



Get Ready **Stay Ready**
Disaster Planning for California Hospitals

Are You Ready to Utilize Disaster Healthcare Volunteers?

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 CALIFORNIA
HOSPITAL
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Sandra Stark Shields, ATR-BC, LMFT, CTS

Disaster Program Manager
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Emergency Medical Services Agency

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.



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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.





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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 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.

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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

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DHV-INGO Instructions

Here's how to play DHV-INGO

DHV	I	N	G	O
DHV	DHV	DHV	DHV	DHV
DHV				DHV
DHV				DHV
DHV				DHV
DHV	DHV	DHV	DHV	DHV

- 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

Los Angeles County DISASTER HEALTHCARE VOLUNTEERS JOIN AS A MEMBER ENTER HERE

It's easy to sign up as a valuable and vital emergency volunteer with LAC DHV... simply [CLICK HERE](#).

The L.A. County Disaster Healthcare Volunteers (DHV) formerly known as ESWAN VHP, is a federally mandated, collaborative effort led by the Los Angeles County Department of Health Services Emergency Medical Services Agency and Department of Public Health. Our mission is to recruit, pre-register, verify, train and place of practice for medical, health, mental health and other volunteers in advance of major disasters or other public health emergencies. Units include: L.A. County Surge Unit, MRC Los Angeles, Beach Cities Health District MRC and Long Beach MRC. We encourage you to make your unit choice in advance of the next disaster.

- LA COUNTY SURGE UNIT**
Disaster Trained, Hospital Ready
[ENTER SITE](#)
- LOS ANGELES**
Volunteers Building Healthy, Prosperous & Resilient Communities
[ENTER SITE](#)
- BEACH CITIES HEALTH DISTRICT MRC**
Trained medical and public health volunteers for disaster response and recovery
[ENTER SITE](#)
- LONG BEACH MRC**
Community-based, emergency ready volunteers
[ENTER SITE](#)

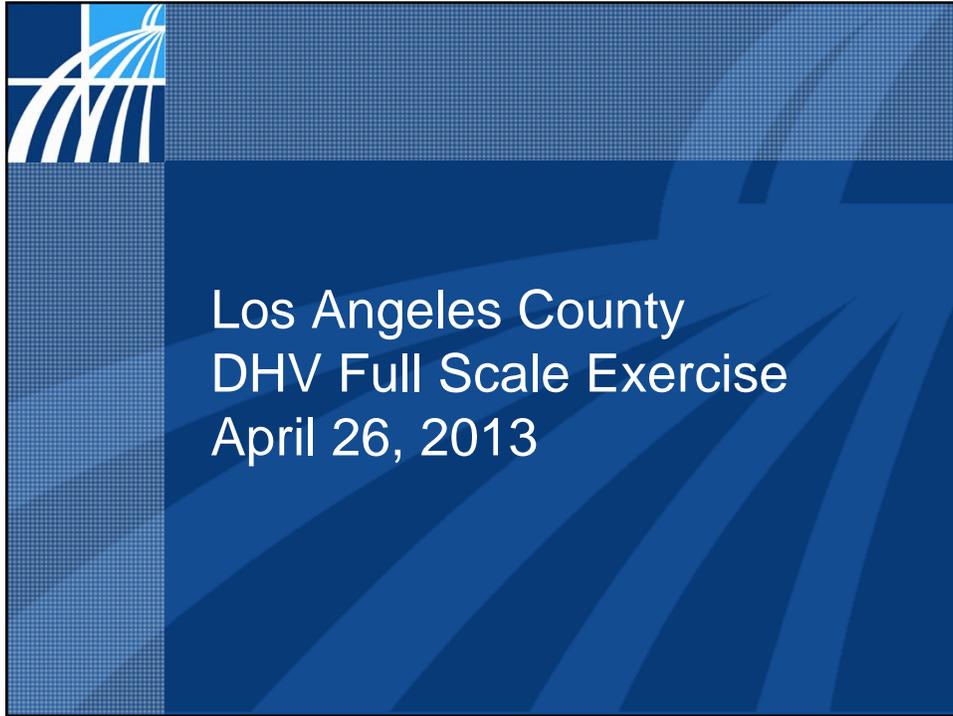
www.lacountydhv.org

Los Angeles County DHV Surge Unit Website

www.JoinSurgeTeam.org

Volunteer Program Started 2007, Count as of April 2014

<p>Los Angeles County Surge Unit: 3482 (600+ Non Medical)</p>	<p>Los Angeles County Medical Reserve Corps: 1472 Beach Cities now a part of MRC LA</p>	<p>Long Beach Medical Reserve Corps: 127</p>



