

# Emergency Volunteer Management

## Planning Considerations & Resources for Hospitals

Updated November, 2017

### **Integrating Emergency Volunteers During Medical Surge**



#### **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



**IROQUOIS**  
*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 in December, 2013 and has been updated in June, 2015 and November, 2017. It is 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).

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### Assess Resource Needs

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- ❑ **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.**
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### Determine Volunteer Roles

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- ❑ **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.
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### Consult with Volunteer Deployment Organizations

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- ❑ **Review volunteer management functions with deploying organizations prior to an event** (see [2017-2022 HPP - PHEP Cooperative Agreement](#) and [2017-2022 Health Care Preparedness and Response Capabilities](#)).
- ❑ **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.

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## Review Standards, Regulations, Legal and Liability Issues

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- **Review and ensure compliance with related standards, regulations and guidance** (see [Standards and Requirements Relating to Volunteer Management](#) for references, document links and detailed information):
  - CMS Conditions of Participation
  - 2017-2022 HPP – PHEP Cooperative Agreement
  - 2017-2022 Health Care Preparedness and Response Capabilities
  - The Joint Commission Accreditation Standards for Hospitals
  - Healthcare Facilities Accreditation Program
  - DNV GL Healthcare Accreditation Program
  - NFPA 99 Healthcare Facilities Code
  - NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity
  - Legal Authorities
- **Ensure compliance with 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 Article 2- B § 29-b](#)).

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## Develop Plans & Policies

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- **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](#)).

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## Training

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- **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.

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## Assignment & Supervision

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- **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.

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## Incident Management

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- **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 volunteer 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.

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## Demobilization

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- **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.

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### Purpose

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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.

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### Definitions

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**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**).

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### Scope

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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.

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### Situation Overview

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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.

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## Planning Assumptions

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

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## Requesting Volunteers

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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](#).

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## Volunteer Management Center

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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](http://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.

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## Demobilization

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- 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 use 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 ( <i>if different than Street Address</i> ):	
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 ( <i>if applicable</i> ):	
Fluent in These Languages:	
Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number: _____ State: _____
Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Number: _____ State: _____
Registered? <input type="checkbox"/> Yes <input type="checkbox"/> 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): \_\_\_\_\_

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**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) \_\_\_\_\_

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**Part B: Identification**

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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.*

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## PART D: Primary Source Verification and Membership on Medical Staff

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Licensure                        | <input type="checkbox"/> Certification           | <input type="checkbox"/> Registration         |
| <input type="checkbox"/> Office of the Inspector General  | <input type="checkbox"/> Drug Enforcement Agency | <input type="checkbox"/> NPDB                 |
| <input type="checkbox"/> Criminal Background Check        | <input type="checkbox"/> Employer Verification   | <input type="checkbox"/> SSN Background Check |
| <input type="checkbox"/> 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 \_\_\_\_\_

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## PART E: Approval or Disapproval

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- 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*

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## PART F: Assignment and Supervision

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This volunteer has been assigned to the following supervisor: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Volunteer Staging Area Leader/Designee*

\_\_\_\_\_  
*Date/Time*

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## PART G: Dismissal

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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.

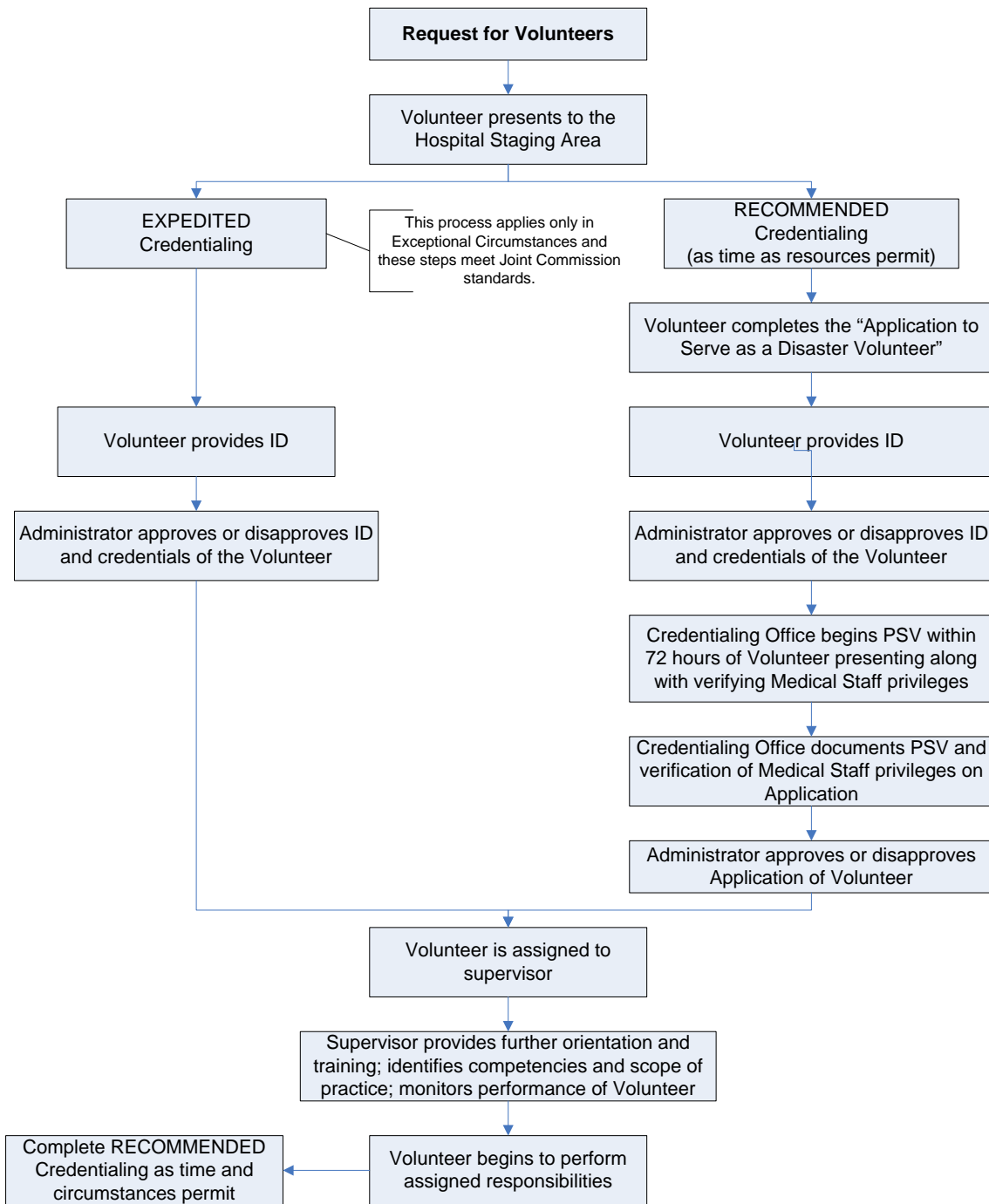
*Note: Primary source verification of licensure, certification or registration is not required if the Volunteer Physician and/or Allied Healthcare Practitioner does not or has not provided care, treatment or services at the hospital.*

