Volunteer Management and Use in CHCs and SNFs

A Template for Response Procedures

Developed by the DC Emergency Healthcare Coalition

Introduction:

This document has been developed by the DC Emergency Healthcare Coalition (DC EHC or "the Coalition") in conjunction with DC Department of Health It is a planning guide for use by any DC Skilled Nursing Facility (SNF) or Community Health Center (CHC) that is establishing plans and procedures for integrating volunteers (including but not limited to MRC) into their facility's emergency response.[1]

Multiple hazard etiologies could prompt an individual CHC or SNF to consider using volunteers during the ensuing emergency. Multiple sources exist for obtaining volunteers, including the DC MRC. One of the most likely situations is one in which mutual aid is utilized to share work force personnel between organizations. A number of factors may be considered when developing the facility's methods for efficiently integrating these individual volunteers into either CHC or SNF operations. This document presents a range of concepts and plan considerations that may facilitate both preparedness planning and response guidance documentation. It should also be noted that in rare circumstances, Federal responders may be deployed to assist at CHCs and SNFs. Procedures described in this document may be adapted for use in integrating Federal personnel resources in a healthcare organization's response operations.

As a template, this guide does not serve to set any standard. It is intended only as best practice guidance and individual organizations may utilize this document to enhance existing procedures or to develop new ones.

[1] Many of the concepts in this document are adopted from: *The Standardized Volunteer Management System For Public Health & Medical Emergency Response & Recovery* at: http://www.gwu.edu/~icdrm/projects/eVMS/index.htm

Preparing for integration of volunteers into emergency response operations

Introduction

Incorporating outside personnel into your organization's response was once rarely thought about. As time has gone on, and organizations have considered the wider range of hazards that could confront them, the possibility has become more and more real. As volunteers are often not familiar with the regular procedures and policies at the requesting facility, certain pre-planning should be considered such that they can be utilized safely, efficiently and effectively during times of crisis.

With minimal pre-incident effort, plans and associated tools can be developed that will serve as "off the shelf" guidance to facilitate incorporating volunteers into organizational response. These plans will be most effective if rehearsed (trained on and exercised) prior to actual use during an incident.

As noted above, volunteers can come from a variety of sources. For the purposes of this document, certain volunteers such as those acquired through mutual aid are included in this group as the management issues are very similar even though they are not "volunteers" in the traditional sense of the word. Personnel acquired through mutual aid (in DC) have their benefits and liabilities addressed through their parent organization.[2]

The following definitions are offered to clarify concepts utilized throughout this document.

Definitions:[3]

- Solicited volunteers: Volunteers with skills that could address unique or short-supply needs of the disaster response, and are individually requested by the healthcare organization (by name or by technical ability) to assist in the effort.
- Unsolicited volunteers: A volunteer presenting to help at the organization that was neither recruited nor affiliated with a response or volunteer organization.
- Affiliated volunteers: Volunteers who possess a pre-disaster association with an agency or organization (e.g. NDMS) that is incorporated in the disaster response, but their pre-incident training, registration information, and skills verification may vary.
- Pre-registered volunteers: Volunteers who have received pre-screening, maintain up-to-date personal and credential information, and have a current understanding of orientation briefing material to the satisfaction of the appropriate volunteer management system (e.g. MRC) personnel, and therefore satisfy criteria for rostering.

[2] These are addressed in the DC EHC MOU on Mutual Aid

[3] Adopted from Emergency Management Principles and Practices for Healthcare Systems, 2nd edition. Veterans Health Administration (VHA), June 2010.

- Organizational Volunteers: Volunteers who have been identified within a large organization such as MedStar Health who are in a mutual agreed upon system that can be deployed on a moment's notice.
- Professional licensure: Licensure is conferred on individuals by governmental bodies. It is usually a state-level function, with an individual requiring a license to legally practice a licensed occupation in that state. Licensure is generally intended to ensure a minimal degree of competency (knowledge, skills, abilities) to adequately protect the public health, safety, and welfare. Licenses commonly have both eligibility requirements and ongoing requirements such as continuing education, renewal of licenses, and statements of unimpaired abilities.
- Qualification: A term indicating that an individual has met all the requirements of training plus the requirements for physical and medical fitness, psychological fitness, strength/agility, experience or other necessary requirements/standards for a position.
- Credentialing: The authentication and verification of the certification and identity of designated personnel. Primary source verification of credentials entails direct contact with the issuing body of the certification.
- Privileging: The process where appropriately credentialed personnel are granted permission to provide specified services within the healthcare organization.
- Badging: The process of providing an identification badge to physically identify personnel who have been privileged to access a specific incident or to access a specific location.

