SE Minnesota Healthcare Coalition

Enhancing Regional Preparedness, Response and Recovery

Health & Medical Volunteer Management Guidelines

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INTRODUCTION

The Healthcare Coalition consists of organizations with responsibilities to mitigate the likelihood of a hazard negatively impacting the ability of a healthcare system to provide services and to prepare for, respond to, recover from consequences of a disaster to the healthcare system. The purpose of the SEMN Healthcare Coalition is to facilitate preparedness to assist communities with building a Health and Medical Services (Emergency Support Function 8/ESF8) Capability to respond to and recover from disasters.

The following groups are represented as part of the SE Healthcare Coalition:

- Hospitals
- Local Public Health
- Emergency Management
- Emergency Medical Services Regulatory Board (EMSRB)
- South East Emergency Medical Services (SE EMS)
- Long Term Care Facilities
- Specialty Services such as(e.g. dialysis centers, hospice centers, American Red Cross)

Healthcare coalition partners will carry out health and medical response and recovery activities within the parameters of statutory authority, jurisdictional Emergency Operations Plans and as defined in operational support compacts, mutual aid agreements, and memoranda of understanding or other operational agreements.

This document outlines the SEMN Healthcare Coalition Volunteer Management Guidelines; information should be integrated within organizational and community operational documents as applicable.

The scope of these guidelines does not include emerging and general volunteer management, which is addressed and carried out in accordance with local Emergency Operations Plans.

The scope of these guidelines does not include staff sharing between hospitals, which is addressed and carried out in accordance with the Hospital Disaster Preparedness & Response Compact.

HEALTH & MEDICAL VOLUNTEER ASSUMPTIONS

The following assumptions form the basis of health volunteer planning in SE Minnesota.

- For community-based activities, southeast Minnesota regional volunteer management assumptions are developed for scenarios in which Medical Reserve Corps (MRC) resources are shared among the following entities:
    - Dodge County
    - Fillmore County
    - Freeborn County
    - Goodhue County
    - Houston County
    - Mower County
    - Olmsted County
    - Rice County
    - Steele County
    - Wabasha County
    - Winona County
- MRC management occurs at the local level and in accordance with mutual aid agreements and supporting operational plans. County mutual aid support is outline in the South East Region Counties / Region 1 Counties Mutual Aid Agreement.
    - Each MRC unit has an Administrator with regional administration rights ("MRC Administrator") so that one county can assist another, If needed the Minnesota Department of Health State Volunteer Coordinator can be an administrator for volunteers as a back-up.
    - "MRC Administrator" is defined as the person with regional administrative rights on MNResponds. This person may also be known for other purposes as the MRC Coordinator, MRC Director, MRC Point of Contact, MRC Unit Coordinator, etc.
    - The needs of the local MRC unit are first priority for deployment.
    - Oriented MRC volunteers will be first priority for deployment, registered, but not oriented volunteers will be deployed at the discretion of the requesting facility/agency.
    - MRC volunteers placed in leadership roles shall have participated in additional training as defined by the individual MRC unit.
    - MRC volunteers are not authorized to offer services as a MRC volunteer without a specific request by the MRC Administrator to fill an assigned MRC

job. Individuals providing services that are not part of a MRC request would not be sponsored by the MRC, and would not be eligible for indemnification, liability, or worker's compensation coverage available through participation in the MRC.

  - MRC volunteers have the right to decline activation for any reason.

- Hospitals providing staff to support other hospitals under the Hospital Disaster Preparedness & Response Compact is not considered a volunteer activity. Staff sharing will occur in accordance with procedures outlined in the Compact.
- For cross-state volunteer or hospital staff sharing, an EMAC request through the Governor's Office must be made.
- Information from Minnesota's Advanced Registration of Volunteer Health Professionals (ESAR-VHP), MNResponds, is available during an event.
- There is no operational regional structure that centrally controls or coordinates MRC or other volunteer activities; however, coordination should occur through the local Emergency Operations Center. The SEMN Health-Multi Agency Coordination Center (MACC) may be available to support information sharing/management during an event.
- Volunteer management organizations manage volunteer programs to update procedures and to provide education and training to expand volunteer skills and competencies.

MEDICAL VOLUNTEER NEEDS

Based on the following data and assumptions, the SEMN Healthcare Coalition has determined there is no scenario that would require medical volunteer support within hospitals in southeast Minnesota.

