

# Guidelines for Volunteer Respiratory Therapist Response

Enhancing Medical Surge Workforce through South  
Carolina's Statewide Emergency Registration of Volunteers



**Disclaimer**

This document is not all inclusive and should only be used as a guide. It is not intended to supersede or substitute for compliance with South Carolina Department of Health and Environmental Control, Division of Health Licensing regulations or the requirements of the Division of Certification.

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### **Executive Summary**

The mission of the South Carolina Department of Health and Environmental Control (SC DHEC) is to promote and protect the health of the public and the environment. All areas of the Department play a part in emergency preparedness and response. DHEC's public health preparedness program relies on effective partnerships within SC DHEC, with other government agencies and with private organizations and providers. One of the major goals of the preparedness program is to coordinate emergency response efforts with hospitals, healthcare providers, state agencies and other organizations.

Major emergencies are capable of causing many illnesses, injuries and deaths. The state will need medical volunteers to help meet overwhelming demand for healthcare in these situations. Volunteers may serve various roles for specific incidents (e.g., providing medical care, staffing medical needs shelters, providing staff support to local hospitals or performing other healthcare duties). A state-wide registry of volunteer health professionals, called South Carolina Statewide Emergency Registration of Volunteers (SCSERV), allows for the identification and credentialing of volunteers ahead of time so that in an emergency, they can be quickly sent where they are needed.

Experience has shown that in an emergency, overwhelming numbers of healthcare workers are eager to volunteer their services. The SCSERV registry helps meet the needs of hospitals and emergency responders when local resources are exhausted.

The objective of the Guidelines for Volunteer Respiratory Therapist Response is to coordinate the planning, procedures, and response resources needed to augment healthcare workforce during a natural or man-made disaster and/or mass casualty event.

The South Carolina Society for Respiratory Care (SCSRC) supports these guidelines for volunteer Respiratory Therapy response and is committed to working with SC DHEC to encourage participation in SCSERV.

### Introduction

#### *Background*

Since 2006, the South Carolina Hospital Preparedness Program (SCHPP) has concentrated efforts on building infrastructure for the registration, credentialing, and training of volunteers for use in public health and medical response to terrorism and technological or natural disasters. Because the SCHPP resides under the auspices of SC DHEC, the state's public health agency, its strength is in public health. Through SCDHEC leadership, the integration of the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and Medical Reserve Corps (MRC) programs has been accomplished through the implementation of SCSEV. A long term goal is to expand South Carolina's ESAR-VHP program to facilitate South Carolina acute care hospitals' ability to use ESAR-VHP/MRC volunteers for hospital surge capacity. Respiratory Therapists are one type of professional included with this group of volunteers.

This guidance document: discusses processes for registering and activating volunteer Respiratory Therapists, determines required skill sets, and describes the education needed to rapidly integrate volunteer Respiratory Therapists into hospital response activities.

Implementation of these guidelines shall occur over a three (3) year period. Year One seeks to develop guidance to ensure Respiratory Therapists and hospitals are aware of the ESAR-VHP program and available training. Year Two shall increase their involvement with the hospitals by reconvening a training advisory group. This group shall include representatives from trauma, critical access, for-profit and non-profit hospitals. Outreach to professional associations and organizations will also be conducted. Year Three will focus on incorporating volunteer Respiratory Therapists and the Medical Reserve Corps (MRC) units into exercises and real incidents to increase workforce surge capacity of hospitals across the state.

Using Respiratory Therapists in South Carolina's ESAR-VHP program facilitates acute care hospitals' ability to utilize volunteer Respiratory Therapists for hospital surge capacity. Community partnerships enhance the likelihood that hospitals in South Carolina embrace the ESAR-VHP/MRC programs as viable and valuable assets capable of increasing surge capacity during emergencies. The procedures for activating and deploying volunteer Respiratory Therapists may be incorporated into hospital and local public health Emergency Operations Plans to ensure seamless integration of the volunteers into the emergency response.

#### *The Need for Healthcare Workforce Volunteers*

"Lack of hospital surge capacity is still a problem"<sup>1</sup> for many states throughout the nation but especially for South Carolina which is listed among the top fifteen states that

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<sup>1</sup> *Lack of Hospital Surge Capacity Still A Problem*, Anthony Kimery, Tuesday, 12 January 2010, [www.hstoday.us](http://www.hstoday.us)

could potentially run out of hospital beds during a pandemic. *Trust for America's Health (2009)* reports "93% of South Carolina's hospitals would be at or exceed bed capacity" five weeks into a pandemic.<sup>2</sup>

The *South Carolina Prepares for Pandemic Influenza: An Ethical Perspective*, reports that South Carolina hospitals would experience critical shortages in manpower and resources when faced with a severe pandemic: "it is estimated that 35%, or over 1,512,207 of South Carolinians would become ill in a severe pandemic (based on S.C.'s 2006 population estimate of 4,320,593). Given that 35% of South Carolina's population becomes ill due to a severe pandemic, it is estimated 750,000 would seek outpatient medical care, and up to 16,000 people would need hospital care."<sup>3</sup>

During a severe pandemic or mass casualty event, South Carolina's sixty-five acute care hospitals will not have the staffing resources to handle the enormous influx of people seeking medical care and requiring hospitalization. The chart below shows the estimated demand rate on South Carolina acute care hospital resources during week five of a severe pandemic.

ESAR-VHP/ MRC volunteers were utilized during the H1N1 response in DHEC Regions 1, 6, 7 and 8. SC DHEC would like to see better utilization and integration of medical volunteers statewide – including Respiratory Therapists. While volunteers from four regions actively participated in the H1N1 response, the SCHPP would like to see volunteers from all eight (8) Regions involved in future response efforts.

South Carolina's experience of how quickly an accident occurs and the devastating effects it can have on its healthcare system includes the Graniteville train derailment. In the small town of Graniteville (population 7,009), in the very early morning hours of January, 2005, a train carrying three tanker cars of liquid chlorine under pressure was inadvertently switched onto an industrial spur, where it crashed into a parked locomotive. One of the chlorine tankers was breached and immediately released forty-six tons of chlorine. An additional fourteen tons were released over the next three days until a patch could be applied. An evacuation order was issued for residents within a one-mile radius of the site. Nine people died in the accident. A total of 597 people sought medical care at ten different hospitals...."<sup>4</sup> Man-made and natural disasters can happen anytime, taxing our hospitals' resources and manpower.

If South Carolina's ESAR-VHP Program and ESAR-VHP/MRC teams had been established at the time of the Graniteville incident, volunteers likely would have been

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<sup>2</sup> *Trust for America's Health*, October 2009, TFAH report based on CDC's FluSurge using expert predictions that H1N1 is a relatively mild strain and that up to 35% of Americans could potentially become sick.  
<http://healthyamericans.org/reports/h1n1/TFAH2009challengesahead.pdf>

<sup>3</sup> <http://www.scdhec.gov/administration/library/CR-009538.pdf>, *SC Pandemic Influenza Ethics Task Force*, page 5, September 2009

<sup>4</sup> <http://www.scdhec.gov/health/region7/apc/toolkit.htm>

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available to deploy to this event. In light of this and the recent pandemic, the SCHPP has decided to expand its focus to providing competent and appropriate surge capacity for acute care hospitals in South Carolina.

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



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Volunteers registered in SCSEV and/or participating in the MRC program are currently receiving training under the ASPR HPP grant in Special Medical Needs Sheltering, Points of Dispensing for Mass Prophylaxis, Mass Immunization Clinics, SC Mobile Medical Surge Units (SCMed), Epidemiological Teams, Behavioral Health Teams, and Mass Fatality Operations. These trainings enhance support for SC DHEC, the state agency tasked by the Governor to provide primary support for Emergency Support Function 8 (ESF-8) Health and Medical Services. Although volunteers are currently receiving training in public health preparedness activities, the ESAR-VHP/MRC programs need to focus on designing training and exercise opportunities to develop knowledge and skills required to meet the needs of acute care hospitals during a medical surge event.

### *Why Guidelines for Emergency Volunteer Respiratory Therapists Are Necessary*

With the number of emergencies that have the potential to impact South Carolina's health system, a process to respond to emergencies is critical. This includes planning for health and medical volunteers like Respiratory Therapists. Besides the major benefit of providing guidance during an emergency, developing guidelines has other advantages. The planning process may bring to light deficiencies that can be rectified before an emergency occurs, such as the lack of trained personnel. In addition, promoting preparedness and safety awareness demonstrates a commitment to the health and well-being of local governments, citizens, visitors and the private sector.

Since emergencies will occur in the South Carolina, planning is necessary to respond appropriately to any disaster. A lack of resources, shortage of time and an urgent need for rapidly made decisions often leads to chaos during an emergency. Also during an emergency, the normal channels of authority and communication cannot be relied upon to function normally. The stress of the situation can lead to poor judgment and bad decisions that delay critical assistance.

### *Purpose, Goals and Assumptions*

Purpose - The purpose of the South Carolina Guidelines for Volunteer Respiratory Therapist Response is to coordinate planning, procedures, and resources as a part of the South Carolina ESAR-VHP/MRC programs to assure South Carolina can meet a core set of operational missions:

1. Support local assessment and identification of volunteer Respiratory Therapists to support public health, medical and respiratory care needs in impacted counties and to implement plans to address those needs.
2. Coordinate and support volunteer Respiratory Therapists to assist in the stabilization of the public health and medical system in impacted counties.
3. Support augmented staff levels of volunteer Respiratory Therapists for sheltering of persons with medical and functional needs.
4. Monitor and coordinate volunteer Respiratory Therapists to support care of persons with medical and functional needs in impacted counties.

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5. Develop, disseminate, and coordinate accurate and timely health and medical information to and for volunteer Respiratory Therapists.
6. Monitor need for and coordinate resources to support disaster behavioral health services to volunteer Respiratory Therapists.
7. Support volunteer Respiratory Therapists safety and health needs.
8. Provide technical assistance and support.

