Los Angeles County
Disaster Healthcare Volunteers
Hospital Workshop
February 4, 2013

Today’s Goals

- Orient you to the DHV program
- Provide training on how to request, receive, and use disaster healthcare volunteers during a disaster
- Practice completing a resource request
- Discuss lessons learned and take your questions
- Introduce a Do-It-Yourself Tabletop Exercise to help you prepare plans and procedures for handling disaster healthcare volunteers
- Preview the county-wide exercise of the DHV program at local hospitals

Requesting, Receiving, & Using
Disaster Healthcare Volunteers

LOS ANGELES COUNTY DISASTER HEALTHCARE VOLUNTEERS COLLABORATIVE
February 2013
When Disaster Strikes…

- Demand for healthcare services likely to exceed available resources
- What’s the impact?
  - Natural disasters impact transportation routes
  - Employees may not make it to work
  - Infectious disease may impact regular staff
  - Huge increases in patient populations

Goal: Be Prepared Before The Need Arises

- This program ensures that healthcare volunteers are properly vetted
- It is **NOT** a program of spontaneous volunteers
  - It is easier to use pre-registered, pre-vetted volunteers
Los Angeles County Disaster Healthcare Volunteers

- Central to the county’s disaster response
- Managed by the county
- Designed to provide currently licensed, credentialed healthcare volunteers in a declared disaster
- Compliant with SEMS
- Consistent with The Joint Commission disaster credentialing standards

LAC DHV

- 4 separate units:
  - Los Angeles County Surge unit
  - Medical Reserve Corps Los Angeles
  - Long Beach Medical Reserve Corps
  - Beach Cities Health District Medical Reserve Corp
- Separate but collaborative
  - All 4 units respond in a collaborative fashion in a disaster
  - Each has its own primary mission

DHV System Overview

- System allows the registration of many types of licensed healthcare personnel:
  - Physicians, nurses, paramedics, EMTs, advanced practice nurses, and many others
- Electronic verification ensures current “valid and unencumbered” licenses
- Non-licensed, support personnel also included
When to Use DHV?
- In response to declared disasters and emergencies
  - Earthquakes, fires
  - Pandemic or bioterrorism
- In preparation for disaster response—e.g., exercises, trainings
- But, NOT for day-to-day staffing needs (or labor dispute resolution)
- Not first responders or rapid response team: expect deployment after the first 72+ hours, for more than one shift

DHVs Are Not Spontaneous Volunteers
- Licenses and certifications verified
- DEA numbers verified
- Board certifications verified
- List of excluded entities checked

Emergency Credential Levels
- Federal standards
- Graduated tiers
- ECL I = hospital ready
- ECL II = clinically ready
- ECL III = active license
- ECL IV = training/experience
Workers’ Compensation/Liability

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

THE PROCESS: REQUESTING, RECEIVING, USING DHVS

Roles
Healthcare Facility
Unit Coordinators
Disaster Healthcare Volunteer
County (MHOAC)

THE PROCESS: REQUESTING, RECEIVING, USING DHVS
Healthcare Facilities

- Activate facility’s disaster plan
- Identify healthcare professional needs
- Determine that Disaster Healthcare Volunteers will be requested from the county
- Make the request
- Address logistical issues with county authorities

Volunteer Responsibilities

- Sign up in the DHV system
- Meet membership requirements for the particular units
- Keep profile up to date in the DHV system
  - Licenses, skills
  - Contact information
  - Availability and deployment preferences

County MHOAC Program

*(Medical-Health Operational Area Coordinator)*

**Coordinating program**
- Shares EMS/Public Health role
- Works with Medical Alert Center
- Coordinates situation reporting
- Coordinates resource requests
- Integrates into EOC/EOC

**DHV role**
- Communicates with unit coordinators
- Monitors each unit’s readiness status
- Facilitates resource requesting process
- Shepherds the actual DHV deployment decision
- Ensures DHV requests go to right unit(s)
Unit Coordinators

- Each DHV unit has its own coordinator
- Monitor unit membership, enrollment, ongoing training
- Regular communication with volunteers
- In disaster, identify available, appropriate volunteers
- Close communication with MHOAC program staff during disaster

