

**ARLINGTON COUNTY PUBLIC HEALTH
VOLUNTEER MANAGEMENT SYSTEM
(ACPH-VMS)**

EXECUTIVE SUMMARY

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A Product of:
The George Washington University
Institute for Crisis, Disaster and Risk Management

For:
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Division of Public Health
Department of Human Services

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The de Beaumont Foundation**

INTRODUCTION

This project was performed under a grant from the **de Beaumont Foundation** and presents a detailed, research-based system for managing volunteers by the Arlington County Division of Public Health (ACPH).

The ACPH Volunteer Management System (ACPH-VMS) model consists of a System Description (describing the structure and primary functions required for the system) and Concept of Operations (how the system components function during each stage of response and recovery). It also includes an appendix with Position Descriptions and Qualifications for all key positions within the ACPH-VMS. The model is further ‘operationalized’ through a tool kit containing mobilization/demobilization guidance, key position job actions sheets (operational checklists), forms and other tools that serve to drive the management of the overall system as well as the processing and management of volunteers within the system.

This ACPH-VMS is designed to address the use of volunteers¹ for adequately filling positions across the range of *public health tasks* required during an incident response. The ACPH-VMS may be expanded and configured as needed to meet the incident requirements. Applying Incident Command System principles, positions in the ACPH-VMS are structured to take on the responsibilities of any unfilled subordinate position in the response configuration, making the system highly collapsible or expandable.

Goal

The overall goal of this model is an effective, efficient Public Health Volunteer Management System to process and ‘just-in-time’ train volunteers, both pre-registered and spontaneous, who arrive to assist Arlington County Public Health (ACPH) during emergencies, disasters, or other challenging events.

Objectives

- 1) Organize public health volunteers and volunteer groups for maximum efficiency and effectiveness in supporting public health incident response.
- 2) Provide for the safety of volunteers.
- 3) Process and catalogue volunteers to efficiently match volunteer skills with the identified incident response personnel needs.
- 4) Provide effective orientation and ‘just-in-time’ training for volunteers to understand their roles, responsibilities, and supervision issues.
- 5) Integrate the ACPH-VMS and processed volunteers into the Incident Command System/Incident Management System (ICS/IMS) that is managing the incident².
- 6) Maximize the volunteer experience to promote increased volunteer participation in future events.

¹ A “volunteer” is defined as a person providing a service without promise, expectation, or receipt of compensation.

² The National Incident Management System (NIMS), promulgated in March 2003, requires that NIMS/ICS be used to directly manage all incident response. The ACPH-VMS is therefore consistent with ICS/IMS and designed to effectively integrate into any ICS/IMS structure that is managing the incident. NIMS is available at www.dhs.gov

Assumptions

An extensive number of assumptions were delineated in the System Description, to provide an understanding of the basis for this model system. They explain:

- The rationale for a volunteer management system and the critical issues that must be addressed, including direct responsibility for recruiting and processing volunteers throughout the response and recovery phases, and the need for ‘just-in-time’ training.
- The rationale for using Incident Command System/Incident Management System (ICS/IMS) concepts to develop the ACPH-VMS and for integrating the system into the ICS/IMS that is managing the incident.
- The various categories of volunteers that are addressed: spontaneous versus recruited, affiliated pre-incident versus unaffiliated, pre-registered, accepted, volunteer groups, and support volunteers.
- The prototype response scenarios for this ACPH-VMS: 1) mass dispensing or mass immunization incidents; 2) volunteer efforts in telephonic monitoring during quarantine and isolation.³ In these types of events, the public health ‘response scene’ is a constructed, controlled site for response workers, with assumed secure perimeters. This model may be used for other types of incidents also, but modifications to the system may be required for optimal performance.

ACPH-VMS SYSTEM DESCRIPTION

During an incident, the ACPH-VMS is based at its Volunteer Management Center (VMC). The location of this facility may vary and physical requirements to adequately support the ACPH-VMS are listed within the project. The management of the ACPH-VMS and the processing of volunteers are both located within the VMC to minimize ACPH staffing requirements. A Volunteer Point of Assembly (VPOA) is delineated, in case a separate location is needed for the initial contact with potential volunteers.

