their organization's volunteer data. For example, the Pennsylvania Emergency Management Agency (PEMA) Western Office is a Regional Administrator for the Emergency Management Coordinators within the PEMA Western Area.

##### c. System Coordinator

PADOH staff are the only System Coordinators. System Coordinators have access to all volunteer data within the SERVPA registry. System Coordinators do not directly deploy volunteers in the event of an emergency. Instead they work through the network of Regional and Local Administrators to notify and deploy volunteers.

#### 5. How SERVPA is Activated

SERVPA can be activated by:

- a. Local Administrators or Regional Administrators to deploy volunteers for local responses
- b. System Coordinators, through Local Administrators or Regional Administrators, to deploy volunteers for statewide response
- c. System Coordinators, through Local Administrators or Regional Administrators, to deploy volunteers to another state when another state declares an emergency and makes a formal request for volunteer assistance through the Emergency Management Assistance Compact (EMAC).

When Administrators are made aware of a need for volunteers to respond to an incident, they can use the SERVPA system to create a mission. The mission description provides a consistent means of sharing information about the details related to the event. Administrators define the types and numbers of volunteers required to support the mission. These requirements can be defined very broadly in

an attempt to “cast a wide net” or very narrowly to “hone in on” a very specific skill set. Given the description of a mission and its staffing requirements, Administrators are able to identify potential organizations or volunteers for the mission response. A Local Administrator with responsibility for a single organization is able to target only that organization. Regional Administrators and System Coordinators are able to identify any organization, under their purview, for the purposes of identifying volunteers, through the Local Administrator, to meet the response requirement.

#### 6. 24/7 Availability

When volunteers are needed to support an emergency response, a Local Administrator can deploy volunteers locally, using the system. If a local jurisdiction needs volunteers and cannot meet the need with local volunteers, the local Emergency Management Coordinator can request SERVPA volunteers by contacting PEMA. PEMA has Watch Officers on duty 24/7. PEMA will notify PADOH staff of the request for volunteers. See Section IX for information on the various liability protections that may exist depending upon what entity deploys the volunteer into service.

### III. Target Volunteer Audience

Medical and non-medical volunteers are invited to register in the SERVPA system.

#### A. Medical Volunteers

The ESAR-VHP program has identified the following priority healthcare professions (found within the *ESAR-VHP Guidelines*) to be included in the SERVPA registry: Physicians (Allopathic and Osteopathic), Registered Nurses, Advanced Practice Registered Nurses including Nurse Practitioners, Certified Nurse Anesthetists, Certified Nurse Midwives, Clinical Nurse Specialists, Pharmacists, Psychologists, Clinical Social Workers, Mental Health Counselors, Radiologic Technologists and Technicians, Respiratory Therapists, Medical and Clinical Laboratory Technologists, Medical and Clinical Laboratory Technicians, Licensed Practical Nurses and Licensed Vocational Nurses, Dentists, Marriage and Family Therapists, Physician Assistants, Veterinarians, Cardiovascular Technologists and Technicians, Diagnostic Medical Sonographers, EMTs (Emergency Medical Technicians) and Paramedics, and Medical Records and Health Information Technicians.

Medical staff can be recruited from the following sources to include, but not be limited to, PADOH, regional EMS Councils, MRCs, local hospitals, the American Red Cross (ARC), the Pennsylvania Department of Public Welfare, and other organizations that employ medical staff.

## B. Non-Medical Volunteers

Non-medical volunteers from the following occupational groups are encouraged to register with SERVPA: administration/management, agriculture, armed forces/military, automotive, aviation, banking/finance, communications (e.g., amateur radio), construction, education, facility support or management, fire fighter, food services, government services, health care administration/support hotel/guest services, interpretive services (e.g., foreign languages, American Sign Language), insurance, law enforcement, manufacturing, mortuary services, news media/advertising/public relations, publications, restaurants/catering, retired (please list former occupation), sales – retail or wholesale science (life), science/research, student transportation (ground, including bus driver, taxi.), transportation/distribution (including truck driver, etc.), and warehouse services/support.

## IV. Volunteer Application Process

### A. Registration

#### 1. New Volunteers

The first step in becoming a SERVPA volunteer is to register in the SERVPA system. New volunteers should go to <https://www.servpa.gov> and begin the registration process.

#### 2. Terms of Service

Each individual registering with SERVPA is required to read and accept the Terms of Service on the SERVPA website (<https://www.servpa.gov>). By accepting the Terms and Conditions, volunteers agree that they are solely responsible for the information provided on the application. Volunteers agree to provide complete accurate and non-misleading, information in all areas of the SERVPA website and update their information as needed in order to maintain its accuracy and completeness. Volunteers may update information on their SERVPA profile at any time using the SERVPA website. A copy of the “SERVPA – Terms of Service” is located in Appendix A.

#### 3. Privacy Policy

Each individual registering with SERVPA is required to read and understand the Privacy Policy on the SERVPA website (<https://www.servpa.gov>). A copy of the “SERVPA – Privacy Policy” is located in Appendix B.

#### 4. Acknowledgements

Each individual registering with SERVPA is required to complete all of the four acknowledgements, which include:

- a. Agreeing to the Terms of Service and reading and understanding the Privacy Policy.
- b. Pledging to provide only correct information when completing registration.
- c. Certifying that all statements made are true, complete, and correct.
- d. Authorizing the PADOH to research and copy records such as educational, professional, judicial, military, motor vehicle, and other relevant documents.

A copy of the “SERVPA – Acknowledgements” is located in Appendix C.

## 5. Completion

When a volunteer has accepted the Terms of Service and completed the Registration Information portion of the volunteer application, the SERVPA system will automatically send an email confirmation to each approved volunteer welcoming him or her to SERVPA. Once this occurs, the volunteer is officially registered in the SERVPA registry as a “pending” volunteer and will have a profile. Volunteers may access their profiles online using the username and password created by the volunteer during the registration process.

Subsequently, “pending” volunteer applications will be reviewed and evaluated by the respective Local Administrator, who will accept or reject that volunteer based upon membership criteria established by that organization. The volunteer will receive an email confirmation once they have been accepted or rejected by the Local Administrator. Being rejected does not mean the volunteer is rejected from SERVPA. Volunteers rejected by a Local Administrator, because the volunteer does not meet the membership criteria of that organization, may be reassigned to the appropriate PADOH District Office organization closest to the volunteer’s location.

## B. Criminal Record History and Information

### 1. Purpose

The “SERVPA Criminal History Policy” (Appendix D, Section I) addresses eligibility of applicants and the continued participation of enrolled volunteers who have a criminal history. Because SERVPA volunteers represent the Commonwealth in serving its citizens, volunteers must merit the highest degree of public trust and confidence. This policy allows the PADOH to effectively discharge its responsibility to maintain public health and safety. Volunteers wishing to be officially registered with SERVPA must acknowledge that they authorize the PADOH to research and copy their judicial records.

## 2. Scope

SERVPA policy on criminal history notices includes summons, arrests, and convictions relating to murder, felonies, and misdemeanors involving moral turpitude or which may relate to volunteer enrollment. For purposes of this policy, a conviction includes a judgment of guilt, a plea of nolo contendere, or a plea of guilty.

## 3. Self-Reporting Requirements

Upon making application to SERVPA, applicants must report any current or prior summons, arrest, pending charge, or conviction of the following:

- a. Any murder or felony.
- b. Any misdemeanor or summary conviction.

Applicants who report summons, arrests, pending charges or convictions for any of the above-listed crimes may be disqualified from enrolling in SERVPA.

Enrolled volunteers must report any arrest, pending charge, or conviction relating to the above-listed crimes to the SERVPA administrator within 30 days of the occurrence. Self-reporting of summons, arrests, pending charges, and convictions is a mandatory requirement for the lifetime of a volunteer's enrollment with SERVPA. The SERVPA System Coordinator will immediately disqualify any applicant or enrollee who fails to report a prior summons, arrest, or conviction when application is made to SERVPA, or a new summons, arrest, charge, or conviction within 30 days of its occurrence.

## 4. JNET

JNET is the Commonwealth's primary public safety and criminal justice information broker. The PADOH receives JNET notifications for SERVPA volunteers from the date of application and during the entire time volunteers remain in active status in SERVPA. A JNET notice or any other criminal activity information received through another means may cause the SERVPA System Coordinator to place an enrolled volunteer in inactive status pending further review by the SERVPA System Coordinator and may ultimately result in the volunteer's disqualification from enrollment.

## 5. Informal Review

The SERVPA System Coordinator will inform a volunteer's Local Administrator(s) for their affiliated organization(s) when their registration is deactivated (as a result of information received through JNET or otherwise). The SERVPA System Coordinator will implement an informal review process to review summons, arrests, and convictions that are self-reported or are brought to the attention of SERVPA

through JNET, or another means, to determine whether an applicant is qualified to enroll or an enrolled volunteer is qualified to continue to participate in SERVPA. The review will occur on a regular basis, but frequency is at the discretion of the SERVPA System Coordinator. The applicant or volunteer may be given one opportunity to provide written evidence of any of the following for consideration:

- a. Expungements, restorations of rights, or pardons of a criterion offense.
- b. Favorable disposition of any charge that resulted in deactivation or denial of enrollment.
- c. Any misinformation or mistake that resulted in deactivation, denial of, or disqualification from enrollment.
- d. Evidence of post-conviction employment or volunteer activities, or other evidence of rehabilitation, which serves to demonstrate qualification for SERVPA enrollment.

The determination by the SERVPA System Coordinator as to whether to change the volunteer's status is discretionary and final.

#### 7. Notification of Deactivation of SERVPA Registration

If a volunteer's registration within SERVPA is deactivated as a result of JNET sending a notification of criminal activity to the SERVPA System Coordinator, the following will occur:

- a. An email will be sent directly to the volunteer as a notification that the SERVPA account has been deactivated as a direct result of the JNET notification. It will contain instructions on how the volunteer may submit additional written material within 30 days to the SERVPA System Coordinator for consideration of re-activation. No information will be provided to the volunteer regarding the JNET notification. If the volunteer requires further information, the volunteer must initiate their own inquiry through the Pennsylvania State Police.
- b. An email will be sent to the respective Local Administrator(s) as a notification that a volunteer's SERVPA account has been deactivated. No further information will be provided by the PADOH to any Local Administrator. Any further questions should be directed to the volunteer.
- c. If additional written material is not received by the SERVPA System Coordinator from the volunteer within 30 days of deactivation, the volunteer's SERVPA account automatically will be closed with no further notification being emailed to either the volunteer or the Local Administrator(s).

#### C. Code of Conduct

All SERVPA volunteers, in delivering emergency volunteer services and in all other SERVPA activities, agree to and meet the standards of conduct identified in the "SERVPA Code of Conduct" (Appendix D, Section II).

## V. ESAR-VHP Credential Levels

To make the most effective use of volunteer health professionals who may have varying levels of clinical competency, the ESAR-VHP program has developed a uniform process for classifying and assigning volunteers into one of four credential levels, based on the credential provided and verified.

**Level 1:** Identifies health professional volunteers who work in a hospital, either as an employee or by having hospital privileges.

**Level 2:** Identifies health professional volunteers who work in a wide variety of non-hospital settings, such as clinics and nursing homes.

**Level 3:** Identifies health professional volunteers who hold a license to practice in Pennsylvania.

**Level 4:** Identifies volunteers who have healthcare experience or education that would be useful for assisting clinicians and providing basic healthcare not controlled by the scope of practice laws (may include health professions students or retired health professionals who no longer hold a license).

In order to assign healthcare volunteers to a credential level 1 and 2, the PADOH will contact the volunteer's employer, using the information the volunteer supplies when they register in SERVPA. Credential level 3 is verified through the automated link between SERVPA and PA DOS (for medical licenses) or the PADOH's Bureau of EMS (for EMS certifications).

## VI. Local Administrator Roles and Responsibilities

Local Administrators have a variety of roles and responsibilities before, during, and after missions. This section is intended to provide guidelines on what Local Administrators should strive to accomplish in order to optimize its volunteers' response and performance. During a mission, Local Administrators must notify volunteers, create rosters and create the mission in SERVPA. They also have responsibilities in between missions they are also asked to maintain the organization, recruit and retain their volunteers, and network with other organizations. The figure below illustrates the Local Administrator's roles and responsibilities as stages of volunteer management. Communication with volunteers is crucial throughout the process. All of the activities listed in the figure below will be discussed in this section.



## A. Roles and Responsibilities Pre-Event and Post-Event

The Local Administrator's responsibilities before and after an event include managing volunteer information in SERVPA, communicating with volunteers, recruiting and retaining volunteers, providing orientation and training opportunities, and sustaining the organization.

### 1. Managing Volunteers in SERVPA

Local Administrators are responsible for maintaining current and potential volunteer contact information.

- a. Local Administrators maintain current, accurate and complete contact information, training and credentialing records for all affiliated volunteers, and document activities in which each volunteer has participated. The volunteer's date of birth and place of employment must be entered into SERVPA as per federal guidelines.
- b. Local Administrators process pending volunteer requests for affiliation by reviewing and evaluating a potential volunteer's skills and credentials and

determining training that may be required. Requests for affiliation are then either accepted or declined based on this review. (NOTE: Requests for affiliation with the six PADOH District Office organizations automatically are accepted by the Local Administrators since there are no prerequisites for affiliation.)

- c. Local Administrators maintain hard copies of each volunteers' emergency contact information as a backup to the SERVPA Registry. (Appendix E – “Volunteer Record of Emergency Data”)

## 2. Communicating with Volunteers

When volunteers are first recruited, let them know how often you will contact them via email or telephone. To keep volunteers informed, periodic communications should be forwarded to them to include such items as emergency preparedness tips/strategies, as well as current news regarding any public health emergency.

Ongoing communication is an important part of keeping volunteers engaged within the organization. Local Administrators:

- a. Notify volunteers about meetings and other organizational activities.
- b. Conduct call-down exercises twice a year to verify contact information.
- c. Notify volunteers about training and exercise opportunities.
- d. Use Social Media to keep volunteers informed.
- e. Advise volunteers how to keep themselves and their families prepared for emergencies.
- f. Alert volunteers about current news regarding public health emergencies or other disasters.

Because every organization is different, communication preferences will vary. Local Administrators:

- a. Get feedback from the volunteers about the style of communication they prefer (email, SERVPA, text, phone calls, etc.).
- b. Get feedback from the volunteers about the frequency and content of communication they would appreciate (notifications, reminders, safety tips, etc.).

## 3. Recruiting and Retaining Volunteers

Attracting volunteers and keeping them engaged involves a complex cycle of activities and the efforts of state and local agencies, as well as Local Administrators, Volunteer Coordinators and individual volunteers. Organizations must have a clear vision of their role in the community during disasters to communicate to volunteers. Defining the role of the organization will also assist in determining the number and type of volunteers that need to be recruited. All of the

pre-event and post-event roles and responsibilities of Local Administrators promote retention of volunteers.

People volunteer in the community for a variety of reasons. Most commonly, volunteers want to help the community, but there are other reasons as well. People are motivated to volunteer for social, political and other personal reasons. Volunteers get to meet new friends who share their values, gain experience and new skills, and improve their self-esteem, among many other benefits. It is important to realize that people are motivated by a variety of things when designing programs to recruit and retain volunteers.

The following list contains suggested recruitment and retention methods that Local Administrators can use and develop within their organizations:

- a. Identify a target number of volunteers to recruit per month/quarter/year.
- b. Identify and contact community leaders or groups and provide information on the SERVPA program.
- c. Advertise in your community for volunteers with the skills needed for your organization's mission. Take advantage of free community service message opportunities to recruit volunteers and promote readiness using all types of media, including TV, radio, internet and newspapers.
- d. Recruit via word-of-mouth, which is an especially effective recruitment tool. Create an elevator speech for existing volunteers to use to recruit volunteers and talk about your organization. Elevator speeches are typically 30 seconds or less and briefly explain what your organization does and what volunteer opportunities exist. Elevator speeches are used in informal settings to promote your organization in a short amount of time.
- e. Use social media tools to keep volunteers informed of your organization's activities. Facebook, Twitter and LinkedIn applications will allow for advanced communication, advertising, recognition and other advantages.
- f. Provide organizational attire, such as t-shirts, vests, etc. to give volunteers a sense of belonging to the organization.
- g. Develop a mentoring program to keep volunteers engaged and support potential leaders in your organization.
  - 1) Delegate responsibilities for orientation and training to experienced volunteer.
  - 2) Delegate other administrative duties to volunteers looking for more involvement in the organization.
  - 3) Pair experienced volunteers with new volunteers.
  - 4) Provide opportunities for leadership and resource management training.
  - 5) Create a career ladder within your organization for volunteers who want to develop new skills.
  - 6) Create work groups for special projects that involve both new and experienced volunteers.

## h. Providing activities and exercises

- 1) Participate in PADOH Operational and Call Down Drills.
- 2) Participate in other local or jurisdictional tabletop or full-scale exercises.
- 3) Arrange for your organization to work with local elderly support groups or other community groups to promote readiness by providing a short program about readiness strategies and kits.
- 4) Offer your organization's assistance or participate at community events, celebrations and fairs. Register new recruits, offer free tips and information and have a free drawing for an emergency preparedness kit or other items.
- 5) Research opportunities for volunteers to participate in trainings, exercises, or other community activities to continually engage organization volunteers.

## i. Recognizing volunteers

- 1) Sponsor social events such as breakfasts, picnics or pot lucks.
- 2) Invite volunteers to serve as project leaders or committee members.
- 3) Give gift certificates to museums, movies or restaurants.
- 4) Write a letter to their employer highlighting their accomplishments.
- 5) Create a photo collage or slide show of volunteer activities.
- 6) Recognize long-term volunteers with service awards.
- 7) Send hand written thank you notes to volunteers after a response or other activity.

## 4. Providing Orientation and Training

Orientation to the organization's mission, including what will be expected of them, as well as what they can expect from the organization, should be provided to all volunteers. Each organization will be different, but the following list contains information that should be included in a typical orientation program:

- a. Types of emergencies to which volunteers may respond.
- b. Chain of command.
- c. How notification will take place.
- d. Types of communication, briefings or training may receive during missions.
- e. Personal and family preparedness. Refer to:
  - 1) Appendix F ("Helpful Hints and Things to Remember")
  - 2) Appendix G ("Checklist for Volunteers")
  - 3) Appendix H ("Physical Requirements/Recommended Vaccinations Prior to Deployment")
- f. Mental health (volunteers, responders and the general public).
- g. Information about liability, injury reporting and confidentiality.
- h. Information about additional required and optional training opportunities.

- i. Information about activities and exercises.
- j. Potential roles volunteers may fill.

The online course, “SERVPA: State Emergency Registry of Volunteers in Pennsylvania”, is available through the LMS at [www.paprepared.net](http://www.paprepared.net). This course will prepare volunteers registered in SERVPA for activation and deployment for a disaster or emergency response. Training will include what to pack, what paperwork to bring, and what to do through one’s employer relative to one’s deployment. Various scenarios (floods, blizzards explosions, biological and chemical contaminations, etc.) provide a snapshot of potential experiences.

## 5. Developing a Training Curriculum

Local Administrators, in collaboration with organizational and jurisdictional leadership, must determine the training curriculum for their organizations.

Suggested training courses for all volunteers include the following:

- a. Psychological first aid and self-care (announcements at [www.centrelearn.org](http://www.centrelearn.org) or contact local ARC chapter).
- b. SERVPA course online at PAPrepared.net ([https://www.centrelearn.com/login\\_pa.asp](https://www.centrelearn.com/login_pa.asp)).
- c. Cultural competency component that reflect the jurisdictional demographics (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3>).
- d. The latest versions of FEMA’s (Federal Emergency Management Agency) online training courses, such as IS-100: Introduction to the Incident Command System, IS-700: NIMS, An Introduction, and IS-5: An Introduction to Hazardous Materials, are available at <http://www.training.fema.gov/IS/>.
- e. Training to address the functional needs of persons who may be considered in the at-risk population during a disaster response can be found at <http://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html>.
- f. Other online courses as identified by the jurisdiction.

Suggested courses for medical volunteers include the following:

- a. MRC Core Competencies ([https://medicalreservecorps.gov/File/MRC%20TRAIN/Core%20Competency%20Resources/Core\\_Competencies\\_Matrix\\_April\\_2007.pdf](https://medicalreservecorps.gov/File/MRC%20TRAIN/Core%20Competency%20Resources/Core_Competencies_Matrix_April_2007.pdf)).
- b. Basic disaster life support [American Medical Association’s (AMA) National Disaster Life Support Program at <http://www.ama-assn.org/ama/pub/physician-resources/public-health/center-public-health-preparedness-disaster-response/national-disaster-life-support.page>].
- c. Advanced disaster life support (AMA’s National Disaster Life Support Program – same website address as above).
- d. Cardiopulmonary resuscitation (contact your local ARC Chapter).
- e. Basic first aid skills (contact your local ARC Chapter).

- f. Basic triage skills (<http://www.citizencorps.gov/cert/videos/>).
- g. MRC-TRAIN: if jurisdiction participates in TRAIN program (<https://www.mrc.train.org/DesktopShell.aspx>).

Suggested training for all volunteers, including Local/Regional Administrators, include the following:

- a. IS 100.b, Introduction to the ICS (<http://www.training.fema.gov/IS/NIMS.aspx>) – This course introduces the ICS and provides the foundation for higher level ICS training. It describes the history, features, principles, and organizational structure of the ICS. It also explains the relationship between ICS and NIMS.
- b. IS 700.a, NIMS, an Introduction (<http://www.training.fema.gov/IS/NIMS.aspx>) – This course explains the purpose, principles, key components and benefits of NIMS. The course also contains "planning activity" screens giving you an opportunity to complete some planning tasks during this course.
- c. SERVPA Overview ([www.paprepared.net](http://www.paprepared.net)) – This course explains SERVPA's role in emergency or disaster response efforts and what a volunteer can expect if deployed for a response. It also lists potential scenarios that a volunteer may encounter.

Agency leaders will provide training opportunities to volunteers and staff, keep current volunteer training records, and ensure that all volunteers complete required training to maintain their occupational certifications and to enhance their skills. Training options include, but are not limited to:

- a. Online training – Available at [www.paprepared.net](http://www.paprepared.net) through the LMS, which interfaces with SERVPA.
- b. Just-in-Time Training (JITT) – Trains volunteers on specific tasks and duties required within the roles assigned to them during an emergency and to supplement periodic training and exercises that were offered previously. JITT resources include job action sheets, required forms, communications equipment, frequently asked questions sheets, and job aids.

PA DOH's SERVPA System Coordinator will keep all Local Administrators informed and involved by providing volunteer training opportunities, emergency preparedness tips/strategies, monthly WebEx trainings and semi-annual SERVPA drill exercises. Each Local Administrator should forward the training opportunities and tips/strategies provided by the SERVPA System Coordinator to all registered volunteers within their respective organizations.

Suggested training for volunteer leaders and coordinators include the following:

- a. IS-200.b (Single Resources and Initial Action Incidents) and IS-244 (Developing and Managing Volunteers) at <http://www.training.fema.gov/IS/NIMS.aspx>.
- b. ICS-300 (Incident Command System) and ICS-400 (Advanced ICS Command and General Staff) at <http://www.training.fema.gov/IS/crslist.aspx>. Check with your local jurisdiction to find out when these courses are scheduled in your area.

## 6. Participating in Exercises

Participation in exercises is essential for maintaining skill sets and identifying opportunities for improvement. Local Administrators are requested to participate in at least one SERVPA Call-Down Drill and one SERVPA Operational Drill each year.

## 7. Sustaining the Organization

Sustaining the organization involves a combination of activities, including communication and recruitment and retention activities. Suggestions to keep your organization thriving are listed below:

- a. Develop policies related to risk management, liability and defining your organization's strategic goals and objectives will be an ongoing process.
- b. Solicit feedback from volunteers to improve their group's function and effectiveness. (Appendix I – "Volunteer Feedback Form") Use the comments to enhance your volunteer program policies and procedures.

An ongoing effort to communicate and coordinate with external agencies and local response partners before disaster strikes is critical for successful response and recovery operations. Sharing information about organizational functions and capabilities can streamline future operations and use community resources effectively. This activity builds support for your organization and helps to identify activities during non-emergency periods. The following list includes a few of the opportunities for networking:

- a. Partner with local and state emergency management.
- b. Partner with local and state departments of public health.
- c. Partner with schools and universities.
- d. Partner with private sector organizations and corporations.
- e. Partner with the ARC, MRC and Volunteer Organizations Active in Disasters.
- f. Participate in local and regional exercises.
- g. Volunteer for fire fighter rehab duties.
- h. Partner with other agencies to provide education at schools (Fire Safety Week, First Aid, etc.).
- i. Partner with professional medical organizations and guilds.  
Partner with faith-based organizations.

