Public Health
Seattle & King County

ESF 8 ANNEX
Workforce Mobilization Plan
Version 1 2016

Record of Changes

Version #	Description of Changes	Date Entered	Posted by
1	Original Document	March 2016	A. Kelmore, A. Levy, D. Nichols
1a.	Added language to concept of operations on staffing & labor issues	7 July 2016	D. Nichols
1b	Add attachment: division internal surge staffing procedures	9 Sept 2016	A. Levy

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I. Introduction

In the event of a major medical, natural or technological disaster, Public Health of Seattle & King County (Public Health) may find it necessary to mobilize and manage employees, registered volunteers, trusted partners and spontaneous unregistered volunteers. Mobilization and management of these groups includes ensuring that they are registered, trained, assigned, deployed, tracked and supported.

The performance of the above listed functions for all who may be asked to perform duties at the request of Public Health during an emergency will be referred to as "workforce mobilization" throughout this plan. Workforce mobilization may be performed at various locations, such as Public Health's operations center (Health and Medical Area Command, or HMAC) or field operations sites, or it may be performed virtually.

This plan was developed to provide guidance for workforce mobilization during an emergency or disaster and is an annex to the King County ESF 8 Basic Plan.

Attachments:
Intro 01: Glossary

I. Purpose

The purpose of the workforce mobilization plan is to identify, process, and deploy personnel to accomplish HMAC operational objectives in a manner that is consistent with emergency response plans, King County policies, collective bargaining agreements, emergency worker regulations, and that protects worker safety.

Following guidance and procedures in this plan will assure that the following workforce mobilization outcomes are achieved:
- Workers are appropriately identified and segmented
- Worker applications are screened and background checks are completed, documented, and archived per Public Health human resources procedures
- Movement of personnel is strictly controlled until background checks are verified/completed
- Worker skills are appropriately matched with job assignments
- Job assignments are documented
- Assigned personnel are efficiently moved to the work site
- Essential needs (such as food, housing, medical and behavioral health care) of HMAC responders are supported
- Workers are supplied with essential equipment to fulfill their response roles
- Workers are registered as emergency workers pursuant to Chapter WAC118.04.
- Workers receive a briefing covering classification, duty status, safety, responsibilities and emergency worker benefits as outlined in WAC118-04-100, WAC118-04-200 and WAC 118-04-220
- Workforce deployment complies with King County policies and collective bargaining agreements

III. Scope

This plan may be triggered when HMAC is activated and staffing for the emergency or disaster extends beyond the permanent staff of the Public Health preparedness program or when HMAC or the Public Health preparedness program are loaning personnel to other jurisdictions as mutual aid assets. It will not

need to be activated in every instance, but should be considered when the request is complex or requires deploying staff to multiple sites or outside of the county. Policies and actions cover all personnel deployed by HMAC to assist with the emergency response, whether King County employees, volunteers, or other. The plan applies whether the disaster is located within King County or outside its borders.

IV. Situation Overview

During an incident that requires more staff than are immediately available, Public Health may either be requested or request that personnel be deployed to scenes to assist in meeting operational objectives. Such requests may allow significant lead time (e.g. a vaccination clinic) or very little (e.g. first aid staff at an emergency shelter after a fire). Depending on the staffing needs, Public Health may call upon many types of individuals to fulfill these requests.

Demographics
King County Washington is the 14th most populous county in the US, with over 2 million people. King County represents 28.6% of Washington State's population, and as the largest population center in the State poses many opportunities and challenges.

The County includes Seattle, 38 other incorporated cities, and 19 school districts. It is home to the most diverse zip code[1] and the most diverse school district in the nation.[2] Immigrants and refugees from all over the world, including Asia, the Horn of Africa, Central America and the former Soviet Union, reside in King County. 2010 Census data show more than 1 in 3 residents is a person of color, increasing to almost half among children. The county, especially the southern suburbs, includes several cities and school districts in which racial minorities are now the majority population. One out of every five residents (over 420,000 adults and children) now lives below 200% of the federal poverty level[3].

Twenty-three percent of residents speak a language other than English, and 19% are foreign-born. Public Health has identified three language tiers to reflect the language needs of Limited-English Proficient populations. This information will be consulted when personnel are requested to staff operations, as every effort will be made to deploy personnel who have the necessary language skills to better assist the population. To accomplish this, staff will refer to the King County language maps in the Public Health Translation Manual[4].

More information can be found on King County's website:
http://www.kingcounty.gov/healthservices/health/data.aspx and
http://www.kingcounty.gov/healthservices/health/data/maps.aspx

V. Planning Assumptions
- Any size incident may require mobilizing additional personnel to accomplish incident objectives

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[1] AOL News. America's Most Diverse ZIP Code Shows the Way. http://www.aolnews.com/2010/03/25/opinion-americas-most-diverse-zip-code-shows-the-way/
[2] Remade in America. Diversity in the Classroom. *The New York Times.* http://projects.nytimes.com/immigration/enrollment
[3] http://www.insurance.wa.gov/legislative/reports/2011-uninsured-report.pdf
[4]http://kingcounty.gov/healthservices/health/languages/~/media/health/publichealth/documents/translation/PHTranslation Manual.ashx Available in Spanish, Vietnamese, Russian, Chinese, Korean and African languages

- In larger or complex incidents, Public Health will process employees and volunteers through the Volunteer and Staff Reception Center (VSRC)
- Any mobilization system – whether managed by HMAC or the VSRC – must be able to communicate with other incident sites to both refer and accept referrals from them
- During a disaster, personnel including spontaneous unaffiliated volunteers (SUVs) may self-deploy to help
- Spontaneous Unaffiliated Volunteers (SUV's) will be required to pass background check and licensure validation for safety of the public and staff prior to deploying to an ESF 8 response location
- Potential responders may be less available during catastrophic disasters, both because they may be victims themselves, or because their regular employers (including King County) are unable to release them from duty
- Some potential volunteers may misrepresent their identity in order to gain access to response operations or incident sites
- The safety and security of responders, victims, and incident scenes must be protected
- The provisions of King County collective bargaining agreements apply during a disaster unless expressly waived by the King County Executive
- Washington State Emergency Management Division may decline to establish a mission number for certain response activities, which will prevent HMAC from mobilizing that activity
- Deployment may not begin until a mission number is issued by Washington State Emergency Management Division. It may take anywhere from hours to weeks to receive a mission number.
- Personnel deployed to staff emergency response operations may include Public Health employees, Public Health Reserve Corps members, King County employees, and trusted partners
- Medical providers (Physicians, Physician Assistants, and Nurse Practitioners) working under the direction of the Local Health Officer as part of the ESF 8 response will need to undergo credentialing by Public Health.

