Title: DISASTER SERVICE WORKER (DSW)

Objective: To provide a brief description of the Disaster Service Worker Program

Description:

NVADG is recognized by the Butte County Disaster Council for the purpose of engaging in disaster service pursuant to the California Emergency Services Act. Volunteers who meet the requirements are registered Disaster Service Workers (DSW). One of the biggest advantages of being a DSW is that the volunteer is covered by Worker’s Compensation Insurance during deployments and recognized trainings.

- Disaster service means all activities authorized by and carried on pursuant to the California Emergency Services Act while assisting any unit of the emergency organization, including approved, documented and supervised; activities performed to mitigate an imminent threat of extreme peril to life, property and resources, and training necessary to engage in such activities.

- To qualify as DSW training, an annual schedule of training events must be submitted to the Butte County Public Health by January 31 of each year. Additional training can be approved by contacting Butte County Public Health prior to the training.

Volunteers of NVADG are registered Disaster Service Workers, and covered by workers compensation insurance during incidents and training if all the following is met:

- Application is completed.
- A signed statement that the loyalty oath or affirmation was taken or subscribed before an officer authorized to administer oaths.

Note: in the event of an injury, the volunteer and his/her leader will follow the Butte County Disaster Council’s DSW Volunteer Injury and Recordkeeping requirements. Refer to the attached Disaster Service Worker Volunteer Policy for additional information and protocols.
1. Purpose
Butte County’s Disaster Service Worker (DSW) Volunteer program is designed to coordinate and manage all volunteer efforts which support services provided to the community. The program addresses community service needs, while placing special emphasis on Butte County’s priorities.

2. Scope
This policy applies to all Butte County volunteers registered as a Disaster Service Worker Volunteer as defined in section 3.

3. Definition of Disaster Service Worker Volunteer
For the purpose of Workers’ Compensation and this policy, a Disaster Service Worker Volunteer is defined as:

- Any person registered with an accredited Disaster Council or the California Governor’s Office of Emergency Services or a state agency granted authority to register Disaster Service Worker Volunteers, for the purpose of engaging in disaster service pursuant to the California Emergency Services Act without pay or other consideration.
- Public employees, performing disaster work outside their regular employment without pay, and also includes any unregistered person impressed into service during a state of war emergency, a state of emergency, or a local emergency by a person having authority to command the aid of citizens in the execution of his or her duties.

Exclusions:
- Disaster Service Worker Volunteer does not include any member registered as an active fire fighting member of any regularly organized volunteer fire department, having official recognition, and full or partial support of the county, city, town or district in which such fire department is located.
- The individual is sponsored by an outside agency and provides services through that sponsoring agency.
- Example: Red Cross volunteers

4. Definition of Accredited Disaster Council
A Disaster Council may become accredited through certification by the California Governor’s Office of Emergency Services when the Disaster Council agrees to follow and comply with the rules and regulations established by the California Governor’s Office of Emergency Services pursuant to the
provisions of the Emergency Services Act. The Butte County Disaster Council was accredited on December 19, 1946.

5. Definition of Disaster Service
Disaster service means all activities authorized by and carried on pursuant to the California Emergency Services Act while assisting any unit of the emergency organization during a proclaimed emergency or during a Search and Rescue mission, including approved, documented and supervised:

- Activities performed to mitigate an imminent threat of extreme peril to life, property and resources, and
- Training necessary to engage in such activities.

Such activities are under the general direction of the accredited Disaster Council (or designated agency or authority) including how supervision will be performed (i.e. onsite, offsite) and who will act in a supervisory capacity, (i.e. paid staff, volunteers). It is the responsibility of the accredited Disaster Council (or designated agency or authority) that only persons with appropriate supervisory skills, as determined by the accredited Disaster Council (or designated agency or authority), act in a supervisory capacity.

Exclusions. Disaster service does not include any activities or functions performed by a person if the accredited Disaster Council with which the person is registered receives a fee or other compensation for the performance of that person’s activities or functions.

6. Training
For purposes of this policy, training is a pre-authorized activity sponsored by an accredited Disaster Council (or designated agency or authority) and may include classroom instruction, disaster drills or exercises, or related activities designed to enhance the disaster response skills (including safety) of the Disaster Service Worker Volunteer. Out-of-state training conducted in a manner geographically and functionally specific to cross-border emergency response may also be considered a covered activity.

By January 31st of each year, volunteer groups shall submit an annual training schedule for the upcoming year with planned activities to include the type of training, training location, estimated date of training and training supervisor. All trainings shall include a sign in roster to be submitted upon completion of training. As trainings are added throughout the year, they will be submitted in advance to Butte County. Sheriff’s Comm Reserve and Search and Rescue will submit calendars and sign in rosters to the Butte County Sheriff’s Office. The North Valley Animal Disaster Group will submit calendars and sign in rosters to Butte County Animal Control. All other volunteer groups will submit calendars and sign in rosters to Butte County Office of Emergency Management (OEM). Such activities are under the general direction of the accredited Disaster Council (or designated agency or authority) including how supervision will
be performed (i.e. onsite, offsite) and who will act in a supervisory capacity, (i.e. paid staff, volunteers).