Process Overview

1. Activate facility disaster plan
2. Identify specific need for health care volunteers
3. Request Volunteers
4. Receive, utilize, manage, check in/out volunteers

Activate Facility Disaster Plan

- Activate plan
- Ensure that resource/volunteer management roles are identified and filled
- Ensure process in place for granting disaster privileges (Joint Commission)
- Plan for addressing spontaneous volunteers and referring them to DHV program
Identify Specific Need for DHVs

- 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

Remember…

- This is a disaster and many facilities will have many needs
- The availability of volunteers will depend on the nature, severity and extent of the underlying event

Making The Request

- The next segment covers the particulars of making a resource request
- Key point is to specify:
  - License type needed
  - Emergency Credential Level required
  - Number of volunteers needed
  - Length of service required
  - Specialties/special skills needed
- Requests are made directly to the Medical Alert Center
What About Logistics?

• Will volunteers need housing?
• Is there a need to feed volunteers?
• Is there a need to provide transportation? Access to roads?
• Are there parking issues?
• Is there a situation- or incident-specific logistics issue?

Logistics perspectives

What are the receiving hospital’s expectations and assumptions?
What are the volunteers’ expectations and assumptions?
What should they be?

Addressing logistics

DHV logistics needs are situational and changing...
...Requiring communication with the MHOAC at the first request and on ongoing basis.
Clear communication results in fewer misunderstandings and better logistics.

What to Expect from DHV?

• Volunteers, not assets
• Verified licenses and certifications
• Identified emergency credential levels
• Liability protections and workers’ compensation
• A roster of those DHVs deployed
Volunteer Management

- Sign in and sign out using HICS form
- Greeting and facility orientation
- Identified local supervisor/volunteer coordinator
- Activation of local disaster plan (including "partner" plans)
- Specific section/task assignment and orientation
- Just-in-time training
- Facility badges/identification

Expectations During Deployment

- Record of volunteers' work (e.g., HICS form 253)
- Address performance issues as needed
- Ongoing communication with DHV coordinators

HICS Form 253
When the Disaster Ends?

- Performance feedback to Los Angeles county MHOAC program
- ICS form 226 for performance feedback
- HICS form 253 for documentation of volunteer service, returned to county
- Participate in After Action Reporting activities

Questions?
For more information:

Sandra Shields
- Sr. Disaster Services Analyst
- (562) 347-1648
- sanshields@dhs.lacounty.gov

Jacqui Rifenburg
- Disaster Resource Center Program Manager
- (562) 347-1645
- jrifenburg@dhs.lacounty.gov

REQUESTING STAFFING RESOURCES FOR HEALTHCARE FACILITIES
EMS AGENCY (MEDICAL DOC) VS. CITY/COUNTY

- EMS Agency
  - Medical supplies
  - Medical staff
  - Movement of patients
  - Bed Availability
  - Pharmaceuticals
  - PPE
  - Surge capacity supplies
  - Decontamination trailer
  - Chem Pak
  - Mental health
  - MoMs
  - Tents

- City/County
  - Non-medical supplies
  - Security/Law enforcement
  - Street closures/barricades
  - Water/power/gas/phone issues
  - Food & potable water
  - Family Assistance Centers

WHEN TO MAKE A REQUEST......

COUNTY QUESTIONS

- Is the resource(s) being requested exhausted or nearly exhausted?
- Facility is unable to obtain resources within a reasonable time frame (based upon priority level) from vendors, contractors, MOU/MOA or corporate office?
- Facility is unable to obtain resources from other non-traditional sources?

HOW TO MAKE A REQUEST......

- Hospital/Provider Resource Request Process flow chart
- Complete the Resource Request Medical and Health: Field/HCF to Op Area form
- Submit form to EMS Agency via fax, email or ReddiNet (as an attachment)
- Facility will be notified when RR received
Resource Request Medical and Health DOC Process

What about your facility's process?
Do you need a process for generating Resource Requests?
Why do you care about our process?

- The tracking number is generated at your facility...your hospital's 3 letter code followed by a 3 digit number
- WHERE DO THEY GET THIS?
- Separate form for the personnel
- How many personnel and for how long
- Command Management review and verification needs to be signed by someone other than the person filling it out.