VI. Decision-Making

A. Plan Activation

The decision to mobilize personnel beyond the permanent staff of the Preparedness program will be made by the HMAC Area Commander when necessary to achieve HMAC operational objectives, or in response to requests from partners. This plan is assumed to be triggered anytime staffing of an incident extends beyond the permanent staff of the Public Health preparedness section, unless otherwise decided by the HMAC Area Commander. The workforce mobilization function is aligned under the logistics section of HMAC. The HMAC Logistics Chief will assign a Workforce Mobilization Manager to manage this function and who will oversee the implementation of this plan.

B. Notification

As this plan may be activated during an in-progress emergency response or as part of a request from an outside organization, notification of plan activation may take place in one of multiple ways. The most likely notification will be a decision made by the HMAC Area Commander to activate the plan to support the activation of another plan, such as the ESF-8 Basic Plan or the Alternate Care Facilities plan. It is also possible that HMAC will not be activated, but a request for personnel will be communicated to the Public Health Duty Officer or the Workforce Deployment Program Manager.

If the Public Health Duty Officer receives the request for personnel, he or she will notify the Public Health Preparedness Section Manager, who will determine the need to activate the plan. The Section Manager will in turn notify the Public Health Chief of Staff and Director if HMAC is activated solely in support of this plan; it is assumed that the Section Manager will have already made such notification if this plan is activated in support of a larger incident within the County that required the activation of other ESF 8 plans. The Area Commander or Preparedness Section Manager will also notify the Director of Public Health before contacting Public Health staff to deploy.

If it appears that the activation of this plan is to support personnel requests that may be medical in nature and that Public Health anticipates it may not be able to fulfill with existing Public Health, King County, and PHRC personnel, HMAC will coordinate with the Northwest Healthcare Response Network to notify and mobilize healthcare, hospitals and other relevant partners.

VII. Concept of Operations

A. **General Guidance**

PH Human Resources must preapprove any use of Public Health Reserve Corps volunteers at Public Health worksites or Public Health-sponsored events during regular or off-hours. Things to consider when thinking this through; are PHRC volunteers supplanting represented bodies of work, FLSA laws for payment of training time, and assuring equal access to opportunities for training and development for employees. Pay is not to be a consideration. If the role is appropriate for staff according to the criteria below, and there are no funds to pay for the activity, then we won't do the mission. Our contact for this type question is Alex Golan.

<u>**Non-emergencies**</u>

1. PHRC volunteers may work at non-Public Health sponsored events held at non-public health sites anytime (e.g. Health screenings at Union Gospel mission, food banks), without HR pre-approval. Staffing for these activities can be offered to PHRC first, and do not need to be offered to public health staff. However, if unable to fill with PHRC, invitations can be extended to Public Health employees provided s<u>omeone agrees to pay for their time</u>. PH staff may not volunteer unpaid time for these activities.
2. For activities taking place after hours at public health worksites (e.g. flu vaccination clinic at Renton Public Health), roles must be offered to public health staff first. If unable to fill with Public Health staff, roles may be offered to PHRC **subject to pre-approval by Public Health HR**.
3. For Public Health sponsored activities taking place at non-Public Health worksites (e.g. insurance enrollment event at Factoria Mall), roles must be offered to public health staff first. If unable to fill with Public Health staff, roles may be offered to PHRC **subject to pre-approval by Public Health HR**.
4. PHRC volunteers may not volunteer at public health worksites during regular working hours under any conditions.

Emergencies (defined as a real world mission number assigned by EMD)

1. Same as #1 above
2. Same as #2 above
3. Same as #3 above
4. PHRC volunteers **may** work at Public Health worksites during regular working hours subject to Public Health HR pre-approval.

B. Personnel request process

Public Health may receive requests for personnel via three routes: from within HMAC in support of Public Health ESF-8 response plans; from partners outside the Preparedness Section but within Public Health (e.g. CD-Epi), or from partners outside of Public Health (such as the Washington State Department of Health).

In all cases, the entity requesting personnel must complete and submit the general request form or the request form for healthcare partners either via e-mail, fax, or over phone or radio if digital communications are down.

When staffing requests originate from a PHSKC program, the program and division must have made reasonable efforts to reassign staff within the division before these procedures can be activated.

The Area Commander, Operations Chief, and Finance & Administration (F & A) Chief will determine which categories of personnel should be mobilized based on the specifics of the event, emergency response plans, King County policies and collective bargaining agreements. See VII Concept of Operations, B. Sources and Priority of staffing for more information on categories of personnel. The Workforce Deployment Manager is responsible for letting the requesting entity know that Public Health will seek to fulfill the request, and provide a time estimate for when he or she will be able to confirm the availability of personnel.

Public Health will only deploy personnel in response to requests for assistance outside of King County; it will not allow personnel to self-deploy. Once a personnel request is received, HMAC's F & A Section must work to ensure that an executed Mutual Aid Agreement is in place before deploying personnel to fulfill the request.

Public Health has the authority to deploy personnel in response to requests for assistance within King County, or to support its own operations with King County. In all instances of deploying workforce within the County at the request of non-Preparedness Section staff, Public Health must be in possession of a completed personnel request form.

Attachments:
Request 01 HMAC Staff Request
Request 02 How to Request PHRC for partners
Request 03 Healthcare Staffing Request Checklist
 Request 04 Division Internal Surge Request - Sample

C. Sources and Priority of staffing

There are many sources for staffing that Public Health may seek to deploy.
- Employees of Public Health – Seattle & King County
- Public Health Reserve Corps (PHRC) volunteers. These are individuals who have been vetted, registered and trained to augment response to local emergencies or disasters. There are two classifications of volunteers:
  - Medical volunteer with pre-identified medical skills
  - Support volunteer to fulfill non-medical support functions
- Employees of King County

- Select groups of Public Health employees, PHRC volunteers, and King County employees who are trained members of Public Health emergency response teams.
- Trusted Partners. These individuals are affiliated with organizations with whom Public Health has a prior agreement to accept background checks and license checks, including:
    - Credentialed personnel employed by healthcare facilities within King County
    - Workers mobilized via mutual aid agreements, where those agreements specify that the employing organization is responsible for maintaining background and licensure checks
    - Federal assets, such as Disaster Medical Assistance Teams (DMAT) or Disaster Mortuary Response Teams (DMORT)
- Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) volunteers registered in the Washington State ESAR-VHP program, but not registered with the PHRC program. These volunteers have not gone through a background check.
- Spontaneous unaffiliated volunteers (SUVs). These individuals are not associated with any part of the existing emergency management response system. While important in catastrophic disasters, they are not immediately available for deployment due to lack of background and licensure checks and lack of training.

