

Washington County VOAD Response Plan

I. Mission Statement

The mission of the Washington County VOAD is to foster efficient, streamlined service delivery to people affected by disaster through cooperation, communication, coordination and collaboration.

II. Scope

The scope of the response plan is to establish a process for VOAD members to incorporate their resources into the community response in an efficient manner.

III. Definition of a Disaster

A disaster is a threatening or occurring event of such destructive magnitude and force as to dislocate people, separate family members, damage or destroy homes and injure or kill people. A disaster produces a range and level of immediate suffering and basic human needs that cannot be promptly or adequately addressed by the affected people and impedes them from initiating and proceeding with their recovery efforts. Natural disasters include floods, tornadoes, winter storms, hail storms, wildfires, windstorms, epidemics, and earthquakes. Human-caused disasters – whether intentional or unintentional – include residential fires, building collapses, transportation accidents, hazardous materials releases, explosions, and domestic acts of terrorism.

IV. Statement of Purpose

- A. To establish a process to activate voluntary organizations during the disaster.
- B. To maintain the autonomy of all collaborating agencies/groups to minimize duplication of services.
- C. To provide a foundation for the long-term recovery process.

V. Activation Process

- A. Disaster Coordinator receives notification from Washington County Emergency Management to activate.
- B. Disaster Coordinator notes needs and disaster summary as indicated by Washington County Emergency Management.
- C. Disaster Coordinator notifies the VOAD Chairperson of the activation.
- D. Disaster Coordinator becomes the EOC representative and reports to the EOC.
- E. VOAD Chairperson notifies the Volunteer Center of Washington County representatives.
- F. Volunteer Center representative retrieves equipment and procedures from the Volunteer Center offices.
 - 1. Located in first office
 - 2. Keys are held by Volunteer Center representatives
- G. Disaster Coordinator and VOAD chairperson match indicated needs with VOAD member's resource capability.
- H. Either the Disaster Coordinator or the VOAD Chairperson requests resources from identified VOAD members.
- I. Disaster Coordinator and VOAD Chairperson hold conference call or meeting with identified VOAD members to address the following topics:

1. Overview of the disaster
2. Impact on the community
3. Status of the response
4. Create a list of priority needs
5. Identify volunteer agencies or groups that can fulfill the immediate needs of the disaster response that have been identified
6. Determine if an Ongoing Needs Committee needs to be established