- j. Communicate and share experience and best practices with affiliated and partner agencies. Some of the ways to collaborate and share information:
  - 1) View the websites of other volunteer organizations, who often post accounts of their responses and best practices.
  - 2) Post your own stories on your own website and encourage readers to comment.
  - 3) Network and communicate, as above, with a wide variety of agencies and organizations.
  - 4) Develop After Action Reports for sharing lessons learned and best practices.
  - 5) View FEMA's Lessons Learned Information Sharing website (<https://www.llis.dhs.gov/index.do>).
- k. Attend conferences and forums.

## 8. Evaluating the SERVPA Program

Suggestions for evaluating the SERVPA program include the following:

- a. Solicit and encourage volunteer feedback and suggestions on an on-going basis.
- b. Conduct and document after action reviews of all trainings, exercises, and actual deployments. Deployment evaluations should include, but not be limited to, whether job assignments were appropriate for volunteers, whether more staff or volunteers were needed, and whether staff or volunteers require more training.
- c. Conduct a quarterly review of recruitment and retention strategies to assess current strategies and validate their success towards meeting the program's goals.

## 9. Fulfilling Unmet Needs through Local SERVPA Deployments

Local Administrators, upon the request of the local or county Emergency Management Coordinator, can use the SERVPA registry to notify and deploy volunteers for a local response. The SERVPA System Coordinator does not need to be notified when a Local Administrator deploys volunteers for a local response. See Section IX., "Legal Protection for Volunteers" for information about the difference between legal protections for local vs. state deployments.

## 10. Requesting a State Deployment of SERVPA Volunteers

The PADOH follows the statewide process for requesting unmet needs during an emergency. When a local jurisdiction identifies a need for volunteers to assist with a response, they will first work to identify volunteers within their area to meet the response needs. If a local jurisdiction does not have enough volunteers to support the response, the local or county Emergency Management Coordinator can request

additional volunteers through the SERVPA system by contacting PEMA who then contacts the PA DOH.

Upon request from an entity for personnel, equipment, or supplies resources (to include, but not limited to, housing, food and mental/behavioral health support) to be coordinated and/or deployed by the PADOH to support a training, exercise, or real world event, the following protocol will be in effect:

- a. The requesting entity shall complete a “PEMA Resource Request Form” (Appendix J) and email or fax the completed form to the local/county emergency management agency.
- b. If a request comes directly from an entity to the PADOH, the entity will be instructed to contact their local Emergency Management Coordinator to determine if the need can be filled using local resources.
- c. Once the PADOH becomes aware that a request has been submitted to the local emergency management agency, the PADOH will work to identify resources responsive to the request, but will not notify, activate, or deploy any resources without a confirmed request from PEMA and a mission assignment number.
- d. The request for assistance must include the following:
  - 1) Incident requiring assistance.
  - 2) Description of the mission; mission objectives.
  - 3) Types of assistance or resources needed, which may include:
    - a) Number of personnel, equipment or supplies.
    - b) Personnel skill set.
    - c) Description of duties.
    - d) Date and time resources are needed.
    - e) Hours during which resources will be deployed, if applicable.
  - 4) Delivery location or staging area.
  - 5) Location where resources will be deployed (if different than above).
- e. When the request reaches PEMA, PEMA will assign a mission number to the Unmet Needs Request and forward the request to the PADOH.
- f. The PADOH will approve or deny the request and inform PEMA. If the request is approved, the PADOH will:
  - 1) Work with the requestor and/or PEMA in order to draft the appropriate statement of work for the mission assignment.
  - 2) Work to identify resources to fill the request.

- 3) Notify PEMA when it is able to provide resources to fill the request and inform PEMA of what types of resources are being deployed.
- g. If, during the course of the mission, it becomes clear that resources must be adjusted (either up or down) in order to accomplish the mission or that other changes are required (such as scheduled dates and times, if applicable) in order for resources to be appropriate, the PADOH will consult with the entity requesting assistance and PEMA and will adjust number of personnel and other aspects of the mission as necessary.
  - h. When multiple counties request additional volunteers simultaneously, public health officials within the region may convene via conference call to discuss where to best prioritize and allocate volunteer resources. Factors to be considered include, but are not limited to: the severity of the emergency, location of impact(s), types of locations necessitating volunteers (i.e. hospitals, shelters), role(s) of volunteer(s) in response, and number of emergency sites that will open in each county ([i.e. point of dispensing (POD), shelter, etc.]). Once a decision about volunteer allocation has been made, Local Administrators will be notified of their volunteer assignments.
  - i. Out-of-state responses may be in accordance with provisions identified in the EMAC or another applicable interstate agreement.

## B. Roles and Responsibilities During Events

Local Administrators coordinate the organization's response to disasters by using the SERVPA system. They assist the Volunteer Coordinator of the mission to ensure that volunteers are prepared for the response and will have their basic needs provided for them.

### 1. Mission Notification and Roster Development

All requests for SERVPA volunteers for a state deployment will be directed through the appropriate SERVPA Local Administrator(s), not to the volunteers themselves, using the mission feature with SERVPA.

- a. A request will be sent to Local Administrators within the appropriate counties requiring assistance using the mission feature within SERVPA.
- b. Local Administrators will evaluate each request for volunteers for applicability to their organization function and solicit their organization's volunteers for their availability, also using the mission feature within SERVPA.
- c. Local Administrators may have to use redundant communication systems during disasters. Potential volunteers may be contacted alternately by information provided on their Emergency Contact Form. (See Appendix E – "Volunteer Record of Emergency Data")

- d. Local Administrators must provide potential volunteers with a pre-deployment briefing (Appendix K) to include a description of the situation, their expected roles, physical requirements, timelines and possible hazards.
  - e. After a volunteer agrees to accept the mission, the confirmation to deploy message should be sent to the volunteer using all communication modes (SERVPA internal message, external email, telephone, text, and/or pager) available and should include:
    - 1) When and where to report for deployment.
    - 2) A contact name and phone number at the rally point, reception center or deployment site (wherever they are to report).
    - 3) A list of items the volunteer must have when reporting to the reception center or deployment site (see Section VIII.B. in this Manual).
    - 4) A way to guarantee that the volunteer received the message. (E.g. If the message is sent via SERVPA, build into the confirmation to deploy message the response option “Message Received” for the volunteer to confirm receipt of the message.)
  - f. Local Administrators will develop a roster within SERVPA of all volunteers who have indicated they are available for deployments. If the event has multiple dates/times, multiple rosters should be developed for each date/time.
  - g. Although SERVPA automatically verifies licenses/certifications of all registered volunteers on a regular basis, when a Local Administrator creates a roster of available volunteers for deployment, that Local Administrator should re-verify each volunteer’s license(s)/certification(s), when applicable, for real-time, up-to-date verifications through a simple, just-in-time verification process within SERVPA.
  - h. Once the re-verification is complete, the roster(s) should be sent to the originator of the request for volunteer deployment.
  - i. Local Administrators ultimately are responsible to ensure their volunteers arrive at the rally point, reception center, or deployment site (wherever they are to report) and to follow-up with any volunteer who does not arrive by the designated time.
2. Logistics and Initial Briefing

Local Administrators should communicate with the Volunteer Coordinator of the response to ensure that volunteers are supplied with their basic needs and necessary equipment for the mission.

- a. Volunteers must be well-briefed prior to performing any task. A “Volunteer Deployment – Receiving Location Checklist” (Appendix L) may be used as a guide.

- b. Operations are usually based on two 12-hour shifts per day. Each 12-hour shift will have two meal periods and at least two 15-minute break periods. However, shorter shifts may be available, depending on the mission and the needs of the requesting organization.
- c. Lodging will be provided for volunteers who must travel more than 50 miles from their registered base of operations.
- d. Volunteers are responsible for ensuring the provision of their own family and pet care.
- e. Documentation of volunteer arrival and departure times is critical. A “Volunteer Locator & Processing Form” (Appendix M) should be used for this purpose, as well as be used to document location and transportation information.
- f. A signed “Confidentiality Agreement” (Appendix N) is required by all volunteers upon check in at the reception center or deployment site to ensure that all individual medical information and mission-related communications remain private and should be signed by volunteers during the check-in process.

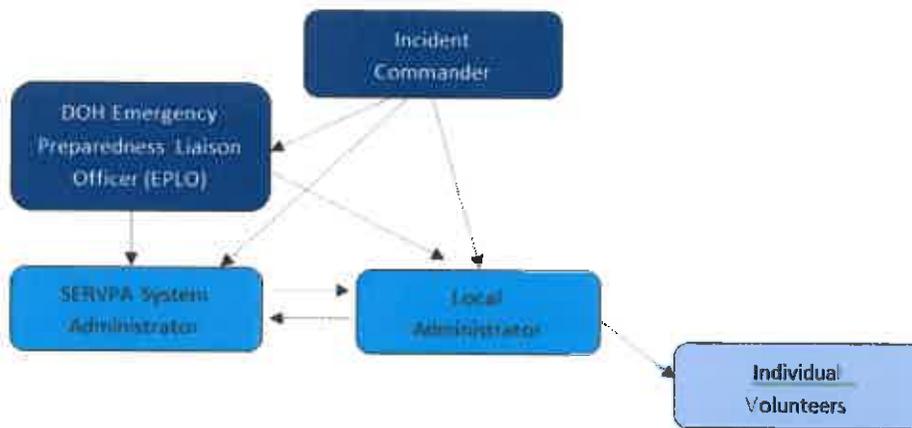
### 3. Training during the Mission

Providing just-in-time training during an incident should be provided to volunteers, whether they are new to the organization or have been on many missions. Use the job action sheets listed previously or other job aids to quickly train responders for the tasks they will be performing during the response.

### 4. Demobilization

Demobilization is the orderly, safe, and efficient return of equipment and volunteers to their normal lives.

- a. The Incident Command Planning Section will begin planning for deactivation and transition to recovery as early in the response phase to a disaster as possible. Local Administrators will receive communication as illustrated below to begin demobilization operations.



- b. A member of the Incident Command Organization may notify volunteers directly through a Liaison, through the Local Administrator, or through the SERVPA System Coordinator. Both the SERVPA System Coordinator and the Local Administrator shall be notified of the demobilization.
- c. The deactivation process will vary based on the situation but will most likely involve a time-phased or incremental approach. Local Administrators are responsible for all demobilization activities of their respective organizations, which include:
  - 1) Notifying the Liaison of demobilization activities.
  - 2) Coordinating with Incident Command and the local jurisdiction to identify requirements of the demobilization process.
  - 3) Ensuring assigned tasks are complete and/or replacement volunteers are informed of the task status.
  - 4) Ensuring copies of all necessary forms are available.
  - 5) Determining whether additional volunteer assistance is needed.
  - 6) Preparing and conducting a demobilization briefing.
  - 7) Assigning personnel to perform volunteer exit screenings as needed.
  - 8) Ensuring all documentation is completed by each volunteer and individually reviewed for completeness before they leave.
  - 9) Ensuring all assigned equipment is returned by volunteers.
  - 10) Replenishing all supplies and equipment as necessary.
  - 11) Following up with the volunteers and confirming their return to home base.
  - 12) Updating each volunteer's registry profile with the number of hours worked.
  - 13) Preparing an After Action Report based on volunteer feedback and other observations.

Demobilization forms are found in the following appendices:

- a. "Local Administrator Demobilization Checklist" (Appendix O) – This is a checklist for Local Administrators may use to ensure that all necessary demobilization activities are completed.
- b. "Volunteer Demobilization Form" (Appendix P) – This form should be filled out by each individual volunteer. This will ensure that the Local Administrator has the necessary information for follow up activities and mission reporting.
- c. "Volunteer Feedback Form" (Appendix I) – This form allows each volunteer to provide feedback, anonymously if preferred, that will be used for after action reports. After action reports and lessons learned provide suggestions and recommendations to improve organization operations.

## VII. Trainings and Exercises for Local/Regional Administrators

The SERVPA System Coordinator provides some opportunities to participate in trainings and exercise throughout the year. At a minimum, the following trainings and exercises will be offered:

### A. WebEx Trainings

WebEx trainings are offered quarterly for all SERVPA Administrators.

1. **Basic Administrators Training** – This training is offered once each calendar quarter. It provides a general overview of all functions within SERVPA such as searching for responders, creating and managing missions, sending messages, and creating and exporting lists. It is recommended that all Administrators participate in this training at least once every six months.
2. **Advanced Administrators Training** – This training is offered once each calendar quarter. It provides a more in-depth focus on the message and mission functions within SERVPA. It is a pre-requisite that Administrators successfully complete the Basic Administrator Training at least once prior to taking this Advanced Administrator Training.

### B. Operational Drills

One Operational Drill is offered each year. Participation in this drill is highly recommended for all Administrators. The purpose of the operational drill is to evaluate the use of the SERVPA system by SERVPA Local and Regional Administrators.

### C. Call-Down Drills

One Call-Down Drill is offered each year. Participation in this drill is highly recommended for all Administrators. The purpose of the call-down drill is to evaluate the use of the SERVPA system by SERVPA Local and Regional Administrators and to require all registered volunteers to access the SERVPA registry to update their individual accounts in the SERVPA system and to confirm the volunteer's commitment to continue participation in the SERVPA program.

## VIII. Deployment Information for Volunteers

### A. Volunteer Roles in Response

SERVPA volunteers may be requested for a variety of response functions. Specific to a public health response, volunteers may be requested to support the following functions:

1. **POD** – Provides a fixed or mobile facility where people can receive preventative medications or vaccinations and information. Medical volunteers may be used for medication dispensing, vaccine administration, triage, medical oversight, and medical counseling. Non-medical volunteers may be used for greeting clients as

they enter the POD, assisting people move through the lines at the POD in an efficient and orderly manner, providing translation services, directing traffic, assisting with form completion, data entry, and logistical support.

2. Mass Care Shelter – Provides temporary shelter for disaster victims who cannot safely remain in their homes. Support within these shelters consists of resources and services to include shelter, food, water, clothes, first aid (not clinical medical services), emotional and spiritual care, distribution of disaster supplies, crisis counseling, and other support requirements necessary to meet the immediate needs of disaster victims. Medical volunteers may be used for medication dispensing, general medical oversight, and medical counseling. Non-medical volunteers may be used for greeting patients as they enter the shelter providing translation services, assisting with form completion, data entry, and logistical support.
3. Alternate Care Site (ACS) – Provides a variety of medical care and support services in an effort to decompress a surge on existing healthcare facilities during a mass effect incident such as a facility infrastructure failure, disaster or public health emergency. Volunteers may be requested to support other clinical staff or function as a stand-alone operation based upon the nature of the event. Medical and/or non-medical volunteers may be used to provide medical oversight, triage, limited medical care, consultation, ancillary services, interpreter/translation services, administrative tasks, data entry, and logistical support.
4. Public Information Call Center – Provides callers with information about the emergency, including public health and public safety information and response resources. Medical and/or non-medical volunteers may be used as telephone operators receiving calls from the public and providing answers to questions using scripted responses that will be provided to the volunteers at the start of each shift.
5. Disaster Recovery Center (DRC) – Provides a readily accessible facility or mobile office where applicants may go for information about the Federal Emergency Management Agency or other disaster assistance programs. Medical and/or non-medical volunteers may be used to hand out pamphlets, suggest resources, and provide answers to questions using scripted responses that will be provided to the volunteers at the start of each shift.
6. Mobile Emergency Support System (MESS) – Provides meals for large groups of volunteers/staff at various sites. Also may be used as a mobile pharmacy where temperature control is required. Medical volunteers may be used for medication dispensing, vaccine administration, triage, medical oversight, and medical counseling. Non-medical volunteers may be used as cooks or servers.

## B. How Volunteers Will Be Notified of a Possible Deployment

Volunteers will receive a request through SERVPA from your respective Local Administrator(s) for your availability during a specified period of time. It is important that you check your schedule and respond to the SERVPA request regarding your availability as soon as possible. For each mission request, a volunteer may accept or reject the request based upon mission details and the volunteer's other commitments. Family, professional, or other commitments may prevent a volunteer from responding to a SERVPA deployment. Even though a volunteer is registered in SERVPA, there is no obligation for a volunteer to accept deployment for any given mission.

### 1. Preparing to Respond

SERVPA volunteers should not self-deploy to a disaster location. Your SERVPA Local Administrator will contact you. Your SERVPA Local Administrator will work with you to identify where your skills can best be used and the safest place for you to work.

However, you can take steps now to prepare to respond to a SERVPA volunteer deployment:

- a. Prepare at home – Make plans for your family and pets, so that you are available to help. We hope you plan ahead and be prepared to assist should an emergency occur.
- b. Prepare at work – Talk to your employer about volunteering so you're familiar with your workplace policy. Some businesses make special considerations. Discuss with your employer whether they will compensate you for your time that you miss. You may have to take unpaid leave or use vacation time when you volunteer to help with an emergency. You should discuss these issues with your supervisor and have your supervisor's full support prior to volunteering for any emergency.
- c. However, even if you have prepared at home and at work, current family and/or work commitments that may impact your ability to deploy during specific emergencies are understood.

Volunteers who accept a SERVPA deployment mission request should follow the specific instructions provided for each mission and refer to the following appendices for additional information:

- a. "Record of Emergency Data" (Appendix E).
- b. "Helpful Hints and Things to Remember" (Appendix F).
- c. "Checklist for Volunteers" (Appendix G).
- d. "Physical Requirements/Recommended Vaccinations Prior to Deployment" (Appendix H).

Please bring all of the following items with you to your assigned deployment site:

- a. A valid driver's license or state-issued photo identification (ID).
- b. A current, valid medical license (if you are being deployed in a medical occupation).
- c. Any paperwork that you have been given about your deployment assignment.
- d. Emergency contact information and telephone numbers.
- e. Any additional paperwork requested, depending on your assignment.

Volunteers should take into consideration that deployment locations have been impacted by an emergency or disaster and conditions may not always be desirable. Volunteers may have to share sleeping space and other facilities. For example, a volunteer that was deployed to assist during Hurricane Katrina, slept in a tent at night, used porta-potties, and had no access to hot showers. Consider ahead of time what you may want to bring with you during a disaster deployment.

Volunteers should be aware that during any deployment, a volunteer will be directly under Incident Management control at the deployment site (not under the control of your sponsoring organization). Volunteers also should not report any deployment site information to family, friends, employers, etc. Deployment activities within the deployment site should be considered confidential in nature.

## 2. Safety Tips

Safety is very important. Remember the following safety tips:

- a. Do not self-deploy; wait for your Local Administrator to contact you.
- b. Always carry photo ID with you.
- c. Wear comfortable, weather-appropriate clothing.
- d. Use personal protective equipment provided to you by your response supervisor.
- e. Follow your supervisor's or Incident Commander's instructions regarding how to evacuate the building or area, if necessary.

## IX. Spontaneous Volunteers

Ideally, all volunteers should be affiliated with established organizations and trained for specific disaster response activities. However, spontaneous volunteers are inevitable; therefore, they must be anticipated, planned for, and managed.

### A. Definitions

#### 1. Spontaneous Volunteers

Spontaneous Volunteers are individuals who come forward following a disaster to assist a governmental agency or non-governmental organization with disaster-related activities during the response or recovery phase without pay or other

consideration. By definition, spontaneous volunteers are not initially affiliated with a response or relief agency or pre-registered within any volunteer database, such as SERVPA. However, they may possess training, skills and experience that can be useful in the relief effort. Spontaneous volunteers also are referred to as unaffiliated, spontaneous unaffiliated and convergent volunteers. Spontaneous volunteers also may be affiliated volunteers who have not been directed to deploy by the agency/organization with whom they are affiliated.

## 2. Affiliated Volunteers

Affiliated volunteers are attached to a recognized voluntary or non-profit organization and are trained for specific disaster response skills. Their relationship with an established organization precedes the immediate disaster, and they are invited by that organization to become involved in a particular aspect of emergency response. Affiliated volunteers may be or may not be registered into SERVPA through their organizations.

## 3. Unaffiliated Volunteers

Unaffiliated volunteers are not part of any recognized voluntary agency and often have no formal disaster training. They are not officially invited to become involved, but are motivated by a sudden desire to help others in times of trouble. They may present to a disaster scene with a variety of skills. They may come from within the affected area or from outside the area. Unaffiliated volunteers are also known as “convergent”, “emergent”, “walk-in” or “spontaneous” volunteers. Unaffiliated volunteers have not registered in SERVPA.

## B. Managing Spontaneous, Unaffiliated Volunteers

It is necessary to have plans in place to manage spontaneous, unaffiliated volunteers during emergencies. As seen in previous disasters, the infrastructure of the disaster-impacted area cannot support the housing, feeding, or hygiene needs of unlimited volunteers. Unaffiliated volunteers may also add to the confusion and the expense of the response, as well as create additional security risks. When this occurs, involvement of unaffiliated volunteers becomes a “disaster within the disaster”.

To mitigate the problems that spontaneous volunteers can cause, volunteer agencies and organizations not enrolled into SERVPA will be encouraged to sign a “Letter of Agreement”. (Appendix Q) Ongoing media and public education campaigns will be used to promote individual pre-involvement and affiliation with an existing voluntary organization before disaster strikes.

Spontaneous volunteer management is a complex process that is most successful when many stakeholder groups are involved. These stakeholder groups include volunteer management groups, disaster management groups and community organizations.

Consistent messaging from all sources is a vital tool in managing spontaneous volunteers. This is another reason that having all stakeholders work together is vital. Without that cooperation, the public message will not be consistent. Public messages should address if and when spontaneous volunteers are needed and where they should go. Multiple messaging, appropriate for different situations, should be written ahead of time so that the appropriate message can be distributed quickly. The different stakeholder groups should work together before disasters strike to work out the appropriate message for different situations as well as means of dissemination. Any/all messages should be forwarded to the Public Information Officer of the issuing agency for review and approval prior to dissemination.

The exact message will depend on the disaster and the situation on the ground as it evolves. However, the type of information that should be provided to the public is the same. Any public information message about spontaneous volunteers should address the following points:

1. If volunteers are needed.
2. When and where they should come to volunteer.
3. The type of work for which the volunteers are most needed.
4. What volunteers need to bring with them.
5. What the environmental conditions are like.

#### C. Formation of a VRC

##### 1. PEMA Managed Site

The coordination and management of unaffiliated volunteers during emergencies is primarily a responsibility of local governments, but State agencies become involved when local and community resources become overwhelmed. During small or limited incidents, spontaneous volunteers should be managed by the local jurisdiction. During large or catastrophic disasters, the PEMA will form a Donations and/or Volunteer Coordination Team (DVCT) with representatives from primary and supporting agencies who are participating in the disaster response.

DVCT personnel report to the Operations Section Chief. The DVCT will initiate setting up a VRC in each affected local jurisdiction, if necessary. The DVCT will provide press releases, prepared and agreed upon by stakeholders and forwarded to the Public Information Officer of the issuing agency for review and approval, so that public messaging can begin immediately after the event. Messages to the public should include instructions for potential volunteers not to self-deploy, but wait for further instructions on what type of services will be needed. Messages should include the VRC's location, operating hours, as well as instructions on what volunteers need to bring with them, including ID cards, medical licenses and certifications. Prospective volunteers will also be encouraged to enroll themselves into SERVPA online.

The DVCT will determine which supporting agency or volunteer agency will manage each VRC depending on the location, size and nature of the disaster. The PADOH representative on the DVCT will ensure that there is sufficient space for the SERVPA work area, rest rooms are available, and that there are provisions for a staff break area at the VRC. The PADOH representative on the DVCT will also provide information regarding the management of the VRC to the PADOH VRC Site Coordinator regarding which agency will be managing the center and incident contact numbers and update the Emergency Support Function #8 Public Health Unit.

## 2. PADOH Managed Site

If the VRC is initiated and managed by the PADOH, there will be additional responsibilities which will require additional pre-planning by the PADOH's Bureau of Public Health Preparedness, including the following:

- a. Coordinate with local jurisdictions to pre-designate facilities for possible use as VRCs. It is recommended that locations designated for POD be considered for this function.
- b. Locate tables and chairs that can be mobilized easily.
- c. Create interior and exterior signage templates.
- d. Provide laptops, printers, ID badge equipment and telephones.
- e. Provide all necessary office supplies.
- f. Provide copies of volunteer management plans, SERVPA registration forms, etc.

## D. Operation of a VRC

Operation of a VRC will be essentially the same whether the facility is PEMA managed or managed by the PA DOH.