When response staffing is needed, Preparedness will first identify which emergency response teams are appropriate to assist with the response. Public Health Preparedness will request and prioritize deployment of personnel in this order:
- Public Health response teams (including Public Health staff, King County staff, and PHRC volunteers)
- Public Health staff not assigned to response teams (Staff designated as First Responders or Level 1 staff meaning they perform 24/7 life safety services will typically not be called out for response operations)
- PHRC volunteers not assigned to response teams
- Trusted Partners
- King County staff not assigned to response teams
- ESAR-VHP

Reference:
Overview of PHSKC response teams
Public Health Business Continuity Plan

D. Steps of workforce mobilization process
This section outlines the many components of workforce mobilization. Depending on the incident and whether HMAC is already activated, it could take anywhere from hours to days to identify and mobilize the requested personnel. It will take less time if HMAC is activated and if Public Health response teams are used; it will take up to three business days if either HMAC is not activated or if PHRC volunteers will make up the majority of deployed personnel.

1. Workforce communication
Preparedness or HMAC must alert the Office of the Director before it contacts response team members or other Public Health staff about potential assignments. Team members will be told that they are being contacted because of their membership on the specific emergency response team, and will be given priority for response assignments.

During a catastrophic event Public Health may lose normal communications abilities such as phone or internet. Should that happen Public Health is developing a system to communicate with volunteers and employees via an emergency hub program model, which identifies locations (usually parks or community centers) in neighborhoods that community members know to go to in order to get information. Public Health will work with HAM radio operators to get the necessary information to staff and volunteers congregating at the Hub sites.

Preparedness maintains a phone line to support communication needs during the workforce mobilization process. Procedures for use of the phone line are still in development, but it is envisioned as a line which could serve functions such as:

- providing recorded information to responders about the incident and the workforce mobilization process
- a line where responders can call in and report their availability for work assignments
- a line where responders can check-in / check-out with a virtual process

In order to fulfill requests as quickly as possible and with the appropriate staff, Public Health will use one of many modes of communication to determine personnel availability.

- WASECURES: Used to communicate with a select roster of Public Health employees
- WASERV: Used to communicate with PHRC volunteers
- Direct request (via e-mail): Used to communicate with Public Health Response Teams
- Direct request (via Public Information Contact Center): Used to allow personnel to sign up for assignments during long-term or catastrophic events
- Signup Genius: Used to allow personnel to sign up for shifts during small and short-duration events
- Directions for Public Health responders and volunteers may also be pushed through the media and social media

Attachments:
Assign 02 Notification Message

2. Identity verification and credentialing

Public Health staff must verify the identity of all who are deployed through this plan. For King County and Public Health staff, a County ID card is sufficient to confirm their identity and status as an employee. Some Public Health staff will have been issued responder badges, which are also sufficient to confirm identity. PHRC members have been assigned public health responder badges, which are sufficient for identity verification. Through the PHRC onboarding process, volunteers' licenses have been checked via WASERV and volunteers have undergone background checks by Public Health Human Resources. Trusted volunteers must both be in possession of an ID from their employer as well as documentation as to which qualifications they possess (e.g. RN, ARNP, etc.).

Any SUVs interested in assisting with Public Health operations must submit to Public Health's background check before being deployed to provide assistance at any site with members of the public or sensitive information. If Public Health is accepting SUVs, the VSRC must be activated. In large scale disasters, Public Health may coordinate registration and management of SUVs with King County Office of Emergency Management. Public Health may also elect to temporarily use SUVs in roles which do not involve contact with patients or victims, pending the results of their background check.

In order for PHSKC to accept the identities and credentials of trusted partners, the employing agency must have a Partner Agency Background Check Verification Form on file with Public Health (see attachment), be covered by a mutual aid agreement in which both parties have agreed to background check their workers to a common standard, or be a federal agency deploying resources at the request of HMAC. The purpose of the Partner Agency Background Check form is to verify that the partner's background process is at least as thorough as King County's. If none of the aforementioned conditions apply, PHSKC will use the same process to verify the identity and credentials of the employing agency's staff as it will for other volunteers. Exceptions may be made by the Area Commander depending on the specifics of the event.

Attachments:
Identity 01 Background Check Form w FCRA Disclosure
Identity 02 Emergency Worker Registration Form
Identity 03 Partner Agency Background Check Verification Form
Identity 04: Badge examples
Identity 05: Background Investigation Data
PHAC Assignment 01: Verified Awaiting Assignment
PHAC Assignment 02: Not Verified Awaiting Assignment

3. Matching to available assignments
Personnel will only be matched to positions that they are qualified to fill and that they are comfortable filling. Priority will be given to members of Public Health response teams who have been trained to perform the duties requested.

Public Health's intent is to assign employees to teams or specific roles based on the employee's skills, experience, credentials, training, geographic proximity, and preference. Public Health also strives to keep employees' working conditions the same or similar during emergency deployments by assigning employees to roles which:
- Are located at or near their regular work site or residence
- Have the same work schedule as the employee's regular work schedule
- Have duties similar to those they perform in their day-to-day roles
- When overtime is needed, giving employees the option to accept or decline the overtime

However, during emergencies, it may not be possible for Public Health to maintain the same or similar working conditions for employees being redeployed, and changes in work site, work schedule, duties outside the employee's regular classification, or mandatory overtime may be required with very little notice.

In some instances, response roles may require a very specific skill set. HMAC will typically communicate these skills in the staffing request and allow responders to self-select if they have the needed skills. However, HMAC may also choose to assess responders' proficiency with the needed skill set with a pre-deployment skill survey. These surveys will usually be programmed and managed via survey monkey. An example is included as an attachment.

HMAC will use Sign-up genius or a similar system to track worker availability for potential assignments.

Attachments:
Assign 01: Pre-deployment Skills Survey (sample)

4. Orientation and Role Based Training

All staff deployed to a site will be provided with a site orientation, which is the responsibility of the worksite leadership. If the worksite is HMAC or another Public Health site, providing the orientation will be the responsibility of HMAC staff or Public Health site staff. Personnel deployed to fulfill a role associated with a specific Public Health ESF-8 response plan (e.g. Mass Fatality Response or Medical Countermeasures) will also receive a job action sheet or job checklist that provides further detail. Those who supervise deployed personnel in their emergency assignments will also provide on-site training in their specific roles.

The orientation briefing must include (at minimum):
- Overview of current mission / objectives
- Safety discussion, including personal safety, reporting of concerns, evacuation and reunification procedures
- Overview of organization chart
- Overview of floorplan
- High level summary of work flows / site operations
- Break timing
- Meals and snack availability
- Specific duties
- Use of PPE or other essential equipment provided by worksite
- Responder transportation or parking
- Reimbursement procedures

Attachments:
Safety 02 Safety Briefing Script

5. Badging

All deployed personnel are required to display badges at all times. King County employees must display their King County badges; PHRC members must display their PHRC-issued badges, and trusted partners must display their employee IDs. Additionally at some field operation sites, personnel will be required to display site-specific badges for security purposes.

