

Los Angeles County

Disaster Healthcare Volunteers

Hospital Tabletop Exercise Guidebook



Version 2
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Overview	5
The DHV Program.....	5
The Exercise	5
Intended Audience.....	5
Exercise Goal and Objectives	6
Who Should Attend The Exercise?.....	6
The Tabletop Exercise In Three Steps	7
Using This Guidebook	7
Step 1: Preparing For The Tabletop	7
Facility and Materials.....	7
Identify the Participants and Their Roles.....	8
Facilitator’s Preparation.....	9
Evaluator’s Preparation	10
Participants’ Preparation	11
Step 2: Conducting The Exercise	12
The Exercise Itself	12
Exercise Part I: The Decision to Use Volunteers	13
Exercise Part II: What’s Needed to Receive Volunteers?.....	15
Exercise Part III: How to Put Volunteers to Work.....	16
Concluding the Exercise: Optional Hotwash and Participant Evaluations.....	17
Step 3: Evaluate and Analyze the Exercise.....	17
Appendices.....	19
Appendix A—Checklist of Materials for the Exercise	19
Appendix B – Evaluation Guide.....	20
Appendix C – After-Action Report/Correction Action Plan Template	25
Appendix D – Ground Rules and Instructions for Participants	35
Appendix E – Ground Rules and Instructions for Facilitators	36
Appendix F – Ground Rules and Instructions for Evaluators	38
Appendix G – Sign-In Sheet.....	40
Appendix H— FAQs About Disaster Healthcare Volunteers.....	41

FAQs About The Disaster Service Worker Program 42
Appendix I – Exercise Evaluation Form 44



Overview

This guidebook provides an easily conducted “Do It Yourself” tabletop exercise that will help your hospital prepare for requesting, receiving, and utilizing Los Angeles County Disaster Healthcare Volunteers. The guidebook contains all of the materials you need to conduct, and customize, a basic problem-solving tabletop.

The DHV Program

The Los Angeles County Disaster Healthcare Volunteer (DHV) program provides a registry of licensed, credentialed volunteer health professionals who have volunteered to respond during a declared emergency or disaster. This workbook assumes you are familiar with basic elements of the program.

The Exercise

The tabletop exercise provided in this guidebook can be conducted in conjunction with the Los Angeles County Full-Scale DHV Exercise (April 26, 2013), or at any other time.

The exercise is an internal hospital tool for evaluating readiness for working with volunteer health professionals.

No evaluation by or reporting to, an external, regulatory, or governmental entity is required to use this exercise.

Depending on how advanced your hospital or facilities are in planning for the use of disaster health volunteers, this exercise can be used repeatedly:

- first to identify improvement items, with the exercise conducted among a small group;
- then to evaluate policy and procedure changes; and,
- finally to educate a wider group of staff in the hospital’s incident command structure.

Intended Audience

The intended audience for this guidebook is the person (or persons) responsible for disaster planning in your hospital. Regardless of title, (Disaster Coordinator, Disaster Preparedness Coordinator, Emergency Preparedness Director, etc.), this guidebook is intended for use by the person responsible for your facility’s disaster planning, preparation, coordination, and training.

To Learn More About the DHV Program in Los Angeles County:

[Review the PowerPoint Presentation *Requesting, Receiving, and Using DHVs*](#)

[Review Appendix H, *Frequently Asked Questions*](#)

Exercise Goal and Objectives

This exercise will help your hospital(s) improve its readiness to meet staffing needs during a disaster by using volunteer health professionals. The exercise objectives are to help hospital administrators and disaster managers answer these questions:

1. How will we determine if we will utilize Disaster Healthcare Volunteers during a major disaster?
2. How will we request Disaster Healthcare Volunteers from the county?
3. What processes will we use to receive Disaster Healthcare Volunteers from the county during a disaster and incorporate those volunteers into hospital operations?
4. How can we review and improve the hospital's Emergency Operations Plan and relevant policies and procedures to support using volunteer health professionals?

Who Should Attend The Exercise?

