



# Developing a Coordinated Approach to Deploying Volunteers



## HHS/ASPR Volunteer Playbook



# Learning Objectives

- Recognize the differences in the civilian health volunteer pools available for Federal deployment during an emergency
- Describe the issues of deploying volunteers federally during a domestic or international response
- Discuss and assess solutions to the issues of deploying volunteers federally during a domestic or international response



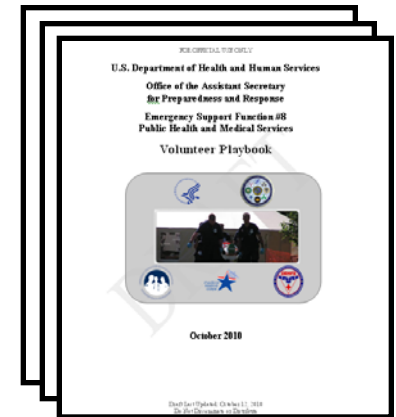
# Session Agenda

- Introduction and Purpose
- Program Overviews
- Volunteer Playbook Overview
- Discussion of the Issues



# Volunteer Playbook

- **Purpose:** to provide guidance to ASPR on the hiring and deployment of volunteers during domestic and international medical and public health responses
- Serves as a recruitment tool for those interested in deploying federally as a volunteer
- Still in draft form (first review iteration completed)
- Volunteer Playbook will include documentation on all HHS/ESF-8 civilian health volunteer pools available for Federal deployment during an emergency
  - Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
  - Medical Reserve Corps (MRC)
  - HHS Civil Service Volunteers
  - Department of Veterans Affairs (VA) Disaster Emergency Medical Personnel System (DEMPS)





# True or False?

Currently, there are more than 50 nurses registered as HHS Civil Service volunteers.



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# **Civil Service Volunteer Initiative**

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# Background

- History

- “The Federal Response to Hurricane Katrina Lessons Learned” published Feb 06
- “Secretary’s Transformation Action Team: Final Report on Hurricane Katrina Lessons Learned” published Jun 06
  - DHHS “Strengthening Emergency Preparedness and Response; HHS Preparedness Mission Fulfillment Working Group; June 1, 2006 Draft
    - *The Proposed Strategy for Deployment of Civil Service Volunteers to Support DHHS Emergency Responders; Appendix IV*



# Background

- Purpose/Mission

- Civil Service Employee volunteers will be used to fill “gap” roles (e.g., roles not filled by Commissioned Corps officers), or to provide surge capacity for deployment through DHHS/Assistant Secretary for Preparedness and Response (ASPR) for Emergency Support Function (ESF) #8 medical and/or public health emergency response missions; including staffing Federal Medical Stations (FMS).



# Types of Volunteers

- \*Behavioral Health Practitioner
- Dental Assistant
- \*Dentist
- Dietician/Nutritionist
- Disability Specialist
- Discharge Planner
- \*Emergency Medical Technician (EMT)
- Environmental Health Specialist
- Infection Control Epidemiologist/Specialist
- Finance
- \*Laboratory Technician
- Logistics/Supply manager
- \*Licensed Practical Nurse (LPN)
- \*Medical Assistant
- Medical Records
- \*Nurse Assistant
- \*Nurse Practitioner
- \*Occupational Therapist
- Patient Transporter/General Volunteer
- \*Pharmacist
- \*Pharmacy Technician
- \*Physical Therapist
- \*Physician Assistant
- \*Physician (General practitioner, Internal Medicine, Family Medicine, Pediatrics, OB/GYN)
- \*Registered Nurse (RN)
- \*Respiratory Therapist
- Sanitarian/Sanitation Engineer
- Safety Officer
- Systems/IT
- Administrative assistant/time keeper
- Telecommunications specialist