At Public Health worksites, Public Health will be responsible for providing these site-specific security badges; at non-Public Health sites (such as emergency shelters), the agency responsible for the site is also responsible for providing site-specific security badges. These site specific security badges can be as simple as a sticker affixed to an employee's clothes which bears the date and site name, indicating that the responder is authorized to be at the site that day. Deployed personnel must surrender these site-specific security badges at the direction of site leadership; this may require turning them in at the end of deployment or at the end of each shift, depending on the incident and necessary security level.

Attachments:
Badging 01 Creating a Badge
Badging 02 Approved Badge Titles
Badging 03 Badging Process
Identity 04 Badge Examples

6. Forms to Complete

As part of their deployment, personnel must complete the below attached forms to ensure that Public Health has on hand the most current versions of relevant information.

Personnel	Forms Required for Mobilization
Public Health staff and Public Health Reserve Corps volunteers	• Workforce Confidentiality Agreement for Emergencies * • Consent to Participate in Photographs *
Trusted Partners – healthcare facilities	• Partner Agency Background Check Verification Form • Workforce Confidentiality Agreement for Emergencies • Consent to Participate in Photographs • Emergency Contact Form
Trusted Partners – Mutual aid agreement with background check provision or federal assets	• Workforce Confidentiality Agreement for Emergencies • Consent to Participate in Photographs • Emergency Contact Form
King County staff	• Workforce Confidentiality Agreement for Emergencies • Consent to Participate in Photographs • Emergency Contact Form
ESAR-VHP	• VSRC Registration and Credential Form • FCRA Disclosure and Authorization Statement • Background Investigation Data • Workforce Confidentiality Agreement for Emergencies • King County OEM Emergency Worker Application • Consent to Participate in Photographs
Spontaneous Unaffiliated Volunteers	• VSRC Registration and Credential Form • FCRA Disclosure and Authorization Statement • Background Investigation Data • Workforce Confidentiality Agreement for Emergencies • King County OEM Emergency Worker Application • Consent to Participate in Photographs • Emergency Contact Form

* Completed as part of the onboarding process

Attachments:
Workforce Form 01 Workforce Confidentiality Agreement for Emergencies
Workforce Form 02 Consent to Participate in Photographs
Workforce Form 03 Emergency Contact Form
Identity 01 Background Check Form with FCRA Disclosure
Identity 02 Emergency Worker Registration Form
PHAC 09 Registration Packet
PHAC Forms 12 Registration and Credentials Form

7. Distribution of equipment

Public Health is responsible for providing all equipment to ensure the health and safety of deployed personnel during the course of their deployments, such as personal protective equipment (PPE). Public Health may also provide additional equipment essential to fulfillment of a worker's duties, such as FRS radios, stethoscopes, or reference manuals. Depending on the worksite, Public Health may position necessary equipment at the site, or request that personnel retrieve equipment from a Public Health location such as the distribution center or warehouse. Personnel are responsible for alerting Public Health when distributed equipment has been consumed, is expired or damaged, or is not present where expected. Accountability for equipment will be tracked to assure it is returned to Public Health at the end of the response.

Attachments:
PHAC Forms 06 Equipment Issue

8. Health and Safety

Responder health assessment
HMAC may choose to conduct health screenings of responders prior to deployment. This decision will be made by the HMAC Safety Officer. Exact screening criteria will be determined by the HMAC Safety Officer and included in a Pre-Deployment Health Checklist at the time of the incident. If responder health screenings are implemented, the Safety Officer at the VSRC or the response site will conduct a pre-deployment health assessment using a Pre-Deployment Health Checklist.

For more information on health and safety see *Section G. Workforce Health.*

References:
Health 01 Pre-Deployment Health Checklist (Sample)
Deployment 03 Packing List
Deployment 04 Sample Responder Support Plan

9. Transportation

Transportation within King County
Responders deploying to a site within King County – whether a Public Health worksite, VSRC, or other location -- are responsible for securing their own transportation. This applies to all types of responders, Public Health / King County staff, volunteers, and trusted partners. If routine forms of transportation are not available (e.g. Metro is not operating or certain roads are not passable), Public Health will coordinate transportation.

Deployment and transportation outside King County
Personnel deploying outside King County will not be expected to provide their own transportation to any mobilization or worksite location outside of the county border; Public Health will work with the requesting agency to secure transportation for them, or will provide reimbursement for costs incurred (see Section J: Support for Deployed Personnel) Transportation arrangements for the work assignment will be negotiated with the requesting party via the personnel request process.

Attachments:
Safety 05 King County W9 Form
Safety 06 King County Expense Claim Travel 2016

10. Tracking
The Workforce Mobilization manager will communicate the status and assignment of all deployed personnel to the Resource Tracking Unit of the Planning Section within HMAC, which is responsible for keeping track of all response assets (including personnel) once they arrive on scene.

Attachments:
PHAC Forms 11 Scheduling and Tracking
Deployment 01 Daily Volunteer Status update

11. Maintaining Personnel Accountability
As part of their deployment, personnel will be required to check in with HMAC on a daily basis. If deploying to an HMAC response location within King County, the worksite's check-in/check-out procedures fulfills this requirement. The worksite is responsible for completing the Daily Volunteer Status Update and submitting to HMAC on an agreed upon schedule.

If a VSRC is mobilized, daily check-in and check-out may take place at the VSRC. If deploying to a response location managed by an outside entity, or outside King County, personnel will be instructed for how to check-in, check-out and report status to HMAC.

When deployed to a response location managed by an outside entity, or outside King County, check-ins will take place daily, either by scheduled conference calls, individual calls, or via e-mails. If e-mail is the chosen method for checking in, deployed personnel will check in upon arrival at their site and upon departure. When virtual check-in is used, personnel should either email PHRC or call the Public Health phone number as directed at time of deployment.

Attachments:
Deployment 01 Daily Volunteer Status Update
Deployment 02 Personnel Instructions

Reference:
Mutual aid procedures

12. Demobilization
Personnel who are deployed are expected to stay for the agreed-upon duration, and should not demobilize themselves without discussing it with both the site leader and HMAC. Once personnel have confirmed with the worksite that they are being demobilized they must check back in with HMAC to confirm that they are not needed at another worksite. Once they confirm with HMAC they are to be demobilized they must return home and confirm with HMAC that they have demobilized and made it back to their home.

In some instances, HMAC may choose to conduct responder health screenings prior to demobilization. This decision will be made by the HMAC Safety Officer or Logistics Section / Medical Unit depending on the incident. If responder health exit screenings are to be conducted, the Post-Deployment Health Checklist will be used.