- Considering the top hospital hazards across the region, the following scenarios would not require medical staff, volunteer or through the Hospital Compact, to support hospital disaster response operations:
  - Mass Casualty Incident (Trauma)
  - Information System Failure
  - Severe Weather
  - Severe Winter Weather
  - HazMat
  - Utility Failure
  - Building/Structural Collapse
  - Flood
  - Loss/Shortage of Fuel
  - Missing Person
- Considering the top regional hazards, the following scenario could necessitate additional medical personnel to support hospital disaster response operations.
  - Medical Surge/Infectious Disease

- The Southeast Minnesota region is better suited than many locales to withstand a substantive pandemic because of its lower than average hospital occupancy rates.
  - The region may be characterized as having an abundance of capacity relative to many other regions in the country even before surge capacity actions are implemented. .
- Medical staff availability is not the limiting factor for hospital disaster response/medical surge operations.
  - SEMN Healthcare Coalition hospitals have bed availability, and staff to support patient care, for a 1918 influenza scenario.
- Medical staff sufficient to meet anticipated hospital staffing needs based on a severe influenza pandemic is available through the Hospital Disaster Preparedness & Response Compact.
- Medical staff sufficient to meet anticipated alternate care site staffing needs based on a severe influenza pandemic is available through the Hospital Disaster Preparedness & Response Compact.

MRC VOLUNTEER MANAGEMENT PRACTICES

Southeast Regional MRC deployment planning is as follows:

- Each County MRC Administrator will be responsible to screen volunteers (which may include verifying licenses, checking credentials, and administering background checks), to enroll MRC volunteers, and to assure that volunteers receive the necessary training in accordance with policies and/or procedures.
- The MRC Administrator shall coordinate notification, activation and deployment procedures with the Minnesota Department of Health, as deemed appropriate.
- Each MRC Unit will notify, activate and deploy its own MRC volunteers, regardless of whether they are deploying within their own jurisdiction or to assist other jurisdictions. In the event an MRC Unit needs assistance (to notify, activate or deploy their volunteers), they may request assistance from another SE MRC Administrator or the Minnesota Department of Health State Volunteer Coordinator.
- MRC volunteers from other MRC units will be considered the responsibility of the **requesting** entity for purposes of liability and worker's compensation.
- Requests for MRC volunteers within the Southeast region shall be routed through the local Emergency Manager/EOC **from** a Public Health Administrator or designee; Incident Commanders or other designees; or EOC (Requesting Party), **to** a Public Health Administrator or designee; or EOC (Responding Party).
- Confirmation for request shall be in writing and include the following:
  - Nature of event and response
  - Number and type of MRC volunteers requested
  - Specific deployment information including location, hours, and incident command structure
  - Planned just-in-time training
  - Expected duration of deployment

- Once a preliminary request has been approved, the Responding Party/ies, within a reasonable period of time, shall provide the Requesting Party with a written confirmation of assistance including details regarding available personnel.
- The Responding Party shall make allocation decisions regarding their MRC resources. The needs of each Responding Party are the first priority for their MRC resources. If there are not enough MRC volunteers to meet the needs of all Requesting Parties, the involved Public Health Administrator or designee and/or Incident Commanders or other designee at the County EOC as part of the planning section, shall confer to determine how available resources should be allocated.
- The Requesting Party is responsible for volunteer just-in-time training, supervision, tracking (staff and time), support, and other duties.
- An MRC Liaison may be designated when an incident or event requires coordination between multiple MRC Units. The MRC Liaison may facilitate communication between MRC Administrators in the Southeast region and other entities

All 11 counties in the SE region have agreed to have regional MRC Administrative rights and will follow the above practices.

Contact the local public health department for specific Medical Reserve Corps information.

HOSPITAL VOLUNTEER MANAGEMENT PRACTICES

Accredited hospitals are required to have procedures for granting disaster privileges to volunteer licensed independent practitioners and for assigning volunteer practitioners who are not licensed independent practitioners who are not licensed, but who are required by law and regulation to have a license, certification, or registration to provide care services.
Requesting volunteers from healthcare entities from different states will require an EMAC or executive order from the Governor's office to overcome licensing issues. The scope of management process described herein assumes volunteer healthcare providers are licensed within the state where services are being rendered.

The following procedural elements are required for volunteer licensed independent practitioners:

- 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.
- The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.
- The hospital determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners.

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

The following procedural elements are required for volunteer practitioners who are not licensed:

- 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.
- The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.
- The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff.
- 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.
- 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
- During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.
- 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.
- 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
- 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.

Communities/hospitals planning to use MRC personnel to support hospital disaster operations should address hospital accreditation procedural requirements in MRC management processes.

HEALTH & MEDICAL VOLUNTEER SUPPORT ORGANIZATIONS

American Red Cross (http://www.redcross.org/)

The organization could potentially assist with Mass Dispensing activities, Pandemic Influenza response, etc. The availability of staff to assist Public Health and medical staff will depend on each situation.