# Federal Deployment Protocols

- A survey to all HHS CS employees will be distributed by DHHS Office of the Secretary (OS) to solicit information regarding interest in and qualifications for deployment in response to an emergency
- Survey will be conducted electronically and information will be gathered by website data collection setup by ASPR/SOC; enabling information accessibility by both “central” HHS (e.g., OS, ASPR) and OPDIVS and STAFFDIVS
- Once survey is completed and submitted by volunteer, automatic e-mail(s) will be sent to the OPDIV/STAFF DIV EOC and/or ASPR to request support and approval from supervisor, and to initiate process to verify credentials of volunteer depending on selected deployment
- Establish a focal point in each OPDIV and STAFF DIV for verifying Civil Service deployment job qualifications, medical clearance and supervisory release, and who will be responsible for providing a list of candidates for staffing requests



# Points of Clarification

- HHS GS employees, with permission and release of their supervisors, can perform response operations functions that are outside their normal job responsibilities
- Salary would be paid by home office
- Overtime would be covered by FEMA Mission Assignment and sub-tasked to OPDIV
- Stafford Act funds cannot be used to pay salaries; only overtime pay
- Workers' Compensation and Federal Tort Claims coverage would be afforded
- Unions have to be informed of deployment; as opposed to negotiated with



# True or False?

VA DEMPS is open to both current and retired Veterans Health Administration (VHA) employees.

Department of Veterans Affairs  
Disaster Emergency Medical  
Personnel System

Bob Smith, EdD

DEMPS

National Program Manager



# Background

- History

- 1997
- DEMPS is designed to provide a system where active or retired VHA personnel can register, in advance, for deployment in support of internal emergencies affecting the Department of Veterans Affairs or external support as might be requested by other Federal Agencies.
- DEMPS is the primary mechanism by which requests for deployment of VHA personnel (current and retired) are handled at the VHA Central Office level for both internal and external requests.



# Volunteer Statistics

- 9000+
- Every VHA facility in the US.
- 16 Different Resource Types, over 300 different specializations



# Federal Deployment Protocols

- Once the damage to the area and needs have been assessed, and it is determined that medical resources are required, FEMA or Health and Human Services (HHS) may task VA to provide these resources.

EMSHG/VHA OC receives request



VHACO decision made on which VISNs will be asked for help



VISN receives request for DEMPS volunteers; queries database for appropriate personnel



VISN taps DEMPS Coordinators for available personnel



Facility reviews; if approved by Director, employee and supervisor are notified of selection

- Personnel are full-time federal employees, credentialing is done at their local facility.
- Teams are managed by a VHA leadership team assigned to the mission.



# Real-world/Exercise Experiences

- 2008
  - Hurricane Gustav – Ruston, LA FMS – 135 DEMPS Volunteers
  - Hurricane Ike – San Antonio, TX FMS – 402 DEMPS Volunteers
- 2009
  - Red rivers Floods – Fargo ND, (Jamestown) FMS – 54 DEMPS Volunteers
- 2010
  - Haiti Earthquake – Port Au Prince, Haiti – 5 DEMPS Volunteers
  - ???





# True or False?

During the Hurricane Katrina response, ESAR-VHP volunteers were deployed as Federal volunteers.



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# **Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)**

**Jennifer Hannah  
Program Manager**



# Background

- Authorized by Section 319I of the Public Health Service Act
- **History**
  - Established by Congress in 2002
  - Program funded in 2004
  - Pandemic and All-Hazards Preparedness Act transferred ESAR-VHP from the Health Resources and Services Administration (HRSA) to ASPR in 2006



# Mission

- Establish a national interoperable network of State-based ESAR-VHP systems for managing volunteers at all tiers of response
  - Each system is maintained by a State or group of States
  - Each system verifies the credentials, certifications, licenses, and hospital privileges of health professionals who volunteer to provide health services during a public health emergency.