Hazards Vulnerability Analysis (HVA) & use of volunteers

Preparedness planning should originate from an organization's Hazard Vulnerability Analysis. This analysis examines potential hazards facing an organization and the organizational vulnerabilities to these hazards. Together with hazard probabilities, these dictate organizational "risk." Knowing these risks enables organizations to better prepare and plan for emergencies. In the case of the use of volunteers, it permits an organization to better predict when volunteers might be realistically utilized in emergency response. For example, if one of the major risks facing an organization is the potential to have to evacuate, then volunteers could predictably be needed and required for the physical evacuation and staging of patients.

All organizations can benefit from examining their individual risks to best determine when volunteers could be realistically needed. During this analysis, it is encouraged that organizations break potential tasks down into those that would require professional licensure and those that would not. For example, nurse volunteers utilized to assist in patient evaluations would need to have appropriate licensure in DC to assist the requesting facility. Other tasks utilizing volunteers may not require professional licensure (e.g. serving as a runner for the facility). The logistical burden in credentialing volunteers that are professionally licensed is obviously greater though there are some permissible "short cuts" that can be taken

during the initial stages of incident response. Establishing these procedures during preparedness planning increases the ability to utilize professionally licensed volunteers during an incident (see below).

Some potential sources for healthcare organization volunteers

The following have been discussed as potential sources for "volunteers" in healthcare organizations during emergencies and disasters:

DC DOH Medical Reserve Corps (MRC)

- Construct of MRC
    - The DC DOH MRC is managed on a day to day basis by the DC Department of Health.
    - As part of the management, a registry is maintained by DC DOH which contains basic demographic information and a list of unique skills the personnel possess. In addition, licensure information (as appropriate for professionally licensed volunteers) is maintained in the data base. Once yearly, the status of the individual's licensure is verified by DC DOH. It is important to note that at the time of writing of this document, DC DOH does not perform a sex offender registry review nor does it conduct criminal back ground checks on MRC registrants.
    - MRC participants receive introductory training to the MRC and are encouraged to participate in regular exercises. On-going training requirements could not be determined at the time of writing of this document.
    - MRC participants are provided with badges, a copy of which serves as attachment 1 to this document.
- Past uses of MRC personnel (exercises and actual responses)

Other potential sources for personnel to assist in the healthcare organization (similar procedures as used for volunteers may apply)

- Mutual Aid: As noted above, this may be one of the most likely sources for personnel external to an organization to provide assistance. Signatories to the DC EHC MOA on Mutual Aid have issues such as pay, liabilities, and benefits addressed when deployed to assist another organization.
- Regional (personnel assistance requested through the DC EHC from neighboring emergency healthcare coalitions). Though no regional mutual aid compact exists for healthcare personnel, many of the issues could be addressed through mechanisms similar to the DC EHC MOU.
- American Red Cross National Capital Region
- Federal (e.g. DMAT, Commissioned Corps)

Issues to consider and address during preparedness planning

- Credentialing, privileging, and badging of volunteers: Though some affiliated and pre-registered volunteers will have had some level of primary source verification of credentials, it may still be important (and in some cases necessary) for any accepting organization to conduct its own credentialing process (i.e. for professionally licensed volunteers). In some instances, background criminal checks may be necessary and unless prospectively addressed (e.g. mutual aid, criminal background checks already completed), can prohibit the use of these individuals in specific situations (e.g. FQHC). In addition, the organization may have a need to conduct privileging to outline the specific permissible scope of practice for volunteers. Finally, all types of volunteers may require organization specific badging to permit access to the facility.
- Managing volunteers: Dedication of the facility's own personnel and other resources to "manage" volunteers during incident response. Includes activities related to in-processing volunteers, supervising their emergency activities, and demobilization of volunteers. Depending on the nature of the incident, the activities that volunteers are assigned to, and the type of healthcare organization, management, these efforts may be complex. This process often begins prior to a major incident by HR, Risk Management.
- Just in time training: Ability to provide real time orientation and training to volunteers during incident response to assure they can perform their assignments satisfactorily and safely.
- Supporting volunteers: In some incidents, it may be helpful/necessary to provide support to volunteers working within your organization. Examples of support include:
    - Comfort needs (e.g. food, rehabilitation sites, etc.)
    - PPE (e.g. face masks and gloves) plus just-in-time training to assure proper and consistent use
    - Transportation assistance (to include parking)
    - Health needs: A potentially complicated topic (see human resource planning below). New guidance about to be published from NIOSH could place burdensome requirements on organizations. At a minimum, healthcare organizations should include volunteers in any emergency health planning for responders working on-site.
- Human resource planning for use of volunteers
    - Depending on the type of volunteer utilized, there may be requirements for the receiving organization to address issues such as workmen's compensation, liability and other concerns. In situations in which the volunteer is "not covered," the organization should make this clear to the volunteer during in-processing. Note; the organization may remain responsible for certain liabilities due to the individual's actions.