A tabletop exercise is a facilitated problem-solving discussion. The problem(s) addressed in this tabletop have to do with the need for, use of, and management of volunteer healthcare professionals in response to a declared disaster of emergency. Thus, there are a number of hospital personnel that can contribute to and benefit from the tabletop discussion. In addition to the Disaster Coordinator, the following positions/roles should be considered as appropriate to invite to the tabletop exercise:

- Human Resources personnel,
- Medical Staff Office personnel,
- Chief Nursing Officer (or representative),
- Volunteer Manager,
- Unit administrators, and
- Anyone who would be dealing with the process of requesting, receiving, or using volunteer health professionals.

The Tabletop Exercise In Three Steps

This tabletop exercise is a focused, problem-solving discussion that does not require elaborate preparation or simulation. It is designed to be implemented in three sequential steps and conducted with a minimum of stress.

Using This Guidebook

Apart from hospital specific documents (e.g., EOP, policies, and procedures) this guidebook contains all forms, instructions, and details needed to conduct the exercise. It can be used “as is”, only requiring copying of forms and some modest preparation, or it can be customized. If you wish to customize or expand it, see The Exercise Itself section below and the evaluations forms in the appendices.

This guidebook includes an evaluation tool which may be used by both evaluators, and, if desired, participants.

Step 1: Preparing For the Tabletop

Facility and Materials

Make sure you have reserved a room and identified the needed materials for the tabletop.

Facility: Any standard conference room where participants will be free from distraction and interruption, large enough to accommodate the expected number of participants.

Materials: Materials that may facilitate the discussion and the problem solving include any reference material that may actually be used in an emergency response. Consider having available:

- The facility emergency operations plan,
- Hospital volunteer policies,
- Emergency credentialing/privileging policies,
- New employee training and orientation materials.

In addition to reference materials, it is recommended that materials be available for capturing ideas, resolutions, problems, and concerns. These may include laptop computer, flip chart/marketing pens, or large Post-It notes.

How much time will this take?

Preparation time (exercise facilitator): less than 8 hours

Exercise run time (for all participants): 2 – 3 hours

Follow-up (corrective action planning): less than 8 hours

Refreshments: Offering refreshments can entice some participants to attend, and enhance the comfort of exercise participants.

Identify the Participants and Their Roles

Identify who will participate and function in key roles. Participants should include:

- A facilitator/controller, to provide minimal planning and preparation for the exercise;
- One or more evaluators who will assess and record details of the exercise, and who may, in smaller hospitals, be the facilitator; and,
- Participants who are the hospital administrators and staff who would, in real life, respond to the need for requesting, receiving, and utilizing volunteer health professionals.

Facilitator's Role: The facilitator is responsible for the smooth, efficient, and effective operation of the exercise. Ideally, the person is someone who is familiar with the organization but not required as a participant in the exercise. (The facilitator does not need to be from the hospital staff; an external controller may be used. If this is done, the controller should become familiar with the hospital's EOP and other procedures prior to conducting the exercise.)

The facilitator's duties include:

- Welcoming the participants;
- Making all participants comfortable with the process;
- Introducing the exercise and explaining what participants can expect and what is expected of them;
- Articulating the ground rules for conducting the exercise;
- Presenting the scenario to the group;
- Keeping the exercise on track; and,
- Guiding the evaluation process.

Evaluator's Role: It is important that the ideas of the group be captured, and that specific elements of the exercise be evaluated. By doing this, it becomes possible to improve a hospital's response to the need for volunteers during a disaster. In some cases, there will be important issues raised that are extraneous to the specific issue addressed in the exercise. However, those ideas or issues may be very important to the hospital and those ideas should be documented so they are not lost.

This guidebook provides specific evaluation tools to help capture these ideas and elements. Tools for the evaluator appear in Appendix B. The evaluator role may be performed by the facilitator (in a smaller hospital), or filled by (or supplemented by) additional evaluators from outside the hospital.

The evaluation tool provided in Appendix B asks specific questions, critical to this exercise. In addition, the evaluator(s) should attempt to capture:

- Specific suggestions that the group makes with regard to the EOP or policies related to the use of volunteer health professionals;
- Important questions that are raised for which there is not a clear answer available at the time; and,
- Concerns/questions that are raised about other plans—e.g., county EOP or other disaster plans.

