# Emergency/Disaster Volunteer Management Policies and Procedures for Federally-Qualified Health Centers (FQHCs)

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| *Note: This document should be added as an annex to the FQHC’s Emergency Operations Plan (EOP) and updated every 2 years. Shaded areas within brackets indicate where FQHCs should edit and customize this document for their organization.* |

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| **Policy:** Use of [clinical/non-clinical] volunteers to support emergency response and/or business continuity operations for [Name of FQHC] during an extended emergency or following a disaster. |
| **Date:** [Insert date] | **Contact:** [Insert name of document “owner”] |

## Conditions Under Which [Name of FQHC] May Accept Volunteers

[Name of FQHC] may accept volunteers during an extended emergency or following a disaster when it must remain open and:

* A significant staff shortage and/or patient surge results from the emergency or disaster; and
* The FQHC is unable to meet its emergency and/or business continuity staffing needs with existing employees or through executed memoranda of agreement with other healthcare organizations to share staff.

## Authority to Grant Temporary Clinical Privileges

[Name of FQHC]’s [CEO or Executive Director, or his or her designee] is authorized to grant temporary clinical privileges in accordance with this policy and its associated procedures. The [Position Title] will serve as the Volunteer Coordinator, and will assist the [CEO or Executive Director, or his or her designee] with credentialing and privileging of volunteers. Temporary privileges may be granted to [physicians; physician assistants; nurse practitioners; dentists; podiatrists; others TBD].

## Roles and Responsibilities of Volunteer Coordinator

[Name and Title of Volunteer Coordinator at FQHC] will serve as the Emergency Volunteer Coordinator, and will be responsible for submitting requests for volunteers; maintaining communication with voluntary organizations, as applicable; verifying volunteer credentials; providing and/or ensuring orientation and training for volunteers; monitoring volunteers’ performance and tracking hours worked; demobilization of volunteers; and demobilization reporting to voluntary organizations, as applicable. [He or she] will obtain additional support from within the FQHC organization, as needed.

## Potential Roles and Responsibilities of Volunteers

[Name of FQHC] may use non-clinical volunteers for the following:

* [Patient scheduling.
* Patient check-in/check-out.]

[Name of FQHC] may use clinical volunteers for the following:

* [To maintain preventive and disease management services either through in-person visits or telehealth methods to keep patients with chronic illness out of hospitals;
* To triage/pre-screen patients for potential illness during disease outbreaks or public health emergencies either in person or via telehealth methods;
* To treat lower acuity illness or injury patients either through in-person visits or telehealth methods to help decompress hospital emergency departments during surge responses;
* To administer vaccinations following a natural disaster (e.g., for tetanus) or during disease outbreaks or public health emergencies (naturally occurring or human-caused);
* To assist with diagnostic testing during disease outbreaks or public health emergencies;
* To provide follow-up care and monitoring during the disaster recovery phase.]

## Volunteer Sources and Request Protocols

[Name of FQHC] will request volunteers [from its HRSA-approved/deemed list of volunteer health professionals, or from the NYC Medical Reserve Corps (MRC), in that order].

### HRSA-Deemed Volunteers

FQHCs having “deemed” status with HRSA may submit applications to have volunteers “deemed” by HRSA throughout the year for initial deeming and along with [Name of FQHC]’s application for redeeming, as per guidance found in the HRSA Program Assistance Letter (PAL) for Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Sponsorship Application Instructions ([PAL 2020-03](https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2020-03.pdf)). [Volunteers who are not licensed or certified are not eligible for VHP coverage. VHPs are not automatically eligible for liability protections under the Health Center FTCA Program. Deemed health centers must apply to HRSA for such protections for each individual volunteer through a Volunteer Health Professional (VHP) deeming sponsorship application. Name of FQHC] will maintain a current list of all HRSA-deemed volunteers and associated contact information. Volunteers from this list may be activated directly by [Name of FQHC] at its discretion anytime during the deemed timeframe.