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

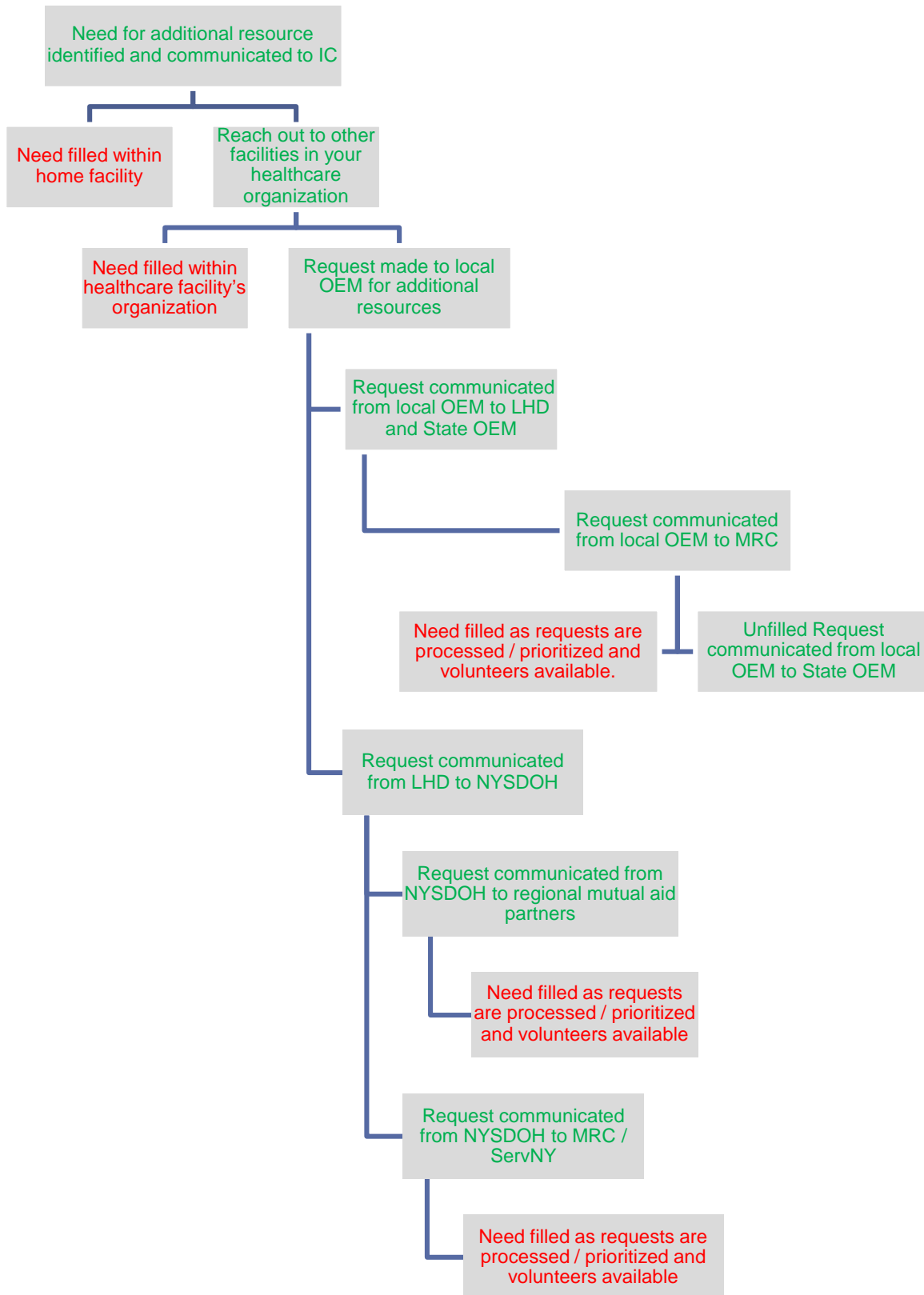
- a. If a Volunteer is listed on the ServNY database, the Provider Affiliation Report for the Volunteer can be used to document the current competency of the Volunteer. (*The hospital should have a corresponding policy to support this.*) This listing on the “Provide Affiliation” database may serve as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

## Standards and Requirements Relating to Volunteer Management

- [CMS Conditions of Participation](#)
- [2017-2022 HPP – PHEP Cooperative Agreement](#)
- [2017-2022 Health Care Preparedness and Response Capabilities](#)
- [The Joint Commission Accreditation Standards for Hospitals](#)
- [Healthcare Facilities Accreditation Program](#)
- [DNV GL Healthcare Accreditation Program](#)
- [NFPA 99 Healthcare Facilities Code](#)
- [NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity](#)
- [Legal Authorities](#)

### CMS Emergency Preparedness Conditions of Participation for Hospitals

The Centers for Medicare & Medicaid Services (CMS) published a final rule on September 16, 2016 titled [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#). The rule applies to 17 provider types, with degrees of variation. Hospitals and other affected providers must meet all applicable requirements of the rule upon the implementation date of November 15, 2017.

The final rule contains summaries of public comments on the proposed rule along with CMS responses, cited references and resources, and cost projections for providers to implement these provisions. [Interpretive guidelines and survey procedures](#) were published in June, 2017.

Part 482: Conditions of Participation for Hospitals includes requirements that hospitals have policies and procedures in place to address the use of emergency volunteers and describes how volunteers must be considered in additional aspects of hospital planning. The full text of [§ 482.15](#) Condition of Participation: Emergency Preparedness is included at the end of this document with volunteer references highlighted.

#### Hospital Plans Must Address the Use of Volunteers

[§ 482.15\(b\)\(6\)](#) requires that facilities have policies and procedures in place to address “the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.”

In response to a public comment on the proposed rule stating that CMS should revise the requirement at [§ 482.15\(b\)\(6\)](#) to state “use of health care volunteers” to clarify that this requirement is different from the requirement for the use of “general” volunteers, CMS [responded](#):



“The intent of this requirement is to address any volunteers. We believe that in an emergency a facility or community would need to accept volunteer support from individuals with varying levels of skills and training and that policies and procedures should be in place to facilitate this support. Health care volunteers would be allowed to perform services within their scope of practice and training and non-medical volunteers would perform non-medical tasks. As such, we disagree with limiting this requirement to just medical volunteers.”

The [Interpretive Guidelines](#) state: “During an emergency, a facility may need to accept volunteer support from individuals with varying levels of skills and training. The facility must have policies and procedures in place to facilitate this support. In order for volunteering healthcare professionals to be able to perform services within their scope of practice and training, facilities must include any necessary privileging and credentialing processes in its emergency preparedness plan policies and procedures. Non-medical volunteers would perform non-medical tasks. Facilities have flexibility in determining how best to utilize volunteers during an emergency as long as such utilization is in accordance with State law, State scope of practice rules, and facility policy. These may also include federally designated health care professionals, such as Public Health Service (PHS) staff, National Disaster Medical System (NDMS) medical teams, Department of Defense (DOD) Nurse Corps, Medical Reserve Corps (MRC), or personnel such as those identified in federally designated Health Professional Shortage Areas (HPSAs) to include licensed primary care medical, dental, and mental/behavioral health professionals. Facilities are also encouraged to integrate State-established volunteer registries, and where possible, State-based Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP).

Facilities are expected to include in its emergency plan a method for contacting off-duty staff during an emergency and procedures to address other contingencies in the event staff are not able to report to duty which may include, but are not limited to, utilizing staff from other facilities and state or federally-designated health professionals.”

Survey Procedures include: Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

### **Additional Planning Considerations Relating to Volunteers**

Additional requirements and references to volunteers are included the following sections: in § 482.15(b) Policies and Procedures; § 482.15(c) Communications Plan; and § 482.15(d) Testing and Training.

