

POLICY NUMBER: 65.2

SUBJECT: DHH Emergency Preparedness Policy (All Hazards Response)

CONTENT: Policy on Responsibilities of DHH Offices in the Event of a Disaster/Emergency (All Hazards Response)

EFFECTIVE DATE: Issued: August 1, 1983  
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INQUIRIES TO: DHH Emergency Preparedness Director  
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I. STATEMENT OF PURPOSE, SCOPE AND APPLICABILITY

The Department of Health and Hospitals (hereafter "DHH") is committed to working in concert with the Governor's Office of Homeland Security and Emergency Preparedness (hereafter "GOHSEP") to protect the life, health and property of Louisiana citizens in the case of emergency/disaster. DHH acknowledges the Louisiana State Emergency Operations Plan (hereafter "LEOP") as the official operational guide for responding to emergencies/disasters. This policy is applicable to all DHH employees, Offices, Bureaus, Programs and Sections.

**Note: Failure to comply with any part of this policy may result in disciplinary action up to and including dismissal.**

II. DHH EMPLOYEE RESPONSIBILITIES DURING AN EMERGENCY/DISASTER (ALL HAZARDS RESPONSE)

**In emergency/disaster conditions all DHH employees shall be available and accept the following responsibilities and all other assigned emergency/disaster operations duties. Failure to do so may result in disciplinary action up to and including dismissal.**

- A. **In the event of an emergency/disaster, all DHH employees are hereby directed to remain in their parish of residence for the duration of the event unless they are domiciled in another parish and required to report for regular duty in their domicile or they are pre-assigned to report for emergency/disaster duty in another parish (in which case they shall report for emergency/disaster duty as assigned).** Should there be an evacuation order proclaimed by the parish, employees residing or domiciled in that parish must immediately contact their supervisors for instructions regarding activation and deployment.
- B. All DHH Staff, regardless of official domiciles and titles, will be expected to provide support/care within their experience and current training in a DHH designated medical operation (MSNS, EOC, Transportation Triage, etc.) or other state emergency/disaster operation. The timing and extent of involvement will be determined by the State Health Officer.
- C. Employees assigned to emergency/disaster duty may be required to work up to and including 12-hour shifts during an emergency/disaster.
- D. 24-hour Response Capability  
DHH will maintain 24-hour response capability for emergency/disaster operations. In order to accomplish this, DHH will establish, test and maintain a recall system for assuring immediate communications with DHH employees.
1. Each office, bureau, program and section will maintain a current personnel roster in order to establish immediate communications.
  2. All DHH employees are responsible for keeping current their office number, home number, cellular number, pager number and personal e-mail addresses with their supervisors. Should employees be unavailable through these communication modes, they must notify their supervisor of their whereabouts and how they can be contacted.

3. All DHH employees contacted through the recall system will be notified whether they must be available to report to their duty stations or elsewhere.
4. For planning and deployment purposes, team development specific to emergency/disaster planning shall be implemented (e.g. Team A through D). Emergency/disaster duty functions and rosters shall be pre-identified prior to hurricane season. This shall be completed on an annual basis. An electronic Emergency Employee Database is provided for this purpose.

### III. AUTHORITY

- A. Through La. Revised Statute 29:721-736 the Governor delegated to the Director of GOHSEP responsibility for implementing the LEOP when a state of emergency has been declared. The Statute and the LEOP establish the responsibilities of the executive branch for delivering emergency services. Overall authority is delineated in La. R. S. 29:721-736.
  1. The GOHSEP Director has the authority to activate and deactivate the State Emergency Operations Center (a central location where the necessary state government officials gather during an emergency) and to exercise overall direction and control of emergency/disaster operations for the State of Louisiana.
  2. The GOHSEP is charged with the development, implementation and oversight of the LEOP. The plan prescribes the rules, regulations and procedures for operations which may be implemented should an emergency/disaster strike the State of Louisiana or an area within the state.
  3. The LEOP is binding on all local governments or political subdivisions of the state authorized or directed to conduct emergency management operations, and on all departments and agencies of the State of Louisiana.
  4. The GOHSEP Director, or his/her designee, shall coordinate the activities of all organizations involved in emergency management in the State of Louisiana and perform other duties as provided for in La. R. S. 29:721-736.
  5. The Department of Health and Hospitals is the primary agency in Louisiana for ESF-8 (public health and medical services). All DHH agencies will support the medical operations that are activated for the response. For an all hazard response, some examples may include, but **are not** limited to the following medical operations: Medical Special Needs Shelters (MSNS); Points of Dispensing (POD); Emergency Operations Center (EOC); Receiving, Staging and Storing (RSS) sites.
  6. Incident Management: DHH shall adopt the National Incident Management System (NIMS). In order to coordinate health resources efficiently and effectively, the State Health Officer or his/her designee is designated as the official representative of the Secretary of DHH, who has responsibility for the general control of the department and its offices during emergencies/disasters. The State Health Officer serves as the Incident Commander of the agency's response operations. DHH Offices shall coordinate disaster response activities with and through the State Health Officer and the DHH Emergency Preparedness Director. This will also be done in accordance

