

**Project Plan for a
Santa Cruz County
Medical Registry and Reserve Corps**

Kathleen Kelly
Santa Cruz, CA
(831) 325-6315 -- kathykelly@iqc.org

Introduction

In response to a post 9-11 call for all Americans to offer volunteer services in their communities, the Medical Reserve Corps (MRC) program was launched out of the Office of the Surgeon General. The purpose of the MRC program is to strengthen local communities by establishing a system of medical and public health volunteers to offer their expertise during crisis events as well as on an ongoing basis throughout the year.

The following is a project plan for a Santa Cruz County Medical Registry and Reserve Corps including background on the needs assessment that led to the plan.

Program Needs Assessment

The project needs assessment was conducted by interviewing various stakeholders in Santa Cruz County public health and emergency services organizations about how the Medical Reserve Corps (MRC) might fit into emergency response programs already in place. In addition, several program managers of already established MRC programs throughout the U.S. were interviewed. This was done in order to identify best practices and take advantage of such practices in designing our local program.

Those interviewed include the following:*

- Marcus Kwan, SCC Medical Society
- Celia Barry, SC County HSA
- Debbie Wechsler, SC County HAS
- Laurie Lang, SC County HSA
- Mike Dever, SC County Emergency Services
- Dr. Kent Benedict,
- Dr. Pat Meehan, Exec. Dir. SCWHC
- Lisa Angel, Watsonville ER
- Karen Bonnie, Red Cross
- Barbara Doss, Sutter
- Gabrielle Trubach, Sonoma County MRC
- Sherrill Reed, CA state MRC coord.
- Diane Bridgeman, Red Cross Mental Health
- Steve Lustgarden,
- Walter, Alexander, MD
- Nancy Burns, Conn. MRC
- Raymond Goodman, LA MRC coord.
- April Kidd, Office of Surgeon General

*See notes from these interviews in Appendix A)

- Jill Littlefield, regional coordinator of MRC program
- Jeffrey Reilly, NJ MRC

Results of the Program Needs Assessment

In this environment of constricting public health funding, it was not difficult to identify needs within the community that might be addressed by a Medical Reserve Corps. These included the need to:

- Develop a comprehensive database of local medical providers;
 - This would be used to identify and utilize special expertise within medical provider community;
- Provide highly trained medical professionals to augment existing Emergency Medical Services during a large scale local emergency.
 - Historically, medical personnel spontaneously volunteer to assist in emergencies or disasters. Spontaneous volunteers may not be familiar with the organization and structure of the existing local emergency response system and, therefore, may not be as effective and efficient in the provision of emergency medical services as members of organized response groups.
- These volunteers would:
 - address hospital surge issues
 - provide triage
 - staff prophylaxis/mass vaccination clinics
 - Local public health agencies do not have adequate staffing to execute large-scale mass immunization or prophylaxis operations and will need assistance from volunteer medical and other support personnel in these and other public health operations.
 - Provide highly trained medical professions to assist with:
 - community disaster preparedness exercises.
 - the expansion of health education efforts within the community.

Needs that were identified specifically with respect to the design of the MRC program included:

- Sustainability. Given that federal funding for the various local MRC programs is not predicted to continue much longer, program elements should be designed to be easily sustainable in a resource restricted environment;
- Integration. The MRC should be designed in such a way that it integrates well with other programs and organizations already in place within Santa Cruz County and should not overlap or duplicate these organizations' efforts.

MRC Steering Committee and Program Design

An MRC Steering Committee was formed to assist in the design of the MRC program. This committee met three times during Spring 2005 and includes representation from the following organizations :

- Santa Cruz County Medical Society
- Health Services Administration
- Emergency Services
- Retired Physicians
- Dominican and Watsonville hospitals
- Sutter
- Community Clinics
- Red Cross
- Cabrillo College
- Santa Cruz Medical Clinic

We hope to add representatives from the following organizations:

- UCSC
- Fire Dept.
- Police Dept.
- Sheriff's Dept.
- Ambulance Response

MRC Program Plan

Following is a description of the MRC program plan that was developed during Spring 2005 utilizing input from:

- interviews with local leaders about how the Medical Reserve Corps (MRC) might fit into emergency response programs already in place,
- MRC steering committee,
- Best Practices gleaned from already established MRC units as well as Federal and State level coordinating units.

Mission

The mission of the Medical Reserve Corps is to establish a volunteer network of local medical and public health professionals which:

- Is integrated into established community emergency systems for assistance during emergencies;
- Provides mutual aid to other communities in need when called upon;
- Provides consultation and education services to the local community.

Santa Cruz County Medical Registry

By far the most important program element identified by those considering the creation of a local Medical Reserve Corps was the creation of a local medical registry. The registry would consist of a database of medical providers who would be willing to be contacted when it was ascertained that their skills and experience would be useful in dealing with particular issues. There is currently no comprehensive medical provider database available for Santa Cruz County.

Members of the Registry would be invited to become members of the Reserve Corps, but it is anticipated that there would be many medical professionals who would be willing to become members of the Registry but who would be unable to commit the additional time needed to become active members of the Medical Corps.

