Hospital Designated Regional Coordinator (DRC)

And

Hospital Administrative DRC

Orientation Manual

Created: March 2013
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BACKGROUND

The Department of Health and Hospitals (DHH) is designated as the lead state agency for Emergency Support Function (ESF)-8: Health and Medical Services as per the National Response Framework established by the Office of Homeland Security. The DHH Office of Emergency Preparedness (State Health Officer, Dr. Jimmy Guidry and the Executive Director, Dr. Rosanne Prats) has been given the responsibility to insure compliance of the Emergency Support Function (ESF)-8, Health and Medical Services for the State of Louisiana response activities in support of the guidelines set forth in the National Response Framework.

Under the leadership of the DHH Office of Emergency Preparedness and funding through the Health and Human Services (HHS) Hospital Preparedness Program (HPP) Grant, a Designated Regional Coordinator (DRC) Network has been established to assist with regional and state ESF 8 responsibilities. As subject matter experts, the network provides a unique response capability to support the State’s ESF-8 mission.

Executive Council
The Executive Council is composed of individuals from the Department of Health, the Louisiana Hospital Association and the Louisiana State University Healthcare System. The Executive Council ensures programmatic structure of the HPP grant program by which decisions, input, strategic direction and programmatic integrity is maintained. The Executive Council meets at least twice a month on fiscal, budgetary, and programmatic documents.

Department of Health and Hospitals
The Department of Health and Hospitals (DHH) is designated as the lead state agency for Emergency Support Function-8, Health and Medical Services as per the National Response Framework established by the Office of Homeland Security. The DHH Office of Emergency Preparedness (State Health Officer, Dr. Jimmy Guidry and the Executive Director, Dr. Rosanne Prats) has been given the responsibility to insure compliance of the ESF-8, Health and Medical Services for the State of Louisiana response activities in support of the guidelines set forth in the National Response Framework.

Louisiana Hospital Association
The Louisiana Hospital Association (LHA) provides the administration and is the fiduciary agent of the DRC Network. The LHA maintains the administration budget of the DRC network which supports meeting cost, DRC travel expenses and purchases of grant equipment. The LHA also serves on the HHS Advisory Board and provides leadership and guidance in the planning of emergency preparedness grants.

Louisiana State University Healthcare System
The Louisiana State University Healthcare System (LSUHSC) serves on the HHS Advisory Board and provides leadership and guidance in the planning of emergency preparedness grants. LSU’s partnership with DHH and LHA aids in strengthening regional infrastructures in support of public health emergencies.

Advisory Board Committee
The Advisory Board Committee facilitates collaboration with Emergency Management along with local, state and federal grants’ objectives across various emergency preparedness and response grants. The Advisory Board is inclusive of several agencies including MMRS, the Governor’s office of Homeland Security and Emergency Preparedness (GOHSEP); Offices of
Public Health Programs, Behavioral Health, Health Standards Licensing, American Red Cross, as well as representatives from Emergency Medical Services (EMS).

The HPP Grant Advisory Board Committee provides advice/input into the development of regional emergency preparedness plans and monitors implementation efforts. The Committee evaluates intra-hospital plans and inter-hospital plans, and identifies priorities for the allocation of grant dollars.

The Advisory Board is scheduled to meet every quarter. At these meetings, the DRC recommendations are brought before the Advisory Board for vote.

**Role of DRC in ESF 8 Structure**

The DRCs serves as the leadership for each of the nine regions. They lead the region’s process for planning, training, exercises, development, testing, continuous improvement and management of regional hospital response to emergency situations. They also provide input, guidance and help with the overall strategic direction of the grant program. The DRCs provide recommendations to the Executive and Advisory Committees for spending of HPP grant funds based on the regional Hazard Vulnerability Analysis (HVA) and any other needs assessment of the Region.
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Purpose

This Orientation Manual is intended to answer questions and provide an overview of the day-to-day operations of the DRC and Administrative Designated Regional Coordinator (ADRC). It is designed to be a positive tool and aid in their duties.

The policies and procedures presented in this manual shall be effective until otherwise stated. The Executive Council reserves the right to change any of their policies, including those set forth below, at any time. All DRCs will be notified, in writing, of those changes and their effective date. The Executive Committee and/or Advisory Committee, by majority vote, have authority to alter the Orientation Manual.

Mission Statement

The Designated Regional Coordinators prepare for, respond to, recover from, and mitigate disasters, both natural and man-made, while providing leadership and continuum of support and coordination for the citizens of the State of Louisiana in support of the ESF-8 mission.

