Partnering with Volunteers in a Disaster

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Carole Snyder is the emergency preparedness coordinator at PIH Health Hospital, a designated Los Angeles County Disaster Resource Center, where she is responsible for disaster and safety policies, staff education, development and execution of community-wide drills. She has more than 20 years of practical experience as a registered nurse in hospital emergency departments. In her previous role, she designed and implemented the PIH Health emergency department electronic medical record. Carole is the California State Emergency Nurses Association president-elect and a Los Angeles County Commissioner for EMS.

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Terry Stone is the safety officer and emergency preparedness manager for Henry Mayo Newhall Memorial Hospital in Valencia, California. Terry is a registered nurse and is certified in health care quality and emergency management. The majority of her career has been in nursing, administrative leadership positions and emergency management in the acute-care hospital setting.
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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Senior Disaster Services Analyst  
Los Angeles County Department of Health Services Emergency Medical Services Agency

Sandra Stark Shields is responsible for the disaster mental health and volunteer program deliverables for the Hospital Preparedness Program grant for Los Angeles County. 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. Over the past 20 years, she has participated in 22 major disaster operations, including Hurricane Andrew, the Northridge Earthquake, the Los Angeles Riots, the Alaska and Singapore Airlines crashes, and coordination of the local mental health response to the September 11 terrorist attacks. In her most recent disaster deployment, she was assigned to the Red Cross National Headquarters Disaster Operations Center where she provided technical guidance to mental health management staff who were providing mental health services to victims of Hurricane Katrina and Rita.
Partnering with Volunteers in a Disaster

Presentation Overview

Sandra Shields, LMFT, CTS
Los Angeles County
Department of Health Services
Emergency Medical Services Agency

LA County Disaster Healthcare Volunteers (DHVs)
Disaster Services Worker/Liability
April 26, 2013 Full Scale Exercise
After Action Report/Improvement Plan (AAR/IP)
Structure of Disaster Healthcare Volunteers System

Resource Center for LA County Disaster Healthcare Volunteer Collaborative Website

www.lacontydhv.org

LA County DHV Surge Unit Website

www.JoinSurgeTeam.org
Volunteer Program Started 2007, Count as of June 2013

LA County Surge Unit: 3648 (600 Non-Medical)
LA County Medical Reserve Corp: 1378
Long Beach MRC: 147
Beach Cities: 98

Workers’ Compensation — Liability

- DHVs are sworn in as Disaster Service Workers before deployment
- Multiple protections from liability for volunteers and facilities
- DSW program provides a route to workers’ compensation in declared disasters

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

**Year 1:**
- Survey of HCFs
- Develop Training & Exercise Plan
- DHV Training Event
- Revision - Los Angeles County Deployment Operation Manual (LAC DOM)

**Year 2:**
- June 9, 2012 Summit
- Participation of “first three” hospitals
- Development of requesting, receiving, using DHVs
- Revision – LAC DOM

**Year 3:**
- April 2013 Full-Scale Exercise
- Full-scale exercise preparation: training, workshop
- Revision of LAC DOM
- Next steps, etc.
Overarching Goals for the Exercise

- Fully exercise the Los Angeles County DHV system using a scenario to deploy DHVs to local health care facilities; scope of request for DHV assistance through DHV deployment to six area hospitals and two clinics, to release of volunteers
- Test the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) operational requirements and Los Angeles County DHV deployment process, from request for DHV assistance to release of volunteers

Overarching Goals for the Exercise (cont.)

- Exercise hospitals and clinics ability to request, receive, credential, orient, assign, debrief and release from duty
- Evaluate and refine the Los Angeles County Deployment Operation Manual and relevant training materials prior to rolling training out to all Los Angeles area hospitals
- Improve the ability of non-playing Los Angeles area hospital staff to validate credentials, check the health status, utilize, request, and receive DHVs by including evaluators and observers from non-playing hospitals

Target Capability 15: Volunteer Management

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<tbody>
<tr>
<td>Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</td>
<td>Function 1: Coordinate volunteers</td>
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<td>Function 2: Volunteer notification for healthcare response needs</td>
<td>Function 2: Notify volunteers</td>
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<td>Function 3: Organization and assignment of volunteers</td>
<td>Function 3: Organize, assemble, and dispatch volunteers</td>
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<td>Function 4: Coordinate the demobilization of volunteers</td>
<td>Function 4: Demobilize volunteers</td>
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Full-Scale Exercise Participants

