

Disaster Response Team Facts and Questions

1. What are the requirements to be on the Disaster Response Team (DRT)?
 - a. A DRT member must exemplify the following characteristics:
 - i. **Integration:** Transitions well into a team setting; gets along with others from diverse backgrounds, communicates well with others.
 - ii. **Technical Skills:** Can accomplish the task asked of them with little to no direction and does not attempt to practice outside of their scope.
 - iii. **Adaptable:** Transitions well into the new environment with little to no complaints, does not have unrealistic expectations for accommodations, can appropriately handle stress from the work environment.
 - iv. **Representation:** A DRT Member must exemplify Heart to Heart International's (HHI) vision and mission. This includes but is not limited to; language used, appearance, habits, promptness, and respecting others.
 - b. For position specific requirements, please see volunteer job descriptions.
 - c. Completion of application and onboarding process, including all applicable paperwork, as well as any applicable training (More information in questions below).

2. What paperwork is required in order to be a member of the DRT?
 - a. We will ask for a variety of paperwork to ensure that the volunteers approved for the DRT have been thoroughly vetted. Additionally, collecting this paperwork now will save time instead of trying to collect this as disasters arise and HHI responds. HHI reserves the right to request additional paperwork during and after the application and onboarding process, as new requirements may be implemented or documents such as driver's license, passport, Tdap, etc. will expire.
 - b. Generally, we will need the following by the end of the process. Please only send these documents to the staff working with you on the application process when they request it:
 - i. Medical License, Resume, any applicable certifications (BLS, ACLS, etc), Background Check, [Liability Release](#), [Insurance Waiver](#), [Physician's Release](#), Immunization Record including Covid, Hepatitis B, and Tetanus/Tdap vaccines (See Question #15), color copy of your passport, color copy of driver's license, headshot photo, etc.
 - c. All DRT Volunteers will be asked to sign this [Pre-Deployment Acknowledgement Form](#) prior to each deployment.

3. How long does the application process take?
 - a. Timing varies depending on the time taken to submit supplemental paperwork and the availability of HHI staff to interview and review applicants. The process takes longer during disasters as HHI staff are deployed to the field. During times when HHI is not responding to disaster this process can be completed in 1-2 months, during an active disaster response this process could take longer.

4. What is the application process?

- a. Once the application and initial paperwork (medical license, resume, certifications, etc.) has been submitted, selected candidates will receive notification for an interview. Each month, HHI staff meet to review all interviewed applicants to determine if candidates meet DRT qualifications. Applicants should expect to wait up to a month and a half after their interview (depending on when the interview fell in the month) to receive next steps. An HHI representative will then reach out to inform applicants of the decision. Acceptance at this point will be pending submission and approval of remaining paperwork (see Question #3), vetting of references, and completion of a DRT Workshop.
 - i. A few times a year, the DRT hosts a virtual workshop for volunteers to attend as one of the last steps in becoming full members of the DRT roster, and able to deploy as part of the Emergency Medical Team. Over the course of the workshop, we help volunteers get to know HHI and its values, meet some fellow volunteers, and acquire the skills necessary to deploy to a disaster and provide medical care. This workshop helps strengthen the relationship between volunteers and HHI staff, develop camaraderie, reinforces humanitarian principles, and cultivates a culturally aware volunteer force. It also helps to prepare volunteers for what they can expect in the field and how to operate in a limited-resource environment. Over the course of five days, we delve into topics such as psychological first-aid, safety and security, disaster health, and many other topics, culminating with a virtual deployment simulation on the final day of the training.
 - ii. Workshops are hosted virtually, and generally the schedule is T-F 6-9:30pm and Saturday 9am-1pm. This schedule is subject to change. There is online prerequisite coursework that volunteers will complete independently prior to the workshop.

5. Is HHI faith-based?

- a. HHI welcomes volunteers and partners from all religions and backgrounds to join in helping fulfill our mission of improving health access. We recognize that many of our volunteers serve others as an expression of their faith. HHI often brings together team members from a wide variety of beliefs and cultural backgrounds. Team members are expected to be respectful of beliefs or cultural understandings which may differ from their own.

6. How often does HHI deploy?

- a. Typically, HHI staff deploy 4-6 times a year. We can respond in a number of ways, including providing medical product, grants, hygiene kits, mobile medical units, and volunteer medical teams. Volunteer medical teams typically deploy 1-3 times a year. Team composition is very important to us, so we tend to send teams that are small and have specific specialties to meet the need of the impacted healthcare infrastructure.

7. What is the deployment process?

- a. When disaster strikes HHI staff meet to discuss the variables to determine the level at which HHI will respond. If the decision to respond with a medical team is made, HHI will then assemble an advance team. Following the assembly of the advance team DRT members will receive a notification via email. This notification contains

8. What if I can't deploy during a specific disaster?
 - a. Heart to Heart International understands that each volunteer has obligations such as work, children, and vacations. We do not expect that each member of the DRT will be able to deploy at each disaster but do expect that each member will do their best to accommodate when able.

9. How long are deployments?
 - a. Deployments can last anywhere from one to three weeks depending on the location of the disaster. Generally, at least one week of availability is required to deploy domestically and two weeks for an international response.

10. What expenses are covered by Heart to Heart International during and outside of deployment?
 - a. During deployment all food, lodging, and transportation is covered by Heart to Heart International. Reimbursement for deployment expenses must be approved by DRT staff.
 - b. Heart to Heart International does not reimburse or cover the cost of any paperwork or items related to DRT onboarding including but not limited to passports, driver's license, appointment fees for physician's release, vaccines, etc.
 - c. Heart to Heart International does not guarantee reimbursement of any expenses outside of food, lodging, and transportation during deployment. Volunteers should contact Disaster Response staff for approval before taking on additional expenses.