- Unaffiliated volunteers: Typically will not have any coverage for disability, workmen's compensation, tort or general liability.
- MRC: The DC DOH MRC does not provide workmen's compensation or tort liability to participants. At the time of writing of this document, SNFs and CHCs are not in a position to provide this coverage to volunteers in a just in time fashion and therefore, this may preclude or limit their use in these facilities depending upon the circumstances.
- Mutual aid (DCEHC MOU)
    - Benefits are typically covered by donating/assisting organization with the assumption that if they are utilized (e.g. workmen's compensation), the supported organization will reimburse the assisting organization for associated costs. NOTE: With mutual aid, the personnel utilized may still be paid (either the assisting organization continues pay or the supported organization compensates the assisting organization for pay)
- Federal (Commissioned Corps, Disaster Medical Assistance Teams or DMATs)
    - Benefits are typically covered by the Federal Government.
    - If DMATs are providing distinct services at a healthcare facility location, the facility may not be allowed to charge for those services.

Integrating volunteers into response: developing the specific process and guidance for emergency use of volunteers

Headlines (denoted in italics) provided below can be utilized as categories to facilitate outlining the healthcare organization's actual written response plan. These "candidate" statements are presented for the CNC or SNF to consider in writing this section of their EOP.

Goal and objectives for volunteer use in a CNC or SNF

Candidate goal statement: To provide effective, efficient, and safe integration of volunteers into healthcare organization emergency response operations.

Candidate objective statements:

- Identify and incorporate individuals with appropriate competencies for specified needs within the healthcare organization
- Provide appropriate orientation (including just-in-time training) to volunteers to enable them to perform effectively
- Protect the interests of the healthcare organization by addressing financial or legal liabilities
- Provide for safety of and support to volunteers

Assumptions

Candidate assumptions statements may include:

- Properly screened and trained volunteers can support vital emergency response activities at a healthcare organization.
- Volunteers may be useful in conducting professional (governed by a healthcare license) or non-professional activities at the healthcare facility.
- Volunteers conducting professional activities at the healthcare organization may require some level of credentialing and privileging at the facility. Though certain organizations (e.g. The Joint Commission) permit abbreviated procedures initially, these must be followed shortly by full primary source verifications.
- Volunteers may come from a variety of backgrounds and may be affiliated (e.g. NDMS) or pre-registered (e.g. MRC) with another organization.
- Volunteers may present in an unsolicited fashion to the healthcare organization.
- Volunteers will typically be unfamiliar with the organization they are assisting and will therefore require orientation and in-processing to promote effective performance in their assigned role.
- Volunteers (even professional ones) will require some level of supervision and oversight while working within the healthcare organization.
- Volunteers require some level of identification (badging) identifying them as such to both other staff and patients.
- Volunteers may require a range of support during incident response.
- Out-processing and/or demobilization of volunteers may require specific activities to be addressed by the healthcare organization.
- The healthcare organization should address the Human Resources needs of volunteers. These requirements can vary from simple recognition of existing benefits, to provision of benefits, to providing notification to the volunteer before work that they are not covered by benefits.

Systems description

As different healthcare organizations utilize varying types of organizational structures to respond to healthcare emergencies and disasters, a template organizational chart is not provided here. Instead, important functions for the healthcare organization to consider staffing and executing are presented for consideration. It is important to note that depending upon the complexity of the healthcare organization's emergency response and the number of volunteers being utilized, the following functions can be staffed by a limited number or a more expansive number of healthcare organization personnel:

- Volunteer Management: Volunteer management refers to the overall organizational oversight provided for the volunteer effort (volunteers may be assigned to an individual supervisor once properly screened and processed). Important tasks for volunteer management may include
    - Volunteer recruitment: How are volunteers to be recruited? Will this be through requests to specific organizations (e.g. through DC EHC mutual aid)? What specific messaging will be required with recruitment?
    - Volunteer assignments and scheduling: Volunteer assignments and scheduling may follow similar patterns as regular employees of the organization. They should all be supervised while performing their duties in the healthcare organization.
    - Volunteer tracking: Maintaining accountability of volunteers in the organization and their performance.
    - Volunteer complaints/questions/concerns: It is important for the requesting organization to provide some easily available capability to address volunteer questions and concerns. This could be as simple as providing a question line phone number to the volunteers to having a specific individual staffed to assist in these activities.
- Volunteer in-processing: Refers to specific steps required by the organization to ready volunteers for service in the healthcare organization. Representative activities include:
    - Credentials verification: As noted above, initial credentials verification can be streamlined with more in depth processes accomplished later in the response. As a point of reference, readers are referred to the explicit procedures permitted by The Joint Commission (INSERT REFERENCE). More in depth examinations may be required depending on the role the volunteer will serve in and depending on the organization requesting assistance. For example, criminal back ground checks may be necessary for some facilities before they can utilize a volunteer in any capacity. For mutual aid, this may have already occurred at the parent organization and proof of this can facilitate incorporation into the requesting organization's response.
    - Badging: All volunteers should be provided with a means of identification permitting access to the requesting facility and to areas of assignments. This ideally should be modeled on the same identification already in use at the facility but with additional features that easily permit identification as a volunteer (e.g. different color badge).
    - Training/orientation: Volunteers will typically require two types of training/orientation. This requirement may exist even if abbreviated during chaotic initial stages of a response:
        - General orientation: The volunteer management group should provide overall expectations and management processes to the volunteers.

Basics such as scheduling, parking and other support should be provided at this point.
        - Task specific orientation: Volunteers should receive specific orientation to their assigned duties. This could include briefing on PPE, work areas, and specific procedures associated with their assignments (e.g. documentation requirements).
    - Equipping: Volunteers will need to receive any associated equipment required for performance of their assigned tasks. This most commonly will involve PPE. Appropriate instruction on use, and if not already achieved, issues such as fit-testing may become necessary.
- Volunteer support: The healthcare organization requesting assistance should assign an individual to address activities that support volunteers as they perform their roles in the healthcare organization. Example activities include:
    - Provision of food, rehydration, and break/rest area
    - Assistance with transportation needs
    - On-site medical services for on-the-job illness or injury
- Volunteer out-processing: These involve the steps necessary to demobilize the volunteer from service within the healthcare organization. Representative activities include:
    - Debriefing and answering questions
    - Expression of gratitude by the organization
    - Return of issued equipment, badges, etc.
    - Final questionnaire and receipt of evaluation if one is to be provided

These above described functions (e.g. "Volunteer Management Function") are utilized in a generic fashion in the concept of operations below.

Concept of operations

- Incident recognition:
    - Potential indications for use of volunteers are recognized by healthcare organization administration (or Incident Management Team). Indicators may be rapid in onset (e.g. need to evacuate urgently a facility) or may be slower in onset (e.g. need assistance with immunization clinic to be provided by the healthcare organization).
- Activation, initial notification, mobilization
    - Once the decision to utilize volunteers is made, an initial request should be made through the appropriate outlets. Advanced planning may involve pre-scripting messages requesting assistance. For example, requests for volunteers might be made
        - To the Public (through media, web site, or other methods)

        - To DC authorities (e.g. HEPRA)
            - How DOH MRC volunteers are notified and originally received (Reception Center)
            - Their notification of other DC MRH volunteers or MRC volunteers from other states
        - To Coalition (e.g. mutual aid)
        - To specific organizations directly or through ESF 8/DC DOH (e.g. to ARC directly or through ESF 8)
    - Pre-planned consideration should be given to the wording of volunteer requests (**See Attachment 2 for example**). Example elements to include in the volunteer request might include:
        - Situation at facility
        - Activities to be performed by volunteers
        - Anticipated start time for volunteers
        - Expected duration needed
        - Expected number of shifts
        - Reporting location
        - Point of contact information at facility
        - What to bring
            - Should include copy of professional credentials and government issued photo identification
        - Any relevant safety information if known (e.g. travel precautions or relevant to conditions at facility)

    - Preparing to receive volunteers: The facility should prepare to receive volunteers once the request has been made. This can include establishing the volunteer management capability mentioned above and its component elements (volunteer in-processing, volunteer tracking, etc.).
    - Provide a checklist to the volunteer and copy for the controlling individual.
    - Addressing unsolicited volunteers: Organizations should be prepared to address unsolicited volunteers. Individuals may present unsolicited seeking to help the organization during emergency response. Different responses may be appropriate:
        - Thank the individuals for their offers of assistance and inform them that at the current time, the organization is not accepting unsolicited donations for help. Having pre-scripted letters can be of assistance in facilitating this process. See attachment 3 as an example.
        - Record the individuals contact information and inform them that as opportunities arise, they will be contacted for potential volunteer opportunities.