### 1. PADOH Objectives

PADOH objectives include:

- a. Coordinating with the Public Information Officer so that the media informs potential volunteers of what types of services are needed and the procedures for volunteering. Volunteers must bring photo ID and any licenses or certifications.
- b. Providing a point of contact for all potential volunteers, as well as for agencies that need additional volunteers.
- c. Encouraging all volunteers to register with SERVPA, providing electronic access to both SERVPA and paper registration forms.
- d. Assisting volunteers with selecting a SERVPA organization or other agency that is requesting volunteers, based on their skills, experience and credentials.

- e. Providing each volunteer a briefing that includes the agency contact information, when and where to report and the list of supplies and equipment volunteers should take with them.
- f. Providing temporary photo ID to registered and vetted volunteers with their affiliated agency listed on the card.
- g. Contacting volunteer agencies when volunteers become available.

## 2. SERVPA Work Area (Appendix R)

Setting up the SERVPA work area includes:

- a. Designating clearly one entrance and one exit, if possible.
- b. Providing tables and chairs, if needed, and set up the area for the efficient flow of volunteers.
- c. Providing signs for each work station, entrance/exit, and staff-only areas.
- d. Providing laptops/printers for credentialing and data entry staff and for volunteer unassisted SERVPA electronic registration.
- e. Providing copies of VRC guidance documents, (such as Appendix R and/or other documents under development) and Annex I: Volunteer and Donations Management Plan, Appendix 5: PADOH Comprehensive Volunteer Organization Contact List.
- f. Providing paper SERVPA registration forms (Appendix S) and work areas for assisted SERVPA registration.
- g. Providing copy paper, pens, dry erase markers, white board, dry erasers, ID badge supplies, and staff ID vests or badges. Other items that may be needed include staplers, staples, tape, paper clips, scissors, legal pad, post-it notes, and file folders.
- h. Providing telephones and personnel for a phone bank if needed.
- i. Providing knowledgeable staff at the VRC who will assist potential volunteers with SERVPA enrollment and matching volunteers with appropriate organizations based on their skills, training and credentials.
- j. Performing a walk-through the work area to identify and mitigate safety concerns.

## E. VRC Process

The VRC will be opened at the publicized location and time. (Refer to Appendix R for a sample floor plan and volunteer flow process.)

Greeters will provide a brief orientation and direct volunteers to the interview area. Interviewers receive information about organizations that have requested volunteers from the Phone Bank Staff. Interviewers will assist the volunteer in choosing an organization affiliation based on their skills, experience and credentials. If the volunteer's chosen organization affiliation participates with SERVPA, volunteers will be directed to register electronically or fill out paper registration forms. If the volunteer's chosen organization affiliation does not participate with SERVPA,

volunteers will be referred to that organization's representative, if present, or supplied with contact information.

Volunteers who fill out paper registration forms will be directed to the data entry staff so that their registrations are entered into the SERVPA system. From there they will be directed to report to the credentialing/briefing staff.

After volunteers register for SERVPA electronically, they will report to the Credentialing/Briefing Staff who will immediately verify their medical credentials, if applicable. Those volunteers who pass the verification may be utilized during the incident.

Credentialing/Briefing Staff will advise SERVPA volunteers on the current situation and advise them that the Local or Regional Administrator will contact them. If Administrators or other volunteer agency representatives are on site, they will receive a pre-deployment briefing (Appendix K) telling them when and where to report, as well as what items they should bring with them.

Volunteers that register with SERVPA may receive temporary ID cards with the organization affiliation listed on them once they are accepted by the Local Administrator.

#### F. Roles for Spontaneous Volunteers

Possible roles for spontaneous volunteers include supporting the following disaster response settings:

1. POD – A fixed or mobile facility where people can receive emergency medications or vaccinations and information.
2. Mass Care Shelter – Provides temporary shelter for disaster survivors who cannot safely remain in their homes.
3. ACS – Provides “medical needs”, sheltering and urgent care services if hospitals are overwhelmed by patients due to a disaster or public health emergency.
4. Public Information Call Center – Provides callers with information about the emergency, including public health and public safety information and response resources.
5. DRC – Provides a readily accessible facility or mobile office where applicants may go for information about FEMA or other disaster assistance programs.
6. MESS – Provides meals for large groups of volunteers/staff at various sites. Also may be used as a mobile pharmacy where temperature control is required.

Volunteers who have patient contact must sign a “Confidentiality Agreement” (Appendix N).

Job action sheets for positions in the above response operations can be used to conduct just-in-time training at the VRC or by local volunteer coordinators when volunteers report for their assignments. Other resources for just-in-time training include the use of required forms, communications equipment, limits of patient contact for volunteers, proper hand washing technique, frequently asked question sheets or other job aids.

## X. Legal Protections for Volunteers

### A. Liability Considerations

Civil liability refers to the potential responsibility of a person or entity for actions resulting in injury to persons or damage to or loss of property. Civil liability is measured in damages, which equate to financial responsibility on the part of the person who caused the damages. A person who causes damages isn’t necessarily civilly liable—the applicable law may provide some immunity from liability, or the person may have acted reasonably or non-negligently such that liability will not attach.

A number of laws, both state and Federal, may protect volunteers from civil liability for actions performed by them during a mission. Which of these laws applies depends upon the specific circumstances. Relevant considerations include:

1. Is the individual being paid or acting as an uncompensated volunteer?
2. Who directs the actions of the individual?
3. Where (location) is the individual a volunteer?
4. What kind of services is the individual providing?
5. Is the individual considered the “employee” of a government entity, as that term has been defined in relation to certain laws?
6. Is the individual or entity considered an agent, employee or representative of a government entity and engaged in emergency services activities?
7. Is the individual part of an organized response to an emergency, acting on the spur of the moment, or “happening upon” an emergency situation?
8. Has a disaster emergency been declared by the Governor?
9. Is there a federal declaration of emergency, or another federal declaration that applies to the situation?

Appendix T (“Summary of Laws That May Protect Volunteers from Tort Liability”) contains a table which briefly summarizes applicable laws that may provide protection from civil liability for volunteers. This information is not legal advice and must not be construed as such. It is intended to give volunteers an idea of what laws may apply, depending upon the circumstances. Questions should be directed to your own legal counsel.

## B. Legal Representation and Indemnification

If a SERVPA volunteer is sued for negligence or other unintentional misconduct occurring while the volunteer was acting in the scope of the volunteer’s duties, the Commonwealth will provide a defense where each of the following conditions is met:

1. The volunteer was deployed into service by the Commonwealth. Local Administrators can use the SERVPA system to deploy volunteers locally using the system. If volunteers are deployed into service by an entity other than the commonwealth and not at the request of the commonwealth, the commonwealth will not provide legal representation and indemnification. If volunteers are deployed by a local political subdivision, they should discuss their status with the local county emergency management agency to ascertain what legal protections may apply, and whether legal representation or indemnification may be provided.
2. The volunteer is under the control and direction of the commonwealth during the accident or occurrence that led to the cause of action being brought against the volunteer.
3. The volunteer was acting in good faith and in furtherance of commonwealth business at the time of the accident or occurrence.
4. The volunteer immediately makes an incident report to the deploying commonwealth agency about claims that have been or may be made against the volunteer, so that the deploying agency can provide written notice to the Department of General Services, Bureau of Risk and Insurance Management.

In cases in which intentional or malicious conduct is alleged, if it appears to the Governor’s Office of General Counsel (OGC) that a SERVPA volunteer’s conduct that has given rise to the cause of action was within the scope of the volunteer’s duties and a good faith exercise of the authority delegated to the volunteer by the commonwealth, the commonwealth will undertake the defense with an attorney of its choosing and at its expense, and will indemnify the volunteer for the expense of a judgment against the volunteer or a settlement that is approved by the OGC. The volunteer may engage his or her own attorney, but indemnification and reimbursement of attorneys’ fees by the commonwealth will be in the sole discretion of the OGC.

## XI. Compensation

### A. Accidental Injury Benefits

The commonwealth provides to duly enrolled volunteers (which includes those enrolled in SERVPA; both local and state managed deployments) who are not eligible to receive benefits under the Workers' Compensation Laws, the following benefits relating to injuries sustained while actually engaged in emergency management activities and services while in or en route to and from emergency management tests, drills, exercises or operations authorized by PEMA and carried out in accordance with rules and orders promulgated and adopted by PEMA:

1. A sum of \$20,000 for accidental injury directly causing or leading to death.
2. A sum not exceeding \$15,000 for reimbursement for medical and hospital expenses associated with accidental injury.
3. Weekly payments of \$200, not to exceed six months in duration, beginning on the eighth day of disability directly arising from accidental injury rendering the individual totally incapable of following his normal gainful pursuits.

These benefits are provided pursuant to Section 7706 of the Emergency Management Services Code (35 Pa.C.S.A. § 7706) (pertaining to compensation for accidental injury) and the PEMA Directive No. D-2005-3 (revised), dated September 15, 2006, (pertaining to official enrollment of state emergency management volunteers).

### B. Travel

Travel expenses may be reimbursable, which will be determined on a mission by mission basis. All travel expenses will follow commonwealth guidelines within Appendix U ("Management Directive 230.10 – Commonwealth Travel Policy (Effective July 1, 2012)". NOTE: This Management Directive occasionally is updated periodically; therefore, Local/Regional Administrators and volunteers should access the most recent version at

[http://www.portal.state.pa.us/portal/server.pt?open=514&objID=228891&mode=2&contentid=http://pubcontent.state.pa.us/publishedcontent/publish/cop\\_general\\_government\\_operations/oa/oa\\_portal/omd/p\\_and\\_p/management\\_directives/management\\_administrative\\_support/items/md230\\_10.html](http://www.portal.state.pa.us/portal/server.pt?open=514&objID=228891&mode=2&contentid=http://pubcontent.state.pa.us/publishedcontent/publish/cop_general_government_operations/oa/oa_portal/omd/p_and_p/management_directives/management_administrative_support/items/md230_10.html).

### C. Salary

SERVPA is a volunteer registry and, by definition, and does not reimburse volunteers for their services during deployment.

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## **SERVPA – TERMS OF SERVICE**

Collaborative Fusion, Inc. ("CFI") in agreement with the Pennsylvania Department of Health provides SERVPA, a World Wide Web site (hereinafter referred to as "Site") as a service to register, credential, manage and deploy individuals who are interested in assisting during disaster situations.

The Site and any materials for download only are available on the terms and conditions described below, which are intended to be legally binding on (1) those who register as volunteers, and (2) those who seek to access the data collected herein in the event of an emergency (hereinafter collectively referred to as you).

### **YOU MUST AGREE TO THESE TERMS OF SERVICE TO USE THIS SITE**

This agreement is between you and CFI. By using or registering on the Site you agree to be legally bound by these terms and conditions ("Terms of Service") and the Site Privacy Policy. By accepting your registration and continuing use, CFI agrees to be legally bound by these Terms of Service and the Site Privacy Policy. You agree to accept notices electronically. Each time you use the Site, you reaffirm your acceptance of the then-current Terms of Service. If you do not wish to be bound by these Terms of Service, you may discontinue using the Site. You cannot use, access data, credentials, sign up or register on the Site until you have accepted these Terms of Service. If you do not agree to these terms and conditions, do not use this Site. You may not use the Site for any illegal or unauthorized purpose.

### **IMPORTANT-READ CAREFULLY: YOUR USE OF THIS SITE AND ITS SERVICES AND ASSOCIATED SOFTWARE (THE "SITE SERVICES") IS CONDITIONED UPON YOUR COMPLIANCE AND ACCEPTANCE OF THESE TERMS.**

CFI, in consultation with the Pennsylvania Department of Health, reserves the right to modify or terminate the Site service for any reason, and without notice, without liability to you, or any third party. We also reserve the right to modify these Terms of Use from time to time without notice. You are responsible for regularly reviewing these Terms of Use so that you will be apprised of any changes.

Please read all of the material below, and note that a disclaimer of the implied warranties of merchantability, fitness for a particular purpose, and limitation of liability is set forth in the capitalized text below.

### **OBJECTIVE**

The Site functions as a non-commercial and member only venue to assist in the registration of individuals, validation of professional licensure, management of program deployment information and emergency notification preferences for members, and deployment of members who wish to participate in the Pennsylvania Department of Health's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and/or other programs located on this Site.

The Site presently limits registration to members of programs and organizations authorized by the Pennsylvania Department of Health. The Site confirms the identity of users through the use of email accounts and information provided at the time of registration. The Site confirms the qualification, background information, or abilities of members primarily through validation by third party information providers or participating program administrators. Submitted information is the responsibility of individual members and their sponsoring organizations or programs. CFI does not accept any responsibility for the information submitted by individuals or their sponsoring organizations.

In the event of a declared emergency or disaster, authorized personnel will access the profiles of registered members and (1) verify the accuracy of a members credentials who wishes to volunteer in a emergency or

disaster area; or in the alternative, (2) contact members for availability and deployment to serve in capacities that closely match the knowledge, skills and credentials described in the registered members profiles.

### **THE SITE PRODUCTS**

For purposes of these Terms of Service, the term Products shall mean the Site (whether pre-installed, on a medium or offered by download), The Site services, the Site and all other software, features, tools, web sites, and services provided by or through the Site.

### **ADDITIONAL TERMS AND CONDITIONS FOR OTHER SERVICES OR PRODUCTS**

You agree and understand that certain Site Products, features and services offered by or through the Site (including services from the Pennsylvania Department of Health) may be subject to additional terms and conditions or registration requirements.

Should you agree to abide by these additional terms, you agree that a violation of those terms while you are accessing the data and or services through the Site shall constitute a breach of these Terms of Service.

### **MODIFICATIONS TO THE TERMS OF SERVICE**

CFI, through the Site, may change the Terms of Service at any time and in its sole discretion. The modified Terms of Service will be effective immediately upon posting and you agree to the new posted Terms of Service by continuing your use of the Site. If you do not agree with the modified Terms of Service, your only remedy is to discontinue using the Site and cancel your registration.

### **REQUIREMENTS FOR USE OR REGISTRATION ON THE SITE, ITS DATA AND PRODUCTS**

The Site is open to members and administrators of the programs approved for participation by the Pennsylvania Department of Health. By registering on the Site and using the Site you represent and warrant that you are eligible to register as a member of one of these participating organizations.

### **RESPONSIBILITY FOR CONTENT OF YOUR INFORMATION PROFILE AND ACTIVITY UNDER YOUR USERNAME**

You represent and warrant that you have adequate legal capacity to enter into binding agreements such as these Terms of Service. Some parts of the Site may require the user to register and provide information to the Site, such as name, email address, gender, date of birth, Drivers License information, proof of education, proof of professional licensure, DEA license number, medical board certification, National Practitioner Database status, Office of Inspector General LEIE Status, active clinical practice status, active clinical privileges, and any other credentialing information (hereinafter, all the foregoing will collectively be referred to as Registration Information) as may be deemed necessary by the Pennsylvania Department of Health.

If you register on the Site, you agree to provide accurate and complete Registration Information and you agree to keep such information current.

As part of the registration process, you will be asked to provide a username and password. You will be responsible for all activities occurring under your username and for keeping your password secure.

By successfully accepting the terms of service and completing the Registration Information, and receiving confirmation from the Pennsylvania Department of Health, you will be registered on the Site and have an information profile ("Profile") which you can access online with your username and password. Your username and password are required to access the Site. When you complete the registration process, a confirmation email will be sent to you with instructions on how to log in.

You agree that you are solely responsible for the content of all information provided by you. You agree to provide accurate, non-misleading, and complete information in all areas of the Site and to maintain and update such information in order to maintain its honesty, accuracy, and completeness. At any time, you may update information regarding your Profile. Whenever you post any information on or to the Site, You agree to provide accurate and complete information.

You agree:

- Not to post any false, misleading, discourteous, unprofessional or inappropriate information to the Site;
- Not to discuss information in 'restricted' or confidential areas of the Site which you may have access to;
- Not to use an automated information collection mechanism or manual information collection process to monitor, collect, or copy information contained in the Site;
- Not to distribute information found on the Site.

Further, you represent and warrant that you will not do any of the following in connection with the Site or your use of the Site:

- Violate, intentionally or unintentionally, any applicable local, state, national, or international law or regulation;
- Infringe any third party's copyright, patent, trademark, trade secret, or other proprietary rights or rights of publicity or privacy.
- Upload, post or transmit any information that you do not have the right to post or transmit under any law, contractual duty or fiduciary relationship, including but not limited to inside information, proprietary and confidential information learned as part of employment contract, or information learned under a nondisclosure agreement or obtained in a wrongful manner;
- Upload, post, or transmit any information that is unlawful, untrue, fraudulent, harassing, libelous, defamatory, abusive, tortuous, threatening, harmful (including but not limited to viruses, Trojan horses, time bombs, cancel bots, corrupted files, or any other programming routines that are intended to damage, detrimentally interfere with, intercept or expropriate any system data or information) or is otherwise objectionable;
- Access, tamper with, or use areas of the Site you are not strictly authorized to access (Unauthorized individuals attempting to access these areas of the Site may be subject to prosecution);
- Do anything which would create or impose an unreasonable or disproportionately large burden or load on the Site;
- Frame or link to the Site except as permitted in writing by CFI;
- Impersonate any person or entity, falsely state your identity or otherwise misrepresent your affiliation with a person or entity;
- Interfere with or disrupt the Services or servers or networks connected to the Services, or disobey any requirements, procedures, policies, or regulations of networks connected to the Services;

CFI, the Pennsylvania Department of Health, and/or your program administrators reserve the right to revoke your account upon the discovery that the information you have provided is intentionally misleading, not true, not complete, or not accurate.

### **COMPENSATION FOR ACCIDENTAL INJURY OF VOLUNTEERS**

The Commonwealth of Pennsylvania provides to duly enrolled volunteers who are not eligible to receive benefits under the Workers' Compensation Laws the following benefits relating to injuries sustained while actually engaged in emergency management activities and services in a health related capacity or while in or en route to and from health related emergency management tests, drills, exercises or operations authorized by the

Pennsylvania Emergency Management Agency and carried out in accordance with rules and orders promulgated and adopted by the agency:

- A sum of \$20,000 for accidental injury directly causing or leading to death.
- A sum not exceeding \$15,000 for reimbursement for medical and hospital expenses associated with accidental injury.
- Weekly payments of \$200, not to exceed six months in duration, beginning on the eighth day of disability directly arising from accidental injury rendering the individual totally incapable of following his normal gainful pursuits.

These benefits are provided pursuant to Section 7706 of the Emergency Management Services Code (35 Pa. C.S.A. § 7706) (pertaining to compensation for accidental injury) and the Pennsylvania Emergency Management Agency Directive No D 2005-3 (revised), dated September 15, 2006, (pertaining to official enrollment of state emergency management volunteers).

### **LEGAL REPRESENTATION AND INDEMNIFICATION OF SERVPA VOLUNTEERS**

If a SERVPA volunteer is sued for negligence or other unintentional misconduct occurring while the volunteer was acting in the scope of the volunteer's duties, the Commonwealth will provide a defense in all cases in which each of the following conditions is met:

- The volunteer is deployed into service by the Commonwealth.
- The volunteer is under the control and direction of the Commonwealth during the accident or occurrence that led to the cause of action being brought against the volunteer.
- The volunteer was acting in good faith and in furtherance of Commonwealth business at the time of the accident or occurrence.
- The volunteer immediately makes an incident report to the deploying Commonwealth agency about claims that have been or may be made against the volunteer, so that the deploying agency can provide written notice to the Department of General Services, Bureau of Risk and Insurance Management.
- In cases in which intentional or malicious conduct is alleged, if it appears to the Governor's Office of General Counsel that a SERVPA volunteer's conduct that has given rise to a cause of action against the volunteer was within the scope of the volunteer's duties and a good faith exercise of the authority delegated to the volunteer by the Commonwealth, the Commonwealth will undertake the defense with an attorney of its choosing and at its expense, and will indemnify the volunteer for the expense of a judgment against the volunteer or a settlement that is approved by the Governor's Office of General Counsel. These decisions are solely within the discretion of the Governor's Office of General Counsel. The volunteer may engage his or her own attorney, but indemnification and reimbursement of attorneys fees by the Commonwealth will be in the sole discretion of the Governor's Office of General Counsel.

### **REGISTERED USER INFORMATION**

The Privacy Policy explains how the Site collects and uses information you have provided or seek to access. You consent to the Site using your Registration Information and other information collected by the Site under the Site Privacy Policy.

By registering with or using the Site, you consent to the collection and use of your Registration Information and the transfer of this information to CFI for processing and storage and access by the Pennsylvania Department of Health. Additionally, you agree to the use of various services or technologies to authenticate you and your identity and credentials on the Site, help store your Registration Information and transaction-related information, and enable authorized users to access the information you provide on the Site in the event of a declared emergency or disaster. In the event of a declared emergency or disaster, authorized personnel will access your profile to verify your credentials, or they will contact you regarding your availability to serve in a

designated area in a manner that most closely matches the skills and experience that you have described on your profile.

You understand that, at all times after your registration, your Registration Information and any information that relates to you belongs to the Pennsylvania Department of Health and that the information may be transferred to the Commonwealth of Pennsylvania as the source of medical credentials for Volunteer Health Professionals and validation.

#### **YOUR RESPONSIBILITY**

You are responsible for all activity made by you or anyone you allow to provide information on your profile, including your family or friends. You agree to keep confidential the passwords associated with your Registration Information.

You may not use the Site while driving, operating hazardous equipment, or engaging in other forms of hazardous activities.

You are responsible for any materials you post or make available on or through the Site.

#### **CFI's RESPONSIBILITY**

CFI will not sell or use your Registration or any information that relates to you for any commercial purpose not directly related to the purpose of your Registration.

CFI will make all reasonable efforts to safeguard your Registration information and any information that relates to you.

#### **COMMUNICATIONS**

You are responsible for obtaining your own Internet access, such as maintaining all telephone, computer hardware and other equipment needed for access to and use of the Site, related Products, and all charges related thereto. Any telephone or other communications charges incurred by you to access the Site or any Site Products are your responsibility.

#### **YOU MAY USE THE SITE AND SITE PRODUCTS FOR LAWFUL PURPOSES ONLY**

You may use the Site and Site products for lawful purposes only. You may not post on or transmit through community areas (e.g., message boards, email, calendars) or other means, any material that (1) violates or infringes in any way upon the rights of others, (2) is unlawful, threatening, abusive, defamatory, invasive of privacy or publicity rights, vulgar, obscene, profane, indecent or otherwise objectionable, (3) encourages conduct that would constitute a criminal offense, (4) gives rise to civil liability, (5) violates any policies posted in any community areas or (6) otherwise violates any law. You also may not undertake any conduct that restricts or inhibits any other user from using or accessing the data on the Site or on any Site Products.

#### **NO UNAUTHORIZED ACCESS**

You may not harvest or collect information about the Site users unless prior written permission is obtained from CFI. You may not harvest or collect information about the Site users and or registrants of the Site or any Site Product for the purpose of sending unauthorized bulk communications. Any violation of these provisions may result in immediate termination of your registration account or access to the Site Database and further legal action. You agree that CFI may take any legal and technical remedies to prevent unsolicited bulk communications from entering, utilizing or remaining within the Site's networks.

### **RESTRICTIONS ON ACCESS TO OR USE OF THE SITE AND SITE PRODUCTS**

You may access the Site and Site Products only through the interfaces and protocols provided or authorized. You agree that you will not access the Site or Site Products through unauthorized means, such as unlicensed software clients, and that you will only use the Site and Site Products in conjunction with authorized products and components.

### **EXPORT RESTRICTIONS**

You acknowledge that the Site, or any use of any Site Product thereof, or portion thereof may be subject to the export control laws of the United States. You will not export, re-export, divert, transfer or disclose any portion of the Site or Site products or any related technical information or materials, directly or indirectly, in violation of any applicable export law or regulation.

### **NO RESALE OF SITE OR SITE PRODUCTS**

You agree not to reproduce, duplicate, copy, sell, resell, or exploit for any commercial purposes any portion of the Site or Site Products, or access to the Site or Site Products.

### **INJUNCTIVE RELIEF**

You acknowledge that any use of the Site contrary to this Agreement, or any transfer, sublicensing, copying or disclosure of technical information or materials related to the Site or Site Products may cause irreparable injury to CFI. Under such circumstances CFI will be entitled to equitable relief, without posting bond or other security, including, but not limited to, preliminary and permanent injunctive relief.

### **NO SUPPORT BY CFI ON THE SITE**

You understand that your use of the Site and any Site Product is at your own risk and that the CFI provides no assistance other than the information posted on the Site. CFI is under no obligation to provide you with any error corrections, updates, upgrades, bug fixes and/or enhancements of the Software.