### **Subsistence Needs**

[§ 482.15\(b\)\(1\)](#) requires that a hospital's policies and procedures address the provision of subsistence needs for staff and patients, whether they evacuated or sheltered in place, including, but not limited to food, water, and medical supplies.

“Volunteers” are not included in this section, and CMS [states](#) elsewhere that the term “staff” refers to all individuals that are employed directly by a facility; and the phrase “individuals

providing services under arrangement” means services furnished under arrangement that are subject to a written contract.

However, CMS infers that § 482.15(b)(1) applies to volunteers in comment sections of the rule. Responding to comments relating to this requirement in the proposed rule, CMS states “Relief staff may be unable to get to the hospital thus requiring staff to remain at the hospital for indefinite periods of time. We disagree with removing the requirement for facilities to make the necessary plans to provide food, water, medical supplies, and subsistence needs for the patients, staff, and volunteers who remain in the facility. As we have noted previously, the policy only requires that the hospital have policies to provide for subsistence needs, which we believe are not unduly burdensome. We are not setting minimum requirements or standards for these provisions in hospitals. CMS further notes that in the aftermath of the 2005 Gulf hurricanes hospitals were forced to meet basic subsistence needs for community evacuees, including visitors and volunteers who sheltered in place, resulting in the rapid depletion of subsistence items and considerable difficulty in meeting the subsistence needs of patients and staff.

CMS’s Interpretive Guidance states: “Additionally, when inpatient facilities determine their supply needs, they are expected to consider the possibility that volunteers, visitors, and individuals from the community may arrive at the facility to offer assistance or seek shelter.”

### **Sheltering In Place**

§ 482.15(b)(4) requires that a hospital have policies and procedures to address a means to shelter in place for patients, staff, and volunteers who remain in the facility. CMS states that it expects that hospitals include in their policies and procedures both the criteria for selecting patients and staff that would be sheltered in place and a description of how they would ensure their safety.

In addressing comments, relating to challenges in sheltering volunteers and concerns about legal responsibilities, CMS states: “We agree that sheltering in place can be a challenge to facilities. However, the emergency plan requires strategies for addressing this issue in the facility risk assessment. As such, we disagree with revising our policy for sheltering in place. We require facilities to have a means to shelter in place for patients, staff, and volunteers who remain in the facility. Based on its emergency plan, a hospital could decide to have various approaches to sheltering some or all of its patients, staff and visitors. The plan should take into account the available beds in the area to which patients could be transferred in the event of an emergency. For example, if it is risky or the emergency affects available sites for transfer or discharge, then the patients would remain in the facility until it was safe to transfer or discharge. Also, we would expect providers and suppliers to have policies and guidelines for sheltering volunteers and visitors during an emergency. Facilities must determine their policies based on the emergency and the types of visitors/volunteers that may be present during and after an emergency.”

The Interpretive Guidelines state: “Emergency plans must include a means for sheltering all patients, staff, and volunteers who remain in the facility in the event that an evacuation cannot be executed. . In certain disaster situations (such as tornadoes) , sheltering in place may be more appropriate as opposed to evacuation and would require a facility to have a means to shelter in

place for such emergencies. Therefore, facilities are required to have policies and procedures for sheltering in place which align with the facility's risk assessment.

Facilities are expected to include in their policies and procedures the criteria for determining which patients and staff that would be sheltered in place. When developing policies and procedures for sheltering in place, facilities should consider the ability of their building(s) to survive a disaster and what proactive steps they could take prior to an emergency to facilitate sheltering in place or transferring of patients to alternate settings if their facilities were affected by the emergency. For example, if it is dangerous to evacuate or the emergency affects available sites for transfer or discharge, then the patients would remain in the facility until it was safe to effectuate transfers or discharges. The plan should take into account the appropriate facilities in the community to which patients could be transferred in the event of an emergency. Facilities must determine their policies based on the type of emergency and the types of patients, staff, volunteers and visitors that may be present during an emergency. Based on its emergency plan, a facility could decide to have various approaches to sheltering some or all of its patients and staff."

Survey Procedures include:

- "Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility."
- "Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment."

### Communication Plans

[§ 482.15\(c\)\(1\)](#) requires that the communication plan include names and contact information about staff, entities providing services under arrangement, patients' physicians, other hospitals, and volunteers. [CMS states](#) "that, during an emergency, it is critical that hospitals have a system to contact appropriate staff, patients' treating physicians, and other necessary persons in a timely manner to ensure continuation of patient care functions throughout the hospital and to ensure that these functions are carried out in a safe and effective manner. "

[§ 482.15\(c\)\(2\)](#) requires hospitals to have contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance which should include volunteer program agencies such as Medical Reserve Corps (MRC) and Emergency System for Advance Registration of Volunteer Health Professional (ESAR-VHP).

### Training and Testing

[§ 482.15\(d\)](#) requires that hospitals provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. In addition, the rule requires that hospitals provide training on emergency procedures at least annually, maintain documentation of such training, and ensure that staff demonstrate competency in these procedures.

In response to comments relating to staff definitions, roles and training, [CMS states](#):

“The term “staff” refers to all individuals that are employed directly by a facility. The phrase “individuals providing services under arrangement” means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act...We believe that anyone, including volunteers, providing services in a facility should be at least annually trained on the facility's emergency preparedness procedures. As past disasters have shown, emergency situations or disasters can be either expected or unexpected. Therefore, training should be made available to everyone associated with the facility, and it is up to the facility to determine the level to which any specific individual should be trained. One way this could be determined is by that individual's involvement or expected role during an emergency. We stated at § 482.15(d)(1)(i) that training should be provided consistent with facility staff's expected roles. To mitigate costs it may be beneficial for facilities to take this approach when establishing their training programs. In addition, as we state elsewhere in this preamble, we encourage facilities to participate in healthcare coalitions in their area. Depending on their duties during an emergency, a facility may determine that documented external training is sufficient to meet the facility's requirements.”

The Interpretive Guidance states: “Training refers to a facility's responsibility to provide education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program. Testing is the concept in which training is operationalized and the facility is able to evaluate the effectiveness of the training as well as the overall emergency preparedness program. Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement.”

The Interpretive Guidelines further state: “Facilities are required to provide initial training in emergency preparedness policies and procedures that are consistent with their roles in an emergency to all new and existing staff, individuals providing services under arrangement, and volunteers. This includes individuals who provide services on a per diem basis such as agency nursing staff and any other individuals who provide services on an intermittent basis and would be expected to assist during an emergency... CAHs must also include initial training on the following: prompt reporting and extinguishing of fires; protection; and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities.

Facilities should provide initial emergency training during orientation (or shortly thereafter) to ensure initial training is not delayed. With the exception of CORFs which must complete initial training within the first two weeks of employment, we recommend initial training be completed by the time the staff has completed the facility's new hire orientation program. Additionally, in the case of facilities with multiple locations, such as multi-campus hospitals, staff, individuals providing services under arrangement, or volunteers should be provided initial training at their specific location and when they are assigned to a new location.”

## § 482.15 Condition of participation: Emergency preparedness.

The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:

**(a) *Emergency plan.*** The hospital must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

- (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- (2) Include strategies for addressing emergency events identified by the risk assessment.
- (3) Address patient population, including, but not limited to, persons at-risk; the type of services the hospital has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospital's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

**(b) *Policies and procedures.*** The hospital must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

- (1) The provision of subsistence needs for staff and patients, whether they evacuate or shelter in place, include, but are not limited to the following:
  - (i) Food, water, medical, and pharmaceutical supplies.
  - (ii) Alternate sources of energy to maintain the following:
    - (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
    - (B) Emergency lighting.
    - (C) Fire detection, extinguishing, and alarm systems.
    - (D) Sewage and waste disposal.
- (2) A system to track the location of on-duty staff and sheltered patients in the hospital's care during an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the hospital must document the specific name and location of the receiving facility or other location.
- (3) Safe evacuation from the hospital, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
- (4) A means to shelter in place for patients, staff, and **volunteers** who remain in the facility.

