Emergency Volunteer Management

Planning Considerations & Resources for Hospitals

Updated June 2015

Integrating Emergency Volunteers During Medical Surge

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Planning Checklist

Needs Assessment

Volunteer Deployment

Standards & Liability

Plan Development

Training

Assignment & Supervision

Incident Management

Demobilization

Templates & Guidance

Hospital Policies

Orientation Procedures

Credentialing & Privileges

ICS Forms

Volunteer Management Functions

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Healthcare Association

Hospital Preparedness Program

This document identifies key planning and operational considerations for managing emergency volunteers in hospitals. It includes a planning checklist, templates, guidance, and resources for integrating emergency volunteers during a medical surge event.

Iroquois Healthcare Association developed the document based on work conducted by a Central New York Health Emergency Preparedness Coalition Work Group and on a June, 2012 document titled "Integrating Emergency Volunteers During Medical Surge: Hospital Checklist" which was developed by Iroquois and the Healthcare Association of New York State (*see Acknowledgment Section*).

Contents

Planning Checklist Integrating Emergency Volunteers During Medical Surge

Assess Resource Needs

- ☐ **Identify situations that would necessitate the hospital's need for emergency volunteers.**
- ☐ **Identify the health professional roles and numbers of volunteers needed in identified situations.**

Determine Volunteer Roles

- ☐ **Consider how volunteers may be used to augment basic clinical care, allowing hospital clinical staff to provide advanced care.**
- ☐ **Assess how existing hospital volunteers may augment non-clinical staff.**
- ☐ **Determine the tasks that clinical volunteers will perform** (i.e. take vitals, but not detailed primary assessments). Volunteers will need to be provided a written job description, on-the-job training, assignment, and supervision accordingly.
  - Develop job descriptions for clinical emergency volunteers and non-clinical emergency volunteers.
  - Develop job action sheets for emergency volunteers. Attach job action sheets to position descriptions.
- ☐ **Determine whether the hospital will accept unaffiliated volunteers in during an emergency.** Unaffiliated volunteers may present to offer aid. If unaffiliated volunteers will be accepted, determine how they will be screened, assigned, and supervised, and reference them accordingly.

Consult with Volunteer Deployment Organizations

- ☐ **Review volunteer management functions with deploying organizations prior to an event** (see Crosswalk of Healthcare and Public Health Volunteer Management Capability 15.
- ☐ **Conduct appropriate assessment and planning with deployment organizations** to ensure the health system's ability to:
  - Coordinate volunteers;
  - Notify volunteers;
  - Organize, assemble, and dispatch volunteers; and
  - Demobilize volunteers.

Review Standards, Regulations, Legal and Liability Issues

- ☐ **Review compliance with related standards, regulations and guidance including:**
  - Healthcare Preparedness Capabilities: Capability 15 Volunteer Management;
  - NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity;
  - NFPA 99 Healthcare Facilities Code, Chapter 12 Emergency Management;
  - Proposed CMS Conditions of Participation for Emergency Management § 482.15;
  - Accreditation standards; and
  - Employment requirements (e.g., immunization requirements) and training on standard employment practices (e.g., HIPAA training).
- ☐ **Determine what, if any, legal or regulatory issues could interfere with use of volunteers.**
- ☐ **Assess malpractice and other insurance coverage for volunteers within the hospital.**
- ☐ **Consider federal legal protections which may apply to volunteers**, including applicable declarations under:
  - Public Readiness and Emergency Preparedness Act;
  - Volunteer Protection Act; and
  - State and local legal protections (e.g., Public Officers' Law §§ 17, 18; Ex Law § 29-b).

Develop Plans & Policies

- ☐ **Position Descriptions and Job Action Sheets -** Develop a written position description and job action sheets for clinical emergency volunteers and non-clinical emergency volunteers. Attach job action sheets to position descriptions.
- ☐ **Emergency Volunteer Policies and Procedures Handbook -** Review and update (or create) an Emergency Volunteer Policies and Procedures Handbook based on the facility's emergency management plans, emergency volunteer management policies and procedures (see Hospital Policy Template) and all applicable hospital employee policies and procedures.
- ☐ **Emergency Volunteer Coordinator -** Assign the person(s) who will serve as Volunteer Coordinator per HICS. This position may be assigned the following responsibilities:
  - Develop a written position description for clinical emergency volunteers and non-clinical emergency volunteers.
  - Develop job action sheets for jobs likely to be activated, and for emergency volunteers to assume. Attach job action sheets to position descriptions.
  - Assist with development of volunteer training.
  - Maintain staff and planned volunteer contact list.

- **Emergency Volunteer Management Center -** Develop plans for establishing an Emergency Volunteer Management Center during an event in which emergency volunteers are requested or present spontaneously. The Center should be set-up in a safe location based on incident conditions, away from patient treatment areas, and be sufficient to provide for the following:
  - **Registration –** Volunteers should be directed to report to the Volunteer Staging Area. Each Volunteer should complete and sign the Application to Serve as an Emergency Volunteer.
  - **Identification -** Each Volunteer must provide a government-issued ID (such as a driver's license or passport) and at least one of the following identification items:
    - Current employer or hospital picture identification card that clearly identifies professional designation;
    - A current license, certification or registration at the level at which privileges are requested;
    - Primary source verification of licensure, certification or registration;
    - Identification as a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC), or Public Health Service Commissioned Corps;
    - Identification demonstrating registration with an Emergency System for the Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP) or with other recognized disaster assistance state or federal organizations or groups;
    - Other identification, demonstrating that the Volunteer has been granted authority to render patient care, treatment and services in disaster circumstances, including licensure designation; or
    - Identification by a hospital employee or medical staff member who possesses personal knowledge regarding the Volunteer's competence and qualifications.

  The Volunteer Staging Area Leader or designee should provide the medical staff office a copy of all the identification materials, provided by the Volunteer.

  The medical staff office should:

    - Document that it has received and reviewed all identification materials provided by the volunteer; and
    - Advise the hospital's Administrator or the designee regarding the information provided and obtain from the Administrator approval or disapproval of the privileges requested.
  - **Orientation -** Develop and implement an orientation plan for emergency volunteers (see Orientation Template).
  - **Training -** Develop training material for emergency volunteers (see Training Section).

- **Assignment -** The Volunteer Staging Area Leader should coordinate all assignments with the hospital Incident Commander or designee.

- **Credentialing and Privileging -** Review and update the hospital's credentialing and privileging policies and process for verifying volunteer licenses, registrations, or certificates (see Credentialing and Granting Disaster Privileges to Emergency Clinical Volunteers and Application to Serve as an Emergency). Key components of the Disaster Privileging Process include:
  - Maintaining the integrity of the usual process for determining qualifications and competence. The primary components of which include:
    - Verification of licensure;
    - Certification or registration required to practice a profession; and
    - Oversight of care, treatment, and services provided.
  - Primary source verification of licensure, certification, or registration should begin immediately or as soon as the situation permits. The medical staff office should complete a primary source verification of the individual's license, certification, or registration, verification of current competency and primary source verification within 72 hours from the time the volunteer presents to the hospital.
  - Volunteer Physicians and Allied Healthcare Practitioners that are granted disaster privileges shall be subject to oversight, assessment, and verification of their professional competence through the Medical Staff and according to hospital policy. Oversight, assessment, and verification should include direct supervision, observation or monitoring, retrospective review, or other appropriate means.
  - After completion of the preceding steps and/or a review of documents obtained through Primary Source Verification and the completion of the Criminal Background Check, the medical staff office shall indicate on the Application that the Volunteer has been approved or disapproved for service at the hospital.

- **Establish Expedited Disaster Privileges Procedures -** In exceptional circumstances, expedited disaster privileges may be granted immediately - prior to completing other steps of the process - to members of a Disaster Medical Assistance Team (DMAT), National Disaster Medical Service (NDMS), Medical Reserve Corps (MRC), Public Health Service Commissioned Corps personnel (PHS), or Stafford Act Temporary Disaster Employees (see Credentialing & Privileging Guidelines, Section B. Expedited Disaster Privileging Procedures).

Training

- **Develop and implement internal awareness-training programs for hospital staff** regarding the use of emergency volunteers and planned volunteers during emergency events.

- **Develop and implement an orientation plan for emergency volunteers.** (See Orientation Template)

- **Develop training material for emergency volunteers.** Training material may include:
  - Incident objectives, volunteer role to which they are assigned, and the chain of command;
  - Job specific training for volunteers to perform required tasks, including job description and job action sheet;
  - Logistical, medical and mental health support services available to volunteers including applicable liabilities related to the incident and the volunteer's role; and
  - Use of the computer systems, electronic prescribing, and electronic medical record capabilities, and, as appropriate, user identification name, and password for electronic systems.