Job Expectations

The service of all DRCs is on a volunteer, at-will basis. The ADRC however, are paid positions that support the volunteer DRCs. Please refer to Attachment A for the DRC and Attachment B for ADRC Job Descriptions and Qualifications.

DRC Selection Process

DRCs will be selected on the basis of experience, training, personal background, and the potential for growth for the continued success of the DRC Network. There shall be no discrimination based on religion, age, sex, race or national origin.

The goal of the ESF 8 network is to maintain at least one (1) volunteer DRC and one (1) ADRC, who will support the volunteer DRC in his/her duties as DRC, in every region in the State.

When there is an open DRC position in a Region, recommendations to fill the position are requested from the following:

1) Hospital providers within that Region;  
2) Other DRCs in that Region; and  
3) Other DRCs throughout the State.

Interested DRC candidate(s) shall submit an electronic copy of their resume to the Regional Coalition including the DRC and/or Administrative DRC for recommendation. The recommendation of the Regional Coalitions must then be forwarded on to ESF-8 Leadership for final approval. Upon approval of the candidate by the ESF-8 Leadership, the HHS grant staff will send a letter confirming the candidate’s selection along with an invitation to join the Network.

At the preference of the volunteer DRCs, additional DRCs can be selected. The selection of these additional DRCs must be filled in the same manner as the primary DRC. If an additional DRC is added, they must attend all DRC functions. However, each region will only have one
vote at the DRC meeting. No HHS funding will be provided for volunteer positions. Volunteer DRCs will only receive reimbursement for their DRC travel expenses.

Attendance

All DRCs are required to attend scheduled DRC Meetings and other official DRC functions. Should a DRC need to miss a scheduled meeting or function, that DRC should contact his/her HHS grant staff and/or other DRC or ADRC to ensure regional coverage at all DRC meetings and functions. If both/all DRCs in a region are unable to attend a DRC meeting or function, those DRCs should send a delegate to represent that region.

DRCs missing more than three (3) DRC Meetings consecutively and/or five (5) DRC Meetings per year, at the vote of the DRC Network can be removed from volunteer service. DRCs with excessive absences and voted by the DRC Network for removal from service, will be sent a certified letter sent from the HHS grant staff asking for corrective action from the DRC or the DRCs resignation.

Communications/Notifications

During a response, communications regarding the incident or event, resources needed, etc. will be provided through communication linkages at the State and regional levels as the event or incident requires. The Communication Process will be directed by Louisiana ESF-8 leadership and regional partnerships. Please refer to Attachment C for DRC Communication/Notification Process.

The DRC acts as the regional point-of-contact and will disseminate information from local, regional, state and federal ESF-8 Partners to the appropriate group(s). DRCs are required to communicate and notify all hospitals and any other emergency partners as needed in their regions. DRCs coordinate response activities on a regional basis and assist other DRCs and state partners as needed.

DRCs should strive for professionalism in all communications. Communications are to be clear and concise, both in content and verbiage. DRCs are asked to monitor their cell phones and emails for DRC notifications and communications. Under emergency situations, DRCs are asked to closely monitor their 700/800 MHz Radios, cell phones and emails. During emergency situations, ESF-8 Leadership will strive to send multiple forms of communication (email, text, telephone calls, etc.) and notifications to ensure all DRCs receive needed information in a timely manner. DRCs shall also participate in a weekly statewide ESF-8 Radio Roll Call. The ESF-8 Radio Roll Call information can be found under Attachment D.

DRC contact information will be updated at least quarterly and disseminated to the group. DRCs will be asked to provide and update the following information. For the DRC contact list, please refer to Attachment E.

- DRC Full Name
- DRC Employer
- Mailing Address
• Physical Address (if different from the Mailing Address)
• Work Phone
• Cell Phone
• Fax Number
• Home Phone
• Pager Number
• Email Address

DRC Conduct

It is essential for orderly, safe, and efficient operations that certain rules and regulations be established for the guidance of all. Appropriate action will be taken if any DRC violates any of the following rules while conducting DRC duties, which may include immediate dismissal. This list is not intended to be all-inclusive.

a. Excessive or unexcused absences from DRC functions.
b. Abandonment of DRC duties.
c. Falsification of DRC records, skills certificates, credentials, etc.
d. Unauthorized dissemination of confidential or sensitive information as spelled out in the DRC’s Confidentiality Agreement.
e. Willfully destroying or defacing HHS Grant equipment.
f. Any act that seriously injures or tends to injure the best interest of the DRC Network, and,
g. Any unlawful act

The DRC should be courteous and conduct himself/herself in a highly professional manner at all times. DRCs should be aware of and sensitive to any behavior that is offensive to others. The DRC will, at all times, portray the highest ethical standards.