- Los Angeles County EMS Agency (5 facilitators and exercise management) Volunteer Los Angeles
- Hospitals (20-30 Volunteers for each facility except clinics)
  - California Hospital Medical Center
  - Henry Mayo Newhall Memorial
  - Hospital Providence Little Company of Mary San Pedro
  - PIH Health Hospital
  - Northridge Hospital Medical Center
  - Santa Monica – UCLA Medical Center
- Clinics: Venice Family Clinic, Eisner Pediatric Clinic
- Volunteers (DHVs): 399 requested, 224 assigned, 159 attended
- Controllers (10) & Evaluators (26): EMSA, HASC, others
- Actors: DHVs with injects (wrong license, needle stick, medical fail)

Exercise Volunteers by Profession

- Physicians: 12
- NP: 3
- RN: 65
- LVN: 3
- RT: 5
- PA: 1
- Pharm: 6
- CNA: 1
- Phlebotomist: 1
- PT: 1
- EMT: 5
- Chaplain: 1
- Non-Medical: 56

Results: Positive

- Test of volunteer systems in county, MRCs and at hospitals and clinic very valuable
- Hospitals and clinics were able to test procedures and develop “tool kit” for DHVs
- Pre-exercise training of hospitals and clinics on how to request and uses DHV volunteers a success
- Overall volunteers had a positive experience and felt welcome at hospitals and clinics
- Volunteers appreciated facility tours, specific orientation, and “buddy system” where they were paired with regular staff
Exercise After Action Report
and Improvement Plan

- Not all DHVs were “hospital ready”
- Cut down on duplicate forms and procedures
- Volunteers wanted more information on the exercise scenario and what to bring — licenses, parking, etc.
- Some hospital orientations were too long
- Facilities want to request volunteers by specialty (ER, ICU, NICU, Surgery, etc.) — this is NOT currently possible in CORES
- Volunteers wanted more “hands-on” experience
- Mobilization plans and DHV Deployment Operation Manual will be extensively revised

Exercise After Action Report
and Improvement Plan (cont.)

- Mobilization Center Management: Volunteer vs. County
  - Role for non-medical volunteers needs review
- CORES Mission Manager challenges:
  - Specialties not currently mandated (ER, NICU, Med Surge, etc.)
  - Multiple deployment location, rosters, messaging difficult
- Assignment of DHVs Unit Coordinator vs. requesting EMS agency
- Demobilization of volunteers needs more review and exercise

Next Steps — EMS Agency

- Revision of Deployment Operation Manual and Mobilization Plan
- Disposition of non-medical volunteers in the Surge Unit
- Work with state EMSA on needed CORES Improvements
- Post-exercise regional workshop leveraging lessons learned from the full-scale exercise
The Joint Commission
and the DHV
From Activation to Accommodation

Christopher Riccardi, CHSP, CHEP, CHCM-SEC
Providence Little Company of Mary Medical Center Torrance

Hospital Planning for DHVs

- The Joint Commission Standards
- EOP Activation
- Requesting Resources
- Accommodating the DHVs
- Expectations
- Lessons Learned

TJC Standards

- EM.02.02.07 EP 7
  - Identification of Licensed Independent Practitioners (LIPs), staff and authorized volunteers during emergencies
- EM.02.02.13 EP 1 through 9
  - Management of licensed, certified or registered volunteer practitioners
- EM.02.02.15 EP 1 through 9
  - Management of LIPs
EM.02.02.13 & EM.02.02.15
Identical EP’s

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<thead>
<tr>
<th>EM.02.02.13</th>
<th>EM.02.02.15</th>
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<tr>
<td>Volunteer Licensed Independent Practitioners (LIPs)</td>
<td>Volunteer Licensed, certified, registered practitioners</td>
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<tr>
<td>EP1 Only used when EOP is activated and the hospital is unable to meet immediate patient needs</td>
<td>EP1 Only when EOP activated and is unable to meet immediate patient needs</td>
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<tr>
<td>EP2 Who is responsible to grant privileges</td>
<td>EP2 Who is responsible to assign</td>
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<td>EP3 How will LIPs be identified</td>
<td>EP3 How will volunteers be identified</td>
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<td>EP4 How will the performance be evaluated</td>
<td>EP4 How will performance be evaluated</td>
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<td>EP5 Identification obtained</td>
<td>EP5 Identification obtained</td>
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<td>EP6 Who oversees performance</td>
<td>EP6 Who oversees performance</td>
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<tr>
<td>EP7 Determine within 72 hours if privileges should continue</td>
<td>EP7 Determine within 72 hours if responsibilities should continue</td>
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<td>EP8 Primary source verification done within 72 hours or document why it cannot be done</td>
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<tr>
<td>EP9 If circumstances do not permit primary source verification in 72 hours it is done ASAP</td>
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Resource Requesting