### **NO ENDORSEMENT**

The Site and Site Products may contain links to other web sites, resources and advertisers. CFI is not responsible for the availability of these external sites nor does it endorse, or is it responsible for, the aesthetics, appeal, suitability to taste or subjective quality of informational content, advertising, products or other materials made available on or through such external sites.

Under no circumstances shall the CFI be held responsible or liable, directly or indirectly, for any loss or damage caused or alleged to have been caused to you in connection with the use of or reliance on any content, goods or services available on such external sites. You should direct any concerns to such external Site administrator or Webmaster.

### **DISCLAIMER OF WARRANTY**

YOUR USE OF THE SITE AND SITE PRODUCTS AND SOFTWARE IS AT YOUR SOLE RISK. THE SITE AND SITE PRODUCTS AND SOFTWARE ARE PROVIDED "AS IS," "WITH ALL FAULTS" AND "AS AVAILABLE" FOR YOUR USE, WITHOUT WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, UNLESS SUCH WARRANTIES ARE LEGALLY INCAPABLE OF EXCLUSION. SPECIFICALLY, CFI DISCLAIMS IMPLIED WARRANTIES THAT THE SITE AND SITE PRODUCTS AND SOFTWARE ARE MERCHANTABLE, OF SATISFACTORY QUALITY, ACCURATE, FIT FOR A PARTICULAR PURPOSE OR NEED, OR NON-INFRINGEMENT. CFI DOES NOT WARRANT THAT THE FUNCTIONS CONTAINED IN THE SITE OR SITE PRODUCTS AND SOFTWARE WILL MEET YOUR REQUIREMENTS OR THAT THE OPERATION OF THE SITE OR SITE PRODUCTS AND SOFTWARE

WILL BE UNINTERRUPTED OR ERROR-FREE, OR THAT DEFECTS IN THE SITE OR SITE PRODUCTS AND SOFTWARE WILL BE CORRECTED. CFI DOES NOT WARRANT OR MAKE ANY REPRESENTATIONS REGARDING THE USE OR THE RESULTS OF THE USE OF THE SITE OR SITE PRODUCTS, SOFTWARE OR RELATED DOCUMENTATION IN TERMS OF THEIR CORRECTNESS, ACCURACY, RELIABILITY OR OTHERWISE. CFI PROVIDES THE SITE AND SITE PRODUCTS AND SOFTWARE ON A COMMERCIALY REASONABLE BASIS AND DO NOT GUARANTEE THAT USERS WILL BE ABLE TO ACCESS OR USE THE SITE OR SITE PRODUCTS AT TIMES OR LOCATIONS OF THEIR CHOOSING, OR THAT THE SITE WILL HAVE ADEQUATE CAPACITY FOR SITE PRODUCTS AS A WHOLE.

**LIMITATION OF LIABILITY**

CFI'S ENTIRE LIABILITY AND YOUR EXCLUSIVE REMEDY WITH RESPECT TO ANY DISPUTE WITH CFI (INCLUDING WITHOUT LIMITATION YOUR USE OF THE SITE AND SITE PRODUCTS) IS TO DISCONTINUE YOUR USE OF THE SITE AND SITE PRODUCTS. CFI SHALL NOT BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGE ARISING FROM YOUR USE OF THE SITE OR ANY SITE PRODUCT, OR FOR ANY OTHER CLAIM RELATED IN ANY WAY TO YOUR USE OF THE SITE OR SITE PRODUCTS. THESE EXCLUSIONS FOR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES INCLUDE, WITHOUT LIMITATION, DAMAGES FOR LOST PROFITS, LOST DATA, LOSS OF GOODWILL, WORK STOPPAGE, COMPUTER FAILURE OR MALFUNCTION, OR ANY OTHER COMMERCIAL OR PERSONAL DAMAGES OR LOSSES, EVEN IF CFI HAD BEEN ADVISED OF THE POSSIBILITY THEREOF AND REGARDLESS OF THE LEGAL OR EQUITABLE THEORY UPON WHICH THE CLAIM IS BASED. BECAUSE SOME STATES OR JURISDICTIONS DO NOT ALLOW THE EXCLUSION OR THE LIMITATION OF LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES, IN SUCH STATES OR JURISDICTIONS, CFI'S LIABILITY IN SUCH STATE OR JURISDICTION SHALL BE LIMITED TO THE EXTENT PERMITTED BY LAW.

CFI DOES NOT ENDORSE, WARRANT OR GUARANTEE ANY PRODUCT OR SERVICE OFFERED THROUGH THE SITE OR ANY SITE PRODUCT, AND WILL NOT BE A PARTY TO OR IN ANY WAY BE RESPONSIBLE FOR MONITORING ANY TRANSACTION BETWEEN YOU AND THIRD-PARTY PROVIDERS OF PRODUCTS OR SERVICES.

**INDEMNIFICATION**

You agree to defend, indemnify and hold harmless CFI, and their respective directors, officers, employees and agents from and against all claims and expenses, including attorneys' fees, arising out of your use of the Site and Site Products. CFI reserves the right, at its own expense and in its sole discretion, to assume the exclusive defense and control of any matter otherwise subject to indemnification by you.

You agree to indemnify and hold harmless CFI for losses incurred by you, any person, private entity, local, state or federal governmental entity, or another other party due to:

- Damages resulting from an unauthorized person or entity who has obtained your profile information and misused same;
- Damages resulting from your registration information as a result of your failure to use reasonable care to keep your registration information confidential;
- Damages resulting from your failure to use reasonable care while using any Site Products.

**CHOICE OF LAW AND FORUM**

These terms of Service shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania. You expressly agree that the exclusive jurisdiction for any claim or action arising out of or

relating to these Terms of Service or your use of the Site shall be filed only in the state or federal courts located in the Commonwealth of Pennsylvania, and you further agree and submit to the exercise of personal jurisdiction of such courts for the purpose of litigating any such claim or action.

#### **WAIVER AND SEVERABILITY**

Failure by either party to exercise any of its rights hereunder or to enforce any provision of, these Terms of Service will not be deemed a waiver or forfeiture of such rights or ability to enforce such provision. If any provision of this Agreement is held by a court of competent jurisdiction to be illegal, invalid or unenforceable, that provision will be amended to achieve, as nearly as possible, the same economic effect of the original provision, and the remainder of this Agreement will remain in full force and effect.

#### **TERMINATION**

CFI, in conjunction with Pennsylvania Department of Health, has the right to terminate your registration and registration account or your access to any Site Products for any reason in CFI's sole discretion, including but not limited to termination, if it considers your use to be unacceptable, or in the event of any breach by you of the Terms of Service (either directly or through breach of any other terms and conditions or operating rules applicable to you). CFI may, but shall be under no obligation to, provide you a warning prior to termination of your use of the Site or Site Products.

#### **TRADEMARKS**

All trademarks appearing on the Site and on any Site Products are the property of their respective owners.

#### **MISCELLANEOUS**

The provisions of these Terms of Service addressing disclaimers of representations and warranties, limitation of liability, indemnity obligations, intellectual property, and governing law shall survive the termination of these Terms of Service, your registration with the Site and use of any Site Products.

These Terms of Service and any operating rules for any areas of functionality of the Site and Site Products established by CFI constitute the entire agreement between CFI and you, regarding the subject matter of these Terms of Service, and supersede all previous written or oral agreements. In the event of any inconsistency between these Terms of Service and any such other terms of use or operating rules of a specific Site Product, these Terms of Service will supersede such other terms of service or operating rules. The Terms of Service shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to its Conflict of laws rules. You expressly agree that the exclusive jurisdiction for any claim or dispute under the Terms of Service and or your use of the Site and any Site Products resides in the courts located in the Commonwealth of Pennsylvania, and you further expressly agree to submit to the personal jurisdiction of such courts for the purpose of litigating any such claim or action. The foregoing provision may not apply to you depending on the laws of your jurisdiction. No waiver by either party of any breach or default hereunder shall be deemed to be a waiver of any preceding or subsequent breach or default. The section headings used herein are for convenience only and shall not be given any legal import.

## SERVPA – PRIVACY POLICY

### OVERVIEW

Collaborative Fusion ("CFI") is strongly committed to protecting the privacy of registrants and users of its products and services. Throughout cyberspace, we want to contribute to providing a safe and secure environment for you, our users.

The purpose of this Privacy Policy is to inform you, as a user, to the Site or user of any Site content, what kinds of information may be gathered about you when you visit the Site, how the information may be used, whether it will be disclosed to anyone, and the choices you have regarding uses of, and your ability to correct, the information. This privacy policy applies to the Site and any Site content that incorporates this policy. Please note that this policy applies only to the Site and Site content, and not to other companies' or organizations' Web sites to which a link is provided.

### INFORMATION ABOUT ALL SITE VISITORS

In general, the site automatically gathers certain usage information like the number and frequency of visitors to the site. This is very much like television ratings that tell the networks how many people tuned in to a program. The data is used only in the aggregate. This aggregate data helps to determine how much you use parts of the Site, so improvements can be made to the Site to assure that it is as appealing as it can be for as many of you as possible.

**The Site uses a technology nicknamed "cookies" which authenticates access to the Site and records how and when pages in the site are visited, and by how many people. Statistical "ratings" information may be provided, never information about you personally, to the Site partners about how you (volunteers and other entities that access the data) collectively, use the Site. Cookies are never stored on your computer for longer than your browser session and automatically expire after a short period of time.**

Most browsers are initially set up to accept cookies. You can reset your browser to refuse all cookies or to indicate when a cookie is being sent.

### DISCLOSURE

Information is not used or disclosed about your individual visits to the Site or information that you may give us on the Site, such as your name, email address, gender, date of birth, social security number, Drivers License information, proof of Education, proof of health care professional licensure, DEA license verification, Medical Board Certification, National Practitioner Database Status, Office of Inspector General LEIE Status, Active Clinical practice status, Active clinical privileges, and any other credentialing information (the Registration Information) except as may be deemed necessary by us, to any outside entities. Information received through the Site, may be shared in response to legal process, such as a court order or subpoena, or in special cases such as a physical threat to you or others. And, as mentioned above, aggregated statistical "ratings" information about the use of the Site may be shared with Web site partners.

### SITE PRIVACY POLICY CHANGES

Any changes to the Site privacy policy will be posted here so that you will always know what information is gathered, how the information might be used and whether it will be disclosed to anyone.

If you have questions or concerns regarding this statement, please [contact us](#).

Effective as of July 1, 2010

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## SERVPA – ACKNOWLEDGEMENTS

*Note to volunteers: when you register in the SERVPA system, you will be asked to agree to this Terms of Service and Privacy Policy by checking the boxes.*

### Terms of Service and Privacy Policy

#### \*Terms of Service:

By checking this box, I indicate that I agree to the [Terms of Service](#) and have read and understand the [Privacy Policy](#) for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.

#### \*Information Pledge:

By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to SERVPA and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

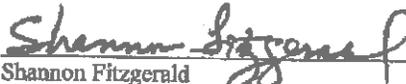
#### \*Certification

I certify that all of the statements made by me are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. I understand that this certification is subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities. I am aware that all statements made by me on this document are subject to investigation.

#### \*Authorization

I do hereby authorize the Commonwealth of Pennsylvania to research and copy records including, but not limited to, educational; professional; judicial; armed services; Federal, state and local law enforcement; motor vehicle and driving safety; and any other documents, data, and information that may be necessary and practical in order to conduct an investigation; and to contact past and present employers as well as professional references for information. I also authorize the release of the above mentioned records to the Commonwealth of Pennsylvania. My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the Commonwealth shall be used only for the purposes of determining my fitness for the volunteer position(s) to which I am assigned.

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 <b>pennsylvania</b> DEPARTMENT OF HEALTH <b>OFFICE OF PUBLIC HEALTH PREPAREDNESS</b>	
<b>STATE EMERGENCY REGISTRY OF VOLUNTEERS IN PENNSYLVANIA          CRIMINAL HISTORY POLICY AND CODE OF CONDUCT</b>	
<b>Number:</b> 2011-01 <b>Effective Date:</b> July 1, 2011 <b>Termination Date:</b> N/A <b>Rescinds Directive Number:</b> N/A	<b>By Direction of:</b>  Shannon Fitzgerald Director, Office of Public Health Preparedness

## I. POLICY

### A. Purpose

The following policy addresses eligibility in the State Emergency Registry of Volunteers in Pennsylvania (SERVPA) of applicants or the continued participation of enrolled volunteers who have a criminal history. Because SERVPA volunteers represent the Commonwealth in serving its citizens, volunteers must merit the highest degree of public trust and confidence. The following policy addressing criminal history for SERVPA volunteers allows the Pennsylvania Department of Health to effectively discharge its responsibility to maintain public health and safety.

### B. Scope

SERVPA policy on criminal history notices includes summons, arrests, and convictions relating to murder, felonies, and misdemeanors involving moral turpitude or which may relate to volunteer enrollment. For purposes of this policy, a conviction includes a judgment of guilt, a plea of nolo contendere, or a plea of guilty.

### C. Objective

To provide guidance during the screening process in determining eligibility of SERVPA applicants and the continued eligibility of SERVPA volunteers.

### D. Applicability

The SERVPA System Coordinator will require applicants to SERVPA to self-report pending charges and prior convictions, and will require enrolled applicants to report arrests and convictions on an ongoing basis. Further, as part of the online application process, potential registrants will be notified of SERVPA's participation with Pennsylvania's Justice Network (JNET). JNET is the Commonwealth's notification

service for criminal justice information. SERVPA receives JNET notifications for all enrolled volunteers from the date of application through the length of the enrollment. Additionally, background checks will be conducted on all SERVPA volunteers. As part of the registration process, registrants will be appropriately informed that JNET and background checks will be performed, and consent will be obtained.

E. Assumptions

It is not possible to know before emergency events occur where volunteers will be deployed, or under what circumstances. It is therefore assumed that any volunteer deployed through SERVPA potentially will have the opportunity for unsupervised contact with members of the public, even though such contact may be outside the scope of the deployment and/or the assigned task. It is further assumed that the members of the public may be special populations, dependent, or otherwise vulnerable individuals.

F. Self-Reporting Requirements

Upon making application to SERVPA, applicants will be required to report any current or prior summons, arrest, pending charge, or conviction of the following:

1. Any murder or felony, including inchoate classifications.
2. Any misdemeanor classified as:
  - a. Manslaughter.
  - b. Crimes of Harm against another person, including, but not limited to, Simple Assault, Terroristic Threats, and Recklessly Endangering another Person.
  - c. Harassment or Stalking.
  - d. Domestic Violence Crimes.
  - e. Any Firearms Violation.
  - f. Terrorism.
  - g. Any crime classified as Kidnapping, False Imprisonment, or Unlawful Restraint.
  - h. Any crime involving Sexual Misconduct or sexual offenses.
  - i. Crimes against Property.
  - j. Crimes involving Forgery and Fraudulent Practices.
  - k. Crimes against Family.
  - l. Crimes of Trespass and Intrusion.
  - m. Crimes involving Intimidation.
  - n. Crimes involving Obstruction of Government Operations
  - o. Crimes against Public Order and Decency.
  - p. Crimes of Public Indecency.
  - q. Crimes (including electronic crimes) involving use of computers.
  - r. Any crime involving the harvest, distribution, manufacture or sale of controlled substances.
  - s. Any crime involving personal possession and/or consumption of controlled substances.
  - t. Any crime involving cruelty to animals.
  - u. Any crime involving harm, neglect or corruption of a minor.

- v. Any crime involving Driving after Imbibing Alcohol or Utilizing Drugs.
- w. Any crime involving Moral Turpitude or Crimes of Falsehood.
- x. Any inchoate crime related to one of the above categories.
- y. Any summons, arrest, pending charge, or conviction for a crime outside of Pennsylvania that corresponds to any of the above-listed crimes, regardless of classification or label.

Applicants who report summons, arrests, pending charges or convictions for any of the above-listed crimes may be disqualified from enrolling in SERVPA. Disqualification is discussed below.

Enrolled volunteers will be required to report any arrest, pending charge, or conviction relating to the above-listed crimes to the SERVPA System Coordinator within 30 days of the occurrence. Self-reporting of summons, arrests, pending charges, and convictions is a mandatory requirement for the lifetime of a volunteer's enrollment with SERVPA. The SERVPA System Coordinator will immediately disqualify any applicant or enrollee who fails to report a prior summons, arrest, or conviction when application is made to SERVPA, or a new summons, arrest, charge, or conviction within 30 days of its occurrence.

G. Reports of summons, arrest, or conviction obtained through background checks

Background checks will be performed at the time of enrollment. A background check will be performed subsequent to enrollment on those volunteers who were enrolled prior to the implementation of background checks. Summons, arrests, pending charges or convictions may cause an applicant or enrolled volunteer to be disqualified from enrolling or continuing to be enrolled in SERVPA. Disqualification is discussed below.

H. Reports of summons, arrest, or conviction received from JNET or other means following enrollment

A JNET notice or criminal history information received through other means may cause the SERVPA System Coordinator, in accordance with this policy, to place an enrolled volunteer in inactive status pending further review by the SERVPA System Coordinator, and may ultimately result in the volunteer's disqualification from enrollment. Re-activation of an enrollment placed in inactive status will be at the discretion of the SERVPA System Coordinator, as discussed below.

I. Inactive Status

If a JNET notice, self-report, background check, or other source of information reveals a summons, arrest, or pending charge relating to a murder, felony, or misdemeanor offense that involves moral turpitude or may relate to volunteer functions, the SERVPA System Coordinator will advise the volunteer that his/her status is inactive until the charges are resolved. If the arrest or pending charge is for a misdemeanor offense that neither involves moral turpitude nor relates to any function the volunteer may be asked to

perform in an emergency or deployment, the volunteer's enrollment may be deactivated depending upon the individual circumstances and nature of the summons, arrest or charge.

Should a volunteer be acquitted of any charge that has led to deactivation of the volunteer's enrollment from SERVPA, the volunteer may submit evidence of same to the SERVPA System Coordinator. Return of the volunteer to active status will be subject to the informal review process, and will be at the discretion of the SERVPA System Coordinator.

#### J. Disqualification

Conviction of any of the following crimes may result in immediate disqualification from enrollment with SERVPA:

1. Any murder or felony, including inchoate classifications.
2. Any misdemeanor that involves moral turpitude or may relate to any function the volunteer may be asked to perform in an emergency or deployment by the Commonwealth.

The volunteer will be informed in writing of the information that led to the disqualification from enrollment. The volunteer will be informed that he/she may provide written evidence for consideration in the informal review process, as specified below.

Failure to self-report a previous or new conviction or pending charges, either in the application process or as an enrolled volunteer, will result in the SERVPA System Coordinator immediately disqualifying the application or enrollee from SERVPA enrollment.

#### K. Informal Review

The SERVPA System Coordinator will implement an informal review process to review summons, arrests, and convictions that are self-reported or are brought to the attention of SERVPA through JNET, background checks, or another means, to determine whether an applicant is qualified to enroll or an enrolled volunteer is qualified to continue to participate in SERVPA. The review shall occur on a regular basis, but frequency is at the discretion of the System Coordinator. The applicant or volunteer may be given one opportunity to provide written evidence of any of the following for consideration:

1. Expungements, restorations of rights, or pardons of a criterion offense.
2. Favorable disposition of any charge that resulted in deactivation or denial of enrollment.
3. Any misinformation or mistake that resulted in deactivation, denial of, or disqualification from enrollment.

4. Evidence of post-conviction employment or volunteer activities, or other evidence of rehabilitation, which serves to demonstrate qualification for SERVPA enrollment.

Upon the conclusion of each review, the SERVPA System Coordinator will make a determination as to the enrollment of an applicant or the continued enrollment of any volunteer who has provided evidence for consideration.

Factors that will be considered by the SERVPA System Coordinator may include, but are not limited to, the following:

1. Relevance of the crime to volunteer duties.
2. Nature of the offense.
3. Seriousness of the offense.
4. Whether the offense involves moral turpitude.
5. Number of offenses.
6. Time since conviction.
7. Age of applicant at conviction.
8. Relevant evidence of rehabilitation or lack thereof.
9. Any other relevant information.

The SERVPA System Coordinator may elect to meet or speak on the telephone with applicants or volunteers who provide written evidence. The decision of the SERVPA System Coordinator to suspend, revoke, or deny volunteer status is discretionary and final.

## II. CODE OF CONDUCT

All SERVPA volunteers, in delivering emergency volunteer services and in all other SERVPA activities, agree to and meet the following standards of conduct.

SERVPA volunteers shall:

- A. Serve with professionalism, dignity, and pride and display respect and courtesy for members of the public, other volunteers, emergency responders, and government employees.
- B. Complete assigned tasks and follow mission-related instructions, including, but not limited to, the wearing of required identification and suitable clothing.
- C. Respect the privacy and dignity of persons served and hold in confidence information that a volunteer is made aware of during deployment, particularly sensitive, private, and personal information.
- D. Work cooperatively as a team member with volunteers and others engaged in the mission.
- E. Keep personal opinions and actions separate from those made as a volunteer.
- F. Not operate or act in any manner that is contrary to the best interests of the mission, the Commonwealth, or SERVPA.
- G. Not discriminate against anyone on any basis, including race, color, religion, age, national origin, marital status, disability, gender, or sexual orientation.
- H. Not behave in a disruptive or abusive manner, including refraining from the use of vulgar or inappropriate language or wearing clothing sporting same.
- I. Not solicit gratuities or gifts for personal or professional benefit based on the volunteer's affiliation with SERVPA or the volunteer's role in a response.
- J. Not use, possess or be under the influence of illegal drugs or alcohol.
- K. Not possess weapons or hazardous substances while deployed.

**VOLUNTEER RECORD OF EMERGENCY DATA**

**Date:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **ID Number:** (if applicable) \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Religious Preference:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Notification in Order of Preference:**

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Address</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the information that I have provided is true and correct to the best of my knowledge.**

*Signature*

*Date*

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## HELPFUL HINTS AND THINGS TO REMEMBER

1. Pack all of your clothing in 1 or 2 gallon Ziploc bags before putting into your suitcases. Line your entire luggage with plastic trash bags to protect clothes and other content against moisture and possible mold.
2. Meals Ready to Eat (MREs) are available at most camping stores. If you are transporting your own food, make sure it's easily transportable and doesn't need cooking or refrigeration.
3. The basic rule is "2-3-4." This means that each volunteer should deploy with 2 bags, 3 days of food, and 4 quarts of water. The "Check List for Deployed Volunteers" (Appendix K) includes not only minimally required items, but others to help each team member travel and live more comfortably during the deployment.
4. Contact the airline for most up-to-date flight times and rules for carry on personal luggage. As a general rule, two bags/suitcases to be utilized are a large one for transportation which will possibly not be available during transit, and the smaller "ready bag" to contain items needed during the transport.

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**CHECKLIST FOR VOLUNTEERS****CLOTHES**

- Sun hat (baseball cap)
- Jacket with hood
- Rain coat and rain pants
- Leather work gloves
- Long pants
- Shorts
- Long sleeved shirts
- Short sleeved shirts
- Work boots (steel toe recommended)
- Canvas shoes (comfortable)
- Large bandana
- Underwear
- Socks
- Flip-flops
- Bathing suit

**PERSONAL GEAR**

- Razor/blades
- Shaving cream
- Toilet paper
- Deodorant
- Shampoo
- Hand lotion
- Insect repellent
- Foot care (alcohol, powder, moleskin)
- Over-the-counter medications/prescriptions
- Personal medical equipment (scissors, stethoscope, etc.)
- Hand wipes
- Bar soap/container
- Toothpaste/brush
- Comb/brush
- Lip balm
- Sunscreen
- Detergent
- Towel

**SLEEPING GEAR**

- Sleeping bag & pillow
- Ground pad or cloth
- Sleeping bag liner for cold weather

**FOOD AND COOKING**

- High nutrition snacks
- Enough non-perishable food for 3 days, such as granola bars, jerky and trail mix
- At least 4 quarts or liters of water in refillable water bottles
- Mess kit (plate, cup, and bowl)
- Knife, spoon, and fork set
- Water purification tablets
- 1 – qt canteens (3)

**PAPER WORK**

- Deployment Papers
- Driver's License/Picture ID
- Volunteer ID Badge
- Vaccination Records
- Professional License

**MISCELLANEOUS**

- Book/reading material
- Sunglasses
- Extra glasses/contacts
- Cash, travelers checks and/or credit cards
- Camera/film
- Flashlight/batteries
- Head lamp
- Extra bulb/batteries
- Notebook
- Pens/pencils
- Waterproof matches/fire starters (no butane)
- Hard hat
- Goggles
- Face mask/dust mask
- Tape, safety pins, sewing kit
- Pocket knife
- Hearing protection
- Trash bags

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## PHYSICAL REQUIREMENTS/RECOMMENDED VACCINATIONS PRIOR TO DEPLOYMENT

### I. Physical Requirements

The physical requirements for individuals being deployed to disasters or emergencies under SERVPA will be based on the functional requirements of the job to be performed and the conditions in which you will perform those functions. Volunteers selected for a SERVPA assignment must be physically capable to perform the duties for which they are selected and current in their vaccination status.