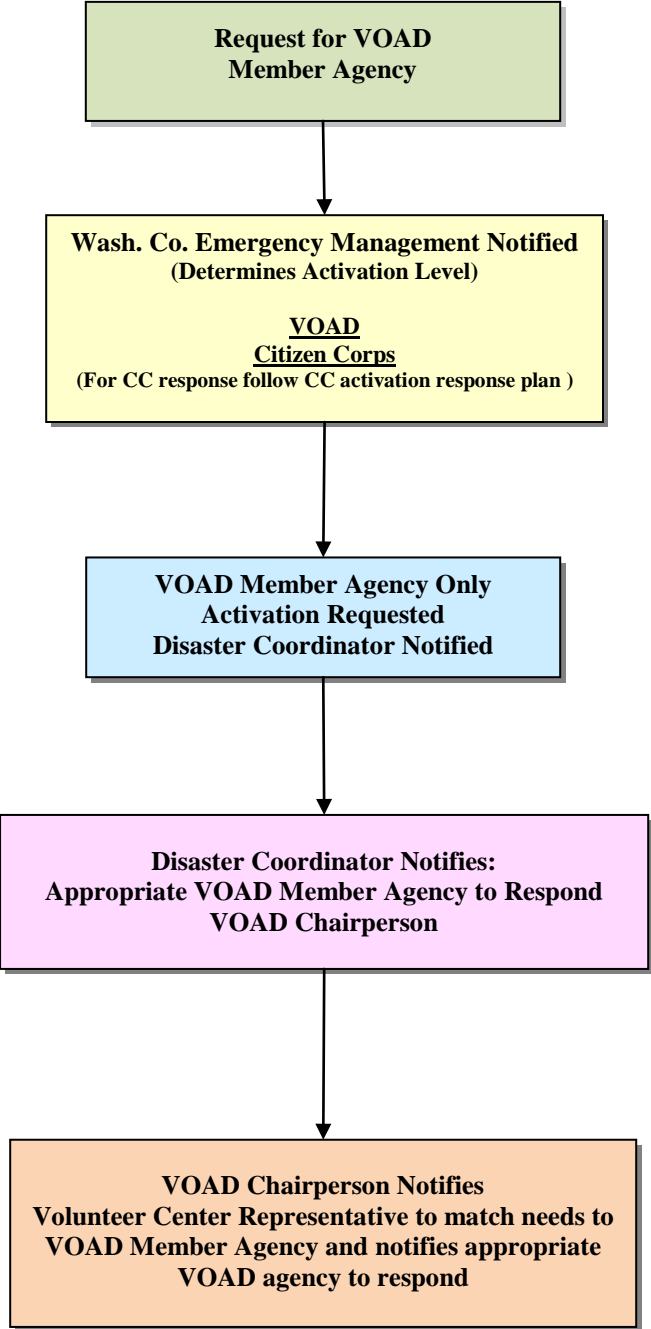
VI. Levels of Activation

- A. **Notification** – Emergency Management notifies the VOAD Disaster Coordinator that VOAD may be activated due to severe emergency or disaster conditions. Depending on the severity of the incident, the Disaster Coordinator may start making preparations for an appropriate response by VOAD member agencies. The Disaster Coordinator also notifies the VOAD Chairperson about possible activation of VOAD.
- B. **Stand-By Alert** – Emergency Management notifies the Disaster Coordinator to stand-by for possible activation due to severe emergency or disaster conditions. The Disaster Coordinator starts making preparations for an appropriate response by VOAD member agencies. The Disaster Coordinator also notifies the VOAD Chairperson and member agencies of the stand-by alert.
- C. **Response** – Emergency Management notifies the VOAD Disaster Coordinator to activate VOAD response due to severe emergency or disaster conditions. The Disaster Coordinator notifies the VOAD Chairperson of the activation of VOAD. The Disaster Coordinator may respond to the EOC or Field Command Post, if requested. The Disaster Coordinator activates the appropriate VOAD member agencies to receive referrals, conduct assessment or provide services as necessary.

Attachments:

1. Activation Flowchart
2. Contacts List
3. Activation Checklist
4. Message Phone Call Log
5. Activity Log
6. Timecard

**VOAD of Washington County
Response Activation Flow Chart**



ATTACHMENT 2

CONTACTS LIST

Washington County Emergency Management

Rob Schmid

1. Call Washington County Sheriff's Department (262/335-4420) to have him paged
2. Office (262/335-4399)

Citizen Corps Outreach Coordinator

Deborah Knepler

1. Office (262/338-8256 / 9am – 3pm, Mon-Fri)
2. Cell (920)/475-9162)

Citizen Corps Committee Chairperson

Debbie Geidel

1. Office (262/335-5190 / 8am-4:30pm, Mon-Fri)
2. Cell (262/343-0205)
3. Home (262/338-8936)

Volunteer Center of Washington County Director (VOAD Member)

Betsy Wilcox

1. Office (262/338-8256 / 9am-3pm, Mon-Fri)
2. Cell (262/573-6470)
3. Home (262/284-3601)

Volunteer Center of Washington County – Staff Member

Candy Shoop

1. Office (262/338-8256 / 9am-3pm, Mon-Fri)
2. Cell (262/853-5549)

VOAD Disaster Coordinator

Cindy Koffman

1. Cell (920/948-5337)
2. Home (920/477-5006)

VOAD Asst. Disaster Coordinator

Helen Neal

1. Office (262/335-4480)
2. Home (262/338-9493)
3. Cell (414/303-4501)

ATTACHMENT 3

VOAD ACTIVATION CHECKLIST

Request for VOAD Member Agency activation requested by Washington Emergency Management:

Date: _____

Time: _____ (Use Military Time)