with the National Response Plan and with the other Louisiana Emergency Support Functions.

- B. In order for DHH to respond efficiently and effectively in times of emergency/disaster, the State Health Officer is designated as the official representative of the Secretary of DHH, who has responsibility for the general control of the department and its offices during emergencies/disasters. The State Health Officer, in consultation with and under the direction of the Secretary, will make decisions and utilize resources (personnel, materials, supplies, equipment, facilities and funds) in providing operational and technical support during emergencies/disasters.
1. The State Health Officer and the DHH Emergency Preparedness Director will work directly with the GOHSEP Director and/or his designee in the State Emergency Operations Center during trainings, exercises and actual emergencies/disasters as requested by GOHSEP.
  2. The DHH Emergency Preparedness Director will work directly for the State Health Officer to execute and coordinate the DHH agency response plan(s).
  3. Additional DHH representatives may be appointed to the State Emergency Operations Center by the State Health Officer and/or DHH Emergency Preparedness Director.
  4. Under the direction of the State Health Officer and the DHH Emergency Preparedness Director, the DHH EOC is responsible for coordination of the emergency response activities of DHH agencies. The DHH EOC also coordinates with the overall state emergency response activities through the State EOC as part of the Emergency Support Function 8 (ESF 8) Public Health and Medical.
  5. Regional Structure – ESF-8 Unified Command is composed of Public Health, Hospitals, EMS and other representatives: OBH, OCDD, MVA and OAAS. This composition may change depending on geographic area – i.e. Capital Area Human Services District in Region 2.
- C. System Activation and Notification
1. The State Health Officer is notified by the GOHSEP of an imminent or actual state declared emergency/disaster.
  2. The State Health Officer notifies the Secretary of the DHH and activates the DHH Emergency Preparedness Director who shall notify the DHH Task Force and/or Assistant Secretaries of the notification/activation of state resources.
  3. The DHH Emergency Preparedness Director under the direction of the State Health Officer and Secretary shall coordinate the response plan and resources to prevent an emergency/disaster.

4. The DHH Emergency Preparedness Director shall notify the OPH/Center for Community Preparedness to activate the DHH EOC for readiness and potential resource deployment/activation by contacting the OPH Lead contacts and other partners.
5. The OPH Lead Medical Director shall serve as Regional Commander for DHH regional resources and shall notify the DHH Regional Office contacts for notification/activation of regional resources.
6. The DHH Emergency Operations Center for Community Preparedness shall serve as a conduit for ongoing maintenance, communications and reporting once activation has occurred.
7. Under the provisions of state law (La. R. S. 29:735) neither DHH agencies nor its employees, except in cases of willful misconduct, shall be liable for the death of or injury to persons, or damage to property in the execution of emergency preparedness activities while complying with or attempting to comply with the LOEP.
8. During a disaster each program office, division or bureau shall maintain any required logs, records and reporting systems. In particular, each DHH office, division, bureau or facility must make every effort to provide detailed documentation necessary for reimbursement from FEMA (the Federal Emergency Management Agency).