The evaluator may choose to capture these items by several means—e.g., notes on a laptop computer, use of flip charts, use of whiteboard, etc.

Participants’ Role: Participants should be those administrators and staff that would routinely respond to the need for requesting, receiving, or utilizing volunteer health professionals during an emergency. To the greatest extent possible, those individuals who will fill those EOP-identified roles in a real event should be assigned those roles in the exercise. For example, if there is a specific role in the plan for Volunteer Manager, then, if she is a participant, the Volunteer Manager should assume that role as part of the exercise.

It is not necessary or even desirable, to have every employee of the hospital participate in this exercise. As noted above, this is not a simulation in which every individual will be practicing his or her specific role. Rather, the exercise is a focused discussion and evaluation of the issue of volunteer health professionals. Therefore, the people who should participate are those who have policy responsibility, those who will have key responsibilities related to volunteers during an emergency, and those who may have particular insight. Employees without policy or other key responsibilities may feel overwhelmed or uncomfortable participating in the exercise. The specific identity of the best people to participate will depend on each individual hospital.

Different roles have different preparatory activities. These are summarized in the table below, and then expanded in the following text.

Facilitator’s Preparation

Preparation may require up to eight hours.

Review this entire guidebook. This will help you identify key information, understand the flow of the exercise, and generally appreciate the “big picture.”

- A. Schedule the exercise. Reserve a conference room and arrange for related logistics. Inform all appropriate staff. See discussion above under “Facility and Materials.” The exercise is structured to run for two to three hours. Approximately 30 minutes of set-up time before the exercise may be required. It is important to set the expectation that, during the exercise, participants should not be interrupted except for a real emergency. This can have significant implications for scheduling!

- B. Read your hospital’s EOP and policies related to the use of volunteers and granting of disaster privileges. This will help you contextualize the scenario, decide if you want to modify the scenario, and determine if you want to adjust the evaluation tools.
- C. Copy/print instructions and materials for handing out during the exercise. You may wish to modify the specific examples and materials provided in the appendices to better match your hospital’s needs. These are described in greater detail below, and are listed in Appendix A.

The following materials should be made available for each participant:

- Copies of the pertinent portions of your hospital’s EOP, as well as any pertinent policies related to volunteers and disaster privileging.
- Writing tablets/pens for note taking.
- Ground rules and instructions for participants (in Appendix D).
- Evaluation forms (Appendix B), to be handed out at the start of the exercise.

As the facilitator, you should have available the following materials:

- A copy of the agenda, as you has customized it.
- The exercise instructions and scenario, which appear in Appendix B.
- Notes you have made for guiding the discussion.

In addition to the paper-oriented logistics outlined above, the facilitator should also mentally prepare for the exercise. The guidelines in Appendix E will prove useful for facilitating and controlling the exercise.

If you chose to customize the exercise, now is the time to modify the scenario. No customization is needed, but you may choose to change some specific element of the scenario, in order to make the scenario more realistic for your particular hospital.

Evaluator’s Preparation

The evaluator’s preparation may be done by the evaluator or by the facilitator. Preparation may take one to two hours.

Facilitator’s Preparation Checklist:

- Review this entire guidebook
- Schedule the exercise.
Reserve a conference room and arrange for related logistics.
Inform all appropriate staff.
- Read your hospital’s EOP.
- Read your hospital’s policies and procedures related to volunteers (including the policies related to the granting of disaster privileges).
- Customize the Exercise, including timeline, as needed.
- Copy/print instructions for handing out during the exercise.

- A. Review this entire guidebook.
- B. Determine if additional evaluators will participate. If so, ensure that they have the evaluation forms (Appendix B). Determine if evaluators will take notes on the evaluation form (in writing) or via laptop. As appropriate, copy the evaluation form. See the box “Laptops vs. Paper forms” a few pages below.
- C. Copy/print evaluation forms for participants (Appendix B), if desired.
- D. Review the after action report template (Appendix C), which you will be completing after the exercise.

Ground rules and instructions for the evaluator(s) appear in Appendix F.