The tracking number is generated at your facility...your hospital's 3 letter code followed by a 3 digit number
WHERE DO THEY GET THIS?
Separate form for the personnel
How many personnel and for how long
Command Management review and verification needs to be signed by someone other than the person filling it out.
WHAT THE DHV NEEDS

- Number of staff being requested.
- How long the staff is going to be utilized.
- Where staff needs to report when arriving.
- Contact person staff needs to report to when arriving.

WHAT ARE THE OTHER NEEDS

- Incoming DHV staff will need to be housed and fed for the length of their time at the facility.
- Housing can be at a hotel or at your facility
WHAT TO EXPECT

- When the EMS Agency receives your request for staffing resources:
  - EMS DOC will call and ask clarifying questions regarding the request.
- When the DHV has fulfilled your request for staffing resources:
  - EMS DOC will call and inform you of the number and types of staff that will be coming.

NOW IT’S YOUR TURN: PRACTICE SCENARIO

- Large local earthquake
- 30% of your staff is unable to report for work due to transportation system failure for at least the next two weeks
- You decide to request volunteer health professionals from the county
- After looking at your census (increased to maximum), staffing patterns (decreased), and ability to manage Disaster Healthcare Volunteers, you decide to place a request.

YOU REQUEST:

- 10 MDs and 25 RNs for help in the emergency department. Any volunteers must have current hospital experience, active licenses, and current ACLS and PALS.
- Your goal is seek 3-day deployments, with DHVs working 12 hour shifts.
- You’re offering to feed, house, provide secure parking, and other amenities to the volunteers.
TAKE A FEW MINUTES TO FILL OUT THE RESOURCE REQUEST…

...AND THEN WE’LL COMPARE NOTES.

BREAK!
Panel Discussion

Getting Ready

Full-Scale Exercise

- April 26, 2013
- The entire arc of the Disaster Healthcare Volunteer deployment process to local healthcare facilities
- Deployed to six hospitals and six clinics
  - Henry Mayo Newhall Memorial Hospital
  - Providence Little Company of Mary San Pedro
  - Presbyterian Intercommunity Hospital
  - Northridge Hospital
  - UCLA Medical Center
  - California Hospital Medical Center
- Opportunities for other facilities as well
Opportunities For All

- Evaluators and controllers needed – April 26, 2013
  - Contact Sandra Shields or Jacqui Rifenburg
- Tuning up your own Disaster Healthcare Volunteer capabilities: A Do-It-Yourself Tabletop Exercise

A different kind of drill

- Tabletop exercise
- A no-blame chance to review and talk through the volunteer-related provisions in your emergency operations plan
- A chance to collaborate in solving problems related to receiving volunteers
- All in one package from LAC EMS Agency

But that sounds complicated…

- Minimal impact on staffing:
  - One person to prepare and facilitate
  - One person to evaluate and write the follow-up
  - Available staff to participate
- Time commitment:
  - Prep time: less than 8 hours
  - The drill itself: 2 – 3 hours
  - Follow-up: less than 10 hours
...It's really not!

Four steps
1. Identify key roles
2. Prepare for the drill; customize it or not
3. Conduct the drill
4. Evaluate and analyze the drill

One document
- In your workbook
- Electronic version also available

Everything you need in one place:
- Goals and objectives
- Step-by-step instructions
- Scenario, agenda, handouts, and timeline
- Evaluation forms for each role
- Ground rules for each role
- Sign-in sheet
- Template for after-action report/corrective action plan

Wrapping Up
A Special Thank You!

- Isabel Oropeza, Carole Snyder :: Presbyterian Intercommunity Hospital
- Terry Stone :: Henry Mayo Newhall Memorial Hospital
- Chris Riccardi :: Providence Little Company of Mary San Pedro

Questions?

Sandra Shields
- Sr. Disaster Services Analyst
- (562) 347-1648
- sanshields@dhs.lacounty.gov

Jacqui Rifenburg
- Disaster Resource Center Program Manager
- (562) 347-1645
- jrifenburg@dhs.lacounty.gov