



Emergency Volunteers and Hospital Training

John Wilgis, M.B.A., RRT
Florida Hospital Association


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Objectives




- Examine the SCSEV system and how education may enhance volunteer capacity and capability.
- Explain the significance of volunteer training.
- Review scenarios where a volunteer will have the most impact.
- Differentiate the types of volunteer training required or available.



Objectives



- Describe components of training guidance for volunteers.
- Discuss ideal learning environments for health care volunteers.
- Understand various formats for training development.
- Discuss the ideal volunteer.
- Examine best practice training samples.



South Carolina Statewide Emergency Registry of Volunteers



Medical Surge Issues

- “Lack of hospital surge capacity is still a problem”
 - (*Lack of Hospital Surge Capacity Still A Problem*, Anthony Kimery, Tuesday, 12 January 2010, www.hstoday.us).
- 93% of South Carolina’s hospitals would be at or exceed bed capacity” five weeks into a pandemic.
 - (*Trust for America’s Health*, October 2009).



SC Planning Resources

Impact of Pandemic with 25% Attack Rate on S.C. Hospital Resources: Additional Resources Required in Week 5						
Location	S.C. Population	Total Licensed Hospital Beds	Licensed ICU Beds	Additional Hospital Admissions Per Day in Week 5	Additional Admissions Needing ICU Beds Per Day in Week 5	Additional Mechanical Ventilator Needs Per Day in Week 5
Statewide	4,320,593	11,764	1,176	433	612	306
DHEC Region 1	467,598	1,141	70	49	69	34
DHEC Region 2	884,891	2,682	273	88	125	63
DHEC Region 3	845,496	2,437	276	91	129	65
DHEC Region 4	552,667	1,799	187	55	78	39
DHEC Region 5	307,362	653	57	31	44	22
DHEC Region 6	334,792	751	71	36	51	26
DHEC Region 7	603,178	1,771	203	58	82	41
DHEC Region 8	224,589	530	39	24	34	17

SC Pandemic Influenza Ethics Task Force, September 2009.
<http://www.scdhec.gov/administration/library/CR-009638.pdf>



SCSERV

- South Carolina Hospital Preparedness Program (SCHPP).
 - University of South Carolina's Preparedness Center.
- Building infrastructure for the registration, credentialing, and training of volunteers for use in public health and medical response to terrorism.



SCSERV

- Year 1: Planning committee with South Carolina Hospital Association (SCHA) and hospital representatives.
- Year 2: Training advisory group that includes hospital and health association representation.
- Year 3: Incorporate volunteers and the Medical Reserve Corps (MRC) units into exercises and real incidents.

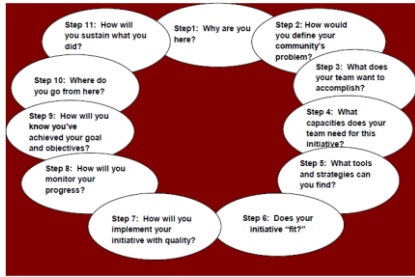


SCSERV

- The goal – facilitate South Carolina acute care hospitals' ability to utilize ESAR-VHP/MRC volunteers for hospital surge capacity.
 - Procedures for activating and deploying the volunteers.
 - Incorporated into hospital and local public health Emergency Operations Plans.



Getting To Outcomes



Wadensman, A., Imm, P., Chinman, M., & Kalfarian, S. (1998). Getting to outcomes: Methods and tools for planning, evaluation, and accountability. Rockville, MD: Center for Substance Abuse Prevention.



Disaster Volunteers and the Elements of Training



What Does Training Mean?

- This morning we talked about...
 - Vital skill set analysis.
 - Plans and policies.
 - Understanding skills and abilities required:
 - Conventional capacity;
 - Contingency capacity;
 - Crisis capacity.
 - Use of service extenders.
 - Baseline and additional competencies.



What Does Training Mean?

- What about core, basic, fundamental, foundational, cross-cutting competencies?
 - Define the “bar” of core knowledge, skills and abilities that *every* member needs to know.
 - What about diversity?
- What about discipline specific competencies?
- How do you evaluate effectiveness?
 - Descriptive, observable and measurable.



Disaster Training Basics

- All hazard.
- Multi-level integration.
 - Public and Private.
- Consistent framework.
 - Self-study, on-line, classroom, just-in-time, etc.
- Focus on continuum of care.
- Time frames.



Volunteer Core Competencies

- Personal preparedness information.
 - Personal and family emergency planning.
 - Employer support and integration.
- Registration, activation and deployment information.
- Individual capacity and capability.
- Needed supplies and equipment information.



Volunteer Core Competencies

- National Incident Management System (NIMS).
 - Hospital Incident Command System (HICS).
- Psychological and/or behavioral health information.
- Communication processes with partners, media, the public and others.
- Hospital core competencies.