### NYC MRC Volunteers

To request NYC MRC volunteers, the Volunteer Coordinator at [Name of FQHC] will compile and submit the following information to CHCANYS via e-mail to EMTEAM@CHCANYS.org:

1. Name of requesting facility/agency
2. Name and location of Response Site
3. Role Assignment(s)or Position Title(s)
4. Description of volunteer role(s), including:
	* Profession or licensure needed to fill the role
	* Preferred or necessary skillsets
	* Number of volunteers needed at each site by profession and skillset (maximum of 20 permitted)
	* Language requirement, if any
	* Compensation if any
5. Shift dates and times
6. FQHC Response Site Point of Contact (i.e., FQHC Volunteer Coordinator) name, email, and telephone number
7. FQHC Administrative Office Point of Contact name, email, and telephone number (if different from the Response Site Point of Contac)
8. Other pertinent information [i.e., room numbers; cross streets; availability of PPE; uniform requirements; etc.)
9.

CHCANYS will forward the screened request to NYC DOHMH. FQHCs should NOT contact NYC DOHMH directly with requests.

If DOHMH approves the request, the NYC MRC Unit will e-mail and/or call (depending on urgency) a “Notice of Mobilization” asking NYC MRC volunteers to support the event and/or response through its automated communication systems. NYC MRC volunteers will select their assignments directly using the online *Responder Scheduler* for this purpose. When a request is fulfilled, the NYC MRC Unit will provide [Name of FQHC] with the names and phone numbers of NYC MRC volunteers being deployed to [Name of FQHC]. DOHMH will include CHCANYS when sending the deployment list to [Name of FQHC]. If the request remains unfulfilled, or is only partially fulfilled after a pre-determined amount of time and/or after the shift dates/times have passed, the NYC MRC Unit will discuss with [Name of FQHC] if the request should be modified and re-posted.

If DOHMH denies the request, the NYC MRC Program will provide justification for denial. If more information is needed, the NYC MRC Program will indicate what information is needed and review the request again after the information is provided by the FQHC.

NOTE: By requesting NYC MRC volunteers, [Name of FQHC]agrees that it can and will fulfill all requirements for receiving MRC volunteers defined in the Policy for the Use of Medical Reserve Corps Volunteers (see Attachments).

[Name of FQHC] **will NOT**, under any circumstances, accept spontaneous unaffiliated volunteers to support emergency response and/or business continuity operations for [Name of FQHC] during an extended emergency or following a disaster.

## Identification and Credentialing

All volunteers who have not been “deemed” in advance by HRSA will be asked to complete a *Volunteer Application/Agreement* in advance of their first shift at [Name of FQHC] and submit it to the Volunteer Coordinator with the required documentation, as described below. Volunteers will be credentialed in accordance with [HRSA Program Assistance Letter (PAL) 2017-07](https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2017-07.pdf), Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations, even if they will not be granted FTCA coverage by [Name of FQHC], including the following steps:

* All volunteers must present a valid government-issued identification (e.g., driver’s license or passport), as well as proof of current licensure/certification when submitting an application to volunteer.
* Primary source verification of licensure/certification for each clinical volunteer will be completed by the [Name of FQHC] Volunteer Coordinator within 72 hours of a volunteer beginning their assignment. All volunteers must have a valid license or certification in good standing (i.e., without any pending disciplinary actions). Health professional licensure and certifications will be verified by the NY State Office of the Professions: http://www.op.nysed.gov/opsearches.htm. Information on disciplinary actions will be checked online at http://www.op.nysed.gov/opd/rasearch.htm.
* Clinical volunteers must provide a secondary source copy of their most recent National Practitioner Data Bank (NPDB) query. If this is not possible, the volunteer may attest that they have had no claims within the last 12 months, or if such claims exist, the volunteer should provide information for each.
* Each volunteer must provide copies of privileging forms and/or at least one reference from his or her current or most recent employer, which demonstrates the individual can perform the duties and services that will be requested. Recent graduates may provide secondary sources, such as a statement or other documentation from the degree-issuing institution.

[Name of FQHC] will issue [temporary identification (ID) cards/usernames and passwords to access the building, medical records system, etc.] to all volunteers. Identification cards will clearly note “VOLUNTEER” on them, and will include expiration dates. MRC volunteers will also wear their MRC-issued ID cards. Temporary privileges can be granted for no more than 90 days. After the 90-day period, [Name of FQHC] should have completed all the necessary verification for standard credentialing and privileging and granted full privileges based on that information.

