



# Use of Volunteers in Public Health Emergency Event



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# We Can't Do This Alone

- Catastrophic Event
- Outside the event Healthcare Professionals may or may not want to assist
- Implications of cross border response



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# Optimal State of Readiness

- Every healthcare professional in the US would understand the implications of a public health emergency and how to protect themselves and respond to the event.
- Healthcare professionals interested in responding to disaster would pre-affiliate themselves with a recognized disaster relief organization.
- Healthcare professional curricula would include trainings in disaster response and recovery for CBRNE event, with special emphasis on a biologic event. Think SARS and Ebola.
- Personal Preparedness including family preparedness, ethical frameworks for response actions, willingness to respond determination would be part of education and employee expectations.



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# Capabilities to reach the Optimal State of Readiness

- Changes in healthcare professional curricula
- Priority to provide CBRNE education to all staff in the 17 CMS covered entities
- Portability of healthcare licensure in times of disaster
- Incentives for healthcare systems to educate and allow staff to volunteer
- Planning to incorporate international healthcare responders



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# Capabilities to Respond and Recover

- 2.9 million nurses with 61% working in hospitals (2017)
- Average age is 50 yrs. Old
- Allied Health Professionals



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# Challenges

- Use of volunteers
- Mobilization/screening of healthcare volunteers from outside the event area
- Care of mobilized volunteers
- Palliative care impacts on volunteers
- Use of healthcare volunteers in related response impacts: i.e. orphan care
- Governmental priorities and environment



# Contact Information

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