These guidelines augment the South Carolina ESAR-VHP/MRC programs and plans supporting community health and hospital surge. Any volunteer Respiratory Therapist involved in SCSERV shall have knowledge of, demonstrate competency needed and abide by the plans and procedures of the ESAR-VHP/MRC programs.

Scope - It is anticipated that volunteer Respiratory Therapists will be activated, as needed, during any local, state and/or federal declared state of emergency in accordance with state and federal laws. This activation is based on an all-hazards approach (e.g., intentional or accidental man-made event, natural disaster) and may include any variable situations (e.g., major county disaster versus minor local emergency; major state-wide disaster; terrorist attack within the local community, county, or state, etc.).

General Assumptions - These guidelines incorporate all of the assumptions included in the South Carolina Emergency Operations Plan (EOP).<sup>5</sup> The following general assumptions specific to volunteer Respiratory Therapists are considered:

1. Stronger integration of private-sector partners during response and recovery activities is necessary during catastrophic events.
2. Broader use and stronger integration of volunteers into response and recovery activities, including the use of survivors as force-multipliers.
3. Population shifts to host communities should be anticipated and mitigated to the greatest extent possible following catastrophic events.
4. Prioritization of critical infrastructure and resources into impacted areas will be essential to ensure the delivery of life-sustaining commodities and mass care services.

### *Emergency Management Planning and Healthcare*

According to the South Carolina EOP it is the policy of the State of South Carolina to be prepared for any emergency or disaster. Emergency response personnel, equipment, and facilities will be maintained in a state of readiness to save lives, prevent or minimize damage to property, and provide assistance to all people who are threatened by an emergency or who become victims of any disaster. Emergency operations will be coordinated to the maximum extent with comparable activities of local governments,

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<sup>5</sup> <http://www.scemd.org>

other states, the federal government, and private agencies of every type. The level and duration of state commitment of resources shall be determined by the Governor.

State and local emergency planning in South Carolina uses an all-hazards approach to planning. All-hazards planning is based on the fact that the consequences of disasters are the same regardless of the hazard, and most of the functions performed during emergency situations are not hazard-specific. For example, evacuation may be required because of flooding, a chemical spill, or a terrorist threat. Hence, the most efficient approach to planning is to plan in some detail for the tasks required to carry out basic emergency functions, such as warning or evacuation that may have to be executed whether an incident is caused by a natural, technological, or man-made hazard. All-hazards plans are supplemented by some hazard-specific plans for unique threats.

SC DHEC is responsible for the coordination of all ESF-8 administrative, management, planning, training, preparedness/mitigation, response, and recovery activities. Assistance under this function consists of health and medical services resources (including transportation) temporarily realigned from established programs having coordination or direct service capability for medical care, public health and sanitation, behavioral health, and deceased identification and mortuary services.

A major function of South Carolina's Emergency Operations Plan, Annex 8 (ESF 8) Health and Medical Services is to supplement and support disrupted or overburdened local medical service personnel and facilities. This helps to reduce the possible consequences of the emergency by preventing loss of life and injuries.

### *Expected Challenges*

Challenges exist in many areas. Raising awareness of the MRC and SCSEV programs in existence in South Carolina are fundamental and must be addressed from the outset in order to emphasize the need for volunteer Respiratory Therapists. Establishing an accepted education criteria and training standards to be put into practice will require hospitals and a training advisory group to work together in establishing a foundational curriculum and competencies. Engaging licensed Respiratory Therapists to volunteer by demonstrating the benefit to the professional, the community and the state as a whole will need direct attention. Finally, demonstrating proficient and effective response through facilitated exercises will demonstrate real world capability and capacity and identify gaps for correction and process improvement.

## **The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)**

### *What Is ESAR-VHP?*

ESAR-VHP is a federal program created to support states and territories in establishing standardized volunteer registration programs for disasters and public health and medical emergencies. The program, administered on the state level, verifies health professionals' identification and credentials so that they can respond more quickly when disaster strikes. By registering through ESAR-VHP, volunteers' identities, licenses and credentials are all verified in advance, saving valuable time in emergency situations. In South Carolina, the ESAR-VHP database system is called SCSEV.

### *Why Do We Need ESAR-VHP?*

In the wake of disasters and public health and medical emergencies, many of our nation's health professionals are eager and willing to volunteer their services. And in these times of crisis, hospitals, clinics, and temporary shelters are dependent upon the services of health professional volunteers. However, on such short notice, taking advantage of volunteers' time and capabilities presents a major challenge to hospital, public health, and emergency response officials.

The goal of the ESAR-VHP program is to eliminate a number of the problems that arise when mobilizing health professional volunteers in an emergency response.

### *ESAR-VHP Mission*

ESAR-VHP works with states to establish a national network of state-based programs for pre-registration of volunteer health professionals. Working within this network of verified credentials and up-to-date information, volunteers are able to serve at a moment's notice, within their state or across state lines, to provide needed help during an emergency. ESAR-VHP aims to:

1. **Help Health Professionals** - While volunteers are focused on the emergency at hand, it is also important that health professionals protect themselves before helping others. By registering with ESAR-VHP, health volunteers' information is recorded in a state registry maintained and utilized in a manner consistent with all federal, state, and local laws governing security and confidentiality.
2. **Help Health Employers** - Hospitals and emergency operations are left scrambling to find qualified medical assistance in times of crisis. With the ESAR-VHP program, healthcare facilities and emergency management are able to request the help and specific skill sets they need to assist them and better serve the people in their community. State ESAR-VHP programs can then match the best volunteer candidate for the job. Specifically authorized personnel will be able to review:
  - a. Identity and contact information

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- b. Licensing information
  - c. Credentials (training, skill level, competencies)
3. **Help State Coordinators** - Most disasters and public health and medical emergencies are local. The ESAR-VHP program provides each state the ability to quickly identify, contact, and deploy health professional volunteers during disasters and public health and medical emergencies. Using a common set of standards in the ESAR-VHP registry, state coordinators facilitate the deployment of willing, needed, and qualified health professional volunteers for any emergency.

For more information on ESAR-VHP, program organization, and program guidelines go to: <http://www.phe.gov/esarvhp/pages/default.aspx>.

## **Division of the Civilian Volunteer Medical Reserve Corps (MRC)**

### *Mission*

The mission of the MRC is to engage volunteers to strengthen public health, emergency response and community resiliency.

### *Why Was The MRC Created?*

The MRC program was created after President Bush's 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. The MRC is comprised of medical, public health and other professionals who serve as volunteers to respond to natural disasters and emergencies. These volunteers assist communities nationwide during emergencies and for ongoing efforts in public health.

The MRC is a national network of community-based volunteer units that focus on improving the health, safety and resiliency of their local communities. MRC units organize and utilize public health, medical and other volunteers to support existing local agencies with public health activities throughout the year with preparedness and response activities for times of need. One goal of the MRC is to ensure that members are identified, screened, trained and prepared prior to their participation in any activity. While MRC units are principally focused on their local communities, it is clear that MRC volunteers could be vital to the success of response efforts in a statewide or national disaster as well.

The need for trained supplemental medical and public health personnel to assist with emergency operations was highlighted after the terrorist attacks of September 11, 2001. Many medical and public health professionals sought to support emergency relief efforts, but there was no organized approach to channel their efforts. The MRC program provides the structure necessary to deploy medical and public health personnel in response to an emergency, as it identifies specific, trained, credentialed personnel available and ready to respond to emergencies.

### *What Does MRC Mean To A Community?*

Each community is different, and these differences may require alternative approaches to natural disasters and emergencies. The terms "medical" and "reserve" indicate that trained personnel are available to respond to emergencies requiring support to the community's health and medical resources. "Corps" refers to an organized body of individuals with a similar function, in keeping with the example of Citizen Corps. Despite differences among communities, all communities can benefit from the MRC and can understand the MRC similarly. The "medical" in Medical Reserve Corps does not limit MRC units to medical professionals. Individuals without medical training can fill essential supporting roles.

### *What Is The Difference Between The MRC Regions, States, And Units?*

The United States is divided into 10 MRC regions, which contain any number of local MRC units. Personnel at the state level coordinate with the 10 MRC Regional

Coordinators and those at the local level. MRC units represent those at the local level, as they are responsible for implementing volunteer capabilities for emergency medical response and public health initiatives to match specific community needs.

### *How Is The Direction of The MRC Established?*

The direction of the MRC program exists at the national, state, and local levels. Each level has key personnel responsible for overseeing activities at their respective level.

At the local level, each MRC unit is led by an MRC Unit Coordinator, who matches community needs—for emergency medical response and public health initiatives—with volunteer capabilities. Local coordinators are also responsible for building partnerships, ensuring the sustainability of the local unit, and managing the volunteer resources.

The Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) oversees activities of the 10 MRC Regional Coordinators who collaborate with national-, state-, and local-level emergency preparedness and response and medical and healthcare personnel.

At the national level, the MRC program is run by the DCVMRC, which is headquartered in the Office of the U.S. Surgeon General. It functions as a clearinghouse for information and best practices to help communities establish, implement, and maintain MRC units nationwide. The DCVMRC sponsors an annual leadership conference; hosts a Web site; and coordinates with local, state, regional, and national organizations and agencies to help communities achieve their local visions for public health and emergency preparedness.

### *Who Is The MRC Affiliated With?*

Sponsored by the Office of the Surgeon General, the MRC coordinates its efforts with several groups and has multiple affiliates. The MRC is a specialized component of [Citizen Corps](#), a national network of volunteers dedicated to ensuring hometown security.

When possible, MRC units collaborate with their local Citizen Corps Council to better protect, prepare, and serve their communities. Other components of Citizen Corps include the programs Neighborhood Watch, Volunteers in Police Service, and Community Emergency Response Team.

