

# County of San Luis Obispo Medical Reserve Corps



## Member Manual

**Version 4**

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## ***Project Narrative***

As the County of San Luis Obispo moves forward with public health disaster planning the need for volunteers from the medical community has become all too apparent. While medical volunteers may present at the time of a disaster, without a system for verifying credentials, these volunteers may not be utilized to the full extent of their capabilities. The County of San Luis Obispo Office of Emergency Services (OES) and the Public Health Department have come together in order to provide an opportunity for local members of the health care community to begin preparations to provide assistance during a public health emergency. "Health care community" in this frame of reference is meant to be all encompassing of individuals who have skills to provide for those in need, whether that be physicians, nurses, pharmacists, administrative support, or others with experience in the medical field.

This Operations and Policy Plan has been prepared through a joint effort between OES and SLOPHD for use by its members, area hospitals, public health department, emergency services agencies and related organizations in our county. The purpose of this plan is to describe the organization, operation and capabilities of the Medical Reserve Corps. The Medical Reserve Corps is designed to bring together local health professionals and others with relevant health-related skills to volunteer in their community. These volunteers will assist the local community emergency medical response system already in place as well as provide a group of readily trained and available resources (volunteers) to help the community deal with pressing public health issues, improvements and education.

This plan will be reviewed and updated as needed to reflect changes in technology or operational procedures that affect the organization, operation, or capabilities of the Medical Reserve Corps.

The County of San Luis Obispo Medical Reserve Corps welcomes your comments, participation and suggestions for improving this plan. Please direct your comments and suggestions to Denise Yi at [slomrc@aol.com](mailto:slomrc@aol.com).

Sincerely,

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## **I. Introduction**

### ***A. Purpose of the Operations and Policy Plan:***

1. This plan will establish the necessary organizational, operational and administrative procedures for the effective operation of the County of San Luis Obispo Medical Reserve

Corps.

2. This plan will provide guidance to the Medical Reserve Corps volunteers, medical practitioners, public health officials, emergency services personnel and others for the effective employment of volunteers in emergency medical operations and public health activities.
3. This plan describes the following operational and administrative elements associated with the Medical Reserve Corps:
  - a. Purpose, mission, objectives, scope, assumptions and coordination.
  - b. Organization of the Program.
  - c. Volunteer activation, deployment and demobilization.
  - d. Emergency Operations.
  - e. Communications.
  - f. Training, credentialing and exercises.
  - g. Dress code and equipment.
  - h. Volunteer recruitment and selection.
  - i. Program administration.
  - j. Liability protection for volunteers.

## ***B. Program Overview***

1. The Medical Reserve Corps brings together local health professionals and others with relevant health-related skills to volunteer in their community. These volunteers will assist the local, existing community emergency medical response system, as well as provide a group of readily trained and available resources to help the community manage pressing public health needs, improvements and education.
2. The Medical Reserve Corps is sponsored by the County of San Luis Obispo Public Health Department and shall be known as the County of San Luis Obispo Medical Reserve Corps (SLOMRC).
3. Volunteers will be recruited, screened, credentialed, and trained as Public Health Department Disaster Service Worker (DSW) Volunteers. When services are requested by the County of San Luis Obispo Office of Emergency Services or the County of San Luis Obispo Health Officer (or designee) for utilization in a Public Health Emergency, volunteers will be activated under the Medical Reserve Corps as Disaster Services Worker Volunteers and fall under policies and protections of the County of San Luis Obispo and the State of California (see Appendix F Liability Issues Summary for MRC Volunteers).
4. The SLOMRC is intended to supplement the resources of the existing community emergency medical response system, as well as contribute to meeting the public health

needs of the community throughout the year. The Medical Reserve Corps will not replace or supplant the existing emergency medical response system or its resources. During emergencies, Medical Reserve Corps volunteers may provide an important “surge” capability to perform some functions usually performed by emergency medical response teams who have been mobilized. SLOMRC volunteers can also augment medical and support staff shortages at local medical or emergency facilities.

5. The Medical Reserve Corps volunteers are also a good resource for helping the community plan its response to numerous health-related situations. For example, they can assist with the development of plans for animal care during disasters, distribution of pharmaceuticals and provide numerous tasks to help the community manage public health issues when there is a shortage of regular healthcare providers or healthcare support staff because of a local, man made or natural disaster.
6. The Medical Reserve Corps is primarily designed to assist and supplement the existing emergency medical response and public health systems in emergencies. However, volunteer personnel and resources may be utilized in non-emergency situations, depending on their availability and the approval of the Program Coordinator or County of San Luis Obispo Health Officer or designee. Examples of activities that volunteers may participate in include flu shot clinics, tuberculosis exposure follow-up and community education.

### ***C. Purpose***

The purpose of the County of San Luis Obispo Medical Reserve Corps is to:

1. Organize and train healthcare professionals to respond to the specific needs of the community, thereby enhancing local emergency response efforts, especially during large-scale local emergencies.
2. Provide reserve capacity at the community level to respond to local public and community health needs and education.
3. Create a framework to match medical volunteers’ skills with the community’s needs.
4. Draw health professionals into volunteer service.

### ***D. Mission***

The mission of the County of San Luis Obispo Medical Reserve Corps is to develop partnerships with medical professionals (active and retired) that aid in the education, training and deployment of citizen volunteers and resources in the event of a large scale, local emergency.

In addition, the County of San Luis Obispo Medical Reserve Corps will be utilized to enlist citizen volunteers to assist in the establishment of an organized pool of resources capable of

being deployed to support Emergency Management Systems already in place in the event of a major emergency. The goal of the SLOMRC will be that of a support role providing volunteer medical professionals and resources to augment those services in the community that are engaged in the health and welfare of the citizenry.

## II. Program Objectives

- A. Aid the community in disaster management through education, preparation and volunteer service.
  - 1. Provide emergency preparedness training to the local community.
  - 2. Recruit health care professionals to participate in volunteer activities that support emergency response groups and community safety organizations.
  - 3. Assist community in accessing existing resources before, during and after an emergency in an effort to decrease the overall effects of the emergency.
  
- B. Create and implement an emergency action plan that compliments and is an integral part of the community's existing emergency response plans.
  - 1. Identify the needs of local health and emergency organizations present during an emergency situation.
  - 2. Establish and maintain a partnership with local hospitals, medical service providers, healthcare organizations and emergency response organizations.
  - 3. Obtain a working knowledge of the community's current response plans as it pertains to local emergencies.
  - 4. Identify the role of the SLOMRC in relation to the local government's emergency operation plans.
    - a. Identify how SLOMRC will fit into the existing Public Health Department and County Disaster Plans.
    - b. Design a plan on how best for the SLOMRC to respond as a support structure for first responders.
  
- C. Train and prepare volunteers to effectively respond to a local emergency.
  - 1. Identify the specific skills of each volunteer.
  - 2. Determine how each volunteer can best assist the community before, during and after a local emergency.
  - 3. Identify any training that may be needed by each volunteer.
  - 4. Participate in local exercises in an effort to provide on-going training for each volunteer.
  - 5. Recruit volunteers in an effort to adequately provide support to hospitals, medical service providers, healthcare organizations and / or emergency response organizations before, during and after a local emergency.
    - a. Conduct outreach activities to recruit volunteers.
    - b. Train new volunteers to be qualified to fulfill Medical Reserve Corps roles.

- c. Maintain active volunteers through community activities, continued education and training exercises.
- D. Provide reserve support to local agencies in an effort to enhance local emergency response efforts.
  - 1. Identify available resources for use by the SLOMRC before, during and after a local emergency.
  - 2. Identify specific skills needed during a local emergency and utilize them in a coordinated manner to their best advantage.

**E. Scope**

- 1. The SLOMRC has been established as a local emergency medical and public health resource for the communities served by the SLOMRC.
- 2. As a local resource, the SLOMRC members will not normally be deployed outside the San Luis Obispo County Region. However, should the need arise, volunteers may be requested as a Region 1 mutual aid resource during a large-scale emergency.
- 3. The Primary area served by the Medical Reserve Corps is depicted in Figure 1.