IV. DHH EMERGENCY PLANNING (ALL HAZARDS RESPONSE)

- A. Each office or bureau shall designate a coordinator for membership on the DHH Disaster Task Force. The task force shall integrate planning at the DHH level and ensure a coordinated effort.
- B. Each office, division or bureau shall develop and implement emergency preparedness plans in compliance with this policy. Each office, division or bureau shall work closely with each other, the State Health Officer and the EP Director to ensure that all plans are integrated and synchronized. The scope and timeline of EP Plans will be determined by the DHH Disaster Task Force. At a minimum All Hazards, hurricanes and COOP plans shall be developed by each office and bureau. All other EP plans will be determined by the DHH Disaster Task Force and the State Health Officer.
- C. All DHH emergency/disaster plans must delineate specific office operating procedures to include State and Federal supplemental relief assistance services and programs as applicable. These plans shall be maintained and kept current. DHH agencies, facilities and regional offices shall:
  1. Participate in exercises of the plan.
  2. Participate in and conduct training essential to implementation of emergency/disaster services.
  3. Complete the Regional EP Roster by April 30<sup>th</sup> – prior to the start of each hurricane season. Each DHH Regional Office shall submit the names and credentials to OPH Regional Office so as to complete the Regional EP Roster.

4. Conduct an annual review to update and detail the implementation procedures and advise the State Health Officer and EP Director of needed modifications.
5. As part of emergency planning, DHH shall make this policy available to all personnel via website and to new employees via the orientation process. DHH shall document receipt of the policy by each new employee. Upon receipt, each new employee will be asked to sign the following statement: "I hereby acknowledge that I have received a copy of the DHH Emergency Preparedness Policy #65 and that as a DHH employee I am responsible for complying with it." Refer to Acknowledgement Form.

IV. EMERGENCY SUPPORT FUNCTION (ESF) 8 - PUBLIC HEALTH AND MEDICAL SERVICES

DHH's primary role with respect to ESF 8 operation is the coordination of public health, sanitation, medical and public health assistance in All Hazards operations such as, but not limited to the Medical Special Needs Shelters (MSNS), Points of Dispensing (PODS) and behavioral health and crisis counseling. The State Health Officer, in consultation with and under the direction of the Secretary of DHH, will coordinate such services with regional offices, local health departments, hospitals, medical associations and departmental resources. The State Health Officer shall make medical and non-medical staff available. All DHH offices/divisions/bureaus will participate in coordination efforts at the state, regional and local levels.

A. Medical Special Needs Shelters (MSNS)

1. The Department of Children and Family Services (DCFS) is charged with the operation and management of shelters and responding to All Hazards events. DHH plays a significant supporting role in that it is charged with coordinating the medical operation and staffing of Medical Special Needs Shelters (MSNS). DHH is also responsible for coordinating medical support to the Critical Transportation Needs Shelter (CTNS). CTNS are shelters reserved for citizens who require government supported transportation and sheltering assistance.
2. MSNS are shelters pre-designated to provide temporary shelter for individuals who are homebound, chronically ill or who have disabilities and are in need of medical or nursing care, but must evacuate their homes in times of emergency/disaster and have no other place to receive care. The intent of the MSNS is to provide, to the extent practical, an environment in which the current level of health of evacuees with special needs can be sustained and hospital care is not required.
3. DHH will assess the scope of medical needs and coordinate the medical operation and staffing in those MSNS that have been identified prior to the time of an emergency/disaster and for which the State Health Officer and/or Emergency Preparedness Director has agreed that resources are available. DHH is not responsible for coordinating services at MSNS that are not State operated.
4. Decisions to activate the MSNS plan will be based on the severity of the emergency/disaster, area of devastation and estimated recovery period. The decision to activate an MSNS shall be made by DHH and DCFS.

5. DHH offices/divisions/bureaus will work cooperatively with other public and private entities to coordinate care in MSNS, but are ultimately responsible to the State Health Officer or his/her designee for direction.

6. Other entities that have agreed to assist in MSNS operations include:

- Louisiana Hospital Association affiliates
- Louisiana State Medical Society affiliates
- Louisiana Nurses' Association affiliates
- American Red Cross
- Louisiana Nursing Home Association
- Home Care Association of Louisiana
- Community and Residential Services Association
- Louisiana Association of Homes and Services for the Aging
- State Emergency Preparedness (and local area counterparts)
- U. S. Department of Health and Human Services
- Louisiana State University Medical Center – Health Care Services Division

7. The level of care available at shelters will be determined by the availability of the necessary expertise. Patients requiring more expertise than that available will be referred to more appropriate facilities.