## Orientation and Training

Volunteers will be provided with an orientation to [Name of FQHC]’s facility and operations before being asked to perform their assigned duties. During orientation, volunteers will receive information on [Name of FQHC]’s emergency procedures, how to report and/or address safety issues, as well as policies and procedures for obtaining personal protective equipment (PPE) and other supplies. [A detailed Job Action Sheet (JAS) describing roles and responsibilities for each assigned volunteer role will be provided to every volunteer to help guide them. JAS will also include detailed protocols for use of information technology (IT) platforms used by the FQHC.] Orientation will take no more than 4 hours.

After orientation [and review of the JAS for their respective roles], volunteers will be assigned a mentor from within the FQHC organization to shadow for [Insert amount of time to shadow] before performing their duties independently. Volunteers will practice using electronic medical records, telehealth technology, and any other IT platforms used by the FQHC to provide patient care, while shadowing their mentor.

In addition to the training that volunteers will receive during orientation, for those volunteers who continue to work with [Name of FQHC] after the emergency or disaster has passed, [Name of FQHC] will provide emergency preparedness training at least every 2 years. All training must be documented to demonstrate volunteer staff knowledge of emergency procedures.

## Monitoring Volunteer Performance and Tracking Hours Worked

When a volunteer begins working independently, [the Medical Director, or his or her designee] will observe the volunteer for [Insert amount of time and number of days to observe] to assess performance. The [Medical Director, or his or her designee,] will also review each volunteer’s clinical records every day and address any concerns with the volunteer immediately upon discovering any potential problems. Any concerns brought to the volunteer’s attention will be documented and shared with the Volunteer Coordinator. The [Volunteer Coordinator and Medical Director, or his or her designee] will determine if a volunteer will continue after the initial 72 hours of their assignment. Volunteers that are approved to continue will be given assignments in [1-week] intervals, and their performance will be re-evaluated on an ongoing basis, as described. The Volunteer Coordinator is responsible for tracking volunteer hours for reporting to voluntary organizations and other partners who may request this information on a weekly basis

A volunteer may be dismissed by [Name of FQHC] at any time, for any reason. The agency/agencies that deployed the volunteer will be notified immediately by [Name of FQHC] when he or she is dismissed.

A *Volunteer Assignment and Tracking Form* will be used to record assignments and hours worked by each volunteer.

## Deactivation and Demobilization of Volunteers

Volunteers will be fully demobilized when [Name of FQHC] is able to meet its patient care demands utilizing its regular staffing plans and employees. Volunteers may be deactivated individually, or all at once in the sole discretion of [Name of FQHC]. The agency/agencies that deployed the volunteers will be notified when a volunteer is deactivated. Demobilization is complete when all volunteers have been deactivated and are no longer being used by [Name of FQHC].

Volunteers will be instructed to return ID cards to the Volunteer Coordinator at the end of their assignments. [Name of FQHC] will deactivate all volunteer usernames and passwords for IT systems as volunteers are deactivated.

A list of emergency volunteers used for each incident will be maintained electronically by the FQHC. Supporting documentation for each volunteer will be maintained as per the FQHC’s existing credentialing and privileging policies and procedures. If MRC volunteers are used, [Name of FQHC] will submit a list of confirmed NYC MRC volunteers used, and the dates, shift times and number of hours worked by each volunteer during their deployment to [Name of FQHC] to the NYC MRC Unit at healthmrc@health.nyc.gov as soon as possible after emergency/disaster response has ended.

## Liability Insurance and Worker’s Compensation for Volunteers

### Volunteers Deployed from the FQHC’s List of HRSA-Deemed Volunteers

Through enactment of Section 9025 of the 21st Century Cures Act (Pub. L. 114-255), subsection 224(q) was added to the Public Health Service Act (42 U.S.C. § 233(q)), extending liability protections for the performance of medical, surgical, dental, and related functions to Volunteer Health Professionals (VHPs) at health centers that have also been deemed as employees of the Public Health Service (PHS). Deemed PHS employee status provides the covered individual with immunity from lawsuits and related civil actions resulting from the performance of medical, surgical, dental, and related functions that are determined or certified to be within the scope of their deemed employment. (See https://bphc.hrsa.gov/ftca/about/health-center-volunteers.html for more information).