Evaluator’s Preparation Checklist:

- Review this entire guidebook.
- Determine if additional evaluators will participate.
- Copy/print evaluation forms.
- Review the after action report template.

Participants’ Preparation

No preparation other than reserving the appropriate date/time is required, although review of facility emergency operations plans and policies related to volunteer utilization is helpful.

Step 2: Conducting the Exercise

This step – the focal point of this entire guidebook – largely falls on the Facilitator to orchestrate, and is detailed in The Exercise Itself section below.

Facilitator

Having prepared for the exercise, the Facilitator now turns his/her attention to the action of the exercise. The following activities should be addressed:

- Before the exercise: ensure the room is set up appropriately, and that expectations are set for those not participating in the exercise that the participants should not be disturbed unless there is a real emergency. Equipment (e.g., computers for note taking, flip charts for participants to write on) should be tested. Materials to be handed out should be prepared in appropriate quantity (see Appendix A).
- At the start of the exercise: welcome participants and the evaluator(s). The complete flow of the exercise appears below. Appendix H contains general guidelines for facilitating the event.

Evaluator

As the role of the evaluator(s) is to observe, assess, and record their evaluations, the actions of the evaluator(s) are very straight forward. Evaluators should test their laptops (if taking notes electronically), ensure they have the appropriate forms, and be prepared to observe.

Participants

Participants – the players in the exercise – need to show up, remove distractions (cell phones, etc.), and attend the instructions of the facilitator as outlined in Appendix E.

The Exercise Itself

This exercise is divided into three sections or problem statements: the decision to use volunteer health professionals in your hospital, identification of what is necessary in order for your hospital to effectively receive these volunteers, and what needs to happen in order to actually put these volunteers to work in your hospital.

Checklist for Conducting the Exercise

Facilitator:

__ Set up the room in which the exercise will be held.

__ Ensure appropriate materials are copied and are ready for distribution.

__ Conduct the exercise, using the Exercise Instructions and Scenario.

__ Complete the Facilitator's Evaluation form (in appendix).

Evaluator:

__ Observe and assess the exercise.

__ Complete the Evaluator form during and immediately after the exercise.

The length of time dedicated to each of these questions may well vary from hospital to hospital. Factors that may influence the appropriate time to devote to each section include:

- the extent to which your hospital has used volunteers in the past,
- the maturity of your hospital’s EOP and volunteer policies and procedures,
- the level of openness to volunteer use within your hospital, and
- Other local issues that may apply to disaster preparation and volunteer use.

Prior to finalizing the approach to the exercise, the Facilitator should review this material and make any necessary edits—to the time allotted to each section as well as the basic content of the discussions.

Exercise Part I: The Decision to Use Volunteers

Time	What to say	What to do
	<p>Welcome</p> <p>Please sign in</p> <p>Introductions (if any outside evaluators or observers are present)</p> <p>Describe the roles of yourself (the facilitator), the evaluators, and the participants.</p> <p>The goals of this exercise are to prepare for the requesting, receiving and utilizing volunteer health professionals in this hospital in response to a declared emergency.</p> <p>Ground rules (key ground rules are listed here; a complete list appears in Appendix D):</p> <ul style="list-style-type: none"> • Minimize distractions from outside this room for the next few hours. • Follow my instructions; I will be presenting the scenario and giving you specific instructions. • Ignore the Evaluator(s) – pretend they are not there. • Treat the scenario and described events as real, even if it seems improbable. • If an actual emergency occurs during this exercise, the exercise will be suspended. Real life takes precedence. 	<p>Pass around the sign-in sheet (Appendix G)</p> <p>Hand out copies of the EOP (or relevant sections of the EOP) and any specific policies or procedures dealing with use of volunteers.</p> <p>The Ground rules for Participants may be handed out, but do not need to be.</p>