The organization of the ACPH-VMS, based upon ICS/IMS principles, is presented in Figure 1. System responsibilities and the tasks necessary for efficient management and integration of volunteers into the public health response are grouped according to similarity of purpose. Per ICS/IMS fundamentals, not all functions or positions are staffed in all incidents, dependant upon the nature and complexity of the incident. ***In events where no individual is assigned to a functional position, the responsibility for accomplishing the function or task is assumed by the supervisory position for that function or task.***

³ Per the Arlington County Statement of Work for this project. In accomplishing this, the project team retained an “all hazards” system orientation.

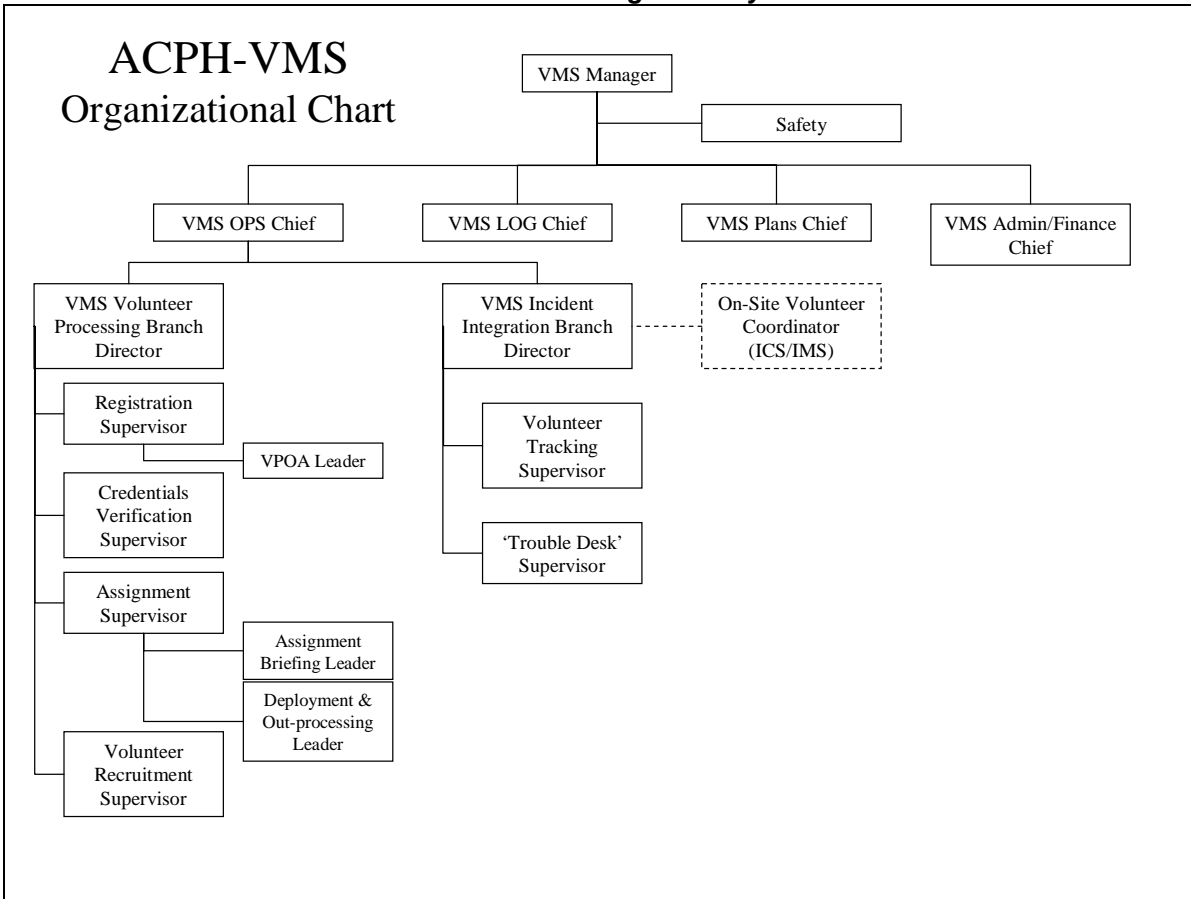


Figure 1. PH-VMS Functional Organizational Structure

The VMS Manager provides the overall supervision of the ACPH-VMS system and is therefore responsible for the overall effectiveness of the ACPH-VMS response. This responsibility involves:

- establishing the ACPH-VMS control objectives as well as objectives for each operational period
- assuring the system is adequately functioning
- problem-solving issues that can't be resolved at a lower level
- performing any necessary senior liaison and public information tasks, and
- addressing safety issues for the VMC and volunteers (unless delegated to a safety officer).

The ACPH-VMS Operations Section achieves the objectives set by Management, which are primarily organizing and processing volunteers, and then integrating the *accepted* volunteers into the incident. Two Operations Branches are therefore described: the Volunteer Processing Branch and the Incident Integration Branch.

The Volunteer Processing Branch is focused on the volunteers themselves. This Branch is responsible for the overall reception, cataloging, briefing, assigning, and scheduling of volunteers. Information related to all of these activities is continually provided to VMS Plans for incident

archiving and maintaining accountability of volunteer records. The Volunteer Processing Branch responsibilities include:

- Establishing the Volunteer Point of Assembly (VPOA), a location where volunteers should report to for in-processing in the Volunteer Management Center (VMC). The VPOA and VMC are commonly co-located for public health events, but may be located separately. Volunteers will not be allowed to participate in public health response unless they have initially reported to the ACPH-VPOA and are processed through the ACPH Volunteer Management Center (VMC).