3 Year Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)		
2010	2011	2013
<ul style="list-style-type: none"> ▪ Survey of HCFs ▪ Develop Training & Exercise Plan ▪ DHV Training Event ▪ Revision of Los Angeles County Deployment Operation Manual (LAC DOM) 	<ul style="list-style-type: none"> ▪ June 9, 2012 Summit ▪ Participation of “first three” hospitals ▪ Development of requesting, receiving, using DHVs ▪ Revision of LAC DOM 	<ul style="list-style-type: none"> ▪ 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 (DHVs): 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

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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

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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!!

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Los Angeles County DHV Tabletop Exercise Guide

Briefing

*Hospital and Clinic versions are both available!



Los Angeles County DHV “Do-It-Yourself” Tabletop Exercise Guide

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)

Los Angeles County
Disaster Healthcare Volunteers



Tabletop Exercise for Los Angeles County Hospitals
Exercise Guidebook

Version 1
January 14, 2023

Disaster Healthcare Volunteers—Hospital Tabletop Exercise Guidebook

Page 1
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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.

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Tabletop Positions

Facilitator

1. Introduce exercise
2. Explain what to expect
3. Expectations of participants
4. Explain ground
5. Present scenario
6. Keep exercise on track and on time
7. Guide evaluation process

Evaluator

1. Ensure tables are capturing ideas
2. Ensure all sections of exercise are evaluated

Participant

1. Work in groups
2. Watch for **DHV-INGO** words
3. Answer questions in all 3 sections
4. Participate in solutions for each question

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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.

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Tabletop Activity — Scenario (cont.)

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.

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Section 1

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?

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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?

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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?

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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

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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

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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

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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 HICS 253 – Volunteer Registration
 - 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

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Section 2 Best Practice (cont.)

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)

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Section 2 Best Practice (cont.)

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

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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

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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

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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.

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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

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Labor Pool Toolkit

DISASTER HEALTHCARE VOLUNTEER



1	TABLE OF CONTENTS
2	ORIENTATION TO LABOR POOL & CREDENTIALING TEAM -PPT
3	LABOR POOL & CREDENTIALING UNIT LEADER, JAS, HICS FORMS
4	LABOR POOL & CREDENTIALING TEAM MEMBER CHECK IN JAS, MOBILIZATION ROSTER, & HICS FORMS
5	LABOR POOL & CREDENTIALING TEAM MEMBER LICENSE AND APPLICATION REVIEWER, JAS SHEET, APPLICATION REVIEW CHECKLIST, ID BADGES, HICS FORMS
6	LABOR POOL & CREDENTIALING TEAM MEMBER ORIENTATION FACILITATOR, JAS, ORIENTATION PPT, ANTICIPATE, PLAN & DETER PPT & FORMS
7	LABOR POOL & CREDENTIALING TEAM MEMBER CHECK OUT AND DEMOBILIZATION FACILITATOR, JAS, HICS FORMS, MEDICAL SCREENING(PAGE 2), P ₁₇ -START TRIAGE FORM, PERFORMANCE EVALUATION, HOTWASH, HICS CHECK OUT FORM