Figure 1 This map demonstrates the areas of coverage for the Medical Reserve Corps. Surrounding counties may be served upon mutual aid request.

**4. Description of Local Situation**

- a. There are several emergency medical services (EMS) providers, both public and private, in San Luis Obispo County that provide Basic Life Support (BLS) and Advanced Life Support (ALS) services.
- b. There are four (4) acute care hospitals in San Luis Obispo County serving a population of nearly 275,000 people. A large-scale emergency with mass casualties has the capability of severely taxing the resources of our local healthcare facilities.



- c. When a large-scale emergency takes place within San Luis Obispo County, the Medical Reserve Corps will be utilized as a medical resource. Other State or Federal teams may take anywhere from 12-72 hours to respond and deploy to our region, if they are able to at all.
- d. Historically, medical personnel spontaneously volunteer to assist in emergencies or disasters. Spontaneous volunteers may not be familiar with the organization and structure of the existing local emergency response system and, therefore, may not be as effective and efficient in the provision of emergency medical services as members of organized response groups.
- e. The Public Health Department does not have adequate staffing to execute large-scale mass immunization or prophylaxis operations and will need assistance from volunteer medical and other support personnel in these and other public health emergency operations.

#### ***F. Presumptions***

1. Emergencies, especially those that are large-scale, may require medical response operations in unconventional or hostile environments for extended periods of time.
2. Medical Reserve Corps personnel should have adequate personal protective equipment (PPE) and supplies to operate for at least 72 hours.
3. Mutual aid agreements exist between political subdivisions and agencies across the county operational area.
4. Adequate supplies of required medical equipment and pharmaceuticals may not be immediately available to medical personnel due to logistical disruptions or other limitations caused by an emergency situation.
5. Medical Reserve Corps volunteers will be well versed in the Incident Command System (ICS) as well as the National Incident Management System (NIMS) and can be readily integrated into the existing emergency medical response system.
6. Area hospitals, emergency services organizations and public health agencies will be made aware of the organization and capabilities of the Medical Reserve Corps and may request assistance through the Medical and Health Operational Area Coordinator (MHOAC) in emergencies.
7. In a large-scale mass casualty event, it is assumed that emergency rooms in the area's acute care hospitals will be quickly overwhelmed and the traditional "treat and transport"

mechanism may not be sufficient to minimize the loss of life. Due to the potential delay in treatment at emergency rooms, patients may need to be properly triaged, periodically re-assessed and receive; life-saving care at the scene of an emergency event. The Medical Reserve Corps personnel may be called upon to assist with field medical operations.

### **G. Local Plan Coordination**

1. The operational procedures in this plan are consistent with, and complementary to, local emergency operations.
2. The Medical Reserve Corps's operational procedures shall be coordinated with local medical, emergency services and public health services organizations, including, but not limited to:
  - a. County of San Luis Obispo Health Agency
  - b. County of San Luis Obispo Medical Society
  - c. Public Health Emergency Preparedness Advisory Committee (PHEPAC)
  - d. California Emergency Medical Services Authority
  - e. County of San Luis Obispo Emergency Medical Agency (EMSA)
  - f. San Luis Obispo County Chapter American Red Cross
  - g. County of San Luis Obispo Office of Emergency Services

## **III. Organization**

- A. The Medical Reserve Corps operates as a component of the County of San Luis Obispo Public Health Department. The SLO Medical Reserve Corps Coordinator will be employed by the County of SLO Public Health Department and serve as a liaison to the County of San Luis Obispo Office of Emergency Services.
- B. The Medical Reserve Corps Coordinator:
  1. Duties include:
    - a. Recruiting
    - b. Training
    - c. Record keeping
  2. Will work with partners to:
    - a. Create the mission, goals and implementation plan for the SLOMRC.
    - b. Organize and coordinate all meetings, materials, minutes, presentations, trainings, and operating systems
    - c. Research and update as necessary specific aspects of SLOMRC including qualifications of the volunteer medical personnel and the existing emergency response systems
    - d. Be responsible for reporting required information to granting agencies.

- e. Attend relevant meetings including but not limited to Public Health Emergency Preparedness Advisory Committee and others as deemed necessary.

## IV. Operations Concept

- A. Rather than functioning as an independent unit, Medical Reserve Corps Volunteers will function under SLO County Emergency Operations and be incorporated into the job functions within the Incident Command System (ICS) (see Appendix A, Organizational Structure).
  - 1. The use of this system allows the SLOMRC to be readily integrated into the emergency response system used by local emergency services agencies throughout the operational area.
  - 2. Emergency Management Systems Basic Concepts:
    - a. Most emergencies involve response from multiple disciplines and may involve more than one jurisdiction. The National Incident Management System (NIMS) will address these issues and provide a standardized organizational structure and common terminology, providing a useful and flexible management system that is particularly adaptable to incidents involving multi-jurisdictional and multi-agency responses, particularly in the field. SLOMRC members will be trained in this system.
    - b. ICS provides the flexibility to rapidly activate and establish an organizational forum around the functions that need to be performed in order to efficiently and effectively mitigate an emergency.
    - c. ICS can be utilized for any type or size of emergency, ranging from a minor incident involving only a few members of the emergency organization, to a major incident involving multiple agencies and jurisdictions.
      - i. ICS allows agencies throughout the operational area, and at all levels of government, to communicate using common terminology and operating procedures.
      - ii. It also allows for the timely acquisition of a combination of resources during time of emergency.
    - d. ICS organizational structure develops in a modular fashion based upon the type and size of the incident;
      - i. The organization's staff is built from the top down. As the need arises, five separate sections can be developed, each with several units that may be established as needed.
      - ii. The specific organizational structure established for any given emergency will be based on the management and resource needs of the incident.

## V. Overview of SLOMRC

### A. Organization and Function

1. The County of San Luis Obispo Medical Reserve Corps is a local resource, i.e., it is primarily intended for use within our county, whereas an organization such as a Disaster Medical Assistance Team (DMAT) may be “federalized” and deployed away from its area of origin. Normally the Medical Reserve Corps volunteers will not be deployed away from the county unless requested as a regional mutual aid resource.
  - a. Medical Reserve Corps personnel are volunteers and do not receive compensation.
  - b. The Medical Reserve Corps will serve as a local resource, augmenting, assisting, and supporting the existing medical and public health systems in emergencies and disasters.
2. The Medical Reserve Corps is an “all-hazards” resource, i.e., the personnel and resources may be utilized in any type of natural, technological or man-made emergency. Volunteer personnel will only be used in the functional areas or given assignments for which they are properly trained and equipped.
3. The Medical Reserve Corps may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. The volunteer personnel and resources may also be used in smaller incidents involving a single jurisdiction or agency.
4. The Medical Reserve Corps personnel and resources may also be assigned to area hospitals, the public health department or mass care facilities to augment and assist the staff of these healthcare facilities.
  - a. Local facilities have developed policies and procedures for incorporating volunteers into respective operations.
5. The goal of the SLOMRC is to build membership of licensed or certified medical personnel to augment community medical resources during an emergency.
6. Upon activation as Medical Reserve Corps Volunteers, personnel will be assigned to locations and positions through the County Health Agency Department Operations Center (CHADOC) or the Operational Area Emergency Operations Center, depending on the scope of the emergency.
  - a. As such, they are assigned to San Luis Obispo County and become Disaster Service Worker Volunteers.

## ***B. Activation of the SLOMRC***

1. Activation Authority – As a local emergency medical resource, the Medical Reserve Corps may be activated by
  - a. Public Health Officer or designated representative.
  - b. Operational Area Emergency Operations Center (EOC) or County Health Agency Departmental Operations Center (CHADOC).
  - c. Medical Reserve Corps personnel will not spontaneously respond to any emergency. They must be activated via the prescribed method to take part in operations.
  