After a response concludes, Preparedness will send to those who assisted with the response a link to a standardized evaluation asking their feedback, lessons learned from the response, and if they would like to

be added to the relevant response team to be called out for similar responses in the future. Response supervisors may also choose to give responders feedback on their performance.

Personnel may need to be demobilized prior to the end of their agreed upon shift or deployment. This could happen because they are called back to duty by their primary employer, or because of an emergency at home. In such instances, the Workforce Deployment manager will coordinate with the response site manager for the responder's extraction. The Workforce Deployment manager will contact the responder or, if unreachable, their supervisor at the site, explain the situation, and assist with transportation if necessary. The HMAC Resource Status Unit is responsible for tracking the location and status of responders as they demobilize from the work-site.

Attachments:
Demobilization 01: Personnel Instructions
Health 02 Post-Deployment Checklist
Demobilization 02 Performance Evaluation

Reference:
Response Evaluation survey on Survey Monkey

E. Workforce Mobilization Locations
The Health and Medical Area Commander will decide whether workforce mobilization activities will be conducted from HMAC, from a response site, from a Volunteer and Staff Reception Center (VSRC), or virtually, depending on the specifics of the incident. The size, scope, and nature of the incident and associated staffing needs will influence this decision.

In smaller incidents, or incidents where personnel are only requested to report to a handful of sites, workforce mobilization will be managed out of HMAC and/or at the response site. Personnel requested through HMAC will receive information on their reporting location and time; staff at the field response site will be responsible for checking in responders and providing information (see Section J: Receiving Workers at the Worksite). These personnel will not be expected to report to HMAC (usually in the Chinook building) before reporting to their worksite.

In larger or complex incidents where staff may be deployed in very large number or to many different worksites, Public Health will open a VSRC, which will be the location where mobilized personnel will report.

If a VSRC is to be activated, the following additional steps will need to occur. These steps do not apply if workforce mobilization will be conducted out of HMAC or virtually.
- Identify location
- Identify staff
- Deliver materials
- Setup facility
- Train and orient VSRC staff
- Communicate VSRC location to potential volunteers
- Maintain ongoing communications between VSRC site and HMAC

VSRC operations will occur in accordance with the *VSRC (formerly PHAC) Operations Manual.*

If a VSRC was opened, the following demobilization steps will also need to occur. These steps do not apply if workforce mobilization was conducted out of HMAC or virtually.

- Notify VSRC and HMAC staff of impending closure
- Breakdown facility and return to its owners
- Pickup and remove equipment and supplies
- Issue public messaging that the VSRC is closed
- Establish a method for ongoing workforce mobilization after VSRC closes

More information on the VSRC is included in *Section VIII. VSRC*

F. Spontaneous Unaffiliated Volunteers

HMAC will use any of the following methods to call for and direct spontaneous volunteers:

- Media Announcements/Press Releases: HMAC's Public Information Officer will distribute press releases to electronic and print media and use the department's website to ask for volunteers to report to the most convenient volunteer registration site. Public Service Announcement (PSAs): HMAC may rely on radio and television PSAs to inform potential volunteers of the location of volunteer registration sites

- Media Appearances: The HMAC PIO may coordinate the appearance of departmental or county leaders on local or national media shows to direct volunteers to the appropriate reception site.

- Voluntary Organizations: There are multiple voluntary organizations – both locally and nationally -- that provide support in times of need, all of which can be called upon to help.

- Social Media: HMAC will rely most heavily on more traditional methods of communications, but it will also consider the use of social media, including Facebook, Twitter and other means to alert potential volunteers to its needs.

References:
PHAC Recruitment 01 Public Requests for Volunteers

G. Security

Public Health takes the security of deployed personnel very seriously, and encourages all deployed personnel to report to site supervisors any security concerns they have during their deployments. Additionally, Public Health takes the following steps to assure the security of personnel participating in response operations:

- Require deployed personnel to sign a confidentiality agreement
- Request deployed personnel to sign a photo waiver as staff may seek to photograph various worksites; personnel who would prefer not to sign the waiver will be provided with some visible marker so that no pictures in which they appear will be distributed outside of the organization taking the photographs
- Require all workers participating in response operations to accept and don visible badges
- Verify the identity and professional credentials of workers participating in the response
- Enforce check-in/out procedures to maintain personnel accountability
- Select response sites based on the ability to maintain appropriate security safeguards (e.g. controlling access to facility)
- Station security personnel at response sites when large crowds or disruptive behavior is anticipated

- Prohibit volunteers from carrying weapons other than pepper spray

Attachments:
PHAC Job Card 05 Entry Control Supervisor
PHAC Job Card 06 Exit Control Supervisor

References:
HMAC Procedures Manual, Logistics Section, SEC 02 Security Contractors

H. Workforce Health

The physical and mental health of deployed personnel is the top priority when deciding whether to deploy staff to a worksite. While Public Health cannot guarantee that deployed staff will not have adverse physical and behavioral health impacts, as the nature of emergencies necessarily means exposure to disturbing and distressing situations, Public Health will make available resources to assist deployed personnel who experience injuries (see section I. Safety and Claims) as well as those who need or want assistance with how to process their experience. The latter is addressed in detail in the King County Disaster Behavioral Health Plan and includes making behavioral health staff available specifically to assist deployed personnel.

In order to assist in ensuring the physical and mental health of deployed personnel, the HMAC Safety Officer may institute pre- and post-deployment health screenings. If instituted, personnel will be required to complete the pre-deployment checklist before deploying to any incident and will be required to complete the post-deployment checklist at the end of their deployment.

Certain deployments may require personnel to be vaccinated before they can be considered for assignments, such as administering measles vaccines to a community facing an outbreak. When vaccinations are recommended or required for a work assignment, potential staff will be notified in the initial deployment request. The notification will advise that certain vaccinations are recommended or required for deployment, and if personnel do not have those vaccinations, they will be advised to obtain them or avoid applying for the mission. The HMAC Safety Officer may also choose to prohibit staff from deploying if s/he cannot provide proof of vaccination.

While Public Health recognizes that those who have been working shifts in response to an emergency usually just want to get home, deployed personnel may be required to rest prior to driving home if their supervisor or the site Safety Officer determines that it would not be safe for them to drive.

Should an incident or accident occur involving an HMAC responder, HMAC will follow Public Health's incident/accident procedures as described below in *I: Safety and Claims*.

If an incident involves exposure to a hazardous substance or other long term health threat, Public Health will conduct long term epidemiological tracking of responders as recommended or required by the Washington State Department of Health and Centers for Disease Control at the time.

For more information on Responder Health, see *8. Health and Safety* above.