At the national level, the DCVMRC functions as a clearinghouse for community information and "best practices." The DCVMRC offers technical assistance and educational resources, as well as partners with the National Program Office of Citizen Corps and the USA Freedom Corps to build relationships and gain resources for the MRC program as a whole.

### *South Carolina's Medical Reserve Corps*

Eight South Carolina MRC units are locally-based, region-wide personnel resources whose purpose is to augment, assist, and support the existing medical and public

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health systems during disasters and public health emergencies. The MRC consists of volunteer healthcare professionals from several different disciplines, and paraprofessional volunteers who can be called upon to assist the community in the event of a major disaster or large-scale public health emergency, including natural or man-made disasters or acts of terrorism.

As an “all-hazards” resource, MRC personnel may be utilized in any type of natural or man-made emergency. MRC personnel will only be used in functional areas or assignments for which they are properly trained and equipped. The MRC may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations or in smaller incidents involving a single jurisdiction or agency. MRC personnel and resources may be assigned to area hospitals, public health agencies, or mass care facilities to augment and assist the staff of these healthcare facilities.

The MRC is primarily designed to assist and supplement DHEC’s ESF-8 health and medical response activities. However, MRC personnel may be utilized in non-emergency situations (i.e. public health initiatives, community health outreach programs, etc.).

The MRC will not replace or supplant existing emergency medical response systems. During emergencies, MRC volunteers may provide an important “surge” capability to perform some functions usually performed by emergency health staff that have been mobilized.

### *MRC Volunteers and Hospital Operations*

MRC volunteers will be offered the opportunity to assist in surge needs at the request of a hospital.

MRC volunteers will be working under the auspices of a hospital. They will not sign the DHEC volunteer agreement, and will not be covered under DHEC’s liability coverage. The requesting hospital will be responsible for providing protections and assuming administrative responsibility of the volunteers.

Once the requesting information is received, Volunteer Coordinators will query SCSERV for volunteers willing to assist. Volunteer information will not be released to any requesting partner without the consent of the volunteer.

### *Contact Information*

S.C. MRC Coordinator:

**Deborah Derrick**  
MRC/ESAR-VHP State Coordinator  
Office of Public Health Preparedness, South Carolina Department of Health and  
Environmental Control  
2600 Bull Street  
Columbia, SC 29201



## Guidelines for Respiratory Therapist Volunteer Response

(803) 898-4472 / (803) 898-3335  
[derricds@dhec.sc.gov](mailto:derricds@dhec.sc.gov)

For more information about the MRC go to: <http://www.medicalreservecorps.gov>.

## **South Carolina Statewide Emergency Registration of Volunteers (SCSERV)**

The SC DHEC, working with other health care organizations, operates a state-wide electronic database to pre-register health care professionals willing to volunteer in a man-made or natural disaster. The database, which is managed and administrated by SCSERV, lists public health, medical and other volunteers. Volunteer professionals specify their interests and contact information in SCSERV's secure, centralized, electronic environment. This allows appropriate public health officials to query the registry for appropriate volunteers and contact them via e-mail, fax, or telephone.

SC DHEC and its partners created SCSERV to iron out these and other roadblocks typically encountered by hospitals and disaster relief agencies in emergencies. The registry helps meet the needs of hospitals and emergency responders when local resources are exhausted.

### *What Is SCSERV?*

SCSERV is a secure, encrypted, Web-based electronic database that pre-registers volunteers. It provides up-to-date information on the identity, licenses, and credentials of potential volunteers and is owned and operated by SC DHEC.

In the event of a disaster, SC DHEC will use the SCSERV registry to generate a list of volunteers to be contacted based on the information they have provided. Those contacted will be told where to report and what will be asked of them. Volunteers are always free to accept or decline the opportunity. Training will be offered on-site when volunteers are mobilized and throughout the year.

### *Who Can Volunteer?*

SCSERV is designed for medical and behavioral health professionals. Any active, inactive, or retired medical, nursing, allied health, dental, EMS, public health, mental health, or veterinary medicine professional may enter their information in SCSERV as a volunteer in SC DHEC's MRC program. Although the focus of the Medical Reserve Corps is on emergency medical operations and public health activities, healthcare experience is not a pre-requisite for service with the MRC. Paraprofessional volunteers may be used to provide an array of services and other essential support functions. All volunteers must be registered and credentialed through SCSERV. The skills profile section of the registry asks volunteers to indicate their expertise by licensure, certification, and specific skill sets. SCSERV is also designed for individuals interested in registering as a MRC volunteer.

### *What Kind Of Liability Protection Is Provided For Volunteers?*

Those volunteers who register with SCSERV and are deployed by SC DHEC to provide public health surge capacity will be covered by DHEC liability coverage. Those deployed by another agency or entity may or may not be receive liability protection.

### *How to Register With SCSERV*

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Go to the SCSERV Web site at <https://www.scserv.gov> and complete the on-line registration form.

SC DHEC organized the ESAR-VHP Advisory Committee to oversee development and operation of the state's database. The committee is charged with strengthening partnerships between various health care and emergency response organizations, identifying issues relevant to the registry, and collaborating with partners to create and refine the database. The South Carolina Bioterrorism Advisory Council oversees the committee's work.

### *SCSERV / ESAR-VHP Advisory Committee Member Agencies:*

- S.C. Department of Labor Licensing and Regulation (LLR)
- S.C. Medical Association
- S.C. Nurses Association
- S.C. Hospital Association
- S.C. Pharmacy Association
- S.C. Emergency Management Division – Adjutant General's Office
- American Red Cross of Central S.C. Chapter
- Greenville County Medical Reserve Corp
- S.C. Department of Mental Health
- S.C. Voluntary Organizations Active in Disaster (VOAD)
- Citizens Corp
- Salvation Army
- S.C. Department of Health and Environmental Control (DHEC) – Office of Public Health Preparedness, Office of Public Health Social Work, Health Services Clinical Services, Acute Disease Epidemiology, and Legal Counsel Division

### *Regional MRC Locations*

#### **Western Piedmont MRC**

*(Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, Saluda)*

(864) 260-5650

#### **Upstate SC MRC**

*(Cherokee, Greenville, Pickens, Spartanburg, Union)*

(864) 596-2227 Ext 286

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### **SC Region 3 MRC**

*(Chester, Fairfield, Lancaster, Lexington, Newberry, Richland, York)*  
(803) 576-2756

### **Pee Dee MRC**

*(Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro, Sumter)*  
(803) 934-2898

### **South Carolina Edisto Savannah MRC**

*(Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg)*  
(803) 642-7568

### **SCMeD6 MRC**

*(Georgetown, Horry, Williamsburg)*  
(843) 915-8882

### **Low Country MRC**

*(Berkeley, Charleston, Dorchester)*  
(843) 953-0064

### **Coastal SC MRC**

*(Beaufort, Colleton, Hampton, Jasper)*  
(843) 525-7603

### *Contact Information*

SCSERV Coordinator:

#### **Deborah Derrick**

MRC/ESAR-VHP State Coordinator  
Office of Public Health Preparedness, South Carolina Department of Health and  
Environmental Control  
2600 Bull Street  
Columbia, SC 29201  
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For more information about the SCSERV go to: <https://www.scserv.gov/>.

## **Respiratory Therapy Volunteers**

Licensed Respiratory Therapists in South Carolina who would like to serve as a volunteer for disaster response should register with SCSERV and specify their interests and contact information using SCSERV's secure, centralized, electronic environment. This allows appropriate public health officials to query the registry for appropriate volunteers and contact them via e-mail, fax, or telephone.

Volunteer Respiratory Therapists can assist in the coordination of planning, education and training, operating procedures, and response resources needed to augment healthcare workforce during a natural or man-made disaster and/or mass casualty event. Their assistance may include:

- Support local augmentation of identified Respiratory Therapy workforce needs in impacted counties and implement plans to address those needs.
- Coordinate and support stabilization of the public health and medical system in impacted counties.
- Support sheltering of persons with medical and functional needs.
- Coordinate and support volunteer Respiratory Therapists to support care and movement of persons with medical and functional needs in impacted counties, as needed.
- Develop, disseminate, and coordinate accurate and timely public health and medical information to volunteer Respiratory Therapists.
- Support volunteer Respiratory Therapists safety and health needs.

### *Leadership*

The SCSRC Board of Directors, hospital-based, home health and education leaders, are a fundamental component of the success of engaging a volunteer workforce. To successfully implement this program, leaders from the Respiratory Care profession are needed to encourage participation, promote the education and training standards, enlist the support of volunteers in local exercises and activities and solicit other licensed professionals to respond to the call for volunteer participation through SCSERV.

It may also prove useful to engage a network of regional leaders to help coordinate the local planning, education and training and registration of these volunteers. Initially, these regional leaders can help provide information to potential volunteers and serve as a conduit for registration. These individuals may also help address questions related to SCSERV, assist volunteer Respiratory Therapists with registration, provide additional training and education and provide contact information that aids with integration and support with SCSERV and/or a Regional MRC Unit.

Leadership support of volunteer Respiratory Therapists across the state encourages individual participation through knowledge and support.

### *Volunteer Respiratory Therapist Actions*

The actions of volunteer Respiratory Therapists are outlined below and include but are not limited to:

#### Preparedness

- General.
  - Develop mutual support relationships with volunteer Respiratory Therapists that may assist during an emergency or disaster.
  - Participate in local, regional and/or state exercises.
  - Ensure all volunteer Respiratory Therapists are trained in the principles of NIMS, HICS and other topics as determined in the South Carolina ESAR-VHP/MRC programs. Integrate those principles into planning and response operations.
- Medical Care
  - Assist in the provision of respiratory care.
  - Identify and coordinate the deployment of volunteer Respiratory Therapists to disaster areas.
  - Support the inventory lists of medical supplies and equipment.
  - Support the organization of a SC disaster medical capability, which can be deployed to a disaster area on short notice and provide emergency medical care in either a fixed facility or field environment.
  - Assist licensed health care facilities with patient reduction, evacuation, and relocation procedures.