2. Activation Procedure
  - a. The Medical Reserve Corps may be activated by contacting the Program Coordinator or his/her designee. The contact information for the Program Coordinator is contained in Appendix B of this plan.
  - b. Local officials requesting the activation of the Medical Reserve Corps will provide the following information to the Program Coordinator or his/her designee:
    - i. The nature and scope of the emergency.
    - ii. The location of the emergency.
    - iii. The operation volunteers are needed to perform (prophylaxis dispensing, medical care etc.).
    - iv. The staging area(s) or location(s) to which the Medical Reserve Corps volunteers are being deployed.
    - v. Specific medical skills and/or resources needed, i.e., physicians, nurses, etc.
    - vi. A contact phone number and/or radio frequency.
  - c. The Program Coordinator or designee on behalf of the Health Agency will assume the role of Volunteer Coordinator at CHADOC and notify appropriate volunteers as needed.
  - d. The Medical Reserve Corps volunteer will report to assigned locations.
    - i. In emergency medical operations, Medical Reserve Corps personnel may be deployed to an emergency scene in the field, to a hospital or other healthcare facility, or to any other location where their services are needed or directed by the Operational Area Emergency Operations Center or CHADOC.
  - e. Once on scene, Medical Reserve Corps volunteers will check in with the appropriate officials (usually at a staging area) and personnel will be integrated into the emergency medical response effort directed by the Incident Commander.

## ***C. Field Medical Operations***

1. The Medical Reserve Corps volunteers will not act as a freestanding medical resource at incident scenes. Rather, volunteer personnel shall be integrated into the field emergency medical response system and, to the extent of their training and capabilities, provide medical assistance and support as needed.

2. Depending on their availability, Medical Reserve Corps personnel may support and assist local EMS and other emergency response agencies in any field medical operation for which they are properly licensed, trained or equipped.

#### ***D. Public Health Operations***

1. For mass immunization or prophylaxis operations conducted by the Health Agency, volunteer medical personnel will be needed to augment the public health department staff in administering vaccines or medications, handling patient education, screening patients, maintaining medical records and other activities that must be conducted in support of direct medical activities.
2. The Medical Reserve Corps personnel may assist in staffing quarantine or isolation facilities, and/or alternate care sites consistent with Health Agency and CDC protocols and local plans.
3. Depending on their availability, the Medical Reserve Corps personnel may support and assist local agencies in other emergency operations for which they are properly licensed, trained or equipped.

#### ***E. Hospital Operations***

1. The Medical Reserve Corps may support and assist local hospitals and other healthcare institutions in emergency medical operations, consistent with the training and availability of volunteer personnel.
2. If assigned to a local hospital, Medical Reserve Corps personnel shall be integrated into the facility's emergency medical organization. SLOMRC personnel, depending on their specialty, could be used in a variety of assignments.
3. Hospitals in the area have adopted the Hospital Emergency Incident Command System (HICS) for use during emergencies and disasters. Consequently, the Medical Reserve Corps personnel assigned to a hospital shall be prepared to operate within a hospital's HICS organizational framework.

#### ***F. Demobilization***

1. The Medical Reserve Corps personnel will support emergency medical, public health or hospital operations for the duration of an incident or as long as their assistance is required. It is possible that some personnel and resources may be demobilized before others as

their assignments are completed. Please

2. Volunteer personnel will demobilize along with other on-scene personnel and resources, in accordance with the Incident Action Plan and/or the Incident Commander's instructions.
3. When demobilizing, personnel should ensure the following actions are accomplished:
  - a. Ensure all assigned activities are completed.
  - b. Ask their immediate on-scene supervisor if additional assistance is required.
  - c. Notify the Program Coordinator when available for reassignment.

## ***G. Communications***

1. Equipment
  - a. This organization will not have its own communications equipment. The Medical Reserve Corps personnel will rely on the communications resources of other organizations during emergency operations.
  - b. The Medical Reserve Corps personnel may be assigned portable radios from a cache at the scene of an operation. Personnel may also use wireless telephones or the communications resources of amateur radio organizations in an emergency (i.e., Amateur Radio Emergency Services [ARES]).
  - c. The Medical Reserve Corps personnel will be briefed by on-scene personnel on appropriate communication terminology.
2. Radio Procedures
  - a. If the need arises for Medical Reserve Corps personnel to communicate via the county owned radio system the Medical Reserve Corps volunteers shall follow the policies and procedures provided by on-scene personnel.
  - b. Medical Reserve Corps personnel shall keep communications on the radio system at a minimum to keep the channels clear for emergency radio traffic.

## ***H. Training and Exercises***

1. Required Training
  - a. Once applicants have been screened and accepted for membership in the Medical Reserve Corps, each applicant must complete an orientation and specific training

courses prior to participating in any deployments or being issued Medical Reserve Corps identification.

- b. The County of SLO Public Health Department will develop and administer training classes.
- c. The list of required initial training courses for the Medical Reserve Corps volunteers is contained in Appendix C.

## 2. Sources of Training

- a. Many sources of medical and emergency management response training are available to Medical Reserve Corps personnel at little or no cost.
- b. A list of sources of training for Medical Reserve Corps volunteers is contained in Appendix D.
- c. Specialized courses may be developed “in house” by the SLOMRC personnel.

## 3. Exercises

- a. Exercises are methods of evaluating local and regional responses to emergency incidents. Exercises are designed to assess the readiness and training level of responding personnel and organizations.
- b. Exercises include organizations potentially affected by the type of scenario or response being exercised, i.e., agencies at all levels of government, businesses and charitable and community organizations.
- c. The SLOMRC personnel should periodically participate in local exercises, which may be one or more of the following:
  - i. Full-Scale Exercises - These exercises are the most complex and are centered on a realistic scenario designed to evaluate response plans, methods and procedures.
    - (i) Full-scale exercises involve:
      - Actual deployment and movement of personnel and equipment
      - Activation of an emergency operations center (EOC) or the use of a field command post in which policy-level decisions are made
      - A critique or debriefing period
    - ii. Functional Exercises – are designed to evaluate specific components of an emergency response. These exercises involve a simulated incident with agency personnel performing and managing various components of the event, and may occur in an EOC or in the field.



- iii. Tabletop Exercises – involve a discussion and problem-solving session with agency personnel to determine if adequate policies, procedures and resources exist to manage an emergency.
- iv. Drills – are usually “practice sessions” for specific skill, functions or procedures. An example of a drill would be paramedics practicing intubations.
- v. Orientations – involve just what the name implies, i.e., orienting personnel to a plan, procedure or concept. In an orientation, the focus is on training and familiarization with roles, procedures, responsibilities and personalities in a organization or jurisdiction’s emergency management system

### ***I. Training Records***

1. The County of SLO Public Health Department shall administer and maintain training records on all program members.
2. Medical Reserve Corps personnel must ensure their training records are current. Training records must be updated to reflect the completion of individual training, exercises and deployments.
3. Training records will be stored by the County of SLO Public Health Department.

### ***J. Dress Code and Equipment***

1. Dress Code
  - a. The Medical Reserve Corps volunteers will follow dress code guidelines set forth by the County of SLO Health Agency.
  - b. Appropriate dress for disaster response includes:
    - Polo shirt
    - Dark pants (jeans ok if not faded/torn) – multi-pocket cargo pants useful
    - Shoes with closed toes and heels.
    - Photo ID badge identifying volunteers as members of the Medical Reserve Corps
2. Individual Equipment
  - a. Though not required, it is recommended that Medical Reserve Corps personnel carry the following individual equipment items when deploying to the field to support emergency medical operations (including deployments to hospitals or local public health facilities):
    - Water Supply (at least 1 quart)
    - Leather work gloves

- Eye and ear protection
  - Rain gear (rain suit or poncho)
  - Penlight
  - Camp knife or “Leatherman” multi-tool
  - Lighter or matches in waterproof case
  - Notepad, pen and pencil
  - SLOMRC ID, driver’s license, money and/or credit card
  - Sunglasses
  - Sunscreen
  - Insect repellent with DEET
  - Handkerchief
  - Over-the-Counter medications (e.g., chap stick, ibuprofen, acetaminophen, decongestant)
  - Snacks
- b. In addition to the individual equipment listed above, Medical Reserve Corps volunteers occupying medical positions should consider carrying the following items (if necessary to accomplish their medical duties):
- Stethoscope
  - Hemostat
  - Blood pressure cuff
  - Bandage scissors
  - HEPA filter mask or a supply of disposable N95 type respiratory masks, and/or disposable procedure type masks (medical personnel only)
  - CPR Pocket Mask
  - Disposable exam gloves (medical personnel only)
  - Waterless alcohol hand sanitizer
  - 4” x 4” gauze sponges (multiple)
  - Triangular bandages (2)
  - 4” and 6” kling (2 each)
  - Band-aids (dozen)
  - Moleskin
  - 1” tape (2 rolls)

### 3. SLOMRC Medical Equipment

- a. The Medical Reserve Corps does not maintain its own cache of medical equipment and supplies. Consequently, organizations requesting assistance from the Medical Reserve Corps should be prepared to provide volunteers with necessary medical equipment and supplies.