### II. Recommended Vaccinations

Specific additional vaccinations may be necessary for the area you are deploying to and the conditions present there at the time of deployment. Before you leave, check with your doctor about your immunization status. The Center for Disease Control (CDC) offers the following recommendations:

A. The following immunizations (or proof of immunity to disease) are recommended for healthcare workers.

1. **Tetanus/diphtheria/pertussis (Tdap) booster** every 10 years (every 5 years if deploying).
2. **Hepatitis B vaccine**, a complete 3-dose series.
3. **Measles, Mumps, Rubella (MMR) vaccine**, 2 doses spaced at least one month apart or proof of immunity (positive titers).
4. **Varicella vaccine** or immunity to disease (history, or positive titer). 2 dose vaccine series for adults.
5. **Influenza vaccine**, injection; or nasal vaccine appropriate for most Healthcare Workers (seasonal availability).

B. Under certain circumstances these vaccines may be advisable:

1. **Hepatitis A vaccine**, a 2-dose series. First dose confers immunity for at least a year two weeks to one month after the first dose.
2. **Immune Globulin** can be administered as prophylaxis if immunity is needed on short notice.
3. **Meningococcal vaccine**. College students and military recruits receive the vaccine to prevent outbreaks that are more common in adolescent age groups and persons living in close quarters. *Menactra* is a new conjugate vaccine for immunization against 4 disease serotypes. One dose is good for at least three years.
4. **Pneumococcal vaccine** is recommended for persons under 65 years or with health conditions that affect pulmonary immune systems, such as diabetes, AIDS, renal dysfunction, chronic lung diseases.

C. Other Considerations:

1. **Traveler's Diarrhea:** Altered sanitation conditions could increase risks of traveler's diarrhea. You may want to contact your doctor for a prescription of Ciprofloxacin or Rifaximin to have on hand for treatment of severe diarrhea. Pepto Bismol or bismuth-containing compounds, antimotility agents (such as Imodium), and or a rehydration preparations are useful to have available for treatment. Persistent diarrhea not responding to Ciprofloxacin may be from protozoa, which require treatment with medications such as metronidazole (Flagyl) and iodoquinol. The CDC website has excellent guidance on food and water safety recommendations (<http://www.cdc.gov/travel/foodwater.htm>).

## 2. CDC Recommendations for Insect Repellants:

- a. **DEET:** U.S. Environmental Protection Agency (EPA) registered repellants include DEET (N, N-diethylmetatoluamide), Picaridin (KBR 3023), MGK-326, MGK-264, IR3535, oil of citronella, and p-Menthane 3, 8-diole (Oil of Lemon Eucalyptus). All the EPA-registered active ingredients have some repellent activity, but most authorities recommend repellents containing DEET (N, N-diethylmetatoluamide) as the most reliable and long lasting. DEET repels mosquitoes, ticks, and other arthropods when applied to the skin or clothing. In general, the more DEET a repellent contains, the longer time it can protect against mosquito bites. However, there appears to be no added benefit to concentrations less than 50%. No serious illness has been reported from use of DEET according to the manufactures recommendations. DEET formulations as high as 50% are recommended for both adults and children under 2 months of age. Lower concentrations are not as long lasting, offering short-term protection only and necessitating more frequent reapplication. Repellent products that do not contain DEET are not likely to offer the same degree for protection from mosquito bites as products containing DEET.
- b. **Permethrin-containing repellents:** Permethrin-containing repellents (e.g., Permanone) are recommended for use on clothing, shoes, bed nets, and camping gear, and are registered by the EPA for this use. Permethrin is highly effective both as an insecticide and as a repellent. Permethrintreated clothing repels and kills ticks, mosquitoes, and other arthropods and retains this effect after repeated laundering. There appears to be little potential for toxicity from permethrin-treated clothing. The insecticide should be reapplied after every five washings (<http://www2.ncid.cdc.gov/travel/yb/utills>). Individuals should deploy with a minimum of a two-week supply of any required personal medication to preclude any adverse pharmaceutical shortages in the area (21-30 day supply preferred). Part of the screening process prior to deployment should be to assess both type and amount of medications being taken.

<b>Volunteer Feedback Form</b>
<b>Response/Deployment for (<i>list mission</i>):</b>
<b>Date(s) of Deployment:</b>
We would appreciate your providing us your name and email address so we can follow up with you; however, you are free to submit this form anonymously. We will use your comments, criticisms, and suggestions to improve our volunteer deployment procedures.
1. Name: ( <i>leave blank if anonymous</i> )
2. Email: ( <i>leave blank if anonymous</i> )
3. List your role(s) during the deployment (example: usher, medication dispenser, registration clerk).
4. Was this your first deployment as a SERVPA volunteer? ( <i>check one</i> ) ___ Yes ___ No
5. Please comment on the phone/email notification message you received? ( <i>i.e., efficiency of the process, clarity of the message</i> ). We are especially interested in your suggestions for improvement.
6. Please comment on the volunteer check-in process during your deployment and provide suggestions for possible improvement, if applicable.
7. Were you provided adequate training to perform your responsibilities while on deployment? If no, what aspect of the training was inadequate or missing?
8. What could have been done differently to make this response/deployment a better experience for you as a volunteer?

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COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY  
**RESOURCE REQUEST FORM**

Refer to page 2 for instructions

**I. REQUESTING ASSISTANCE (To be filled out by the Requesting Political Jurisdiction or State Agency)**

(1) Date / Time:		(2) Incident Identification Number:	
(3) Name and Organization:		(4) Title:	
(5) Municipality:	(6) County:	(7) State Agency:	
(8) Phone No:	(9) Fax No:	(10) E-mail Address:	

**II. REQUESTING ASSISTANCE – REQUESTED RESOURCE (To be filled out by the Requesting Political Jurisdiction or State Agency)**

(1) Description and Capability of Requested Assistance:			
(2) QTY:	(3) Date / Time Needed:	(4) Municipality or County Declaration of Emergency?	
(5) Priority:	<input type="checkbox"/> Lifesaving	<input type="checkbox"/> Life Sustaining	<input type="checkbox"/> Property Preservation
	<input type="checkbox"/> Incident Stabilization	<input type="checkbox"/> Planned Event	
(6) Was Mutual Aid Attempted?		(7) Was the Organization's Procurement Process Utilized?	
(8) Logistics (List any logistical needs associated with the request):			
(9) Delivery Site Location:		(10) Site Point of Contact (POC):	
(11) Site POC Phone No:	(12) Authorized Representative Signature: <i>(I understand that costs to the requestor may be incurred or associated with this request)</i>		

**III. REVIEW (If Submitted by Municipal Jurisdiction, County Jurisdiction will Review Request)**

(1) County EMC or Designee Signature:	Date / Time:
County EMC or Designee Print:	Phone No:
Comments / Justification:	
(2) PEMA Area Office or Designee Signature:	Date / Time:
PEMA Area Office or Designee Print:	Phone No:
Comments / Justification:	

**IV. SOURCING THE REQUEST – REVIEW / COORDINATION (PEMA Headquarters Only)**

(1) Review:	(2) Source:	(3) Assigned to:
<input type="checkbox"/> OPS Review by: _____	<input type="checkbox"/> Procurement	ESF: _____
<input type="checkbox"/> LOG Review by: _____	<input type="checkbox"/> Mission Assignment	Other: _____
<input type="checkbox"/> Other Coordination: _____	<input type="checkbox"/> Other	(4) Costs: Costs Incurred by: _____
(6) Authorized PEMA Representative Signature:	(5) Mission Number: _____	Date / Time: _____

**V. ACTION TAKEN (PEMA Headquarters or Assignee Response)**

<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Requestor Notified
Reason / Disposition:		
Requestor notified by whom: _____ Date / Time: _____		

## INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

### I. Who is requesting assistance? Completed by the requestor.

(2) Incident Identification Number: This number is the number assigned automatically by the emergency management platform or software upon creating an incident or event and will serve as the initial tracking number of the request during the review process and prior to the mission assignment if applicable. In other words, the requestor should have an incident or event created to reference the request.

(7) If the requestor is the municipality or the county, leave this field blank. This field will be the state agency making the request.

### II. Requested Assistance or Resource. What needs to be done?

(6) and (7) are important in reflecting that the requesting jurisdiction or state agency making the formal request had exhausted all local, regional and commercial governmental avenues prior to submitting the request.

(8) List any logistical needs associated with your request. Example: Transportation requirements to deliver a request to a specific staging area.

(12) Authorized Representative Signature - Person authorized by the requesting entity with the ability to allocate funding if there is a cost share for the requesting entity. It is understood that costs to the requestor may be incurred or associated with this request.

### III. Review

(1) If a municipality or other organization, other than a state agency, submits a request, the county will review and provide any supporting justification or comments. If the requesting political jurisdiction is the county, this field will be blank.

(2) In most scenarios, the PEMA Area Office will be afforded the opportunity to provide coordinating assistance with the county political jurisdiction making the formal request. The PEMA Area Office or designee will review the request to ensure that the requestor exhausted all local level resources. Upon reviewing the request, the PEMA Area Office or designee, will sign and provide concurring or disapproving supporting justification and comments.

### IV. Sourcing the Request – Review / Coordination

(1) The request will be reviewed and signed by OPS Chief or designee and the LOGS Chief prior to sourcing or assigning the request.

(2) Sourcing the Request. The determination to source the request and to whom or utilize the procurement process.

(4) Costs will identify any funds that the requestor may need to reimburse the provider. Or costs may be incurred by provider or another source to be determined.

(6) Authorized PEMA Representative Signature certifies that municipal and county governments and state agencies (if applicable) cannot perform the mission or actions related to life saving, life sustainment, property and environmental protection, stabilizing an incident or a planned event.

### V. Action Taken

This serves where the assignee will indicate if the mission is accepted or rejected and indicate if the requestor was notified of the disposition of the request to the requestor, when and by whom. This information can be filled in by PEMA Headquarters on behalf of the assignee for tracking purposes.

**PRE-DEPLOYMENT BRIEFING**

This guide should be used to develop a description of the incident conditions for potential volunteers, so that they can make an informed decision about their readiness and ability to respond.

Location and Nature of the Incident:
Expected Roles and Physical Requirements:
Days/Times Volunteers Are Needed:
Potential Personal Security Issues:
Potential Health Safety or Other Hazards, including Required Personal Protective Equipment:
Lodging/Accommodations and Work Conditions:
Local Weather:
Suggested Immunizations or Prophylaxis:
Type of Identification/Certifications Needed:
Items and Supplies to Pack:
When and Where to Report:
Other Information:

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## Volunteer Deployment – Receiving Location Checklist

### Coordinate Logistics:

- Lodging/food/transportation.
- Equipment: special clothing, personal protection equipment, radios.

### Establish Reception Procedures:

- Verify credentials and license with volunteer badge prior to site orientation and assignments.
- Conduct volunteer registration.
- Establish in and out processing (volunteers must check in and out).
- Verify health screening (as required for the deployment).
- Establish policies, i.e., work hours/days, communication methods, dress codes, equipment use, ethics, and or code of conduct, contact with the media.

### Conduct Site Orientation:

- Provide information specific to the site's role in the response.
- Explain volunteer responsibilities.
- Provide Just-in-Time Training (both incident and job specific).
- Provide an orientation of the geography of the site.
- Provide a safety briefing

### Assign Volunteers to Roles:

- Assign each volunteer a job.
- Communicate event specific hardships
- Assign each volunteer to a supervisor
- Assign each volunteer to the worksite where they need to report.

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**VOLUNTEER LOCATOR & PROCESSING FORM**

*Principle Purpose: Source document for accounting information and maintains volunteer accountability.*

---

**Name:** (Last, First, Middle Initial) **ID Number** (if applicable)

**Gender:** M F

**Organization:** **Address:** **Phone:**

---

**Supervisor:** **Phone:**

---

**Area Deployed To:** **Deployed From:**

---

**Date Departed:** \_\_/\_\_/\_\_\_\_ **Date Arrived:** \_\_/\_\_/\_\_\_\_

**Mode of Transportation:**

**Personal Owned Vehicle:**

**Year: Make: License Plate #:**

---

**Drivers License:**

**State: Number: Expiration:**

---

**Bus Company: Bus #:**

---

**Airline Name: Flight #:**

---

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**Confidentiality Agreement**

I \_\_\_\_\_, (print name clearly) from \_\_\_\_\_ (organization) have enrolled in SERVPA as a volunteer. I recognize that if I am deployed on a mission it may be necessary for the Pennsylvania Department of Health (PADOH) or other entities to provide to me, or I may become aware of, medical or other confidential information which I have an obligation to protect from unauthorized disclosure.

Therefore, I agree to the following:

- (a) I shall maintain the confidentiality of all information regarding individuals with whom I come in contact with on a mission, including their identity and any medical condition of which I become aware, as well as medical records, documents and/or other materials relating to medical care, treatment or advice given by myself or any other person to any individual and;
- (b) I shall maintain the confidentiality of all mission-related communications, both written and oral, relating in any manner to any medical condition or treatment;
- (c) I shall abide by all applicable confidentiality laws and regulations including, but not limited to: the Disease Prevention and Control Law of 1955, 35 P.S. §521.1 *et seq.* and the regulations promulgated thereunder; the Confidentiality of HIV-Related Information Act, Act 1990-48, 35 P.S. §7601 *et seq.*; those related to substance abuse, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2, 71 P.S. §1690.108, 4 Pa. Code §255.5, and 24 C.F.R. §574.440 (NOTE: all of these laws and regulations protect medical information, including information related to communicable diseases, substance abuse, and HIV status. All may be complied with by maintaining confidentiality of all information obtained when volunteering for a mission) and;
- (d) I shall not utilize any of the above-referenced information for any non-mission purpose and;
- (e) This Confidentiality Agreement is intended to be perpetual and will continue indefinitely beyond the actual time period of the mission.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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<b>Local Administrator Demobilization Checklist</b>
<input type="checkbox"/> Notify the SERVPA Liaison of demobilization activities.
<input type="checkbox"/> Coordinate with Incident Command and the local jurisdiction to identify requirements of the demobilization process, including the provision of medical/mental health needs for volunteers.
<input type="checkbox"/> Ensure any assigned tasks are complete and/or replacement volunteers are informed of the task status.
<input type="checkbox"/> Determine whether additional volunteer assistance is needed.
<input type="checkbox"/> Ensure copies of all necessary forms are available, including compensation and claim forms, loss or damage statements, and all documentation required by Incident Command, local jurisdiction and/or the volunteer organization.
<input type="checkbox"/> Prepare and conduct Demobilization Briefing. The briefing should include: <ol style="list-style-type: none"> <li>1. Situational information about disaster status.</li> <li>2. Demobilization process information including how personnel will be demobilized in the same order as they were deployed.</li> <li>3. Directions for returning equipment.</li> <li>4. Safety issues including the amount of rest required before leaving. Consider all factors including the time deployed, cost, and distance to travel. Provide maps or instructions if volunteers are out-of-area or roads have been closed.</li> <li>5. Information about reporting injuries or any medical or mental health issues.</li> <li>6. Documentation required from each volunteer.</li> <li>7. Appreciation and recognition for volunteer service.</li> </ol>
<input type="checkbox"/> Assign personnel to perform volunteer exit screenings as needed.
<input type="checkbox"/> Ensure all documentation is completed by each volunteer and individually reviewed for completeness before they leave. This will give the exit screeners the opportunity to assess whether the volunteer may need additional services.
<input type="checkbox"/> Ensure all assigned equipment is returned by volunteers.
<input type="checkbox"/> Replenish all supplies and equipment as necessary.
<input type="checkbox"/> Follow-up with the volunteers and confirm their return to home base and to promote long-term retention.
<input type="checkbox"/> Update each volunteer's registry profile with the number of hours worked.
<input type="checkbox"/> Prepare an After Action Report based on volunteer feedback and other observations.

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<b>Volunteer Demobilization Form</b>		
Name of Incident:		
Date of Assignment:	Date of Deactivation:	Total Hours Volunteered:
1. Name:		
2. Address:		3. Telephone:
4. Email:		
Volunteer Assignment/Profession:		
Assigned Equipment:		Equipment Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No
If equipment could not be returned did you fill out a loss or damage statement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you suffer any injury or illness as a result of volunteering for this mission?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you fill out an injury report or claim form?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any personal items that were lost or damaged during this mission?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
Do you have any concerns or issues that you would like to report at this time?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
Volunteer Signature:		Date:
Unit Leader's Contact Information:		
Medical/Mental Health Contact Information:		

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## Letter of Agreement

This Letter of Agreement (LOA) is a non-binding document made between the Pennsylvania Department of Health (PA DOH) and the following organization for the purpose of providing volunteer resources during a public health emergency response.

This document will provide a formal agreement for cooperative planning and sharing between the PA DOH and the organization to support and enhance volunteer disaster response and management.

*Please PRINT*

Name of Organization	
Street Address	
City, State, Zip	
County	
Agency Representative	
Telephone	
Email Address	
<input type="checkbox"/> Personnel	Number of Physicians:
	Number of Registered Nurses:
	Number of Behavioral Health Practitioners:
	Number of Pharmacists:
	Number and Type of Other Medical Volunteers:
	Number and Type of Non-Medical Volunteers:
<input type="checkbox"/> Vehicles	Number of Vans:
	Number of Pick Up Trucks:
	Number of Box Trucks:
	Number of Other Type or Specialty Vehicle:
<input type="checkbox"/> Special Assets / Other Resources	Number and Type Medical Supplies:
	Number and Type Personal Protective Equipment:
	Number and Type Evacuation Equipment:
	Number and Type Other Medical Supplies/Equipment:

**This agreement shall apply to following circumstances or situations:**

1. The request of emergency assistance, personnel or other assets in response to the occurrence or the threat of natural disasters, acts of terrorism, and other man-made disaster, including catastrophic incidents.
2. Response to incidents (actual or imminent) which endanger the health, safety or welfare of the public and which require the use of volunteer assets that are otherwise unavailable to local health departments.

**The above named organization agrees to the following:**

1. To provide emergency assistance upon request if available and possible.
2. To be responsible for recruiting, interviewing and enrolling volunteers for the organization.
3. To verify credentials and conduct criminal history record checks of volunteers prior to deployment as required for the volunteer assignment.
4. To provide orientation and training for volunteers as required for membership within the organization to ensure that all volunteers receive the agency's internal orientation and training prior to external deployment.
5. To provide accident, personal liability and excess automobile liability insurance coverage as required by the organization's policies.
6. To designate a liaison to coordinate the volunteer response with state or local emergency management agencies.
7. To monitor volunteer activities during response.

**The PA DOH agrees to the following:**

1. To assist with the coordination of the organization's volunteer deployment with state or local emergency management agencies.
2. To share information about volunteer training, exercise opportunities and promote public health and community health volunteer opportunities and activities.
3. To provide orientation and just-in-time training for deployed volunteers at the incident site.
4. To coordinate and monitor volunteer activities during deployment.
5. To coordinate the release of volunteer assets from service as soon as the situation can be managed with local resource capabilities.

**Both parties agree to the following:**

1. Prohibit discrimination on the basis of race, color, national origin, sex, age, political affiliation, religion or disability.
2. Document all of the affiliations at local, state, and federal levels for each volunteer to assist in minimizing "double counting" of volunteers.
3. To provide policies for the protection volunteer information, including destruction of information when it is no longer needed.
4. This LOA will become effective upon signature by both parties and will continue in force until either party takes action to withdrawal.
5. This LOA may be amended or terminated in writing at any time with the concurrence of both parties. Any amendments(s) will be attached to and made part of this document.

**Authorized Organization/Agency Representative:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Authorized PA DOH Representative:**

\_\_\_\_\_  
Print Name

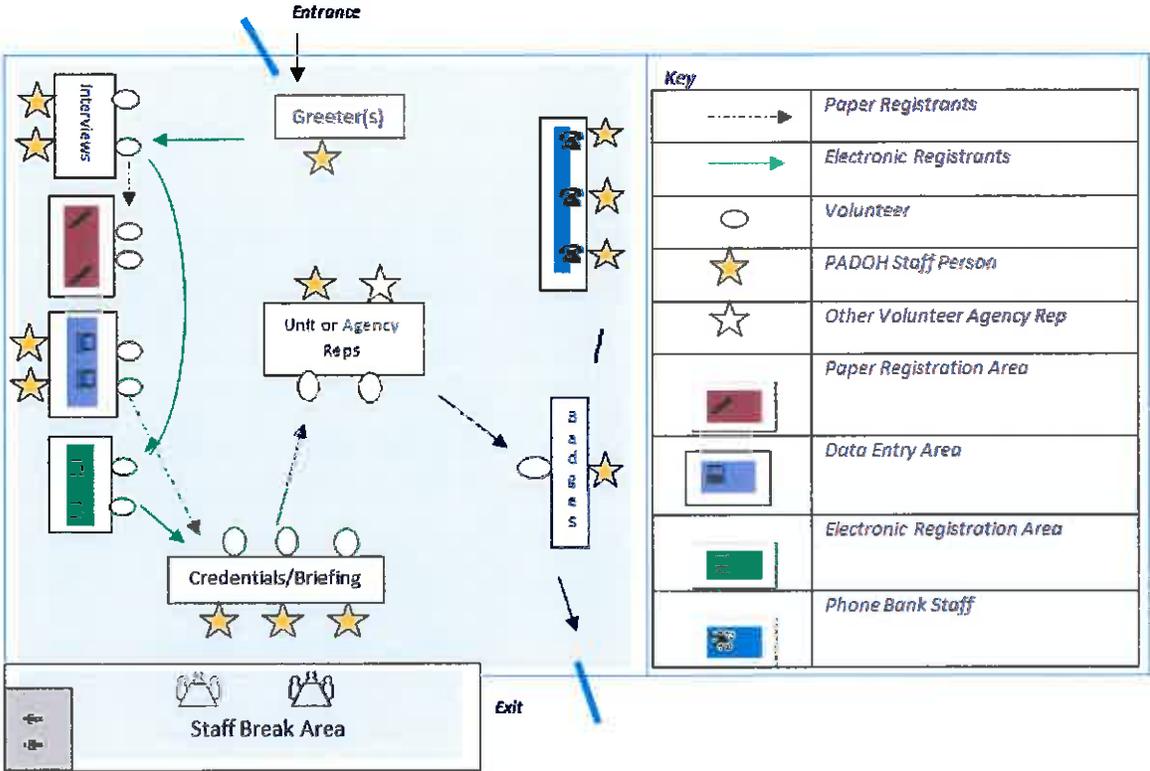
\_\_\_\_\_  
Print Title

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Signature

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Date Signed

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### SAMPLE FLOOR PLAN FOR A PADOH SERVPA WORK AREA WITHIN A VOLUNTEER RECEPTION CENTER



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## Terms of Service for SERVPA

Collaborative Fusion, Inc. ("CFI") in agreement with the Pennsylvania Department of Health provides SERVPA, a World Wide Web site (hereinafter referred to as "Site") as a service to register, credential, manage and deploy individuals who are interested in assisting during disaster situations

The Site and any materials for download only are available on the terms and conditions described below, which are intended to be legally binding on (1) those who register as volunteers, and (2) those who seek to access the data collected herein in the event of an emergency (hereinafter collectively referred to as you).

### **YOU MUST AGREE TO THESE TERMS OF SERVICE TO USE THIS SITE**

This agreement is between you and CFI. By using or registering on the Site you agree to be legally bound by these terms and conditions ("Terms of Service") and the Site Privacy Policy. By accepting your registration and continuing use, CFI agrees to be legally bound by these Terms of Service and the Site Privacy Policy. You agree to accept notices electronically. Each time you use the Site, you reaffirm your acceptance of the then-current Terms of Service. If you do not wish to be bound by these Terms of Service, you may discontinue using the Site. You cannot use, access data, credentials, sign up or register on the Site until you have accepted these Terms of Service. If you do not agree to these terms and conditions, do not use this Site. You may not use the Site for any illegal or unauthorized purpose

### **IMPORTANT-READ CAREFULLY: YOUR USE OF THIS SITE AND ITS SERVICES AND ASSOCIATED SOFTWARE (THE "SITE SERVICES") IS CONDITIONED UPON YOUR COMPLIANCE AND ACCEPTANCE OF THESE TERMS.**

CFI, in consultation with the Pennsylvania Department of Health, reserves the right to modify or terminate the Site service for any reason, and without notice, without liability to you, or any third party. We also reserve the right to modify these Terms of Use from time to time without notice. You are responsible for regularly reviewing these Terms of Use so that you will be apprised of any changes.