- Establishing the organized processing of incoming volunteers. Volunteers are provided with a written orientation to the ACPH-VMC and their responsibilities as volunteers. Those wishing to proceed are registered, have their credentials verified (identification/certification/qualification – the exact process to be determined by ACPH), and if accepted, are rostered⁴ according to their skill sets for possible assignment.
- Matching rostered volunteers with appropriate incident positions that the Incident Management System has requested be filled. Volunteers without an assignment are either staged (if an expected assignment is pending), or released with a call-back mechanism in place in the event that an appropriate position need is identified.
- Volunteers who have accepted an assignment undergo an assignment briefing. This provides a situation update and addresses job risks and safety issues, personal protective equipment (PPE) orientation and fit testing as indicated, and standard volunteer operating procedures. Assignees are given the opportunity for their questions to be answered. Specific assignment tasks, shift length and duration, supervisory requirements, liability and worker's compensation details (to be determined by ACPH) are provided either in this briefing or later at their job briefing by their direct supervisor.
- Volunteers receive equipment and supplies as indicated by their role (some will be equipped at the incident site), receive their site access badge and are transported to their work site. Upon arrival at their designated assignment, their supervision is transferred to designated incident (IMS) personnel where assignment-specific instructions are provided.
- As volunteers complete their assignments and return to the ACPH-VMC, they are evaluated and provided rehabilitation and re-assignment if qualified and willing. Alternatively, they undergo out-processing if no further assignment is offered or accepted. Out-processing includes an incident review (a brief review of activities while managed by ACPH-VMS and activities while assigned to IMS), a performance evaluation if not accomplished by their incident supervisor, counseling as indicated, and return of volunteer issued equipment, unused supplies, and the access privilege badge. Finally, the volunteer is given the opportunity to provide feedback on the ACPH-VMS operations.

The Volunteer Processing Branch may also be responsible for volunteer recruitment if this is necessary, or, alternatively, developing messages for ICS/IMS to publicize that no further volunteers are needed.