## ***K. Logistical Needs***

1. Volunteers should consider the following logistical needs before deployment:
  - Lodging
  - Meals
  - Water
  - Parking
  - Purchases
  - Transportation
  - Fuel

## **VI. Volunteer Recruitment and Selection**

### ***A. Recruitment***

1. Volunteers will be recruited to become Medical Reserve Corps members.
2. A recruiting program shall be developed and will include:
  - a. Determination of positions to be filled and identifications of required specialties.
  - b. Identification of groups and organizations that may be a source of volunteers (i.e., County Medical Society, retired professional organizations, nursing and EMS training programs)
  - c. Development of a webpage on the Health Agency website. Recruiting and marketing materials.
  - d. Development and implementation of recruiting events and activities
3. A recruiting and selection plan shall be developed and implemented by the Medical Reserve Corps Coordinator. This recruiting and selection plan may be modified as necessary.

### ***B. Selection***

1. Criteria for selection of applicants shall include:
  - a. Registration on the California Disaster Healthcare Volunteer site.
  - b. Possession of specialized skills, experience, licenses and/or certifications.
  - c. Successful completion of a background check
  - d. Completion of the MRC Code of Conduct Form.
  - e. Completion of the MRC Orientation course given by the SLOPHD.
  - f. Completion of ICS 100
  - g. Completion of ICS 700
  - h. Completion of Working in a POD

- i. Completion of the Disaster Service Worker Volunteer application
2. Volunteer applicants will be screened and selected by the Program Coordinator in accordance with the policies of the SLO County Public Health Department.
3. Upon completion of the above criteria, volunteers will be sworn in as California Disaster Service Worker Volunteers and will receive their badges.

## **VII. Administration**

### ***A. Governing***

1. The Medical Reserve Corps shall be governed by the values, ethics and policies set forth by the County of San Luis Obispo Health Agency and fall under the California Office of Emergency Services Disaster Service Worker Volunteer Program Guidance.

### ***B. Membership***

1. Membership in the Medical Reserve Corps is open to any United States citizen with a desire to serve their community and San Luis Obispo County. Although the focus of the Medical Reserve Corps is on emergency medical operations and public health activities, healthcare experience is not an absolute prerequisite for service within the program. Volunteers with no healthcare experience can assist with administrative and other essential support functions.

### ***C. Credentialing***

1. All volunteers must possess a current CPR certificate issued by the American Red Cross or the American Heart Association and a First Aid certificate, additionally -
  - a. Physician: must possess a current license issued by the California Medical Board.
  - b. Registered Nurse / Nurse Practitioner / Physician Assistant: must possess a current California nursing license issued by the California Board of Registered Nursing
  - c. Physician Assistant: must possess a license issued by the Physician Assistance Committee of the Medical Board of California.
  - d. Licensed Vocational Nurse: must possess a current California nursing license issued by the Board of Vocational Nursing and Psychiatric Technicians.
  - e. Physical Therapist: must possess a current physical therapist certification.
  - f. Paramedic: must possess a current Paramedic license and/or certification in San Luis Obispo County.

- g. Emergency Medical Technician / Medical Assistant and other Certified personnel: must possess a current EMT-I certification in San Luis Obispo County.
- h. Psychiatric Technician: must possess a current license issued by the California Board of Vocational Nursing and Psychiatric Technicians
- i. Psychologist: must possess a current license issued by the California Board of Psychology

2. Verification of Licensure:

All medically licensed volunteers will be responsible for keeping their respective license, CPR and First Aid cards current. Current copies of respective license must be on file with the County of SLO Public Health Department. Licensure will be verified annually for currency through the California Medical Volunteer System

([www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov)).

and following agencies:

Physicians: Medical Board of California: [www.medbd.ca.gov/lookup.htm](http://www.medbd.ca.gov/lookup.htm)

Physician Assistant: Physician Assistant Committee:

[http://www.pac.ca.gov/forms\\_pubs/online\\_services/license\\_lookup.shtml](http://www.pac.ca.gov/forms_pubs/online_services/license_lookup.shtml)

Registered Nurses: Board of Registered Nursing:

<http://www.rn.ca.gov/licensees/index.shtml>

Licensed Vocational Nurses: Board of Vocational Nursing and Psychiatric Technicians:

[http://www.bvnpt.ca.gov/license\\_verification.shtml](http://www.bvnpt.ca.gov/license_verification.shtml)

Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Educational

Psychologist: Board of Behavioral Sciences [www.bbs.ca.gov](http://www.bbs.ca.gov)

Psychiatric Technicians: Board of Vocational Nursing and Psychiatric Technicians:

[http://www.bvnpt.ca.gov/license\\_verification.shtml](http://www.bvnpt.ca.gov/license_verification.shtml)

Psychologists: California Board of Psychology: [www.psychboard.ca.gov](http://www.psychboard.ca.gov)

Physical Therapists: Physical Therapy Board of California: [www.ptb.ca.gov](http://www.ptb.ca.gov)

Paramedics and Emergency Medical Technicians: California Emergency Medical Services Authority: <http://www.centralregistry.ca.gov/>

All medically licensed or certificated personnel are responsible for practicing within their respective scope of practice. All medical care and treatment provided by any healthcare

personnel must fall within the guidelines outlined by their respective governing board.

#### ***D. Identification Cards***

1. The Medical Reserve Corps volunteers will be issued photo identification cards for use at the scene of operations. These identification cards will:
  - a. Identify volunteers as members of the County of San Luis Obispo Medical Reserve Corps.
  - b. Provide volunteers with access to the scene as part of the county's emergency medical response system.
  - c. Document the licenses, credentials, skills and training of volunteers, thereby facilitating their deployment in an emergency.
  - d. Facilitate the tracking and disposition of volunteers during emergency operations.
2. The County of San Luis Obispo Public Health Department will coordinate the issuance of identification cards to volunteers. Identification cards will be provided through the County of San Luis Obispo Public Health Department Office at 2180 Johnson Ave, San Luis Obispo.
3. Identification cards will be issued to volunteers upon their completion of requirements for active membership in the Medical Reserve Corps. SLOMRC identification and badges issued by the SLOMRC are designed for use during authorized SLOMRC functions. Display of these items during non-sanctioned or unauthorized activities could lead to the confiscation of these items by the County of San Luis Obispo Public Health Department.
4. Identification cards will be good for a term no longer than the license or certificate possessed by the volunteer.
5. All volunteer identification and badges are the property of the County of San Luis Obispo Public Health Department. All identification and badges must be returned to the agency under the following conditions.
  - a. Volunteer used the identification in a inappropriate, unsanctioned or unauthorized manner.
  - b. Volunteer decides to leave or resign from the SLOMRC.
  - c. Volunteer does not participate or complete minimum volunteer obligations to the program.
  - d. Volunteer does not maintain his/her license.