#### Response

- General.
  - Coordinate with local, state and federal agencies as required.
  - Through all phases of emergency management, assist in the maintenance of records of expenditures and resources used for possible later reimbursement.
- Medical Care.
  - Coordinate the delivery of respiratory care and other health and medical services as outlined above.

## Guidelines for Respiratory Therapist Volunteer Response

- Arrange for the provision of Respiratory Therapy equipment, pharmaceuticals, and supplies.
- Assist with patient evacuation and relocation as needed.

### Recovery

- General.
  - Support long-term recovery priorities as identified.
- Medical Care.
  - Assist with restoration of essential respiratory care needs and other health and medical care systems.
  - Support emergency and acute care services infrastructure until the local system is self-supporting.

### Mitigation

- Support and plan for mitigation measures.
- Support requests and directives from the Governor, state and/or federal agencies concerning mitigation and/or re-development activities.
- Provide information that may be needed for inclusion in agency or state/federal briefings, situation reports and action plans.

### *Volunteer Responsibilities*

#### General

- Support training of volunteer Respiratory Therapy personnel with state agencies, as appropriate.
- Identify resources to sustain emergency operations;
- Assist in notification procedures for all volunteer Respiratory Therapists supporting activation and response.
- Support relationships that may assist during emergencies or disasters including special medical needs population service agencies and advocacy groups.
- Support the activation and deployment of volunteer Respiratory Therapists, supplies, equipment.
- Participate in drills and exercises which test the medical and behavioral health response to disaster situations.

## Guidelines for Respiratory Therapist Volunteer Response

- Assist licensed health care facilities with patient reduction, evacuation, and relocation plans and procedures.
- Assist in the management of medical care for special medical needs shelters to include providing interim respiratory care support to all shelters.
- Provide volunteer Respiratory Therapists to assist in shelters, tent cities, and public health clinics, as needed.
- Assist in maintaining inventory lists of Respiratory Care and other medical supplies, pharmaceuticals and equipment.
- All volunteer Respiratory Therapists will be familiar with the National Response Framework and related annexes.

### Education and Training

#### *Volunteer Respiratory Therapy Skills*

The following elements and competency-based training / education and skill sets for volunteer Respiratory Therapists are recommended to be required of volunteer Respiratory Therapists. These include but are not limited to:

1. Minimum medical experience, training / certification / competency –
  - a. Current South Carolina licensure in good standing.
  - b. Basic Life Support (BLS) certification.
  - c. 1 year, direct patient care in a licensed South Carolina hospital.
  - d. Incident Command Training.
    - i. FEMA, ICS 100, 200, 700 and/or 800 courses; or,
    - ii. HICS equivalent training (HICS IS 100, 200, 700 and/or 800).
  - e. Registration with South Carolina Statewide Emergency Registration of volunteers (SCSERV).
  - f. Related Medical Reserve Corps local unit training and / or core competency training / education.
    - i. Local individual unit training may include:
      1. An understanding of local emergency and health procedures, trauma response techniques, use of specialized equipment, and other methods to enhance volunteer effectiveness.



## Guidelines for Respiratory Therapist Volunteer Response

2. Familiarity with a community's response plan, what materials are available, recognition of local response partners, and knowledge of where specific skills can be put to best use in a coordinated manner.
  3. Primary emergency response and public health procedures, including basic life support and CPR; Community Emergency Response Team training; identifying the signs, symptoms, and treatment of hazardous materials (including nuclear, biological, and chemical agents); and basic first aid skills to deal with emergencies such as shock, allergic reactions, bleeding, broken bones, burns, chemical splashes, choking, eye injuries, skin wounds, dislocations, head trauma, heat exhaustion, stroke, and poisoning.
- ii. MRC Core Competency Matrix may include:
1. Description of the procedures and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.
  2. Description of the impact of an event on the mental health of the MRC member and their family, team, and others.
  3. Description of the MRC member's communication role(s) and processes with response partners, media, general public, and others.
  4. Demonstration of the MRC member's ability to follow procedures for assignment, activation, reporting, and deactivation.
  5. Identification of the limits to own skills, knowledge, and abilities as they pertain to MRC role(s).
  6. Description of the chain of command (e.g., Emergency Management System, ICS, NIMS), the integration of the MRC, and its application to a given incident.
  7. Description of the role of the local MRC unit in public health and/or emergency response and its application to a given incident.
- g. Demonstrated thorough understanding of the South Carolina Emergency Operations Plan, Annex 8 (Health & Medical Services – ESF-8).
2. Other required elements –
- a. Effective verbal and written communication skills.

## Guidelines for Respiratory Therapist Volunteer Response

- b. Willingness and ability to work in an austere environment with diverse groups for potentially extended periods of time.
  - c. Ability to provide own reliable transportation.
3. Additional Elements –
- a. Medical experience, training / certification / competency:
    - i. Advanced Cardiac Life Support (ACLS).
    - ii. Pediatric Advanced Life Support (PALS).
    - iii. Basic or Advanced Disaster Life Support (BDLS or ADLS).
    - iv. Certification of completion of a Neonatal Resuscitation Program.
    - v. 1 year, direct patient care in an Intensive Care Unit (Adult, Pediatric, and Neonatal) and / or Emergency Department.
    - vi. 2 years supervisory or administrative experience in the hospital environment.
4. Students –
- a. Students who have completed 1 year of an associate degree program from a Commission on Accreditation for Respiratory Care (CoARC) accredited respiratory therapy education program may be considered to assist with non-clinical roles.
  - b. Students would have to meet the following minimum requirements:
    - i. Basic Life Support (BLS) certification.
    - ii. Incident Command Training.
      - 1. FEMA, ICS 100, 200, 700 and/or 800 courses; or,
      - 2. HICS equivalent training (HICS IS 100, 200, 700 and/or 800).
    - iii. Registration with South Carolina Statewide Emergency Registration of volunteers (SCSERVS).
    - iv. Related Medical Response Corps local unit training and / or core competency training / education.
  - c. Students interesting in volunteering should contact SCSERV to determine eligibility to register their services.

An outline of specific competencies and skills are highlighted in the core competencies section of this document.

### *Standard Credentials, Competencies and Skill Set Elements*

In order for volunteer Respiratory Therapists to participate in the SCSERV program specific credentials must be verified in advance to meet the needs of South Carolina's citizens during emergencies. In the event of an emergency event, SCSERV volunteers will be determined based on skills, skill levels and other information provided during registration in SCSERV. The following list is a set of recommended standard naming conventions for credentials, competencies and specific skill sets applicable for registration with SCSERV.

### Credentials

#### 1. Minimum -

- a. Active license with the South Carolina Department of Labor, Licensing and Regulation as a Respiratory Care Practitioner (RCP). Includes:
  - i. Associate degree from a Commission on Accreditation for Respiratory Care (CoARC) accredited respiratory therapy education program;
  - ii. Passage of entry-level National Board for Respiratory Care (NBRC) exam for Certified Respiratory Therapist (CRT) or NBRC exam for Registered Respiratory Therapist (RRT); and,
  - iii. Verification from all states in which RCP held licensure.

#### 2. Additional -

- a. Certification through any of the following NBRC exams:
  - i. Certified Pulmonary Function Technologist (CPFT);
  - ii. Registered Pulmonary Function Technologist (RPFT);
  - iii. Neonatal/Pediatric Respiratory Care Specialist (CRT-NPS or RRT-NPS); and/or,
  - iv. Sleep Disorders Testing and Therapeutic Intervention Respiratory Care Specialist (CRT-SDS or RRT-SDS).
- b. Any of the following:
  - i. Passage of a Board of Registered Polysomnographic Technologists (BRPT) exam for Certified Polysomnographic Technician (CPSGT) or Registered Polysomnographic Technologist (RPSGT);
  - ii. Dual certification with any of the following health professions – Emergency Medical Technician (EMT) and/or Paramedic, Licensed Practical Nurse (LPN), Registered Nurse (RN), Advanced

## Guidelines for Respiratory Therapist Volunteer Response

Registered Nurse Practitioner (ARNP) and/or Physician Assistant (PA), Certified Emergency Manager (CEM).

### Certifications

#### 1. Minimum –

##### a. Certification for Basic Life Support (BLS). May include:

- i. American Heart Association (AHA);
- ii. The Red Cross;
- iii. American Health Care Academy (AHCA);
- iv. Occupational Safety & Health Administration; and/or,
- v. Any organization providing BLS certification using the Emergency Communications Center (ECC) Guidelines & National Emergency Response Organization Standards.

#### 2. Additional –

##### a. Certification for Advanced Cardiovascular Life Support (ACLS). May include:

- i. American Heart Association (AHA); and/or,
- ii. Any organization providing ACLS certification using the Emergency Communications Center (ECC) Guidelines & National Emergency Response Organization Standards.

##### b. Certification for Pediatric Advanced Life Support (PALS). May include:

- i. American Heart Association (AHA); and/or,
- ii. Any organization providing PALS certification using the Emergency Communications Center (ECC) Guidelines & National Emergency Response Organization Standards.

##### c. Certification for Neonatal Resuscitation Program (NRP). May include:

- i. American Academy of Pediatrics (AAP);
- ii. American Heart Association (AHA); and/or,
- iii. Any organization providing NRP certification using the Emergency Communications Center (ECC) Guidelines & National Emergency Response Organization Standards.