(5) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

(6) The use of **volunteers** in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

**(c) Communication plan.** The hospital must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

(1) Names and contact information for the following:

- (i) Staff.
- (ii) Entities providing services under arrangement.
- (iii) Patients' physicians.
- (iv) Other hospitals and CAHs
- (v) Volunteers.

(2) Contact information for the following:

- (i) Federal, State, tribal, regional, and local emergency preparedness staff.
- (ii) Other sources of assistance.

(3) Primary and alternate means for communicating with the following:

- (i) Hospital's staff.
- (ii) Federal, State, tribal, regional, and local emergency management agencies.

(4) A method for sharing information and medical documentation for patients under the hospital's care, as necessary, with other health care providers to maintain the continuity of care.

(5) A means, in the event of an evacuation, to release patient information as permitted under [45 CFR 164.510\(b\)\(1\)\(ii\)](#).

(6) A means of providing information about the general condition and location of patients under the facility's care as permitted under [45 CFR 164.510\(b\)\(4\)](#).

(7) A means of providing information about the hospital's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

**(d) Training and testing.** The hospital must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

(1) *Training program.* The hospital must do all of the following:

- (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and **volunteers**, consistent with their expected role.
- (ii) Provide emergency preparedness training at least annually.
- (iii) Maintain documentation of the training.
- (iv) Demonstrate staff knowledge of emergency procedures.

(2) *Testing*. The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do all of the following:

(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

(ii) Conduct an additional exercise that may include, but is not limited to the following:

(A) A second full-scale exercise that is community-based or individual, facility-based.

(B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.

**(e) *Emergency and standby power systems***. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section.

(1) *Emergency generator location*. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.

(2) *Emergency generator inspection and testing*. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.

(3) *Emergency generator fuel*. Hospitals that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

**(f) *Integrated healthcare systems***. If a hospital is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the hospital may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must—

(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:

- (i) A documented community-based risk assessment, utilizing an all-hazards approach.
- (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

**(g) Transplant hospitals.** If a hospital has one or more transplant centers (as defined in § 482.70)—

(1) A representative from each transplant center must be included in the development and maintenance of the hospital's emergency preparedness program; and

(2) The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each Start Printed Page 64030transplant center, and the OPO for the DSA where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency.

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## 2017-2022 HPP - PHEP Cooperative Agreement <sup>i</sup>

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*Below is a summary of requirements related to volunteer management contained in the 2017-2022 HPP - PHEP Cooperative Agreement. The primary requirements relate to coordination of volunteers as part of managing a public health surge event.*

### **Domain 5. Strengthen Surge Management – Management of Public Health Surge Activity 3. Coordinate Volunteers**

HPP and PHEP awardees must coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction's response to incidents. Awardees should ensure volunteers are included in training, drills, and exercises.

HPP awardees, including HCCs and their members, should work to manage volunteers in the hospital or other health care setting. This includes:

- Identifying situations that would require volunteers in hospitals. Leverage existing hospital volunteer services and staffing resource mechanisms;
- Identifying processes to assist with volunteer coordination, including protocols to handle walk up volunteers and others who cannot participate due to state regulations;
- Estimating the anticipated number of volunteers and health professional roles based on identified situations and resource needs of the facility;
- Identifying and addressing volunteer liability, licensure, workers compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use;
- Leveraging existing government and nongovernmental volunteer registration programs, such as ESAR-VHP and MRC; and



- Developing rapid credential verification processes to facilitate emergency response.

PHEP awardees must implement plans that support ESAR-VHP including coordinate identification, recruitment, registration, training and engagement of volunteers to support the jurisdictional public health agency's response. Awardees must ensure volunteers are included in training, drills, and exercises to develop competency at implementing plans as described in the ESAR-VHP compliance requirements.

## **Domain 5. Strengthen Surge Management – Management of Public Health Surge**

### **Activity 2. Address E.D. and Inpatient Surge**

As part of HPP requirements, HCCs and their members should focus their hospital medical surge capability and Immediate Bed Availability activities in areas which include health care volunteer management.

#### **Additional PHEP Awardee Requirements**

Awardees must have operational plans or annexes that address volunteer management (Domain 2: Strengthen Incident Management; Activity 1. Coordinate Emergency Operations)

Awardees must describe emergency legal authorities applicable to the Public Health Emergency Law Competency Model, including protection of volunteers against tort liability and licensure penalties, and Workers' Compensation claims. Awardees should distinguish between in-state and out-of-state volunteers and indicate whether EMAC may be used to

send or receive volunteers. (*Domain 2: Strengthen Incident Management; Activity 1. Coordinate Emergency Operations; Activity 5. Expedited Fiscal Procedures Are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members during an Emergency Response; Emergency Legal Authority*)

Awardees should train and exercise on capabilities-based plans with all needed personnel including volunteers and non-public health staff as necessary to increase their response ability. (*2017-2022 HPP-PHEP Cooperative Agreement's supplemental document on HPP-PHEP Exercise Requirements*)

Awardees must meet ESAR-VHP compliance, coordinate with volunteer health professional entities, and are encouraged to collaborate to facilitate integration of MRC units with state and regional infrastructure to help ensure an efficient response. (*Federal Requirements*)

PHEP awardees must submit outcome performance measures for timely coordination and support of response activities with healthcare and other partners which include:

- Program Measure 7: Percent of awardees that have plans, processes, and procedures in place to manage volunteers supporting an emergency or incident.
- PHEP Performance Measure: Plans, processes, and procedures are in place to manage volunteers who support an emergency or health incident.
- Joint Program Measure 2 (PM J.2): Percent of awardees able to request, activate, and deploy volunteers appropriately within requested time (HPP-PHEP 15.1). (Awardees and HCCs will not report data on these PMs to HPP. EMSC and PHEP will collect this

information. Further details relating to PM J.2: Volunteer Management are outlined in: [2017-2022 HPP Performance Measures Implementation Guidance](#) pages 57 - 61

- PHEP Performance Measure: Percentage of volunteers deployed in appropriate time to support an incident or exercise (formerly HPP-PHEP 15.1).  
Target time for volunteers to activate and deploy: TBD

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## 2017-2022 Health Care Preparedness and Response Capabilities<sup>ii</sup>

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### Capability 1. Foundation for Health Care & Medical Readiness

#### Objective 2. Identify Risk and Needs

##### Activity 5. Assess and Identify Regulatory Compliance Requirements

The HCC should understand the process and information required to request necessary waivers and suspension of regulations, including: Legal resources related to hospital legal preparedness, such as the deployment and use of volunteer health practitioners

### Capability 1. Foundation for Health Care & Medical Readiness

#### Objective 4: Train and Prepare the Healthcare and Medical Workforce

##### Activity 3. Plan and Conduct Coordinated Exercises

When appropriate, the HCC should include federal, state, and local response resources such as ESAR-VHP and MRC in exercises

