

EMERGENCY MEDICAL SERVICES AUTHORITY

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**PROCEDURES FOR ACQUISITION OF
VOLUNTEER MEDICAL PERSONNEL
IN RESPONSE TO A CATASTROPHIC DISASTER**



August 1988

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Introduction

These procedures are designed to assist Regional Disaster Medical/Health Coordinators (RDMHCs) and County Health Officers to acquire volunteer medical personnel after a disaster. EMSA will request medical personnel from unaffected areas through the mutual aid system established through RDMHCs.

Assumptions

The following assumptions were made in developing these procedures:

1. Medical personnel from inside the affected area will provide the initial medical response to a catastrophic earthquake. Personnel from unaffected areas will join thousands of physicians, nurses, and EMTs already at work.
2. It is important to limit medical volunteers to the number actually required for the response. Unneeded volunteers, especially from outside the affected area, will require food and shelter best used for earthquake victims and necessary responders.
3. There will be enough military and civilian transportation available to move medical personnel from unaffected areas to Regional Evacuation Points (REPs). However, transportation to Casualty Collection Points (CCPs) and hospitals in the affected area may be delayed by weather conditions, blocked roads, and/or shortage of helicopter and ground transportation.
4. The medical response will require pharmacists, nurses, x-ray and lab technicians, aides, orderlies, ward clerks, EMTs, and administrators, as well as physicians. It is expected that, primarily, personnel with emergency and/or surgery background will be needed.
5. Additional personnel needs will include mental health professionals, clergy, public health personnel, dietitians, biomedical engineers and supply technicians.
6. An organized response is superior to an ad hoc response. It is better to make prior arrangements with potential personnel providers than to wait until after the event to arrange personnel acquisition.
7. There are too many uncertainties to predict the number or type of medical personnel needed.

Medical Personnel Tasks

In response to a catastrophic earthquake, medical volunteers may be utilized for various tasks and settings. These include:

1. Support of CCPs and other field medical operations.
2. Augmentation/relief of staff at surviving hospitals.
3. Support of medical operations at REPs.
4. Augmentation of medical care at first aid stations and Red Cross shelters.
5. Support of rescue teams searching for trapped victims.

Planning Principles

1. No medical personnel will be forced into service.
2. The State will rely primarily on volunteers rather than paid medical staff.
3. Medical personnel will be expected to operate within their normal scope of practice.
4. With few exceptions, civilian medical personnel from outside the affected area will work under the direction and control of military medical personnel at REPs or civilian medical personnel within the affected area.
5. The acquisition of medical volunteers from unaffected areas of California will be coordinated with local health, hospital, and prehospital officials to ensure continued adequate medical coverage within those areas.
6. Authority for patient health care management at CCPs will reside in the person most medically qualified to provide emergency medical care. (Section 1798.6 Health and Safety Code)
7. Volunteers from outside the affected area will be asked to bring personal toiletries, sleeping bags, and some food but will need meals and shelter.
8. Volunteers will be asked to assume a four to seven day assignment in the disaster area.

Role of Hospitals and Ambulance Companies

Acute care hospitals and ambulance companies function on a 24 hour basis providing a continual telephone contact point for medical volunteers from that facility. If telephone lines are overwhelmed, the local emergency broadcast system could be used to request medical volunteers. There are several reasons for hospitals and ambulance companies in unaffected areas to play a central role in identifying and mobilizing personnel:

1. Hospitals and ambulance companies provide a 24 hour contact point for volunteers.
2. Most hospitals and ambulance companies are linked by a radio network to the county communication center providing a notification system, even if telephone lines are overwhelmed.
3. Volunteers mobilized through hospitals and ambulance companies would have valid licenses and certificates obviating the need to verify this information at the REP.
4. Hospitals and ambulance companies may be able to provide supplies and equipment which could be hand-carried to volunteers for rapid delivery to the disaster area. Supplies may be more readily available for restocking the unaffected area facilities.
5. This recruitment method allows the formation of teams of medical professionals who have worked together. Although not essential, teams of personnel who know each other are likely to work more effectively.

The role of hospitals and ambulance companies would include:

1. Maintaining an inventory of staff physicians and employees who wish to volunteer for the medical response.
2. Notifying volunteers who have been requested by the County Health Officer.
3. Provision of medical supplies and equipment to volunteers who have been selected to respond. Supplies should be limited to items the volunteer could carry and utilize.
4. Assurance that adequate numbers and types of personnel remain so that the local medical care system does not suffer.

Procedures

1. As soon as the Governor issues a Proclamation of Emergency and medical personnel are requested by the affected area, EMS Authority staff will ask RDMHCs to identify medical volunteers.
2. Unless other procedures have been arranged locally, a call will be issued over broadcast media asking medical personnel willing to volunteer to notify the hospital or ambulance company where they practice or are employed. (See Attachment 1)
3. Hospitals and ambulance companies will compile this information and determine which employees can be released to disaster service without taking essential personnel.
4. County officials will call hospitals and ambulance companies to request information on the availability of volunteers. (See Attachment 2)
5. Volunteer availability information will be forwarded by County officials to the RDMHC who will notify EMSA at the Joint Medical/Health EOC in Sacramento.
6. After determining the number and types of personnel needed from each unaffected region, the Joint Medical/Health EOC in Sacramento will request those personnel through RDMHCs.
7. The RDMHC, assisted by the Regional Medical Transportation Coordinator, will ask County Health Officers to notify hospitals and ambulance companies of the numbers and categories of personnel needed.
8. Hospitals and ambulance companies will call personnel who have volunteered and request they report to a designated airport where they will be sworn in as Disaster Service Workers by local or Regional OES personnel. Disaster Service Worker status limits the liability of volunteering personnel and provides Workmen's Compensation coverage. The state will arrange transport for these volunteers to the disaster area. As medical personnel arrive at REPs, they will be oriented and receive an assignment.

If this process breaks down, the State will resort to a general call for medical volunteers from unaffected areas. Health Officers will be requested to designate major airports as congregation sites for medical volunteers and to inventory them as they arrive. Based on the numbers and types of personnel available and affected area personnel needs, EMSA will arrange transportation for selected volunteers.