The creation of the Santa Cruz County Medical Registry is seen as key to developing much better information about the medical providers who serve our community and having a mechanism in place to contact them when service or consulting opportunities arise.

Implementation. A database developed specifically for use by MRC programs is currently in place at the Santa Cruz County Medical Society. Modifications to the database which will provide much more specific information about member experience and skills are in process.

Medical Society members were invited to join the Registry and to date, more than 100 physicians have been enrolled. In addition, invitations to join will soon be sent out to all doctors, physician assistants, nurses and LVNs who are licensed or retired in Santa Cruz County. We hope that a large percentage of Santa Cruz County medical personnel will soon be part of the Santa Cruz County Medical Registry. Registry membership will be updated annually and members will be invited at this time to increase their involvement and join the MRC.

The beauty of the Santa Cruz County Medical Registry is that it meets a key need in the community and is easily sustainable even given restricted funding for the Medical Reserve Corps as it can reside and be managed at the Santa Cruz County Medical Society.

SEMS and the MRC

The Santa Cruz County MRC will be developed such that it integrates with the SEMS (Standardized Emergency Management System) system in use throughout Santa Cruz County and the State of California by emergency and public health agencies. SEMS is a system to assist emergency response agencies to operate within a clear and consistent organizational structure by

facilitating priority setting, interagency cooperation and the efficient flow of resources and information.

SEMS structure is based on the Incident Command System (ICS). The use of this system allows the Medical Reserve Corps to be readily integrated into the emergency response system used by local emergency services agencies throughout the region.

Critical to the success of the MRC is its integration into the local SEMS structure and Incident Command System. As a local emergency medical resource, the Santa Cruz County Medical Reserve Corps may be activated by:

- a. Local government elected officials, officials responsible for emergency management or public health, or their designated representatives,
- b. Incident commanders in the field.

Activation Procedure. The Medical Reserve Corps may be activated by contacting the MRC Program Coordinator. Those requesting the activation of the Medical Reserve Corps should provide the following information to the Program Coordinator:

- The nature and scope of the emergency;
- The location of the emergency;
- The estimated number of patients and their injuries;
- The staging area(s) or location(s) to which the Medical Reserve Corps unit is being deployed;
- Specific medical resources needed, i.e., physicians, nurses, etc.
- A contact phone number and/or radio frequency.

The Santa Cruz County Medical Reserve Corps personnel will assemble at a pre-designated location and prepare for deployment to the emergency scene(s).

Medical Reserve Corps Volunteers

There is wide variation among the MRC organizations across the U.S. as to the type of volunteers that they recruit and train. Some groups recruit only a narrow band of medical professionals and others recruit more widely among medical professionals and include citizens without medical training as well.

Given that we have limited experience in managing volunteers and extremely limited resources to devote to volunteer management at this time, we have developed a tiered approach to recruiting MRC volunteers. Listed below are the three tiers of volunteers that we have identified as important to include in the Santa Cruz County MRC. We plan to conduct initial volunteer recruitment of Tier 1 volunteers only. We expect that our capacity for training and managing volunteers will expand as we work with our Tier 1 volunteers and that this

increased volunteer management capacity will trigger recruitment of Tier 2 & 3 volunteers.

Tier 1: Active or retired medical professionals with current licenses including:

- Physicians
- Nurses
- Physician Assistants
- Paramedics
- Emergency Medical Technicians
- Pharmacists

Tier 2:

- Medical Assistants
- Laboratory Technicians
- Phlebotomists
- Respiratory Therapists
- Mental Health Professionals

Tier 3:

- Health Information Management
- Non Medical Support Personnel
- Translators
- Mortuary Services
- Veterinary Professionals
- Chaplaincy Personnel

Volunteer Recruitment and Registration

Following is the initial process by which volunteers will be recruited and registered as members:

1. Recruitment of volunteers for the Santa Cruz County Medical Reserve Corps will primarily occur through mailings to SCC Medical Society members and medical professionals licensed through the State of California.
2. Prospective MRC members will complete an application (See Appendix 2 for application form)
3. A background investigation of each applicant will be conducted by the Santa Cruz County Medical Society and will include:
 - a. medical credential verification
 - b. immunization & health info

It should be noted that the Santa Cruz County Medical Society has extensive experience with medical credential issues and is an excellent fit as administrative home to the MRC as credential checking infrastructure is already in place and active.

It is anticipated that this process will be modified as development of the national ESAR-VHP program proceeds. ESAR-VHP stands for **E**mergency **S**ystem for **A**dvance **R**egistration of **V**olunteer **H**ealth **P**rofessionals. It is an effort to develop a national system that allows for the advanced credentialing of clinicians needed to augment a hospital or other medical facility to meet increased patient/victim care needs during a declared emergency. The national guidelines address standards and definitions, terminology, database standards, personnel “typing” and “levels”, as well as some legal and regulatory issues which will be useful for the Santa Cruz County MRC to adopt when they are finalized.

Legal & Liability Issues

The legal and liability issues involved in utilizing medical personnel during emergencies are the subject of much discussion and little agreement within the California State and Federal organizations involved with the MRC program.