The Red Cross has very specific functions, which include providing emergency housing, food, clothing, and performing disaster assessment. It is also the major responsible party for Disaster Welfare Inquiries (DWIs), helping families determine the status of and locate disaster victims.

The Red Cross also establishes:

- Service Center sites with volunteer community outreach teams to help with family services, and
- Disaster Mental Health Services using volunteer professionals.

The SE Region is served by several Red Cross Chapters.

Chapter Name	Counties Served	Web site
ARC Serving Winona, Wabasha and Goodhue Counties	Winona, Wabasha and Goodhue	http://www.redcross.org/mn/winona
Scenic Bluff Chapter	LaCrosse, Houston, Jackson, Monroe & Vernon	http://www.arcscenicbluffs.org
SE MN Chapter	Dodge, Fillmore, Olmsted,	http://www.redcross-semn.org

Chapter Name	Counties Served	Web site
	Wabasha, Steele	
Freeborn-Mower County Chapter	Freeborn, Mower	http://www.redcross.org/mn/austin
Rice-Le Sueur-Waseca Counties Chapter	Rice, Le Sueur, Waseca	http://www.redcross.org/mn/faribault

Contact the American Red Cross through a local chapter.

Community Emergency Response Team (CERT) (https://www.citizencorps.gov/cert/)

The Community Emergency Response Team (CERT) Program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations.

Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community.

CERT is about readiness, people helping people, rescuer safety, and doing the greatest good for the greatest number. CERT is a positive and realistic approach to emergency and disaster situations where citizens will be initially on their own and their actions can make a difference. Through training, citizens can manage utilities and put out small fires; treat the three killers by opening airways, controlling bleeding, and treating for shock; provide basic medical aid; search for and rescue victims safely; and organize themselves and spontaneous volunteers to be effective.

There are several CERT programs in the SE Minnesota region:

- Northfield, Rice Co
- Owatonna, Steele Co
- Winona, Winona Co

Contact the county emergency manager for additional information about CERT.

Medical Reserve Corps

Minnesota Responds Medical Reserve Corps is a partnership that integrates local, regional, and statewide volunteer programs to assist our public health and healthcare systems during a disaster.

It is part of a federal initiative that requires every state to implement Systems for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). The system adopts a program model recommended by the public health service called Medical Reserve Corps. Local volunteer coordinators mobilize health and "non-health"

volunteers to respond to emergencies within the community, or if the volunteer is interested, within the state.

Minnesota Radiation Emergency Volunteers (MREV)

Minnesota Radiation Emergency Volunteers (MREV) is a group of statewide volunteer Radiation Response Professionals focusing on supporting population monitoring in the event of a large-scale radiological incident.

Organizationally, MREV is a sub-group of the Medical Reserve Corps. Support for the organization and training is provided through the Minnesota Department of Health. MREV members make an impact by assisting with population monitoring, surveying and communication support during a radiation related emergency.

Minnesota Volunteer Organizations Active in Disaster (www.mnvoad.org)

VOAD is the umbrella organization which helps coordinate volunteers. It is a coalition composed of 33 diverse groups, which include religious charities that specialize in disaster response (Baptist, Episcopal, Catholic, Friends, Lutheran, Mennonite, Jewish, and others), Red Cross, Salvation Army, Volunteers of America, etc.

During a disaster representatives from VOAD will come to the community and help coordinate volunteer activities.

Contact Minnesota VOAD through its website.

Salvation Army (http://salvationarmynorth.org/programs-that-help/disaster-relief/)

The organization could potentially assist with a variety of health and medical support functions. The availability of staff will depend on each situation. Service functions include:

- Meal Services
- Spiritual Ministry
- Counseling
- Identification/Registration
- Shelter
- Donated Goods Management
- Cleanup and Reconstruction
- Financial Assistance
- Advocacy.

The Salvation Army works closely with other disaster relief organizations and government agencies to maximize our impact and avoid duplicating services.

United Way (http://www.liveunited.org/index.cfm)

Through its 2-1-1 system, the United Way is able to support information dissemination and volunteer coordination.

Name	Web site
Northfield Area United Way	
United Way of Dodge County	
United Way of Faribault, Inc.	http://www.unitedwayoffaribault.com/
United Way of Freeborn County, Inc	
United Way of Goodhue, Wabasha & Pierce Counties	
United Way of the Greater Winona Area	http://www.unitedwaywinona.org/
United Way of Mower County, Inc	
United Way of Olmsted County, Inc.	http://www.uwolmsted.org/
United Way of Steele County	http://unitedwaysteelecounty.org/