### Capability 4. Medical Surge

#### Objective 2. Respond to a Medical Surge

##### Activity 1. Implement ED & Inpatient Medical Surge Response

Areas to Develop Emergency Department and Inpatient Medical Surge Capacity and Capability:  
Health Care Volunteer Management

- Identify situations that would necessitate the need for volunteers in hospitals
- Identify processes to assist with volunteer coordination
- Estimate the anticipated number of volunteers and health professional roles based on identified situations and resource needs of the facility
- Identify and address volunteer liability issues, scope of practice issues, and third party reimbursement issues that may deter volunteer use
- Leverage existing government and non-governmental volunteer registration programs (e.g., Emergency System for Advance Registration of Volunteer Health Professional [ESAR-VHP] and Medical Reserve Corps [MRC])
- Develop rapid credential verification processes to facilitate emergency response

### Capability 4. Medical Surge

#### Objective 2. Respond to a Medical Surge

##### Activity 3. Develop an Alternate Care System

Key Considerations to Develop an Alternate Care System:

Identify the process to assist with multiagency volunteer coordination to organize, assemble, dispatch, and properly out-process volunteers (e.g., Volunteer Reception Center)

### Standard EM.02.02.13

During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners. Note: A disaster is an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

#### EM.02.02.13, EP 1

The hospital grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

#### EM.02.02.13, EP 2

The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners. (See also MS.01.01.01, EP 14)

#### EM.02.02.13, EP 3

The hospital determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9)

#### EM.02.02.13, EP 4

The medical staff describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, medical record review).

#### EM.02.02.13, EP 5

Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:

- A current picture identification card from a health care organization that clearly identifies professional designation
- A current license to practice
- Primary source verification of licensure
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
- Confirmation by a licensed independent practitioner currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster

#### **EM.02.02.13, EP 6**

During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.

#### **EM.02.02.13, EP 7**

Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.

#### **EM.02.02.13, EP 8**

Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following:

- Reason(s) it could not be performed within 72 hours of the practitioner's arrival
- Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services
- Evidence of the hospital's attempt to perform primary source verification as soon as possible

#### **EM.02.02.13, EP 9**

If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.

#### **Standard EM.02.02.15**

During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration. Note: While this standard allows for a method to streamline the process for verifying identification and licensure, certification, or registration, the elements of performance are intended to safeguard against inadequate care during a disaster.

#### **EM.02.02.15, EP 1**

The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

#### **EM.02.02.15, EP 2**

The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.

#### **EM.02.02.15, EP 3**

The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9)

#### **EM.02.02.15, EP 4**

The hospital describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who have been assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and medical record review.

#### **EM.02.02.15, EP 5**

Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and one of the following:

- A current picture identification card from a health care organization that clearly identifies professional designation
- A current license, certification, or registration
- Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice)
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
- Confirmation by hospital staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster

#### **EM.02.02.15, EP 6**

During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.

#### **EM.02.02.15, EP 7**

Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the hospital determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.

#### **EM.02.02.15, EP 8**

Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from the time the volunteer practitioner presents him- or herself to the hospital, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the hospital documents all of the following:

- Reason(s) it could not be performed within 72 hours of the practitioner's arrival - Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services
- Evidence of the hospital's attempt to perform primary source verification as soon as possible

#### **EM.02.02.15, EP 9**

If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under his or her assigned disaster responsibilities.

#### **Disaster Volunteer Procedure Checklist**

This Joint Commission checklist<sup>iii</sup> outlines the steps to take for advance planning when your organization decides it will use licensed clinical volunteers during a disaster. It also supports onsite volunteer management during disasters.

#### **Preplanning**

1. Identify which circumstances will prompt the use of licensed clinical volunteers (minimum requirement: Emergency Operations Plan has been activated and the organization can't meet immediate patient needs).
2. Determine if state/federal pre-event qualification verification systems will be used.
3. Identify which individuals will be responsible for making decisions about disaster privileging during the disaster.
4. Identify which individuals will be responsible for logging in, coordinating, and managing volunteers during the disaster.
5. Determine how medical staff will oversee volunteers.
6. Identify types of identification and proof of competency volunteers may use.
7. Determine how volunteer practitioners will be distinguished from other staff or licensed independent practitioners (LIPs).
8. Determine how volunteers will be fed, housed, and otherwise managed.
9. Include volunteer management in emergency management exercises and drills.

#### **When the Emergency Operations Plan is activated**

10. Determine whether licensed clinical volunteers are needed.
11. Obtain government-issued photo identification from the volunteers.
12. Obtain proof of competency from the volunteers, as described in the plan.
13. Determine which volunteers should be granted privileges or responsibilities.
14. Grant disaster privileges to appropriate volunteers.
15. Grant appropriate responsibilities to volunteer practitioners who aren't LIPs.
16. Complete primary source verification within 72 hours, if possible.
17. Ensure oversight of volunteers by designated medical staff (for LIPs) or the organization (for other licensed practitioners), as described in the plan.

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## Healthcare Facilities Accreditation Program (HFAP)

### Accreditation Requirements for Acute Care Hospitals<sup>iv</sup>

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*The following are February 16, 2017 Pre-Publication Requirements.*

#### **Chapter 9: Emergency Management**

##### **09.01.07 Shelter in Place.**

The Policies & Procedures must address the means to shelter in place for patients, staff, and volunteers who remain in the facility during an emergency event. These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.

##### **09.01.09 Volunteers.**

The Policies & Procedures must address the use of volunteers in an emergency, and must address other emergency staffing strategies, including the process and role for integration of State and Federally designated healthcare professionals to address surge needs during an emergency.

The Policies & procedures provide for a volunteer management plan that assigns and supervises volunteers during an emergency event.

These Policies & Procedures must be reviewed and updated annually by the Emergency Management oversight committee.

Explanation - *The volunteer management plan may be part of the EOP or it may be separate. If separate, the EOP must reference where to find the volunteer management plan.*

*The facility must have a plan to verify each volunteer's identity, license, credentials, certifications, malpractice insurance, and hospital privileges, within 72 hours of activating the Incident Command Center, when possible.*

*The volunteer's identity and evidence of state professional license will be verified prior to providing patient care.*

*Federal, local or state-based systems shall be utilized to verify the identity and credentials of health professionals, when possible.*

*Any special issues, such as spontaneous non-medical volunteers, stress management for volunteers, and legal issues, such as workers' compensation, insurance, and safety are addressed in advance and included in the policy & procedure*

##### **09.02.02 Contact Information.**

The communication plan must include the names and contact information for:

- Staff
- Entities providing services under arrangement
- Patient's physicians
- Other hospitals and CAHs
- Volunteers

- Federal, State, tribal, regional, and local emergency preparedness staff
- Other sources of assistance.

#### 09.03.01 Emergency Training.

The hospital must develop and maintain a training program that is based on the Emergency Operations Plan(EOP), the Hazard Vulnerability Assessment (HVA), the Policies & Procedures, and the Communication plan. The training program must be reviewed and updated annually.

*Explanation - The hospital must provide initial training in emergency preparedness policies and procedures to all new and existing staff, including individuals providing services under arrangement, volunteers, and physicians, consistent with their expected role.*

## DNV GL - Healthcare Accreditation Program NIAHO Accreditation Requirements<sup>v</sup>

### MEDICAL STAFF (MS)

#### MS.1 ORGANIZED MEDICAL STAFF

##### MS.13 TEMPORARY CLINICAL PRIVILEGES

When dictated by urgent patient care need or when an application is complete without any negative or adverse information before action by the medical staff or governing body, the chief executive officer, or designee, may grant temporary clinical privileges:

SR.4 The medical staff bylaws shall include a process for approving practitioners for care of patients in the event of an emergency or disaster.