8. Local GOHSEP officers or their authorized representatives in conjunction with DCFS are responsible for reporting data to the GOHSEP Director, including notifying the State Health Officer when MSNS are to be activated.

B. Additional Medical Services

1. The State Health Officer or his/her designee and Emergency Preparedness Director, in concert with DHH executive management, will draw upon resources available through DHH to coordinate medical services.

2. DHH shall coordinate the delivery of crisis counseling through the State Health Officer/Emergency Preparedness Director with the assistance of the OBH.

3. The State Health Officer will coordinate resources available from other agencies named to support DHH in La. R. S. 29:721.

C. Sanitation Services

1. OPH provides sanitarians to inspect general sanitation in all shelters, including MSNS. OPH shall provide sanitarians to inspect food handling.

2. OPH implements and assesses disease and vector control programs on a local basis.

3. OPH provides guidance to local areas regarding disposal of foods and beverages not fit for consumption as a result of emergencies/disasters. OPH often operates in conjunction with the Federal Food and Drug Administration in such matters.
4. The Regional GOHSEP officer and shelter managers will coordinate with the parish sanitarian the disposal of potentially infectious wastes (“medical waste”) in accordance with the State Sanitary Code.
5. The coroner in each parish has legal authority in all matters pertaining to maintenance of the dead and burial procedures. DHH will assist in such matters where possible.

## V. RESOURCES

- A. The appointing authority of each DHH office/division/bureau will provide the State Health Officer and DHH Emergency Preparedness Director with a summary statement of the number of staff available for his use in allocating resources in times of emergency/disaster. The summary must also indicate the number of medically trained staff available and provide other information as requested. An electronic Emergency Employee Database is provided for this purpose.
- B. All DHH offices/divisions/bureaus shall be ready to deploy their personnel to their duty stations and be available for further guidance from the State Health Officer or his/her representatives or the DHH EOC.
- C. DHH offices/divisions/bureaus should make ready equipment and supplies and be prepared to transport these materials and/or personnel under emergency/disaster conditions.
- D. Should any program office, division or bureau identify volunteers (personnel not employed by DHH) to assist in disaster duties of the department, the Volunteer Agreement shall be used to facilitate readiness by accepting necessary external assistance. Refer to Volunteer Agreement Form.
- E. DHH facilities are expected to cooperate with the State Health Officer in providing housing for DHH employees who are involved in emergency/disaster operations when other alternatives are not available or appropriate.
- F. DHH may enter into contractual agreements to carry out its emergency preparedness functions. DHH may seek sources of funding from the Interim Emergency Board or FEMA, especially if funding is not available in DHH’s budget. A catalog of contingency contracts will be maintained so as to determine the possible range of funds that may be needed.

## VI. SPECIFIC RESPONSIBILITIES OF DHH ENTITIES RELATIVE TO ESF 8

- A. Office of Public Health (OPH)



1. OPH performs the functions that relate to the general health of the people of the State. During and after an emergency/disaster, OPH is responsible for the coordination of medical and sanitation services in the State.
  2. The primary emergency/disaster response functions of OPH are assessment and control of disease-carrying vectors, maintenance of environmental standards, maintenance of proper sanitation, and the deployment of standing damage survey teams to assess contaminated food, sewage facilities and water treatment facilities. (In cases of disasters, the OPH plan for natural and man-made disasters will be implemented through CCP, who manages the DHH EOC, and provides the State Health Officer and the Emergency Preparedness Director with a central location where information relative to an emergency is received and analyzed. Plans, reports and tasks relative to ESF 8 operations will be the focal point for responsive, coordinated communications among DHH agencies and all parish health units and regional OPH offices).
- B. Bureau of EMS - BEMS performs a critical function related to the surge planning of ambulances. During an emergency event, additional ambulances may be required to assist with evacuations and/or transport to more definitive care. BEMS is responsible for developing, facilitating, and implementing plans relative to EMS industry and disasters.
- C. Office of Behavioral Health (OBH)
1. OBH is responsible for coordinating behavioral health care for the citizens of the State of Louisiana under normal or emergency/disaster conditions. The standard behavioral health programs will not change under most emergency/disaster conditions.
  2. In a presidentially declared disaster requiring emergency behavioral health relief to workers and victims during or in the aftermath of such an event , OBH may request supplemental federal short-term crisis counseling services under the Crisis Counseling and Training Program as authorized under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
  3. Residential facilities within OBH are responsible for the care of clients during emergencies/disasters. Each facility shall have an Emergency Preparedness Plan on file designed to care for clients in time of emergency/disaster.
  4. OBH staff will coordinate stress counseling to rescue workers, firemen, police, volunteers and the DHH workforce upon request of local governing entities, and will be prepared to do so immediately upon learning the gravity of any emergency/disaster. During an emergency/disaster and afterwards, OBH will coordinate personnel to provide counseling at shelters in the communities involved.
- D. Office for Citizens with Developmental Disabilities (OCDD)
1. The provision of services to Louisiana’s citizens with special needs/developmental disabilities is, under normal or emergency/disaster conditions, the responsibility of