Attachments:
Health 01 Pre-Deployment Checklist (sample)
Health 02 Post-Deployment Checklist (sample)

References:
King County Disaster Behavioral Health Plan
Workforce Immunization and Tuberculosis Surveillance Program
TB Symptom Checklist

I. Safety and claims

If deployed personnel have any concerns about the safety of the worksite, they should communicate their concern to their supervisor as well as share them with HMAC. Incidents at worksites will be managed in accordance with King County procedures. After immediate needs are addressed, the safety and claims process is initiated when the site manager completes and submits a Public Health workplace incident reporting form.

Attachments:
Safety 01 Public Health – Seattle & King County Incident/Accident Form
Supervisor's Work Related Illness/Injury Form (available online only)
Safety 02 Safety Briefing Script
Safety 03 Incident Report
Safety 04 Exposure Form
Safety 05 King County W9 Form
Safety 06 King County Expense Claim Travel 2016

References:
Workplace Violence Prevention
Workplace violence Handbook

J. Task Forces

In some situations, deployed personnel will be sent outside of the county. To facilitate the effectiveness of these deployments, as well as to ensure that personnel are supported, Public Health will seek (whenever feasible) to deploy task forces in these instances. The concept behind these task forces is to ensure that the interdisciplinary teams are able to be as self-sufficient as possible.

Each task force comprises a supervisor or manager, someone with purchasing power, someone trained in monitoring responder health, and other personnel. Task forces will typically be interdisciplinary teams tasked with a common mission (e.g. nurses, support staff, and licensed mental health practitioners deployed in support of Family Assistance Center operations located outside King County). In accordance with span of control, task forces will rarely exceed five or six individuals.

Once arriving on-scene, HMAC will assure that responders on assignments outside King County will be paired together or paired with responders from other organizations, so that no responder goes into the field alone until they are familiar with the jurisdiction. Even once familiar with their role and the jurisdiction, no responder will go into the field alone unless judged to be safe and appropriate by the responder and their supervisor.

The type of emergency lodging provided for responders will depend on the severity of the emergency, and could include hotels (with reservations centrally managed by HMAC) or base camps (austere lodging managed by emergency management partners). Additional details are available in PHSKC's emergency lodging procedure.

When task forces are mobilized, roles and functions of team members are as follows:

- Supervisor or manager: Provide overall direction to team personnel. Serve as a liaison between the team and on-site incident management. Maintain continuous communication with HMAC on field conditions and other issues. Monitor safety conditions. Connect team members to appropriate services when worksite incidents occur. Assure negotiated terms of deployment are followed. Maintain accountability for team members.
- Responder health: Monitor team members for stress and use appropriate interventions. Offer medical consultation and referrals for work-related medical issues. Provide basic first aid. Coordinate access to care for injured or ill team members. Report injuries and illness to HMAC.
- Purchaser: Use King County p-card to purchase supplies, equipment, lodging, and services necessary for the team to fulfill its response objectives. Assure King County purchasing policies are followed. Record all p-card purchases in the log provided by HMAC. Provide daily summaries of expenditures to HMAC.

Attachments:
Deployment 04 Responder Support Plan

References:
PHSKC Business Continuity Plan Attachment 17: Emergency Lodging Procedure
P-card procedures

K. Receiving Deployed Personnel at the Worksite
Supervisors at all worksites are required to provide everything that deployed personnel need to perform their assigned tasks. This includes:

- A worksite orientation
- A break room separate from any clients or members of the general public being served by the worksite.
- Job action cards / sheets / checklists detailing the duties of deployed personnel
- Training to perform assigned tasks
- A supervisor and additional point of contact if supervisor is unavailable
- Work-related equipment and supplies (as negotiated in advance between site supervisor and HMAC)
- Oversight of responder health and safety
- Breaks and access to nutritious food and hydration

Additionally, all worksites must report to HMAC when deployed personnel have arrived at the worksite and when they depart. This may be done by the site F & A Section Chief communicating directly to the Workforce Deployment Manager in HMAC, or emailing Health EOC.

HMAC will negotiate with the site supervisor ahead of time to identify the site supervisor's responsibilities for handling time tracking and sign-in for HMAC workers.

Attachments:
Deployment 03 PHRC Sign in sheet
Deployment 04 King County Sign in sheet

L. Information Sharing
Personnel deployed to locations outside of HMAC's control or outside of King County will be asked to share daily information on what tasks they performed as well as any concerns they have to ensure that they are working on common objectives. Communication with HMAC may occur via a team lead, speaking on behalf of a group of responders – or with individual responders. Daily check-in conversations should include the following information:

- What is your overall sense of the incident?
- What did you do there today?
- Are you receiving adequate supervision and support for your activities?
- Do you have a place to stay? Where is it?
- Are you getting fed?
- Are you receiving the supplies and equipment you need to carry out your role? If not, have you asked your supervisor for what you need? Is there anything we can procure for you?
- Have you been told when your assignment will end? Is this a change from the last information you received?
- Is everybody on the team healthy and emotionally fit for duty?
- Any other concerns or observations to support?

When possible, even if teams are not called out for a response, HMAC will share incident situation updates with relevant Public Health response teams to educate them about the types of situations they may be asked to respond to.

Each site with deployed personnel is responsible for completing a daily status update (see attachment Deployment 01), and submitting to Workforce Mobilization Manager within the HMAC Logistics Section. The site's daily status update should be completed by the site manager, the site F & A or Logistics section chief, or an identified member of the deployed team. The Workforce Mobilization Unit within the Logistics Section will roll up information from sites, and also compile additional information on request by HMAC section chiefs as needed to maintain situational awareness.

Attachments:
PHAC Forms 04 Sit Rep

M. Coordination with other HMAC Sections
1. Planning Section
   a. Situation unit – As part of regular situation unit operations, this staff will work with the Workforce Deployment Manager and his or her staff to identify information to track (e.g. number of locations with deployed staff, number of personnel deployed at any time, total number of personnel deployed, type of personnel deployed, general duties of personnel deployed) as well as a schedule for updating that information.
   b. Resource status unit – This unit is responsible for tracking the location of all deployed personnel and their emergency contact information, from the time that they arrive on scene. It is also responsible for facilitating emergency removal of a workforce member when needed (in scenarios such as a family member falling ill, or the worker's gross misconduct); this will be the result of a discussion with the Workforce Deployment Manager and possible the Logistics Section (if transportation is needed).
   c. Demobilization unit – Establishes process for demobilization of staff and other resources

2. Logistics Section
   a. Facilities – If a facility is needed to house the VSRC, the HMAC Logistics Section will be responsible for assisting the workforce deployment manager in the procurement of a location and any additional logistical support needed to set up and maintain operations at the site
   b. Equipment – HMAC Logistics staff are responsible for assisting the workforce deployment manager in ensuring that deployed personnel have access to all necessary equipment, including identified PPE.
   c. Transportation – This unit in HMAC will assist with identifying transportation options for deployed personnel, including possibly returning deployed personnel to their home in inclement weather. This may include Public Health vehicles, King County motor pool vehicles, or King County metro vans among other options.
   d. IT / Technical Communications – This HMAC unit will assist with setting up or procuring any IT and technical communications (e.g. radios, internet) for use at locations where workforce mobilization is occurring (such as the VSRC), until such time as the VSRC or field site is staffed with its own Logistics Section
   e. Deployed personnel medical support – Securing assistance for personnel injured, stressed or traumatized, or taking ill while deployed.
   f. Feeding – If deployed personnel are part of a Public Health field operation (including HMAC), this section will assist in ensuring food is available. Those deployed to operations managed by other organization will receive food from that site.

