

# Models of Collaboration for Interstate Mutual Aid:

## The Region IV ESF8

Unified Planning Coalition

Volunteer and Credentialing Subcommittee



**2009 Integrated Medical, Public  
Health, Preparedness and  
Response Training Summit**

Dallas, Texas

# Background

- **EMAC**
  - **Emergency Management Assistance Compact**
  - Agreement among all states, the District of Columbia, Puerto Rico and the Virgin Islands, to provide assistance across state lines when a disaster occurs
- **ESAR-VHP**
  - **Emergency System for Advance Registration of Volunteer Health Professionals**
  - National system of state-based programs for managing health professional volunteers
- **MRC**
  - **Medical Reserve Corps**
  - Community-based volunteer groups organized to strengthen public health, emergency response and community resiliency

# Overarching Objectives

- Discuss HHS Region IV ESF-8 Unified Planning Coalition (UPC)
- Identify regional solutions to sustainable volunteer workforce preparedness through ESAR-VHP and MRC integration
- Understand benefits and challenges of interstate collaboration on volunteer issues

Overview:

# Region IV ESF8 Unified Planning Coalition



- Alabama
- Florida
- Georgia
- Kentucky
- Mississippi
- North Carolina
- South Carolina
- Tennessee

# Mission of the Region IV UPC

- Through collaborative all-hazards planning and the development of partnerships, the Region IV ESF8 Unified Planning Coalition will enhance the member states' abilities to prepare for public health and medical response to incidents/events.

# Region IV UPC Membership

## States Represented:

- Alabama
- Florida
- Georgia
- Kentucky
- Mississippi
- North Carolina
- South Carolina
- Tennessee

## Federal Agencies Represented:

- U.S. Department of Health and Human Services
- U.S. Department of Veterans Affairs
- Federal Emergency Management Agency
- U.S. Department of Defense
- Other Public and Private Partners

# UPC Guiding Objectives

- Institutionalize system for interstate collaboration on preparedness and response issues among state and federal ESF8 leaders within Region IV
- Strengthen and improve communication between Region IV states and federal partners
- Establish and maintain an operational Resource Coordinating Task Force to facilitate resource identification and maintain regional situational awareness of incidents/events through EMAC

# UPC Guiding Objectives

- Convene multi-disciplinary workgroups with representation from Region IV states to conduct interstate planning on key ESF8 issues.
- Develop comprehensive state profiles that outline the scope, structure, and capabilities of the ESF8 systems in Region IV.
- Share best practices among ESF8 (public health & medical) systems.

# What the UPC Is Not

- Is NOT a replacement for EMAC. All response operations work through the established EMAC system.
- Is NOT a master plan for the region. It's a way to better coordinate operations and planning.
- Is NOT mandated or required. Region IV states decided this was a priority on their own.

# Project Accomplishments

- Built an organizational infrastructure that includes hiring a full-time coordinator, implementing a member charter and establishing an executive committee.
- Developed a Resource Coordinating Task Force to assist impacted states with resource identification and provide regional situation status during responses.

# Project Accomplishments

- Developed state profiles for each member state.
- Coordinated with local, state and federal partners to write a regional concept of operations for patient movement.
- Established a regional sharepoint portal to support planning activities.
- Developed and support 12 workgroups to address specific planning issues.

# Interstate Workgroups

- Asset Typing
- Assessments
- Volunteers & Credentialing
- Fatality Management
- Medical Logistics
- Exercise Coordination
- Pre-hospital & EMS
- Pandemic Influenza
- System Status Tools
- Burn Care
- Long Term Care
- Patient Movement
- Interoperable Communications (inactive)

# Real-World Response Coordination

- Florida/Georgia Wildfires – May 2007
- Tennessee Tornado – February 2008
- Midwest Flooding – June 2008
- North Carolina Wildfires – June 2008
- Tropical Storm Fay – August 2008
- Hurricane Gustav – August 2008
- Tropical Storm Hanna – August 2008
- Hurricane Ike – September 2008
- Kentucky Winter Storms – January 2009

# Our Keys to Success

- Partnerships & relationships
- Three years “in the trenches”
- Respect of our differences
- Daily communication
- Realization of the need
- Commitment to the mission

# Questions?

# Region IV ESF8 UPC: Volunteer and Credentialing Subcommittee



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# Why the Volunteers & Credentialing Workgroup?