DRCs will be identified by their ESF 8 picture ID card when performing the duties of a DRC. It is encouraged that the uniform worn (shirt, jacket) with the ESF 8 seal must be red, white or navy.

Resignation

DRCs are free to resign at any time, for any reason. For a voluntary resignation, DRCs are asked to give at least a two (2) week notice to the Regional Coalition and HHP Grant Staff. Resigning DRCs in good standing with the DRC Network are also asked to assist the DRC Network in suggesting possible replacements for his/her vacated position.

For non-volunteer situations, the Executive Committee, by majority vote, is free to conclude the ADRC relationship at any time, for any reason not prohibited by law, with notice.

Nothing herein shall be construed as an expressed or implied promise of continued ADRC service if you adhere to the policies stated herein.

Reporting Concerns or Other Incidents

Any DRC who wants to report an incident of unlawful behavior should promptly report the matter to the HHP Grant Staff. DRCs may raise concerns and make reports without fear of reprisal.
Anyone engaging in sexual or other unlawful behavior will be subject to termination of DRC status. In general, all DRCs will be expected to provide a positive image and conduct themselves in a professional manner at all times.

DRC Liability Protection

All DRCs are required to sign a State Volunteer Liability Form, see Attachment F. The Liability Protection waiver provides services to or on behalf of the State of Louisiana through the LDHH during a state declared disaster or emergency.

The ADRC are expected to sign a Cooperative Endeavor Agreement to assist DHH in its role as ESF-8 in the preparation for an incident and/or event that is subject to a declaration of emergency by the State of Louisiana; ensure that the appointed Administrative DRC staff person participates fully in the functions of emergency preparedness managed by ESF 8; and during a declared state of emergency by the State of Louisiana, the Administrative DRC reports to ESF-8 for direction and incident command.

Conflict of Interest

As a volunteer of the State of Louisiana, the DRC’s primary responsibilities are to the State, the DRC Network and ESF-8. It is essential that DRC volunteers treat information about any provider, ESF-8, DRC’s, suppliers, internal operations, and internal records, with absolute confidentiality. Additionally, the DRC’s personal relationships should in no way compete with, or compromise, the State, the DRC Network or ESF -8 interests. The following guidelines, when strictly adhered to, will help you avoid situations where a conflict of interest could occur:

a. Do not accept gifts or other favors of value, which are offered as a result of carrying out your duties as a DRC.

b. Do not divulge internal information, statistics, records, or operating methods to anyone outside of the DRC Network.

c. Cooperate with the DRC Network in resolving any possible conflict situation involving yourself or your family.

By observing these guidelines, you will protect yourself and the DRC Network from difficulties and/or legal repercussions, which naturally result from a conflict of interest.

DRC Expense Reimbursements

The DRCs may be reimbursed for their travel to DRC meetings and/or any other event/meeting that your attendance has been requested. For travel within your regions, the DRCs should use their regional ADRC contracts for reimbursement. To request reimbursement, DRCs should follow the State Reimbursement Process located use the State’s Travel Guide and Reimbursement Forms located in Attachment G.

For out-of-state travel, the DRCs should first seek approval through the HHS grant staff to ensure reimbursement is available.
Loaning of HHS Grant Equipment to DRCs

The DRCs may be assigned HHS purchased equipment and/or supplies. All DRCs will be required to sign Equipment Forms for issued equipment so that equipment can be properly inventoried. The HHS grant staff will be responsible for executing and maintaining equipment forms for all equipment and supplies. See Attachment H for the Equipment Form.

Resigning and/or terminated DRCs must return all assigned DRC equipment to the HHS grant staff within 30 days of resignation/termination. Equipment may be reassigned as needed at the request of the lessor.

The DRCs are to inspect all assigned equipment prior to use. If damage is found, the DRC should inform HHS grant staff so that it can be noted on the Equipment Form prior to it being loaned out. If for some reason equipment is later damaged, lost or stolen, the DRC will be asked to provide a written statement of such to the HHS Grant Staff within 15 days of incident. The statement will be filed along with the equipment form.

Regional Assets

Some regions have opted to purchase regional assets such as Western Shelter Tents, Morgue Trailers, Decontamination Equipment, etc. Although equipment may be housed at a local hospital or other facility within the region, the DRCs play a vital role in ensuring regional equipment is maintained, rotated and inventoried as needed.