Assignment & Supervision

- **List of Approved Volunteers -** A list of approved volunteers, including those who have been granted disaster privileges, should be maintained by the medical staff office and be sent to the appropriate departments. The Volunteer Staging Area Leader or designee may accept the volunteer assistance as needed.

- **Identification -** The hospital shall issue each volunteer a photo identification card identifying the individual as a volunteer and indicating the volunteer's level of licensure. If the hospital is unable to issue photo identification cards, it should adopt an alternate means of identifying approved volunteers and issue such identification to each volunteer. Volunteers should be required to prominently display proper volunteer identification at all times.

- **Assignment -** Each volunteer shall be assigned to a specific role to provide services as needed and appropriate based on the approved competency and qualification of the volunteer. The Volunteer Staging Area Leader or designee should indicate the assignment of the volunteer and the name and title of the individual to whom the volunteer is to report (see Part E and Part F of the Application to Serve as an Emergency Volunteer).

- **Supervision** The assigned supervisor's responsibilities for supervising the volunteer include:
  - Providing any further orientation and training required for the position that the volunteer will be filling and, after the assignment of responsibilities, signing the Application indicating approval of scope of practice;
  - Monitoring the competencies and scope of practice of the volunteer through observation, mentoring, chart review, and debriefings. Any adjustments and/or limitations on scope

of practice with respect to the core competencies, consistent with the volunteer's licensure level, should be noted on the Application;

- Monitoring the physical and emotional well-being of the volunteer, and confirming that the volunteer has received any health screenings and immunizations required by hospital policy within 72 hours of deployment unless this requirement has been waived by the Hospital Incident Command, upon consultation with Infection Control or Employee Health.

Incident Management

☐ **Review HICS volunteer management assignments under Operations, Planning, and Logistics Sections.** Tasks for key positions include:

- **Labor Pool & Credentialing Unit Leader**
  - Implement the facility's emergency credentialing standard operating procedure when volunteers present;
  - Establish a credentialing desk in the Labor Pool area;
  - Initiate intake and processing procedures for affiliated and, if accepted, unaffiliated volunteers presenting to the facility;
  - Record information on the Volunteer Staff Registration form (HICS Form 253);
  - Obtain assistance from the Security Branch Director in the screening and identification of volunteer staff; and
  - Monitor and evaluate the effectiveness of the emergency credentialing standard operating procedure.
- **Staff Health & Well-Being Unit Leader**
  - Assess current capability to provide medical care and mental health support to staff members including emergency volunteers;
  - Project immediate and prolonged capacities to provide services based on current information and situation;
  - Ensure staff are using recommended Personal Protective Equipment (PPE) and following other safety recommendations;
  - Implement staff prophylaxis plan if indicated;
  - Prepare for the possibility that a staff member or their family member may be a victim and anticipate a need for psychological support;
  - Assign mental health personnel to evaluate staff needs; and
  - Ensure that staff and volunteer health and safety issues are being addressed.
- **Volunteer Coordinator**
  - Assess the need for volunteers at the facility site and at any off-site care center or shelters operated by the facility;
  - Set up a lunteer reporting station at facility or alternative site;

- Check credentials of non-staff volunteers who are health professionals and persons authorized by ServNY to respond to disaster when reporting for duty;
- Assign to appropriate site/activity based on each volunteer's credentials;
- Orient volunteers to assigned duties;
- Assign tasks to convergent volunteers as appropriate;
- Keep volunteer roster and track assignments;
- Pursuant to a Memorandum of Understanding between the facility and ServNY authorizing such activity, impress volunteers into services as disaster service workers according to ServNY procedure; and
- Assure appropriate supervision of volunteers.

Demobilization

- ☐ **The Labor Pool & Credentialing Unit Leader should conduct demobilization procedures** and complete:
  - Demobilization Checklist GP Form 221 (Attachment); and
  - Volunteer Staff Registration HICS Form 253.
- ☐ **Provide volunteer incident de-briefing.**
- ☐ **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.**
- ☐ **Confirm volunteers' follow-up contact information.**
- ☐ **Identify and document injuries and illnesses, and mental/behavioral health needs** due to participation in the response when requested or indicated, referral of volunteers to medical and mental/behavioral health services.
- ☐ **Provide volunteers with a written demobilization plan** to include "pertinent information" – i.e. phone numbers to call if issues come up when leaving the facility. The volunteer is the hospital's responsibility until the volunteer reaches the point of departure.
- ☐ **Disaster privileges should be terminated** immediately when the volunteer's services are no longer needed or when the hospital's Emergency Management Plan is inactivated.

Purpose

This policy establishes procedures for screening, credentialing, training, assignment, supervision, and demobilization of volunteers to augment hospital staff during medical surge and events that exceed hospital staff capability.

The purpose of instituting policies and procedures regarding emergency volunteers is to:

- Provide a mechanism for the coordinated receipt, management and integration of volunteers into hospital emergency operations;
- Control risk to minimize liability for the services of volunteer medical professionals and other volunteers through appropriate management procedures and by maintaining general liability insurance, workers' compensation insurance, and professional liability as appropriate; and
- Prevent injury to staff and volunteers who are responding to emergencies and secondary injury to individuals who are emergency or disaster victims.

Definitions

Emergency Volunteer Management is the ability to screen, credential, train, assign, supervise, and demobilize volunteers to support healthcare organizations during emergencies.

Emergency Volunteer is an individual who renders aid and service without pay or remuneration. Emergency Volunteers may be recruited and deployed to the hospital by an organization (**Affiliated**), or may present themselves spontaneously (**Unaffiliated**). Emergency volunteers may also be qualified healthcare professional (**Clinical**) or without healthcare qualifications (**Non-Clinical**).

Scope

This policy directs the screening, credentialing, training, assignment of duties, supervision, and demobilization of emergency volunteers to augment the hospital's non-clinical and clinical staff.

Situation Overview

This policy outlines procedures for the management of emergency volunteers during medical surge or an event that exceeds hospital staff capability. Situations requiring the use of

volunteers may include significant or extended external events, and internal events such as system failures or service disruptions.

Planning Assumptions

The hospital assumes responsibility for basic needs of emergency volunteers including food, lodging, personal, and medical care needs.

Requesting Volunteers

The Operation Section Chief and Planning Section Chief will determine if additional staffing is needed and notify the Incident Commander of the need.

Should the hospital not be able to fulfill their personnel resource needs through their own healthcare organization or through intra-facility resource requests, the hospital will communicate their resource needs to appropriate entity as per Volunteer Request Algorithm.

Volunteer Management Center

The Logistics Section will establish a Volunteer Management Center. All volunteers should be directed to the Volunteer Management Center where the following functions will be performed:

Emergency Volunteer Registration - All emergency volunteers shall register on arrival in the Volunteer Management Center.

Verification of Identification - Volunteers will be required to present valid government-issued photo identification and at least one of the following:

- A current hospital photo identification card that clearly identifies professional designation;
- Documentation of a current active license, certification, or registration;
- Primary source verification of licensure, certification, or registration; with verification being completed by facility through the NYS Office of professions Online Verification website: www.op.nysed.gov/opsearches.htm;
- 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 state or federal organizations; or
- Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care, treatment, and services in disaster circumstances.

Process Requests for Disaster Privileging - 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 Chief Executive Officer, Chief of Staff, Medical Director, or his or her designee have activated the facility emergency operations plan.

Initiate Primary Source Verification - All healthcare volunteers must have their licenses, registrations, or certificates verified within 72 hours of the emergency management plan's activation. Verify volunteer professional status through the NYS Office of Professions Online Verification website.

Orientation - Provide emergency volunteer orientation (see Emergency Volunteer Orientation Template).

Training - Provide volunteer training.

Assignment - 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. Volunteer assignment will be matched appropriately with the licensure and credentials required to operate within the assigned facility and position.

Volunteer Supervision - The Department Director or designee oversees the performance of each volunteer practitioner. Oversight will include:

- Direct observation;
- Mentoring;
- Monitoring; and
- Clinical record review.

Volunteers may assist with patient care only under the direct supervision of designated personnel who will be available to provide appropriate patient care assignments, give necessary clinical direction, and monitor care provided by the volunteer.

Non-clinical and unaffiliated volunteers will only work in general assistance areas like runners with information and delivery of supplies under the direction and supervision of hospital employees.

A volunteer may work a maximum of 16 hours with 8 hours off between shifts. The hospital will provide support for employees wishing to remain at the facility awaiting their next shift.

Demobilization

- ☐ Once the situation is manageable and volunteers are no longer needed. The Demobilization Unit Leader will activate a demobilization plan in accordance with protocols for demobilization from the appropriate level of incident management.