- Disaster-prone region – the need exists
- Strong MRC and ESAR-VHP in Region IV
  - The volunteers want to help and are credentialed and trained
- Often state-to-state deployment of volunteers can happen more effectively than in-state
- Plans are an ESAR-VHP program requirement

# Potential Roles for Volunteers

- Potential types of missions that could be appropriately filled by volunteers:
  - Enhancing a community's surge capacity for evaluation of the ill and/or injured
  - Enhancing mass dispensing/mass vaccination response
  - Providing emergency Behavioral Health services
  - Providing additional staff for a large-scale medical needs shelter, Federal Medical Station, or other similar facility (focused on large numbers of low-acuity patients)
  - Providing Population Monitoring in a radiological event

# Volunteer and Credentialing Subcommittee Objectives

- Interoperability of ESAR-VHP databases
- Development of concept of operations for integrating volunteers into ESF8 teams
- Development of procedures for interstate sharing of volunteers

# **Volunteer and Credentialing Subcommittee Objectives**

## **(continued)**

- Development of a volunteer identification badge
- Licensure, liability and workers compensation situational awareness
- Sharing of best practices

# Volunteers and Credentialing Workgroup Membership

- Alabama
  - Charlie Crawford
- Florida
  - Bonnie Gaughan-Bailey
  - Kathy Handra
  - Rhonda White
- Georgia
  - Rachel Vasconez (**co-facilitator**)
- Kentucky
  - Rebecca Gillis
  - Rebecca Randall
  - Tim Cooper
- Mississippi
  - Laveta Moody-Thomas
  - C.J. Davis
- North Carolina
  - Ann Marie Brown
- South Carolina
  - Deborah Derrick
  - Harvey Hoots
- Tennessee
  - Greg Galfano
- Federal Partner
  - Elizabeth Fitch (**co-facilitator**)

# Workgroup Process

- Identification of priority objectives
- Situational awareness
- Monthly conference calls
- In person meeting in January
- Smaller group collaboration on aspects of the plan

# Priority Objectives

- 2008: Situational awareness
- 2009: Development of regionally cohesive policies and procedures for interstate sharing of volunteers
- 2009: Development of a volunteer identification badge (or the minimum dataset that should appear on a badge)

# Situational Awareness

- ESAR-VHP System
- What Volunteer Groups are Included
- Ability to verify licensure
- Local vs. Central administration
- Alerting and Notification
- Who activates volunteers?
- ID Badge
- Liability Coverage
- Background Checks

# Draft Plan



# The Plan

- Draft – very much a living document
- Not intended to cover every detail
- More a coordination of existing plans

# Draft Plan: Pre-Deployment

- EMAC REQ-A drafted for the capability needed
- Responding state determines the need can be met with volunteers
- States use their existing plans to identify volunteers
- Volunteer information is shared with requesting state
- Volunteers are prepared for deployment
- *At this time, volunteers become agents of the responding state and are covered under the corresponding liability protections*
- Volunteers are transported from a central location to the requesting state

# Draft Plan: Deployment

- Responding state makes arrangements for transporting volunteers from a central location to the requesting state
- Volunteers arrive in the requesting state and check in with the appropriate point of contact
- Point of contact verifies volunteer information
- Volunteers fulfill roles as stated in REQ-A

# Draft Plan: Post-Deployment

- **Each state will develop the demobilization plan for all resources, including volunteers**
  1. Volunteers mobilized through EMAC should be demobilized according to the requesting state's plan
  2. Returning the volunteers to their point of origin will be the responsibility of the requesting/assisting state (?)
  3. The assisting state will provide appropriate resources for ensuring the mental and physical health of its volunteers upon their return to the point of origin in the assisting state.

# Obstacles to Development and Implementation

- Varying structures
- ESAR-VHP at varying levels of implementation
- Varying approaches to ESAR-VHP/MRC Integration
- Patchwork of legal protections
- Licensure issues
- Prioritizing Volunteers
- Article VIII – The Worker’s Compensation Issue

# Article VIII

*“Each party state shall provide for the payment of compensation and death benefits to injured members of the emergency forces of that state and representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within their own state.”*

# The Workers Comp Issue

- Most states cannot provide workers compensation for volunteers
- Who pays?
- Is this a barrier to sending volunteers through EMAC?

Comments?  
Questions?

# Contact Information

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