The lease of this equipment to hospitals and other support agencies is at the discretion of the DRC and ADRCs. The DRC should first determine if there is a local or regional need before loaning equipment outside of the region. The ESF-8 Leadership, however, reserves the right to direct the use of equipment as needed.

Facilities may request the use of equipment by contacting the DRC, ADRC or a representative of the Regional Coalition. If the asset is available, a Lease Agreement, found in Attachment I should be completed and kept on file. Lessee/lessor will complete a written pre-event asset inspection and upon return of the asset both parties will complete a post event written asset inspection of the asset(s). Some larger assets will have specific care and maintenance tasks for the lessee to complete before asset return. Assets should to be picked up, transported and returned by the lessee.

DRC Shirts

ESF 8 shirts are available to DRCs for ordering. However, the ESF 8 logo may also be placed on shirts that are purchased by the DRCs. All ESF 8 uniforms must be red, white and/or navy. There are no exceptions. To order shirts or jackets, please use the order form in Attachment J.
ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Hospital DRC Orientation Manual. I have read, understand, and agree to be bound by the contents of this manual. I understand that this handbook is descriptive only and is not intended to create a contract of service, as it relates to our at-will policy. The DRC Network at its sole discretion may modify the statements made herein at any time. I further understand that the DRC Network has the sole discretion to determine the duration of my service and may terminate my DRC status without notice and without reason and any oral representations to the DRC are null and void.

This manual replaces and supersedes all earlier versions.

SIGNED: __________________________________________

DATE: __________________________________________

PRINT NAME: __________________________________________

PRINT TITLE: __________________________________________

This acknowledgment is to be signed by each DRC. Original signed acknowledgment is to be filed with the HHS Grant Staff.
Attachment A – Volunteer Hospital Designated Regional Coordinator
Job Description

Position Overview: The volunteer Hospital Designated Regional Coordinator will serve as a liaison for the hospitals within your respective regions and lead the region’s process for the development, testing, continuous improvement and management of emergency management activities for their regional hospitals. The volunteer DRC will also serve as a member of the Emergency Support Function (ESF) 8 regional healthcare coalition and assist, facilitate and implement the Hospital Preparedness Program (HPP) grant capability planning guides (CPGs) and other essential job functions as provided below.

Qualifications: Previous experience in Emergency Management, hospital preparedness and a working knowledge of hospitals within the designated region are basic requirements for the position. Must have working knowledge of the Incident Command System including National Incident Management System courses IS 100, 200, 700, 800, 300 and 400 and knowledge of all federal, state, and local regulations and guidelines regarding emergency operations plans and programs. It is preferred that candidate is familiar with The Homeland Security Exercise and Evaluation Program (HSEEP), which provides a standardized policy, methodology, and terminology for exercise design, development, conduct, evaluation, and improvement planning. Knowledge of Microsoft Office applications, experience in operational problem solving/decision making and a desire to perform the functions and duties of the role is critical.

Knowledge of Microsoft Office applications, experience in operational problem solving/decision making and a desire to perform the functions and duties of the role is critical.

Essential Job Functions:

- Serve as the voice of hospitals within their region to ensure regional plans are developed to meet the needs of the facilities within the region.
- Communicate, coordinate and facilitate the regional Hospital Preparedness “Round” meetings.
- Assist with regional HPP grant activities including regional radio roll calls, communication of survey implementation, and all other grant related activities, if needed.
- Collaborate with local, regional, and state entities in support of strengthening regional infrastructure (such as but not limited to: Metropolitan Medical Response System, Medical Reserve Corps, Emergency Medical Service, Office of Public Health, Office of Homeland Security, etc.).
- Represent the regional hospitals in local, regional and state emergency planning activities.
- Attend Hospital Preparedness Program (HPP) DRC meetings. Contribute ideas to the grant planning process and identify inconsistencies among plans and propose corrective action measures.
- Foster the continued development of the Special Needs Sheltering regional plans.
- Assist in the coordination and execution of regional training programs, including seminars, community drills, and on-site programs when needed. Participate in After Action Reviews and provide copies to HPP staff for regional exercises.
- Develop, manage and foster the development of inter-hospital two-way radio communications via weekly roll calls.

- Facilitate the development of a 3-day emergency on call roster.

- Provide group notifications and updates to regional hospitals and appropriate entities via email and/or ESF 8 portal.