##### d. Certification in any of the following American Medical Association (AMA), National Disaster Life Support Foundation courses:

## Guidelines for Respiratory Therapist Volunteer Response

- i. Basic Disaster Life Support (BDLS) or Electronic Basic Disaster Life Support (eBDLS);
  - ii. Advanced Disaster Life Support (ADLS);
  - iii. Core Disaster Life Support (CDLS) or Electronic Core Disaster Life Support (eCDLS); and/or,
  - iv. National Disaster Life Support – Decon (NDLS-D).
- e. Certification in the OSHA Hazardous Waste Operations and Emergency Response Standard (HAZWOPER) 40-hour course. Includes:
- i. Any course certification that is compliant with OSHA Regulation 29 CFR 1910.120.

### Continuing Medical Education

1. Any program sponsored or approved by one of the following organizations or their sponsors may be used to meet the continuing education requirement of the South Carolina Respiratory Care Practice Act:
  - a. American Association for Respiratory Care, or its sponsoring organizations;
  - b. American Thoracic Society;
  - c. American College of Chest Physicians;
  - d. American Society of Anesthesiologists;
  - e. American Heart Association;
  - f. The Society for Critical Care Medicine;
  - g. The American Lung Association;
  - h. The South Carolina Society for Respiratory Care;
  - i. Allied Health Education Centers of the South Carolina Consortium of Community Teaching Hospitals; and/or,
  - j. Approved programs for continuing education that have been accredited by groups such as the Accreditation Council for Continuing Medical Education or the American Nurses Credentialing Center's Commission on Accreditation.

### Skill Sets/Education/Experience

1. The following skills, levels of education and/or experience would be considered additional benefits for a Respiratory Therapist who wants to serve as an emergency volunteer through SCSERVS:

## Guidelines for Respiratory Therapist Volunteer Response

- a. Any additional and/or advanced degree from an accredited college or university in a health, public health, public safety and/or public administration field;
- b. Documented experience with a local and/or state public health organization;
- c. Documented experience with a local and/or state emergency management organization;
- d. Documented experience with any non-profit, non-governmental volunteer health organization;
- e. Hazmat and/or decontamination team member;
- f. NDMS Disaster Medical Assistance Team (DMAT) member; and/or,
- g. Any additional NIMS training and/or experience.

## **Volunteer Training Program Topics and Competencies**

These competencies may include hospital-based competencies that include a basic level of understanding for all clinical personnel, an intermediate level of training for designated emergency response roles and an elevated set of competencies for those volunteer respiratory therapists serving in an incident command role.

The following framework of competencies for volunteer Respiratory Therapists serving within the SCSEV program is recommended.

### *Tips for Using Core Competencies*

The following are recommended core competencies for hospital personnel and are just that - recommendations. These recommendations can be used to enhance and standardize the systems already in place for emergency preparedness and response.

These core competencies comply with federal regulations and standards for performance and may enable volunteer Respiratory Therapists to successfully perform the critical tasks and activities necessary to “Prepare, Prevent, Protect, Respond, and Recover” to natural or man-made disasters that may strain daily hospital medical capacity.

Core competencies provide common standards that may make it easier for volunteer Respiratory Therapists to work at the local and regional level in responding to health care emergencies.

Achieving competencies are part of every hospital’s standard operating procedures. These core competencies define measurable tasks and capabilities to achieve national all-hazard competency standards.

### *Tips for Using Core Competencies for Planning*

Integrating core competencies into volunteer Respiratory Therapy disaster preparedness activities may simplify planning. Respiratory Care departments and hospitals may incorporate core competencies into:

- Determination of necessary personnel and qualifications necessary to meet critical tasks and activities.
- Development of Emergency Operation Plans (EOP).
- Assessment of gaps in ability to independently meet hospital surge activities and respond to disasters.
- Determination of need for mutual aid agreements.
- Assessment of overall respiratory care departments, patient care units and staffing preparedness levels and needs.

## Guidelines for Respiratory Therapist Volunteer Response

- Assessment of individual, departmental, or organization response during exercises.

### *Tips for Using Core Competencies for Training*

Integrating core competencies into volunteer Respiratory Therapy disaster preparedness activities can lead to competency based education and training focused on the application and demonstration of skills and abilities necessary for response. Respiratory Care departments may incorporate core competencies into:

- Assessment of individual staff needs during new staff orientation and annual reviews.
- Selection of specific competencies as a basis for training with site specific information.
- Development of curriculum to meet assessed needs.
- Establishment of individual development training plans (IDTP).
- Identification of courses that address selected competencies.
- Improvement and standardization of existing training to meet assessed needs and improve competencies.
- Development and use of competency checklists for individual performance expectations.
- Development and use of competency checklists for specific work units.
- Development of Multiyear Training and Exercise Plans (MYTEP) to meet assessed needs.

### *Tips for Using Core Competencies for Developing Specific Job Descriptions*

Integrating core competencies into volunteer Respiratory Therapy disaster preparedness activities may lead to the development of job descriptions that will allow Respiratory Care departments to select personnel with the appropriate skills, knowledge, and education to perform critical disaster response activities. Competency based job descriptions may:

- Clarify functions and avoid confusion and duplication of responsibilities.
- Provide a realistic picture of the roles and responsibilities during emergency preparation, response, and recovery.
- Guide the selection of candidates to fulfill emergency response roles.
- Serve as a basis for emergency response Job Action Sheets.

### *How Respiratory Care Departments May Use the Competencies*



A Respiratory Care department may:

- Select and train a liaison who could complete the required training and provide this expertise to senior administrators.
- Have a staff member certified as an ICS 400 trainer and that person may provide non-certificate overview training to other staff.
- Use developed systems for tracking individual staff training to meet specific competencies.
- Incorporate training on competencies into orientation and annual refresher training sessions.

### *Timelines*

The following timeline may be useful in delivering the different required and recommended levels of training and education and for implementing the awareness / basic, intermediate and advanced core competencies across South Carolina's licensed Respiratory Care workforce.

#### Year One –

- Provide potential volunteers with the following information:
  - ESAR-VHP, MRC and SCSERV training requirements and registration process.
  - Minimum medical experience, training / certification / competency recommendations.
  - Information about South Carolina's Emergency Operations Plan and Annex 8 (Health and Medical Services).
  - Other required elements as deemed appropriate.
- Convene Training Advisory Group to determine changes or additions to training and education criteria.
- Begin adoption and implementation of hospital core competencies for Respiratory Therapists at the awareness, intermediate and advanced levels.
  - At least 50% of volunteer Respiratory Therapists complete the awareness / basic level core competency by the end of year one.
  - At least 25% of volunteer Respiratory Therapists complete the intermediate level core competency by the end of year one.
  - At least 10% of volunteer Respiratory Therapists complete the advanced level core competency by the end of year one.

#### Year Two –

- Promote registration with SCSERV to licensed Respiratory Therapists at SCSRC educational events.
- Collaborate with DHEC and Regional MRC units to deliver required training elements for the SCSERV program.

## Guidelines for Respiratory Therapist Volunteer Response

- Continue Training Advisory Group activity supporting training and education criteria.
- Continue implementation of hospital core competencies for Respiratory Therapists at the awareness, intermediate and advanced levels.
  - Support 100% of volunteer Respiratory Therapists complete the awareness / basic level core competency by the end of year two.
  - At least 75% of volunteer Respiratory Therapists complete the intermediate level core competency by the end of year two.
  - At least 50% of volunteer Respiratory Therapists complete the advanced level core competency by the end of year two.

### Year Three –

- Continue promotion of registration with SCSERV to licensed Respiratory Therapists at SCSRC educational events.
- Continue collaboration with DHEC and Regional MRC units to deliver required training elements for the SCSERV program.
- Continue Training Advisory Group activity supporting training and education criteria.
- Continue implementation of hospital core competencies for Respiratory Therapists at the awareness, intermediate and advanced levels.
  - Support 100% of volunteer Respiratory Therapists complete the awareness / basic level core competency by the end of year three.
  - Support 100% of volunteer Respiratory Therapists complete the intermediate level core competency by the end of year three.
  - At least 75% of volunteer Respiratory Therapists complete the advanced level core competency by the end of year three with the remaining 25% to finish by the end of 6 months following the end of year three.

### **Core Competencies**

#### *Awareness / Basic*

Competencies at this level are common for all volunteer Respiratory Therapist regardless of the type of emergency or disaster.

#### General Competencies

1. Describe the department's all-hazards response for an event.
2. Describe overall key threats for the department and hospital.
3. Explain key components of personal/family preparedness plans.
4. Complete attestation for personal preparedness plan.
5. List indicators that can signal the onset of a threat.

## Guidelines for Respiratory Therapist Volunteer Response

6. Describe immediate actions and precautions to protect oneself and others from harm in a disaster or public health emergency.
7. Demonstrate active participation in hospital exercises.
8. State who to report to during an event.

### Communication Competencies

1. State personal response to internal/external notification during an emergency or disaster.
2. State hospital employee hotline number.
3. Describe downtime documentation procedures.
4. Demonstrate use of backup systems for communications.
5. Demonstrate successful use of internal & external radios sending & receiving transmissions.

### Resources Competencies

1. Identify departmental resources during an emergency.
2. Describe how to conserve resources if directed.

### Safety and Security

1. Describe how to restrict department and facility access & control movement of unauthorized persons in department and facility.
2. Demonstrate successful response to threats.
3. Demonstrate how to support chain of custody for personal belongings and valuables of casualties.
4. Describe how the hospital will provide information about a situation or threat.
5. Describe how to maintain situational awareness at home and in hospital role.

### Staff

1. State primary (and cross-trained) disaster role(s) and responsibilities.
2. Demonstrate how to access the facility and departmental emergency plans.
3. Provide completed Disaster Awareness course certificate.
4. Demonstrate correct use of department's disaster equipment.
5. Demonstrate correct donning and doffing of Level D PPE.

## Guidelines for Respiratory Therapist Volunteer Response

6. Verbalize departmental respiratory protection plan.
7. Demonstrate awareness of resources for chemical, biological, radiological, nuclear and explosive (CBRNE) agent identification & appropriate treatment (for Emergency Department personnel, Emergency Response Team, Security and the Chief Medical Officer).