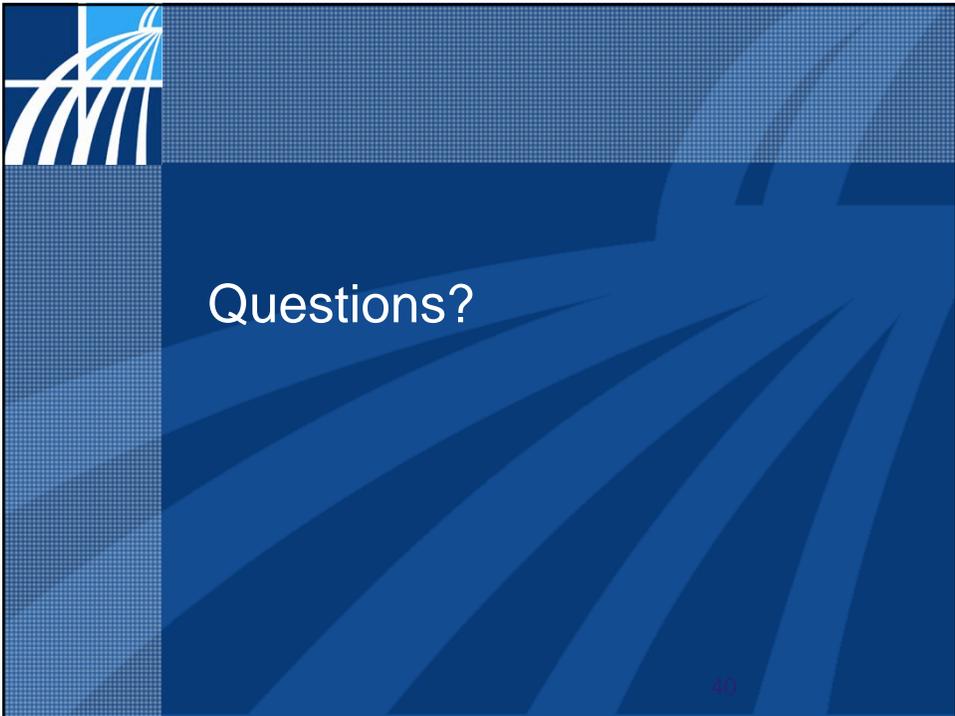
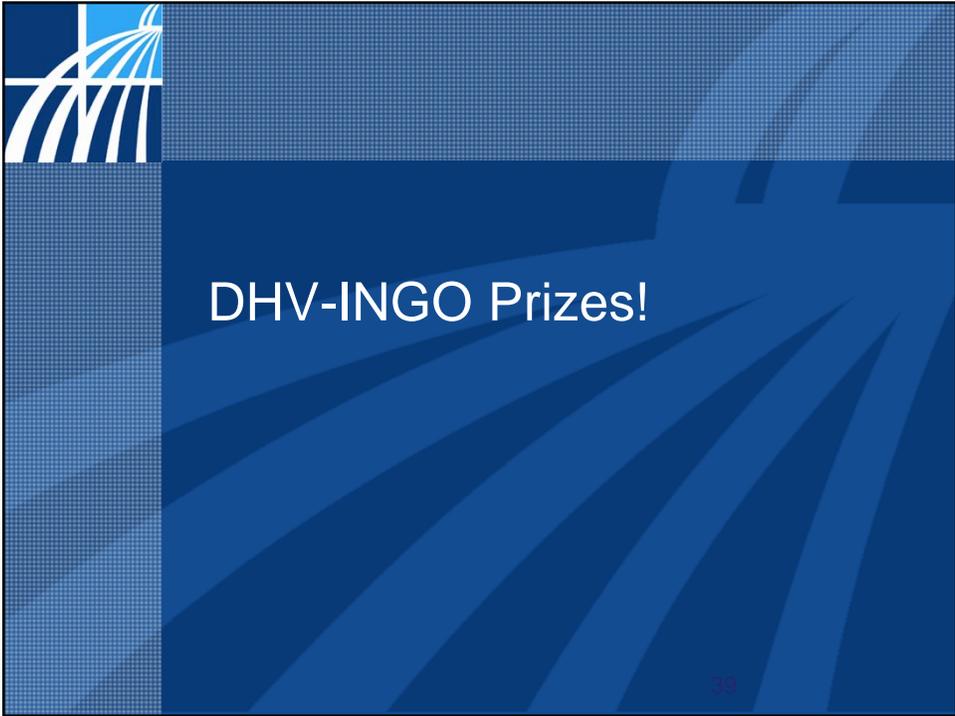


DHV Toolkit

DISASTER HEALTHCARE VOLUNTEER



1	TABLE OF CONTENTS
2	WELCOME LETTER TO DHV:
3	APRIL 16, 2013 EXERCISE BRIEFING
4	MEDICAL SCREENING FOR FIT FOR DUTY
5	APPLICATION FOR LICENSED AND NON-LICENSED VOLUNTEERS
6	ORIENTATION TO HENRY MAYO NEWHALL MEMORIAL HOSPITAL
7	ANTICIPATE, PLAN AND DETER PERSONAL RESILIENCE PLAN
8	P ₁₇ -START STAFF SELF TRIAGE FOR PERSONAL RESILIENCE MONITORING
9	DISASTER HEALTHCARE VOLUNTEER PERFORMANCE APPRISAL
10	HMCNMH CAMPUS MAP
11	EXERCISE HOTWASH





Thank you

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