3. Finance & Administration Section
The HMAC F & A Section is responsible for collecting photo waivers, confidentiality agreements, and information on languages spoken. They are also responsible for tracking costs and time sheets associated with workforce deploying, as well as processing claims for injured workers and expense claims. The F&A section is also responsible for lifting any charge limits or category limits on P-cards being used for the emergency response. Additionally, if support services or supplies need to be procured to allow personnel to deploy, this section is responsible for their procurement.

N. Business Continuity Impacts
The HMAC Business Continuity Operations Section Chief will monitor and report on the impact of workforce mobilization on Public Health level 1 and 2 functions. Mobilization that interferes with Public Health's ability to continue delivering level 1 and 2 functions will be reported to Public Health's Chief of Staff.

Reference:
PHSKC Business Continuity Plan

VIII. Volunteer and Staff Reception Center (formerly the Public Health Activation Center or PHAC)
The Volunteer and Staff Reception Center or VSRC is HMAC's model of a volunteer reception center. It is a specific field operation complete with its own operating procedures and job action sheets to enable HMAC to meet its objectives of large-scale workforce mobilization. The below attachments outline the operations at the VSRC, and may serve as a useful reference for the Workforce Deployment Manager within HMAC when the VSRC is not activated. All sections, policies, procedures, and attachments already outlined within this plan are used at the VSRC, as well as the below listed VSRC-specific forms and procedures.

VSRC Specific Attachments:
PHAC 01 Operations Manual
PHAC 02 Registration Packet
PHAC Assignment 01 Verified Awaiting Assignment
PHAC Assignment 02 Not Verified Awaiting Assignment
PHAC Comms 01 General Message Form ICS 213
PHAC Forms 01 Sign In
PHAC Forms 02 Process Checklist
PHAC Forms 03 Registration Sheet
PHAC Job Card 01 PHAC Manager
PHAC Job Card 02 Assignment Supervisor
PHAC Job Card 03 Communications Supervisor
PHAC Job Card 04 Dispatch Supervisor
PHAC Job Card 05 Entry Control Supervisor
PHAC Job Card 06 Exit Control Supervisor
PHAC Job Card 07 Briefing Leader
PHAC Job Card 08 Reception Leader
PHAC Job Card 09 Recruitment Leader
PHAC Job Card 10 Safety Officer
PHAC Job Card 11 Verification Leaders
PHAC Logs 01 Signage Needs

IX. Policies

Emergency Workers
All volunteer personnel mobilized for response operations must be registered as emergency workers with the State of Washington. For non-employees this is done by filling in "King County Office of Emergency Management Emergency Worker Application". This protection covers the volunteer worker from the time they leave their home to depart for the emergency assignment, until they return safely home (known as "portal to portal" coverage). *Volunteers being paid by their home organization do not receive these protections.* The state of Washington provides benefits stated in the Emergency Worker Law (RCW38.52) and the Emergency Worker Program (WAC118.04). The event must be a State Emergency Management Division authorized mission and the worker must adhere to the responsibilities of the Emergency Worker law (WAC118.04.200).

Pets
Deployed personnel should plan to have someone care for their pets while they are deployed to a response. Unless they are also staying in the shelter in which they are working, personnel should not make use of any pet sheltering located in conjunction with emergency shelters.

Service Animals
Deployed personnel with service animals will be able to take those animals with them on their deployment; and must be prepared to care for them while deployed.

Spontaneous Unaffiliated Volunteers
SUVs will not be deployed to worksites until they have completed a background check. Because resources will be limited, these are the least likely personnel to be deployed through this plan. In certain instances, the

Area Commander may authorize spontaneous volunteers to temporarily work in roles which do not involve contact with patients or victims, pending the clearance of their background check. If the potential volunteer does not clear their background check, they will be dismissed from this temporary assignment. During disasters when the King County Emergency Coordination Center is activated, King County will be responsible for registration and screening of spontaneous volunteers.

Credentialing
All medical personnel working under the direction of the Local Health Officer will need to undergo Public Health's credentialing process.

Records Retention
Documents of individual volunteer includes application for a period of service plus 6 years after Termination of active volunteer service. Volunteer applicants found not accepted or found not eligible application period +1 year.

Interpretation and Translation Services
It is unlikely that translators and interpreters will be available throughout the entire activation of HMAC operations; therefore, all personnel participating in response operations must have the ability to communicate in English. With that said, proficiency in additional languages is welcome and will be used as appropriate in field sites. ASL interpreters will be provided for deaf/hard of hearing responders. HMAC response plans include details on how interpretation and translation services will be provided to patients or victims – which is outside the scope of this plan.

Weapons policy
Personnel are not allowed to bring weapons with them to field sites. Pepper spray is not considered a weapon under the King County weapons policy.

King County Personnel Policies
All response personnel will adhere to King County personnel policies for the duration of emergency response operations, regardless of whether employed by King County or not.

Official Tasks
Personnel should only deploy to sites when they receive confirmation from Public Health; a query for availability does not mean that the personnel who say they are available will be placed in the worksite. Personnel should not self-deploy; doing so negates emergency worker protections.

Minimum Age
Only volunteers who are at least 18 years of age will be accepted and used as volunteers. No minors will be used as volunteers or allowed at any work sites, unless as clients. No child care will be provided for responders' dependents by HMAC or the overseeing organization.

Removal from Assignment
At the request of their supervisor, personnel may be removed if they appear to be a danger to themselves or others, if they are not able to get along with their colleagues sufficiently to perform their assigned tasks, or if they refuse or are otherwise unable to perform their assigned tasks. Depending on the reason for removal, it is possible they may be redeployed to an assignment that is a better fit, but priority will be given to those who have not yet been assigned to a site.

Americans with Disabilities Act
Reasonable accommodations will be made for emergency responders in accordance with the ADA.