- The Labor Pool & Credentialing Unit Leader will complete the Demobilization Checklist GP Form 221 (Attachment) and the Volunteer Staff Registration HICS Form 253, and ensure the following:
  - Provide volunteers incident de-briefing;
  - Upon conclusion of deployment, their supervisor, using a modified version of ICS Form 225, Individual Personal Rating, should evaluate volunteers and review evaluation with volunteer;
  - Ensure the assigned tasks are completed and/or inform replacement volunteers of the task status;
  - Ensure volunteers return equipment;
  - Confirm the volunteers follow-up contact information;
  - Identification of injuries and illnesses acquired during the response;
  - Identification of mental/behavioral health needs due to participation in the response When requested or indicated, referral of volunteers to medical and mental/behavioral health services; and
  - Provide volunteers with a written demobilization plan to include "pertinent information" – i.e. phone numbers to call if issues come up when leaving the facility. The volunteer is the hospital's responsibility until the volunteer reaches the point of departure.

Orientation Template

By checking the following "boxes", I certify that I understand my obligation under each of these categories and commit to abiding by these policies along with all the policies provided to me by my supervisor or any other authorized person at this organization:

☐ **Mission and Values:** *(Include here a brief description of its Mission and Values)*

☐ **Confidentiality:** The state and federal privacy laws require all employees and volunteers to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, clinicians, or employees. Access to documents, materials, and information containing medical, personal, and/or financial information regarding patients, employees, and volunteer or hospital matters is restricted to those who need the information to carry out their specific work assignments.

Protected Health Information (confidential information about patients) can be used for treatment, payment, or operations. Other uses of Protected Health Information must be cleared through a supervisor. Keep in mind when determining whether you should have access to patient information; use the "need to know" phrase.

Unauthorized access to documents or materials and inappropriate use of, discussion of, or dissemination of such information will be considered a breach of confidence, and as such may involve me in legal proceedings and result in immediate termination of my volunteer assistance in the disaster operation. *(Include or provide standard facility HIPAA information or forms)*

☐ **Infection Control- (Hand Hygiene):** Hand hygiene is the most effective way to prevent the spread of infection. Hand-washing products and stations, hand sanitizers, or similar materials are provided. If your hands are visibly soiled, wash with soap and water. If your hands are not visibly soiled, using an alcohol based hand hygiene product such as foam or gel is acceptable.

When washing hands, wet hands, keep water running and apply soap to palm of hands. Rub hands together vigorously covering all surfaces including fingernails, rinse and dry with a paper towel. Use the paper towel to turn off the faucet and to exit the door.

When using alcohol based hand hygiene procedure apply foam or gel to the palm of one hand, rub together vigorously, covering all surfaces including the fingernails for approximately 15 seconds. When hands are dry, they are considered clean.

Alcohol based hygiene products are the preferred method when hands are not visibly soiled. Hand hygiene should be performed when you have direct contact with patients, before eating, after using the bathroom, if in contact with body fluids or broken skin, and after touching equipment or furniture near the patient.

☐ **Infection Control (Additional):** I will not enter any room designated as "isolation" or any sterile area, unless approved by my supervisor.

If I will be exposed to blood or other bodily fluids or to airborne contaminants that require the use of protective equipment, I understand that I must wear personal protective equipment (PPE). I understand that I will consult with my supervisor for any instructions about PPE or patient contact.

☐ **On-Site Hazards:** Disaster locations are particularly hazardous locations. I will comply with all safety directions given to me by my supervisor. I understand that the Safety Officer has authority with respect to safety in the disaster zone. I will follow directions given to me by the Safety Officer. I will wear safety-related clothing and equipment as directed.

☐ **Hazardous Materials:** Potentially hazardous materials and chemicals are used in certain areas as part of the daily operations of the hospital. Special precautions should be taken when working with certain products. Material Safety Data Sheets (MSDS), which describe the physical, health, and fire hazards of the materials, appropriate first aid measures, and handling instructions for all chemical products, are available on file and readily available to employees and Volunteers in **(*location*).** I understand that I should consult with my supervisor for further information.

☐ **General Safety:** I understand that:

In the case of any Emergency, I will dial Incident Command Center at Extension _____.

I will report to my supervisor or nearest staff person any unsafe condition and/or injury that I sustain while serving as a volunteer.

In the event of a called Code or a called Emergency, I will report to my supervisor or the nearest staff person. A description of Codes used in the hospital are provided: ***(Include hospital code description)***

"Code RED" (***insert appropriate code if different***) indicates that there is a fire and that I am to report to my work area. My supervisor will provide me with the information needed to report a fire and to where I need to report.

When a fire alarm sounds, every staff member should take action by noting the location of the fire. To respond rapidly and effectively, memorize an easy to remember word like R.A.C.E., Rescue, Alarm, Confine and Evacuate; this tells you how to proceed and in what order.

When using a fire extinguisher us the word P.A.S.S., to help you remember the steps to extinguish a fire: Pull the pin out of the extinguisher; Aim the nozzle at the fire; Squeeze the extinguisher handle; Sweep the solution at the base of the fire. Apply extinguishing agent even after the flames are extinguished never leave an extinguished fire unattended. Stay until the fire department arrives. Check which extinguishers are available in your area and be sure you can properly operate them.

☐ **Facility Map/Floor Plan:** I have reviewed the facility map and floor plan ***(attached)***.

☐ **Tobacco Use:** I understand that there is no use of tobacco in the hospital or on its grounds.

☐ **Health Requirements:** I understand that within 72 hours of being approved to serve as a volunteer, I must complete the required health screenings as so directed by Employee Health.

☐ **Identification:** I understand that I must wear my I.D. Badge at all times while serving as a volunteer.

☐ **Patient Rights:** I understand that patients deserve care, treatment, and services that safeguard their personal dignity, that respect their cultural, psychosocial, and spiritual values, and that these values often influence the patient's perception and needs.

☐ **Weapons:** I understand that the policy of the hospital restricts me from bringing any weapons of any kind into the hospital.

☐ **Code of Conduct:** I will abide by the following standards of conduct:

- ☐ I will treat all individuals served by this hospital with care and compassion and without discrimination.
- ☐ I am serving without expectation of compensation. I will not seek payment for care I render.
- ☐ I will not discuss personal topics, such as religious beliefs or political views, with staff or patients unless initiated by the patient. Nor will I offer medical advice outside my role. I will speak professionally about the hospital, its staff, its volunteers, and its facilities.
- ☐ I will not report for service while under the influence of an intoxicant or illegal controlled substance, nor will I consume any such illegal controlled substance during my service hours.
- ☐ I shall present myself in a professional manner.
- ☐ I understand that I am responsible for my valuables and personal items.
- ☐ I understand that it is against the policy of this hospital and is illegal under state and federal law for any volunteer, male or female, to harass a patient, staff member, or volunteer.
- ☐ I understand that I must sign in, sign out for each shift, and accurately record my time served as a volunteer.

I hereby acknowledge the above conditions of Volunteering at:

_____

Name of Hospital Name

_____

Name of Volunteer

_____

Signature of Volunteer

_____

Date

Emergency Volunteer Privileges Application Template

PART A: Volunteer Information

I am a volunteer, who is making application to assist with an emergency or disaster situation. As a volunteer, I affirm that I am not employed by this organization, and I am willing to provide services to this organization without the expectation of compensation. I authorize the release of any information as may be necessary to enable the healthcare institution to authorize me to provide services. I understand the healthcare institution may utilize the ServNY system or obtain information from any hospital, ambulatory surgery center, physician office, or other entity with which I have privileges or at which I work to verify my credentials, which will include, but not be limited to, licensure, criminal background check, etc.

Name:		
Home Address:		
Mailing Address *(if different than Street Address):*		
Social Security Number:		
Please indicate by which telephone it is best to contact you and at what time(s) Phone No:_____ Times: _____ AM PM to _____ AM PM Cell No: _____ Times: _____ AM PM to _____ AM PM		
E-mail Address:		
Date of Birth:		
Specialty/Area of Expertise:		
Current Employer: Address:		Phone No:
Name of Primary Hospital Affiliation *(if applicable):*		
Fluent in These Languages:		
Licensed? ☐ Yes ☐ No	License Number:	State:
Certified? ☐ Yes ☐ No	Certification Number:	State:
Registered? ☐ Yes ☐ No	Registration Number:	State:
Please list other states in which you hold a License, Certification, or Registration:		
Emergency Contact Person: Emergency Contact Telephone:		

Please answer the following questions:

Do you have any special needs or accommodations that need to be addressed?

- ☐ No
- ☐ Yes *(If "Yes," please specify):* _____

Are any challenges pending against your license, certification or registration; or has your license, certification or registration ever been refused, revoked, suspended, terminated, relinquished, reprimanded, probated, monitored, limited, investigated, or challenged in any way or otherwise encumbered either voluntarily or involuntarily or while under or in lieu of investigation?

