

Utilizing Volunteers During a Disaster*

Prepared by GNYHA 2004

CATEGORY	ISSUE	COMMENT
Privileging of Unaffiliated Clinical Providers or Providers from Other Organizations or Institutions	Unaffiliated clinical providers, or providers from other hospitals or identified through other organizations (e.g., Medical Society of the State of New York) licensed in the same state or other states may present to an institution to volunteer.	<ul style="list-style-type: none"> • The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has created a disaster privileging standard (M.S. 4.110) that states that disaster privileges may be granted when the institution’s emergency management plan has been activated and the organization is unable to meet immediate patient needs. The rationale for the standard indicates that the hospital chief executive officer, medical staff president, or designee has the option to grant disaster privileges. The “elements of performance” for the standard indicates that the institution should identify individuals responsible for granting disaster privileges and a mechanism for doing so. Under the standard, acceptable sources of identification of volunteer medical staff providers are any of the following: <ul style="list-style-type: none"> • a current picture hospital identification card; or • a current license to practice and a valid picture identification issued by a state, federal, or regulatory agency; or • identification indicating that the individual is a member of a Disaster Medical Assistance Team; or • identification from a federal, state, or municipal entity indicating that the individual has been granted authority to render patient care in disaster circumstances; or • presentation by a current hospital or medical staff member with personal knowledge regarding the practitioner’s identity. • The New York State Department of Health has indicated that it endorses the JCAHO Standard (M.S. 4.110) regarding the process and criteria to be used for granting privileges to medical practitioners who present at an institution to offer their services during a disaster. • If the providers are from an institution’s own network, or from other

** This document was prepared by GNYHA in coordination with its Emergency Preparedness Coordinating Council to assist members in utilizing volunteers in their facilities during disasters. It is intended to provide an overview of requirements for utilizing volunteers as well as initiatives for utilizing volunteers being considered or undertaken by GNYHA members and should not be construed as recommendations.*

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		<p>organizations with pre-identified teams, a privileging/credentialing process may have been discussed and agreed upon before the volunteers are sent.</p> <ul style="list-style-type: none"> • Members may assign specific staff members to verify credentials.
Utilizing Non-Clinical Volunteers	Non-clinical volunteers from an institution's usual volunteer pool, or unsolicited volunteers, may offer to assist in the event of a disaster.	<ul style="list-style-type: none"> • Members should consider whether they want to utilize unsolicited volunteers, who have never been oriented by the facility. • Members may want to set up a notification system so that they may call in volunteers from their usual pool when needed. • Members have suggested that outside organizations may assist members in utilizing volunteers, by working with members' existing volunteers, instead of sending volunteers from their organization to the institution.
Identification of Volunteers	Volunteers should be identified as having been through the credentialing/screening process in order to ensure that unscreened members of the public are not volunteering.	<ul style="list-style-type: none"> • One member has suggested setting up a location at each institution (a "volunteer staging area") where volunteers would be screened, credentialed, and provided with identification. Members may want to consider, as part of their emergency management plan, having a pre-determined list of tasks to be undertaken at the staging area. • One member suggested, once a disaster occurs, setting up a system on-site whereby volunteers could be provided with picture identification with expiration dates that they must present as they enter and leave the facility. • One member has prepared pre-printed color-coded identification cards with blank expiration dates (to be filled in later) that would be utilized in the event of a disaster. • Members may want to consider providing volunteers with wristbands, armbands, or vests to easily identify them.
Screening and Training	Volunteers should be assigned to specific tasks that are appropriate for their skills and trained in the institution's procedures.	<ul style="list-style-type: none"> • Members and others have emphasized the importance of screening volunteers before they are utilized. This may include interviews. • Members have indicated that sometimes it is necessary to refuse to permit members of the public to volunteer if they do not possess the appropriate skills. • Members and others have emphasized the importance of having ongoing training sessions for volunteers who are part of an institution's usual volunteer pool, instead of only calling them in when there is a disaster. • Members may also want to consider calling the volunteers in to assist in day-to-day operations when there is not a disaster, in order to ensure that they continue to be trained appropriately.

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		<ul style="list-style-type: none"> • Members may also want to consider having orientation sessions for local clinical staff and members of community that they plan to use as volunteers in an emergency to familiarize them with operations in the facility. • Members may want to consider training their own non-clinical staff to perform in different capacities during an emergency. • Some members require volunteers to sign confidentiality agreements to ensure patient confidentiality.
Supervision and Monitoring	Volunteers should be supervised and monitored to ensure that they are appropriately fulfilling their assigned duties.	<ul style="list-style-type: none"> • Members may also want to consider pairing clinical volunteers with clinical employees/staff so that the volunteers are appropriately supervised. • Members may want to consider coordinating the assignment of volunteer clinical staff to patients in a single location (e.g., the emergency department) to permit closer supervision. • Members may want to consider a system to track volunteer assignments in order to ensure that records are kept. • Areas to which volunteers are assigned should be monitored to keep only authorized staff in the area. • Members and others have indicated that it may be necessary to terminate volunteers who are not appropriately performing their assigned tasks.
Communicating with the Public	Organizations may receive offers from the public to volunteer and may need volunteers from the public with specific skills.	<ul style="list-style-type: none"> • Members may want to consider establishing a dedicated telephone line for taking calls from volunteers. Management of those calls should not interfere with the usual operations of the organization. • Members may want to consider identifying specific types of volunteers they need and providing the information to a central location (e.g., New York Cares), which could then provide information to the public (e.g., via telephone or the Internet). • If members are contacted by volunteers but do not need them, members could refer the volunteers to the central location (e.g., New York Cares, at its Web site, www.nycares.org). • It may be necessary to advise the media that persons interested in volunteering should contact the central location and not go directly to institutions.