The Incident Integration Branch is responsible for working with the Incident Management System to identify incident volunteer needs and to monitor volunteers assigned to the incident. This usually occurs through the IMS Logistics Section, but could also be accomplished through the

⁴ 'Rostered' Volunteers have been registered and credentialed by the ACPH-VMS, and placed on a roster for assignment to an incident task.

Arlington County Emergency Operations Center (EOC) ESF-8 or ESF-17. The ACPH-VMS Incident Integration Branch takes the requests for assistance and translates these into categories of current and anticipated volunteer capabilities, and delineates details necessary for the assignment briefings (specific job tasks, shift time and location, etc.). This information is provided to ACPH-VMS Volunteer Processing Branch, and also forwarded to ACPH-VMS Plans for documentation.

In addition, the Incident Integration Branch conducts volunteer tracking while volunteers are deployed on-incident, provides briefings to ICS/IMS personnel on the role of volunteers, and maintains a ‘trouble desk’ function to answer questions ICS/IMS personnel or deployed volunteers may have. The Trouble Desk also assists with documenting any adverse incidents involving deployed volunteers, and investigates/intervenes as indicated.

The ACPH-VMS Logistics Section, Plans Section and Administration/Finance Sections provide support to Management and Operations per standard incident management principles. These roles are presented in some detail in the full ACPH-VMS System Description. ICS/IMS support to the ACPH-VMS, such as situation updates and logistical support, is also presented for consideration.

ACPH-VMS CONCEPT OF OPERATIONS AND POSITION DESCRIPTIONS

A detailed Concept of Operations demonstrates how the ACPH-VMS functions, from initial recognition that the system should be activated, through the successive stages of emergency response and recovery. Position descriptions and suggested qualifications for key positions within the ACPH-VMS are presented in an appendix. A job action sheet, or operational checklist, has also been developed for each of these positions.

ACPH-VMS TOOLKIT

ICS forms have been adapted for the ACPH-VMS, and ‘packaged’ along with process and procedure guidelines so that using them drives the overall ACPH-VMS management process forward. Forms, instruction sheets and checklists have also been developed for the volunteers at the various stages of their incident evolution, to also help ‘drive’ them through their in-processing, incident tasking, and out-processing.

PEER REVIEW

A peer review of the ACPH-VMS was conducted during the final stages of the project. The Peer Review panel included experienced volunteer managers, developers of other volunteer management projects, public health experts, emergency management personnel and public health personnel representing the end-user. Most panel members had work experience in settings employing volunteers. Input from the peer group was captured by recorders during the day-long conference, and by collecting written issue statements and annotated draft documents at the conclusion of the meeting. All issues were catalogued and analyzed by the project team, and accepted recommendations were incorporated in the project deliverables.

The products also received extensive input from Arlington County (Virginia) Human Services and Public Health personnel throughout the project, assuring that the system is tailored to their specifications.

An out-brief conference, open to the professional community, is scheduled for November 1, 2005. It will be conducted jointly by the George Washington University project team and Arlington County Public Health authorities, and formally present the ACPH-VMS products to interested volunteer management professionals.

FOLLOW-ON ACTIVITIES

As with any new systems development, implementation requires personnel designation, equipment purchase and storage/staging arrangements, and the follow-on steps of education, training, exercise/evaluation and system improvements. Implementation decisions, such as a definitive procedure for verifying volunteer credentials, and other development activities are currently being conducted by ACPH to ready the ACPH-VMS for operation.

While information processing for the ACPH-VMS was developed as a paper-based method, the project team recognizes the enhancements and increased efficiency that an electronic platform would provide. A feasibility analysis for this concept will be provided as an addendum to the project.

CONCLUSION

The ACPH-VMS has been developed to enable Arlington County (Virginia) Division of Public Health to effectively and efficiently integrate volunteers, as required, during public health emergency response. The model is consistent with the Arlington County Emergency Operations Plan and with the ICS required by the National Incident Management System. Volunteer managers have valid tools to accomplish their volunteer-related responsibilities, and volunteers are provided a structured system that enables them to safely engage as they render assistance.