Activate Facility Disaster Plan/EOP
Establish “Triggers” to initiate resource request for DHVs
Identify Specific Type of DHV required (MD, RN, etc.)
Ensure HICS Labor Pool roles are identified and filled
Policy for granting disaster privileges
Policy for Spontaneous Volunteers; if not used refer to Surge Unit
Identify what accommodations are needed for volunteers

Resource Request Form
Decisions... Decisions...!

Is your facility going to meet needs with volunteers?
• What healthcare roles are needed?
  □ Licenses
  □ Certifications
  □ Skills
  □ Language
• How many positions are required?
  □ Minimum
  □ Desired
• How long do you need them?
  □ Minimum one shift
  □ Needs may vary

DHV Emergency Credential Level (ECL)

• ECL 1: Hospital Active, i.e., having an active, unencumbered license and confirmed to be employed or privileged in a hospital
• ECL 2: Clinically Active, i.e., having an active, unencumbered license and confirmed to have been actively employed in a clinical setting within the last six months
• ECL 3: Licensed or Equivalent, i.e., having an active, unencumbered license (or equivalent)
• ECL 4: Healthcare experience or education for non-licensed volunteers

What DVHs are Not

• DHVs are not first responders
• DHVs are not a rapid-reaction force
• DHVs deployment will most likely take several days
• It may take 48–72 hours to mobilize volunteers
Responsibilities of DHVs

- DHVs are expected at all times to act in a manner consistent with their professional status and licensure
- In agreeing to participate in the DHV system as a volunteer, each individual acknowledges understanding the nature of the volunteer role, the process for verifying credentials and affirms that all information they will give the system will be truthful
- Volunteers are expected to update their profiles in the system regularly and as needed

DHV Orientation and Integration into Facility

Carole Snyder, RN, BSN
PIH Health Hospital

Labor Pool Steps to Process Volunteers

1. Check in
2. Verify credentials
3. Provide hospital orientation
4. Check out
Check-In

- Reconcile volunteers with roster from Surge Unit
- Use HICS 253 volunteer sign-in
- Complete Fit-for Duty and applications
- Maintain log of volunteers by category (i.e., ICU RN, Pharmacist)

June 2012 Summit

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<tr>
<th>June 2012 Summit</th>
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<tr>
<td>Welcome</td>
<td>Lifting Ergonomics</td>
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<tr>
<td>Hospital Overview &amp; Safety Orientation</td>
<td>Transport/Gurneys</td>
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<tr>
<td>Facility Maps and Layout</td>
<td>Disaster Patient Tracking HICS 254</td>
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<tr>
<td>Staff Resilience</td>
<td>Fatality Identification</td>
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<tr>
<td>Sign-in and sign-out</td>
<td>HICS 259</td>
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<tr>
<td>Assign buddy</td>
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<td>Competencies</td>
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June 2013 Orientation

- DHV Hospital Briefing:
  - Mission/Expectations/Responsibilities
  - Facility Demographics
  - Safety/Security/Codes
  - Accommodations/Resources
  - Authority
  - Communications
  - Staff Resilience
Volunteer Orientation

- Volunteer orientation to organization, safety and security

Accommodating Volunteers

- Will volunteers need housing?
- Will volunteers need food?
- Will volunteers need transportation?
- Will volunteers need parking?
- Specific logistics issues that will affect volunteers?

Expectations vs. Reality

Expectations...
Expectations vs. Reality

Reality...

