# Integrated Emergency Volunteers During Medical Surge

**Hospital Checklist**

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**IROQUOIS Healthcare Association**

**HANYS Healthcare Association of New York State**
INTRODUCTION

This Checklist is a collaborative project of Iroquois Healthcare Association and the Healthcare Association of New York State. The Checklist contains links to compiled resources and templates which provide additional guidance.

This Checklist is not to be considered legal advice, but rather is intended to serve as a guide for hospitals to review or design their own policies and procedures. It is recognized that hospital plans vary, and the manner in which hospitals manage these functions differs.

As additional work is done in managing emergency volunteers and as hospitals have experience to share, we will update this document to best reflect best practices. If you have information to contribute to this project, please contact Andrew Jewett, Iroquois Healthcare Association at ajewett@iroquois.org or 315-410-6470.

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Iroquois Healthcare Association &
Healthcare Association of New York State
PLANNING

☐ Assess which situations would necessitate the need for the use of volunteers for healthcare response based on hazard vulnerability assessments and other risk and resource assessments. Identify the type and quantity of volunteers most likely needed to support healthcare.

☐ Review and update hospital emergency management plans to ensure the facility is prepared to implement a volunteer program for activation during a medical surge event. (See Emergency Volunteer Management Policies and Procedures Template and Emergency Volunteer Privileges Application). The plan may include:
  o Criteria for activating the volunteer plan;
  o Current volunteer office staff for inclusion of awareness, training and exercises;
  o Processes for requesting staff from other facilities and county emergency operations center;
  o Orientation plan for volunteers;
  o NIMS-compatible policies for the management of volunteers;
  o Identification of priority needs and roles required from the volunteers; and
  o System or process for ensuring credentialing/accreditation of skilled volunteers.

☐ Review and update hospital policies regarding credentialing and privileging to ensure that facility has appropriate procedures in place to provide emergency or disaster credentialing of healthcare practitioners (See Guidelines for Credentialing and Granting Disaster Privileges to Volunteer Physicians and Allied Health Practitioners).

☐ Review and update, or create, an Emergency Volunteer Policies and Procedures Handbook based on facility’s emergency management plans, emergency volunteer management policies and procedures, and all applicable hospital employee policies and procedures (See Emergency Volunteer Policies and Procedures Handbook).

☐ Develop and implement internal awareness-training programs regarding the use of volunteers. Include current volunteer staff and policies.

☐ Develop an orientation plan for volunteers. The basic objectives may include:
  o Current Incident Objectives;
  o Chain of Command;
  o Facility floor plan/map;
  o Review of security procedures, safety information, and emergency codes;
  o HIPAA privacy (See Is the HIPAA Privacy Rule suspended during a national or public health emergency? and HIPAA Disclosures for Emergency Preparedness – Decision Tool);
- Job specific training for volunteers to perform required tasks; and
- Logistical, medical and mental health services and support available to volunteers.

☐ Identify and address legal and risk management issues, which may include:

- How to verify licenses, registrations or certificates for all volunteers;
- Ensure procedures for granting disaster privileges to volunteers practicing in hospital;
- Establish consistent policies for supervising volunteers that will provide patient care;
- Assess malpractice and other insurance coverage for volunteers working within the hospital;
- Determine how volunteers will be or trained, as necessary, on standard employment practices within the facility (e.g., HIPAA training, sexual harassment policy);
- Determine how volunteers will be assessed for compliance with employment requirements (e.g., immunization requirements);
- Assess need for Memoranda of Understanding with other facilities for personnel, supplies or other needs;
- Determine what, if any, legal or regulatory obstacles could interfere with use of needed volunteers;
- Consider federal legal protections that may be available, including applicable declarations under the Public Readiness and Emergency Preparedness Act or the Volunteer Protection Act; and
- Evaluate state and local legal protections (e.g., Public Officers’ Law §§ 17, 18; Executive Law § 29-b) which may apply to volunteers.

☐ Review Medical Reserve Corps (MRC) process with your local MRC Coordinator.