- ☐ No ☐ Not Applicable
- ☐ Yes *(If "Yes," please specify)*:_____

Have you ever been convicted of a crime, felony, or gross misdemeanor, or have any pending charges? ☐ No ☐ Yes

Have you ever been excluded or received sanctions from any state or federal health care program?

- ☐ No ☐ Yes

Are you free of communicable or contagious diseases?

- ☐ No *(If "No," please explain):* _____
- ☐ Yes

Are you presently experiencing any symptoms or health conditions that may negatively affect your ability to serve as a volunteer?

- ☐ No ☐ Yes *(If "Yes," please specify):* _____

FOR PHYSICIANS and ALLIED HEALTH PRACTITIONERS ONLY:

Are there currently pending challenges against your appointment and/or membership or request for any privileges or scope of practice in any hospital or medical facility, medical organization, society, insurance company, or managed care plan, or has your appointment or membership or request for privileges or scope of practice ever been refused, revoked, suspended, reduced, withdrawn, probated, reprimanded, investigated, challenged, or not renewed either voluntarily or involuntarily or while under or in lieu of an investigation?

- ☐ No ☐ Not Applicable
- ☐ Yes *(If "Yes," please specify* _____

Are there currently pending challenges against your federal or state narcotics license (DEA registration), or has your license ever been refused, revoked, suspended, terminated, relinquished, reprimanded, probated, monitored, limited, investigated, or challenged in any way or otherwise encumbered either voluntarily or involuntarily or while under or in lieu of investigation?

- ☐ No ☐ Not Applicable
- ☐ Yes *(If "Yes," please specify* _____

Part B: Identification

I have provided a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following for identification purposes:

- ☐ A current picture employer I.D. card that clearly identifies professional/job designation

- ☐ A current license, certification, or registration to practice
- ☐ Primary source verification of the license
- ☐ Identification indicating membership on a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) or other recognized state or federal organization or groups
- ☐ Identification indicating that I have 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)
- ☐ Identification by current hospital or medical staff member(s) who possesses personal knowledge regarding my ability to act as a volunteer during a disaster
- ☐ Other forms of acceptable identification (please specify): _____

Part C: Attestation

I attest that all the above statements in Parts A and B are true and accurate.

_____

Name of Applicant (Printed)

_____ _____

Signature of Applicant *Date/Time*

FOR PHYSICIANS ONLY

- ☐ I attest that all information provided is true and accurate;
- ☐ I attest that I have been provided access to and agree to be bound by, as appropriate, hospital policies and procedures, medical staff bylaws, and directions of the Administrator or designee, Incident Commander, supervising/monitoring physicians, and other administrative and medical staff leaders while acting as a Volunteer and/or providing care during the disaster;
- ☐ I agree to accurately and legibly complete medical records and other documents associated with providing care, as much as is reasonably possible given the exigencies of the situation, and to cooperate with hospital as necessary regarding such care.

_____

Name of Applicant (Printed)

_____

Signature of Applicant *Date/Time*

STOP HERE: *The organization will complete the following sections.*

PART D: Primary Source Verification and Membership on Medical Staff

A "checkmark" indicates which of the following sources have been queried and that documentation resulting from these queries is attached:

- ☐ Licensure
- ☐ Certification
- ☐ Registration
- ☐ Office of the Inspector General
- ☐ Drug Enforcement Agency
- ☐ NPDB
- ☐ Criminal Background Check
- ☐ Employer Verification
- ☐ SSN Background Check
- ☐ National Practitioner Identifier

☐ Primary Source Verification could not be completed due to: _____

_____

Name of Verifier (Printed) *Signature of Verifier* *Date/Time*

Membership on Medical Staff: The following sources have been queried to document that the physician or allied health practitioner has privileges and is in good standing at a hospital:

☐ NYS Office of Professions Online Verification ☐ Telephone verification ☐ Other *(attached)*

Date: _____ *Time:* _____ *Person Verifying*_____

PART E: Approval or Disapproval

☐ **Approval:** This Applicant has been approved to provide volunteer services as a _____ in the specialty/area of expertise of _____ effective _____.

☐ **Disapproval**: This Applicant has been denied to serve as a volunteer.

_____ _____

Signature of Volunteer Staging Area Leader or Designee *Date/Time*

PART F: Assignment and Supervision

This volunteer has been assigned to the following supervisor: _____

_____ _____

Signature of Volunteer Staging Area Leader/Designee *Date/Time*

PART G: Dismissal

This volunteer was dismissed on _____ because services were no longer needed.

_____ _____

Signature of Volunteer Staging Area Leader or Designee *Date/Time*

Credentialing & Privileging Guidelines

Purpose

Licensed independent practitioners who are not members of the Medical Staff of the hospital and who do not already possess clinical privileges to practice at the hospital may be granted temporary disaster privileges if the hospital experiences a disaster that causes activation of the hospital's Emergency Management Plan and overwhelms the hospital's ability to handle immediate patient needs.

These Guidelines describe the procedures for the granting of disaster privileges to Volunteer Physicians and Allied Healthcare Practitioners (licensed independent practitioners) that are competent to provide safe and adequate care, treatment, and services. Even in a disaster, the integrity of the primary components of the usual process for determining qualifications and competence must be maintained: verification of licensure, certification or registration, required to practice a profession and oversight of care, treatment and services provided.

Definitions

Administrator means, for the purpose of these guidelines, the hospital Chief Executive Officer or Administrator or President of the Medical Staff or their designee, who has authority to grant disaster privileges.

Allied Healthcare Practitioners means healthcare practitioners, who are not physicians but are authorized under state law to practice and are eligible to apply for and, if approved, be granted individual clinical privileges to provide services within the hospital. Examples of Allied Healthcare Practitioners may include optometrists, nurse anesthetists, nurse midwives, nurse practitioners, advanced practice nurses and physician assistants.

Criminal Background Check means any action taken to evaluate whether a possible volunteer has a criminal record, which indicates to a reasonable person that the volunteer might pose a threat to the health or safety of patients or staff.

Disaster means a situation or event, which overwhelms local capacity to respond to the immediate needs of the community, and requires immediate response. A Disaster may result in a declaration of a disaster, emergency, or public health emergency by an authorized governmental official, and require regional, state, federal, or international assistance, or may be limited to an event, which overwhelms the ability of the hospital to care for patients in the ordinary course of business. A Disaster can be of short duration or may be a sustained incident.

Emergency means an incident that calls for an immediate response and "stresses" the staff and resources of the hospital; an emergency is usually of short duration.

Exceptional Circumstances means any situation in which any delay in the deployment of Volunteer Physicians or Allied Health Practitioners may cause the exacerbation of illness or injury and/or death of patients at the hospital.

Expedited Disaster Privileges Process means the process, which permits rapid deployment of healthcare providers during exceptional circumstances upon demonstration of licensure and identity.

Licensed Independent Practitioner means "any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted privileges"

Physician means an individual who, at the time of the disaster, is duly licensed as a medical doctor or doctor of osteopathy by any state in the United States.

State ESAR-VHP Program means an Emergency System for Advance Registration of Volunteer Health Professionals program created by or in a manner authorized by the U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (ASPR) to provide advance registration and credentialing of healthcare professionals able to provide services during a disaster or an emergency.

Volunteers are defined, for the purpose of these guidelines, as Physicians and Allied Healthcare Practitioners, who are not employed by the hospital or any parent or sister organization that offer to provide services to the hospital without the expectation of compensation from the hospital.

General Principles

1. These guidelines shall at all times be interpreted and implemented in a manner that best meets the needs of the hospital and its patients.
2. The Administrator may grant disaster privileges to Volunteer Physicians and Allied Healthcare Practitioners. In the event that the Administrator is not available or unable to act in accordance with the policy of the hospital, the authority to grant disaster privileges shall be deemed to have been delegated in accordance with the delegation of other authorities under the Continuity of Operations Plan of the hospital.
3. The Administrator and/or their designees may declare the hospital to be in exceptional circumstances, in which case the Expedited disaster privileges process may be used.
4. The decision to grant disaster privileges will be on a case-by-case basis and at the discretion of the Administrator or designee.
5. Volunteer Physicians and Allied Healthcare Practitioners that are granted disaster privileges shall be subject to oversight of their professional competence as directed by the Administrator. Oversight may include direct supervision, observation or monitoring, retrospective review, or any other appropriate means. Oversight of the Volunteer Physician or Allied Healthcare Practitioner shall be provided through the Medical Staff.
6. Disaster privileges are effective only so long as the disaster continues. The granting or denial of disaster privileges does not afford the individual seeking such privileges any rights under the Medical Staff Bylaws.
7. Disaster privileges will terminate:

a. Immediately upon notice to the Volunteer in the event the Administrator/ designee determines that such termination is in the best interest of safe, effective and efficient care; in the event the Volunteer's competency or qualifications are in doubt; or if the hospital is unable to obtain adequate primary source verification of the Volunteer's qualifications;
b. Upon notice to the Volunteer, when the Volunteer's services are no longer needed; or
c. Immediately when the hospital's Emergency Management Plan is deactivated.