Please read all of the material below, and note that a disclaimer of the implied warranties of merchantability, fitness for a particular purpose, and limitation of liability is set forth in the capitalized text below

### **OBJECTIVE**

The Site functions as a non-commercial and member only venue to assist in the registration of individuals, validation of professional licensure, management of program deployment information and emergency notification preferences for members, and deployment of members who wish to participate in the Pennsylvania Department of Health's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and/or other programs located on this Site.

The Site presently limits registration to members of programs and organizations authorized by the Pennsylvania Department of Health. The Site confirms the identity of users through the use of email accounts



## Appendix S

and information provided at the time of registration. The Site confirms the qualification, background information, or abilities of members primarily through validation by third party information providers or participating program administrators. Submitted information is the responsibility of individual members and their sponsoring organizations or programs. CFI does not accept any responsibility for the information submitted by individuals or their sponsoring organizations.

In the event of a declared emergency or disaster, authorized personnel will access the profiles of registered members and (1) verify the accuracy of a members credentials who wishes to volunteer in a emergency or disaster area; or in the alternative, (2) contact members for availability and deployment to serve in capacities that closely match the knowledge, skills and credentials described in the registered members profiles.

### **THE SITE PRODUCTS**

For purposes of these Terms of Service, the term Products shall mean the Site (whether pre-installed, on a medium or offered by download), The Site services, the Site and all other software, features, tools, web sites, and services provided by or through the Site.

### **ADDITIONAL TERMS AND CONDITIONS FOR OTHER SERVICES OR PRODUCTS**

You agree and understand that certain Site Products, features and services offered by or through the Site (including services from the Pennsylvania Department of Health) may be subject to additional terms and conditions or registration requirements.

Should you agree to abide by these additional terms, you agree that a violation of those terms while you are accessing the data and or services through the Site shall constitute a breach of these Terms of Service.

### **MODIFICATIONS TO THE TERMS OF SERVICE**

CFI, through the Site, may change the Terms of Service at any time and in its sole discretion. The modified Terms of Service will be effective immediately upon posting and you agree to the new posted Terms of Service by continuing your use of the Site. If you do not agree with the modified Terms of Service, your only remedy is to discontinue using the Site and cancel your registration.

### **REQUIREMENTS FOR USE OR REGISTRATION ON THE SITE, ITS DATA AND PRODUCTS**

The Site is open to members and administrators of the programs approved for participation by the Pennsylvania Department of Health. By registering on the Site and using the Site you represent and warrant that you are eligible to register as a member of one of these participating organizations.



## **RESPONSIBILITY FOR CONTENT OF YOUR INFORMATION PROFILE AND ACTIVITY UNDER YOUR USERNAME**

You represent and warrant that you have adequate legal capacity to enter into binding agreements such as these Terms of Service. Some parts of the Site may require the user to register and provide information to the Site, such as name, email address, gender, date of birth, Drivers License information, proof of education, proof of professional licensure, DEA license number, medical board certification, National Practitioner Database status, Office of Inspector General LEIE Status, active clinical practice status, active clinical privileges, and any other credentialing information (hereinafter, all the foregoing will collectively be referred to as Registration Information) as may be deemed necessary by the Pennsylvania Department of Health.

If you register on the Site, you agree to provide accurate and complete Registration Information and you agree to keep such information current.

As part of the registration process, you will be asked to provide a username and password. You will be responsible for all activities occurring under your username and for keeping your password secure.

By successfully accepting the terms of service and completing the Registration Information, and receiving confirmation from the Pennsylvania Department of Health, you will be registered on the Site and have an information profile ("Profile") which you can access online with your username and password. Your username and password are required to access the Site. When you complete the registration process, a confirmation email will be sent to you with instructions on how to log in.

You agree that you are solely responsible for the content of all information provided by you. You agree to provide accurate, non-misleading, and complete information in all areas of the Site and to maintain and update such information in order to maintain its honesty, accuracy, and completeness. At any time, you may update information regarding your Profile. Whenever you post any information on or to the Site, You agree to provide accurate and complete information.

You agree:

- Not to post any false, misleading, discourteous, unprofessional or inappropriate information to the Site;
- Not to discuss information in 'restricted' or confidential areas of the Site which you may have access to;
- Not to use an automated information collection mechanism or manual information collection process to monitor, collect, or copy information contained in the Site;
- Not to distribute information found on the Site.

Further, you represent and warrant that you will not do any of the following in connection with the Site or your use of the Site:

- Violate, intentionally or unintentionally, any applicable local, state, national, or international law or regulation;
- Infringe any third party's copyright, patent, trademark, trade secret, or other proprietary rights or rights of publicity or privacy.

## Appendix S

- Upload, post or transmit any information that you do not have the right to post or transmit under any law, contractual duty or fiduciary relationship, including but not limited to inside information, proprietary and confidential information learned as part of employment contract, or information learned under a nondisclosure agreement or obtained in a wrongful manner;
- Upload, post, or transmit any information that is unlawful, untrue, fraudulent, harassing, libelous, defamatory, abusive, tortuous, threatening, harmful (including but not limited to viruses, Trojan horses, time bombs, cancel bots, corrupted files, or any other programming routines that are intended to damage, detrimentally interfere with, intercept or expropriate any system data or information) or is otherwise objectionable;
- Access, tamper with, or use areas of the Site you are not strictly authorized to access (Unauthorized individuals attempting to access these areas of the Site may be subject to prosecution);
- Do anything which would create or impose an unreasonable or disproportionately large burden or load on the Site;
- Frame or link to the Site except as permitted in writing by CFI;
- Impersonate any person or entity, falsely state your identity or otherwise misrepresent your affiliation with a person or entity;
- Interfere with or disrupt the Services or servers or networks connected to the Services, or disobey any requirements, procedures, policies, or regulations of networks connected to the Services;

CFI, the Pennsylvania Department of Health, and/or your program administrators reserve the right to revoke your account upon the discovery that the information you have provided is intentionally misleading, not true, not complete, or not accurate.

### **COMPENSATION FOR ACCIDENTAL INJURY OF VOLUNTEERS**

The Commonwealth of Pennsylvania provides to duly enrolled volunteers who are not eligible to receive benefits under the Workers' Compensation Laws the following benefits relating to injuries sustained while actually engaged in emergency management activities and services in a health related capacity or while in or en route to and from health related emergency management tests, drills, exercises or operations authorized by the Pennsylvania Emergency Management Agency and carried out in accordance with rules and orders promulgated and adopted by the agency:

- A sum of \$20,000 for accidental injury directly causing or leading to death.
- A sum not exceeding \$15,000 for reimbursement for medical and hospital expenses associated with accidental injury.
- Weekly payments of \$200, not to exceed six months in duration, beginning on the eighth day of disability directly arising from accidental injury rendering the individual totally incapable of following his normal gainful pursuits.

These benefits are provided pursuant to Section 7706 of the Emergency Management Services Code (35 Pa. C.S.A. § 7706) (pertaining to compensation for accidental injury) and the Pennsylvania Emergency Management Agency Directive No D 2005-3 (revised), dated September 15, 2006, (pertaining to official enrollment of state emergency management volunteers).

## LEGAL REPRESENTATION AND INDEMNIFICATION OF SERVPA VOLUNTEERS

If a SERVPA volunteer is sued for negligence or other unintentional misconduct occurring while the volunteer was acting in the scope of the volunteer's duties, the Commonwealth will provide a defense in all cases in which each of the following conditions is met:

- The volunteer is deployed into service by the Commonwealth.
- The volunteer is under the control and direction of the Commonwealth during the accident or occurrence that led to the cause of action being brought against the volunteer.
- The volunteer was acting in good faith and in furtherance of Commonwealth business at the time of the accident or occurrence.
- The volunteer immediately makes an incident report to the deploying Commonwealth agency about claims that have been or may be made against the volunteer, so that the deploying agency can provide written notice to the Department of General Services, Bureau of Risk and Insurance Management.
- In cases in which intentional or malicious conduct is alleged, if it appears to the Governor's Office of General Counsel that a SERVPA volunteer's conduct that has given rise to a cause of action against the volunteer was within the scope of the volunteer's duties and a good faith exercise of the authority delegated to the volunteer by the Commonwealth, the Commonwealth will undertake the defense with an attorney of its choosing and at its expense, and will indemnify the volunteer for the expense of a judgment against the volunteer or a settlement that is approved by the Governor's Office of General Counsel. These decisions are solely within the discretion of the Governor's Office of General Counsel. The volunteer may engage his or her own attorney, but indemnification and reimbursement of attorneys fees by the Commonwealth will be in the sole discretion of the Governor's Office of General Counsel.

## REGISTERED USER INFORMATION

The Privacy Policy explains how the Site collects and uses information you have provided or seek to access. You consent to the Site using your Registration Information and other information collected by the Site under the Site Privacy Policy.

By registering with or using the Site, you consent to the collection and use of your Registration Information and the transfer of this information to CFI for processing and storage and access by the Pennsylvania Department of Health. Additionally, you agree to the use of various services or technologies to authenticate you and your identity and credentials on the Site, help store your Registration Information and transaction-related information, and enable authorized users to access the information you provide on the Site in the event of a declared emergency or disaster. In the event of a declared emergency or disaster, authorized personnel will access your profile to verify your credentials, or they will contact you regarding your availability to serve in a designated area in a manner that most closely matches the skills and experience that you have described on your profile.

You understand that, at all times after your registration, your Registration Information and any information that relates to you belongs to the Pennsylvania Department of Health and that the information may be transferred to the Commonwealth of Pennsylvania as the source of medical credentials for Volunteer Health Professionals and validation.



## **YOUR RESPONSIBILITY**

You are responsible for all activity made by you or anyone you allow to provide information on your profile, including your family or friends. You agree to keep confidential the passwords associated with your Registration Information.

You may not use the Site while driving, operating hazardous equipment, or engaging in other forms of hazardous activities.

You are responsible for any materials you post or make available on or through the Site.

## **CFI's RESPONSIBILITY**

CFI will not sell or use your Registration or any information that relates to you for any commercial purpose not directly related to the purpose of your Registration.

CFI will make all reasonable efforts to safeguard your Registration information and any information that relates to you.

## **COMMUNICATIONS**

You are responsible for obtaining your own Internet access, such as maintaining all telephone, computer hardware and other equipment needed for access to and use of the Site, related Products, and all charges related thereto. Any telephone or other communications charges incurred by you to access the Site or any Site Products are your responsibility.

## **YOU MAY USE THE SITE AND SITE PRODUCTS FOR LAWFUL PURPOSES ONLY**

You may use the Site and Site products for lawful purposes only. You may not post on or transmit through community areas (e.g., message boards, email, calendars) or other means, any material that (1) violates or infringes in any way upon the rights of others, (2) is unlawful, threatening, abusive, defamatory, invasive of privacy or publicity rights, vulgar, obscene, profane, indecent or otherwise objectionable, (3) encourages conduct that would constitute a criminal offense, (4) gives rise to civil liability, (5) violates any policies posted in any community areas or (6) otherwise violates any law. You also may not undertake any conduct that restricts or inhibits any other user from using or accessing the data on the Site or on any Site Products.

## **NO UNAUTHORIZED ACCESS**

You may not harvest or collect information about the Site users unless prior written permission is obtained from CFI. You may not harvest or collect information about the Site users and or registrants of the Site or any Site Product for the purpose of sending unauthorized bulk communications. Any violation of these provisions may result in immediate termination of your registration account or access to the Site Database and further legal action. You agree that CFI may take any legal and technical remedies to prevent unsolicited bulk communications from entering, utilizing or remaining within the Site's networks.

## **RESTRICTIONS ON ACCESS TO OR USE OF THE SITE AND SITE PRODUCTS**

You may access the Site and Site Products only through the interfaces and protocols provided or authorized. You agree that you will not access the Site or Site Products through unauthorized means, such as unlicensed software clients, and that you will only use the Site and Site Products in conjunction with authorized products and components.

## **EXPORT RESTRICTIONS**

You acknowledge that the Site, or any use of any Site Product thereof, or portion thereof may be subject to the export control laws of the United States. You will not export, re-export, divert, transfer or disclose any portion of the Site or Site products or any related technical information or materials, directly or indirectly, in violation of any applicable export law or regulation.

## **NO RESALE OF SITE OR SITE PRODUCTS**

You agree not to reproduce, duplicate, copy, sell, resell, or exploit for any commercial purposes any portion of the Site or Site Products, or access to the Site or Site Products.

## **INJUNCTIVE RELIEF**

You acknowledge that any use of the Site contrary to this Agreement, or any transfer, sublicensing, copying or disclosure of technical information or materials related to the Site or Site Products may cause irreparable injury to CFI. Under such circumstances CFI will be entitled to equitable relief, without posting bond or other security, including, but not limited to, preliminary and permanent injunctive relief.

## **NO SUPPORT BY CFI ON THE SITE**

You understand that your use of the Site and any Site Product is at your own risk and that the CFI provides no assistance other than the information posted on the Site. CFI is under no obligation to provide you with any error corrections, updates, upgrades, bug fixes and/or enhancements of the Software.

## **NO ENDORSEMENT**

The Site and Site Products may contain links to other web sites, resources and advertisers. CFI is not responsible for the availability of these external sites nor does it endorse, or is it responsible for, the aesthetics, appeal, suitability to taste or subjective quality of informational content, advertising, products or other materials made available on or through such external sites.

Under no circumstances shall the CFI be held responsible or liable, directly or indirectly, for any loss or damage caused or alleged to have been caused to you in connection with the use of or reliance on any content, goods or services available on such external sites. You should direct any concerns to such external Site administrator or Webmaster.

## **DISCLAIMER OF WARRANTY**

YOUR USE OF THE SITE AND SITE PRODUCTS AND SOFTWARE IS AT YOUR SOLE RISK. THE SITE AND SITE PRODUCTS AND SOFTWARE ARE PROVIDED "AS IS," "WITH ALL FAULTS" AND "AS AVAILABLE" FOR YOUR USE, WITHOUT WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, UNLESS SUCH WARRANTIES ARE LEGALLY INCAPABLE OF EXCLUSION. SPECIFICALLY, CFI DISCLAIMS IMPLIED WARRANTIES THAT THE SITE AND SITE PRODUCTS AND SOFTWARE ARE MERCHANTABILITY, OF SATISFACTORY QUALITY, ACCURATE, FIT FOR A PARTICULAR PURPOSE OR NEED, OR NON-INFRINGEMENT. CFI DOES NOT WARRANT THAT THE FUNCTIONS CONTAINED IN THE SITE OR SITE PRODUCTS AND SOFTWARE WILL MEET YOUR REQUIREMENTS OR THAT THE OPERATION OF THE SITE OR SITE PRODUCTS AND SOFTWARE WILL BE UNINTERRUPTED OR ERROR-FREE, OR THAT DEFECTS IN THE SITE OR SITE PRODUCTS AND SOFTWARE WILL BE CORRECTED. CFI DOES NOT WARRANT OR MAKE ANY REPRESENTATIONS REGARDING THE USE OR THE RESULTS OF THE USE OF THE SITE OR SITE PRODUCTS, SOFTWARE OR RELATED DOCUMENTATION IN TERMS OF THEIR CORRECTNESS, ACCURACY, RELIABILITY OR OTHERWISE. CFI PROVIDES THE SITE AND SITE PRODUCTS AND SOFTWARE ON A COMMERCIALY REASONABLE BASIS AND DO NOT GUARANTEE THAT USERS WILL BE ABLE TO ACCESS OR USE THE SITE OR SITE PRODUCTS AT TIMES OR LOCATIONS OF THEIR CHOOSING, OR THAT THE SITE WILL HAVE ADEQUATE CAPACITY FOR SITE PRODUCTS AS A WHOLE.

## **LIMITATION OF LIABILITY**

CFI'S ENTIRE LIABILITY AND YOUR EXCLUSIVE REMEDY WITH RESPECT TO ANY DISPUTE WITH CFI (INCLUDING WITHOUT LIMITATION YOUR USE OF THE SITE AND SITE PRODUCTS) IS TO DISCONTINUE YOUR USE OF THE SITE AND SITE PRODUCTS. CFI SHALL NOT BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGE ARISING FROM YOUR USE OF THE SITE OR ANY SITE PRODUCT, OR FOR ANY OTHER CLAIM RELATED IN ANY WAY TO YOUR USE OF THE SITE OR SITE PRODUCTS. THESE EXCLUSIONS FOR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES INCLUDE, WITHOUT LIMITATION, DAMAGES FOR LOST PROFITS, LOST DATA, LOSS OF GOODWILL, WORK STOPPAGE, COMPUTER FAILURE OR MALFUNCTION, OR ANY OTHER COMMERCIAL OR PERSONAL DAMAGES OR LOSSES, EVEN IF CFI HAD BEEN ADVISED OF THE POSSIBILITY THEREOF AND REGARDLESS OF THE LEGAL OR EQUITABLE THEORY UPON WHICH THE CLAIM IS BASED. BECAUSE SOME STATES OR JURISDICTIONS DO NOT ALLOW THE EXCLUSION OR THE LIMITATION OF LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES, IN SUCH STATES OR JURISDICTIONS, CFI'S LIABILITY IN SUCH STATE OR JURISDICTION SHALL BE LIMITED TO THE EXTENT PERMITTED BY LAW.

CFI DOES NOT ENDORSE, WARRANT OR GUARANTEE ANY PRODUCT OR SERVICE OFFERED THROUGH THE SITE OR ANY SITE PRODUCT, AND WILL NOT BE A PARTY TO OR IN ANY WAY BE RESPONSIBLE FOR MONITORING ANY TRANSACTION BETWEEN YOU AND THIRD-PARTY PROVIDERS OF PRODUCTS OR SERVICES.

## **INDEMNIFICATION**

You agree to defend, indemnify and hold harmless CFI, and their respective directors, officers, employees and agents from and against all claims and expenses, including attorneys' fees, arising out of your use of the Site



## Appendix S

and Site Products. CFI reserves the right, at its own expense and in its sole discretion, to assume the exclusive defense and control of any matter otherwise subject to indemnification by you.

You agree to indemnify and hold harmless CFI for losses incurred by you, any person, private entity, local, state or federal governmental entity, or another other party due to:

- Damages resulting from an unauthorized person or entity who has obtained your profile information and misused same;
- Damages resulting from your registration information as a result of your failure to use reasonable care to keep your registration information confidential;
- Damages resulting from your failure to use reasonable care while using any Site Products.

### CHOICE OF LAW AND FORUM

These terms of Service shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania. You expressly agree that the exclusive jurisdiction for any claim or action arising out of or relating to these Terms of Service or your use of the Site shall be filed only in the state or federal courts located in the Commonwealth of Pennsylvania, and you further agree and submit to the exercise of personal jurisdiction of such courts for the purpose of litigating any such claim or action.

### WAIVER AND SEVERABILITY

Failure by either party to exercise any of its rights hereunder or to enforce any provision of, these Terms of Service will not be deemed a waiver or forfeiture of such rights or ability to enforce such provision. If any provision of this Agreement is held by a court of competent jurisdiction to be illegal, invalid or unenforceable, that provision will be amended to achieve, as nearly as possible, the same economic effect of the original provision, and the remainder of this Agreement will remain in full force and effect.

### TERMINATION

CFI, in conjunction with Pennsylvania Department of Health, has the right to terminate your registration and registration account or your access to any Site Products for any reason in CFI's sole discretion, including but not limited to termination, if it considers your use to be unacceptable, or in the event of any breach by you of the Terms of Service (either directly or through breach of any other terms and conditions or operating rules applicable to you). CFI may, but shall be under no obligation to, provide you a warning prior to termination of your use of the Site or Site Products.

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All trademarks appearing on the Site and on any Site Products are the property of their respective owners.

## MISCELLANEOUS

The provisions of these Terms of Service addressing disclaimers of representations and warranties, limitation of liability, indemnity obligations, intellectual property, and governing law shall survive the termination of these Terms of Service, your registration with the Site and use of any Site Products.

These Terms of Service and any operating rules for any areas of functionality of the Site and Site Products established by CFI constitute the entire agreement between CFI and you, regarding the subject matter of these Terms of Service, and supersede all previous written or oral agreements. In the event of any inconsistency between these Terms of Service and any such other terms of use or operating rules of a specific Site Product, these Terms of Service will supersede such other terms of service or operating rules. The Terms of Service shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to its Conflict of laws rules. You expressly agree that the exclusive jurisdiction for any claim or dispute under the Terms of Service and or your use of the Site and any Site Products resides in the courts located in the Commonwealth of Pennsylvania, and you further expressly agree to submit to the personal jurisdiction of such courts for the purpose of litigating any such claim or action. The foregoing provision may not apply to you depending on the laws of your jurisdiction. No waiver by either party of any breach or default hereunder shall be deemed to be a waiver of any preceding or subsequent breach or default. The section headings used herein are for convenience only and shall not be given any legal import.

## Privacy Policy for SERVPA

### OVERVIEW

Collaborative Fusion ("CFI") is strongly committed to protecting the privacy of registrants and users of its products and services. Throughout cyberspace, we want to contribute to providing a safe and secure environment for you, our users.

The purpose of this Privacy Policy is to inform you, as a user, to the Site or user of any Site content, what kinds of information may be gathered about you when you visit the Site, how the information may be used, whether it will be disclosed to anyone, and the choices you have regarding uses of, and your ability to correct, the information. This privacy policy applies to the Site and any Site content that incorporates this policy. Please note that this policy applies only to the Site and Site content, and not to other companies' or organizations' Web sites to which a link is provided.

### INFORMATION ABOUT ALL SITE VISITORS

In general, the site automatically gathers certain usage information like the number and frequency of visitors to the site. This is very much like television ratings that tell the networks how many people tuned in to a program. The data is used only in the aggregate. This aggregate data helps to determine how much you use parts of the Site, so improvements can be made to the Site to assure that it is as appealing as it can be for as many of you as possible.

**The Site uses a technology nicknamed "cookies" which authenticates access to the Site and records how and when pages in the site are visited, and by how many people. Statistical "ratings" information may be provided, never information about you personally, to the Site partners about how you (volunteers and other entities that access the data) collectively, use the Site. Cookies are never stored on your computer for longer than your browser session and automatically expire after a short period of time.**

Most browsers are initially set up to accept cookies. You can reset your browser to refuse all cookies or to indicate when a cookie is being sent.

## **DISCLOSURE**

Information is not used or disclosed about your individual visits to the Site or information that you may give us on the Site, such as your name, email address, gender, date of birth, social security number, Drivers License information, proof of Education, proof of health care professional licensure, DEA license verification, Medical Board Certification, National Practitioner Database Status, Office of Inspector General LEIE Status, Active Clinical practice status, Active clinical privileges, and any other credentialing information (the Registration Information) except as may be deemed necessary by us, to any outside entities. Information received through the Site, may be shared in response to legal process, such as a court order or subpoena, or in special cases such as a physical threat to you or others. And, as mentioned above, aggregated statistical "ratings" information about the use of the Site may be shared with Web site partners.

## **SITE PRIVACY POLICY CHANGES**

Any changes to the Site privacy policy will be posted here so that you will always know what information is gathered, how the information might be used and whether it will be disclosed to anyone.

If you have questions or concerns regarding this statement, please contact us.

Effective as of July 1, 2010



## State Emergency Registry of Volunteers in Pennsylvania (SERVPA)

On behalf of the Pennsylvania Department of Health, the Pennsylvania Emergency Management Agency, and your local Emergency Management Agency, we thank you for your consideration in volunteering for emergency disaster response efforts.

SERVPA is your secure, confidential volunteer registry site. Registering through SERVPA simply tells us that you are open to the idea of volunteering in case of an emergency and provides us information about your background, preferences, and constraints. It does not guarantee that you will be called upon, nor does it mean that you must participate if called. If you are called to volunteer, you will have the opportunity to learn more about the specific event and the commitment required. You can then choose if volunteering for the specific event is right for you.

The information that you have provided will allow us to create an account for you on the SERVPA website. Once this account is created, you will receive an automated email thanking you for registering. We encourage you to then go to the website (<https://www.serv.pa.gov>) and complete your profile. If you did not list an email address, we will contact you to assist you in setting up an email account and/or completing your profile if you do not have access to a computer.