OCDD. OCDD provides community-based services and operates residential facilities (Supports and Service Centers)

2. The large majority of medically-trained staff within OCDD are assigned to the Supports and Service Center and are responsible for the care of residents during emergencies/disasters. Pinecrest Supports and Services Center can be used on a pre-planned basis as an evacuation/shelter site in cases of emergency/disaster.
3. OCDD regional and headquarters staff will provide special services to its regular clients who are affected by natural disaster and, as appropriate, to the families of clients and other community members.

E. Office of Aging and Adult Services (OAAS)

1. OAAS is responsible for the provision of long term care and supportive services to the elderly and persons with adult-onset disabilities served by the Department, under normal or emergency conditions. OAAS provides community-based services and operates a residential facility, Villa Feliciana Medical Complex.
2. The majority of medically-trained staff employed by OAAS are assigned to Villa and are responsible for the care of residents during emergencies/disasters. Villa may also serve as a receiving facility during emergencies/disasters, including serving as a receiving facility for the John J. Hainkel Home pursuant to the lease of that facility.
3. OAAS regional and headquarters staff will provide services to its regular clients who are affected by natural disaster and, as appropriate, to families of clients and other community members. OAAS regional and headquarters staff will also provide support for other DHH emergency functions as resources permit. These functions include but are not limited to caregiver shelter support, nursing home admission/repatriation, and medical special needs shelters.

F. Bureau of Media and Communications (BMAC)

1. BMAC is responsible for maintaining all DHH news media relations in the state under either normal or emergency/disaster conditions.
2. BMAC provides the public relations expertise in keeping media representatives apprised during emergency/disaster conditions so that there is a clear understanding of the conditions, the dangers posed, and the proper actions that must be taken to preserve the lives and health of Louisiana's citizens.
3. BMAC has responsibility for issuing all approved public announcements that represent the official policy of the Secretary of DHH. All emergency/disaster media releases must be coordinated through DHH representatives located in the DHH/State EOC and State Joint Information Center (JIC) before release. It is the responsibility of BMAC staff to remain in touch with the DHH/State EOC and the State JIC during such situations.

4. During an emergency situation, all DHH staff should forward all media inquiries to BMAC staff located at the State JIC. In addition, these staff members should work with BMAC staff to develop appropriate communication advisory responses. (Reference DHH Public Information Policy # 72, Protocols for News Media, Public Information, Emergencies and Reportable Incidents).

G. Medical Vendor Administration (MVA)

1. MVA is responsible for providing financial assistance through the medical assistance program to qualified recipients who need assistance with medical and pharmaceutical reimbursement under normal and emergency/disaster conditions.
2. The eligibility requirements for the medical assistance program are found at 42 Code of Federal Regulations (CFR), Part 435.

H. Health Standards Section (HSS)

1. HSS is responsible for assisting nursing homes with their emergency plans.
2. HSS reviews Medicaid Provider/Contractors Continuity of Operations Plans to assure that all requirements are met.

I. Other DHH Entities

All other DHH entities' employees are pre-scheduled or placed on standby and act as a ready reserve of personnel to help support the overall operation of emergency preparedness by DHH.

J. Local Governing Entities (LGE)

LGE's are considered an extension of DHH and participate in DHH's emergency operations as outlined in each LGE's Memorandum of Understanding with DHH.