# Statistics

- 62 ESAR-VHP programs in all 50 States, Territories, DC, Chicago, New York City, and LA County
- 49 States and DC have operational ESAR-VHP systems
- Over 179,800 registered ESAR-VHP volunteers
- Comprised of private citizens
- 20 required health professions occupations
- States may register other health professions and non-health professions occupations



# Health Professions Occupations



- Register, collect, and verify credentials of the 20 occupations listed below
  - Physicians (Allopathic and Osteopathic)
  - Physician Assistants
  - Registered Nurses
  - Advanced Practice Registered Nurses
  - Licensed Practical Nurses and Licensed Vocational Nurses
  - Psychologists
  - Clinical Social Workers
  - Dentists
  - Marriage/Family Therapists
  - Pharmacists
  - Respiratory Therapists
  - Mental Health Counselors
  - Veterinarians
  - Cardiovascular Technologists and Technicians
  - Diagnostic Medical Sonographers
  - Emergency Medical Technicians and Paramedics
  - Medical and Clinical Laboratory Technicians
  - Medical and Clinical Laboratory Technologists
  - Medical Record and Health Information Technicians
  - Radiologic Technologists and Technicians



# Federal Deployment Protocol



- In a national disaster or public health emergency, personnel requirements will primarily be met through NDMS, USPHS Commissioned Corps, and Veterans Affairs personnel
- Civilian volunteer health professionals may be used to augment the Federal medical and public health response
- Volunteers' identification and credentials are pre-verified by the State ESAR-VHP programs
- HHS Emergency Management Group activates the Civilian Deployment Liaison (CDL) to contact targeted states to request volunteers
- CDL sends request to targeted states to request volunteers
- States submit rosters to CDL
- Volunteers are selected and hired as unpaid temporary Federal employees (UTFE)
- Volunteers are covered under Federal Tort Claims Act (FTCA) and Federal Employment Compensation Act (FECA)
- Volunteers may be deployed within 48-72 hours after the receipt of a request.
- Volunteers report to Incident Response Coordination Team (IRCT)
- Deployments are 14 days



# Deployment Experiences



- **Hurricane Katrina**
  - States deployed 8300 ESAR-VHP volunteers
  - 13 States with operational systems
  - 7 States with temporary systems



# True or False?

More than half of all local MRC volunteers have signed up for the MRC Federal Deployment Cadre.



**U.S. Department of Health and Human Services  
Office of the Surgeon General**

# Medical Reserve Corps Federal Deployment Update

Captain Narayan Nair  
Senior Program Officer



# Background



- Pandemic and All-Hazards Preparedness Act signed December 2006 states: “During a public health emergency, the Secretary shall have the authority to activate and deploy willing members of the [Medical Reserve] Corps to areas of need”
- MRC Deployment Operations established in late 2007