### ***E. Plan Review and Maintenance***

1. The Operations and Management Plan will be reviewed as needed by the Medical Reserve Corps Coordinator and the Health Agency.
2. The operational procedures described in this plan may be modified as a result of post-incident analyses and/or post-exercise critiques:
  - a. Proposed changes shall be submitted in writing to the Medical Reserve Corps Coordinator c/o County of San Luis Obispo Public Health Department, 2180 Johnson Ave, San Luis Obispo, CA 93401.
  - b. Changes shall be published and distributed to all local organizations holding this plan.
3. This plan may also be modified any time there are changes in the organization, responsibilities, procedures, protocols, laws, rules or regulations affecting the management and operations of the Medical Reserve Corps.
  - a. Organizations responsible for plans or procedures referenced in this plan should inform the Medical Reserve Corps when changes to their plans or procedures occur or are imminent.
  - b. These changes will be incorporated into this plan, published and distributed to holders of this plan.
4. Changes to this plan will be coordinated among the organizations represented in the Medical Reserve Corps and, if applicable, area hospitals, emergency services organizations and applicable human services agencies.
5. It is the responsibility of each recipient of this plan to post and record changes to it.

### ***F. Liability Protection***

The Medical Reserve Corps volunteers are protected from liability in varying degrees by state and federal laws.

The state and federal laws described below may not be the only laws addressing liability protection for volunteers; there may be other state and federal laws not listed in this plan.

Liability issues and applicable laws are further explained in Appendix E.

1. Federal Law
  - a. The Federal Volunteer Protection Act (codified at 42 U.S.C §14501 et. Seq.) provides qualified immunity for liability for volunteers and, subject to exceptions, preempts

inconsistent state laws on the subject, except for those that provide protections stronger than those contained in the Volunteer Protection Act.

- b. Under the Volunteer Protection Act, a volunteer of a nonprofit organization or governmental entity is immune from liability for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:
- c. The act or omission was within the scope of the volunteer's responsibilities in the organization or entity.
- d. If required, the volunteer was properly licensed, certified or authorized by the appropriate state authorities for the activities or proactive of giving rise to the claim.
- e. The harm was not caused by "willful or criminal misconduct, gross negligence, reckless misconduct or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer."
- f. The harm was not caused by the volunteer's operation of a motor vehicle, vessel, aircraft or other vehicle for which the state requires the operator to possess a license or maintain insurance.

## 2. California Law

- a. The California State Disaster Service Worker (DSW) Volunteer Program
  - i. The State of California, Disaster Service Worker Volunteer Program provides workers' compensation insurance coverage in the event of a Disaster Service Worker volunteer is injured while performing assigned disaster duties (Cal Code of regulations, Title 19 § 2570-2573.3).
  - ii. In order to qualify for the DSW Program, all volunteers must register with an accredited Disaster Council, The Governor's Office of Emergency Service (OES), or an authorized State Agency.
  - iii. The DSW Program also provides volunteers assigned to disaster duties limited immunity from liability in the course of their disaster service duties.

3. All Medical Reserve Corps members will be registered with the Disaster Healthcare Volunteer Site (<https://www.healthcarevolunteer.ca.gov/>).

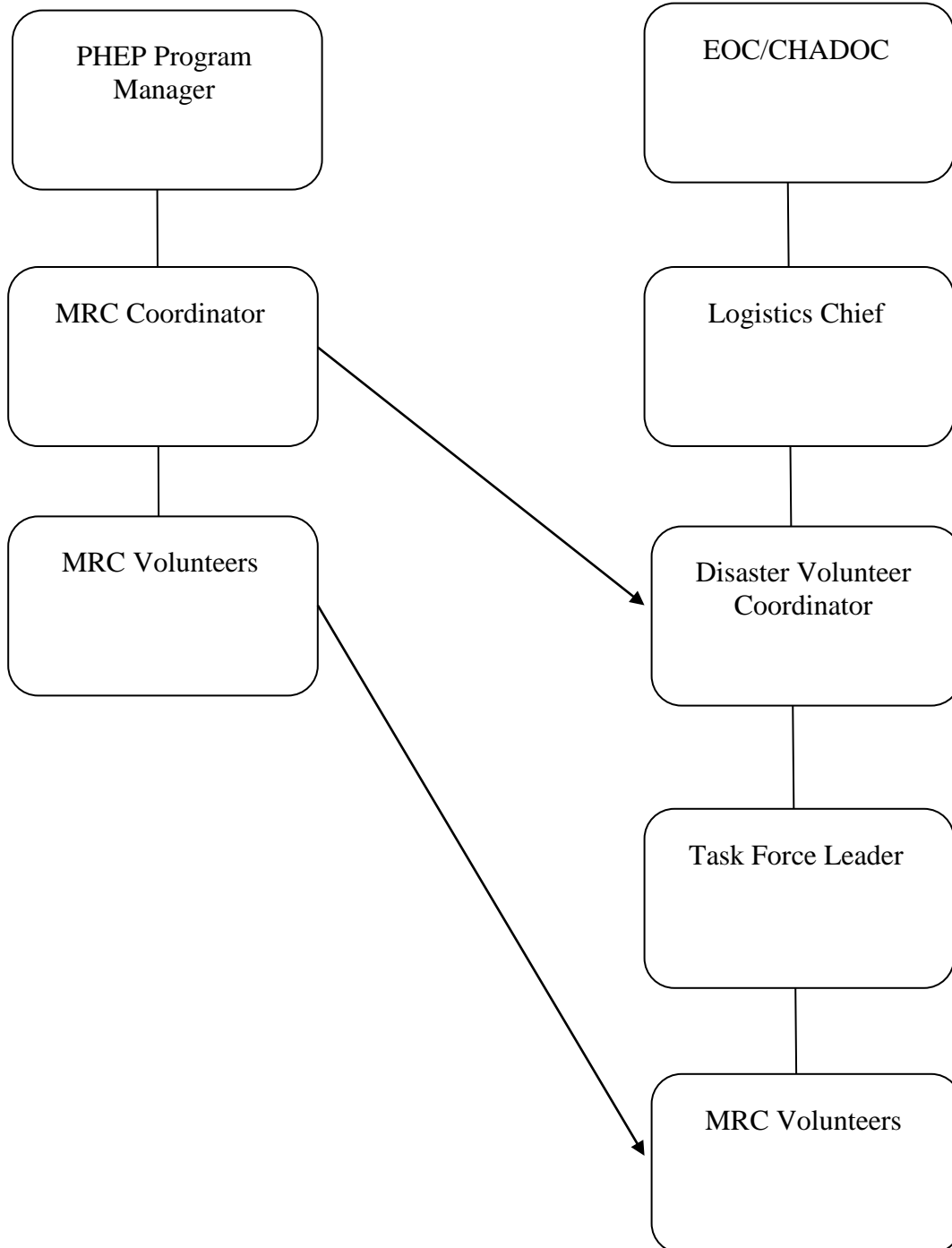
4. "Disaster Service" means all activities authorized by and carried on pursuant to the California Emergency Services Act, including approved training necessary or proper to engage in such (disaster) activities (Cal. Code of Regulations, Title 19, § 2570.2 (3)(b)(1)).

5. Convergent volunteers who come forward to assist during an emergency or disaster can become registered as a DSW for a single event. Those convergent volunteers not registered as DSW have limited liability protection from the "Good Samaritan Laws." Convergent volunteers are not covered to the extent of DSW volunteers and do not receive workers' compensations benefits through the DSW program



**Appendix A**

**Organizational Chart**



## ***Appendix B***

### **Contact Information**

Program Coordinator

Denise Yi  
MRC Coordinator  
Public Health Emergency Preparedness Program  
County of San Luis Obispo Health Agency  
slomrc@aol.com  
(805) 295-8672

County Health Agency Department Operations Center

Elizabeth Merson  
Public Health Emergency Preparedness  
Program Manager II  
County of San Luis Obispo Health Agency  
emerson@co.slo.ca.us  
(805) 781-1077

## ***Appendix C***

### **List of Initial Training Courses**

#### **Training requirements for Medical Reserve Corps:**

- Overview of Emergency Management and the Role of Medical Reserve Corps
- ICS 100 – available online at <http://training.fema.gov/IS/NIMS.asp>
- ICS 700 – available online at <http://training.fema.gov/IS/NIMS.asp>
- Working in a POD (Point of Distribution – available online at <http://www.ualbanycph.org>)

#### **First day (Just in Time) training may include:**

- Patient Confidentiality (HIPAA) training (could be done ahead of time)
- Bloodborne Pathogen training
- Workers' Compensation acknowledgement form
- Specialized training specific to volunteer assignments

## ***Appendix D***

### **Sources of Training**

Medical Reserve Corps Training Resources

[www.mrc.train.org](http://www.mrc.train.org)

National Incident Management System Independent Study Program

<http://training.fema.gov/IS/NIMS.asp>

FEMA Independent Study Program, Complete Course List available from

<http://training.fema.gov/IS/crslst.asp>

Includes topics such as hazardous materials, introductions to exercises, effective communication, disaster basics, and much more.