  **DRC Job Description – Revised March 2013**

- Assist in the development and/or implementation of regional plans in accordance with the HPP Capability Planning Guides which includes, but is not limited to, pandemic flu, CHEMPACK, and CBRNNE plans.

- Assist with development of regional Hazard Vulnerability Assessments.

- Assist with the development, facilitation and sustainment of the regional coalitions.

**Emergency Functions:** In emergency situations, the DRC will perform the following functions:

- Respond to a declared state of emergency by reporting to the local or regional Emergency Operations Center (EOC) and/or other site designated for response.

- Serve as the voice of all participating hospitals in the region and make decisions about the deployment of regional hospital resources during the incident.

- Collect and communicate critical information concerning the availability of hospital resources (i.e. bed inventory, resources, supplies, and staffing) as well as the request for resources by hospitals within the region to the local EOC and to the ESF 8 cell at the State EOC during an incident.

- Coordinate the deployment of regional hospital assets and facilitate the delivery of requested resources (i.e. volunteers, supplies, and medical equipment) to hospitals and/or to regional response sites during an incident.

**Selection Process:** The successful candidate will be elected by the regional oversight committee which represents the hospitals within that region(s). One vote per hospital is acceptable. The oversight committee may have non-hospital membership; however, majority of hospital representation will take precedence over non-hospital representation if a situation arises where votes are equal.

**Removed CPGs and added as Attachment K**

**Capability Planning Guides (CPGs):** Under the auspice of the HPP grant, the Administrative DRC will assist with the implementation in the development and coordination of the following CPGs.

- CPG 1. Develop, refine, and sustain Healthcare Preparedness Coalitions.
- CPG 3. Integrate Healthcare Coalition with State Emergency Operations Center.
- CPG 5. Coordinate Fatality Management operations within hospitals and other healthcare...
organizations to ensure the proper handling, recovery, transportation, tracking, and storage of remains.

- **CPG 6.** Participate in Information Sharing that provides situational awareness updates regarding the status of healthcare delivery for the creation of a common operating picture.
- **CPG 10.** Increase Medical Surge within the community for the evaluation and care of patients during incidents.
- **CPG 14.** Develop Responder Safety caches (personal protection equipment and pharmaceuticals) as well as decontamination teams to respond to emergency situations.
- **CPG 15.** Coordinate Volunteer Management activities to support the Healthcare Coalition and respective healthcare organizations in the identification, recruitment, registration, credentials, and training of volunteers in response to incidents.

*DRC Job Description – Revised March 2013*
Attachment B – Hospital Administrative DRC Job Description

Position Overview: To support the volunteer Hospital Designated Regional Coordinators (DRC) in their efforts to assist, facilitate and implement the Hospital Preparedness Program (HPP) grant capability planning guides (CPGs) and other essential job functions as provided below. Under the direction of the volunteer DRC and/or regional hospital advisory group, the Administrative DRC will serve as part of the Emergency Support Function (ESF) 8 regional healthcare coalition and serve as a liaison for the hospitals within their respective regions. This position will be funded and renewed annually.

Qualifications: Previous experience in Emergency Management, hospital preparedness and a working knowledge of hospitals within the designated region are basic requirements for the position. Must have a working knowledge of the Incident Command System including National Incident Management System courses IS 100, 200, 700, 800, 300 and 400 and knowledge of all federal, state, and local regulations and guidelines regarding emergency operations plans and programs. It is preferred that candidate is familiar with The Homeland Security Exercise and Evaluation Program (HSEEP), which provides a standardized policy, methodology, and terminology for exercise design, development, conduct, evaluation, and improvement planning. Knowledge of Microsoft Office applications, experience in operational problem solving/decision making and a desire to perform the functions and duties of the role is critical.

Knowledge of Microsoft Office applications, experience in operational problem solving/decision making and a desire to perform the functions and duties of the role is critical. Strong administrative, presentation and communications skills are a must.

Essential Functions:

- Communicate, coordinate and facilitate the regional Hospital Preparedness “Round” meetings.

- Ensure regional HPP grant activities are met including expenditure tracking and receipt collection for regional projects, survey implementation, hospital site visits, regional radio roll calls and all other grant related activities.

- Collaborate with local, regional, and state entities in support of strengthening regional infrastructure (such as but not limited to: Metropolitan Medical Response System, Medical Reserve Corps, Emergency Medical Service, Office of Public Health, Office of Homeland Security, etc.)

- Represent the regional hospitals in regional and state emergency planning activities.

- Attend and/or represent DRC at HPP DRC meetings. Contribute ideas to the grant planning process and identify inconsistencies among plans and propose corrective action measures.