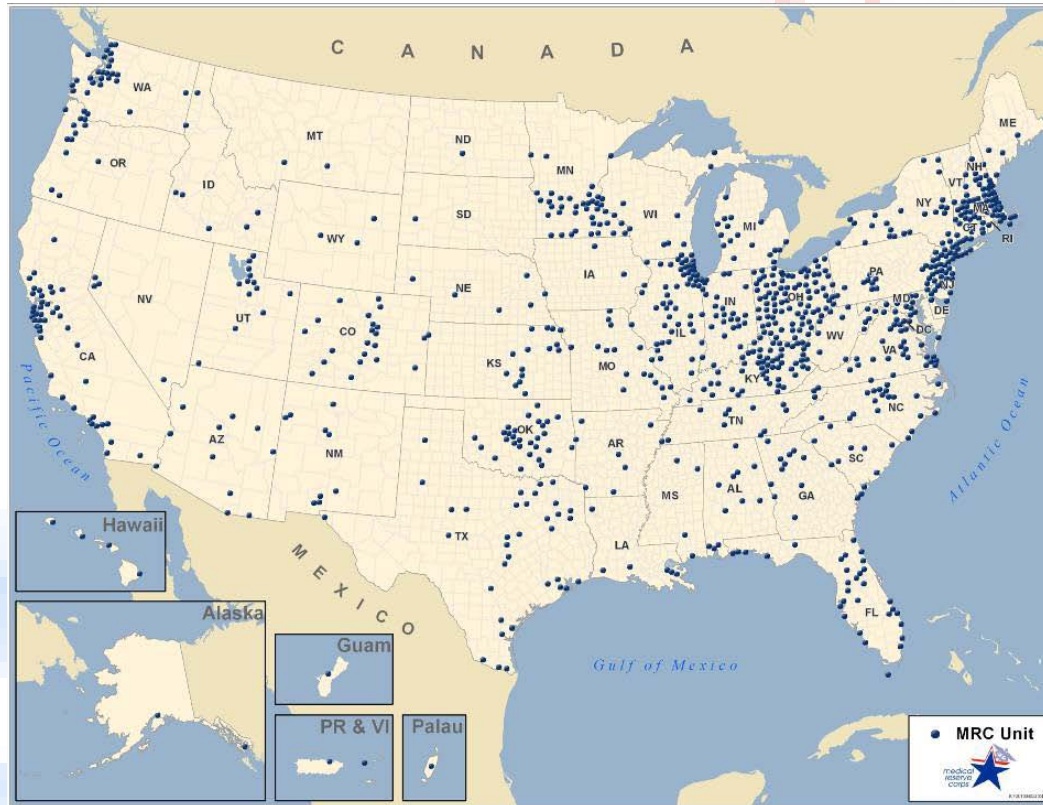


# Mission/Purpose

- Task: To develop procedures that will be used to deploy willing, able and approved MRC volunteers outside their local jurisdiction as part of the Federal response to public health and medical emergencies.
- Goal: To ensure that MRC volunteers who deploy are fully and seamlessly integrated as part of the Federal response for public health and medical emergencies



# Volunteer Statistics



- There are 941 MRC Units consisting of 208,729 volunteers throughout the country
- However only very few of them have entered the MRC Federal Deployment Cadre



# MRC Federal Deployment Cadre

Profession	Count	Composition
Registered Nurse	54	25%
Physician	26	12%
Emergency Medical Technician	25	12%
Behavioral Health	15	7%
Pharmacist	11	5%
Advanced Practice Registered Nurse	7	3%
Paramedic	6	3%
Social Worker	6	3%
LPN	4	2%
Respiratory Therapist	4	2%
Pharmacy Technician	3	1%
Veterinarian	3	1%
Certified Nursing Assistant	2	1%
Laboratory Technologist/Technician	2	1%
Physician Assistant	2	1%
Other	47	22%

“Other” includes professionals that have one in the grouping, along with unit/state coordinators and non-health/non-medical.



# Deployment Protocol

- Under what circumstances are volunteers deployed?
  - MRC Volunteers would be deployed after other HHS ESF #8 response assets have been depleted. They would be deployed as individuals or small groups to augment USPHS or NDMS response teams
- How are requests received?
  - OCVMRC would roster and train volunteers
  - ASPR would request them and deploy them
- How are appropriate/available resources identified and credentials verified?
  - ESAR-VHP is used to verify credentials
- How are volunteers managed in the field?
  - They would augment PHS Deployment Teams or NDMS assets and would be managed by them



# Deployment Experiences

- During Hurricane Katrina approximately 200 MRC volunteers deployed to support HHS
- Although successful, areas of improvement were noted
  - Pre-identification
  - Deploying volunteers in groups



# True or False?

**NDMS team members are intermittent Federal employees and not volunteers.**



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# **National Disaster Medical System**

**Helga Scharf-Bell**

**Program Development and Training Branch Chief**



# History

- **1984-** By executive order of the President, NDMS was formed as a part of the Public Health Service in HHS as a public-private partnership between several branches of the federal government ( Veterans Administration, Department of Defense and Department of Health and Human Services) and private healthcare institutions.
- **1997-** FEMA ( then independent cabinet level) joined as a partner of NDMS
- **2002-** the U.S. Congress statutorily created NDMS, and transferred NDMS from the Department of Health and Human Services to the Department of Homeland Security—the lead agency for NDMS. Thus there are four “Federal Partners” of the National Disaster Medical System operation—DHS, DHHS, DOD, and DVA, and the NDMS is led by the DHS
- **2006-** The Pandemic and All-Hazards Preparedness Act of 2006 (P.L. 109-417) was passed, containing a provision calling for HHS, in partnership with the Department of Homeland Security (DHS), the Department of Defense (DoD), and the Veterans Administration (VA), to reevaluate NDMS. NDMS was once again transferred back to the Department of Health and Human Services.
- **2007-** the White House released Homeland Security Presidential Directive 21 (HSPD-21), which calls for HHS to submit within 270 days of the completion of the NDMS review a concept plan that coordinates all government and private sector medical and public health resources.