Time	What to say	What to do
	<ul style="list-style-type: none"> Once the scenario is presented, I will ask specific questions and direct you to take certain actions. This is a “no blame” setting – all ideas are welcome. This exercise works when you think about the problems I will be posing, and engage in thinking and talking through the actions and solutions you would take. <p>This is how the exercise works: We will run for a little more than two hours, and then stop. I’m going to give you a specific scenario and pose some specific questions. You will discuss, “problem solve”, and I will step in from time to time with additional details and further questions.</p> <p>You will “talk through” your responses to an imaginary emergency, collaboratively solving problems as you go. You should use the hospital’s EOP as a guide, to the greatest extent possible, as well as appropriate policies and procedures.</p>	
	<p>Let’s Begin the Scenario:</p> <p>There has been a major earthquake in the Los Angeles area. The following facts apply:</p> <ul style="list-style-type: none"> There have been 1,800 fatalities 53,000 people are injured 300,000 buildings are damaged There are 1,600 fires in the county Lifelines (e.g., water, gas, and electric) are disrupted throughout the county Communication systems are overloaded <p>The earthquake occurred approximately 6 hours ago.</p> <p>Your hospital is structurally intact. None of your patients or currently working staff have been injured in the earthquake.</p> <p>Other hospitals have been badly damaged.</p>	<p>Hand out Evaluation forms (Appendix B),</p> <p>Read the initial instructions and scenario to participants.</p>

Time	What to say	What to do
	You are already beginning to receive a large number of casualties in your hospital.	
	<p>Using your hospital’s EOP, relevant policies and procedures, and your specific experience and expertise, please discuss and answer the following questions:</p> <ol style="list-style-type: none"> 1. How will you determine if your hospital will use volunteer health professionals (VHP)? 2. Who is responsible for making the decision to use VHP? 3. How is staffing need determined in a disaster? 	<p>Pose the questions to participants, allowing open discussion.</p> <p>Participants should focus on producing tangible, specific answers.</p> <p>Give participants a few minutes for each question (some will take less, some a little more).</p>

Exercise Part II: What’s Needed to Receive Volunteers?

Time	What to say	What to do
	<p>Assume for this section of the discussion that the request developed above has been sent to Los Angeles County.</p> <p>Please discuss and answer the following questions:</p> <ol style="list-style-type: none"> 1. What processes need to be in place in order to receive volunteers into your hospital? 2. What process(es) need to be completed in order to ensure that volunteers’ credentials are appropriate? 3. What specific paperwork needs to be completed in order to have a VHP work within your hospital? 4. With regard to each of the processes, 	<p>Even if the first part of the exercise has not been completed with complete consensus, encourage all participants to accept the decision to request DHV and proceed as if the request has been made.</p> <p>If deficiencies are noted in the EOP or policies, procedures, ensure that these are noted and captured by the evaluators.</p> <p>Take care to ensure that all opinions are solicited. It is possible that persons with specific experience/expertise could dominate this discussion. Effort should be made to invite input from all.</p>



Time	What to say	What to do
	<p>steps you identify, who is responsible for each step in the process?</p> <p>5. Is the responsibility clearly articulated in your EOP, policies, and procedures? (Optional, depending on extent of previous discussion)</p> <p>6. What set-up is required in order to carry out these procedures?</p>	

Exercise Part III: How to Put Volunteers to Work

Time	What to say	What to do
	<p>Assume for this section of the exercise that a request has been sent to the county for volunteers and the DHV program will deploy the volunteers requested.</p> <p>Also, assume that you have identified and carried out all processes, paper-work, etc., identified as necessary to successfully receive and credential volunteers.</p> <p>Please discuss and answer the following questions:</p> <ol style="list-style-type: none"> 1. What activities are required in order to put the deployed DHV's to work in your hospital? 2. What orientation is required to the hospital facility? Who is responsible for providing the hospital orientation? 3. What policies and processes are in place/required in order to allow DHVs to practice or to restrict practice (e.g., requiring that volunteers "shadow" or "partner" with regular staff)? 4. Who (what position/person) is responsible for the management of volunteers once they are received into your facility? 	<p>Even if the previous parts of the exercise have not been completed with complete consensus, encourage all participants to accept the decision to request DHV and proceed as if the request has been made.</p> <p>If deficiencies are noted in the EOP or policies/procedures, ensure that these are noted and captured by the evaluators.</p>

Time	What to say	What to do
	5. What unit-specific orientation(s) may be required before DHVs can begin to provide care? Who is responsible for providing those orientations?	