### My SERVPA Login Information:

Website: <https://www.serv.pa.gov/>

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Secret Question: What was the name of your first school?

Secret Answer: \_\_\_\_\_

*Once you login, you may change all of the above information by clicking the "My Profile" tab and then the "Settings" tab.*

***Please retain this page for your records.***



**State Emergency Registry of Volunteers in Pennsylvania (SERVPA)**

**Unit Affiliation:**

Appendix S

County in which you would like to volunteer:
--

**Account Information:** Creating an account is the first step in the SERVPA registration process. You will use your username each time you log into SERVPA. Please write your username also on the next page for your records. The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include Alphanumeric (A-Z, 0-9) and the symbols @ . - and . Usernames are not case sensitive.

Username:	
-----------	--

**Name and Address:**

First Name:	
Middle Name:	
Last Name:	
Suffix	
Address Line 1:	
Address Line 2:	
City:	
State:	
County:	
Zip Code:	
Date of Birth:	

**Contact Information:**

Primary Email:				
First Contact Method:	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pager
	<input type="checkbox"/> Fax	<input type="checkbox"/> SMS/Text	<input type="checkbox"/> TTD/ITY	
Number to Attempt:				
If Pager:	Carrier:	ID/PIN:		
Pager Type:	<input type="checkbox"/> One-Way Numeric	<input type="checkbox"/> One-Way Alphanumeric	<input type="checkbox"/> Two-Way Alphanumeric	

**Occupation Information:** What is your primary occupation type? (Medical or Non Medical)

<input type="checkbox"/> <b>Medical</b>		<input type="checkbox"/> <b>Non Medical</b>	
Occupation:		Occupation:	
<input type="checkbox"/> Licensed/Certified	<input type="checkbox"/> Non-Licensed	Status:	
<input type="checkbox"/> Active	<input type="checkbox"/> Active	<input type="checkbox"/> Active	
<input type="checkbox"/> Active Part-Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Inactive	
<input type="checkbox"/> Inactive < 5 Years	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	
<input type="checkbox"/> Inactive > 5 Years		<input type="checkbox"/> Student	

**Most Recent Place of Practice:**

<b>If Hospital:</b>		<b>If Clinic:</b>		<b>If Facility:</b>	
Hospital Name:		Clinic Name:		Facility Name:	
Address:		Address:		Address:	
City:		City:		City:	
State:	Zip Code:	State:	Zip Code:	State:	Zip Code:
Hosp. Specialty:		Med. Staff Office #:		Med. Staff Office #:	
Med. Staff Office #:					

Terms of Service:

- By checking this box, I indicate that I agree to the **Terms of Service** (see pages 1 through 10) and have read and understand the **Privacy Policy** (see pages 11 and 12) for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.

Information Pledge:

- By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to SERVPA and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

Certification:

- I certify that all of the statements made by me are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. I understand that this certification is subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities. I am aware that all statements made by me on this document are subject to investigation.

Authorization:

- I do hereby authorize the Commonwealth of Pennsylvania to research and copy records including, but not limited to, educational, professional, judicial; armed services; Federal, state and local law enforcement; motor vehicle and driving safety; and any other documents, data, and information that may be necessary and practical in order to conduct an investigation; and to contact past and present employers as well as professional references for information. I also authorize the release of the above mentioned records to the Commonwealth of Pennsylvania. My consent, however, is conditioned upon the understanding that all records, data, and information obtained by the Commonwealth shall be used only for the purposes of determining my fitness for the volunteer position(s) to which I am assigned.

I (*volunteer*) acknowledge receiving, reading, and approving all of the above:

\_\_\_\_\_  
*Print Volunteer Name*

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date Volunteer Signed*

I have witnessed the volunteer's signature:

\_\_\_\_\_  
*Print Witness Name*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date Witness Signed*



### **Summary of Laws That May Protect Volunteers from Tort Liability**

There are a number of statutes that might protect individual volunteers from liability for negligence that may have resulted in harm to another. Which statute applies, the level of protection (immunity) provided by it, and whom it protects, depends on a number of factors, including the following. Your legal representative should review to determine applicability in your situation:

- Is an individual a paid or unpaid employee? Of what entity?
- Is the individual an uncompensated volunteer? For what entity?
- Who directs the actions of the individual?
- Where (location) is the individual a volunteer?
- What kind of services is the individual providing?
- Is the individual part of an organized response to an emergency, acting on the spur of the moment, or “happening upon” an emergency situation?
- What are the circumstances?
- Has a disaster emergency been declared by the Governor?
- Is there a federal declaration of emergency, or another federal declaration that applies to the situation?

Here is a list of statutes that might apply, depending on the factors set out above. Citations have been included to enable individuals and their attorneys to review the provisions of the statutes referenced. The table below identifies statutes that affect an individual’s immunity. Statutes that may affect governmental, private, or nonprofit entities are included to the extent that they may protect individuals who are working with or for such entities. This list is not intended to be exhaustive: in particular, the full scope and all exceptions to protections may not be identified, there may be federal statutes that provide protection for specific types of volunteers or under specific situations that are not listed and other statutes or common law may apply.

Law	Citation	Coverage*
Federal Volunteer Protection Act of 1997 (VPA)	42 USC Sec. 14501 <i>et seq.</i>	Covers volunteers of nonprofit and governmental entities. Does not protect from liability for harm caused by the volunteer's willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed. (Please refer to law for additional exceptions). Preempts applicable state law that is less protective of volunteers.
Public Readiness and Emergency Preparedness (PREP) Act	Part of the Public Health Service Act, 42 USC Sec. 247d-6d	<p>Provides broad and strong protection from liability to individuals and entities that are engaged in activities related to the use of covered pharmaceutical countermeasures. This includes, for example, entities and individuals involved with manufacturing, labeling, distributing, packaging, marketing, selling, purchasing, donating, dispensing, prescribing, administrating, licensing, or using of such countermeasures. Covered countermeasures must be identified in PREP Act Declarations from the Secretary of Dept. of Health &amp; Human Services.</p> <p>Currently, there are PREP Act Declarations covering antivirals Tamiflu and Relenza for H1N1, avian flu and other novel influenza strains, as well as H1N1 vaccine. There are also PREP Act Declarations covering certain countermeasures against botulism, smallpox and radiation emergency. To be protected from liability, a volunteer's actions would have to be in accordance with the terms of the PREP Act declaration. Protection under a PREP Act declaration pre-empts state law, which means state law cannot provide less protection for entities or individuals covered by a PREP Act declaration (but can provide greater protection). Permits a lawsuit to be filed in the U.S. District Court for the District of Columbia for "willful misconduct," which the plaintiff must prove by "clear and convincing evidence."</p>

Law	Citation	Coverage*
Emergency Management Services Code	35 Pa.C.S. § 7704	The Commonwealth, political subdivisions, and other agencies; Their agents, employees or representatives who are engaged in emergency services activities; Any individual or other person under contract with them to provide equipment or work on a cost basis to be used in disaster relief, and; Any person, firm, corporation, or their agents or employees engaged in disaster services activities, while complying with or attempting to comply with the EMSC or any rule or regulation promulgated pursuant to it, shall not be liable for death or injuries to persons, or loss or damage to property as a result of that activity. Immunity for the Commonwealth, political subdivisions, and other agencies is absolute for activities covered by the provision; their employees are immune except for willful misconduct. All others are immune for activities covered by the provision except for willful misconduct and gross negligence.
Sovereign immunity and governmental immunity	42 Pa.C.S. §§ 8501 – 8564	Suits may be brought against the Commonwealth and local agencies only as the Legislature may direct. There are specific waivers of immunity stated in the statutes. Employees of the Commonwealth and government units (includes municipalities, generally authorities and school districts, other entities depending) are protected to the extent that they are acting within the scope of their employment. “Employee” may include temporary and uncompensated personnel, so long as they are acting on behalf of the government unit.
Intrastate Mutual Aid	35 P.S. § 7339	All activities performed under the intrastate mutual aid system are deemed to be governmental functions. Neither the participating political subdivisions nor their employees shall be liable for the death of or injury to persons or for damage to property when complying with or attempting to comply with the system, except for willful misconduct, gross negligence or bad faith.

Law	Citation	Coverage*
Counterterrorism Protection, Preparedness and Response Act (CPPRA)	35 P.S. §2140.208	The provisions of 42 Pa.C.S. §§ 8331, 8332, and 8332.4 apply to members of specialized regional counterterrorism response teams, urban search and rescue task forces, or specialized Statewide response teams and individuals who provide support to such teams during activation, deployment or drills and trainings.
Medical good Samaritan civil immunity	42 Pa.C.S. § 8331	Any physician, other practitioner of the healing arts, or registered nurse, licensed by any state, who: (1) happens by chance upon the scene of an emergency; (2) arrives on the emergency scene through serving on an emergency call panel or similar committee of a county medical society; (3) is called to the scene of an emergency by the police or other duly constituted officers of a government unit; (4) is present when an emergency occurs, AND in good faith renders emergency care at the scene of the emergency, is not liable for civil damages as a result of any acts or omissions in rendering the emergency care, except for intentional harm or gross negligence.
Veterinary good Samaritan civil immunity	42 Pa.C.S. § 8331.1	Any individual licensed to practice veterinary medicine who, in good faith, renders emergency care to any animal discovered at the scene of an accident or emergency situation, or to an animal that was brought to the vet's attention immediately prior to the rendering of the care at or from the scene of any accident or emergency situation, is not liable for civil damages as a result of any acts or omissions in rendering the emergency care, except for intentional harm or gross negligence. Does not apply when the owner of the animal is present.

<b>Law</b>	<b>Citation</b>	<b>Coverage*</b>
Good Samaritan civil immunity for use of automated external defibrillator	42 Pa.C.S. § 8331.2	Any individual who has received training specified in the statute, and any individual who lacks such training but acts as an ordinary reasonably prudent person would under the same circumstances, who uses an AED in an emergency in good faith, is not liable for civil damages as a result of any acts or omissions in using the AED, except for intentional harm or gross negligence. Does not apply if the person obstructs or interferes with provision of care by EMS personnel or a health professional.
Nonmedical good Samaritan civil immunity	42 Pa.C.S. § 8331.3	Any person who has received training specified in the statute, who renders emergency care, first aid or rescue at the scene of an emergency, or moves a person receiving such to a hospital or other place for medical care, is not liable for civil damages as a result of any acts or omissions in rendering care or moving, except for intentional harm or gross negligence.
Volunteer-in-public-service negligence standard	42 Pa.C.S. § 8332.4	Any person who, without compensation and as a volunteer, renders public service for a nonprofit organization, or for a Commonwealth or local government agency conducting or sponsoring a public service program or project, is not liable for civil damages as a result of any acts or omissions in rendering the services, except when the conduct falls “substantially below” standards generally practiced and accepted in like circumstances and the person knew or had reason to know that the act or omission created a substantial risk or actual harm to the other person or property. Special mention of design professionals.

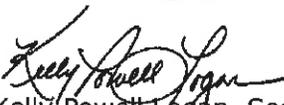
Law	Citation	Coverage*
Civil immunity in mass immunization projects	42 Pa.C.S. § 8334	Any physician who does not receive remuneration for services provided in a mass immunization project approved in writing by the Department of Health, any RN or LPN licensed in the Commonwealth who participates in such a project, and any State, county or local medical society, medical or health facility, agency or clinic approved by the Department of Health, is not liable to any person for illness, reaction, or adverse effect arising from or out of the use of any drug or vaccine in such project by such physician or nurse, except for gross negligence.
Volunteer Health Services Act	35 P.S. § 449.47	A holder of a volunteer license (as a health care practitioner) who renders professional health care services in good faith is not liable for civil damages unless the conduct falls substantially below generally accepted professional standards and the volunteer knew or had reason to know that the act or omission created a substantial risk of actual harm to the patient.
Emergency Medical Services System Act	35 Pa.C.S. § 8151	<p>Medical command physicians, medical command facility medical directors, or medical command facilities that in good faith provide a medical command to an EMS provider or student enrolled in an approved EMS course are not liable for civil damages resulting from the issuance of the instruction, except for gross negligence or willful misconduct.</p> <p>EMS agencies, EMS agency medical directors, EMS providers or appropriately supervised students who attempt to render or facilitate emergency medical care authorized by the EMS Act are not liable for civil damages for an act or omission, except for gross negligence or willful misconduct.</p> <p>This section applies to actions taken under the EMS Act. There are numerous other provisions – consult statute.</p>

***Disclaimer:** This table has been prepared by the Pennsylvania Department of Health for informational purposes only. It is not intended as a legal position or advice from the Commonwealth of Pennsylvania or the Pennsylvania Department of Health. For legal advice, readers should consult with their own counsel.*

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# MANAGEMENT DIRECTIVE

## Commonwealth of Pennsylvania Governor's Office

<p><b>Subject:</b> Commonwealth Travel Policy (Effective January 1, 2012)</p>	<p><b>Number:</b> 230.10 Amended</p>
<p><b>Date:</b> November 1, 2011</p>	<p><b>By Direction of:</b></p>  Charles B. Zogby, Secretary of the Budget   Kelly Powell Logan, Secretary of Administration
<p><b>Contact Agency:</b>            Travel Planning: Office of the Budget, Commonwealth Office of Travel Operations (COTO), Telephone 717.265.8409            Audit and Reimbursement: Office of the Budget, Office of Comptroller Operations, Bureau of Commonwealth Payroll Operations (BCPO), Telephone 717.346.3401</p>	

**This directive establishes policy, responsibilities, and procedures for the commonwealth's travel program. Provisions of this issuance ensure responsible stewardship of commonwealth funds while taking into account the safety and reasonable convenience of commonwealth travelers. Substantive changes are indicated by marginal dots. Issued as a companion to this directive is [Manual 230.1, Commonwealth Travel Procedures Manual](#), Effective January 1, 2012.**

- 1. PURPOSE.** To establish policy, responsibilities, and procedures for the commonwealth's travel program that enable commonwealth travelers to successfully execute their essential travel requirements at the lowest reasonable cost.
- 2. SCOPE.** This directive applies to all departments, boards, commissions, and councils (hereinafter referred to as "agencies") under the governor's jurisdiction, and to all other agencies subject to *Section 216* of the *Administrative Code* that have not been exempt by the Executive Board. This includes board members, commissioners, and any other individuals reimbursed for official commonwealth travel.

**3. OBJECTIVE.** To provide an efficient and economical oversight by which commonwealth travelers can secure necessary travel reservations and accommodations in order to conduct official commonwealth business.

**4. DEFINITIONS.**

- a. **Agency Airline Card.** A purchasing card assigned to each agency to which all airline charges are automatically billed when air transportation is reserved.
- b. **Agency Assigned Travel Arranger.** An assigned individual in an agency responsible for travel planning and Travel Expense Report (TER) preparation on behalf of individuals traveling on official commonwealth business.
- c. **Agency Lodging Card.** A purchasing card assigned to each agency, used for certain overnight lodging and tax charges authorized by COTO.
- d. **BCPO.** Bureau of Commonwealth Payroll Operations.
- e. **Commonwealth Traveler.** Employees of agencies within the scope of this directive, non-commonwealth employees who perform services for the commonwealth, and other individuals who travel on official commonwealth business, but are not considered employees of the commonwealth.
- f. **Contracted Travel Agency.** The commonwealth travel service contractor that provides commercial air travel, ground travel, lodging and reservations services within the scope of contracted services.
- g. **Corporate Travel Card.** A credit card provided to employees to be used only while employee is in overnight travel status and for authorized business purposes.
- h. **COTO.** Commonwealth Office of Travel Operations.
- i. **Expense Verification Method.** A means to document costs when a receipt cannot be obtained by a commonwealth traveler.
- j. **Extended Stay.** Overnight travel status that extends 60 days or more.
- k. **Online Booking Tool.** A web-based tool used to book commercial travel arrangements for commonwealth travelers.
- l. **Overnight Travel Status.** Travel status that is more than 50 miles from both their headquarters and residence.
- m. **Preferred Property.** Hotel properties that participate in the commonwealth's travel program.
- n. **Travel Status.** When a traveler is on official commonwealth business away from home and headquarters.

**5. POLICY.**

- a. Neither this directive nor [Manual 230.1, Commonwealth Travel Procedures Manual](#) shall supersede the provisions of a collective bargaining agreement/memorandum of understanding or any other understanding/agreement that has been or may be developed between the commonwealth and a certified employee representative.
- b. Reservations.**
  - (1) Commonwealth travelers must make all air, ground, and lodging travel reservations through the commonwealth's online booking tool unless otherwise directed [in Manual 230.1, Commonwealth Travel Procedures Manual, Section 2.4, Train](#). Commonwealth travelers who do not have access to the online booking tool must make their travel arrangements through the contracted travel agency or their agency-assigned travel arranger. Commonwealth travelers who are not employed by the commonwealth must follow the same procedures as employees if their travel expenses are paid by the commonwealth.
  - (2) Commonwealth travelers who do not have an assigned SAP identification number are not permitted to arrange their own travel. Travel arrangements must be made by an agency-assigned travel arranger or designated commonwealth employee. The name of the agency-assigned travel arranger or designated commonwealth employee must be provided to the travel agent.
- c. **Justification.** Commonwealth travelers must confirm the lowest cost reservations that meet the itinerary and needs of the traveler, within commonwealth guidelines. Preferred vendors must be chosen where available. Business justification must be supplied when confirming arrangements that are outside commonwealth guidelines. Non-compliant arrangements will be subject to review and travel audit. Justification for reimbursement includes matching receipts, approved expense verification methods, and/or when required, explanations in the corresponding comments section in the TER.
- d. **Subsistence.** Commonwealth travelers are entitled to receive subsistence reimbursement for out-of-pocket expenses incurred in the performance of their duties within prescribed maximums.
- e. **Travel Credits.** The acceptance, retention, or use of personal travel, products, or services by commonwealth travelers of promotions and offers obtained in the course of official commonwealth business is prohibited by the *Governor's Code of Conduct, 4 PA Code 7.151*, and the *State Ethics Law, 65 PS401*. Any credits, promotions, certificates, or other considerations earned in a frequent traveler program must be used for official commonwealth travel. Commonwealth travelers may not use a personal credit card in place of the commonwealth corporate travel card or agency airline card in order to gain benefits from their credit card company.

- f. **Payment Methods.** Commonwealth travelers on official commonwealth business are required to use one of the methods of payment through the course of their approved travel itineraries:
- (1) **Agency Airline Card.** All air travel will be charged to the agency airline card automatically when reserved via the online booking tool or the contracted travel agency. Commonwealth travelers are not permitted to use their corporate travel card or personal credit card to reserve air flights.
  - (2) **Agency Lodging Card.** The use of the agency lodging card for payment of hotel rate and tax must be authorized by COTO.
  - (3) **Corporate Travel Card.** Use of the corporate travel card is mandatory for employees expected to be in overnight travel status four or more times a year. Employees who have had their card canceled are not eligible for a commonwealth payment method.
  - (4) **Cash Advance.** A cash advance will be considered only after all other options of payment are explored and exhausted.
- g. **Reimbursement.** Commonwealth travelers on official commonwealth business will receive reimbursement of actual expenses incurred in the performance of their duties within prescribed maximums with complete justification for incurred expenses that must be included with the submission of the TER. Justification includes matching receipts, approved expense verification methods, and/or when required, explanations in the corresponding comments section in the TER. Submission of a TER must occur within 60 business days of the date of travel. Travel expenses are reimbursed by the commonwealth within 15 business days of receiving an approved TER with all applicable attachments and receipts.
  - h. **Transfer Travel.** Employees eligible to receive moving expenses are also granted 30 calendar days in travel status at their new locations, to provide adequate time for locating new living quarters and to move to the new location. Agency heads may authorize, in writing, an extension to a maximum of 60 calendar days, if required by unusual conditions. The 30 calendar day allowance plus the extension must be used within the 90 consecutive calendar day period that begins when the employee is notified of the requirement to move to the new location. A copy of signed approval must be attached to the TER.

The following restrictions apply:

- The initial allowance plus any approved extension is not a flat allowance. Only the days actually needed to complete an eligible relocation may be approved.
- Employees will not be reimbursed for local personal mileage.
- Employees returning to headquarters or residence on scheduled days off or holidays will not be entitled to subsistence or lodging for those periods.

**6. RESPONSIBILITIES.**

**a. The Commonwealth Office of Travel Operations shall:**

- (1) Conduct a thorough review of commonwealth policies relating to travel to ensure that all commonwealth travel policies are consistent and recommend necessary changes.
- (2) Negotiate and manage the booking, fulfillment, advisory, and other travel related service contracts, in addition to the establishment of a network of preferred vendors.
- (3) Monitor compliance with travel policies and contracts.
- (4) Provide data to commonwealth agencies, and offer recommendations for cost-reduction and compliance, where applicable.
- (5) Authorize the use of the agency lodging card. Instructions on the use of the agency lodging card are available on [www.travel.state.pa.us](http://www.travel.state.pa.us).

**b. The Office of the Budget, Office of Comptroller Operations, Bureau of Commonwealth Payroll Operations shall:**

- (1) Ensure compliance with commonwealth travel reimbursement policies by conducting post-travel audits of submitted reimbursement reports.
- (2) Reconcile monthly airline card billings to the airline usage report.
- (3) Match the agency lodging card information against the TER to ensure compliance with applicable policies.
- (4) Reimburse commonwealth travelers in accordance with policy, and upon notification from agency, withhold amounts as necessary from commonwealth travelers, forward payments to the corporate travel card issuer, and inform commonwealth travelers and their supervisors of appropriate dates and amounts being withheld.
- (5) Give approval for cash advances to commonwealth travelers.

**c. Human Resource Directors shall ensure that new employees that are travelers or travel arrangers have the appropriate training.**

**7. PROCEDURES.** In conjunction with this *Management Directive 230.10, Commonwealth Travel Policy*, [Manual 230.1, Commonwealth Travel Procedures Manual](#), details commonwealth travel policies and procedures to which commonwealth travelers must adhere. Refer to [Manual 230.1, Commonwealth Travel Procedures Manual](#), for more detailed direction.

**This directive replaces, in its entirety, *Management Directive 230.10*, dated June 17, 2009; *Management Directive 205.30*, dated October 23, 1997; and *Management Directive 230.17*, dated March 28, 2007.**

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Pennsylvania Emergency Management  
Directive

D2000-3

## Compensation for Accidental Injury

January 18, 2000

1. **PURPOSE**

The purpose of this directive is to provide information and instructions for submission of claims for compensation for accidental injury sustained by duly enrolled emergency management volunteers.

2. **APPLICABILITY AND SCOPE**

All duly enrolled emergency management volunteers who are not eligible to receive benefits under the Workmen's Compensation Laws shall be entitled, except during a state of war or period of armed conflict within the continental limits of the United States, to receive compensation benefits for accidental injuries or death sustained while actually engaged in emergency management activities and services or in or enroute to and from emergency management tests, drills, exercises or operations authorized by the Pennsylvania Emergency Management Agency.

**AUTHORITY**

Emergency Management Services Code (35 Pa. C.S. Section 7701 – 7707)

3. **OTHER INFORMATION**

- a. Enclosure 1 provides general information and instructions.
- b. Enclosure 2, Form PEMA-CC-1, is a copy of the compensation claim form.
- c. Emergency Management Directive No. \_\_\_\_ provides important information regarding the procedures to be followed for the official enrollment of emergency management volunteers.
- d. Emergency Management Directive No. \_\_\_\_ provides important information regarding the completion and filing of Training Authorization Request Forms.

4. **RESCISSION**

This Directive rescinds Pennsylvania Emergency Management Agency Circular dated March 10, 1981, entitled "Payment of Compensation of Accidental Injury Sustained by Duly Enrolled Emergency Management Volunteers."