# Mission

- 3 Main Purpose's and Mission Sets:

- **Medical Response**

- involves the deployment of **NDMS response teams** that provide assessments of medical and health needs, primary and emergency medical care, health and medical equipment and supplies, victim identification and mortuary services, veterinary services, and other auxiliary services at the site of an emergency

- **Patient Movement**

- involves communication, transportation, and a medical regulating system by NDMS to evacuate patients from a mobilization center near the disaster site to reception facilities where they may receive definitive medical care, and to communicate evacuation information to federal, state, and local authorities.

- **Definitive Care**

- Providing beyond immediate medical care of individuals within an environment that will support medical care



# Mission

- The National Response Framework utilizes the National Disaster Medical System (NDMS), as part of the Department of Health and Human Services, Office of Preparedness and Response, under Emergency Support Function #8 (ESF #8), Health and Medical Services, to support Federal agencies in the management and coordination of the Federal medical response to major emergencies and federally declared disasters including:
  - Natural Disasters
  - Major Transportation Accidents
  - Technological Disasters
  - Acts of Terrorism including Weapons of Mass Destruction Events
  - NDMS can also be deployed during a public health emergency

*Although NDMS missions are CONUS, NDMS has responded OCONUS*



# Statistics

- NDMS team employees are **Federal employees** used intermittently
- Although members are not mandated to deploy, [Public Law 107-188 \(H.R. 3448\)](#), provides for job protection from their full time employers for team members who are serving
- Liability is covered when deployed
- Currently NDMS has slightly over 7300 employees in the data base
- Individuals within NDMS come from across the Nation
- DMAT teams currently being capped at 150 employees per team
- Deploy in teams of 35 (DMAT) ( currently being reviewed) with ability to support being self sustaining for up to 72 hours



# Statistics

- **DMAT- Disaster Medical Assistance teams**
  - 53 with 13 new ones being formed
- **DMORT- Disaster Mortuary Operations Response Teams**
  - 10 DMORT
  - 1 DMORT with Weapons of Mass Destruction
  - 1 FACT
- **NVRT- National Veterinary Response Teams**
  - 5 Teams
- **NMRT- National Medical Response Team**
  - 2 Teams
- **LRAT- Logistical Response Assessment Team**
  - 1 Team
- **IRCT- Incident Response Coordination Team**
  - 3 Teams



# Federal Employment

- To be deployed via NDMS an individual must have been hired and have completed a credential processing
- Requirements such as ICS 100, 200, 700 and 800b must be completed prior to application being processed
- NDMS individuals belong to teams; these teams support the administrative, training and deployment mechanism for a deployment
- Deployments are 14 day requirements
- When deployed a NDMS employee will have travel, per diem and salary paid (based on the individual GS rating within NDMS) by the Federal government. A USERRA letter is provided on deployments/approved trainings for verification to home based employer.



# Federal Employment

- NDMS employees are required to follow Incident Command Structure (ICS)- on a team basis it is the team leadership and during a deployment it will be the IRCT
- Employee's are deployed by request of the HHS leadership ( ASPR, OPEO or NDMS) for specific mission sets.
- A background check will be done on all NDMS employees ( public trust) as part of the hiring process
- As a Federal employee you must adhere to the rules and regulations of being a Federal employee





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# **Volunteer Playbook**

**Kim A. Haskins, MSE  
CNA  
Research Analyst**



# Lessons Learned from Haiti

<b>Thoughts shared at the Haiti Volunteer Coordination Meeting</b>	<b>Volunteer Playbook Topics</b>
Leadership wasn't convinced we could fill the need	Volunteer Capabilities and Competencies, Training
We put the department at risk by not using our system and relying on random volunteers	Legal Protections
States did not know what to do with people who wanted to volunteer	Strategic Public Messaging
Need to plan out how to gear up, we spent 6 hours planning volunteer coordination	Deployment Protocols/Activation Procedures (Triggers)
There was a huge disconnect between headquarters and people on the ground	Volunteer Coordination (field and HQ)
This could have been a great opportunity for recruiting more volunteers	Recruitment