### STAFFING MANAGEMENT (SM)

#### SM.2 PROFESSIONAL SCOPE

All staff, including contract staff, students, and volunteers, shall function within the limits of their scope of service as defined by their professional practice act, State law, and/or organization policy at all times. This written policy shall be strictly enforced and variations reported to Quality Management Oversight.

#### SM.5 JOB DESCRIPTION

All staff, whether clinical or supportive, including contract staff, students and volunteers shall have a current job description (or job responsibilities) available that contains the experience, educational and physical requirements, supervision (as indicated) and performance expectations for that position.

#### SM.6 ORIENTATION

All staff, whether clinical or supportive, including contract staff, students and volunteers, shall receive an orientation to specific job duties and responsibilities, and their work environment, as required by Federal and State law and regulation and the organization. The orientation shall take place prior to the individual functioning independently in their job.



SR.1 Members of the medical staff will receive an orientation developed and approved by the organization that includes general safety practices, emergency procedures, infection control, confidentiality and other issues as required by the organization.

## **INFECTION PREVENTION AND CONTROL (IC)**

### **IC.1 INFECTION PREVENTION AND CONTROL SYSTEM**

Interpretive Guidelines: HR-482.23 4: Management of Contract / Volunteer Staff

The organization has a responsibility to assure that contract staff or volunteers provide care and service in a safe and competent manner. The requirements in this standard apply only to contract and volunteer staff that provide direct patient care and/or directly support the provision of patient care.

A. Each person must be provided with a job description or similar document that outlines the essential duties and responsibilities they will be expected to perform.

- The organization may utilize documents from the contract service if they are determined to be comparable to the organization's own.

B. The organization must verify each individual's credentials. (See Standard HR-1)

- The organization may perform this action directly or require the contract service to perform it on their behalf.

C. The organization must assure that each individual has appropriate health clearances and immunizations as would be required of their own staff in a comparable job position.

- The organization may perform this action directly or require the contract service to perform it on their behalf.

D. The organization must assure that each individual is oriented to at least the following prior to or at the time of their first working shift:

- Pertinent organization and/or department-specific policies and procedures that govern their job function;
- Emergency response procedures such as fire and disaster;
- Infection control policies such as universal precautions, blood-borne pathogens, hand hygiene and isolation precautions;
- Information required by Federal or State law
- The organization may provide this orientation directly or require the contract service to provide it on their behalf.

E. The organization must validate the competency of each individual in performing critical aspects of their job function. At a minimum (as applicable to the job function) this includes:

- The ability to perform tasks, skills or procedures that carry a high risk of safety or injury to patients;
- The ability to safely operate equipment that is used on a patient.

F. Contract and volunteer staff must be adequately supervised. This means assigning these individuals to work under the general supervision of a qualified employee of the organization.

- For contract or volunteer nursing staff, the Chief Nurse Executive (director of nursing service) is responsible for assuring that they are adequately supervised and evaluated.

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## NFPA 99 Healthcare Facilities Code<sup>vi</sup>

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*Category 1: Facility systems in which failure of such equipment or system is likely to cause major injury or death of patients or caregivers.*

*Category 2: Facility systems in which failure of such equipment is likely to cause minor injury to patients or caregivers.*

### Chapter 12 Emergency Management

#### 12.5.3.4.5

The organization shall make provisions for emergency credentialing of volunteer clinical staff.

##### 12.5.3.4.5.1

At a minimum, a peer evaluation of skill shall be conducted to validate proficiency for volunteer clinical staff.

##### 12.5.3.4.5.2

Prior to beginning work, the identity of other volunteers offering to assist during response activities shall be verified.

*Note: During emergency conditions, a health care facility may see an influx of volunteers offering to help. While this can certainly benefit the facility, it is important that the identity of these volunteers be verified and that they be given any special access. In previous editions of the code, the language in this paragraph made it possible to interpret the requirement to mean only that the facility should try to identify volunteers. It has been revised in for the 2015 edition to clarify that this is a mandatory provision of the code. The facility needs to provide these volunteers whose identities have been verified with a means of identification that is able to be worn and kept visible at all times.*

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## NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs

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*The main text of NFPA 1600 does not include reference to volunteers, however volunteers are referenced within Annex A: Explanatory Material which is not a part of the requirements of the NFPA document but is included for informational purposes only. The annex contains explanatory material, numbered to correspond with the applicable text paragraphs in parenthesis..*

#### A.5.4.2(1)

The resource needs assessment might include “credentialing,” which addresses the need for individuals licensed (e.g., doctors, engineers) in one jurisdiction (state or country) performing their professional duties (as volunteers or under mutual aid compacts) during an incident in a jurisdiction where they are not licensed or do not hold the proper credentials. Credentialing provides minimum professional qualifications, certifications, training, and education requirements that define the standards required for specific emergency response functional assignments.

*(5.4.2 The resource needs assessment shall include the following: (1)\*Human resources, equipment, training, facilities, funding, expert knowledge, materials, technology, information, intelligence, and the time frames within which they will be needed.)*

#### **A.5.4.3**

All program equipment should be checked and tested on a regularly scheduled basis to ensure it will function properly when required. This might include vehicles, personal protective equipment (PPE), radio, information technology equipment, and warning and alerting devices and equipment, including sirens, special emergency response equipment, and so forth. Resources can be prepositioned to expedite deployment. These resources can include the following:

(10) Specialized human resources (medical, faith-based, and volunteer organizations; emergency management staff; utility workers; morticians; and private contractors).

*(5.4.3 The entity shall establish procedures to locate, acquire, store, distribute, maintain, test, and account for services, human resources, equipment, and materials procured or donated to support the program.)*

#### **A.6.9.3**

Recovery planning for the public and private sectors should provide for continuity of operations to return the entity, infrastructure, and individuals back to an acceptable level. This includes implementation of mitigation measures to facilitate short-term and long-term recovery.

Long-term goals and objectives should be based on the entity's strategic plan and include the following:

(3) Management of volunteers (both affiliated and spontaneous), contractual, and entity resources

*(6.9.3 The recovery plan shall provide for restoration of functions, services, resources, facilities, programs, and infrastructure.)*

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## **Legal Authorities**

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### **Public Health Security and Bioterrorism Preparedness and Response Act of 2002**

The Act amends the Public Health Service Act to “improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies.” The Act requires the Secretary of HHS to “develop and implement” a coordinated strategy in the form of a national preparedness plan. The Act also establishes the position of Assistant Secretary for Public Health Emergency Preparedness (renamed the Assistant Secretary for Preparedness and Response, see Pandemic and All-Hazards Preparedness Act below), who is responsible for coordinating the operations of the National Disaster Medical System and other emergency response activities within HHS. The Act also provides the Secretary of HHS with the authority to regulate select agents and toxins and to temporarily exempt individuals or entities from the requirements of these regulations if necessary to provide for a timely response to a

public health emergency. Additionally, several provisions for protection of the food and drug supply are included. Further, the Act directs the Secretary to establish and maintain the Emergency System for Advance Registration of Health Professions Volunteers (ESAR-VHP).<sup>vii</sup>