Bang = Buck!

- Basic scenarios:
 - Routine:
 - Public health initiatives
 - Flu vaccination clinics.
 - Diabetes detection programs.
 - Community health outreach and education efforts.
 - Emergencies:
 - Major events that overwhelm the capabilities of first responders.
 - ESAR-VHP and MRC



Bang = Buck!

- Volunteer Impact:
 - Hospital Volunteers:
 - Hospital specific.
 - Discipline specific.
 - Strengthens local response and community resiliency.
 - Maximizes use of volunteer health professionals' skills and expertise.



Bang = Buck!

- Hospital specific competencies:
 - Awareness Level
 - Personal response to internal/external notification during an emergency or disaster;
 - Employee hotline number;
 - Downtime documentation procedures.
 - Mid-Level
 - Situational awareness resources & process to share threat information with staff;
 - Rapid notification for department staff, patients and families of events and updates.

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Hospital specific competencies:
 - Advanced Level
 - Process for hospital to receive official notification of threats or events.
 - Explain how public health and/or emergency management will be notified of a threat or event at the hospital.
 - Successful communication of messaging to staff throughout the organization internally & externally through mass notification mechanisms & hotlines.

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Hospital specific competencies:
 - Advanced Level
 - Successful staffing callback rates from drills and events.
 - Ability to contact vendors for essential supplies, services & equipment during an emergency.
 - Access to 24/7 list of critical contacts for organization, community partners and external authorities.

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Competency checks
 - Each staff member to ensure personal preparedness and readiness for their assigned roles in disasters.
 - Leaders of departments to ensure their staff's performance and functioning of their particular service area.
 - Leaders of the organization to ensure their capability to serve in an incident command role or as a subject matter expert.

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Organize across existing standards (i.e., Joint Commission)
 - General
 - Planning, hazard vulnerability analysis, detection, and evaluation & exercises
 - Communications
 - Notification, back-up systems, and ICS
 - Resources and Assets
 - Security and Safety

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Organize across existing standards (con't)
 - Staff
 - Hospital staff
 - Medical Staff
 - Volunteers (Auxiliary)
 - Utilities
 - Patient Support
- Assign roles of select personnel and department responsibilities.

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Respiratory Therapy planning (and training):
 - Inventory of available ventilators and surge ventilator equipment that is updated annually;
 - Plan to acquire additional ventilators in a timely manner, either from other hospitals or outside vendors;
 - Work with security to develop a plan for oxygen reservoir tank protection;

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Respiratory Therapy planning (and training):
 - Set a protocol for providing respiratory support for chemically and radiologically contaminated critically ill patients in the decontamination area;
 - Develop an alternate plan for oxygen supply availability if the main oxygen reservoir is contaminated or damaged.

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Respiratory Therapy planning (and training):
 - Develop a plan to augment respiratory therapy staffing.
 - Enlist / supervise cross-trained non-respiratory department personnel.
 - Perform non-clinical functions.
 - Perform limited clinical functions.
 - Temporary assisted ventilation.
 - Basic care duties (i.e., neb txs, suctioning, O2 rounds, etc.).

Florida Department of Health, 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Volunteer planning (and training):
 - Determine what role volunteers will play in the Hospital Emergency Management Plan;
 - Have a contingency plan for functions dependent upon volunteers, in case they are not able to carry out those functions in an emergency;
 - Develop a system for training and supervision of volunteers;

Florida Department of Health. 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Bang = Buck!

- Volunteer planning (and training):
 - In conjunction with Risk Management, determine the hospital's liability for volunteer injury, illness, exposure to WMD agents and psychological injury, and make necessary provisions;
 - Predetermine an area for volunteers to report in and receive assignments during an emergency.
- Applies to Auxiliary and community-based.

Florida Department of Health. 2011 Recommended Disaster Core Competencies for Hospital Personnel.



Components of Disaster Education and Training





- ### Training Components
- Planning, Preparedness, Prevention, Response and Recovery
 - Planning – HSEEP
 - Preparedness – ICS/HICS, HERTT
 - Prevention – threat awareness, bio-surveillance
 - Response – Decon, PPE, Hazmat
 - Recovery – psychological / behavioral

- ### Types of Volunteer Training
- | | |
|---|----------------------------------|
| 1. PPE / Decon / Hazmat | 6. Bio- / Agricultural terrorism |
| 2. CBRNE | 7. Explosion and blast injuries |
| 3. START Triage | 8. Standardized Codes/Pages |
| 4. Incident Command | 9. BDLS / ADLS / CDLS |
| 5. Psychological First Aid / Disaster Behavioral Health | 10. ATLS / DMEP |

Format and Environment

- Hands-on (On-the-job) training.
- Lecture presentations.
- Classroom / didactic settings.
- Self-study programs / on-line media.
- Certification courses.
- Just-in-time training.
- Competency-based programs.
- Social Networks / electronic systems.