### Utilities

1. Demonstrate use of generator backup electrical outlets for critical equipment.
2. Demonstrate process to manually shut off medical gases and notify staff.
3. Locate battery powered or manual backup "power out" staff and patient equipment.

### Patient Support

1. Identify departmental and hospital support mechanisms for persons with special needs.
2. Explain department surge plan and procedures.
3. Demonstrate how to evacuate patients.
4. Demonstrate patient tracking capability
5. Demonstrate psychological first aid practices for patients and colleagues.  
Includes:
  - a. Natural, unintentional and terrorist;
  - b. Tabletop, Functional and Full Scale Exercises;
  - c. Unknown object, fire, bomb threat, evacuation, cyber security threat;
  - d. Description of NIMS, ICS and/or HICS;
  - e. Personnel, equipment, processes, space for patients of all ages; and,
  - f. Horizontal & vertical patient evacuation using equipment /carries, routes & locations of evacuation staging areas.

### *Intermediate*

Competencies at this level build on basic level competencies and are applicable as appropriate to volunteer Respiratory Therapists who work in a clinical or specialty unit (i.e., ICU, NICU, PICU, etc.) and department manager dependent upon response role. Includes volunteer Respiratory Therapists whose response role may require them to protect and assist persons exposed to Chemical, Biologic, Radiologic, Nuclear and/or Explosive (CBRNE) agents and/or trauma related to an emergency or disaster; and/or

## Guidelines for Respiratory Therapist Volunteer Response

control the spread of CBRNE agents either from person to person or in the hospital environment.

### General Competencies

1. Describe the hospital's EOP for all hazards and hazard-specific threats.
2. State how to operationalize EOP and lead staff in departmental implementation.
3. Verbalize risks associated with high-priority threats.
4. Describe departmental and hospital disaster risk management activities.
5. Describe how to operationalize immediate actions & precautions to protect staff, facility & patients from harm.
6. Demonstrate active participation in hospital exercises and after-action reviews.
7. Demonstrate participation in departmental and organizational corrective action improvement planning.
8. Demonstrate integration of corrective action recommendations into departmental processes.

### Communication Competencies

1. Demonstrate use of situational awareness resources and process to share threat information with staff.
2. Demonstrate processes to rapidly notify department staff, patients and patients families of events and keep them updated.
3. Exercise departmental use of back-up systems and monitor success.
4. Monitor for successful hospital roll-call checks using back-up communications equipment.
5. Maintain communication back-up systems for continued 24/7 operability.

### Resources Competencies

1. Maintain readiness and access to department and hospital disaster equipment.
2. Communicate triggers for requesting additional resources.
3. Identify ready and accessible sources for surge equipment and supplies.
4. Communicate guidelines for triage and allocation of scarce resources.

### Staff

1. Assume an ICS functional role below section chief in an emergency or disaster.

## Guidelines for Respiratory Therapist Volunteer Response

2. Provide IS-100.HC and IS-700 or equivalent course certification.
3. Provide completed disaster mid-level (Operations) course certification.
4. Identify departmental Just-In-Time (JIT) resource personnel for staff and emergency credentialed personnel on job roles and responsibilities and use of disaster equipment.
5. Monitor use of agent identification and patient treatment internal and external resources during events.
6. Demonstrate disaster triage skills.
7. Demonstrate decontamination skills for persons of all ages, ambulatory and non-ambulatory.
8. Demonstrate correct donning and doffing of Level C PPE.
9. Monitor physical and behavioral health of staff and engage resources to actively support those in need.

### Patient Support

1. Coordinate hospital, community, and public health resources for persons with special needs within vulnerable populations.
2. Operationalize scalable patient surge plan for department.
3. State overall hospital scalable patient surge plan.
4. Conduct triage of patients for emergency evacuation including type of carry, equipment and transportation assignment.
5. Post hospital internal behavioral health resources and location of list of community behavioral health resources for patients in need. Includes:
  - a. Tabletop, Functional and Full-Scale Exercises;
  - b. Poison Control, agent identification websites, Material Safety Data Sheets (MSDS) and others;
  - c. Decontamination for infant, toddler, child, elderly, for those with access or functional needs and service animals; and,
  - d. Intravenous (IV) pumps, ventilators, balloon pumps and others.

### *Elevated*

Competencies at this level build on the basic and intermediate competencies with specific knowledge, skills and abilities appropriate for volunteer Respiratory Therapists who work in a clinical or specialty unit (i.e., ICU, NICU, PICU, etc.), administrators and designated and alternate staff assigned to the HICS team. Volunteer Respiratory

## Guidelines for Respiratory Therapist Volunteer Response

Therapists trained at the advanced level will have sufficient experience and knowledge to demonstrate necessary competencies for their response role. The level of training is contingent upon job function and response roles, and is at the discretion of each facility.

### General Competencies

1. Describe how to activate and operationalize EOP from response through recovery, including continuity of operations, for the organization.
2. Describe annual review process for EOP including training of organization.
3. Conduct hazard vulnerability assessment (HVA) for facilities associated with hospital.
4. Document situational awareness of potential threats.
5. Prioritize HVA potential emergencies with community partners.
6. Identify community's capability to meet potential needs.
7. Initiate organizational steps to mitigate risks.
8. Participate in leadership role in hospital exercises and events.
9. Participate in the development and approval process for MYTEP.
10. Participate in the development and approval of the hospital's continuous improvement plan.
11. Integrate corrective actions into EOP.

### Communication Competencies

1. Explain process for hospital to receive official notification of threats or events.
2. Explain how public health and/or emergency management will be notified of a threat or event at hospital.
3. Demonstrate successful communication of messaging to staff throughout the organization internally and externally through mass notification mechanisms & hotlines.
4. Demonstrate successful staffing callback rates from drills and events.
5. Demonstrate ability to contact vendors for essential supplies, services and equipment during an emergency.
6. Demonstrate access to 24/7 list of critical contacts for organization, community partners and external authorities.
7. Activate use of backup systems during an event.

## Guidelines for Respiratory Therapist Volunteer Response

8. Provide for sufficient capacity and capability for redundant and backup communication systems throughout hospital organization.
9. Provide for capacity and capability of ham radio access and equipment support.
10. Demonstrate competency in using internal and external radio systems.
11. Monitor organizational success rate using internal and external back-up systems.

### Resources Competencies

1. Coordinate information with external authorities on agent identification.
2. Conduct annual review of mutual aid agreements with vendors or other facilities.
3. Identify trained organizational members to serve as clinical rounding team for triage & scarce allocation of resource process.

### Staff

1. Assume an ICS functional role of section chief or higher.
2. Identify appropriate personnel to complete ICS courses per response role.
3. Demonstrate access and use of ICS forms.
4. Demonstrate documentation in event management software or process.
5. Demonstrate process for generation of situation unit reports.
6. Demonstrate reporting of bed availability.
7. Demonstrate Incident Command certification for response role.
8. Demonstrate patient tracking process during an event.
9. State role of the information officer and how to work with Joint Information Center (JIC).
10. Identify readily accessible and trained surge staff, equipment & supplies, and treatment space for all levels of care.
11. Identify organizational JIT training personnel to support staff, credentialed and volunteer personnel.
12. Activate emergency credentialing procedures and assign supervisors for credentialed personnel.
13. Monitor ongoing overall hospital personnel physical and behavioral health and safety during response and recovery.
14. List personnel who have completed HAZWOPER course certification.



15. Manage staff assignments and movement during disasters or evacuation.

Patient Support

1. Maintain patient support and tracking during evacuation of patients.
2. Operationalize disaster behavioral health resources and processes for patients.
3. Activate scalable patient surge capacity.
4. Ensure appropriate and accessible equipment and practices for individuals with special needs. Includes:
  - a. Tabletop, Functional, and Full-Scale Exercises;
  - b. Annually-reviewed 24/7 vendor listing, mutual aid agreements and resource inventory list for disaster supplies, essential medical, non-medical, pharmaceuticals, PPE, water, fuel and other critical resources and assets;
  - c. IS-100.HC, IS-200, IS-700 and IS-800 course certification for section chiefs; ICS 300 and ICS 400 for Hospital Incident Commander and/or Hospital Liaison Officer;
  - d. Family notification during facility emergency evacuation;
  - e. Patient triage methods for mass casualty incidents;
  - f. For internal use or to other facilities if evacuated;
  - g. Records, supplies, staff support, and appropriate transportation assets; and,
  - h. Pediatric, geriatric, persons with disabilities, and persons with access or functional needs (formerly special needs).

Checklists that can be used to track individual achievement of these competencies are included as Attachments.

### **Conclusion**

The Guidelines for Respiratory Therapist Volunteer Response are established as part of South Carolina's on-going emergency management planning for public health and medical volunteer workforce. The information presented is not a formal plan but serves as foundational principles to identify volunteer Respiratory Therapists to participate in a response role for an emergency, major disaster and/or catastrophic event impacting South Carolina and its healthcare system.

While the primary purpose of this document is to coordinate planning, procedures, and resources as a part of the SCSERV program, volunteer Respiratory Therapists may operate in local health fairs, exercises, in shelters, dispense medications and other clinical activities. This activity may be coordinated at the local, regional and/or state level depending on the event.

Over the next three (3) years training centered a set of core competencies will be delivered to ensure volunteer Respiratory Therapists are prepared to effectively serve in SC DHEC's ESAR-VHP/MRC programs. Demonstration of these skill sets shall enhance planned exercises and real world incident response expanding the workforce surge capacity and capability in South Carolina.