The POD Game <http://www.thepodgame.com>

## ***Appendix E***

### **Liability Issues Summary for MRC Volunteers:**

In addition to Good Samaritan Laws in all states, there is the US Volunteer Protection Act of 1997 (42 U.S.C. §14501 - §14505)

California has stronger protection for volunteers in the Disaster Service Worker Program (Emergency Services Act, CA Gov Code §8657). This provides a limited immunity from liability for volunteers who are registered as Disaster Service Workers while providing care during a disaster. (See below). It also provides workers compensation.

Ca Gov Code 8657 "Volunteers duly enrolled or registered with the Office of Emergency Services or any disaster council of any political subdivision, or unregistered persons duly impressed into service during a state of war emergency, a state of emergency, or a local emergency, in carrying out, complying with, or attempting to comply with, any order or regulation issued or promulgated pursuant to the provisions of this chapter or any other local ordinance, or performing any of their authorized functions or duties or training for the performance of their authorized functions or duties, shall have the same degree or responsibility for their actions and enjoy the same immunities as officers and employees of the state and its political subdivisions performing similar work for their respective entities. "

CA Gov Code §8623 "Persons from other states holding licenses or certificates or other permits from those states for professional, etc. skills may render aid in an emergency as fully as if license, etc., was conferred in California". Additionally there is CA Gov Code §8659 "Any physician or surgeon (whether licensed in this state or any other state), hospital, pharmacist, nurse, or dentist who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by reason of such services, regardless of how or under what circumstances or by what cause such injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission."

CA Labor Code §321 1.92(b) and CCR Title 19 §2572.2(3)(b)(I) as well as the above DSW Program provides protection even during training for disasters.

A physician's assistant may perform medical services he or she is permitted to perform during emergency at the request of a responsible federal, state or local official or agency or pursuant to the terms of a mutual aid operation plan established and approved pursuant to the California Emergency Services Act, regardless of whether the supervising physician is available to supervise, as long as any licensed physician is available to provide supervision (CA Bus & Prof Code §3502.5)

A key word is "licensed". At this point in CA, no unlicensed person is allowed to

provide services that normally require a license. The governor is always able to suspend public law in emergencies so that may of course be done, but we (CA DHS & CA EMSA) are trying to get legislation that addresses this issue ahead of time. This would ease the mind of some clinicians who let their licenses expire but still want to help in an emergency.

### **Disaster Service Worker (DSW) Volunteer Program**

Registered DSWs: A disaster service worker volunteer is "...any person registered with an accredited Disaster Council. ...for the purpose of engaging in disaster service ... without pay or other consideration."

Registered DSW volunteers are persons who have chosen to volunteer their time to assist a disaster or emergency services agency in carrying out the responsibilities of that agency. The person must be officially registered with the accredited Disaster Council; and, not receive any pay, monetary or otherwise, for the service being provided.

### **Immunity from Liability for DSW volunteers:**

The Emergency Services Act (§8657) provides DSW volunteers with limited immunity from liability while providing disaster service as it is defined in §§2570.2 and 2572.2 of the Disaster Service Worker Volunteer Program Regulation (Cal. Code of Regs., Title 19).. Additionally, U.S. Public Law 105-19, Volunteer Protection Act of 1997, provides limited protection.

Immunity from liability protects the political subdivision or political entity, and the DSW volunteer in any civil litigation resulting from acts of good faith made by the political subdivision or political entity, or the DSW volunteer, while providing disaster service (e.g., damage or destruction of property; injury or death of an individual). Immunity from liability does not apply in cases of willful intent, unreasonable acts beyond the scope of DSW training, or if a criminal act is committed.

## ***Appendix F***

### **Volunteer Code of Conduct**

The purpose to the Disaster Healthcare Volunteer program is to ensure the deployment of competent credentialed healthcare professional in times of emergency. To ensure the completion of that goal, I shall meet the following standards of conduct:

#### **Professional:**

- Maintain and abide by the standard of my profession, including licensure, certification and training requirements.
- Treat all individuals with a sense of dignity, respect, and worth.
- Accept assignments appropriate to the level of my skill.
- Be professionally dependable, recognizing the commitment and responsibility in accepting an assignment.
- Action only in the capacity in which I am assigned as a volunteer and refrain from self-deploying, (i.e., going to a disaster area without having been requested by a government agency).
- Comply with all legal requirements associated with my professional status including: confidentiality of personal information and reporting of suspected child abuse, vulnerable adult abuse and neglect.
- Accept feedback from my supervisor in order to do the best job possible.

#### **Ethical Conduct:**

- Avoid situations that could be interpreted as a conflict of interest and refrain from actions that may be perceived as such.
- Not proselytize or pressure anyone to accept my political, cultural, or religious beliefs.
- Not accept tips, request meals to be paid for, or otherwise accept payment for my volunteer work or seek to gain financial benefit from association with the DHV program.
- Address ethical concerns by speaking directly with the colleague/volunteer with whom I have the concern and, when necessary, report such to my team leader or proper authority in the chain of command.
- Abstain from the use of equipment or resources for personal use.
- Refrain from commenting, answering questions, or divulging any information from the media.
- Refrain from taking pictures or vides, and from posting videos or pictures to the internet (including sites such as You Tube, Facebook, Twitter), without first receiving authorization from my supervisor or the press officer.

#### **Safety:**

- Follow the directions of my immediate supervisor, team leader, safety officer, incident commander or other appropriate authority.

- 
- Follow safe workplace practices, including participation in applicable education sessions, using appropriate personal safety equipment and reporting accidents, injuries, and unsafe situations.
  - Report any suspicious activity to my supervisor.
  - Abstain from all illegal activity.
  - Abstain from bringing any weapon to a deployment.
  - Abstain from bringing children, friends, and pets to a deployment.
  - Abstain from the transport, storage, or consumption of alcoholic beverages and/or illegal substances while on deployment.
  - Avoid profane and abusive language and disruptive behavior, including behavior that is dangerous to me and others, (including acts of violence, physical abuse, sexual abuse, or harassment).
  - Provide all pertinent and truthful information about my fitness and ability to carry out a particular assignment.
  - Ensure that my supervisor, team leader, incident commander or other appropriate authority is aware of my whereabouts and is able to contact me if necessary.
  - Wear required identification and clothing if requested to do so. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material (e.g., slogans or graphics).
  - Recognize that I have a responsibility to adhere to the rules and procedures of the Disaster Healthcare Volunteer program and failure to do so, including but not limited to: Failure to satisfactorily perform my assigned duties; Engaging in illegal activity; or gross misconduct, will cause me to be subject for dismissal from the Disaster Healthcare Volunteer Program.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_



***Appendix G***

***Deployment Operations Manual***



County of San Luis Obispo  
Public Health Department

# Deployment Operations Manual

**ORIGINAL PROCEDURE**

January 2016

**Revised**

Jan 2019

**REVISIONS**

	<b>REVISION DESCRIPTION</b>	<b>DATE</b>
Original Document		1-14-2016
Complete Revision	Added pre and post deployment procedures, administrative updates and added Disaster Responder Health and Safety Guidance as a new attachment.	12-18-2018
Complete Revision		
Complete Revision		
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1. Introduction	<b>Error!</b>
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## **Part One - Overview**

### **1. INTRODUCTION**

#### **1.1. Overview**

The Disaster Healthcare Volunteer (DHV) program is designed to facilitate and manage the registration, credentialing, and deployment of volunteer healthcare professionals (VHPs) in the event of an emergency requiring medical resources. The DHV program is administered by the California Emergency Medical Services Authority (California EMS Authority). State deployment policies and procedures are described in the state's Deployment Operations Manual. This manual should be seen as subordinate to the state's deployment policies and procedures.