Expedited Disaster Privileging Procedures

1. In exceptional circumstances , expedited disaster privileges may be granted immediately, prior to completing the other steps of the Disaster Privileging Process, to members of a Disaster Medical Assistance Team (DMAT) or other National Disaster Medical Service (NDMS) volunteers, Medical Reserve Corps (MRC), Public Health Service Commissioned Corps personnel (PHS), or Stafford Act Temporary Disaster Employees, upon the following:
   a. Submission of official designation as defined above by the applicable issuing agency;
   b. Submission of other identifying information indicating licensure, such as a current hospital identification badge with licensure noted or a copy of a state license.
2. In exceptional circumstances, Volunteers who are not members of DMAT, NDMS, MRC, PHS or Stafford Act Temporary Disaster volunteers may be approved to provide immediate, life-saving care upon display of a government-issued photo identification card and proof of current licensure prior to completing the process described under *Recommended Disaster Privileging Process*. This is limited to exceptional circumstances, and all care rendered will be subject to supervision by Medical Staff members. As soon as the situation has stabilized, such Volunteers shall complete the *Recommended Disaster Privileging Process*.
3. Once the hospital has sufficient personnel to provide necessary services, the Recommended Disaster Privileging Process will be followed, and serving Volunteer Physicians and Allied Healthcare Practitioners, who were granted Expedited disaster privileges will be processed under the Recommended Disaster Privileging Process, if assistance is still required.

Recommended Disaster Privileging Process

1. All individuals seeking to be approved as Volunteer Physicians and/or Allied Healthcare Practitioners will be asked to report to the Volunteer Staging Area and present themselves to the Volunteer Staging Area Leader or designee.
2. The Volunteer Staging Area Leader shall coordinate all assignments with the hospital Incident Commander or designee. As appropriate, the hospital Incident Commander shall coordinate deployment of Volunteers through the local, regional, or state Incident Command or Emergency Operations Center, as the case may be.
3. Each Volunteer must complete and sign the *Application to Serve as a Disaster Volunteer* (*Application*). The signature of the Volunteer on the Application:
   a. Serves as an attestation that all information provided is true and accurate;

b. Serves as an agreement by the Volunteer to be bound by hospital policies and procedures, Medical Staff Bylaws, and directions of the Administrator or designee; supervising/monitoring physicians, and other administrative and medical staff leaders while acting as a Volunteer and/or providing care during the disaster;

c. Serves as an agreement to accurately complete medical records and other documents associated with providing care, as much as is reasonably possible given the exigencies of the situation, and to cooperate with hospital as necessary regarding such care.

4. Each Volunteer must provide a government-issued ID (such as a driver's license or passport) and at least one of the following identification items:

   a. Current employer or hospital picture identification card that clearly identifies professional designation;
   b. A current license, certification or registration at the level which privileges are requested;
   c. Primary source verification of licensure, certification or registration;
   d. Identification as a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC), or Public Health Service Commissioned Corps;
   e. Identification demonstrating registration with an Emergency System for the Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP) or with other recognized disaster assistance state or federal organizations or groups;
   f. Other identification, demonstrating that the Volunteer has been granted authority to render patient care, treatment and services in disaster circumstances, including licensure designation; or
   g. Identification by a hospital employee or medical staff member, who possesses personal knowledge regarding the Volunteer's competence and qualifications.

5. An individual(s) may also be approved to serve as a disaster volunteer, if, due to the Disaster, there has been declared a State of Emergency, a Public Health Emergency, or other declaration authorized by law, and one or more of the following has occurred:

   a. Authorized waiver of licensure, certification or registration;
   b. Recognition of licensure, certification or registration from other states or nations;
   c. Modifications of requirements ordinarily imposed on a profession with respect to:

      i. certain healthcare-related services;
      ii. evidence of licensure, certification or registration in another state or country; or
      iii. relevant education, training, and experience.

   d. The decision to accept or not accept such licensure, certification or registration, or such evidence of relevant education, training or experience, shall be in the sole discretion of the Administrator/designee, based on the best interests of the patients to be served.

6. The Volunteer Staging Area Leader or designee shall provide to the medical staff office a copy of all the identification materials, provided by the Volunteer.

   a. The medical staff office shall document that it has reviewed and received all identification materials provided by the Volunteer. Documentation from a state ESAR-

VHP system, even Level 1 credentialing, or other documentation provided by a third party cannot be a substitute for credentialing and privileging the Physician or Allied Healthcare Practitioners at the hospital, unless the documentation is received from a delegated Credentials Verification Organization that the hospital has a formal agreement.

b. The medical staff office shall advise the hospital's Administrator or the designee regarding the information provided and obtain from the Administrator approval or disapproval of the privileges requested.

c. Primary source verification of licensure, certification, or registration will begin immediately or as soon as the situation is under control and will be completed within 72 hours from the time the Volunteer presents. The medical staff office will complete a primary source verification of the individual's license, certification, or registration, verification of current competency, and primary source verification/query of:

   i. Drug Enforcement Agency Registration;
   ii. Office of the Inspector General Excluded Individuals List;
   iii. Board Certification through the American Board of Medical Specialties and/or American Osteopathic Association Specialty Boards, if applicable;
   iv. National Practitioner Data Bank;
   v. Criminal Background Check.

7. When an unusual situation prohibits primary source verification of licensure from occurring within 72 hours of the Volunteer presenting to the hospital, the medical staff office will document:

   a. The reason that the primary source verification could not be completed within the 72-hour timeframe;,
   b. The means used by the hospital to evaluate the competency and qualifications of the Volunteer, and
   c. The efforts made by medical staff office to obtain primary source verification as soon as possible.

   In all cases, the Volunteer must submit some evidence of licensure, even though primary source verification of this licensure cannot be completed within 72 hours of the volunteer presenting to the hospital.

   ***Note**: Primary source verification of licensure, certification or registration is not required if the Volunteer Physician and/or Allied Healthcare Practitioner does not or has not provided care, treatment or services at the hospital.*

8. The current competency of the Volunteer will be assessed and be verified according to hospital policy.

   a. If a Volunteer is listed on the ServNY database, the Provider Affiliation Report for the Volunteer can be used to document the current competency of the Volunteer. *(The hospital should have a corresponding policy to support this.)* This listing on the "Provide Affiliation" database may serve as verification of the current competency of the Volunteer as long as

the "Provider Affiliation" report used to determine competency was updated and issued within 90 days preceding the date on which competency of the Volunteer is being evaluated.

b. If a Volunteer is not listed on the ServNY ESAR-VHP database, the hospital shall verify current competency by contacting the hospital at which the Volunteer has privileges. If the hospital at which the Volunteer has privileges cannot be contacted or if the Volunteer does not maintain active privileges at a hospital, the hospital shall document the means by which competency was determined.

9. After completion of the preceding steps and/or a review of documents, obtained through Primary Source Verification and the completion of the Criminal Background Check, the medical staff office shall indicate on the Application that the Volunteer has been approved or disapproved for service at the hospital.

10. Upon receipt of this approval from the Medical Staff Office, the Volunteer Staging Area Leader or designee may accept the Volunteer's assistance, as needed, but not beyond the duration of the disaster.

11. A list of Volunteers who have been granted disaster privileges shall be sent to the following departments *(as examples),* and shall be maintained in the Medical Staff Office:

    a. Hospital Incident Command Center
    b. Emergency Department
    c. Radiology
    d. Laboratory
    e. Pharmacy
    f. Medical Records
    g. Admitting
    h. Hospital Administration
    i. Medical Staff – Chief of Applicable Service
    j. Surgery
    k. Information Technology

12. If possible, the hospital shall issue to each Volunteer a photo identification card identifying the individual as a Volunteer and indicating the Volunteer's level of licensure. If the hospital is unable to issue photo identification cards, the hospital shall adopt an alternate means of identifying approved Volunteers, and shall issue to each volunteer such identification. Volunteers are required to prominently display, at all times when providing services, proper Volunteer identification.

13. As appropriate, Information Technology shall provide to the Volunteer a user identification name and password. Volunteers shall be briefed on proper use of the computer systems, electronic prescribing, and electronic medical record capabilities of hospital.

14. Each Volunteer shall be assigned to a specific role to provide services where most needed or most appropriate given the competency and qualifications of the Volunteer.

