Disaster Healthcare Volunteers of California Medical Reserve Corps Principles of Operation

October, 2008

Introduction

Overview of System

The Disaster Healthcare Volunteers of California Program is designed to ensure that, in the event of a disaster, pre-credentialed volunteer medical and health staff will be deployed to assist in response and recovery efforts. The Emergency Medical Services Authority (EMSA), together with their stakeholders, has worked collaboratively to establish this program in the state. The Disaster Healthcare Volunteers of California Program is California's version of the federally mandated Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP).

The Medical Reserve Corps (MRC) is a national network of community-based volunteer units that focus on improving the health, safety, and resiliency of their local communities. At the federal level the MRCs are coordinated through the Citizen Corps program managed by the Department of Homeland Security, and through the Office of the Surgeon General. In California, EMSA and California Volunteers, Office of the Governor work collaboratively to assist and enhance the capabilities of MRCs within California. Both California and the federal government recognize that MRC units are vital, not only to their own local communities, but also as a potential resource for disaster response in statewide or national disasters.

It has been recognized by both State and Federal authorities that cooperation and integration of these efforts is both desirable and beneficial. The Office of the Assistant Secretary for Preparedness Response (ASPR), which oversees the ESAR-VHP program, the Office of the Surgeon General, which oversees the MRC program, and EMSA all agree that a systematic, unified approach to the coordination of these coordinated volunteer efforts and in the best interest of a robust and effective response to disasters.

Purpose of the Document

The purpose of this document, the "Disaster Healthcare Volunteers of California/Medical Reserve Corps Principles of Operations," is to outline the principles and policies governing the manner in which these cooperative efforts will operate. This document reflects a consensus opinion of the Medical Reserve Corps Advisory Committee and accepts in its entirety the "Disaster Healthcare Volunteers Principles of Operations" document (version 1.5-March 13, 2008) which is the current summary of policies, procedures, and guidance as relates to the entire Disaster Healthcare Volunteers of California System. It is the goal of this document to provide specific guidance on the issues relating to the MRC within the Disaster Healthcare Volunteers of California System, including providing guidance to the ongoing process of developing and maintaining Standard Operating Procedures (SOPs).

The development of this document has been influenced by the draft document issued by ASPR and the Office of the Surgeon General entitled: "Integration of the Medical Reserve Corps and the Emergency System for Advanced Registration of Volunteer Health Professionals." In particular, the MRC Advisory Committee accepts and endorses the statements on Vision for Integration and Benefits of Integration contained in that document. These statements are included below:

Vision for Integration: Develop a unified and systematic approach for Local-State-Federal coordination of volunteer health professionals, in support of existing resources, to improve the health, safety and resiliency of local communities, States, and the Nation in public health and medical emergency responses.

Benefits of Integration: There are significant advantages to integrating local MRC volunteer resources and state ESAR-VHP programs. Integration will:

- Strengthen local and state coordination by establishing integrated procedures and clarifying roles and responsibilities in the management and utilization of volunteers during an emergency
- Increase surge capacity by ensuring Local-State-National coordination of volunteers within a tiered response system.
- Allow for the maximum use of volunteer health professionals' skill and expertise.
- Minimize duplications of effort in identifying, registering, screening and managing volunteer health professionals.
- Improve resource planning and allocation which reduces costs for local, State, and Federal governments.
- Increase the resiliency of local communities and States, making them less dependent on Federal resources.¹

Key Operational Policies

A. General Communication Principles

#1. The general goal of both the Disaster Healthcare Volunteers of California System and MRCs is the increased preparedness to respond to medical emergencies in both local communities and the State of California. There is a shared commitment to this process.

The State Coordinators of the MRC program and the State Coordinator of the Disaster Healthcare Volunteers of California System are committed to a collaborative approach.

¹ "Integration of the Medical Reserve Corps and the Emergency System for Advance Registration of Volunteer Health Professionals," version 2, Revised April 2008

Further, EMSA is committed to inclusion of MRC and Disaster Healthcare Volunteers in local and State response plans.

#2. Consistent with the federal guidance on integration of these programs, it shall be policy that MRCs and the Disaster Healthcare Volunteers of California System shall share pertinent volunteer information.

The policy of the Disaster Healthcare Volunteers of California System is that system administrators shall have access to that volunteer information which is related to their area of operations. Thus, MRC Coordinators shall have access to the volunteer information within the system that belongs to their identified MRC members. Similarly, as MRC volunteers are an important potentially scarce resource, the Medical Health Operational Area Coordinators (MHOAC) will have access to those volunteers within the Operational Area for which they are responsible, including those who are registered as MRC members (see number 14). The MHOAC or their designee is the system administrator and has access to all volunteers registered within their jurisdiction including MRCs. MHOACs will only access MRC members with approval of and coordination with the MRC Coordinator.

#3. At all times, whether accessing resources associated with MRCs or other resources, the Disaster Healthcare Volunteers of California System will be consistent with California's Standardized Emergency Management System (SEMS).

All requests for resources, including those resources identified as MRC members, will follow the SEMS framework. A more thorough description of this framework and how Disaster Healthcare Volunteers of California System fits in is found in the Disaster Healthcare Volunteers Principles of Operations (Version 1.5-March 13, 2008)".

#4. Consistent with the principles outlined in the "Disaster Healthcare Volunteers Principles of Operations (Version 1.5, March 13, 2008)" and in SEMS, MHOACs and MRC Coordinators within those operational areas (counties) will strive to maintain cooperative, collaborative relationships with regular communications.