#### **1.2. Purpose**

The purpose of this Deployment Operations Manual is to provide a process for organizations within San Luis Obispo County to receive DHVs, including Medical Reserve Corps (MRC) members.

This manual addresses the deployment of volunteers who are registered in the DHV program. It does not address spontaneous volunteers who are not registered in the system at the time of the disaster or emergency. Thus, this manual does not cover the issues associated with such volunteers, known as spontaneous unaffiliated volunteers (SUV).

The DHV program uses a software system for the management of volunteers. This system addresses the registration, notification, communication, and credentialing needs associated with volunteer management. While effective use of that software is key to the concepts outlined in this manual, this is not a user guide or training manual for the software. Those materials are available from the State of California through the California EMS Authority DHV program.

#### **1.3. Scope**

The intended audience for the County of San Luis Obispo DHV Deployment Operations Manual includes:

- The County of San Luis Obispo Medical Health Operational Area Coordinator (MHOAC) program;
- The County of San Luis Obispo Emergency Medical Services (EMS) Agency;
- The County of San Luis Obispo Public Health Department (SLOPHD);
- The County of San Luis Obispo Medical Reserve Corps (MRC);
- Healthcare facilities that may utilize DHVs in an emergency.

This manual builds on the California EMS Authority Deployment Operations Manual. It provides guidance specific to San Luis Obispo County that is not covered in the State's manual. It does not supersede the State's manual but rather serves as a supplementary document.

#### **1.4. References and Authorities**

- 1.4.1. California EMS Authority California Disaster Volunteer Deployment Operations Manual.

- 1.4.2. SLOPHD is responsible for the protection of the public's health and is also the primary agency for coordination of public health emergencies and medical services within San Luis Obispo County in response to an emergency or disaster of natural or manmade origin.

## 2. CONCEPT OF OPERATIONS

### **2.1. General**

DHVs, including MRCs, represent mutual aid resources which may be requested and managed via the County of San Luis Obispo Medical and Health Operational Area Coordinator (MHOAC) Program. The MHOAC procedure is initiated when medical and health resources are impacted and additional resources are needed. See the County of San Luis Obispo MHOAC SOP for additional information.

### **2.2. Expectations Regarding Volunteers**

- Expectations regarding the nature of DHV members enrolled in the system have been articulated in the Disaster Healthcare Volunteers Principles of Operations and the federal ESAR-VHP guidance. Some of the key expectations and assumptions are:
- **DHVs deployed through the DHV system are not first responders.** These resources are not to be considered a rapid-reaction force. It is assumed that in emergencies and disasters, first responders will be appropriately deployed.
- **DHVs are not self-deploying or self-supporting-** either as individuals or as units. Thus, deployment of these resources will require organization, preparation, and significant effort on the part of Medical and Health Operational Area Coordinator programs.
- **Volunteers enrolled in the system are indeed volunteers.** This means they have a right to be informed about the nature of the incident and what to expect about field conditions, housing, etc. It also means they are not paid for their service and, as volunteers, are not mandated to respond.
- **DHVs are not assets.** Thus, unlike medical supplies, the number and type of volunteers available for a given incident will vary based on individual availability and interest in deploying. Volunteers are expected at all times to act in a manner consistent with their professional status and licensure. See Attachment 1 for the California Disaster Healthcare Volunteer Code of Conduct. In agreeing to participate in the DHV system as a volunteer, each individual acknowledges understanding the nature of the volunteer role, the process for verifying credentials, and affirms that all information they will give the system will be truthful.

Volunteers are expected to update their profiles in the DHV system regularly and as needed. Thus, if there is any change to one's licensure status or personal or professional information, it is expected that the volunteer will access the DHV system and make appropriate changes.

Volunteers are expected to be emotionally, physically and mentally fit to deploy to each disaster site. Volunteers are required to undergo a thorough screening process prior to deployment. All volunteers must complete [Disaster Responder Pre-Deployment Guide 1.1: Health and History Screening](#) prior to deployment and receive approval from employee health nurse and supervisor.

Volunteers must also complete [Disaster Responder Pre-deployment Guide 1.2: Personal Information](#) prior to deployment. This form will be collected by the responder's normal job site

supervisor during responder's deployment and destroyed upon return. This form will include personal information, emergency contact information, certifications and licenses and respirator fit test details (if applicable).

### **2.3. Expectations Regarding Credentialing and Privileging**

The following expectations/assumptions are appropriate regarding the credentialing and privileging of volunteers deployed through the DHV system:

- The DHV system regularly checks the licenses of professionals registered in the system to ensure that they have an active, unencumbered license. This checking occurs at least daily whether or not there is an emergency or an active deployment of volunteers.
- The DHV system utilizes a process for checking and validating the "Emergency Credential Level" (ECL) of volunteers in the system. The system assigns the following designations which are readily visible at the time of a deployment:
  - ECL 1 = "Hospital Active," i.e., having an active, unencumbered license and confirmed to be employed or privileged in a hospital.
  - ECL 2 = "Clinically Active," i.e., having an active, unencumbered license and confirmed to have been actively employed in a clinical setting within the last six months.
  - ECL 3 = "Licensed or Equivalent," i.e., having an active, unencumbered license (or equivalent).
  - ECL 4 = healthcare experience or education for non-licensed volunteers.
- Federal guidelines and guidelines established by The Joint Commission set a lower threshold for disaster credentialing and privileging than for routine employment or privileging. The ECL system used by the DHV system is designed to work with those lower thresholds. Receiving institutions should recognize that DHVs deployed by the system are licensed appropriately and, in the case of ECL 1 or 2, have had recently confirmed employment which suggests that they have been properly vetted either by a hospital or some other clinical setting.

### **2.4. Volunteer Roles**

2.4.1. DHVs may fill roles that are within their licensed scope of practice and their current skill competencies.

2.4.2. Examples of volunteer roles include:

- First Aid station worker
- Multi Casualty Incident Triage nurse
- Basic Life Support Provider
- Vaccinator
- Medication Administrator
- Medical Assessment/Evaluation
- Case Manager
- Patient Treatment
- Palliative Care Provider
- Patient Discharge

### **2.5. Deployment**

See [Disaster Responder Deployment Guide 2: Actions During Deployment](#)

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Responder should review “Actions During Deployment”. This guide includes normal job site supervisor responsibilities and field deployment site supervisor responsibilities and requires disaster responder’s signature.

## **2.6. Volunteer Check-in**

Whether volunteers are used for a single shift or for an extended period, some form of check-in at your location/facility is necessary and should include:

- Confirming that those volunteers called have actually shown up.
- Checking identification and credentials (if not already done).
- Assigning the volunteers their team leader or point of contact.
- Delivering any necessary safety briefings.
- Providing needed Personal Protective Equipment (PPE), vests, checklists, and other work tools.

## **2.7. Orientation and Briefings**

2.7.1. Consistent with the Standardized Emergency Management System (SEMS) and incident command principles, the receiving jurisdiction/organization should communicate the following to each DHV during an orientation:

- The professional’s role, authorities/responsibilities, and assignment;
- Orientation to the mission;
- Review clinical protocols, available resources, and job site;
- Their supervisor; Supervisors should review [Disaster Responder Deployment Guide 2: Actions During Deployment](#).
- Who do they supervise;
- The professional’s decision making authority and purchasing authority;
- The arrangements for food, lodging and transportation;
- Communications procedures for staying in touch with sending unit and family; See [Disaster Responder Deployment Guide 2: Actions During Deployment](#). Responder’s normal Job Site Supervisor Responsibilities: Communicate response situation updates to the responder, responder’s family and responder’s coworkers that are not deployed.

2.7.2. Use the Critical Event Briefing Checklist (Attachment 2) to brief volunteers on incident information including but not limited to:

- Chain of command
- Incident situation
- Action plan for that shift
- Safety
- Logistics

## **2.8. Training**

2.8.1. In order to properly manage expectations, several points about training are important to remember:

- The California EMS Authority does not require any training for volunteers with the DHV program to participate. Thus, receiving incident commanders should not rely on an assumption that all volunteers will have received specific training.