15. The Volunteer Staging Area Leader or designee shall complete the following on the Application:

a. The assignment of the Volunteer; and
b. The name and title of the individual to whom the Volunteer is to report.

16. The assigned supervisor at the deployment site is responsible for supervising the Volunteer. This responsibility includes:

    a. Providing any further orientation and training, required for the position that the Volunteer will be filling and. after the assignment of responsibilities, signing the Application indicating approval of scope of practice;.
    b. Monitoring the competencies and scope of practice of the Volunteer through observation, mentoring, chart review, and discussion with the Volunteer. Any adjustments and/or limitations on scope of practice with respect to the core competencies, consistent with the Volunteer's licensure level, shall be noted on the Application. The assigned supervisor may use any reasonable means to evaluate competencies including, but not limited to:
        i. Direct observation of performance of work responsibilities
        ii. Mentoring
        iii. Clinical record review
        iv. Periodic debriefings with the Volunteer
    c. Confirming that the Volunteer has received any health screenings and immunizations required by the hospital policy within 72 hours of deployment of the Volunteer or refusal of same, unless this requirement has been waived by the hospital Incident Command, upon consultation with Infection Control or Employee Health;.
    d. Monitoring the physical and emotional well-being of the Volunteer Physicians and Allied Healthcare Providers.

17. Upon completion of the service of the Volunteer, the supervisor shall;

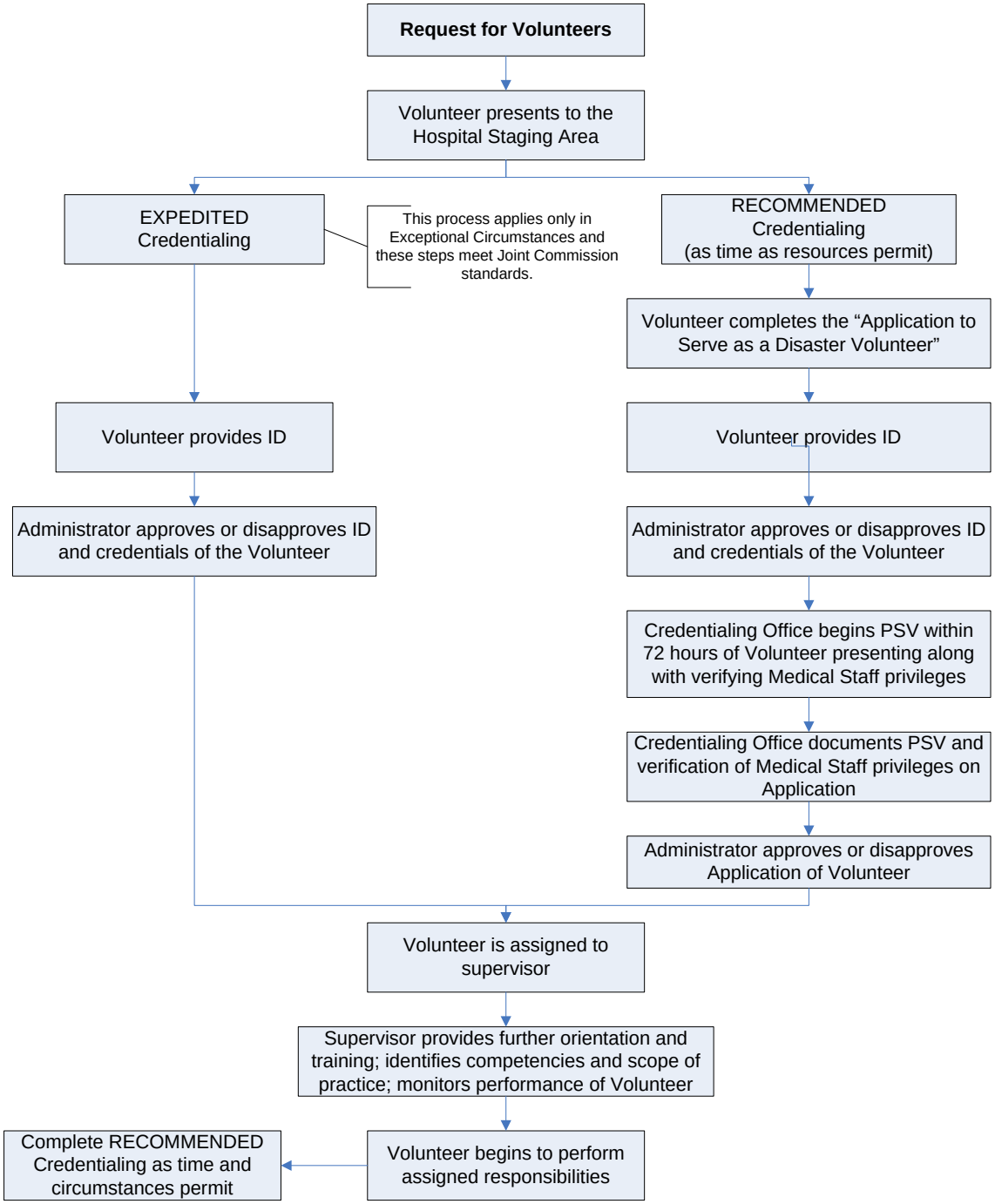
    a. Hold an exit interview with the Volunteer and document the following:

        i. Status of physical and mental health
        ii. Follow-up resources offered
        iii. Collection of the Identification Badge
        iv. Date and time of termination of service

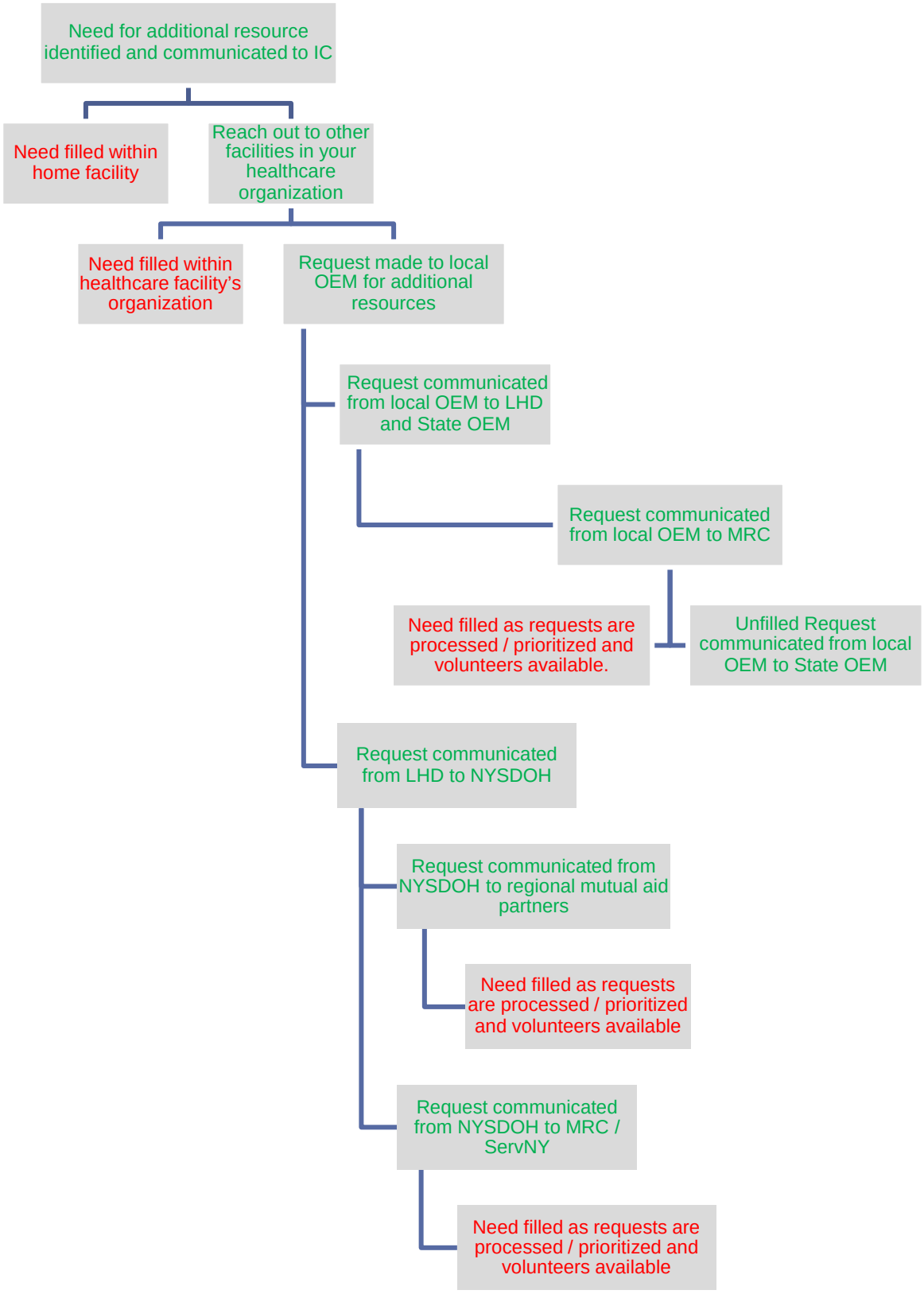
    b. Forward all documentation regarding the Volunteer to the Medical Staff Office.