☐ Conduct ESF-8 planning activities with local response partners (See FEMA Emergency Management Institute IS-808 ESF 8 Public Health and Medical Services). Identify volunteer management gaps and capabilities with partners (See Mesa Co. APC Blueprint Gaps and Capabilities).

☐ Conduct Homeland Security Exercise and Evaluation Program (HSEEP) compliant medical surge exercises which address the use of volunteers in surge activities (See Mesa County ACP Training and Exercise Program Resources and Volunteer and Donation Management Target Capabilities).

☐ Participate in related training exercises with government agencies and other nongovernmental organizations.

☐ Conduct an after action review to determine strengths and shortfalls and develop a corrective plan accordingly.
ACTIVATION

- Activate Hospital Incident Command System and open Hospital Command Center.
- Incident Commander assigns Branch Units and Leaders (see HICS Form 204 – Branch Assignment List and HICS Form 207 – Organization Chart). Operations, Planning and Logistics Sections have detailed volunteer management assignments.
- Operations and Planning Section Chiefs assess and determine the type, number, and duration of staffing needs and inform Incident Commander.
- Logistics Section Chief assigns Support Branch Director.
- Support Branch Director assigns Labor Pool & Credentialing Unit Leader and Staff Health & Well Being Leader (See HICS Guidebook Ch 5, Section 5.5 Logistics Section and Figure 7 Distribution of Authority and Responsibility within Logistics Section).

REQUEST VOLUNTEERS

- Incident commander requests staffing assistance from other facilities per MOU/MOAs.
- If staffing needs cannot be met via MOU/MOA requests, issue staffing request via county emergency operations center.
- The following information may be important in the deployment of volunteers:
  - Mission assignment and duration;
  - Type of and number of volunteers;
  - On-site check in location, parking and contact person;
  - Credential or identification requirements;
  - Clothing/uniform and equipment/supply expectations; and
  - Sleeping, feeding and transportation plans or options.
- Requests to county emergency operations center for staffing assistance may be filled via Medical Reserve Corp or ServNY.
- Issue internal notification of volunteer activation.
The Logistics Section will establish a Volunteer Management Center. The Center’s location will be set-up in a safe location based on existing incident conditions away from the hospital treatment center.

All volunteers will be directed to the Center for verification of identity and credentials and to complete volunteer registration forms (See Emergency Volunteer Privileges Application).

If the facility chooses to accept donations, the Center will provide for organization of the intake process and the receipt of donations, The Logistics Section Chief will delegate the appropriate staff on site to handle this task as follows:

- All donations will be documented and accounted for by the Finance/Administration Section; and
- The Logistics Section will delegate the distribution and disposal of donated medical supplies, equipment, and pharmaceuticals.

Unaffiliated, spontaneous volunteers (those not deployed through ServNY, an MRC or other federal or state system) may arrive on the scene to offer their help. The facility should determine whether unaffiliated, spontaneous volunteers will be accepted and integrated. If not accepted, those volunteers may be re-directed away from the scene and given an informational sheet instructing them to register with ServNY. Explain to the volunteer that registering in ServNY allows their credentials to be verified in a timely manner and that once their credentials are verified they will be contacted by a local volunteer coordinator about responding to the situation.

All healthcare volunteers register on arrival in the Volunteer Management Center.

Volunteers should be asked to present valid government-issued photo identification and at least one of the following:

- A current hospital picture identification card that clearly identifies professional designation;
- Documentation of a current active license, certification, or registration;
- Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession); with verification being completed by
o facility through the NYS Office of Professions verification website: www.op.nysed.gov/opsearches.htm;

o Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), or part of the state ServNY registry for medical and health professionals (ESAR-VHP), or other recognized state or federal organizations;

o Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); and

o Identification by current organization member(s) who possesses personal knowledge regarding the volunteer practitioner’s qualifications.

☐ After initial ID verification, general facility orientation, and registration, the volunteer will be sent to the general staffing pool, the nursing staffing pool, or to the Medical Staff Director, depending on the volunteers presented qualifications.

☐ The Human Resources section will update and maintain all records of the volunteer, including areas worked, sources of credential verification, dates and times worked, and feedback from staff working with volunteers.