- Foster the continued development of the Special Needs Sheltering regional plans.

- Conduct hospital surveys for needs assessment and planning purposes.

- Assist in the development of regional training programs, including seminars, community drills, and on-site programs when needed. Ensure development of After Action Reports (AAR) for regional exercises.
- Develop, manage and foster the development of inter-hospital two-way radio communications via weekly roll calls.

- Facilitate the development of a 3-day emergency on call roster.

- Provide group notifications and updates to regional hospitals and appropriate entities via email and/or ESF 8 portal.

**ADRC Job Description – Revised March 2013**

- Assist, develop and/or implement regional plans in accordance with the HPP Capability Planning Guides which includes, but is not limited to, pandemic flu, CHEMPACK, and CBRNNE plans.

- Assist with development of regional Hazard Vulnerability Assessments.

- Assist with the development, facilitation and sustainment of the regional coalitions.

**Emergency Functions:** In emergency situations, the Administrative DRC will perform the following functions as directed by DRC and/or regional hospital oversight committee:

- Respond to a declared state of emergency by reporting to the local or regional Emergency Operations Center (EOC) and/or other site designated for response. Serve in a supportive role for the Designated Regional Coordinator in real-time decision-making.

- Serve as the voice of all participating hospitals in the region and make decisions about the deployment of regional hospital resources during the incident.

- Collect and communicate critical information concerning the availability of hospital resources (i.e. bed inventory, resources, and staffing) as well as the needs of the hospital within their region to the local EOC and to the ESF 8 cell at the State EOC during an incident.

- Coordinate the deployment of regional hospital assets and facilitate the delivery of requested resources (i.e. volunteers, supplies, and medical equipment) to hospitals and/or to regional response sites during an incident.

**Selection Process:** The successful candidate will be elected by the regional oversight committee and/or DRC which represents the hospitals within that region(s). One vote per hospital is acceptable. The oversight committee may have non-hospital membership; however, majority of hospital representation will take precedence over non-hospital representation if a situation arises where votes are equal.

**Removed CPGs and added as Attachment K**

**Capability Planning Guides (CPGs):** Under the auspice of the HPP grant, the Administrative DRC will assist with the implementation in the development and coordination of the following CPGs.

- CPG 1. Develop, refine, and sustain Healthcare Preparedness Coalitions.
- **CPG 3.** Integrate Healthcare Coalition with State *Emergency Operations Center.*
- **CPG 5.** Coordinate *Fatality Management* operations within hospitals and other healthcare organizations to ensure the proper handling, recovery, transportation, tracking, and storage of remains.
- **CPG 6.** Participate in *Information Sharing* that provides situational awareness updates regarding the status of healthcare delivery for the creation of a common operating picture.
- **CPG 10.** Increase *Medical Surge* within the community for the evaluation and care of patients during incidents.
- **CPG 14.** Develop *Responder Safety* caches (personal protection equipment and pharmaceuticals) as well as decontamination teams to respond to emergency situations.
- **CPG 15.** Coordinate *Volunteer Management* activities to support the Healthcare Coalition and respective healthcare organizations in the identification, recruitment, registration, credentials, and training of volunteers in response to incidents.

*ADRC Job Description – Revised March 2013*
Attachment D – ESF 8 Radio Roll Call List

<table>
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<tr>
<th>CT</th>
<th>REGION</th>
<th>COORDINATOR</th>
<th>FACILITY</th>
<th>RADIO ID</th>
<th>CHANNEL</th>
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<td>DHH</td>
<td>Rosanne Prats</td>
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<td>Louisiana Hospital Association</td>
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<td>Asha Green</td>
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*ESF 8 Radio Roll Call List*
### Attachment E – DRC Contact List