# Playbook Topics

- Hiring Procedures
- Travel/Reimbursement
- Background Checks (Security Clearance)
- Credentials Verification
- Legal Protections
- Medical Clearance
- Volunteer Roles and Responsibilities
- Follow-up/Post-deployment Care
- Training (Volunteer Capabilities and Competencies)
- Volunteer Coordination (HQ/Field/Interagency, Personnel Tracking, and State/local Inclusion)
- Deployment Protocols (including Triggers for Activation/Deactivation)
- Strategic Communications (Public Messaging, Web Outreach, and Spontaneous Volunteers)
- Recruitment
- International Deployments



# Playbook Structure

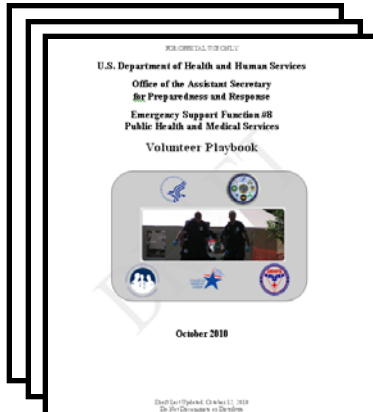
## ASPR Playbook Structure

### Core Components

- Scenario
- Concept of Operations
- Action Steps/Issues
- Pre-Scripted Statements of Work
- Essential Elements of Information (EEI)

### Optional Components

- Decision Papers
- Briefing Papers
- Acronyms
- Annexes



## Volunteer Playbook Structure

- Volunteer Group Overviews
- Concept of Operations
- Action Steps
- Issue Papers
- Pre-Scripted Public Messages (PSPM)
- Acronyms
- Annexes



# Deploying Volunteers Federally

- When would volunteers most likely deploy federally?
  - State/local responders are overwhelmed and ask for Federal assistance
  - Another Federal agency has asked for medical and public health assistance
  - During a large-scale/catastrophic event that would exhaust the resources of NDMS and USPHS Commissioned Corps
  - Specialized medical expertise is needed and not readily available



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**Issues Identified in Deploying  
Volunteers Federally During  
a Medical and Public Health Response**



# Hiring Procedures

- ESAR-VHP
  - Paperwork/electronic process efficiency (volunteers are not pre-identified)
  - Hiring authorities (Which one to use?)
- MRC
  - Volunteers must be hired as unpaid Federal employees, the hiring process is lengthy and cumbersome



# Medical Clearance

- HHS Civil Service
  - Honor system and self-pay for physical and immunizations
  - Where is appropriate repository for personnel information re: Affidavit for Medical Fitness
- MRC
  - Ensuring MRC volunteers are fit to tolerate an austere environment
- ESAR-VHP
  - No specific medical clearance/health screening requirements



# Training



- VA DEMPS
  - Has new deployment teams and is working on ways to determine their readiness
- ESAR-VHP
  - Does not mandate specific training and is working to develop training recommendations



# Follow-up/Post Deployment Care

- VA DEMPS
  - Cannot mandate mental health out-processing, but can make it available to volunteers.
  
- HHS Civil Service
  - Who pays for workers' compensation?
  
- MRC and ESAR-VHP
  - Once volunteers return home, how would they access care?
  - Who is responsible for post-deployment care referrals?



# Other Issues

- HHS Civil Service
  - Survey is a one-time static run
  - Background check completed at time of hire; issue with recency
  
- VA DEMPS
  - Logistics of VA DEMPS volunteers to/from incident area has been an issue in the past
  
- MRC
  - Ensuring approval of State and local authorities
  - Managing expectations among teams receiving volunteers and volunteers themselves
  
- ESAR-VHP
  - Background checks vary across States