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## Terms and Acronyms

### *Terms*

- Activation - A process by which a facility is brought up to emergency mode from a normal mode of operation. Activation is completed when the facility is ready to carry out full emergency operations.
- Decontamination - The reduction or removal of contaminating chemical or radioactive material from a structure, area, object or person.
- Emergency - As defined by Section 25-1-430, SC Code of Laws, an emergency is an actual or threatened enemy attack, sabotage, conflagration, flood, storm, epidemic, earthquake, riot, or other public calamity. Section 25-1-440, SC Code of Laws authorizes the Governor to declare emergencies for all or part of the state and to utilize all available resources of state government to respond to the emergency. At the Federal level, an emergency is defined by Title V of P.L. 93-288, Section 102(1), as any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety. Title V includes authority for the President to direct federal agencies to provide emergency assistance to save lives and protect property and public health and safety for emergencies other than natural disasters. Under Title V, the President may direct the provision of emergency assistance either at the request of a Governor (Section 501(a)) or upon determination by the President that an emergency exists for which the primary responsibility for response rests with the United State (501(b)).
- Major Disaster - As defined by P.L. 93-288, any natural catastrophe, (including any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.
- Catastrophic Disaster - A catastrophic incident, as defined by the NRF, is any natural or manmade incident, including terrorism that produces extraordinary levels of mass casualties, damage, and disruption severely affecting the population, infrastructure, environment, economy, and government functions. A catastrophic incident may result in sustained national impacts over a prolonged period of time, and interrupt public and private operations, emergency services, and infrastructure to such a significant extent that national security is threatened. Such an event would immediately exceed resources normally available in state, local, tribal and private sectors and therefore urgently require federal/national assistance.

## Guidelines for Respiratory Therapist Volunteer Response

- Disaster Medical Assistance Team (DMAT) - A regional group of volunteer medical professionals and support personnel with the ability to quickly move into a disaster area and provide medical care.
- Distribution - The process of delivering a commodity from convenient points to the customers.
- Emergency Management - The organized analysis, planning, decision making, assignment and coordination of available resources to the mitigation of, preparedness for, response to and recovery from emergencies of any kind, whether from acts of aggression, technological or natural sources.
- Emergency Operations Center (EOC) - The site from which civil government officials (municipal, county, state and federal) exercise direction and control in an emergency/disaster.
- Emergency Operations Plan (EOP) - A brief, clear and concise document that outlines policies and general procedures that provide a common basis for joint state and local operations during an emergency. Responsibilities of organizations and individuals to support those procedures and policies are clearly detailed to facilitate prompt and efficient response during emergency operations.
- Emergency Support Function (ESF) - A functional emergency management area with a corresponding annex in the State Emergency Operations Plan and National Response Framework, which tasks state and federal agencies to provide and/or coordinate certain resources in response to emergencies or disasters.
- Exercise - A simulated emergency condition of natural or technological disaster operations involving planning, preparation, and execution.
- Federal Disaster Assistance - Aid to disaster victims or state and local governments by federal agencies under provisions of the Robert T. Stafford Relief and Emergency Assistance Act of 1988 (PL 93-288) as amended.
- Hazard - A dangerous event or circumstance that may or may not lead to an emergency or disaster. Hazards may be further differentiated as:
  - Natural Hazards or "acts of God" such as earthquakes, tornadoes, floods, hurricanes, wildfires, landslides, or avalanches.
  - Technological Hazards or man-made incidents such as toxic chemical releases, nuclear power plant accidents, dam failures or bridge collapses.
- Hazardous Materials (HazMat) - A substance or material in a quantity or form that may pose an unreasonable risk to health and safety or property when released to the environment.

## Guidelines for Respiratory Therapist Volunteer Response

- Mitigation - Activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident.
- Mobilization - The process of marshaling appropriate resources.
- National Incident Management System (NIMS) - NIMS establishes standardized incident management processes, protocols, and procedures that all responders -- Federal, state, tribal, and local -- will use to coordinate and conduct response actions. With responders using the same standardized procedures, they will all share a common focus and will be able to place full emphasis on incident management when a homeland security incident occurs -- whether terrorism or natural disaster. In addition, national preparedness and readiness in responding to and recovering from an incident is enhanced since all of the Nation's emergency teams and authorities are using a common language and set of procedures.
- Operating Conditions (OPCONS) - Increasing levels of preparedness (from 5 to 1) requiring performance of predetermined actions in response to a real or perceived threat.
- Preparedness - Those activities, programs and systems that exist prior to an emergency used to support and enhance response to an emergency or disaster.
- Prevention - Actions taken to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions taken to protect lives and property.
- Recovery - Recovery is that phase which restores systems to normal. Short-term recovery actions are taken to assess damage and return vital life-support systems to minimum operating standards; long-term recovery actions may continue for many years.
- Response - Those activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster.
- Special Needs Population: - A population whose members may have additional needs before, during, and after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, who live in institutionalized settings, are elderly, are children; are from diverse cultures, who have limited English proficiency, are non-English speaking, or who are transportation disadvantaged.
- State Emergency Response Team (SERT) - An emergency management team consisting of state agencies and volunteer organizations designed to manage the state's response effort during emergencies and disasters. The team is organized in emergency support functions.

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- Terrorism – Any activity that (1) involves an act that (a) is dangerous to human life or potentially destructive of critical infrastructure or key resources, and (b) is a violation of the criminal laws of the United States or of any State or other subdivision of the United States, and (2) appears to be intended (a) to intimidate or coerce a civilian population; (b) to influence the policy of a government by intimidation or coercion; or (c) to affect the conduct of a government by mass destruction, assassination, or kidnapping. Title III,
- Unified Coordination Group and Staff. - Using unified command principles, a Unified Coordination Group comprised of senior officials from the State and key Federal departments and agencies is established at the JFO. This term replaces any reference to the former JFO Coordination Group and JFO Coordination Staff.
- Vulnerability or Risk - The degree to which people, property, environment, and social and economic activity are susceptible to injury, damage, disruption, or death.
- Warning - The alerting of public officials, emergency support services, and the general public to the threat of extraordinary danger and the related effects of both technological and natural disasters.

### *Acronyms*

#### General

- CE – Continuing Education
- DMAT – Disaster Medical Assistance Team
- ECC – Electronic Communications Center
- EMS – Emergency Medical Services
- EOC – Emergency Operations Center
- EOP – Emergency Operations Plan
- ESAR-VHP – Emergency System for Advance Registration of Volunteer Health Professionals
- ESF – Emergency Support Function
- ESF-8 – Emergency Support Function -8, Health and Medical
- HAZWOPER - Hazardous Waste Operations and Emergency Response Standard
- HICS – Hospital Incident Command System
- HVA – Hazard Vulnerability Assessment



## Guidelines for Respiratory Therapist Volunteer Response

- ICS – Incident Command System
- ICU – Intensive Care Unit -
- IDTP – Individual Development Training Plans
- JIC – Joint Information Center
- JIT – Just In Time
- MRC – Division of the Civilian Volunteer Medical Reserve Corps
- MSDS – Material Safety Data Sheets
- MYTEP – Multi-Year Training and Exercise Plan / Program
- NICU – Neonatal Intensive Care Unit
- NIMS – National Incident Management System
- NDMS – National Disaster Medical System
- PICU – Pediatric Intensive Care Unit
- PPE – Personal Protective Equipment
- SCHPP – South Carolina Hospital Preparedness Program
- SCMed – South Carolina Mobile Medical Surge Units
- SCSERV – South Carolina Statewide Emergency Registration for Volunteers

### Professional Organizations and Associations

- AAP – American Academy of Pediatrics
- AARC – American Association for Respiratory Care
- ACCP – American College of Chest Physicians
- AHA – American Hospital Association
- AHCA – American Health Care Association
- AHEC – Advanced Health Education Center
- ALA – American Lung Association
- AMA – American Medical Association
- ASA – American Society of Anesthesiologists

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- ATS – American Thoracic Society
- CoARC – Commission on Accreditation for Respiratory Care
- NBRC – National Board for Respiratory Care
- OSHA – Occupational Safety & Health Administration
- SC DHEC (DHEC) – South Carolina Department of Health and Environmental Control
- SCCM – Society for Critical Care Medicine
- SCSRC – South Carolina Society for Respiratory Care

### Certifications and Credentials

- ACLS – Advanced Cardiac Life Support
- ADLS – Advanced Disaster Life Support
- ARNP – Advanced Registered Nurse Practitioner
- BDLS – Basic Disaster Life Support
- BLS – Basic Life Support
- BRPT – Board of Registered Polysomnographic Technologists
- CDLS – Core Disaster Life Support
- CEM – Certified Emergency Manager
- CPFT – Certified Pulmonary Function Technologist
- CPSGT – Certified Polysomnographic Technician
- CRT – Certified Respiratory Therapist
- CRT-NPS – Certified Respiratory Therapist, Neonatal/Pediatric Specialist
- CRT-SDS – Certified Respiratory Therapist, Sleep Disorders Testing and Therapeutic Intervention Respiratory Care Specialist
- eBDLS – Electronic Basic Disaster Life Support
- eCDLS – Electronic Core Disaster Life Support
- EMT – Emergency Medical Technician
- LPN – Licensed Practical Nurse

## Guidelines for Respiratory Therapist Volunteer Response

- NDLS-D – National Disaster Life Support - Decon
- NRP – Neonatal Resuscitation Program
- PA – Physicians Assistant
- PALS – Pediatric Advanced Life Support
- RCP – Respiratory Care Practitioner
- RN – Registered Nurse
- RPFT – Registered Pulmonary Function Technologist
- RPSGT – Registered Polysomnographic Technician
- RRT – Registered Respiratory Therapists
- RRT-NPS – Registered Respiratory Therapists, Neonatal/Pediatric Specialist
- RRT-SDS – Registered Respiratory Therapist, Sleep Disorders Testing and Therapeutic Intervention Respiratory Care Specialist

**Attachment – Core Competency Checklists**

**Awareness / Basic Level Staff Competencies Checklist**

This checklist can be used to track individual achievement of the awareness level competencies for hospital personnel. Based on the structure of your agency, there may be some variation in personnel competency requirements. If a competency is not appropriate for a specific staff member it can be marked as not applicable (N/A). Additional hospital specific competencies can be added to the checklist.