VII. DHH RECOVERY SERVICES

After any state or federally declared emergency/disaster, DHH will be responsible for resuming all DHH services that may have been suspended due to the emergency/disaster. When criteria are met for DHH to provide post-emergency/disaster services such as behavioral health services, public health services, etc. DHH will assign staff to assure these services are provided in the impacted area(s). These post-emergency/disaster services will be coordinated with GOHSEP. DHH/OBH will coordinate access to behavioral health services as necessary in each of the Disaster Recovery Centers that are set up by FEMA in coordination with GOHSEP. These Centers will be set up in or close to the emergency/disaster area(s) so necessary services can be provided to the emergency/disaster victims.

VIII. HOURS OF WORK AND OVERTIME COMPENSATION DURING AN EMERGENCY/DISASTER

Please refer to DHH Policy #27 – Overtime Compensation for Disaster Operations Work

Department of Health and Hospitals  
Emergency Preparedness Policy:  
Acknowledgement Form

I hereby acknowledge that I have received a copy of DHH Emergency Preparedness Policy #65.2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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On \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
*(date) (time) (place)*

\_\_\_\_\_ was given a copy of DHH  
*(employee name)*

Emergency Preparedness Policy #65.2. This employee refused to sign an acknowledgement of receipt in the presence of \_\_\_\_\_.

## **AGREEMENT TO VOLUNTEER SERVICES DURING A DISASTER OR EMERGENCY OR BOTH**

*Instructions: This agreement should be completed during the proclaimed emergency*

This agreement is between the State of Louisiana through the Department of Health and Hospitals (hereafter referred to as "DHH") and \_\_\_\_\_ (hereafter referred to as "Volunteer").

Volunteer agrees to provide services to the State of Louisiana through DHH [during a state declared disaster or emergency](#). The Volunteer agrees and understands that he/she will not receive monetary compensation for his/ her services for disaster response.

DHH agrees to accept the services of volunteer without monetary compensation being paid to volunteer.

DHH and volunteer agree that volunteer to the extent allowed by law is an employee of DHH for the limited purposes of indemnification, immunity, and worker's compensation medical (but not weekly disability payments) benefits for any actions that may arise in the course and scope of volunteer's assigned duties.

DHH and volunteer further agree that the volunteer's service may be immediately terminated by DHH or volunteer.

[If the volunteer is providing services within their given discipline and scope of practice, by signing this agreement, the volunteer verifies that s/he has current credentials and/or professional licenses for which credit has been claimed. The services to be provided are:](#)

\_\_\_\_\_

Profile of Volunteer: The following information shall be provided

Validated Credentials and Level Classifications	Physicians	Registered Nurses	Behavioral Health Personnel
<b>Level 1</b>			
Degree	Required	Required*	Required
Unencumbered License	Required	Required	Required
Certification/ Specialization	Required	Required	Required
Active Clinical Practice/ Privileges	Required	Required	Required
Disaster Training	Preferred	Preferred	Preferred
<b>Level 2</b>			
Degree/ Diploma	Required	Required*	Required
Unecumbered License	Required	Required	Required
Certification/ Specialization	Required	Required	Required
Disaster Training	Preferred	Preferred	Preferred
<b>Level 3</b>			
Degree/ Diploma	Required	Required*	Required
Unemcumbered License	Required	Required	Required
Specilization (Non-certified)	Not applicable	Required if applicable	Not applicable
Disaster Training	Preferred	Preferred	Preferred
<b>Level 4</b>			
Occupation	Required	Required	Required
Professional School and Year (X of Y)	Required	Required	Required if applicable
Disaster Training	Preferred	Preferred	Preferred
<b>Secondary Validation (All Levels)</b>			
National Practitioner Databank Status	Required	Not applicable	Not applicable
DEA License Verification	Required	Not applicable	Not applicable
Inspector General Status**	Required	Not applicable	Not applicable

**Definitions:**

**Degree/ Diploma - relative amount of degree or intensity of competence of a given discline or given course of study; determined by accredited agency and/or organization which identifies the given level of competency to be attained/ maintained.**

**Unencumbered License – latitude of action and restraints granted by an authorized body to practice a specified profession.**

**Certification/ Specialization – fulfillment of specified requirements that evidence knowledge over certain process or program.**

**Active Clinical Practice/ Privileges - specific right granted to certain providers to admit patients to a hospital(s).**

**Disaster Training – any type of training received within the past two years geared towards disaster response.**

**VOLUNTEER:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**DHH REPRESENTATIVE:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_