**Exclusions.** Unless the volunteer is directly providing disaster services, activities that are not covered under workers’ compensation coverage include, but are not limited to, parades, public exhibitions, physical fitness training, out-of-state training not conducted in a manner geographically and functionally specific to cross-border emergency response or other training activities not related to disaster service.

7. **Registration**

A person shall be deemed to be registered if the following information is on file with Butte County:

a) Name of registrant;

b) Address of registrant;

c) Date enrolled (established as the date the loyalty oath is administered);

d) Name of registering government agency or jurisdiction with signature and title of authorized person;

e) Classification of disaster service, as defined in section 8, to which the volunteer is assigned; and

f) A signed statement that the loyalty oath or affirmation was taken or subscribed before an officer authorized to administer oaths. As approved by the Butte County Disaster Council on June 26, 2017. See Attachment F.

8. **Classifications and General Duties**

The various classifications of Disaster Service Worker Volunteers and the general duties of the members of each classification shall be limited to those described below. It is the responsibility of the accredited Disaster Council (or designated agency or authority) to determine the appropriate level of background check, if any, for each classification.

a) **Animal Rescue, Care and Shelter.** Veterinarians, veterinary support staff and animal handlers/specialists providing skills in the rescue, clinical treatment, euthanasia, disposal and transportation of all animals, including but not limited to companion animals, livestock, avian, fish, equine, exhibition animals, zoo animals, laboratory and research animals and wildlife; assisting in the procurement of shelters, equipment and supplies; documenting arrival, sheltering, treatment and discharge or placement of animals.

b) **Communications.** Install, operate and maintain various communications systems and perform related service, to assist officials and individuals in the protection of life and property.
c) **Community Emergency Response Team Member.** Under the direction of emergency personnel or a designated team leader, assist emergency units within their block, neighborhood, or other area assignment; survey area conditions; disseminate information; secure data desirable for emergency preparedness planning; report incidents; and generally assist officials and individuals in the protection of life and property.

d) **Emergency Operations Center (EOC)/Incident Command (IC).** Under the direction and supervision of the EOC/IC, assist at the city, county, region, state or departmental level of government in the coordination of overall response and support to an incident including performing in one or more of the Standardized Emergency Management System functions.

e) **Human Services.** Assist in providing food, clothing, bedding, shelter and rehabilitation aid; register evacuees to promote reuniting families and to support the needs of special populations; compile authoritative lists of deceased and missing persons; and other phases of emergency human services, such as maintaining morale and administering to the mental health, religious or spiritual needs of persons suffering from the effects of the disaster.

f) **Fire.** As auxiliary fire fighters or auxiliary wildland fire fighters, assist regular fire fighting forces or fire protection agencies to fight fire, rescue persons, and save property; control forest or wildland fires or fire hazards; instruct residents in fire prevention and property defense methods, methods of detecting fire, and precautions to be observed in reducing fire hazards.

1) For purposes of these regulations only, the ratios between auxiliary fire fighters, volunteer fire fighters, and paid fire fighters shall be one auxiliary for one volunteer and three volunteers for one paid fire fighter. The basis for applying these ratios is that the staffing of an engine company, truck company, or a squad shall not exceed six paid fire fighters, and a salvage and rescue company shall not exceed two paid fire fighters. A fire department that has no volunteer fire fighters is limited to three auxiliary fire fighters for each paid fire fighter in the companies and squads, staffed as above. These staffing standards are based on the number of first line (not reserve) apparatus operated by the fire department.

2) When auxiliary fire fighters are registered with other than an established fire service organization; for example, auxiliary fire fighters in a county or city emergency management services organization, a total number of eligible auxiliary fire fighters shall be computed for that city or unincorporated area. The emergency management services organization is entitled to register auxiliary fire fighters not otherwise registered with other established fire service organizations, and to a number not to exceed the allowable total as indicated in Section 8 (f) (1) above.

g) **Laborer.** Under the direction and supervision of the responding agency, performs general labor services and supports emergency operations.

h) **Law Enforcement.** As Auxiliaries, assist law enforcement officers and agencies to protect life and property; maintain law and order; perform traffic control duties; guard
buildings, bridges, factories, and other facilities; isolate and report unexploded ordinance.

i) Logistics. Under the direction of the emergency organization, assist in procurement, warehousing, and release of supplies, equipment materials, or other resources. Assist in mobilization and utilization of public and private transportation resources required for the movement of persons, materials, and equipment.