The Ideal Volunteer



Review - General Role Types

- Private health and medical professionals.
- Interns.
- Individual citizens interested in volunteering to support public health and medical responses.
- Public health employees and partner organizations.
- State Medical Response Teams.
- Disaster Behavioral Health Teams.

State of Florida, Florida Department of Health, Office of Public Health Nursing, 2011.
SERVFL, <http://www.servfl.com>



Medical Volunteers

- Medical
 - Physicians (including surgeons, medical specialists, osteopaths)
 - Physician Assistants
 - Nurses (nurse practitioners, registered nurses, licensed practical nurses, nursing assistants)
 - Pharmacists
 - Dentists

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps.
2011. Volunteering with the MRC. <http://www.medicalreservecorps.gov/QuestionsAnswers/Volunteering>

Medical Volunteers

- Medical
 - Dental Assistants
 - Optometrists
 - Veterinarians
 - Emergency medical technicians
 - Public health workers
 - Epidemiologists
 - Infectious disease specialists
 - Toxicologists

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps.
2011. Volunteering with the MRC. <http://www.medicalreservecorps.gov/QuestionsAnswers/Volunteering>

Medical Volunteers


- Medical
 - Respiratory Therapists
 - Mental health practitioners (psychologists, substance abuse counselors, social workers)
 - Health educators / communicators
 - Other medical and public health professionals

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps.
2011. Volunteering with the MRC. <http://www.medicalreservecorps.gov/QuestionsAnswers/Volunteering>

Non-Medical Volunteers

- Non-medical
 - Administrators and business managers
 - Administrative assistants and office support staff
 - Drivers
 - Chaplains
 - Training directors
 - Trainers
 - Volunteer coordinators


U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps.
2011_Volunteering with the MRC. <http://www.medicalreservecorps.gov/QuestionsAnswers/Volunteering>



Non-Medical Volunteers

- Non-medical
 - Fundraising professionals
 - Supply and logistics managers
 - Interpreters/translators
 - Amateur radio operators
 - Other support personnel

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps.
2011_Volunteering with the MRC. <http://www.medicalreservecorps.gov/QuestionsAnswers/Volunteering>



Examples of Best Practice




Examples of Best Practice

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps.
2011_Volunteering with the MRC. <http://www.medicalreservecorps.gov/QuestionsAnswers/Volunteering>




MRC Core Competencies




- Procedure and steps necessary to protect the health, safety, and overall well-being of themselves, their families, the team, and the community.
- Document an existing personal and family preparedness plan.
- Describe the chain of command, MRC integration, and its application to a given incident.




MRC Core Competencies



- Local MRC unit's role in public health and/or emergency response and its application to a given incident.
- Communication role(s) and processes with response partners, media, general public, and others.
- Event's impact on their mental health, responders, and others.




MRC Core Competencies



- Follow procedures for assignment, activation, reporting, and deactivation.
- Identify limits to own skills, knowledge, and abilities as they pertain to the MRC.

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps, 2006. Special Topics: MRC training and Core Competencies. http://www.medicalreservecorps.gov/File/Promising_Practices_Tools/Training/Core_Compentency_Resources/2_Special_Topics_Training_%28FINAL%29.pdf



Deployment Competencies

FIGURE 1: Deployment Competencies Build on Existing MRC Core Competencies

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps, 2006.
MRC Federal Deployment Competencies. http://www.medicarereservecorps.gov/ta/MRC_DeploymentMRC-FedDeployComp2.pdf

Deployment Competencies

13 capabilities related to disaster deployment:

- Communications
- Cultural awareness
- Deployment expectations
- Deployment readiness
- Ethics
- Health and safety awareness
- Legal protection and liability
- National Incident Management System/Incident Command System (NIMS/ICS)
- Organizational awareness
- Personal and family preparedness
- Post-deployment health issues
- Public information
- Security

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps, 2006.
MRC Federal Deployment Competencies. http://www.medicarereservecorps.gov/ta/MRC_DeploymentMRC-FedDeployComp2.pdf

Deployment Competencies

7 capabilities related to support of social and medical services:

- Health information systems
- Healthcare services
- Isolation and quarantine
- Mental health
- Mortuary services
- Point of Dispensing operation (POD)
- Social services

9 capabilities related to support of public health services:

- Animal support
- Chemical, Biological, Radiological, Nuclear, and high-yield Explosives awareness (CBRNE)
- Disease prevention and control
- Epidemiology and surveillance
- Injury prevention and control
- Overview of disasters
- Pediatric issues
- Risk communication
- Shelter and settlement

U.S. Department of Health and Human Services, Office of the Surgeon General, Medical Reserve Corps, 2006.
MRC Federal Deployment Competencies. http://www.medicarereservecorps.gov/ta/MRC_DeploymentMRC-FedDeployComp2.pdf