GRANTING DISASTER PRIVILEGES

☐ The practitioner being considered for disaster privileges should complete a form (See Emergency Volunteer Privileges Application) providing additional information that will allow the facility to follow-up with regular credentialing or privileging procedures, preferably within 72 hours of emergency credentialing when possible.

☐ Disaster privileges are generally granted when the facility emergency operations plan has been activated by the Chief Executive Officer, Chief of Staff, Medical Director, or his or her designee(s). Decisions about granting privileges to any individual may be made on a case-by-case basis by the facility.

☐ Initiate Primary Source Verification. All healthcare volunteers must have their licenses, registrations, or certificates verified within 72 hours of the emergency management plan being activated.

☐ Volunteers requiring verification of professional status may be obtained by the NYS Office of Professions verification website: www.op.nysed.gov/opsearches.htm.

☐ The medical staff oversees the performance of each volunteer licensed independent practitioner. Based on its oversight of each volunteer licensed independent practitioner, the critical access hospital determines within 72 hours of the practitioner’s arrival if granted disaster privileges should continue.
VOLUNTEER ORIENTATION, TRAINING AND ASSIGNMENT

☐ Match volunteer assignment appropriately with the licensure and credentials required to operate within the assigned facility and position.

☐ Provide volunteer orientation.

☐ Conduct Just In Time Training (See Just In Time Training) and other information needed to perform incident required duties.


☐ Provide Job Action Sheets (See Job Action Sheets).

☐ Advise volunteers of any changes in practice, altered states of care or other situations which may be implemented due declaration of disaster or public health emergency.

☐ All patient care, treatment and services provided by volunteers will be monitored and overseen by a designated charge nurse in each area. The charge nurse will be available to provide appropriate patient care assignments, give necessary clinical direction, and monitor care provided by the volunteer.

DEMOBILIZATION

☐ Determine whether additional volunteer assistance is needed.

☐ When volunteers are no longer needed, Demobilization Unit Leader is responsible for developing and revising demobilization plan (refer to HICS Guidebook Section 5.4 Planning Section and Section 6.11 Demobilization).

☐ Discuss hospital and volunteer organization demobilization procedures with Volunteer Coordinators.

☐ Provide volunteers incident after-action briefing.

☐ Labor Pool & Credentialing Unit Leader completes Demobilization Unit Leader Checklist ICS Form 221 and Volunteer Staff Registration HICS Form 253.
☐ Upon conclusion of deployment, volunteers should be evaluated by their supervisor(s) using a modified version of ICS Form 225, Individual Personal Rating. Review evaluation with volunteer.

☐ Ensure the assigned tasks are completed, and/or replacement volunteers are informed of the task status.

☐ Ensure equipment is returned by volunteers.

☐ Confirmation of the volunteer’s follow-up contact information.

☐ Identification of injuries and illnesses acquired during the response. When requested or indicated, referral of volunteers to medical and mental/behavioral health services.

☐ Conduct hospital incident debriefing.

☐ Complete After Action Report.
PRIMARY SOURCES

- Arlington County Public Health Volunteer Management System
- California Emergency Medical Services Authority (EMSA) – Hospital Incident Command System (HICS)
- CDC Frequently Asked Questions About Federal Public Health Law
- Emergency System for Advanced Registration of Volunteer Emergency Professionals (ESAR VHP)
- Medical Volunteer Plan Template for Hospitals; Created by the Rural Nebraska Medical Response System Partnership; A project funded through the 2007 Healthcare Facilities Partnership Program
- Mesa County Advanced Practice Center Blueprint for the Use of Volunteers in Hospitals and Rural Medical Centers
- New York State Public Health Legal Manual
- Online Extras for Credentialing and Privileging Your Hospital Medical Staff: Examples for Improving Compliance, Second Edition
- The Centers for the Law and Public’s Health Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) - Legal and Regulatory Issues
- University of Rochester Medical Center, Disaster Staffing Plan
- Wisconsin Hospital Association, Disaster Credentialing Toolkit