j) Medical and Environmental Health. Staff casualty stations, establish and operate medical and public health field units; assist in hospitals, out-patient clinics, and other medical and public health installations; maintain or restore environmental sanitation; assist in preserving the safety of food, milk and water and preventing the spread of disease; perform laboratory analysis to detect the presence and minimize the effects of nuclear, chemical, biological, radiological or other hazardous agents.

k) Safety Assessment Program Evaluator. Survey, evaluate and assess damaged facilities for continued occupancy or use; assist in safety evaluations of facilities for utilities, transportation, and other vital community services; and provide recommendations regarding shoring or stabilization of damaged or unsafe buildings or structures.

l) Search and Rescue (SAR). Under the direction of the appropriate authority, perform search and rescue operations in one or more of several areas including, but not limited to: search and rescue; SAR conducted evidence searches; urban search and rescue; or mine and confined space rescue.

m) Utilities. Assist utility personnel in the repair and restoration of public utilities damaged by disaster.

9. Recordkeeping

For Disaster Service Worker Volunteers in the Sheriff’s Comm Reserve and/or Search and Rescue, the oath or affirmation shall be filed in the Butte County Sheriff’s Office.

For Disaster Service Worker Volunteers in the North Valley Animal Disaster Group, the oath or affirmation shall be filed in the Butte County Animal Control Office.

For Disaster Service Worker Volunteers that are not in the Sheriff’s Comm Reserve, Search and Rescue or the North Valley Animal Disaster Group, the oath or affirmation shall be filed in the Butte County Office of Emergency Management.

These records shall be available for inspection by any officer or employee of the State Compensation Insurance Fund (SCIF) or of the California Governor’s Office of Emergency Services.

10. Release of Volunteers from Service

DSW Volunteers who do not adhere to the rules, policies and regulations of Butte County, fail to perform their assignments satisfactorily, or are participating in activities that are no longer required are
subject to dismissal. A volunteer may be dismissed at any time. Butte County reserves the right to request that a volunteer leave immediately. No prior notification is necessary to release a volunteer of their services. If a volunteer’s supervisor or other county official believes that a volunteer’s behavior warrants immediate release, they have that right.

11. Workers’ Compensation Claims
Injuries incurred by volunteers (as defined in Section 3 of this policy) are covered under the State of California Workers’ Compensation program. If a DSW Volunteer is injured as a result of an authorized deployment or preapproved training, please follow procedures below:

1. Provide SCIF e3301, Workers’ Compensation Claim Form (DWC-1) to injured DSW Volunteer within 24 hours of knowledge of injury.
   a. DSW Volunteer completes 1-8 (top section) and returns it to immediate supervisor or registering agency within three days (72 hours) of receiving it.
   b. Immediate supervisor provides copy to DSW Volunteer and then completes 9-18 (bottom section). Leave line 15 blank.
   c. Completed form must be submitted to SCIF and Cal OES within 1 working day after receipt from DSW Volunteer. DSW Volunteer shall also be provided a copy of the completed form.

2. Complete SCIF e3267, Employer’s Report of Occupational Injury, within 5 days of knowledge of injury. OR
   Complete SCIF e3267 over the phone with a Claims Reporting Representative. This expedites the claim initiation, especially for those employers without access to the paper form.

   24 – Hour Claims Reporting Center (888) 222-3211

   DSW Volunteer DOES NOT complete this form or receive a copy.

3. A written narrative account of the incident that may include witness statements.

4. A copy of the claimant’s current disaster service worker volunteer registration form indicating the loyalty oath or affirmation was administered.

5. If injury due to a training activity, the claim shall also include:

---

1 SCIF Brochure #13761, New Disaster Service Worker’s Guide to Workers’ Compensation, may be given to an injured DSW volunteer at the same time. Brochures may be obtained from your local SCIF office or from the Governor’s Office of Emergency Services.
a. A copy of a training document verifying the disaster service worker volunteer’s participation, and 
b. A copy of the written pre-authorization of the training activity by the accredited disaster council or its designee.

6. Submit documents within time lines. DO NOT wait until you have all documents before submitting.

7. Keep copies of all documents in employer’s file for injured DSW volunteer.

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>STATE FUND</th>
<th>CALOES</th>
<th>INJURED DSW VOLUNTEER</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Fund Form e3267</td>
<td>Fax Copy &amp; Mail Original</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Fund Form e3301</td>
<td>Fax or Scan Copy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSW Registration &amp; Oath</td>
<td>Fax Copy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Report</td>
<td>Fax Copy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Pre-Authorization*</td>
<td>Fax Copy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Verification*</td>
<td>Fax Copy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Supervising Agency (and Registering Agency) retain copy of entire claim submission.

