



Maryland Volunteer Corps

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Medical Reserve Corps Conference

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Mission

- **To identify medical volunteers rapidly so that they may assist with a large scale emergency**



Overview

- **The Maryland Department of Health and Mental Hygiene in coordination with seven participating boards developed a volunteer database**
- **Currently:**
 - Over 500 Physicians
 - Over 2000 Nurses
 - Over 1000 Pharmacists
 - Over 300 Crisis Counselors



Background

- **The anthrax attacks of October 2001 inundated the local health departments (LHDs) with over 3,000 residents to be treated.**
 - **Some LHDs did not have a pharmacist on staff**
- **State resources such as epidemiologists were overwhelmed as well receiving 150 to 200 phone calls per day from health care providers needing more information on anthrax.**



Beginnings

- **Upon identifying the surge capacity problem, DHMH approached the Board of Pharmacy to determine an interest in volunteering**
- **Around 600 pharmacists offered their assistance**



Legal Issues

- **Two legal issues arose from the development of the Volunteer Corps.**
 - **Privacy**
 - **Liability**



Privacy

- **The Privacy issue was resolved by having the local health officer sign a form indicating the limited use of the Volunteer Corp list**



Liability/§19-114(c)

- In 2002, Health-General Article was passed
 - Mandated the DHMH Secretary to “develop a process to license, certify or credential health care practitioners who may be needed to respond to a catastrophic health emergency.”



Liability/§19-114(f)

- **MD Health-General §19-114(f)**
 - **Defined “Health Care Practitioner” as “any individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services”**
- **Thus, only persons licensed may be credentialed by the Secretary to respond to a catastrophic health emergency.**



Liability/EMAC

- **Emergency Management Assistance Compact (EAMC)/MD Article 41, §§ 19-101 and 19-102**
 - **Persons licensed by other states are “deemed licensed, certified, or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the Governor of the requesting state may prescribe”**



EAMC/Boards

- **If DHMH needs to make an EMAC request, the Boards are still responsible for the coordination of their respective volunteers between the states**



Participating Boards

- **Physicians**
- **Nursing**
- **Pharmacy**
- **Social Work**
- **Professional Counselors**
- **Psychologists**



Certification

- **A list of certified volunteers is kept and maintained by the participating boards**
- **Monthly updates are made by the participating boards and sent to the coordinating officer at DHMH**



Training

- **All volunteers must complete (Phase I) training which covers**
 - **Possible Roles**
 - **Strategic National Stockpile**
 - **Biological Agents and Treatment**
 - **Liability Issues**
- **Future training (Phase II & III) will be more specific to the volunteers area of expertise.**



Volunteers

- **A detailed questionnaire is completed by each volunteer**
- **Information is gathered and entered into database by participating boards**