Staff and Volunteer Resiliency

Anticipate, Plan and Deter
- Handouts
- Briefing
- Buddy System

Credential Reviewer and Department Assignments

- Facility policy followed to verify credentials for registered and spontaneous volunteers
- Application review leads to appropriate department and buddy assignment
Licensed vs. Unlicensed

- Competencies-Clinical Protocols
- “Hospital Ready”
- Facility vs. Unit-Specific
- Appropriate Oversight
- Performance Evaluation

Exercise Injects

- No license
- Sick volunteer
- Spontaneous volunteer

Check-Out & Debriefing

- Reconcile roster from LA County Surge Unit with HICS 253 sign-in
- Collect medical screening Forward to LA County Surge Unit if there are psychological, health or injuries noted
- Collect performance evaluation, ID badge and debriefing
Improvements

Terry Stone, RN, MA, CPHQ, EMS
Henry Mayo Newhall Memorial Hospital

Lessons Learned

- Duplication of paperwork
- Expectations of what training will be offered
- Buddy system assignments

Lessons Learned by Exercising

- Planning and conducting an exercise of this scale is not a common occurrence, but the end result was well worth our efforts
- We accomplished our goals of requesting, deploying, receiving, credentialing, orienting, assigning, debriefing and releasing volunteers from duty
- We learned the pitfalls and developed systems and tools to make the process better
Lessons Learned

- Change of hospital’s designated location for Labor Pool and Credentialing area
- Preload credentialing sites on designated computers/laptops
- Ability to integrate DHV into the facilities day-to-day operations
- Development of hospital “triggers” to initiate DHV
- Unrealistic expectations of volunteers
- Do not conduct two full-scale exercises in one day!!!

Hospital Improvements
Partnering with Volunteers

Streamlined processes
- Request volunteers
- Receive and reconcile volunteers received
- Medically screen volunteers upon entry and exit
- Credential and match experience with assignment
- Orient and identify volunteers from other staff
- Evaluate performance
- Debrief volunteer experience in hospital for After Action Report
- Ensure follow up with Los Angeles County Surge Unit for any issues identified on check out that need follow up
- Create toolboxes for labor pool and volunteers

Improvements Following Functional Exercise

- Hospital welcome and orientation packet for volunteers
- Trained & organized labor pool
- Standardized short applications
- Process for registered and spontaneous volunteers
- Medical screening on check-in/check-out
- Orientation & personal resilience plan
- Accommodations & introductions
- Modified HICS 253 – check-in/check-out
**Improvements Specific to Volunteers**

- Pre-made volunteer packets
  - Welcome letter from hospital to DHVs
  - Explanation of labor pool activities
  - Applications — licensed and non-licensed volunteers
  - Medical Screening Fit-for-Duty and monitoring tool
  - Orientation PowerPoint to hospital
  - Anticipate, Plan and Deter Personal Resilience Plan and PowerPoint
  - PsySTART Personal Resilience monitoring tool
  - Performance Appraisal
  - Hospital campus map and floor plans
  - Debriefing

**Improvements Specific to Labor Pool**

- Expanded Labor Pool to five positions:
  1. Unit Leader
  2. Check-In
  3. License and Application Reviewer
  4. Orientation Facilitator
  5. Check-Out Demobilization Facilitator

**Improvements Specific to Labor Pool (cont.)**

- Labor pool training toolbox
  - Competency training for all labor pool positions
  - Facility policy for disaster volunteers
  - All forms and job action sheets for each position
References/Resources

U.S. Department of Health and Human Services
www.hhs.gov

Los Angeles County Surge Unit
www.joinsurgeteam.org

Los Angeles County Disaster Healthcare Volunteers
www.lacountydhv.org

The Joint Commission
www.jointcommission.org

California Emergency Medical Services Authority
www.emssa.ca.gov

References/Resources (cont.)

Los Angeles County Emergency Medical Services Agency
ems.dhs.lacounty.gov

Long Beach Medical Reserve Corps
www.longbeach.gov/health/safety_prep/medical_reserve.asp

Beach Cities Health District Medical Reserve Corps
www.bchd.org/get-involved/medical-reserve-corps

Los Angeles County Medical Reserve Corps
www.mrclosangeles.org

References/Resources (cont.)

Office of the Assistant Secretary for Preparedness
and Response (ASPR)
www.phe.gov/about/aspr

Office of the Surgeon General
www.surgeongeneral.gov/about

The Emergency System for Advance Registration
of Volunteer Health Professionals
www.phe.gov/esarvhp