Contacts

Don Glueckert, DSW Volunteer Program Lead
California Emergency Management Agency
3650 Schriever Avenue
Mather, CA 95655
anita.chant@caloes.ca.gov
916-845-8763 (desk)
916-845-8736 (fax)

Angie Trujillo
State Compensation Insurance Fund
Specialized Claims Operations
PO Box 65005
Fresno, CA 93650-5005
951-697-6341 (desk)
707-646-0173 (fax)

OR
Kathryn Chin, DSW Volunteer Program
kathryn.chin@caloes.ca.gov
916-845-8787 (desk)

sllabowitz@scif.com
State of California
Department of Industrial Relations
DIVISION OF WORKERS’ COMPENSATION

WORKERS’ COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the “Employee” section and give the form to your employer. Keep a copy and mark it “Employee’s Temporary Receipt” until you receive the signed and dated copy from your employer. You may call the Division of Workers’ Compensation and have recorded information at (800) 736-7401. An explanation of workers’ compensation benefits included in the Notice of Potential Eligibility, which is the cover sheet of this form.

Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers’ compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony.

Petitioner—Complete this section and note the notation arriba.

1. Name. Nombre.


4. Date of Injury. Fecha de la lesión (accidente).

5. Time of Injury. Hora en que ocurrió.

6. Address and description of where injury happened. Dirección/lugar donde ocurrió el accidente.


8. Check if you agree to receive notices about your claim by email only. Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee’s e-mail.

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.


Employee—Complete this section and note the notation abajo.


12. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente.

13. Date claim form was provided to employer. Fecha en que se le entregó al empleado la peticion.

14. Date employer received claim form. Fecha en que el empleador recibió la petición al empleador.

15. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros.


17. Signature of employer representative. firma del representante del empleador.

18. Title. Título.


Employee: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee. 

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY


Empleador: Se requiere que Ud. fecha esta forma y que provea copias a su compañía de seguros, administrador de reclamos, o dependientemente representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD
**State of California**

**STATE COMPENSATION INSURANCE FUND, CLAIMS MANAGEMENT SERVICE**

24-hour Claims Reporting Center
Telephone: (888) 229-3111 Fax: (800) 371-9625
ALSO SEND ONE COPY TO: CALIFORNIA EMERGENCY MANAGEMENT AGENCY - ATTENTION ANITA CHANT
3855 SCHRIEVER AVENUE, MANTHER, CA 94558
Both sides of this form must be completed

**OSHA Case No.**
**DR** ☐ Fatal

---

<table>
<thead>
<tr>
<th>Column</th>
<th>Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCAL</td>
<td>COUNCIL</td>
</tr>
<tr>
<td>I. LOCAL ADDRESS OF COUNCIL</td>
<td>DIS REL</td>
</tr>
<tr>
<td>J. MAILING ADDRESS (Number and Street, City, Zip)</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>K. LOCATION (if different from Mailing Address (Number, Street, City and Zip))</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>L. DATE OF INJURY</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>M. I. EMPLOYEE DIED; DATE OF DEATH</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>N. DATE OCCURRED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>O. DATE EXPERIENCED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>P. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>Q. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>R. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>S. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>T. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>U. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>V. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>W. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>X. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>Y. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>Z. DATE TREATED</td>
<td>☐, Phone Number</td>
</tr>
<tr>
<td>☐, Phone Number</td>
<td>☐, Phone Number</td>
</tr>
</tbody>
</table>

---

**COUNCIL**

**DIS REL**

**STATE EMPLOYMENT INSURANCE**

**DATE OCCURRED**

**I. EMPLOYEE DIED; DATE OF DEATH**

**II. DATE OCCURRED**

**III. DATE EXPERIENCED**

**IV. DATE TREATED**

---

**ATTENTION:** This form contains information related to an employer's injury and must be used in a manner that protects the confidentiality of the employee to the extent possible while ensuring the information is being used for occupational health and safety purposes. See CCR Title 8:14000.01. For more information, please visit: www.oshca.com.

**Filling of this report is NOT an admission of liability. A Claim Form MAYS NOT BE GIVEN TO THE INJURED WORKER.**

**Employer's Name:** [Redacted]

**Social Security Number:** [Redacted]

**Date of Birth:** [Redacted]

**Sex:** [Redacted]

**Occupation:** [Redacted]

**Primary Source:** [Redacted]

**Secondary Source:** [Redacted]

**Place:** [Redacted]

**City:** [Redacted]

**State:** [Redacted]

**Zip:** [Redacted]

**Phone Number:** [Redacted]

---

**Date:** [Redacted]

**OCCUPATION:** [Redacted]

---

**WAS WORKER REGISTRATION WITH A LOCAL ACCREDITED DISASTER COUNCIL?**

If yes, which:

**NEED FOR DISASTER SERVICES:**

---

**OCCUPATION:** [Redacted]

---

**Did Injury Arise Out of Activities as a Disaster Service Worker?**

---

---