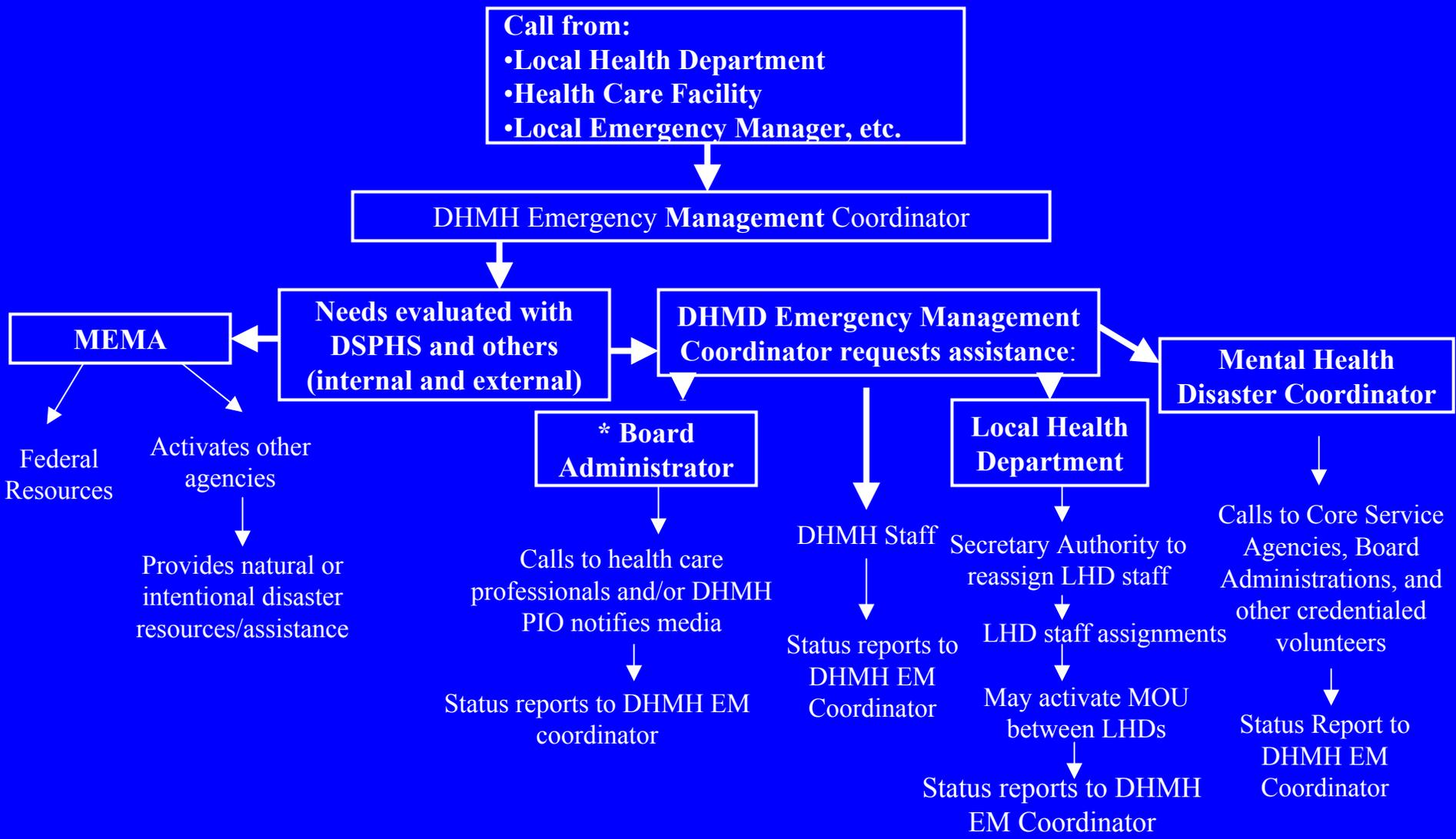


Database

- **The database includes:**
 - **Several types of contact information**
 - **Certification information**
 - **Agreed upon response area**
 - **Area of Practice**
 - **Employer**
 - **Language Skills**



Resource Flow Chart





Deployment of Volunteers

- **All volunteers, once trained and certified receive a picture ID**
 - **The ID is easily identifiable to allow responders to enter the scene of an event**
- **Volunteers will be contacted by either the boards or the DHMH EM coordinator and requested to respond**



Event Specific Information

- **The DHMH EM coordinator has a scripted checklist to be completed by the requestor**
 - **Questions/fields include:**
 - **Types of volunteers needed / specialty areas needed**
 - **Special precautions / special equipment or clothing**
 - **Anticipated patient load**
 - **Meeting Location**
 - **Length of time volunteers are requested to stay**



Plans for Retention

- **Quarterly, electronic news letters**
- **Continuous training**
- **Exercising**
 - **Incorporating the volunteer corps in currently scheduled exercises**



Plans for the Future

- **Interactive, secure website**
 - **DHMH plans to develop an interactive website that would remain secure to protect volunteer information**
 - **Website linked to the boards databases**
 - **Website would allow for instant updating and better accessibility for EM coordinators**



CONCLUSION

- **Emergency Managers can activate Health Care Volunteer resources through Local Health Officer to the DHMH EM Coordinator**
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