Concluding the Exercise: Optional Hotwash and Participant Evaluations

If so desired, the exercise can be concluded with a quick debriefing, or “hotwash”. This is an opportunity for participants and evaluators to step back and reflect on overall their conclusions. Suggested hotwash questions include the following:

1. What strengths emerged today in our preparedness for using Disaster Healthcare Volunteers?
2. What top priorities do you see for better preparing the facility for using volunteer health professionals?

The exercise can also conclude with an evaluation of the exercise itself. This is an opportunity for participants and evaluators to step back from the subject of the exercise (disaster healthcare volunteers), and focus on how the tabletop exercise was conducted. This may be useful for the facilitator. See Appendix I for an evaluation form.

Step 3: Evaluate and Analyze the Exercise

Following the exercise, an evaluation should be prepared. This will help hospitals identify and harvest lessons learned during the exercise, update their EOP and pertinent policy/procedure documents, implement ideas from the exercise, and document the event for future training purposes. The evaluation and analysis report is typically called an after action report (AAR) or corrective action plan. *This may be done by the facilitator, by the evaluator, or by a third person. Regardless of who writes the report, that person should be identified before the exercise.* In this guidebook, the instructions for this person are contained in the Evaluator role, but small hospitals may use the same staff member to facilitate, evaluate, and write the after action report.

Facilitator

No activities are required after the exercise. However, if outside observers participated, thank you letters would be appropriate to send after the event.

Evaluator

The evaluator should ensure that she/he has all of the evaluation forms prepared during the exercise, either hard copy or electronic files.

The evaluator (or other individual assigned the duty of writing the after action report/correction action plan) now has the task of writing the AAR/CAP. The template provided in Appendix C contains specific instructions for each section of the document. The process of writing the AAR/CAP involves compiling all

of the evaluations and other notes collected during the exercise, and addressing specific questions in the AAR template. This guidebook is designed so that the exercise scenario and guidelines for discussion and activities link directly to the evaluation forms for evaluators and participants, which in turn link directly to the AAR template. This means that the AAR will all but write itself, without too much effort from the evaluator. Once the AAR is written, it should be checked for spelling and grammar and reviewed by senior management before being finalized.

It is important that the AAR be written as soon as possible after the exercise, so that ideas and memories are fresh.

Participants

Once participants have completed their evaluation forms, they are done with the exercise and may return to normal duties. Of course, if the exercise results in changes to the policies and procedures related to the use of volunteer health professionals, informing participants in their role of improving procedures can help generate acceptance and overall preparedness.

Appendices

Appendix A—Checklist of Materials for the Exercise

For the participants – adequate copies of:

- Evaluation form (Appendix B)
- Relevant sections of the hospital’s emergency operations plan
- Relevant policies and procedures related to the use of volunteers in the hospital
- Ground rules and Instructions for Participants (one copy per participant is not needed; simply having some for reference will suffice; alternately, a PowerPoint slide can be created with this content) (Appendix D)
- Flipchart and markers
- Writing pads and pens
- Sign-in sheet (Appendix G)

For the evaluator(s) – with sufficient copies for the number of evaluators:

- Ground rules for Evaluators (Appendix F)
- Evaluation forms (Appendix B)
- Laptop with appropriate files, (evaluation forms), if notes are being kept electronically

For the facilitator

- The exercise itself (in guidebook)
- A copy of the Evaluation form (Appendix B)

Appendix B – Evaluation Guide

Evaluator: _____	Date: ___/___/_____
Facility: _____	

Instructions: Circle or check as appropriate. Y = Yes N = No U = Unclear N/A = Not Applicable