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<td>Rosanne Prats</td>
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<td>Louisiana Hospital Association</td>
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<td>504-897-</td>
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<td>Allyn Whaley-Martin</td>
<td>Our Lady of the Lake RMC</td>
<td>225-765-</td>
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<td><a href="mailto:allyn.whaley-martin@ololrmc.com">allyn.whaley-martin@ololrmc.com</a></td>
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<tr>
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<td>Connie DeLeo</td>
<td>Baton Rouge General</td>
<td>225-387-7852</td>
<td>225-572-9658</td>
<td><a href="mailto:connie.deleo@brgeneral.org">connie.deleo@brgeneral.org</a></td>
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<tr>
<td>2</td>
<td>John Germany</td>
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<td>225-358-1155</td>
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<td>3</td>
<td>Percy Mosely</td>
<td>Terrebonne General Medical Center</td>
<td>985-873-4271</td>
<td>985-804-5275</td>
<td><a href="mailto:percy.mosely@tgmc.com">percy.mosely@tgmc.com</a></td>
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<td>Kim Beetz</td>
<td>Region 3 ADRC</td>
<td>985-413-2859</td>
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<td><a href="mailto:region3drc@yahoo.com">region3drc@yahoo.com</a></td>
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<td>Anjanette Hebert</td>
<td>Lafayette General Med Ctr</td>
<td>337-289-7441</td>
<td>337-654-2662</td>
<td><a href="mailto:ahebert@lgmc.com">ahebert@lgmc.com</a></td>
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<td>Liz Harmon</td>
<td>Region 4 &amp; 5 ADRC</td>
<td>337-570-4230</td>
<td>337-570-4230</td>
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<td>Scott Kyle</td>
<td>CHRISTUS St. Patrick of L.C.</td>
<td>337-491-7525</td>
<td>337-274-2898</td>
<td><a href="mailto:jeron.kyle@christushealth.org">jeron.kyle@christushealth.org</a></td>
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<td>Randy Favre</td>
<td>West Calcasieu Cameron Hospital</td>
<td>337-527-4358</td>
<td>337-476-9133</td>
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<td>E.A. Conway Medical Center</td>
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AGREEMENT TO VOLUNTEER SERVICES DURING A DISASTER OR EMERGENCY

This agreement is between the State of Louisiana through the Department of Health and Hospitals (hereinafter referred to as “LDHH”) and ________________________________ (hereafter referred to as “Volunteer”).

Volunteer agrees to provide services to or on behalf of the State of Louisiana through LDHH during a state declared disaster or emergency. Volunteer agrees and understands that he/she will not receive monetary compensation from LDHH for his/her services.

LDHH agrees to accept the services of Volunteer. Volunteer agrees to serve under the supervision and direction of LDHH, and to abide by all applicable LDHH policies, rules, and regulations, including policies concerning the HIPAA Privacy Rule. If pre-registered through the LAVA system, Volunteer acknowledges that s/he has reviewed LDHH HIPAA Privacy Policy numbers 1-3. Volunteer also agrees to abide by all reasonable rules, restrictions, and policies of any disaster relief organization or entity to which Volunteer might be assigned or deployed by LDHH.

Volunteer expressly affirms that, to the best of Volunteer’s knowledge, s/he does not have any communicable diseases.

If the Volunteer is providing services within his/her given health care professional discipline and scope of practice, then by signing this agreement the Volunteer acknowledges that s/he has current credentials and/or professional licenses.

LDHH and Volunteer agree that Volunteer, to the extent allowed by law, shall be considered as an employee of LDHH for the limited purposes of indemnification and immunity for any actions that may arise in the course and scope of Volunteer’s assigned duties.
Volunteer acknowledges receipt of the LDHH handout entitled “Information on Liability Protection for Volunteers in Emergency Situations” (revised 8/27/2008).

Volunteer agrees to be responsible for any actions that are not directly related to the performance of his/her volunteer assignment(s).

LDHH and Volunteer agree that the Volunteer’s service may be immediately terminated at any time by either LDHH or Volunteer.

VOLUNTEER:

Volunteer Name: _______________________________________________________  
Volunteer Signature: ______________________________________ Date______________

If Volunteer is under 18 years of age, the Parent/Guardian of Volunteer must consent:

Parent/Guardian Name: ____________________________________________________  
Parent/Guardian Signature: ______________________________________ Date______________

LDHH REPRESENTATIVE:

Name: __________________________________________________________________  
Signature: __________________________________________ Date_______________________________
Attachment G – DRC Travel Reimbursement Policy & Reimbursement Form

DRCs are only reimbursed for their travel to DRC meetings and/or any other event/meeting that your attendance has been requested. ADRCs should use their regional ADRC contracts for reimbursement for travel within your regions. For out-of-state travel, DRCs and ADRCs should first seek approval through the HHS grant staff to ensure reimbursement is available.