Among the laws and policies that pertain are:

- Good Samaritan Law (Health and Safety Code, sections 1766 & 1767)
- State Disaster Service Worker Program (Cal Code of Regs, Title 19, sections 2570-2573.3)
- Federal Volunteer Protection Act of 1997
- California Emergency Services Act (Government Code, sections 8657 & 8659)
- County Insurance Coverage

Included in the scope of activities for the California State ESAR-VHP effort is identifying and resolving liability and malpractice issues on behalf of the California ESAR-VHP System. Close monitoring of the CA ESAR-VHP efforts in this area appear to be the most cost effective way to address the legal issues which may impact the Santa Cruz County MRC.

Volunteer Roles and the Implementation of the MRC Mission

The SCC MRC Steering Committee became quite clear during the course of its discussion that the main purpose of the MRC is to connect and link MRC members to organizations that provide direct service and not to create a system for providing direct service ourselves.

The MRC Steering Committee identified many roles for volunteers that would fit within the MRC mission which states that MRC volunteers should be “integrated into established community emergency systems for assistance during emergencies.” These roles include but are not limited to:

- Performing triage and care at treatment sites, hospitals, and/or clinics as directed,

- Screening patients, administer vaccinations or dispense medications at a county dispensing site,
- Assisting public health teams with community outreach,
- Educating or medicating or vaccinating home-bound and institutionalized patients,
- Supporting CERT Teams.

With regard to these roles:

- Roles may vary depending upon the emergency or community need.
- Deployment will always occur from within the SEMS system by the Incident Commander who will determine both the role assigned and the site to which the volunteers will be deployed.
- Just-in-Time training for specific roles as they develop may be indicated.
- Deployment sites will vary and may include:
 - Disaster Medical Facilities;
 - Safety Net Clinics and Assisted Living facilities;
 - County clinic;
 - Hospitals - only personnel with hospital clearance will be deployed to area hospitals.

As pertains to the MRC organization's efforts to "provide mutual aid to other communities in need when called upon":

- Celia Barry will get a request from the Region 2 Contact or State Contact and will relay to SEMS which will contact MRC for deployment;

Finally, with regard to how the MRC will "Provide consultation and education services to the local community":

- MRC Program Coordinator, SCC Medical Society personnel, and Health Officer, HSA will have access to the MRC database and will handle queries from other organizations and individuals.
- The main MRC role with regard to consultation and education services is to let people know where the medical resources are, not providing direct service to community.
- Access to Santa Cruz County Medical Registry and MRC members will be provided to direct service providers when requested. E.g. HAS training programs, Medical Education at Dominican and Watsonville hospitals, CERT leadership, etc.

Volunteer Training

Training for MRC volunteers is tricky. The volunteers themselves are highly skilled and most are already involved in ongoing training as a condition of licensure. Thus, they may be less likely than other classes of volunteers to see MRC specific training as needed or useful.

With these constraints in mind, MRC training will:

- Take into account the limited availability of volunteers to participate in training;
- Consider limiting initial in-classroom training requirement to 3 hours;
- Utilize multiple delivery methods for training (e.g. online, video, teleconferenced, etc.) to increase volunteer participation
- Include orientation to:
 - Concept and mission of the MRC
 - SEMS and ICS
 - Public Health Emergency Response Plan as it relates to the MRC
 - Activation system for the MRC.

Laurie Lang, HSA, and Steve Lustgarden, Health Projects Center have offered to assist in the development of the MRC training program.

Next Steps for MRC Program Implementation

1. Program Coordination
 - The next stage of MRC program implementation will involve very intensive activity on the part of the program coordinator. Identifying a coordinator with good links (or a current position) in the public health sector would be synergistic with the ongoing development needs of the program.
2. Steering Committee
 - Further efforts should be made to identify volunteer leadership for the MRC and specifically for the Steering Committee. When it is clear that such leadership is emergent, a more formal leadership structure can be developed.
3. Communication and Collaboration with Community Partners
 - A seat on the EMCC for a representative of the MRC should be solicited. This group is responsible for coordinating efforts among emergency service providers and provides the optimal venue for maintaining awareness of the MRC among other community organizations.
4. Database Modifications.
 - Jeff Reilly agreed to make the modifications that we suggested to the database, but has not responded to repeated attempts to contact him about his progress. It may be that because we are the only organization asking for these changes that they are less of a priority for him. We may need to offer him some remuneration for the database modifications desired.

5. Updating of Santa Cruz County Medical Registry
 - This can continue uninterrupted if current assistance provided by the SCC Medical Society staff remains in place.
6. Development of alternative physician contact strategies during emergencies.
 - While preliminary exploration of joining the CAHAN notification system administered through HAS was done, final arrangements and agreements are yet to be completed.
7. Volunteer Training.
 - Lori Lang and Steve Lustgarden should be re-contacted and solicited to suggest a specific training program for MRC volunteers given the criteria and constraints specified within the project plan.
8. MRC Registry Member and Volunteer Recruitment.
 - Mailings to MDs, nurses, PAs and LVNs should proceed as soon as all labels provided by the California licensing board are available.