### Volunteers Deployed by the NYC MRC

NYC MRC volunteers are protected by NYC General Municipal Law §50-K. This law indemnifies NYC employees and volunteers deployed by NYC from claims that may arise from volunteers’ performance of assigned duties, as long as volunteers act within the scope of their assigned work and meet the other requirements of the law. NYC will not indemnify volunteers for damages caused by intentional wrongdoing or recklessness on the part of the volunteer. (See https://codes.findlaw.com/ny/general-municipal-law/gmu-sect-50-k.html for more information.) NYC MRC volunteers have limited Worker’s Compensation coverage.

### Additional Considerations

During a declared state of emergency at a local, state, regional, or national level by an authorized public official such as a governor, the U.S. Secretary of the Department of Health and Human Services, or the President of the United States, [Name of FQHC] may choose to grant temporary privileges to volunteers in accordance with [HRSA Program Assistance Letter (PAL) 2017-07](https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2017-07.pdf) (see *Identification and Credentialing* section above), which would provide FTCA coverage to such volunteers. In addition, liability provisions may change for healthcare facilities and/or health professionals, during state-declared emergencies. FQHCs should stay current on legal authorities as emergencies evolve.Volunteers may also be covered under the provisions of the [Public Readiness and Emergency Preparedness Act (PREP Act)](https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx) under certain circumstances. The PREP Act authorizes the U.S. Secretary of the Department of Health and Human Services (Secretary) (HHS) to issue a PREP Act Declaration (“Declaration”) that provides immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined in the Declaration to constitute a present or credible risk of a future public health emergency. In general, the liability immunity applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of medical countermeasures described in a Declaration. The only statutory exception to this immunity is for actions or failures to act that constitute willful misconduct. (See https://www.phe.gov/Preparedness/legal/prepact/Pages/prepqa.aspx#q2 for more information.)

Section 3215 of the CARES Act provides federal liability protections for volunteer health professionals during the COVID-19 emergency response. To qualify for these protections, the volunteer health professional must be: (1) Acting within the scope of the license, registration, or certification of the volunteer health care provider, as defined by the state of licensure, registration, or certification; (2) Not exceeding the scope of license, registration, or certification of a substantially similar health professional in the state in which such act or omission occurs; and (3) Acting in a good faith belief that the individual being treated is in need of health care services. The Act is summarized here: https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html.

## Volunteer Compensation

Volunteers will NOT receive any compensation for services performed on behalf of [Name of FQHC]. HRSA-deemed volunteers may receive repayment from the health center for reasonable expenses incurred in providing the service to a patient as agreed upon in the terms and conditions of his or her agreement with [Name of FQHC].

## Attachments

HRSA Program Assistance Letter (PAL) 2020-03

Volunteer Application

Volunteer Agreement

HRSA Program Assistance Letter (PAL) 2017-07

Volunteer Assignment and Tracking Form

Volunteer Orientation and Training Guidance

Policy for the Use of Medical Reserve Corps Volunteers

### HRSA Program Assistance Letter (PAL) 2020-03

### [Name of FQHC] Volunteer Application

**Name of Volunteer:**

**Cell phone number: E-mail address:**

**Licensure/Certification (Lic/Cert) and Number:**

**MRC Volunteer?** (Yes / No)  **HRSA-deemed/pre-approved?** (Yes / No)

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| **Date ID Verified\*** | **Date Lic/Cert Verified\*** | **Date Disciplinary Actions Checked\*** | **Date NPDB Checked/ Volunteer Attestation Made\*** | **Date Privileging Forms and/or Reference(s) Checked\*** | **Name of FQHC Staff Member That Verified Information** |
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*\*Copies of verified documents are kept in volunteer’s individual file, which may be found [Insert where files are kept].*

I certify that the above information is true and accurate, and that all the supporting documentation I have provided is current and credible. I understand that my volunteer assignment with [Name of FQHC] will be terminated immediately upon discovery that any of the above information is false, and/or that any of the documentation provided is fraudulent. In addition, I understand that misrepresentation of credentials, certifications, or qualifications will be interpreted as a criminal act and be subject to criminal prosecution.