Project Xtreme



- Agency for Healthcare Research and Quality
- Interactive cross-training program to teach non-respiratory therapy health care professionals to provide basic respiratory care and ventilator management in a public health emergency.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, April 2007. Project Xtreme. <http://www.ahrq.gov/prep/projxtreme/>



Project Xtreme



- Six-module training program:
 - Infection Control.
 - Terms and Definitions.
 - Manual Ventilation.
 - Mechanical Ventilation.
 - Airway Maintenance.
 - Airway Suctioning.
- DVD and You Tube

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, April 2007. Project Xtreme. <http://www.ahrq.gov/prep/projxtreme/>



SC AHEC




- Disaster Preparedness and Response Network
 - Agents of Terror for EMS (Chemical, biological, radiological or explosive agents)
 - Agricultural Terrorism
 - Bacterial Agents and Biological Toxins
 - Bioterrorism Awareness
 - Decontamination
 - START Triage

South Carolina Area Health Education Consortium, Disaster Preparedness and Response Network, 2011. <http://www.scahec.net/prepared>




SC AHEC




- Disaster Preparedness and Response Network
 - Explosions and Blast Injuries
 - Hospital Incident Command System
 - Hospital Emergency Response Team Training
 - Personal Preparedness Training
 - Medial Reserve Corps Training
 - Outbreak (Pan Flu, other outbreaks)

South Carolina Area Health Education Consortium, Disaster Preparedness and Response Network. 2011. <http://www.scahec.net/prepares/>




SC AHEC




- Disaster Preparedness and Response Network
 - Personal Protective Equipment
 - Psychological Aftermath & Psychological First Aid
 - Recognizing the Threat and Sounding the Alarm

South Carolina Area Health Education Consortium, Disaster Preparedness and Response Network. 2011. <http://www.scahec.net/prepares/>




University of California TV




- Disaster Mental Health - Just in Time Training (29 minutes)
- Introduces the philosophy of disaster mental health.
- Topics covered include characteristics of disasters, anxiety reactions, coping styles, PTSD, mass casualties and resources available for health professionals.

University of California. 2010. Disaster Mental Health - Just in Time Training <http://www.ucrtv.hr/search-details.aspx?showID=13017>




Cincinnati Children's Hospital Medical Ctr.




- Pandemic Influenza in the Pediatric Population - Just in Time Training
 - Online training program
 - Self-guided, just-in-time training for clinicians who do not routinely treat pediatric patients, but who may be asked to do so during an influenza pandemic.
 - June 2010

Tegtmeyer, K, et al. June 2010. Cincinnati Children's Hospital Medical Center, Pandemic Influenza in the Pediatric Population - Just in Time Training. <http://seraph.cchmc.org/h/1n1/#>




Cincinnati Children's Hospital Medical Ctr.




- Pandemic Influenza in the Pediatric Population - Just in Time Training
 - Respiratory Therapy Module
 - Pediatric specific guidelines for:
 - Equipment size
 - Medication administration
 - Ventilator settings
 - Non-invasive support
 - Blood gas interpretation

Tegtmeyer, K, et al. June 2010. Cincinnati Children's Hospital Medical Center, Pandemic Influenza in the Pediatric Population - Just in Time Training. <http://seraph.cchmc.org/h/1n1/#>




Illinois EMSC



- Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient: Instructional Guidelines with Training Scenarios (2nd Ed. 2010)
- Information on SNS vents (e.g., LP10, LTV 1200, Eagle Univent, iVent) and pediatrics, quick setup information, troubleshooting and practice scenarios.

State of Illinois Emergency Medical Services for Children, December 2010. Use of Strategic National Stockpile (SNS) Ventilators in the Pediatric Patient - Instructional Guidelines with Training Scenarios, 2nd Ed. http://www.luhis.org/depts/emsc/SNS_Ventilator_Guidelines.pdf



Centers for Disease Control



- Radiological Terrorism: Just in Time Training for Hospital Clinicians
- 17-minute video
- Covers key radiation principles and radiological procedures, demonstrations on application of these principles and procedures in several patient care scenarios in an emergency services setting.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, May 2006. Radiological Terrorism: Just in Time Training for Hospital Clinicians. <http://emergency.cdc.gov/radiation/justintime.asp>



Summary

- Training should have a consistent structure and include a standard set of objectives and training elements.
- Use multiple formats and tools.
- Focus on hospital and discipline specific competencies.
- Don't re-invent the wheel.
- Develop a repository to house training materials.



Summary

- Define skill sets to include in education modules.
- Address hospital documentation procedures.
- Identify existing volunteers and the extent of their training – then build from that information.
- Question: What about students and non-clinical volunteers?





Thank You!

John@fha.org
 407-841-6230



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