Are You Ready to Utilize Disaster Healthcare Volunteers?

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Sandra Stark Shields a disaster program manager for the Los Angeles County Department of Health Services Emergency Medical Services Agency where she is responsible for the disaster mental health and volunteer program deliverables for the Hospital Preparedness Program (HPP) grant. Sandra was formerly the associate director of planning and preparedness and supervisor of disaster mental health and health services for the American Red Cross of Greater Los Angeles where she supervised a volunteer team of 200 licensed mental health and nursing professionals. Sandra is currently the disaster mental health co-lead for the state of California and leadership mental health volunteer with the American Red Cross. Sandra has been a national instructor for the Red Cross Disaster Mental Health course since 1995. Sandra has a BA in Psychology from Pepperdine and an MA in Clinical Art Therapy/Marriage and Family Counseling from Loyola Marymount University. She is a licensed Marriage and Family Therapist, Board Certified Art Therapist, and Certified Trauma Specialist through the Association of Traumatic Stress Specialists.

Christopher Riccardi, CHSP, CHEP, CHCM-SEC
Emergency Management and Project Coordinator
Providence Little Company of Mary Medical Center Torrance

Christopher Riccardi has developed and implemented enduring emergency management programs for three Southern California hospitals. Chris is an instructor for the Hospital Association of Southern California’s Hospital Disaster Management Training program educating hospital leadership throughout Los Angeles County in managing disaster mitigation, preparedness, response and recovery strategies. He is a Disaster Healthcare Volunteer representing the Los Angeles County Surge Unit. Chris has led the collaboration to develop a comprehensive disaster response initiative as part of the Emergency Department Disaster Task Force since 2005. Chris has developed a comprehensive, redundant disaster communications plan for both Providence Little Company of Mary Medical Centers and the Providence Health and Services system.
Terry Stone, RN, MS, CPHQ, EMS
Emergency Preparedness Manager
Henry Mayo Newhall Hospital

Terry Stone is a registered nurse with over 30 years of leadership experience in acute-care hospitals. Since 2006, Terry has been the emergency preparedness manager for a 238-bed acute-care hospital in Los Angeles, California. She obtained her certification in Emergency Management in 2011. Terry participated in the first functional exercise for the deployment of Disaster Healthcare Volunteers (DHV) sponsored by the Los Angeles County Surge Unit in 2012 and in a full scale exercise for the deployment of DHV’s into hospitals and clinics also sponsored by the Los Angeles County Surge Unit in April of 2013.

Goals

The goals of this exercise are to prepare for the requesting, receiving and utilizing of volunteer health professionals in hospitals and clinics in response to a declared emergency.
Objectives

- Learn how to use “best practices” and customizable tools to better prepare your facility to receive and utilize DHVs following a disaster.
- Develop, expand and practice your facility disaster planning procedures for utilizing pre-registered DHVs by using a tabletop exercise.
- Identify “next steps” to better prepare your hospital or clinic to utilize DHV volunteers.

Agenda

- Highlights from the Los Angeles County DHV Full Scale Exercise in April 2013
- Briefing on the Los Angeles County DHV Tabletop Exercise Guide for Los Angeles County
  - Hospital and clinic versions are both available!
- Tabletop Activity
- “Report out” and sharing of best practices (group and Los Angeles County)
- DHV-INGO
DHV-INGO Instructions

Here’s how to play DHV-INGO

- Group play
- Introduce yourselves!
- Red font words are DHV-INGO words (here is your first DHV-INGO word)
- Must mark the entire rim of boxes
- Stand up and announce “DHV-INGO!”
- DHV-INGO prizes

Los Angeles County Disaster Healthcare Volunteer Collaborative Website

www.lacountydhv.org
Volunteer Program Started 2007, Count as of April 2014

Los Angeles County Surge Unit: 3482 (600+ Non Medical)

Los Angeles County Medical Reserve Corps: 1472
Beach Cities now a part of MRC LA

Long Beach Medical Reserve Corps: 127
Los Angeles County
DHV Full Scale Exercise
April 26, 2013

3 Year Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

2010
- Survey of HCFs
- Develop Training & Exercise Plan
- DHV Training Event
- Revision of Los Angeles County Deployment Operation Manual (LAC DOM)

2011
- June 9, 2012 Summit
- Participation of “first three” hospitals
- Development of requesting, receiving, using DHVs
- Revision of LAC DOM

2013
- April 2013 Full-Scale Exercise
- Full-scale exercise preparation: training, workshop
- Revision of LAC DOM
- Next steps, etc.
Full-Scale Exercise Participants