18. The hospital will send a “Thank You” letter to the Volunteer within a reasonable period after termination of service.

Physician and AHP (LIP) Credentialing



Emergency Volunteer Request Algorithm



HICS Forms

- HICS Incident Management Team Structure
- HICS Form 204 – Branch Assignment List to document staff/volunteer assignments.
- HICS Form 207 – Organizational Chart to document HICS positions assigned.
- HICS Form 213 – Incident Message Form to provide a standardized method for recording messages.
- HICS Form 214 – Operational Log to document incident issues encountered, decisions made and notifications conveyed.
- ICS Form 221 – Demobilization Checklist to document demobilization or resource type (personnel) and equipment (radios, phones, pagers) and forms (time sheets, identification badges, etc.) and those they are returned.
- HICS Form 253 – Volunteer Staff Registration to document volunteer sign-in for operational period.

Capability 15: Volunteer Management consists of four Functions that describe the critical elements needed to achieve the capability. Function 1: Coordinate volunteers Function 2: Notify volunteers Function 3: Organize, assemble, and dispatch volunteers Function 4: Demobilize volunteers	Each Function consists of Tasks (T) that describes the steps to complete the Functions. Plans (P), Skills (S), and Equipment (E), are the Resource Elements needed to perform a Function and the associated Tasks. The State has lead responsibility for areas shaded grey
HPP	**PHEP**
Function 1	
Participate with volunteer planning processes to determine the need for volunteers. Assess situations and determine the type and quantity of volunteers that may be needed. Planning involves medical considerations for recruitment, identification, and training of volunteers to support healthcare organization (HCO) response.	**Coordinate volunteers.** Recruit, identify, and train volunteers who can support the public health (PH) agency's response to an incident. Volunteers identified prior to an incident must be registered with the ESAR-VHP, MRCs, or other pre-identified partner groups (e.g., Red Cross or CERT).
T1: Assess which situations would necessitate the use of volunteers in HCOs during response and participate in planning that would provide this option. T2: Identify the type and quantity of volunteers most likely needed to support healthcare response based on the risk assessments, HVAs, etc.	T1: Prior to an incident, identify the types and numbers of volunteers most likely to be needed in a PH agency's response based on the jurisdictional community risk assessment.
	T2: Prior to an incident, coordinate with existing volunteer programs (e.g., ESAR-VHP, MRC) and partner organizations to support the pre-incident recruitment of volunteers needed in a PH agency's response.
T3: Prior to an incident or event, participate with planning for pre-incident screening and verification of volunteers' credentials for healthcare professionals that may be used in HCOs.	T3: Prior to an incident, assure pre-incident screening and verification of volunteers' credentials through jurisdictional ESAR-VHP and MRC.
T4: Prior to an incident or event, participate with training initiatives for the planning of initial and ongoing training for registered volunteers that may be used in HCOs during response.	T4: Prior to an incident and as necessary at the time of an incident, support provision of initial and ongoing emergency response training for registered volunteers. Training should be supported in partnership with MRCs and other partner groups.
P1: Volunteer needs assessment for HCOs response. The State, in coordination with HCOs, Healthcare Coalitions, EM, PH, and the appropriate volunteer organizations, perform a volunteer needs assessment. The needs assessment should include but is not limited to:	P1: Written plans should address anticipated volunteer needs in response to incidents or situations identified in the jurisdictional risk assessment including the following elements: ▪ Identification of functional roles

▪ Identification of situations that would necessitate the need for volunteers in HCOs ▪ Estimation of the anticipated number of volunteers based on identified situations and resource needs of HCOs ▪ Identification of the health professional roles that may be needed by HCOs in these situations ▪ Identification of the volunteer liability issues and scope of practice issues that may deter volunteer use by HCOs	▪ Skills, knowledge, or abilities needed for each T or role ▪ Description of when the volunteer actions will happen ▪ Identification of jurisdictional authorities that govern volunteer liability issues and scope of practice. P2: Written plans should include MOUs or other letters of agreement with jurisdictional volunteer sources. Suggested partners include: ▪ Professional medical organizations; Academic institutions; Faith-based organizations; VOAD; MRCs; Non-profit, private, and community-based volunteer groups. Agreements should include plans for the following: ▪ Promotion of PH volunteer opportunities ▪ Referral of all volunteers to register with MRCs and/or ESAR-VHP ▪ Policies for protection of volunteer information, including destruction of information when it is no longer needed ▪ Liability protection for volunteers ▪ Efforts to continually engage volunteers through community activities ▪ Documentation of volunteers' affiliations at local, state, and federal levels (to assist in minimizing "double counting" of prospective volunteers), and provision for registered volunteer ID cards denoting volunteers' area of expertise
P2: Collect, assemble, maintain, and utilize volunteer information. The State coordinates with HCOs to develop volunteer management guidelines including: ▪ Information controlled and managed by authorized personnel; consistent with laws governing information security and confidentiality ▪ Credentials and qualifications are collected, and verified with the issuing entity or appropriate authority; consistent with ESAR-VHP ▪ Volunteers are assigned credential levels consistent with ESAR-VHP. ▪ Volunteer affiliations are recorded ▪ Volunteers willing to participate in federal response are identified ▪ Volunteer recruitment and retention strategies are implemented.	P3: Written plans should include a process to assure that professional volunteer diplomas, licenses, certifications, credentials and registrations are verified in accordance with state laws (e.g., using the state's ESAR-VHP). P4: Written plans should include a process and protocol to address eligibility of volunteers based on pre-existing health conditions or background screening (either by health dept. or in conjunction with other partner agency) to determine if prospective volunteers have any history that would preclude them from a certain type of volunteer activity (e.g., previous convictions, sexual offender registry, or licensing issues).
	S1: Documentation (either through a training curriculum or other vehicle) that volunteer training has occurred to ensure that volunteers receive the jurisdiction-defined training for their assigned responsibilities. Recommended components of jurisdictional training curriculum include the following: ▪ Psychological first aid and self care ▪ Cultural competency component that reflects the

	jurisdictional demographics ▪ Training to address the functional needs of persons who may be considered in the at-risk population during a disaster response ▪ MRCs Core Competencies ▪ HazMat Awareness trainings ▪ Basic disaster life support ▪ Advanced disaster life support ▪ Cardiopulmonary resuscitation (CPR) ▪ Basic first aid skills ▪ Basic triage skills ▪ MRC-TRAIN: if jurisdiction participates in TRAIN program S2: Training for staff involved in personnel management S3: Prospective volunteers should be offered the following NIMS training: ▪ ICS-100 and IS-700.a for all volunteers ▪ IS-200.b, ICS-300 and ICS-400 for key leadership
E1: Electronic volunteer registration system. Have or have access to an electronic registration system for recording and managing volunteer information that is compliant with the current guidelines of ESAR-VHP.	E1: Have or have access to a system, be it electronic or manual, which is able to report the number of registered volunteers by profession and/or skill level.
Function 2	
Volunteer notification for healthcare response needs. Initiate the volunteer request process so that prospective volunteers are mobilized in the appropriate health professional role for the HCO's response.	**Notify volunteers.** At the time of an incident, utilize redundant communication systems where available (e.g., reverse 911 or text messaging) to request that prospective volunteers participate in the PH agency's response.
T1: At the time of an incident, determine the volunteers needed to assist the HCO response including the role and quantity of volunteers needed; communicate requests using the established volunteer request process.	T1: At the time of an incident, identify the desired skills and quantity of volunteers needed for the incident from the pre-incident volunteer registration. T2: At the time of an incident, contact pre-incident registered volunteers using multiple modes of communication. T3: At the time of an incident, notify volunteers who are able and willing to respond of where and how to report. T4: At the time of an incident, coordinate with partner agencies to confirm credentials of responding volunteers. T5: At the time of an incident, notify partner agencies of any need for additional volunteers.
	P1: Written plans should include a template for describing incident conditions to potential volunteers (pre-deployment briefing) including the following elements: ▪ Potential nature of the work site ▪ Potential personal security issues