To request reimbursement, DRCs should:

1. Gather the information needed to complete your travel request.
   a. **Mileage** - If claiming mileage, you may provide your odometer reading or a Map Quest or Google directions that detail your travel. If using a Map Quest or Google directions, you must enter your starting and your destination address along with any other points you traveled along the way to obtain the total miles. For reimbursement rate, please refer to the State Travel Guide.
   b. **Meals** - Meals for single day travel are not reimbursable. To seek reimbursement for meals, please use the State Travel Guide for meal stipend rates and eligibility.
   c. **Lodging** – Receipts must be provided for lodging. Please refer to the State Travel Guide for allowable lodging rates. Please note that lodging rates are different for each city and/or state.
   d. **Other expenses** – Other expenses include internet charges, hotel phone charges, rental car and/or gasoline for rental car, parking and transportation. For these expenses, refer to the Travel Guide on whether or not receipt(s) or needed and for the reimbursement rates.

2. Complete Travel Expense Reimbursement Form.
   a. Start with Page 2 of the expense request first. Be sure to include the time you begin traveling and the time your return back home or to your job on Page 2. Travel times must be included to claim reimbursement for any meals because you must be on the road at least 12 hours to claim any meal reimbursement.
   b. Using the information you entered on Page 2, complete your Travel Expense/Reimbursement Request Form. Be sure to sign under “Certificate of Payee”.

3. Scan/email or fax all the documents within fifteen (15) days after event to the HHS Grant staff to be process for payment. Fax number is (225) 927-1230.
Attachment H - Equipment Form (700 MHz Radio and/or Laptop)

THIS AGREEMENT is made and entered into this __th day of ____, 20__, by and between_________________________________ (USER), and Louisiana Hospital Association (OWNER).

A. LOCATION AND DESCRIPTION: Please indicate the type of equipment below.

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<th>□ 700 MHz radio</th>
<th>□ Laptop</th>
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<td>Serial Number :</td>
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<tr>
<td>LHA Number:</td>
<td>LHA Number:</td>
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<td>Model Number:</td>
<td>Model Number:</td>
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As the Hospital Designated Regional Coordinator for Region ____, I, ____________________________________ accept responsibility for the care and maintenance of the above equipment.

B. TERM: This agreement shall continue on a “month to month” basis commencing on date of signature and continuing until USER gives a 30 thirty day notice that the contract should be terminated. The term of this agreement shall be effective as of the date on which it was signed by the last of the Parties.

C. RESPONSIBILITIES OF USER: USER agrees to make every effort to properly handle the 700 MHz radio and to return radio upon leave of position stated above. In addition, USER agrees not to use radios for commercial purposes. In particular, you agree not to sell or trade radio for money or in exchange for goods and services.

D. INDEMNITY AND LIABILITY: To the extent such liability, claims, or damages is caused or contributed to by the intentional or negligent act or willful misconduct of USER or its employees or representatives during the performance of the work under this Agreement and to the extent permitted by law, USER hereby agrees to indemnify and hold harmless the Department of Health and Hospitals and the Louisiana Hospital Association, their officers, agents and employees from any and all liability, claims, damages, costs and expenses, including attorney fees, for injury to or death of persons, or damage to or destruction of property.

Acknowledged and agreed by:

USER

Print Name

Signature

Name of Organization

Date

OWNER

Print Name

Signature

Louisiana Hospital Association

Name of Organization

Date
Attachment I – Regional Equipment Lease Agreement

(Insert Regional Lease Agreement Here)
Attachment J – DRC ESF 8 Shirt Order Form

DRC Name: ________________________________________________________________

DRC Contact #: __________________________________________________________

DRC Mailing Address: __________________________________________________________

City, State, Zip: __________________________________________________________

ORDER FORM

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Submit Order Form to:
HHS Grant Staff
Fax: 225-927-1228

*Price: Admin DRC will place order and give the DRC a total cost of their order.

Sample Form:

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Attachment K – Capability Planning Guideline (CPGs)

Capability Planning Guidelines (CPGs):
- CPG 1. Develop, refine, and sustain Healthcare Preparedness Coalitions.
- CPG 3. Integrate Healthcare Coalition with State Emergency Operations Center.
- CPG 5. Coordinate Fatality Management operations within hospitals and other healthcare organizations to ensure the proper handling, recovery, transportation, tracking, and storage of remains.
- CPG 6. Participate in Information Sharing that provides situational awareness updates regarding the status of healthcare delivery for the creation of a common operating picture.
- CPG 10. Increase Medical Surge within the community for the evaluation and care of patients during incidents.
- CPG 14. Develop Responder Safety caches (personal protection equipment and pharmaceuticals) as well as decontamination teams to respond to emergency situations.
- CPG 15. Coordinate Volunteer Management activities to support the Healthcare Coalition and respective healthcare organizations in the identification, recruitment, registration, credentials, and training of volunteers in response to incidents.