- MRCs in San Luis Obispo County are required to complete the following training requirements:
    - Overview of Emergency Management and the Role of the MRC
    - IS 100c
    - IS 700b
    - Working in a Point of Distribution (POD)
- 2.8.2. Just-in-time training will be provided to all volunteers. See [Disaster Responder Deployment Guide 2: Actions During Deployment](#) requires field deployment site supervisors to document Just-In-Time-Training. These records will be collected and reviewed by normal job site supervisor upon responder's return.

#### Applicable Liabilities

- 2.8.3. All volunteers deployed through the DHV program are registered as Disaster Service Worker Volunteers (DSWV).
- 2.8.4. The California DSWV Program was created in order to provide workers' compensation and liability benefits to sworn volunteers during participation in disaster related activities.
- Good Samaritan Laws in all states and US Volunteer Protection Act of 1997 (42 U.S.C. § 14501 - § 14505)
  - California has stronger protection for volunteers in the Disaster Service Worker Program (Emergency Services Act, CA Gov Code § 8657). Provides a limited immunity from liability for volunteers who are registered as DSWV while providing care during a disaster. It also provides workers compensation.
  - Additionally CA Gov Code §8623 and CA Gov Code § 8659 provide protection.

### **2.9. Management of Injuries During Deployment**

- 2.9.1. The health and well-being of volunteers is paramount. The DSW program will be, as stated in statute, the sole source for compensation in the case of injury or death of a DHV during deployment.
- 2.9.2. Upon injury of a disaster healthcare volunteer on deployment, appropriate medical care should be sought.
- 2.9.3. As soon as is possible and practicable after the injury has occurred and necessary medical care has been provided, the County of San Luis Obispo MHOAC program should be informed of the injury.

### **2.10. Demobilization**

Depending on the nature of the incident and on the nature of the demobilization may occur in different order or time frame. However, in all cases the following should be addressed:

- 2.10.1. Release from Duty
- The incident commander or supervisor must affirm that the DHV is dismissed from the assigned duties.
  - At the time of demobilization, complete ICS 221 Check-Out form and go through demobilization process.
  - Obtain a completed ICS 225: Incident Personnel Performance Rating from the Field Job Site Supervisor prior to leaving the incident
  - For more details, see [Disaster Responder Deployment Guide 2: Actions During Deployment](#).



#### 2.10.2. Out-processing and Exit Interview

- Upon return, the responder and Normal Job Site Supervisor must complete Responder Debriefing procedures upon return. This includes deployment information, demobilization, documentation and supervisor's interview of responder. See [Disaster Responder Post Deployment Guide 3: Responder Debriefing](#)
- An exit interview should be conducted to educate the volunteer about the typical physical and mental health reactions to disasters, and to inform them of the follow up resources available if the typical mental health reactions last longer than the volunteer is comfortable with and/or it interferes with their functioning.

#### 2.10.3. Volunteer Brief of Replacement

- DHV should brief any replacement staff, be they volunteer or otherwise, if appropriate on all pertinent information needed to perform the job and ensure smooth operations.

#### 2.10.4. Notify MHOAC

- Notify MHOAC of the demobilization of the DHV.

***Part Two: Attachments***

Attachment 1 CALIFORNIA DISASTER HEALTHCARE VOLUNTEER CODE OF CONDUCT

Attachment 2 CRITICAL EVENT BRIEFING CHECKLIST

Attachment 3 Disaster Responder Health and Safety Guidance

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## **Attachment 1: California Disaster Healthcare Volunteer Code of Conduct**

The purpose of the Disaster Healthcare Volunteer program is to ensure the deployment of competent credentialed healthcare professional in times of emergency. To ensure the completion of that goal, I shall meet the following standards of conduct:

### **Professional:**

- Maintain and abide by the standards of my profession, including licensure, certification and training requirements.
- Comply with all legal requirements associated with my professional status including confidentiality of personal information and reporting of suspected child abuse, vulnerable adult abuse and neglect.
- Accept assignments appropriate to the level of my skill.
- Be professionally dependable, recognizing the commitment and responsibility in accepting an assignment.
- Act only in the capacity in which I am assigned as a volunteer and refrain from self-deploying, (i.e., going to a disaster area without having been requested by a government agency).
- Treat all individuals with dignity, respect, and personal worth.
- Accept feedback from my supervisor in order to do the best job possible.

### **Ethical Conduct:**

- Avoid situations that could be interpreted as a conflict of interest and refrain from actions that may be perceived as such.
- Refrain from proselytizing or pressuring anyone to accept my political, cultural, or religious beliefs.
- Refrain from accepting tips, requesting meals to be paid for, or otherwise accepting payment for my volunteer work or seeking to gain financial benefit from association with the DHV program
- Address ethical concerns by speaking directly with the colleague/volunteer with whom I have the concern and, when necessary, report such to my team leader or proper authority in the chain of command.
- Abstain from the use of equipment or resources for personal use.
- Refrain from commenting, answering questions, or divulging any information to the media.
- Refrain from taking pictures or videos, and from posting videos or pictures to the Internet (including sites such as YouTube), without first receiving authorization from my supervisor or the press officer.

### **Safety:**

- Follow the directions of my immediate supervisor, team leader, safety officer, incident management team members or other appropriate authority.
- Follow safe workplace practices, including participation in applicable education sessions, using appropriate personal safety equipment and reporting accidents, injuries, and unsafe situations.
- Report any suspicious activity to my supervisor.
- Abstain from all illegal activity.

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- Abstain from bringing any weapon to a deployment.
  - Abstain from bringing children, friends, and pets to a deployment.
  - Abstain from the transport, storage, or consumption of alcoholic beverages and/or illegal substance while on deployment.
  - Avoid profane and abusive language and disruptive behavior, including behavior that is dangerous to me and others, (including acts of violence, physical abuse, sexual abuse, or harassment).
  - Provide all pertinent and truthful information about my fitness and ability to carry out a particular assignment.
  - Ensure that my supervisor, team leader, incident management team or other appropriate authority is aware of my whereabouts and is able to contact me if necessary.
  - Wear required identification and clothing if requested to do so. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material (e.g., slogans or graphics).
  - Recognize that I have a responsibility to adhere to the rules and procedures of the Disaster Healthcare Volunteer program and failure to do so, including but not limited to: Failure to satisfactorily perform my assigned duties; Engaging in illegal activity; or gross misconduct, will cause me to be subject for dismissal from the Disaster Healthcare Volunteer program and/or criminal prosecution.

Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment 2: Critical Event Briefing Checklist**

INCIDENT NAME \_\_\_\_\_ Incident Number \_\_\_\_\_

FUNCTION	TOPICS
COMMAND	Welcome – Introductions
	Who is in charge (IC / Director)
	Chain of Command (jurisdiction / agency)
	Command INTENT (who does what) Tasks Purpose Desired Result / End State
SITUATION  Maps	Initiating Event What has happened / What do we know now What was the initial impacts & response
	Last Operational Period
	Current Operational Period Weather (current & forecast)
	Situation Report Process
OBJECTIVES / PLAN  Specific Measurable Achievable Realistic Time Frames to Execute	People
	Facilities
	Environment
	Threats / Issues / Risks
	Incident Action Plan (IAP)
SAFETY	Risk Identification
	Hazard Assessment
	Hazard Abatement / Mitigation
EXECUTION (operations)	WHO WHAT WHERE WHEN HOW
	Vests, Binders / Checklists, JIT Training
	Interagency Coordination (IAC)
	Closures
	Evacuations
LOGISTICS	Communications
	Food, Water, Sanitation
	Transportation
	Fuel
	IT
	Medical
	Traffic
	Security
	Documentation (Sign In, ICS 214)
MHOAC Resource Requesting Process	
ADMINISTRATION	
PUBLIC INFORMATION	
STATUS UPDATES	
COMMAND SUMMARY	