Request taken by: _____
Name/Title of Person

(✓) when completed	Task	Date/*Time *Military Time	Contact Info	Notification
	Washington County Emergency Management receives request to activate VOAD member agency.		Wash. Co. EM Rob Schmid 1. W# - 262/335-4399 2. Call 335-4420 (WASO) to have paged	<input type="checkbox"/> Contact Made <input type="checkbox"/> No Contact <input type="checkbox"/> Contact Initiated <input type="checkbox"/> No Contact Needed
	Washington County Emergency Management determines level of activation: <input type="checkbox"/> VOAD Member Agency Activation <input type="checkbox"/> Citizen Corps			
	Wash. Co. Emergency Management contacts VOAD Disaster Coordinator.		VOAD Disaster Coordinator Cindy Koffman 1. C# - 920/948-5337 2. H# - 920/477-5006 VOAD Asst. Disaster Coordinator Helen Neal 1. W# - 262/335-4480 2. H# - 262/338-9493 3. C# - 414/303-4501	<input type="checkbox"/> Contact Made <input type="checkbox"/> No Contact <input type="checkbox"/> Contact Initiated <input type="checkbox"/> No Contact Needed <input type="checkbox"/> Contact Made <input type="checkbox"/> No Contact <input type="checkbox"/> Contact Initiated <input type="checkbox"/> No Contact Needed
	Disaster Coordinator contacts VOAD Chairperson		Chairperson, CC Committee Debbie Geidel 1. W# - 262/335-5190 (8a-4:30p) 2. C# - 262/ 343-0205 3. H# - 262/338-8936	<input type="checkbox"/> Contact Made <input type="checkbox"/> No Contact <input type="checkbox"/> Contact Initiated <input type="checkbox"/> No Contact Needed
	VOAD Chairperson contacts Volunteer Center Representative to match the needs to the VOAD Member Agency		Volunteer Center of Wash Co Betsy Wilcox, Director 1. W# - 262/338-8256 (9a-3p) 2. C# - 262/573-6470 3. H# - 262/284-3601 Volunteer Center of Wash Co Candy Shoop 1. W# - 262/338-8256 (9a-3p) 2. C# - 262/853-5549 CC Outreach Coordinator Deborah Knepler 1. W# - 262/338-8256 (9a-3p) 2. C# - 920/475-9162	<input type="checkbox"/> Contact Made <input type="checkbox"/> No Contact <input type="checkbox"/> Contact Initiated <input type="checkbox"/> No Contact Needed <input type="checkbox"/> Contact Made <input type="checkbox"/> No Contact <input type="checkbox"/> Contact Initiated <input type="checkbox"/> No Contact Needed <input type="checkbox"/> Contact Made <input type="checkbox"/> No Contact <input type="checkbox"/> Contact Initiated <input type="checkbox"/> No Contact Needed
	VOAD Member Agency Notified			
	Start Documentation Process as needed: 1. Message/Phone Call Log 2. Activity/Log/Form			

	3. Time Card			
--	--------------	--	--	--

ATTACHMENT 4

MESSAGE/PHONE CALL LOG
(*Note: Use military time)

Name _____ Date/Time* _____
Agency _____
Phone Number _____
Regarding: _____

Name _____ Date/Time* _____
Agency _____
Phone Number _____
Regarding: _____

Name _____ Date/Time* _____
Agency _____
Phone Number _____
Regarding: _____

Name _____ Date/Time* _____
Agency _____
Phone Number _____
Regarding: _____

Name _____ Date/Time* _____
Agency _____
Phone Number _____
Regarding: _____

Name _____ Date/Time* _____
Agency _____
Phone Number _____
Regarding: _____

Name _____ Date/Time* _____
Agency _____
Phone Number _____
Regarding: _____

ATTACHMENT 5

ACTIVITY LOG
(*Note: Use military time)

Name _____ Date/Time* _____
What Happened _____

Name _____ Date/Time* _____
What Happened _____

Name _____ Date/Time* _____
What Happened _____

Name _____ Date/Time* _____
What Happened _____

Name _____ Date/Time* _____
What Happened _____

Name _____ Date/Time* _____
What Happened _____

ATTACHMENT 6

ACTIVATED VOAD AGENCY TIMECARD

INCIDENT NAME: _____ WORK ASSIGNMENT: _____

LAST NAME:		FIRST NAME:		BEGIN DATE:		END DATE:		VOAD AGENCY:	
DATE	HOURS WORKED	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	DESCRIPTION OF WORK PERFORMED
TOTALS									

Print Name

Print Name

Volunteer Signature

Date

Crew Leader/Supervisor Signature

Date