**Employee Name/ID Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

AWARENESS LEVEL COMPETENCY	DATE
<b>General</b>	
Describe the department's all-hazards response for an event.	
Describe overall key threats for hospital.	
Explain key components of personal/family preparedness plans.	
Complete attestation for personal preparedness plan.	
List indicators that can signal the onset of a threat.	
Describe immediate actions and precautions to protect oneself & others from harm in a disaster or public health emergency.	
Demonstrate active participation in hospital exercises.	
State who to report to during an event.	
<b>Communications</b>	
State personal response to internal/external notification during an emergency or disaster.	

Guidelines for Respiratory Therapist Volunteer Response

AWARENESS LEVEL COMPETENCY	DATE
State hospital employee hotline number.	
Describe downtime documentation procedures.	
Demonstrate use of backup systems for communications.	
Demonstrate successful use of internal & external radios sending & receiving transmissions.	
<b>Resources</b>	
Identify departmental resources during an emergency.	
Describe how to conserve resources if directed.	
<b>Safety &amp; Security</b>	
Describe how to restrict department/facility access & control movement of unauthorized persons.	
Demonstrate successful response to threats.	
Demonstrate how to support chain of custody for personal belongings/valuables of casualties.	
Describe how hospital will provide information about a situation or threat.	
Describe how to maintain situational awareness at home & in hospital role.	
<b>Staff</b>	
State primary (and cross-trained) disaster role(s) and responsibilities.	
Demonstrate how to access the facility and departmental emergency	

## Guidelines for Respiratory Therapist Volunteer Response

<b>AWARENESS LEVEL COMPETENCY</b>	<b>DATE</b>
plans.	
Provide Disaster Awareness course certificate.	
Demonstrate correct use of department's disaster equipment.	
Demonstrate donning and doffing of Level D PPE.	
Verbalize departmental respiratory protection plan.	
Demonstrate awareness of resources for chemical, biological, radiological, nuclear and explosive (CBRNE) agent identification & appropriate treatment (for Emergency Department personnel, Emergency Response Team, Security and the Chief Medical Officer).	
<b>Utilities</b>	
Demonstrate use of generator backup electrical outlets for critical equipment.	
Demonstrate process to manually shut off medical gases and notify staff.	
Locate battery powered or manual backup "power out" staff & patient equipment.	
<b>Patient Support</b>	
Identify departmental and hospital support mechanisms for persons with special needs.	
Explain department surge plan and procedures.	
Demonstrate how to evacuate patients.	
Demonstrate patient tracking capability.	

Guidelines for Respiratory Therapist Volunteer Response

AWARENESS LEVEL COMPETENCY	DATE
Demonstrate psychological first aid practices for patients and colleagues.	
<b>Other</b>	

**Evaluator Name/ID/Title:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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**Attachment – Core Competency Checklists**

**Intermediate Level Staff Competencies Checklist**

This checklist can be used to track individual achievement of the intermediate level competencies for hospital personnel. Based on the structure of your agency, there may be some variation in personnel competency requirements. If a competency is not appropriate for a specific staff member it can be marked as not applicable (N/A). Additional hospital specific competencies can be added to the checklist.

**Employee Name/ID Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

INTERMEDIATE LEVEL COMPETENCY	DATE
<b>General</b>	
Describe the facility's EOP- all hazards and hazard-specific threats.	
State how to operationalize EOP and lead staff in departmental implementation.	
Verbalize risks associated with high-priority threats.	
Describe departmental and hospital disaster risk management activities.	
Describe how to operationalize immediate actions and precautions to protect staff, facility and patients from harm.	
Demonstrate active participation in hospital exercises and after-action reviews.	
Demonstrates participation in departmental and organizational corrective action improvement planning.	
Demonstrates integration of corrective action recommendations into departmental processes.	
<b>Communications</b>	



## Guidelines for Respiratory Therapist Volunteer Response

<b>INTERMEDIATE LEVEL COMPETENCY</b>	<b>DATE</b>
Demonstrate use of situational awareness resources and process to share threat information with staff.	
Demonstrate processes to rapidly notify department staff, patients and patients families of events and keep them updated.	
Exercise departmental use of back-up systems and monitor success.	
Monitor for successful hospital roll-call checks using back-up communications equipment.	
Maintain communication back-up systems for continued 24/7 operability.	
<b>Resources</b>	
Maintain readiness and access to department and hospital disaster equipment.	
Communicate triggers for requesting additional resources.	
Identify ready & accessible sources for surge equipment and supplies.	
Communicate guidelines for triage and allocation of scarce resources.	
<b>Staff</b>	
Assume an ICS functional role below section chief in an emergency or disaster.	
Provide IS-100.HC and IS-700 or equivalent course certification.	
Provide completed Disaster Operations level course certification.	
Identify departmental Just-In-Time (JIT) resource personnel for staff and emergency credentialed personnel on job roles and responsibilities and use of disaster equipment.	

Guidelines for Respiratory Therapist Volunteer Response

INTERMEDIATE LEVEL COMPETENCY	DATE
Monitor use of agent identification and patient treatment internal and external resources during events.	
Demonstrate disaster triage skills.	
Demonstrate decontamination skills for persons of all ages, ambulatory and non-ambulatory.	
Demonstrate correct donning and doffing of Level C PPE.	
Monitor physical & behavioral health of staff and engage resources to actively support those in need.	
<b>Patient Support</b>	
Coordinate hospital, community, and public health resources for persons with special needs within vulnerable populations.	
Operationalize scalable patient surge plan for department.	
State overall hospital scalable patient surge plan.	
Conduct triage of patients for emergency evacuation including type of carry, equipment & transportation assignment.	
Post hospital internal behavioral health resources and location of list of community behavioral health resources for patients in need	
<b>Other</b>	

Guidelines for Respiratory Therapist Volunteer Response

**Evaluator Name/ID/Title:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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**Attachment – Core Competency Checklists**

**Elevated Level Staff Competencies Checklist**

This checklist can be used to track individual achievement of the elevated level competencies for hospital personnel. Based on the structure of your agency, there may be some variation in personnel competency requirements. If a competency is not appropriate for a specific staff member it can be marked as not applicable (N/A). Additional hospital specific competencies can be added to the checklist.

**Employee Name/ID Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

ELEVATED LEVEL COMPETENCIES	DATE
<b>General</b>	
Describe how to activate and operationalize EOP from response through recovery (COOP) for the organization.	
Describe annual review process for EOP including training of organization.	
Conduct hazard vulnerability assessment for facilities associated with hospital.	
Document situational awareness of potential threats.	
Prioritize HVA potential emergencies with community partners.	
Identify community's capability to meet potential needs.	
Initiate organizational steps to mitigate risks.	
Participate in leadership role in hospital exercises, events and after-action reviews.	
Participate in the development and approval process for MYTEP.	
Participate in the development and approval of hospital continuous	

Guidelines for Respiratory Therapist Volunteer Response

<b>ELEVATED LEVEL COMPETENCIES</b>	<b>DATE</b>
improvement plan.	
Integrate corrective actions into EOP.	
<b>Communications</b>	
Explain 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 hospital.	
Demonstrate successful communication of messaging to staff throughout the organization internally & externally through mass notification mechanisms & hotlines.	
Demonstrate successful staffing callback rates from drills and events.	
Demonstrate ability to contact vendors for essential supplies, services and equipment during an emergency.	
Demonstrate access to 24/7 list of critical contacts for organization, community partners and external authorities.	
Activate use of backup systems during an event.	
Provide for sufficient capacity and capability for redundant & backup communication systems throughout hospital organization.	
Provide for capacity and capability of ham radio access & equipment support.	
Demonstrate competency in using internal and external radio systems.	
Monitor organizational success rate using internal and external back-up systems.	

Guidelines for Respiratory Therapist Volunteer Response

ELEVATED LEVEL COMPETENCIES	DATE
<b>Resources</b>	
Coordinate information with external authorities on agent identification.	
Conduct annual review of MOA's with vendors or other facilities.	
Identify trained organizational members to serve as clinical rounding team for triage & scarce allocation of resource process.	
<b>Staff</b>	
Assume an ICS functional role of section chief or higher.	
Identify appropriate personnel to complete ICS courses per response role.	
Demonstrate access and use of ICS forms.	
Demonstrate documentation in event management software or process.	
Demonstrate process for generation of situation unit reports.	
Demonstrate reporting of bed availability.	
Demonstrate Incident Command certification for response role.	
Demonstrate patient tracking process during an event.	
State role of PIO and how to work with Joint Information Center (JIC).	
Identify readily accessible and trained surge staff, equipment & supplies, and treatment space for all levels of care.	
Identify organizational JIT training personnel to support staff, credentialed and volunteer personnel.	

Guidelines for Respiratory Therapist Volunteer Response

ELEVATED LEVEL COMPETENCIES	DATE
Activate emergency credentialing procedures and assign supervisors for credentialed personnel.	
Monitor ongoing overall hospital personnel physical and behavioral health and safety during response and recovery.	
List personnel who have completed HAZWOPER course certification.	
Manage staff assignments and movement during disasters or evacuation.	
<b>Patient Support</b>	
Maintain patient support & tracking during evacuation of patients.	
Operationalize disaster behavioral health resources and processes for patients.	
Activate scalable patient surge capacity.	
Ensure appropriate and accessible equipment and practices for individuals with special needs.	
<b>Other</b>	

**Evaluator Name/ID/Title:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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Co-Chair – SCSRC RT Volunteer Workforce Ad-hoc Committee
- South Carolina Department of Health and Environmental Control
- South Carolina Hospital Association
- Members of the SCSRC RT Volunteer Workforce Ad-hoc Committee
- SCSRC Board of Directors



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