DHV Hospital Tabletop Exercise Evaluation Guide	
Topic from Exercise	Evaluation Elements
The Decision to Use Volunteers	
1. How will you determine if your hospital will use volunteer health professionals (VHP)?	A. Was a process for determining if the hospital will use VHP identified? Y / N / U B. Was the hospital's EOP helpful in making this determination? Y / N / U C. Were specific policies or procedures helpful in making this determination? Y / N / U
2. Who is responsible for making the decision to use VHP?	A. Was an individual identified as responsible for making this decision? Y / N / U B. Were back-up individuals identified? Y / N / U C. Was the hospital EOP used in identifying this/these individual(s)? Y / N / U
3. How is staffing need determined in a	A. Was/were a process(es) identified for determining staffing need

DHV Hospital Tabletop Exercise Evaluation Guide

Topic from Exercise	Evaluation Elements
disaster?	<p>during a declared emergency/disaster? Y / N / U</p> <p>B. Was the hospital’s EOP helpful in identifying that process? Y / N / U</p> <p>C. Were specific policies/procedures helpful in identifying that process? Y / N / U</p>
What is Needed to Receive Volunteers?	
1. What processes need to be in place in order to receive volunteers into your hospital?	<p>A. Were processes identified that must be in place prior to receiving volunteers? Y / N / U</p> <p>B. Are these processes addressed in EOP and/or existing policies/procedures? Y / N / U</p>
2. What process(es) need to be completed in order to ensure that volunteers’ credentials are appropriate?	<p>A. Was/were (a) specific process(es) identified related to ensuring that volunteers’ credentials are appropriate? Y / N / U</p> <p>B. Are these processes addressed in EOP and/or existing policies/procedures? Y / N / U</p> <p>C. Was a person/role identified as being responsible for carrying out this process? Y / N / U</p>
3. What specific paperwork needs to be completed in order to have VHP work within your	<p>A. Was a specific form or content of paperwork identified as necessary in order to have VHP work in hospital? Y / N / U</p> <p>B. Is that form or the content of paperwork a part of existing</p>



DHV Hospital Tabletop Exercise Evaluation Guide	
Topic from Exercise	Evaluation Elements
hospital?	policy/procedures? Y / N / U
4. With regard to each of the processes identified in question #1, who is responsible for each step in the process?	<p>A. Was a person/role identified as responsible for each step in the process of ensuring that volunteers are able to work in the hospital? Y / N / U</p> <p>B. Is that role identified in the current EOP and/or existing policies and procedure documentation? Y / N / U</p>
5. Is that role identified in existing EOP or policies, procedures?	A. Do the EOP or policy manuals appropriately identify roles and responsibilities for each process step in #1?
6. What set-up is required in order to carry out these procedures?	<p>B. Is a particular setup (i.e., physical process) identified as necessary to carry out required procedures? Y / N / U</p> <p>C. Is that set up articulated in EOP or current policies/procedures? Y / N / U</p>
How to Put Volunteers to Work	
1. What activities are required in order to put the deployed DHVs to work?	<p>A. Was a list of activities identified? Y / N / U</p> <p>B. Are those activities captured in the EOP or other policies or procedures?</p>
2. Specifically, what orientation to the hospital facility is required? Who is responsible for	A. Was a specific requirement for hospital orientation identified? Y / N / U

DHV Hospital Tabletop Exercise Evaluation Guide	
Topic from Exercise	Evaluation Elements
providing the hospital orientation?	<p>B. Is that requirement articulated in current documentation? Y / N / U</p> <p>C. Was a specific role identified to provide the orientation? Y / N / U</p>
3. What policies and processes are in place/required in order to allow DHVs to practice or to restrict practice (e.g., requiring that volunteers “shadow” or “partner” with regular staff)?	<p>A. Were any policies or procedures relating to the extent of practice or restrictions related to volunteer practice identified? Y / N / U</p> <p>B. Are those policies articulated in current documentation? Y / N / U</p>
4. Who (position/person) is responsible for the management of volunteers once received into your facility?	<p>A. Was a person/role identified as responsible for the management of volunteers once deployed in the hospital? Y / N / U</p> <p>B. Is that role identified in the current EOP and/or existing policies and procedure documentation? Y / N / U</p>
5. What unit-specific orientation(s) may be required before DHVs can begin to provide care?	<p>A. Was any unit-specific orientation (or training) identified as required before DHVs can begin to provide care? Y / N / U</p> <p>B. Was this unit-specific orientation identified in the EOP or existing policies/procedures? Y / N / U</p>

Thinking about the process of staffing your hospital in an emergency, and what you learned or observed during the exercise today:

1. What lessons did you learn?
2. What strengths do feel exist in preparation for using volunteer health professionals?
3. What top priorities do you see for better preparing the facility for using volunteer health professionals?
4. Please share any additional comments.