### **Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA)**

The Act identifies the Secretary of HHS as the lead federal official for public health emergency preparedness and response, and establishes the Assistant Secretary for Preparedness and Response (formerly named the Assistant Secretary for Public Health Emergency Preparedness, see Public Health Security and Bioterrorism Preparedness and Response Act of 2002 above). The Act also provides new authorities for developing countermeasures, establishes mechanisms and grants to continue strengthening state and local public health security infrastructure, and addresses surge capacity by placing the National Disaster Medical System and the Emergency System for Advance Registration of Health Professions Volunteers (ESAR-VHP) under the purview of HHS.<sup>viii</sup>

The Medical Reserve Corps, founded in 2002, was codified by PAHPA. PAHPA also added certain requirements and protections for MRC members, and provides the Secretary with authority to hire certain MRC members to assist with federal response efforts. During a public health emergency (whether or not declared to be a public health emergency pursuant to section 319 of the PHS Act), the Secretary is authorized to activate and deploy willing members of the Corps to areas of need, with the concurrence of state, local, or tribal officials from the area where the members reside. 42 U.S.C. §300hh-15(e). The Secretary may appoint selected MRC members to serve as intermittent personnel pursuant to section 2813(h) of the PHS Act. 42 U.S.C. § 300hh-15(h). Certain protections that apply to NDMS personnel will apply in the same manner to MRC members who are hired as intermittent personnel including FTCA coverage when working within the scope of such appointment, worker's compensation (i.e., FECA coverage), and certain employment and re-employment rights. State, local, and tribal officials may not designate MRC members as federal intermittent disaster-response personnel, but may request the services of such members. <sup>ix</sup>

MRC members who are not hired as federal intermittent personnel are allowed travel or transportation expenses, including a per diem, while engaged in performing duties pursuant to an assignment by the Secretary. 42 U.S.C. § 300hh-15(f). Such non-federal personnel are subject to the laws of the state in which their activities are undertaken (e.g., state licensing laws would apply to non-federal personnel). MRC members who are not intermittent personnel and who are not assigned federal duties by the Secretary generally will not qualify for FTCA or FECA coverage. However, like other non-federal volunteer healthcare professionals (VHPs), such MRC members may qualify for various state tort liability protections. Non-federal MRC members may also need to obtain a license when providing healthcare across state lines.

### **Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013**

PAHPRA reauthorized funding for provisions of the Pandemic and All-Hazards Preparedness Act of 2006, as well as amended several provisions of the Public Health Service Act and the Food Drug and Cosmetic Act. PAHPRA requires Pandemic and All-Hazards Preparedness Act

fund recipients to account for children and “at-risk individuals” in their All-Hazards Public Health Emergency Preparedness and Response Plan, as well as coordinate with local Metropolitan Medical Response Systems, local Medical Reserve Corps, and the local Cities Readiness Initiative. <sup>x</sup>

### **Volunteer Protection Act of 1997 (42 U.S.C. § 14501)**

The federal Volunteer Protection Act (VPA) of 1997 was enacted to limit liability of volunteers serving public and private not-for-profit organizations and government agencies. The VPA provides a minimum level of liability protection for volunteers who meet the Act’s requirements.

The Volunteer Protection Act supports and promotes the activities of organizations that rely on volunteers by providing the volunteers some protections from liability for economic damages for activities relating to the work of the organizations. Under the Act, to be found not liable for the injury caused by a negligent act or omission of the volunteer, the volunteer must have been acting within the scope of his or her responsibilities in the nonprofit or government agency. The volunteer must have appropriate licensure or certification if required for the volunteer’s duties; he or she must not have acted with gross negligence, reckless disregard, willful or criminal misconduct, or flagrant indifference; and the injury cannot have occurred while the volunteer was intoxicated. Further, the injury cannot have occurred while the volunteer was operating an automobile or other vehicle for which the state requires an operator’s license and insurance. This Act does not limit the liability of the nonprofit or government agency. The Act does not limit an injured party’s ability to sue for non-economic damages, provide immunity to the nonprofit organization or government entity supervising the volunteer, nor limit a nonprofit or government entity’s ability to bring a civil action against the volunteer. States may opt out of the Volunteer Protection Act.<sup>xi</sup>

Under the Federal Volunteer Protection Act, volunteers:

- Have immunity from (no liability for) negligence if you volunteer for a nonprofit organization or governmental entity. No need for federal funding.
- Must act within the scope of your responsibilities in the organization.
- Must be properly licensed, certified, or authorized to act. Protection is not limited to emergencies.
- Are not protected if the harm occurred through your operation of a motorized vehicle.
- Are not protected for reckless misconduct or gross negligence.

### **Emergency Management Assistance Compact (EMAC) of 1996**

EMAC facilitates resource sharing among member states during an emergency. The National Emergency Management Association (NEMA) administers EMAC, which has been enacted by every state. A governor’s declaration of emergency and request for assistance triggers EMAC for the requesting state. An assisting state then responds to the request by providing the needed resources, including personnel. EMAC stipulates that a provider who is licensed or certified in one state will be considered licensed or certified in the receiving state subject to limitations described in the requesting state’s governor’s order. EMAC provides for protection of officers or

employees of the assisting state from tort liability for negligent acts or omissions unless the officer or employee acted with gross negligence, recklessness, or willful misconduct. EMAC also requires that each state provide for worker's compensation in instances of injury or death for their own employees.<sup>xii</sup>

### **(ESAR-VHP)**

Section 319I of the Public Health Service (PHS) Act (42 U.S.C. 247d-7b), as added by Section 107 of the Public Health Security and Bioterrorism Preparedness and Response Act authorized the Secretary of HHS to establish and maintain a system for advance registration of health professionals to verify credentials, licenses, accreditations, and hospital privileges when such professionals volunteer to provide services during public health emergencies.

Section 319I was amended in December 2006 by section 303(b) of the Pandemic and All-Hazards Preparedness Act (PAHPA). Section 319I(a) directs the Secretary to link existing state verification systems to maintain a single national interoperable network of systems. Section 319I(h) clarifies that inclusion of a VHP in the verification network does not constitute appointment of such individual as a federal employee for any purpose.

### **Public Officers Law section 17 ("POL § 17")**

POL § 17 provides defense and indemnification for individual volunteers. This means the state would provide either legal defense or the cost of legal defense in civil suits in state or federal courts if the suit arises out of acts that were done or not done by the volunteer within the scope of his state volunteer program duties. If the judgment is unfavorable for the defense, the state would cover any costs not covered by insurance. This assumes that the act for which the volunteer was found liable was not due to intentional wrongdoing. POL § 17 does not cover entities such as hospitals and it does not cover criminal cases.<sup>xiii</sup>

### **Federal Tort Claims Act (FTCA)**

Allows individuals to seek compensation when they are injured by federal employees and volunteers acting within the scope of their employment or volunteer service. The act immunizes federal government volunteers from tort liability (except in certain instances); the federal government assumes a volunteer's role as defendant in a lawsuit against the volunteer.

### **Volunteer Protection Act (VPA)<sup>xiv</sup>**

VPA provides immunity from ordinary negligence to volunteers of nonprofit organizations or governmental entities. It does not cover gross negligence, willful misconduct, recklessness, or acts committed by the volunteer while intoxicated or operating a motor vehicle. It does not cover organizational entities of any type or persons volunteering at private businesses. VPA does not require a declared emergency for its protections to apply.

VPA provides protection to nonprofit organizations' and governmental entities' volunteers for harm caused by their acts or omissions on behalf of the organization or entity. The act does not require that an emergency declaration be in place for its protections to apply.

