

**RespondDE Request Policy**

To ensure consistent and effective operations, policies and procedures regarding RespondDE unit administration, volunteer management and unit operations, all requests for volunteers must be documented and approved by Emergency Medical Services and Preparedness Section’s (EMSPS) Office of Preparedness. All emergency response efforts must be marked emergency for immediate approval consideration and only incidents and events are considered for this type of response.

Purpose: To Identify and provide policies and procedures for requesting RespondDE volunteers for events, outreach, response during incidents, training, and conferences.

RespondDE Unit Leaders shall request approval from the State RespondDE Coordinator for:

* All trainings and workshops
* All conferences and events
* All requests for DMRC volunteers for response incidents.

**Procedure:**

1. The RespondDE Volunteer Request Form (page 2) must be filled out in its entirety.
2. Request forms should be submitted prior to event/conference.
3. Submissions are to be sent to State RespondDE Coordinator within EMSPS via email: RespondDE@delaware.gov
4. All requests should be submitted **14 business days prior** to an event/conference.
5. All approvals and declines will be sent via email.

Due to Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) grant guidelines, all events, workshops, conference, and response incidents should have a preparedness or healthcare component that involves disasters, emergencies, preparedness outreach or training, and incident responses to crisis involvement.

Approved Status: Denied ❑ Approved❑ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature

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| **RespondDE Volunteer Request Form** |
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| **Is this an emergency response request (event or incident only)? Yes ❑ No ❑****If yes, please explain the need for the emergency response:**      |
| **Name of Event:**       |
| **Requestor/Deployment contact:**       |
| **Requestor Email:**       |
| **Requestor Phone Number:**       |
| **Name of Contact On-Site:**       |
| **Phone number of Contact On-Site:**       |
| **Date(s):**       |  | **Volunteer Reporting Start Time (includes setup):**       | **Volunteer Dismissal or End Time (includes take down):**       |
| **Location:**      |
| **Will tables, chairs, electricity, and tent/cover (or shade/protection from weather at outdoor events) be provided?** **Please list here what will be provided:**      |
| **Total of participants who will be attending this event (Must be 50+ attendees, unless special circumstances, which should be explained below):**       |
| **Comments and/or Estimated Costs:**      |

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| Type of Volunteers Requested –       |
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| **Profession**  | **Number of Volunteers Requested** | **Role in Event** | **Additional Information/Comments** |
|       |       |       |       |
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Please send completed form to State RespondDE Coordinator or Training Administrator. Division of Public Health – EMSPS – Office of Preparedness, 100 Sunnyside Road, Smyrna, DE 19977; Fax: 302-223-1724; Email: RespondDE@delaware.gov For questions please call 302-223-1720. DSAMH logo goes here |