- Los Angeles County EMS Agency (5 facilitators and exercise management) Volunteer Los Angeles
- Clinics: Venice Family Clinic, Eisner Pediatric Clinic
- Volunteers (DHWs): 199 requested, 224 assigned, 159 attended
- Controllers (10) & Evaluators (26): EMSA, HASC, others
- Actors: DHVs with injects (wrong license, needle stick, medical fail)
- Hospitals (20–30 Volunteers for each facility except clinics)
  - California Hospital Medical Center
  - Henry Mayo Newhall Hospital
  - Hospital Providence Little Company of Mary San Pedro
  - PIH Health Hospital
  - Northridge Hospital Medical Center
  - Santa Monica – UCLA Medical Center

Exercise Volunteers by Profession

- Physicians: 12
- Nurse Practitioners: 3
- Registered Nurses: 65
- Licensed Vocational Nurses: 3
- Respiratory Therapists: 5
- Physician Assistant: 1
- Pharmacists: 6
- Certified Nursing Assistant: 1
- Phlebotomist: 1
- Physical Therapist: 1
- Emergency Medical Technician: 5
- Chaplain: 1
- Non-Medical: 56
Resources We Share!

Los Angeles County EMS Agency website, or contact Sandra Shields

- Hospital DHV Training Survey
- Los Angeles County Full-Scale Exercise:
  - Exercise Plan, MSEL, AAR-IP
- Pre-Exercise Training
  - LAC DHV Hospital Workshop
  - LAC DHV Clinic Workshop
  - Hospital and Clinic “Tool kits” Hospital and Clinic
    Do-It-Yourself DHV Tabletop Exercise Guide
    *This is what we are using today!!

Los Angeles County DHV Tabletop Exercise Guide

Briefing

*Hospital and Clinic versions are both available!
The Tabletop Exercise in 3 steps:

- Step 1: Preparing for the tabletop exercise
- Step 2: Conducting the exercise
- Step 3: The exercise
- Step 4: Evaluate and AAR (Evaluation forms and AAR format included)

Tabletop Instructions

This exercise is divided into three sections or problem statements:

1. The decision to use volunteer health professionals in your hospital
2. Identification of what is necessary in order for your hospital to effectively receive these volunteers
3. What needs to happen in order to actually put these volunteers to work in your hospital.
Tabletop Positions

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Evaluator</th>
<th>Participant</th>
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<tbody>
<tr>
<td>1. Introduce exercise</td>
<td>1. Ensure tables are capturing ideas</td>
<td>1. Work in groups</td>
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<td>2. Explain what to expect</td>
<td>2. Ensure all sections of exercise are evaluated</td>
<td>2. Watch for DHV-INGO words</td>
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<td>3. Expectations of participants</td>
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<td>3. Answer questions in all 3 sections</td>
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<td>4. Explain ground</td>
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<td>4. Participate in solutions for each question</td>
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<td>5. Present scenario</td>
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<td>6. Keep exercise on track and on time</td>
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<td>7. Guide evaluation process</td>
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Tabletop Activity — Scenario

Earthquake in the Los Angeles area 6 hours ago
- 1,800 fatalities
- 53,000 people are injured
- 300,000 buildings are damaged
- 1,600 fires in the county
- Lifelines (e.g., water, gas, and electric) are disrupted throughout the county
- Communication systems are overloaded
- Your hospital is structurally intact; no patients or currently working staff have been injured in the earthquake
- Other hospitals have been badly damaged.
The hospital was asked to address three overarching questions/issues:
  - The decision to request volunteer health professionals;
  - What is needed in order to receive volunteer health professionals; and
  - How to put volunteer health professionals to work.

Using your hospital’s EOP, relevant policies and procedures, and your specific experience and expertise, please discuss and answer the following questions:

1. How will you determine if your hospital will use DHVs?
2. Who is responsible for making the decision to use DHVs?
3. How is staffing need determined in a disaster?
Section 2
What’s Needed to Receive Volunteers?

1. What processes need to be in place in order to receive volunteers into your hospital?
2. What process(es) need to be completed in order to ensure that volunteers’ credentials are appropriate?
3. What specific paperwork needs to be completed in order to have DHVs work within your hospital?
4. With regard to each of the processes, steps you identify, who is responsible for each step in the process?
5. Is the responsibility clearly articulated in your EOP, policies and procedures?
6. What set-up is required in order to carry out these procedures?

Section 3
How to Put Volunteers to Work

1. What activities are required in order to put the deployed DHVs to work in your hospital?
2. What orientation is required to the hospital facility? Who is responsible for providing the hospital orientation?
3. What policies and processes are in place/required in order to allow DHVs to practice or to restrict practice (e.g., requiring that volunteers “shadow,” “partner” or buddy with regular staff)?
4. With regard to each of the processes, steps you identify, who is responsible for each step in the process?
5. Is the responsibility clearly articulated in your EOP, policies and procedures?
6. What set-up is required in order to carry out these procedures?
Section 1 Best Practice

1. How will you determine if your hospital will use DHVs?
   - Facility-specific decision made by leadership
   - Facility policy and procedure in place for hospital and medical staff

Section 1 Best Practice (cont.)