VPA applies to an uncompensated volunteer for acts of ordinary negligence committed within the scope of the volunteer's responsibilities. If the volunteer's responsibilities are covered by

licensure laws, the volunteer must be properly licensed, certified, or authorized by the appropriate authorities as required by the law in the state in which the harm occurred.

Protection under VPA does not apply if the volunteer engages in willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual(s) harmed by the volunteer. VPA also does not apply if the volunteer causes harm by operating a motor vehicle, vessel, aircraft, or other vehicle for which the state requires its operator to possess an operator's license or maintain insurance.

Volunteers of businesses (including for-profit hospitals) and the organizational entities that use the volunteers (including nonprofit or governmental organizations) are not protected by VPA. For example, a health professional who volunteers at a for-profit private hospital or receives compensation for volunteering at a nonprofit hospital is not protected from liability by VPA. There may, however, be other laws that provide this volunteer with immunity.

VPA does not affect any legal actions taken by the volunteer's organization against the volunteer.

VPA applies to:

- Uncompensated volunteers.
- Volunteers properly licensed, certified, or authorized by state law.
- Volunteers of nonprofit organizations or governmental entities.
- Acts within a volunteer's scope of responsibility.
- Acts of ordinary negligence.

VPA does not apply to:

- Willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual(s) harmed by the volunteer.
- Harm caused by operating a motor vehicle, vessel, aircraft, or other vehicle for which the state requires its operator to possess an operator's license or maintain insurance.
- Volunteers for businesses.
- The organization or entity utilizing the volunteer.

### **National Response Framework Volunteer and Donations Management Support Annex**

The Volunteer and Donations Management Support Annex describes the coordination processes used to support the State in ensuring the most efficient and effective use of unaffiliated volunteers, unaffiliated organizations, and unsolicited donated goods to support all Emergency Support Functions (ESFs) for incidents requiring a Federal response, including offers of unaffiliated volunteer services and unsolicited donations to the Federal Government.<sup>xv</sup>

### **Emergency Support Function #8 – Public Health and Medical Services Annex**

ESF8 lists as a response action for Medical Surge: "Coordinates with states to integrate Federal assets with civilian volunteers deployed from local, state, and other authorities, including those deployed through the Emergency System for Advance Registration of Volunteer Health Professionals and the Medical Reserve Corps."<sup>xvi</sup>

## **NYS Comprehensive Emergency Management Plan – Public Health and Medical Functional Annex<sup>xvii</sup>**

Describes response functions and activities undertaken by NYSDOH in the event of an emergency response that requires supplemental support in the form of volunteers including.

- DOH will work with State OEM to identify resources available throughout the State DPC agencies and those assets that may be available through the Emergency Management Assistance Compact (EMAC), Activation and management of the State Volunteer Management System - ServNY.
- DOH maintains a volunteer registry in the DOH ServNY Volunteer Management System. This registry will be surveyed for additional volunteer staff to assist in addressing requests from local jurisdictions. ServNY volunteers may be recruited and deployed to help provide healthcare services in areas where the traditional healthcare delivery system has been compromised, including, but not limited to Licensed Practical Nurses (LPN), Registered Nurses (RN), Certified Nursing Assistant (CNA) or other health care and mental health professionals, as well as non-medical laypersons who are willing to serve in administrative or support roles during public health emergencies.
- DOH may also use ServNY volunteers to support state, regional and local preparedness drill and exercise activities held to train for an emergency response.

### **NYSDOH Health Emergency Preparedness Response Plan (HEPRP) Annex 14 - Burn Surge**

All burn care physicians at Burn Centers who want to contribute professionally to respond to a burn related mass casualty incident will have registered in advance as state volunteers with ServNY.



## Acknowledgments

As part of the HHS Hospital Preparedness Program's 2013-14 grant and coalition activity, the Central New York Health Emergency Preparedness Coalition convened a workgroup that developed the [Hospital Policy Template for Emergency Volunteer Management](#) included in this document. Additionally, the workgroup reviewed the planning considerations developed by Iroquois Healthcare Association which have been incorporated into the document's [Planning Checklist](#), and assisted in the development and review of this document's supporting material. Iroquois would like to acknowledge the workgroup members for their substantial work:

- Chris Dunham, Co-Chair  
*SUNY Upstate Health Science Center*
- Andrew Jewett, Co-Chair  
*Iroquois Healthcare Association*
- Joe Tschopp  
*SUNY Upstate at Community General*
- Ann Lomonaco, Denny White  
*Our Lady of Lourdes*
- Greg Mattacola, Richard Platis  
*Rome Memorial Hospital*
- Marianne Baker, Jack Zito, Robert Sylvester  
*Faxton-St. Luke's Healthcare*
- Barbara Perkins  
*Auburn Community Hospital*
- Charlie Friderici  
*St. Peters Health Partners*
- Rich Keehle  
*UHS Wilson Medical Center*
- Steve Falk  
*Samaritan Medical Center*
- Mary Parry, Paul Scopac  
*Oneida Healthcare Center*
- Paul Campbell  
*St. Elizabeth Medical Center*
- Ronald Simons  
*Little Falls Hospital*
- Kelly Glynn  
*Crouse Hospital*
- Bobbi Alcock  
*CNY MRC*
- Amy O'Brien  
*NYSDOH*
- Judy Homer  
*NYSDOH*
- Stephen Smith  
*UHS Binghamton General Hospital*

## Sources

- *Integrating Emergency Volunteers During Medical Surge: Hospital Checklist*, 2012; Iroquois Healthcare Association, Healthcare Association of New York State
- [Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness](#), 2012; U.S. Department of Health & Human Services
- [Disaster Credentialing Toolkit](#), 2009; Wisconsin Hospital Association
- [Emergency System for Advanced Registration of Volunteer Emergency Professionals \(ESAR VHP\)](#); U.S. Department of Health & Human Services
- [Blueprint for the Use of Volunteers in Hospitals and Rural Medical Centers](#), 2011; Mesa County Advanced Practice Center
- *Disaster Staffing Plan*; University of Rochester Medical Center

- i ( CDC-RFA-TP17-1701 Hospital Preparedness Program - Public Health Emergency Preparedness Cooperative Agreement, 2017)
- ii (2017-2022 Health Care Preparedness and Response Capabilities)
- iii ( Joint Commission Resources (JCR))
- iv
- [http://hfap.org/uploads/PublishedManuals/10/HFAP\\_PrePublication\\_Acute\\_Care\\_Chapter\\_9\\_Emergency\\_Management.pdf](http://hfap.org/uploads/PublishedManuals/10/HFAP_PrePublication_Acute_Care_Chapter_9_Emergency_Management.pdf) (Pre-publication Announcement: Emergency Management Accreditation Requirements)
- v (DNV GL - Healthcare NIAHO® Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance Revision 16)
- vi (NFPA, 2015)
- vii (Selected Federal Legal Authorities Pertinent to Public Health , 2014)
- viii (Selected Federal Legal Authorities Pertinent to Public Health , 2014)
- ix (The Medical Reserve Corps)
- x (Selected Federal Legal Authorities Pertinent to Public Health , 2014)
- xi (Selected Federal Legal Authorities Pertinent to Public Health , 2014)
- xii (Selected Federal Legal Authorities Pertinent to Public Health , 2014)
- xiii (ServNY - New York State's Volunteer Program)
- xiv (U.S. Government Publishing Office)
- xv (Volunteer and Donations Management Support Annex)
- xvi (Emergency Support Function Annexes)
- xvii (NYS Comprehensive Emergency Management Plan (CEMP) - Volume 2)