**Signature of Volunteer Date**

### [Name of FQHC] Volunteer Agreement

**Name of Volunteer:**

**Volunteer Assignment:**

**Duration of Assignment:**

I understand that I have been assigned to the above role as a VOLUNTEER with [Name of FQHC] for the time period [Insert time period of assignment]. I understand that this assignment may be renewed for 1-week intervals after the initial performance period is complete, so long as my performance is deemed as being satisfactory by [Name of FQHC]. I have received an orientation about the facility and its operations, and training to support the performance of my specific role and responsibilities. I have been assigned a mentor/supervisor to oversee my performance and provide guidance for me, as necessary. I understand that my VOLUNTEER assignment may be terminated at any time and for any reason by [Name of FQHC].

As a VOLUNTEER, I will NOT:

* Attempt to access any facility areas other than those that I am assigned to or granted access to, as this may be treated as trespassing despite the issuance of an ID badge.
* Share any patient information with anyone other than [Name of FQHC] patient care providers involved in the care of that individual patient.
* Receive any compensation for the work I perform on behalf of [Name of FQHC].

As a VOLUNTEER, I WILL:

* Conduct myself in a professional and appropriate manner befitting my assigned role.
* Follow the direction and supervision of my assigned mentor/supervisor in the performance of my VOLUNTEER duties.
* Clearly identify myself as a VOLUNTEER at the start of each new patient interaction.
* Track all of my hours worked, as well as the duties I perform during these hours, on a daily basis.
* Follow all safety and security procedures of [Name of FQHC], as per the orientation and training provided to me.
* Follow all policies and procedures for obtaining, discarding, and/or returning personal protective equipment (PPE) and other supplies, as per the orientation and training provided to me.
* Participate in an out-processing procedure with [Name of FQHC] Human Resources staff at the conclusion of my VOLUNTEER assignment.
* Hold [Name of FQHC] harmless for any potential injury or illness that I may sustain while performing my assigned VOLUNTEER duties.

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**Signature of Volunteer Date**

### HRSA Program Assistance Letter (PAL) 2017-07

### [Name of FQHC] Volunteer Assignment and Tracking Form

**Name of Volunteer:**

**Cell phone number: E-mail address:**

**Licensure/Certification (Lic/Cert) and Number:**

**MRC Volunteer?** (Yes / No)  **HRSA-deemed/pre-approved?** (Yes / No)

**Volunteer Assignment:**

**Volunteer Mentor/Supervisor (Name and Title):**

| **Date** | **Hours Worked** | **Brief Description of Work Performed** | **Approval** |
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### Volunteer Orientation and Training Guidance

Health centers may use this checklist as a guide for what to include in volunteer orientation and training materials.

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| **Orientation and Training Element** | **Included** |
| Overview of patient population and services offered. |  |
| Walkthrough of facility.  |  |
| Review of safety and security policies and procedures (including how to report and/or address safety or security issues). |  |
| Policies and procedures for obtaining, discarding, and/or returning personal protective equipment (PPE) and other supplies. |  |
| Review of position roles and responsibilities and/or limitations to scope of practice as necessary. *(Note: If available and appropriate for position, volunteer to review detailed Job Action Sheet (JAS).* |  |
| Demonstration of use of electronic medical records, telehealth technology, and any other IT platforms used by the FQHC to provide patient care. |  |
| Review of timekeeping policies and procedures. |  |
| Introduction to mentor and supervisor, and review of volunteer performance monitoring policies and procedures (including need for volunteers to identify themselves as such to patients). |  |
| Volunteer to sign Volunteer Agreement. |  |
| Volunteer to practice using electronic medical records, telehealth technology, and any other IT platforms used by the FQHC to provide patient care, while shadowing their mentor and before being authorized to work independently. |  |

## Policy for the Use of Medical Reserve Corps Volunteers