	▪ Potential health safety issues ▪ Local weather ▪ Living/work conditions ▪ Required immunizations or prophylaxis, and the type of identification to bring with them when they report.
P1. Process to contact registered volunteers The State, in coordination with HCOs, Healthcare Coalitions, PH, and the appropriate volunteer organizations, develop a process with the applicable lead jurisdictional agency to contact registered volunteers and identify those willing and available to participate in the healthcare response operation.	P2: Written plans should include a process for how the health agency or applicable lead jurisdictional agency will contact registered volunteers, identifying those willing and able to respond, and notifying them of where to report (i.e., identified staging area/reception center).
P2: Process to confirm credentials of responding volunteers. The State, in coordination with HCOs, Healthcare Coalitions, PH, and the appropriate volunteer organizations, develops a process to confirm credentials of responding volunteers that have been requested for HCOs.	P3: Written plans should include a process to confirm credentials of responding volunteers through jurisdiction's ESAR-VHP or MRCs.
P3: Volunteer request process The State, in coordination with HCOs, Healthcare Coalitions, PH, and the appropriate volunteer agencies, identifies the processes to request volunteers that are to be utilized in HCOs.	
	P4: Written plans should include definition of the volunteer management roles and responsibilities of PH dept. staff members.
	E1: Have or have access to communications equipment for health dept. staff to contact volunteer organizations. Suggested equipment includes, but is not limited to phones, computers, ham radios, and/or hand radios.
Function 3	
Organization and assignment of volunteers. Identify the process for allocating volunteers that are needed simultaneously across several HCOs. This process should include the placement of volunteers through the appropriate deployment channels and match the assignment of volunteers to the needs of the requesting HCOs (i.e., based on volunteer availability).	**Organize, assemble, and dispatch volunteers.** Coordinate the assignment of PH agency volunteers to PH, medical, mental/behavioral health, and non-specialized tasks as directed by the incident, including the integration of inter-jurisdictional (e.g., cross-border or federal) volunteer response teams into the jurisdictional PH agency's response efforts.
	T1: If the incident differs from or exceeds the PH agency's pre-incident-defined volunteer plans, identify additional volunteers that have the necessary credentials and skills.
T1: Develop a process to assist HCOs with volunteer placement during an incident that includes multi-agency coordination between HCOs in order to deconflict the needs of multiple HCOs with the availability of volunteers	

T2: Develop a process to assist HCOs with the provision of deployment briefings, tracking and rotation of volunteers, spontaneous volunteer management, safety and incident-specific training	T2: Assure deployment briefing of PH volunteers, including safety and incident-specific training. T3: Assure tracking and rotation of volunteers as indicated by the incident and by relevant job function. T4: Manage spontaneous volunteers who may request to support the PH agency's response, either through incorporating them into the response or by triaging them to other potential volunteer resources.
	T5: Coordinate state and jurisdictional response roles for federal PH staff deployed to the jurisdiction.
P1. Volunteer deployment protocols. The State, in coordination with HCOs, Healthcare Coalitions, PH, and the appropriate local volunteer organizations, develops a plan to assist HCOs with the deployment management of volunteers during a response. This coordinated planning should include but is not limited to the following elements: ▪ Protocols for deploying and tracking PH professional roles ▪ Protocols for maintaining a history of volunteer deployments ▪ Protocols for maintaining the security of volunteers' personal information provided from another jurisdiction ▪ Protocols for returning/destroying information no longer needed	E1: Have or have access to a manual or electronic system for tracking volunteer assignment, to include maintenance of a history of volunteer deployments/volunteer activity in incident responses.
P2. Briefing template for healthcare volunteers. The State, in coordination with HCOs, Healthcare Coalitions, PH, and local volunteer organizations, coordinate for the use of a template that can be provided to HCOs for briefing volunteers on the current incident conditions and response operations. The template should include: ▪ Instructions on the current status of the emergency ▪ Volunteer health professional role ▪ Just-in-time training ▪ Safety instructions ▪ Any applicable liabilities related to the incident and the volunteers' roles, psychological first aid, and/or volunteer stress management.	P1: Written plans should include a template for briefing volunteers of current incident conditions, including the following elements: ▪ Instructions on the current status of the emergency ▪ Volunteers' role (including how the volunteer is to operate within incident management) ▪ Just-in-time training ▪ Safety instructions ▪ Any applicable liability issues related to the incident and the volunteers' roles, psychological first aid, and/or volunteer stress management
	P2: Written plans should include a process to manage spontaneous volunteers. The process should include: ▪ Process to communicate to the public whether spontaneous volunteers should report, and, if so, where and to whom ▪ Method to inform spontaneous volunteers how to register ▪ Method to refer spontaneous volunteers to other organization ▪ If spontaneous volunteers will be integrated into a response, the process should include the identification of duties they can perform.

P3. Volunteer support services The State, in coordination with HCOs, Healthcare Coalitions, EM, PH, and the volunteer organizations, develop a process to coordinate with EM or other jurisdictional lead agencies to ensure response requirements (e.g., housing, feeding and mental/behavioral health needs) for healthcare volunteers are supported.	P3: Written plans should include a process for how the PH agency will coordinate with EM or other jurisdictional lead agency to assure support (e.g., housing, feeding and mental/behavioral health needs) for PH volunteers.
	P4: Written plans should include a process for assigning volunteers to response agencies.
	P5: Written plans should include a process for coordinating with volunteer health professional entities and staff from various levels (e.g., local, state, federal), including but not limited to MRCs, ESAR-VHP and NDMS
	P6: Written plans should include a request protocol for state and local health depts. that should contain: ▪ Local/state health dept. requests for inter-jurisdictional volunteer assets ▪ Local health dept. escalation requests for federal assets through the state. The request from local to state should include a clear statement of the role of the requested asset. ▪ State health dept. escalation requests for federal assets. The request should include a clear statement of the role of the requested asset. ▪ State health dept. to communicate information received from/about federal response teams to local health dept. ▪ Communication between state and local health dept. about volunteer needs and assignments during an incident
	P7: Written plans should include procedures for coordinating support services for responding federal medical stations. States should work with their HHS Regional Emergency Coordinator to develop support service plans, to include at a minimum the disposal of biohazard medical waste.
Function 4	
Coordinate the demobilization of volunteers. Coordinate the release of volunteers based on evolving incident requirements or incident status. This includes coordination with the appropriate partner agencies to ensure provision of medical and mental/behavioral health support needed for the volunteers' physical and mental well-being.	**Demobilize volunteers.** Release volunteers based on evolving incident requirements or incident-action plan and coordinate with partner agencies to assure provision of any medical and mental/behavioral health support needed for volunteers to return to pre-incident status.
	T1: Track (record or document) the demobilization of volunteers.

T1: Coordinate with incident management and the appropriate jurisdictional volunteer organizations to ensure the proper out-processing of volunteers	T2: Assure coordination of out-processing of volunteers.
T2: Coordinate with incident management and the appropriate jurisdictional volunteer organizations to identify community resources that can support volunteer post-deployment medical screening, stress, well-being assessments and, when requested or indicated, have a process to refer volunteers to medical and mental/behavioral health services	T3: Coordinate with jurisdictional authorities and partner groups to identify community resources that can support volunteer post-deployment medical screening, stress, and well-being assessment and, when requested or indicated, referral to medical and mental/behavioral health services.
P1. Volunteer Release Processes The State, in coordination with HCOs, Healthcare Coalitions, PH, and the appropriate local volunteer organizations, coordinates the processes for releasing volunteers from HCOs. This coordination should include: ▪ Demobilization of volunteers in accordance with protocols from the appropriate level of incident management ▪ Ensure the assigned tasks are completed, and/or replacement volunteers are informed of the status ▪ Determination if additional volunteer assistance is needed ▪ Ensure equipment is returned by volunteers ▪ Confirmation of follow-up contact information	P1: Written plans should include a process for releasing volunteers, to be used when the PH dept. has the lead role in volunteer coordination. The process should include steps to accomplish the following: ▪ Demobilize in accordance with incident action plan ▪ Assure all assigned activities are completed, and/or replacement volunteers are informed of the status ▪ Determine whether additional volunteer assistance is needed from the volunteer ▪ Assure all equipment is returned by volunteer ▪ Confirm the volunteer's follow-up contact information
P2. Volunteer exit screening protocols The State, in coordination with HCOs, Healthcare Coalitions, PH, and the appropriate local volunteer organizations, develop a process to ensure volunteers provide accurate and complete information during out-processing. Documentation should include but is not limited to the following: ▪ Identification of injuries and illnesses ▪ Identification of mental/behavioral health needs ▪ When requested or indicated, referral of volunteers to medical and mental/behavioral health services	P2: Written plans should include a protocol for conducting exit screening during out-processing, to include documentation of the following: ▪ Any injuries and illnesses acquired during the response ▪ Mental/behavioral health needs due to participation in the response ▪ When requested or indicated, referral of volunteer to medical and mental/behavioral health services

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