- Accept the unsolicited volunteer into in-processing process.

- Incident Operations
  - Volunteer In-Processing Function
    - Registration of volunteers. For first time arrivals, should include collection of following information (see attachment 4 as an example):
      - Full name
      - Address
      - Contact information
      - Affiliated or pre-registered organization (if any)
      - Emergency contact information for closest relative
      - Professional licensure if necessary
      - Other credentials relevant to projected activity (e.g., for volunteer drivers: valid drivers' license, proof of insurance, driving record)
      - Regular day-to-day duties
      - Special skills (e.g. languages)
      - Willingness to work more than one shift
      - Note: if volunteers are to be utilized for more than one shift, then information gathered would be shorter at the beginning of subsequent shifts. If possible, organizations may wish to include volunteers in electronic staff management systems to register presence on-site (e.g. Kronos time card system).
    - Verification of credentials and other due diligence
      - Demonstration of government issued identification
      - Presentation of licensure[4]
      - Presentation of proof of current employment at another healthcare facility (as appropriate)
      - Consider investigation of sex registry (MRC already completes for its members)
      - Consider back ground criminal check (may occur concurrently with initial volunteer use)
      - NOTE: This information is provided to the Volunteer Management Function which may make decisions on work assignments

[4] Note: primary source verification can occur and may be required in certain cases. This may occur after the volunteer has already started activities but could include verification of licensure with the issuing entity and/or contact with employer to verify employment directly and to verify no outstanding actions against employee have been taken (e.g. probation)

- Orientation (assignments made based on Volunteer Management Function activities): As noted above, both general orientations and assignment specific training should be included:
    - Situation update at facility
    - Direct supervisor
    - Shift
    - Volunteer expected duties (specific) and/or limitations to scope of practice as necessary
    - Safety briefing
    - Documentation requirements and any IT information volunteer will require
    - Any other "just in time" training required
    - Human resource issues (e.g. whether benefits are or are not being provided to the volunteer)
    - Security issues
    - Media briefing
    - Signature of volunteer on volunteer agreement form (to abide by organizational rules, HIPAA, etc.) – See **Attachment 5** for template
    - Issuance of any related equipment/PPE/etc
  - Badging

- Volunteer Management Function: Once assigned to their specific duties, volunteers still require "management." Associated duties include:
  - Based on data collected at volunteer in-processing, appropriate assignments are made for the individual.
  - Volunteer tracking should be established such that at any one point in time, the organization can account for the presence or absence of any specific volunteer. This accountability may require manual check in of volunteers at the beginning of any individual shift or can be more sophisticated (i.e. electronic).
    - Volunteer should be provided with specific procedures if they are unable to report to cover an assigned shift
  - Volunteer Management will need to work with the facility's administration (e.g. IMT) to continually assess the need for volunteer presence, future volunteer needs, and the timing of volunteer utilization.
  - Volunteer Management should provide easily accessible methods for volunteers to get questions answered (i.e. those not satisfactorily answered by volunteer's direct supervisor). This outlet should also

provide an opportunity for volunteers to raise concerns about their assignments or other issues.
        - Volunteer Management should provide evaluation template for supervisors to evaluate volunteers and assimilates data
        - The Volunteer Management function may need to interface with pre-registering organization (e.g. MRC) or affiliated organization (e.g. NDMS) to clarify information or provide other information.
        - The Volunteer Management function should establish early processes for volunteer injury or illness while on job. Ideally, these will be consistent with procedures utilized for regular staff (though the financial arrangements may differ- e.g. mutual aid, administered by donating organization, compensated by requesting organization).

    - Volunteer Support Function: Operational considerations for the following should be addressed in an on-going fashion. They may change over time and appropriate notifications provided to volunteers:
        - Food, rehab
        - Sleeping quarters
        - Equipment
        - Transportation, etc.
        - On-site medical care
- Demobilization
    - When the organization has determined that volunteers are no longer needed (even if the organization is still in its response phase), volunteer out-processing should occur. Important elements for consideration include:
        - Debriefing of volunteers
        - Review of evaluation with volunteers
        - Questionnaire administered
        - Return of equipment and badge
        - Assistance with transportation home
    - Letters and other tokens of thanks
    - Organizations may wish to include the experience of volunteers in their After Action Report process.