2. Who is responsible for making the decision to use DHVs?
   - Decision is made by facility leadership to use or not use volunteers in a disaster
   - Disaster privileges are granted only when the following two conditions are present:
     - Emergency management plan has been activated, and
     - The health care organization is unable to meet immediate patient needs
Section 1 Best Practice (cont.)

3. How is staffing need determined in a disaster?
   - Staffing resources are exhausted or nearly exhausted
   - Unable to obtain staff within a reasonable time frame (based upon priority level) from registries, contractors, MOU/MOA or corporate office
   - Hospital-specific triggers for requesting volunteers are met
   - Departmental Status Reports

Section 2 Best Practice

1. What processes need to be in place in order to receive volunteers into your hospital?
   - Facility decision to use volunteers
   - Policies and forms to guide use of volunteers
   - Resource Request to Medical Alert Center
   - Reconciliation of roster from surge unit with facility sign-in
   - Medical Screening — Fit for Duty
   - Identification badge
   - Accommodations for parking, sleep, food, rest, hygiene, communication
   - Education for Incident Command and Labor Pool
   - Pre-made toolkits for Labor Pool and Volunteers
2. What process(es) need to be completed in order to ensure that volunteers’ credentials are appropriate?
   - Two sources of identification: government-issued ID and other, i.e., medical license
   - Application
   - Primary source license verification
   - Education, Training, Current competence, DEA certification, National Practitioner Data Bank query (if not done initially)

3. What specific paperwork needs to be completed in order to have DHVs work within your hospital?
   - Reconciliation of roster from surge unit with facility sign-in
     HICS 253 – Volunteer Registration at check-in and check-out
   - Application
   - Medical Screening
   - Disaster privileges for physicians and Allied Health Personnel
   - Documentation of primary source license verification
   - Administration/Medical Staff signoff for disaster privileges
   - HR signoff for licensed and non-licensed staff
   - Assignment, buddy, assignments, performance evaluation
   - Personal resilience self-triage monitoring form
Section 2 Best Practice (cont.)

4. With regard to each of the processes, steps you identify, who is responsible for each step in the process?
   - Leadership/Medical Staff
     - Decision to use volunteers
     - Approve policy/applications/privileges
     - Bylaws language
   - EM Manager/Disaster Planner
     - Implement policy
     - Accommodations for volunteer
     - Labor pool education, pre-made labor pool packets
     - Coordinate orientation including Anticipate, Plan, Deter
     - Incident Command education for triggers for volunteers, resource requesting education

Section 2 Best Practice (cont.)

4. With regard to each of the processes, steps you identify, who is responsible for each step in the process? (continued)
   - Labor Pool Credentialing Unit has expanded positions
     - Leader
     - Team member check-in
     - Team member license & application reviewer
     - Team member orientation facilitator
     - Team member check out and demobilization facilitator
     - Labor Pool Credentialing Unit
   - Departments
     - Orient, buddy, evaluate
Section 2 Best Practice (cont.)

5. Is the responsibility clearly articulated in your EOP, policies, and procedures?
   - Example of EOP language:
     If additional resources are needed (staffing, equipment, supplies, etc.) Los Angeles County Medical Alert Center (MAC) is to be notified via ReddiNet or telephone at (866) 940-4401. MAC is responsible to coordinate requests, patient transport, evacuation and communication.

Section 2 Best Practice (cont.)

6. What set-up is required in order to carry out these procedures?
   - Labor Pool
   - Accommodations for parking, sleep, food, rest, hygiene, communication
   - Identification system
   - Parking
   - Labor Pool and Volunteer pre-made packets
   - Situation briefing
   - Orientation to hospital PowerPoint
   - Anticipate, plan and deter PowerPoint and brochure
Labor Pool Toolkit

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<td>Labor Pool &amp; Credentialing Unit Leader, JAO, HIIC Forms</td>
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<td>Labor Pool &amp; Credentialing Team Member Check-in JAI, Mobilization Roster, JAI HIIC Forms</td>
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<td>Large Pool &amp; Credentialing Team Member Check-out &amp; De-mobilization Facilitator, JAI. HIIC Forms, Medical Screening FACE, R-START Triage Form, Performance Evaluation, Hotwash, HIIC Check-out Form</td>
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DHV Toolkit

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<td>Orientation to Henry Mayo Newhall Memorial Hospital</td>
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<td>Anticipate Plan and Omit Personal Resilience Plan</td>
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<td>Disaster Healthcare Volunteer Performance Appeal</td>
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<td>Resource Catalogue Map</td>
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<td>Exercise Software</td>
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DHV-INGO Prizes!

Questions?
Thank you

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