David L. Smith  
Director

Enclosure 1 - General Information and Instruction  
Enclosure 2 - Compensation Claim Form (Form PEMA-CC-1)

Distribution: County and Local Emergency Management Offices  
PEMA Area Directors  
PEMA Bureau Directors

**PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY  
HARRISBURG, PENNSYLVANIA**

**GENERAL INFORMATION AND INSTRUCTIONS**

**CLAIMS FOR COMPENSATION FOR ACCIDENTAL INJURIES SUSTAINED BY DULY  
ENROLLED EMERGENCY MANAGEMENT VOLUNTEERS**

**PART I – GENERAL INFORMATION**

- A. Section 7706 of the Emergency Management Service Code (35 Pa. C. S. 7101 *et seq.*) provides for the payment of benefits to emergency management volunteers accidentally injured or killed while performing emergency management services or activities. The amounts of these benefits are as follows:
1. A sum of twenty thousand dollars (\$20,000) for accidental injury directly causing or leading to death.
  2. A sum not exceeding fifteen thousand dollars (\$15,000) or reimbursement for medical and hospital expenses associated with accidental injury.
  3. Weekly payments of two hundred (\$200), not to exceed six months in duration, beginning on the eighth day of disability directly arising from accidental injury rendering the individual totally incapable of his/her normal gainful pursuits.
- B. The principal legal restrictions governing payment of the benefits mentioned in Paragraph A above, are:
1. Payments may only be made to those individuals who, at the time of the injury, are duly enrolled in county or local emergency management organizations; in other words, to individuals whose names have been entered on Official Enrollment Lists and who have been issued official emergency management identification cards, and
  2. Individuals who are not eligible to receive benefits under the Workmen's Compensation Laws. Those individuals shall be entitled, except during a state of war or period of armed conflict within the continental limits of the United States, to benefits for injuries sustained while actually engaged in emergency management activities and services or in or enroute to and from emergency management tests, drills, exercises or operations authorized by the Pennsylvania Emergency Management Agency in accordance with Management Directive No. \_\_\_\_\_, Training and Test Authorization Requests.
- C. Benefits for accidental injuries suffered by duly enrolled emergency management volunteers are paid by the Pennsylvania Emergency Management Agency on the basis of claims submitted in the manner outlined in Part II, below. Payments are made direct to the claimants, following case investigations by representatives of the Department of Labor and Industry and/or the Pennsylvania Emergency Management Agency.

**PART II – INSTRUCTIONS FOR SUBMISSION OF CLAIMS**

- A. All claims for compensation made under the provisions of Section 7706 of the Emergency Management Services Code, must be submitted on Form PEMA-CC-1, entitled “Compensation Claim – Accidental Injury Sustained by Duly Enrolled Emergency Management Volunteer.”
- B. Claim forms must be submitted in triplicate. The original form is submitted to the Pennsylvania Emergency Management Agency; the second is for retention by the claimant for reference and file; and the third is for preliminary draft, or “working” purposes. Copies of the form may be obtained through the appropriate PEMA Regional Office.
- C. If physically able to do so, an emergency management volunteer who is injured while engaged in an emergency management activity or service must personally complete Form PEMA-CC-1 and formally swear to the facts set forth therein. If the injured emergency management volunteer should die, or is otherwise unable to personally file a claim for compensation, the coordinator of that emergency management organization, in which the injured individual was duly enrolled, shall be responsible for the completion and formal filing of Form PEMA-CC-1.
- D. Detailed instructions for completion of Form PEMA-CC-1 are as follows:
1. Individuals preparing compensation claims should seek information from local emergency management officials, doctors, hospitals and other individuals and organizations having knowledge of the case.
  2. All information contained on the original claim form must be either typewritten, or legibly printed with pen and ink.
  3. Paragraph 1 of Form PEMA-CC-1: Enter in the first blank, the full name of the emergency management organization. The requested enrollment number is that number that appears on the claimant’s official emergency management identification card and on the official enrollment list of the county in which the claimant was enrolled.
  4. Paragraph 4 of Form PEMA-CC-1: In the first blank, briefly describe the accident location. In describing the manner of the accident, be specific as to exactly what the claimant was doing at the time of injury and exactly how the injury was sustained. For example, “During county-wide emergency management test, the claimant was directing traffic at Market Square. An approaching motorist lost control of his vehicle on an icy street and the vehicle struck the claimant, who was unable to reach a point of safety because of presence of the other vehicles.” Similarly, “During authorized rescue training class, the claimant was climbing a ladder. A rung of the ladder broke and the claimant fell to the ground.”
  5. Paragraph 5 of Form PEMA-CC-1: Briefly describe the specific nature and location of the injury, i.e., “Slight brain concussion, compound fracture of upper right arm and serious bruising and abrasion of left shoulder”. (If treatment of the injury

required the services of a doctor, the doctor would be the best source for this particular information.)

6. Paragraph 8 of Form PEMA-CC-1: Under Hospital Expenses, fill in the blank in part (c) only if claimant has been discharged from the hospital and a final bill has been received. Under “Medical Expenses”, fill in parts (d) and (3) only if the claimant is NO LONGER under the care of a doctor. Similarly, fill in parts (f) and (g) only if the claimant is STILL under the care of a doctor or doctors.
  7. Paragraph 10 of Form PEMA-CC-1: In the blank, fully describe the claimant’s full time employment. Also state the name and address of the employer.
  8. In the “Verification” portion of Form PEMA-CC-1 (page 7): Part (A) or (B) must be signed with pen and ink by either the claimant or by the emergency management coordinator, acting on behalf of the claimant.
- E. The original copy of the Compensation Claim form (Form PEMA-CC-1) must be sworn to before a notary public or other person legally authorized to administer oaths, who shall affix his/her signature and seal to the claim form.
- F. Following completion of notarization, the original copy, together with one copy of all pertinent bills and other required attachments, must be mailed directly to: Pennsylvania Emergency Management Agency, Attention: Chief Counsel, 2605 Interstate Drive, Harrisburg, Pennsylvania 17110-9364
- G. Claimants will be notified of action taken on their respective claims following completion of required case investigations by representatives of the Department of Labor and Industry and/or the Pennsylvania Emergency Management Agency.

**COMPENSATION CLAIM**

**ACCIDENTAL INJURY SUSTAINED BY DULY ENROLLED  
EMERGENCY MANAGEMENT VOLUNTEER**

(See Enclosure 1, "General Information and Instructions")

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Under the provisions of Section 7706 of the Emergency Management Services Code, I, the undersigned, do hereby formally make claim, to the Pennsylvania Emergency Management Agency, for legally permissible compensation for accidental injury suffered in the performance of official duties as a duly enrolled emergency management volunteer. In submission of this claim, I do solemnly swear:

1. That, prior to the time of the accident and injury described in Paragraphs 4 and 5, below, the claimant was duly enrolled as a member of the (full name of emergency management organization \_\_\_\_\_, in (name of county) \_\_\_\_\_ county, Pennsylvania, Enrollment Number (as listed on official emergency management identification card) \_\_\_\_\_, assigned for duty with the (name of service) \_\_\_\_\_ Service.
  
2. That the name of the duly appointed coordinator of the organization named in Paragraph 1 is (name) \_\_\_\_\_, whose address is (street or R. D. name and number) \_\_\_\_\_, (name of city or town) \_\_\_\_\_, Pennsylvania, and whose telephone number is (area code and number) \_\_\_\_\_.
  
3. That the claimant is not eligible, insofar as the accident and injury described in Paragraphs 4 and 5 below is concerned, to receive benefits under the State Workmen's Compensation Laws. Also, claimant declares that a claim for compensation under the State Workmen's Compensation Laws has not been, and will not be, made by the claimant or his or her heirs or estate.
  
4. That the accident resulting in claimant's injury or injuries described in paragraph 5 occurred at or near (geographical location) \_\_\_\_\_, in (name of city, borough, town or township) \_\_\_\_\_, Pennsylvania, at or about (approximate hour, A.M. or P.M.) \_\_\_\_\_ on

(month/day/year) \_\_\_\_\_, and in the following manner, namely:  
(describe briefly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this block if additional space is required to complete accident description beginning above. Continue description on separate sheet, sign sheet at bottom and attach the continuation sheet hereto.

5. That the accident described in Paragraph 4 directly resulted in the following bodily injury or injuries to the claimant: (indicate nature and location)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. That at the time of the accident and injury described in Paragraphs 4 and 5, above, the claimant was officially engaged in emergency management activities and services (check appropriate block)  training,  tests,  drills,  exercises, or  operations, which were authorized by the Pennsylvania Emergency Management Agency and were carried out under the immediate direction of (name of individual) \_\_\_\_\_, whose emergency management title is (full title) \_\_\_\_\_.

7. That the accident described in Paragraph 4, above, (check appropriate block)  was,  was not, observed by one, or more known witnesses, whose name(s) and address(es), are:

- (a) Name (in full) \_\_\_\_\_  
Street or R.D. name or number \_\_\_\_\_  
City or town \_\_\_\_\_, Pennsylvania  
(zip) \_\_\_\_\_

(b) Name (in full) \_\_\_\_\_  
Street or R.D. name or number \_\_\_\_\_  
City or town \_\_\_\_\_, Pennsylvania  
(zip) \_\_\_\_\_

8. That as a result of injury or injuries described in paragraph 5 above, the claimant has paid or is directly responsible for payment of the following hospital and/or medical expenses:

Hospital Expenses:  Check this block if treatment required hospitalization. Also check all appropriate blocks and fill in all pertinent blanks immediately below.

(a) The Claimant entered the (name of hospital \_\_\_\_\_, located at (street and Number) \_\_\_\_\_, Pennsylvania \_\_\_\_\_ on (month/day/year) \_\_\_\_\_.

(b) The Claimant was (Check appropriate block and fill in pertinent date):  
 Was discharged from the hospital named above on (month/day/year) \_\_\_\_\_.  
 Is still a patient in the hospital named above and expects to be discharged on or about (month/day/year) \_\_\_\_\_.

(c) The total bill covering the period of hospitalization indicated above was (if discharged, enter amount of bill) \$ \_\_\_\_\_, and a copy of the itemized bill is hereto attached.

(SPECIAL NOTE: If still hospitalized, the claimant subsequently will be required to furnish either the Pennsylvania Emergency Management Agency, and/or the case investigator, a copy of the final, itemized bill for hospitalization.)

Medical Expenses:  Check this block if treatment required the services of a doctor or doctors. Also check all appropriate blocks and fill in all pertinent blanks immediately below.

(d) The claimant was under the care of (doctor's name) \_\_\_\_\_, whose office address is (street and number) \_\_\_\_\_.

(name of city or town) \_\_\_\_\_,  
Pennsylvania (zip) \_\_\_\_\_ from the time of first treatment, or  
examination on (month/day/year) \_\_\_\_\_, until the time of last  
treatment, or examination, on (month/day/year) \_\_\_\_\_. The  
total amount of the bill for the professional services rendered by this  
doctor was (amount) \$ \_\_\_\_\_, and a copy of the itemized  
bill is hereto attached.

(e) The claimant was also (if treated by more than one doctor) under the care  
of (doctor's name) \_\_\_\_\_, whose office address is (street  
and number) \_\_\_\_\_,  
(name of city or town) \_\_\_\_\_,  
Pennsylvania (zip) \_\_\_\_\_ from the time of first treatment, or  
examination on (month/day/year) \_\_\_\_\_, until the time of last  
treatment, or examination, on (month/day/year) \_\_\_\_\_. The  
total amount of the bill for the professional services rendered by this  
doctor was (amount) \$ \_\_\_\_\_, and a copy of the itemized  
bill is hereto attached.

(f) The claimant is (if still under doctor's care) under the care of (doctor's  
name) \_\_\_\_\_, whose office address is (street and number)  
\_\_\_\_\_,  
(name of city or town) \_\_\_\_\_,  
Pennsylvania (zip) \_\_\_\_\_ from the time of first treatment, or  
examination on (month/day/year) \_\_\_\_\_, until the time of last  
treatment, or examination, on (month/day/year) \_\_\_\_\_. It is  
now believed that the claimant necessarily will have to remain under  
his/her care for approximately (number) \_\_\_\_ additional weeks.

(g) The claimant is also (if still under more than one doctor's care) under the  
care of (doctor's name) \_\_\_\_\_, whose office address is  
(street and number)

\_\_\_\_\_,  
(name of city or town) \_\_\_\_\_,  
Pennsylvania (zip) \_\_\_\_\_ from the time of first treatment, or  
examination on (month/day/year) \_\_\_\_\_, until the time of last  
treatment, or examination, on (month/day/year) \_\_\_\_\_. It is  
now believed that the claimant necessarily will have to remain under  
his/her care for approximately (number) \_\_\_\_ additional weeks.

(SPECIAL NOTE: If still under the care of a doctor or doctors, the  
claimant subsequently will be required to furnish the Pennsylvania  
Emergency Management Agency, and/or the case investigator, a copy of  
the final, itemized bill or bills covering such professional services.)

Other Medical Expenses:  Check this block if treatment involved medical  
expenses other than those summarized immediately above and itemize  
immediately below.

(h) Item No. 1 Paid for (item or service) \_\_\_\_\_  
Paid to (agency or individual) \_\_\_\_\_  
Total cost (amount) \$ \_\_\_\_\_

Item No. 2 Paid for (item or service) \_\_\_\_\_  
Paid to (agency or individual) \_\_\_\_\_  
Total cost (amount) \$ \_\_\_\_\_

Item No. 3 Paid for (item or service) \_\_\_\_\_  
Paid to (agency or individual) \_\_\_\_\_  
Total cost (amount) \$ \_\_\_\_\_

Itemized bills covering all obligations listed above are hereto attached.

Check this block if additional space is required to list other similar  
expenses, continue listing on separate sheet, sign sheet at bottom and  
attach hereto both the continuation sheet and itemized bills covering all  
items listed on the sheet.)

9. That, directly and solely as a result of the injury described in Paragraph 5 above,  
the claimant (check appropriate block)  was,  was not, rendered totally

incapable of performing his/her, normal employment, which is (state full and exact nature of employment or other pursuit)

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The period of the claimant's total disability (if so incapacitated) began on (month/day/year) \_\_\_\_\_ and ended on (month/day/year) \_\_\_\_\_, when the claimant resumed employment on a full or part-time basis.

Check this block if still totally incapacitated and leave the last blank empty.

Claim submitted by, or for and on behalf of: (full name of individual who suffered the injury described in paragraph 5 above) \_\_\_\_\_, herein referred to as the claimant, whose address (as listed on the injured individual's official emergency management identification card) is (street or R. D. name and number) \_\_\_\_\_, (city or town) \_\_\_\_\_, Pennsylvania (zip) \_\_\_\_\_.

**Claimant's Signature and Notarization**

Claim filed by: (complete only (a) or (b) immediately below, as appropriate)

- (a)  If physically able to personally file claim, the above named claimant must check this block and sign as follows:

\_\_\_\_\_  
(Claimant's signature)

\_\_\_\_\_  
(Date)

- (b)  If the above named claimant is deceased, or otherwise physically unable to personally file this claim, the emergency management coordinator named in Paragraph 2 above, acting for and on behalf of the claimant, must check this block and sign as follows:

\_\_\_\_\_  
(Coordinator's signature)

\_\_\_\_\_  
(Date)

**NOTARIZATION:**

Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_

in the year \_\_\_\_\_

Signature \_\_\_\_\_

(SEAL)

RECORD: PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

Claim No. \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Complete and final

Possible supplement

Allowances: Death \$ \_\_\_\_\_ Hospital \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_

Other Medical \$ \_\_\_\_\_ Disability (\_\_\_\_ wks.) \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Disallowance's:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_

Signed: \_\_\_\_\_

Director, Pennsylvania Emergency  
Management Agency

\_\_\_\_\_ Date

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## DIRECTIVE

Pennsylvania Emergency Management Agency  
2605 Interstate Drive  
Harrisburg, PA 17110-9364

**Subject:** OFFICIAL ENROLLMENT OF STATE  
EMERGENCY MANAGEMENT VOLUNTEERS

**Number:** D2006-1

**Date Published:** September 15, 2006

**By Direction of:** James R. Joseph, Director

**Review Date:** September 15, 2008

### I. PURPOSE

A. The purpose of this Directive is to define procedures for volunteers to meet the “duly enrolled” criteria pursuant to Section 7706 (pertaining to compensation for accidental injury) of the Pennsylvania Emergency Management Services Code (EMSC) (35 Pa. C.S.A. §§ 7101-7707 as amended) for the purpose of being eligible to receive compensation for accidental injury. The procedural options for enrollment include the following:

1. Enrollment with the Pennsylvania Emergency Management Agency (PEMA) on an Official Enrollment List; and  
Receipt of an identification card from PEMA for volunteers enrolled via an Official Enrollment List; OR
2. Enrollment in the web based State Emergency Registry of Volunteers in PA (SERVPA) maintained by the Pennsylvania Department of Health (DOH).

B. Completion of the steps listed above in accordance with the instructions contained herein shall constitute official enrollment of volunteers for the purposes of compensation for accidental injury.

### II. APPLICABILITY AND SCOPE

Section 7706 of the EMSC states that all duly enrolled emergency management volunteers, and such other volunteers as the agency shall by regulation qualify, who are not eligible to receive benefits under the Workers’ Compensation Laws shall be entitled, except during a state of war or period of armed conflict within the continental limits of the United States, to certain specified benefits relating to injuries sustained while actually engaged in emergency management activities and services or in or enroute to and from emergency management tests, drills, exercises or operations authorized by the PEMA and carried out in accordance with rules and orders promulgated and adopted by the agency.

### **III. AUTHORITY**

The authority for this Directive is the Pennsylvania Emergency Management Services Code, 35 Pa. C.S. Sections 7701-7707, as amended.

### **IV. GENERAL INFORMATION**

A. All volunteers who are actively involved in emergency management training, testing or other emergency management activities with PEMA, established in accordance with the provisions of the EMSC, are considered to be “volunteer members” of PEMA.

B. All volunteers who enroll in SERVPA are deemed to be duly enrolled and eligible for compensation for accidental injury pursuant to Section 7706 of the EMSC.

C. In order to be eligible for the accidental injury and death benefits described in Paragraph II above, any person who now serves, or subsequently desires to serve, as a volunteer must utilize one of the two methods identified in Section I, above, to be officially enrolled as an emergency management volunteer in accordance with this Directive.

D. Sections V through VII of this Directive do not pertain to volunteers who enroll in SERVPA. SERVPA volunteers should consult the SERVPA web site to obtain information pertaining to procedural requirements for filing a claim for compensation benefits.

### **V. OFFICIAL ENROLLMENT LISTS**

A. The first step in the official “enrollment” of emergency management volunteers shall be the preparation of Official Enrollment Lists which contain the enrollment number, name, address, enrollment date and duty assignment of each individual enrolled by the Commonwealth. For this purpose, a printed form, entitled “Official List of Duly Enrolled State Emergency Management Volunteers,” (Form PEMA-OEL-2) is furnished as Attachment 1. Individuals desiring to become state volunteers shall contact the designated program manager of the specific program, complete all required application forms, provide proof of qualifications, and authorize the Commonwealth to perform a “criminal history record information” (CHRI) check through the Pennsylvania Access to Criminal History (PATCH) System administered by the Pennsylvania State Police. Specific programs which allow the enrollment of volunteers at the state level are identified and authorized through Directives promulgated by the Pennsylvania Emergency Management Agency and identify the purpose, scope, authority, member qualifications and the specific manager of each program. PEMA maintains a list of programs which allow the use of state EMA volunteers.

B. The “Official List of Duly Enrolled State Emergency Management Volunteers,” Form PEMA-OEL-2 is hereinafter referred to as the “Official State Enrollment List.”

C. The following important points apply to the preparation and filing of Official Enrollment Lists (OEL):

1. The original OEL must be maintained in a permanent file by the specific program manager at PEMA headquarters. The State Emergency Operations Center (SEOC) will maintain a copy for notification and activation purposes. The SEOC must strive to maintain an accurate and up-to-date list at all times and must receive updates from the program manager in a timely manner whenever changes occur.

2. The OEL shall not be considered valid unless each page is dated and signed by the PEMA Program Manager or designee of the specific program.

D. Care must be used in the preparation and maintenance of the OEL for the Commonwealth. Information contained in the OEL will become critical in the certification of “duly enrolled” emergency management volunteers entitled to receive compensation benefits for accidental injury or death.

E. In the event a duly enrolled volunteer files a claim for accidental injury or death benefits, the responsible program manager shall:

1. Prepare an affidavit as follows:

“I certify that the attached page \_\_\_ of the ‘Official List of Duly Enrolled State Emergency Management Volunteers is a true and correct copy of the official enrollment of (name of injured), a duly enrolled volunteer member of the Pennsylvania Emergency Management Agency as filed with this office.”

2. The affidavit shall be attached to a photostatic or reproduced copy of the Official List of Duly Enrolled State Emergency Management Volunteers page containing the name of the injured emergency management volunteer.

3. The affidavit and OEL page containing the injured volunteer’s name shall be forwarded to the Pennsylvania Emergency Management Agency, together with the required claim papers. PEMA Directive D2000-3 “Compensation for Accidental Injury” shall be followed in its entirety.

## **VI. IDENTIFICATION CARDS**

A. The second step in the official “enrollment” of emergency management volunteers is the issuance of personal identification cards.

B. PEMA is responsible for the development and issuance of identification cards to be used by all “duly enrolled” state emergency management volunteers. At a minimum, identification cards should include: the name of the emergency management program; name and address of the enrollee; service assignment; enrollment number and date; date of issue; signature of the specific emergency management program manager; and a photograph of the member. PEMA will create, number, log and issue the photo identification card via PEMA Facilities Management or a contractor who will comply with the requirements of PEMA and the Commonwealth with regard to all specifications including numbering, photographs or other parameters as specified. A prototypical identification card format is provided as Attachment 2.

C. When issuing the identification card, the following guidelines apply:

1. All spaces provided on the card must be completed.
2. The “Enrollment Number” must be the same number that is entered on the “Official Enrollment List” as described in Paragraph V of this Directive.
3. The “Enrollment Number” is the individual’s numerical order of enrollment in the emergency management organization. There shall be no duplication among the actual enrollment numbers assigned to individuals within the same organization.
4. Each identification card must be signed by the specific emergency program manager or designee.

## **VII. RELATED INFORMATION**

A. When the Official Enrollment List is prepared or updated, the date of a volunteer’s enrollment entry must be the date of the individual’s original entry into a duly enrolled status, as shown on previously existing lists.

B. No volunteer is considered “duly enrolled” until the volunteer’s name has been entered on the Official Enrollment List and has been issued an identification card.

C. In the event an identification card is lost, accidentally mutilated or becomes illegible, the PEMA Program Manager must cancel the original card and issue a replacement. Replacement cards must bear a new enrollment number and photograph.

D. Any and all program related materials including, but not limited to, Commonwealth issued Identification Cards are to be surrendered to the specific program manager upon request, upon resignation of the member, or upon termination.

E. Blank copies of Official Enrollment Lists are obtained from PEMA.

## VIII. RESCISSION

This directive will remain in effect until such time as it is revised or rescinded.

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James R. Joseph.  
Director

### Attachments

#### DISTRIBUTION:

PEMA Bureau Directors

PEMA Area Directors

Office of the State Fire Commissioner

State Fire Academy

PEMA Chief Counsel

Pennsylvania Emergency Management Council

Pennsylvania Department of Environmental Protection (Emergency Response Teams and  
Bureau of Radiation Protection)

Pennsylvania Office of Homeland Security

Page 5

Attachment 1: Official List Of Duly Enrolled State Emergency Management Volunteers,  
Form PEMA-OEL-2

Attachment 2: Sample Identification Card

**Attachment 1  
Form PEMA-OEL-2  
OFFICIAL LIST OF DULY ENROLLED STATE EMERGENCY MANAGEMENT  
VOLUNTEERS**

All individuals whose names are listed below have been duly enrolled as volunteer members of the \_\_\_\_\_  
Program.

<b>Enrollment Number</b>	<b>Name of Individual</b>	<b>Home Address</b>	<b>Date of Enrollment</b>	<b>Service Assignment</b>
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I, the undersigned, do hereby certify that the above is a true and correct list of duly enrolled emergency management volunteers as of (date) \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Enrolling Coordinator) (Enrolling Coordinator) Page \_\_\_\_ of \_\_\_\_

**Attachment 2  
Sample Identification Card**

**Front Rear**

<b>PEMA</b>	Signature of Identified
	<b>NAME</b> <b>Name of Program</b> ID Number or Code Issued by:

**Name of Program Manager**  
**Signature of Program Manager**  
**Date of Issue**  
 Name, Address, City, Zip Code of Identified

Filename: D2005-3.doc Directory: P:\RPD\Directives Template: C:\Documents and Settings\wcomelius\Application Data\Microsoft\Templates\Normal.dot Title: OFFICIAL ENROLLMENT OF EMERGENCY MANAGEMENT VOLUNTEERS Subject: Author: RSNYDER Keywords: Comments: Creation Date: 9/16/2005 11:15:00 AM Change Number: 4 Last Saved On: 9/26/2005 6:03:00 PM Last Saved By: PEMA Total Editing Time: 17 Minutes Last Printed On: 9/26/2005 6:03:00 PM As of Last Complete Printing Number of Pages: 7 Number of Words: 1,490 (approx.) Number of Characters: 8,780 (approx.)

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