A commitment to a collaborative approach requires communication among partners. To achieve goals related to recruitment, membership, training, and response local MHOACs and MRC Coordinators should develop relationships and regular communications. Specific communication policies related to the membership and notification/activation are addressed below. Generally, when possible the MHOAC will respect the autonomy of the MRC and make requests for MRC resources through the MRC Coordinator. Similarly, MRC coordinators will take all efforts to keep their MHOAC

informed at all times of any issues related to the preparedness and availability of local MRC resources.

B. Recruitment/Membership

- #5. It is recognized that all healthcare professional volunteers, whether associated with a MRC or not, are a unique, valuable and potentially scarce resource.
- #6. There is variability among MRCs and each MRC maintains the ability to set its criteria for membership; collaboration with Disaster Healthcare Volunteers of California System does not alter this.

Each MRC, consistent with federal guidelines, may set its own requirements for membership including training, licensure, participation in meetings, etc. The collaboration of MRCs with the Disaster Healthcare Volunteers of California System does not alter this framework. Thus, MRC Coordinators maintain the control over acceptance or rejection of individual MRC members.

#7. Many healthcare professional volunteers will either choose not to be a member of an MRC or not be able to meet the specific requirements for membership. If volunteer health professionals are recruited through a local MRC and subsequently do not remain with the MRC, they should remain registered in the Disaster Healthcare Volunteers of California System.

It is recognized that there are many reasons that a person may not be a perfect fit with an MRC and yet still be a valuable resource in the time of disaster. For example, the particular meeting or training requirements of an MRC may be greater than an individual is able to commit. However, having that person, especially a health professional with an active license, in the Disaster Healthcare Volunteers of California System is important. Thus, when MRC coordinators become aware of a volunteer who is unable to meet the requirements or commitments to be a member of the MRC, that coordinator will facilitate the enrollment of the volunteer in the county's Disaster Healthcare Volunteers of California System.

#8. In keeping with the communication agreements regarding the sharing of information, should an MRC Coordinator, local MHOAC, or State level system administrator learn of a serious problem relating to the overall appropriateness of a volunteer's participation in the program, that information will be shared appropriately.

Mere inability or unwillingness to meet the particular requirements of membership in an MRC should not disqualify a person from being a volunteer. However, there are

circumstances in which information may be learned in the enrollment process that could have important impact on that person's appropriateness for participation in the program. Should that information be learned by any system administrator, it should be appropriately shared.

C. Registration/License Verification

#9. Consistent with the federal guidance, MRCs shall use the Disaster Healthcare Volunteers of California System for the registration and license verification of its healthcare professional volunteers.

The software used in the Disaster Healthcare Volunteers of California System will be configured to allow MRC members to register as volunteers with their particular MRC. All those MRC members who are licensed and/or certified will be able to have their licensure and certification(s) verified as with other volunteers in the system.

#10. MRCs may register and manage resources who are not licensed professionals within the Disaster Healthcare Volunteers of California System.

The Disaster Healthcare Volunteers of California System allows for the registration of non-licensed volunteers in support of emergency medical response. There is a large and robust list of non-medical occupations under which those volunteers may register. Non-medical MRC volunteers may enroll in the system as a member of their MRC.

#11. The Disaster Healthcare Volunteers of California System will assign Emergency Credentialing Levels to all registered volunteers, be they MRC affiliated or not.

The Disaster Healthcare Volunteers of California System, consistent with federal guidelines, is designed to assign an emergency credentialing level to all volunteers. This credentialing policy is described in detail elsewhere. The assignment of that level; however, will apply to all registered volunteers, including those who are registered as MRC members.

D. Notification/Activation

#12. Consistent with the communications principles already outlined (Section A, above), Disaster Healthcare Volunteers of California System administrators, local system administrators, and MRC coordinators will share responsibility for the development of coordinated notification, activation, mobilization and demobilization procedures for all levels of deployments.

- #13. In accordance with mutual aid principles, no Disaster Healthcare Volunteer, including MRC volunteers, will be assigned, tasked, or otherwise deployed without being coordinated through standard SEMS channels.
- #14. Notwithstanding #13 above, state-directed activation of the Disaster Healthcare Volunteers Notification System may occur when the impacted operational area(s) is no longer functional and/or the event is of such magnitude that the need for medical volunteers from throughout the state is immediately determined. This includes activation of MRC resources by the MHOAC if the MRC coordinator and alternate (if one has been designated) cannot be contacted.

While rare, there are circumstances in which the MRC coordinator will not be available and the exigency of the situation demands notification of MRC volunteers. In all such situations, every practical effort will be made to coordinate the activation of MRC volunteers with the MRC coordinator. Should that not be possible or should the magnitude of the event be such that another approach is required, every effort will be made to timely communicate these actions to the MRC coordinator.

This approach is in keeping with SEMS principles in that if one or more levels within SEMS are not functional due to the severity of the disaster, the next level available may activate volunteers through the Disaster Healthcare Volunteers of California System. For example, if the MHOAC in an impacted Operational Area cannot be contacted, a state level administrator may activate volunteers from within the Operational Area. At the MRC level, if the MRC Coordinator or alternate (if one has been designated) cannot be contacted, the MHOAC may directly activate MRC resources through the Disaster Healthcare Volunteers of California System.

E. Training

#15. Consistent with federal guidance, the training and preparing of volunteers who are registered MRC members is the responsibility of the MRC.

The collaboration between MRCs and the Disaster Healthcare Volunteers of California System does not alter the basic responsibility of an MRC to provide training to its members. And, the Disaster Healthcare Volunteers of California System provides tools that local MRCs may use to track the training provided its members. This system allows for the variability of training and preparation among MRCs.

#16. The responsibility for any general training for all Disaster Healthcare Volunteers of California registered volunteers remains that of the State.