11. What do I have to bring on deployment?
 - a. HHI always includes a packing list as part of the situation brief that deploying members receive. These items typically include comfortable clothing that can get dirty, are quick dry and light weight, shoes/boots that are comfortable to work long hours in uncommon work environments, and a raincoat/jacket.

12. Can I deploy with dietary restrictions?
 - a. Access to medical care is not the only disruption a disaster can cause in a community. Oftentimes food is also in high demand and HHI is prepared to deploy during food shortages. We will deploy with MREs or dehydrated meals for each team member, if needed. Food that is available locally can often be high in carbohydrates and protein, and limited access to vegetables and fruit (think rice and beans, tuna packets, and pb&js). We as responders do not want to put extra stress on the community's supply chain by taking up resources for survivors. Considering this, it can be difficult to know what food will be available in the field prior to deployment. However, due to the lack of notice HHI typically has before a disaster, the responsibility may be upon the volunteer to find MRE and snack options specific to the individual's dietary restrictions. This will be made known to volunteers when the deployment opportunity is sent out.

13. As a medical professional, do I need medical liability insurance?
- a. HHI carries professional liability insurance for all medical volunteer responders. This coverage applies to negligent acts, errors or omissions committed by HHI medical volunteers anywhere in the world.
14. Do I need personal health insurance in order to be a member of the DRT?
- a. Yes, as a member of the Disaster Response Team you must have personal health insurance.
15. What vaccines am I required to have to be a member of the DRT?
- a. [View all required and recommended vaccines here.](#) Covid, Hepatitis B, and tetanus/TDaP vaccines are required.
 - i. Covid - HHI REQUIRES THAT ALL TRAVELING VOLUNTEERS BE FULLY IMMUNIZED AGAINST COVID-19. This means you should have completed the series as recommended (1 or 2 doses depending on the type of vaccine) AT LEAST 14 days prior to deployment. Although not required, preference for deployment will be given to those volunteers who have received all appropriate and recommended booster doses as well.
 - ii. Tetanus/TDaP - This is a required vaccine for most healthcare employers. Because we may have exposure to contaminated body fluids on deployment, even logistics volunteers should be up to date on tetanus protection on an ongoing basis. You should receive a booster every 10 years. With certain injuries, you may be recommended to receive a booster at 5 years.
 - iii. Hepatitis B - This is a required vaccine for most healthcare employers. Because we may have exposure to contaminated body fluids on deployment, even logistics volunteers should be fully immunized against hepatitis B. The entire series consists of 3 doses at 0 days, 30 days, and 3 to 6 months. Certain types of hep B vaccine may require only 2 doses. Please consult your own medical provider or travel clinic.
 - b. Please note, these recommendations are in addition to routine immunizations such as varicella, MMR, HiB, and, depending on age, pneumococcal, zoster, etc. Consult your own medical provider for routine immunizations.
 - c. Additional vaccine recommendations vary with each destination, but generally, the vaccines listed in the linked Recommended Traveler Vaccines document (see above) are commonly suggested for most countries that HHI responds to.
 - d. Vaccines take at least 7 to 10 days to create immunity, so it is recommended that international volunteers maintain vaccine readiness on a regular basis rather than waiting until deployment, which can be on short notice.
16. Are there remote volunteer opportunities?
- a. Currently, there are no remote volunteer opportunities.

17. Can I apply if I live outside of the Kansas City area?

- a. Medical Volunteers - Yes, medical professionals who live in the United States may apply.
- b. Logistics Volunteers - At this time, we are only accepting logistics volunteer applicants who live within a 6 hour driving distance of the greater Kansas City area and would be willing to travel to Kansas City occasionally for training with our equipment at their own expense.

18. Can I still apply if I do not live in the United States?

- a. At this time, we are not accepting applicants who reside outside of the United States due to licensing requirements.

19. Is there any age requirement?

- a. Volunteers must be at least 18 years of age to apply.

20. I am an EMT/Paramedic or an LPN. What would my role on deployments be?

- a. These roles don't always exist in other countries, so for international deployments, you would likely be deployed as an all-purpose logistics volunteer. Your clinical skills would be helpful but not likely utilized to the same scope as they are in the US, and you would be expected to fulfill a logistics role over a clinical one. It would be highly unlikely that we would deploy someone internationally purely in an EMS role.
- b. Domestically, the role is very dependent on each state's declaration of emergency and whether it lists your occupation as one of those whose licenses are waived or reciprocated during the period of emergency. Because of limited scope and the fact that we try to keep our teams small to minimize our footprint on the affected communities, it would be unlikely that you would be deployed in a clinical role as an EMT-Basic or an LPN. As above, you would be expected to fulfill more of a logistics role. EMT-Paramedics could potentially be deployed in that role domestically, again, as long as the licensure issue is addressed by the state we are responding to.

21. I am a PA or an APRN/NP. What would my role on deployments be?

- a. In most domestic deployments, state law permitting, we are able to deploy PAs and NPs as providers.
- b. Through agreements with WHO and PAHO, we are usually able to deploy PAs and NPs internationally, with some exceptions. Some countries do not only not have the role of an advanced practice provider available, they may also not accept it. However, these cases are few, and usually we have been able to secure licensing from the ministries of health of the host nation for our advanced practice providers.