Attachment 1: MRC Badge

Attachment 2: Sample request for volunteers

Attachment 3: Letter to unsolicited volunteers

Dear Volunteer,

Thank you for volunteering to assist the XXX Organization with its efforts to respond to the current crisis. Your offer to assist is sincerely appreciated. At this point in time, there are no identified needs for volunteers at this facility. Please make sure you have signed in with the Volunteer Processing personnel so that if a future need is identified, we may re-contact you for potential assistance.

Due to the chaotic nature of this incident and our desire to manage the facility, we ask that you not wait for potential recall on the organization's property. In addition, we request that you not try and access any areas in an unauthorized fashion. This may be treated as trespassing.

There are often other opportunities to volunteer during incidents such as this. We suggest that you check with the local chapter of the American Red Cross or the District of Columbia Department of Health.

Thank you again for your cooperation and offer of assistance.

Sincerely,

XXX Administration

Attachment 4: Example registration form

Volunteer Registration Form	**XX Organization** **Volunteer Processing Unit**
This form is intended to capture all the information required for the registration of volunteer personnel for potential use in XX organization emergency operations. Once this form has been completed, it will be subjected to further review before any individual can provide volunteer assistance.	Human Resources Personnel to fill out shaded areas

Pre-registered volunteer with DC Medical Reserve Corps: ☐ Yes ☐ No	
Pre-registered volunteer with DC ESAR-VHP: ☐ Yes ☐ No	
NAME:	ADDRESS:
CITY:	STATE & ZIP:
PHONE: (H) (W) (C)	
EMAIL:	Emergency Contact:

HEALTHCARE EXPERIENCE	**Current professional licenses/certifications (include number)**
☐ RN	
☐ RNP	
☐ LPN	
☐ PHYSICIAN	
☐ PA	
☐ PHARMACIST	
☐ DENTIST	
☐ EMT-P	
☐ EMT-B	
☐ OTHER	

Additional certifications & qualifications:

CREDENTIALS & QUALIFICATION SECTION		
SECTION COMPLETED BY:		
ID TYPE	**PHOTOCOPY**	**CONFIRMATION**
□ Personal ID (government issued ID-drivers license, passport)		
□ Employment ID (or agency affiliation ID)		
□ Licensure (professional)		
□ Certifications (ACLS, EMT card, other)		
□ Secondary Source (recognized hospitals, EMS)		

Present occupation:	Employer:
	Employer contact info:
Special Skills (include languages spoken fluently):	
Availability (days and hours):	Preferred shift: Day □ Eve □

This form adapted with permission from the Volunteer Management System (VMS) produced by the George Washington University (GWU) Institute for Crisis, Disaster, and Risk Management (ICDRM)

Attachment 5: Sample volunteer agreement form

All potential volunteers during emergency operations at XX organization must receive the following briefing and then sign the below acknowledgement after any questions have been answered.

For all volunteers:

- Thank you for your efforts in this challenging time
- You will be provided with an assignment that has been matched to the skill sets that you have listed. Misrepresentation of credentials, certifications, or qualifications will be interpreted as a criminal act and be subject to criminal prosecution.
- Once an assignment has been made, you will be provided with a temporary ID badge
- You will also be provided with a further briefing of expected duties, predicted duration of duties, and the location of your duties. In addition, you will be introduced to the supervisor who will oversee your participation in response efforts.
- By signing this form, you agree you will NOT:
    - Attempt to access any treatment areas other than those that you are assigned to (this may be treated as trespassing despite the issuance of an ID badge).
    - Divulge any patient information to anyone other than XX organization patient care providers involved in the care of that individual patient.
    - Seek compensation from XX organization for your efforts (you are a volunteer)
- By signing this form, you agree that you WILL:
    - Follow the direction of your assigned supervisor
    - Participate in an out-processing procedure once your assignment in the hospital is complete.
    - Hold XX organization harmless for any potential injury or illness that you sustain while performing your assigned duties.
- If at any time, you have questions about your role, please raise the issue to your assigned supervisor or with the Volunteer Processing Unit personnel.

For volunteer practitioners:

- Your clinical duties that require a license, certification, or registration will be performed under the direct supervision of a XX organization employee.
- You agree to follow the direction of your assigned supervisor.

_____ _____ _____

Name (printed) Signature Date