X. Demobilization

As operational objectives are met and the need for response personnel decreases, HMAC will begin preparation for demobilization. The decision to demobilize the workforce mobilization plan will be made by the Area Commander in conjunction with the F&A Chief and the Workforce Mobilization Manager. Not all HMAC sites and functions may demobilize at the same time.

Procedures to demobilize individual responders are discussed above in 12. Demobilization.

Reference:
HMAC Demobilization checklist

XI. Responsibilities

A. Public Health – Seattle & King County
   - Maintain response teams
   - Recruit, background check, credential and train medical and support volunteers
   - Manage requests for deployed personnel
B. Washington State Department of Health
   - Maintain WASERV and WASECURES systems
   - Follow workforce deployment plan procedure for requesting personnel from Public Health
   - Facilitate legal and regulatory waivers
   - Coordinate and support inter-county deployments
C. King County Office of Emergency Management
   - Coordinate SUVs during large scale disasters
   - Request mission numbers on behalf of Public Health from the Washington State Emergency Management Division
D. City Offices of Emergency Management
   - Follow workforce deployment plan procedure for requesting personnel from Public Health
E. Northwest Healthcare Response Network
   - Coordinate requests for healthcare personnel in partnership with HMAC
   - Share information on workforce deployment with healthcare partners
F. Healthcare Facilities
   - Complete Partner Agency Background Check Verification form
   - Verify the professional credentials for healthcare personnel deployed by HMAC to their facility to assist with the incident response
   - Integrate healthcare personnel received from HMAC into positions within the Incident Command structure established for the response

XII. Plan Development and Maintenance

This plan was originally developed in 2016, combining what had previously been the PHAC plan and workforce mobilization procedures. It will be updated every three years, or if after it is activated Public

Health identifies significant areas for improvement. The Operations Manager within the Public Health Preparedness Section maintains responsibility for this plan.

XIII. Training and Exercises

It is crucial to the success of this plan that staff members be regularly trained in its implementation, and that table-top and full-scale exercises that might have a workforce deployment component include the procedures as outlined in this plan. It is also crucial that the plan or parts of the plan be shared with those organizations that are expected to play a part in its activation and management.

Over the next three years:
- Public Health Preparedness Staff will receive an orientation of the plan each time significant revisions are made.
- Potential workforce deployment staff will receive topical training on different sections of the plan.
- Facilitated discussions or table-top exercises will be scheduled at regular intervals to validate different components of the plan.
- A functional or full-scale exercise will be held as funding allows or as directed by grant requirements. The next functional exercise will be held as part of the Cascadia exercise in June 2016.

XIV. Authorities and References

RCW 38.52.180 Emergency Workers - http://apps.leg.wa.gov/rcw/default.aspx?cite=38.52
WAC118-04-100 Volunteer Emergency Workers
WAC118-04-200 Responsibilities
WAC 118-04-220 Duty Status
Chapter WAC118.04 - http://apps.leg.wa.gov/WAC/default.aspx?cite=118-04
Washington Administrative Code (WAC) chapter/sections 118-04-080, 100, 180, 200, 220
Washington Administrative Code (WAC) chapter/sections 118-04-080, 100, 180, 200, 220, 240

Attachments:
Authorities 01 RCW 38.52.180
Authorities 02 WAC 118-04-100
Authorities 03 WAC 118-04-200
Authorities 04 WAC 118-04-220
Authorities 05 WAC 118-04-080
Authorities 06 WAC 118-04-240

XV. Attachments

Request 01 Mission Preparation Sheet
Assign 01 Pre-deployment Skills Survey
Assign 02 Notification Message
Assign 03 Collective Bargaining Agreements

Authorities 01 RCW 38.52.180
Authorities 02 WAC 118-04-100
Authorities 03 WAC 118-04-200
Authorities 04 WAC 118-04-220

Authorities 05 WAC 118-04-080
Authorities 06 WAC 118-04-240
Badging 01 Creating a Badge
Badging 02 Approved Badge Titles
Badging 03 Badging Process
Demobilization 01 Personnel Instructions
Demobilization 02 Performance Evaluation
Deployment 01 Daily Volunteer Status Update
Deployment 02 Personnel Instructions
Deployment 03 PHRC Sign In Sheet
Deployment 04 King County Sign In Sheet
Guidelines for PH Surge Staffing Request
Health 01 Pre-Deployment Checklist
Health 02 Post-Deployment Checklist
HMAC Staff Request 2016
Identity 01 Background Check Form w FCRA Disclosure
Identity 02 Emergency Worker Registration Form
Identity 03 Partner Agency Background Check Verification Form
Identity 04 Badge examples
Identity 05 Background Investigation Data
Identity 06 Registered and Credentialed Letter
ICS 2016 Responder Support –Blank
ICS 2016 Responder Support –Example
Intro 01 Glossary
PHAC 01 Operations Manual
PHAC 02 Registration Packet
PHAC Assignment 01 Verified Awaiting Assignment 103
PHAC Assignment 02 Not Verified Awaiting Assignment 103a
PHAC Comms 01 General Message Form ICS 213
PHAC Forms 01 Sign In
PHAC Forms 02 Process Checklist
PHAC Forms 03 Registration Sheet
PHAC Forms 04 Sit Rep
PHAC Forms 06 Equipment Issue
PHAC Forms 11 Scheduling and Tracking Form
PHAC Forms 12 Registration and Credentials Form
PHAC Job Card 01 PHAC Manager
PHAC Job Card 02 Assignment Supervisor
PHAC Job Card 03 Communications Supervisor
PHAC Job Card 04 Dispatch Supervisor
PHAC Job Card 05 Entry Control Supervisor
PHAC Job Card 06 Exit Control Supervisor
PHAC Job Card 07 Briefing Leader
PHAC Job Card 08 Reception Leader
PHAC Job Card 09 Recruitment Leader
PHAC Job Card 10 Safety Officer
PHAC Job Card 11 Verification Leaders
PHAC Logs 01 Signage Needs

PHAC Recruitment 01 Public Requests for Volunteers
PHAC Recruitment 03 Volunteer Process
PHAC Recruitment 04 Deployment Station Worksheet
Request 01 HMAC Staff Request
Request 02 How to Activate the PHRC
Request 03 Healthcare Staffing Request Checklist
Request 04 Division Internal Surge Request - Sample
Safety 01 Public Health – Seattle & King County Incident/Accident Form
Safety 02 Safety Briefing Script
Safety 03 Incident Report
Safety 04 Exposure Form
Safety 05 King County W9 Form
Safety 06 King County Expense Claim Travel 2016
Workforce Form 01 Workforce Confidentiality Agreement for Emergencies
Workforce Form 02 Consent to Participate in Photographs
Workforce Form 03 Emergency Contact Form