Appendix C – After-Action Report/Correction Action Plan Template

The following is a template for a complete after action report and improvement plan. It is intended to be used as an electronic file. Sections that should be filled in or customized appear in [brackets], and instructions for completing individual sections appear in *red italics*. Completing this template will go smoothly if all evaluation forms (from participants and evaluators) are readily available; the evaluation forms relate directly to this template. The final report will probably run from six to 12 pages, but there is no “right” length. The important point is to capture lessons and suggestions for improving planning for the requesting, receiving, and utilizing of volunteer health professionals.

After Action Report and Improvement Plan

Disaster Healthcare Volunteers—Tabletop Exercise

[Hospital name]

[Location of hospital]

Exercise date: [Date of exercise]

Report completed: [Date this report completed]

Executive Summary

Description of Exercise

This is a report on tabletop exercise conducted on [date] to evaluate planning and readiness for the requesting, receiving, and utilizing of Disaster Healthcare Volunteers in a declared emergency. The exercise was facilitated by [facilitator name], and evaluated by [evaluator name].

Goals & Objectives

The goals for this exercise were:

1. Help hospital administration and disaster management personnel understand the process of determining if volunteer health professionals will be utilized to meet staffing needs during a declared emergency.
2. Improve the ability of responsible parties to make a request for volunteer health professionals from appropriate county authorities.

3. Help hospital administration and disaster management personnel understand the processes required to receive volunteer health professionals in the hospital during a declared emergency and incorporate them into hospital response.
4. Provide a process for the review and improvement of the hospital's EOP and relevant policies and procedures.

Key Findings

Summarize findings identified in the participants' evaluation forms (second page) and the evaluator's forms.

Recommendations

Summarize findings identified in the participants' evaluation forms (second page) and the evaluator's forms.

DHV Tabletop Exercise Overview

Date: [Dates]

Location: [Location]

Situation: The hospital was presented with the following scenario:

There has been a mass casualty earthquake in the Los Angeles area. The following facts apply:

- There have been 1,800 fatalities
- 53,000 people are injured
- 300,000 buildings are damaged
- There are 1,600 fires in the county
- Lifelines (e.g., water, gas, and electric) are disrupted throughout the county
- Communication systems are overloaded

The earthquake occurred approximately 6 hours ago. Your hospital is structurally intact. None of your patients or currently working staff has been injured in the earthquake.

Other hospitals have been badly damaged.

The hospital was asked to address three overarching questions/issues:

1. the decision to request volunteer health professionals,
2. what is needed in order to receive volunteer health professionals, and
3. how to put volunteer health professionals to work.

Participating Agencies & Groups:

i. List agencies any outside participants or observers.

Evaluation: Evaluation was performed by designated evaluators using a standardized evaluation form, by evaluation forms given to participants, and by evaluation completed by the facilitator/controller.

Participants: Indicate how many participants took part in the drill. Participants and observers should be listed and their job titles noted in the Appendix.

Analysis of Exercise Outcomes

Objective 1: Help hospital administration and disaster management personnel understand the process of determining if volunteer health professionals will be utilized to meet staffing needs during a declared emergency.

Analysis

Review and summarize participants' answers on the Evaluation form.

Areas of Strength

Review and summarize participants' answers on the Evaluation form. In particular, address answers to Question #2 (of four) at the end of the evaluation form.

Opportunities for Improvement

Review and summarize participants' answers to Questions 3 and 4 (at the end of the evaluation form) on the Evaluation form.

Recommendations

The following are recommendations for enhancing the ability of the exercise participants to prepare for the use of volunteer professionals in future operations:

Review and summarize the evaluators' responses.

Objective 2 : Improve the ability of responsible parties to make a request for volunteer health professionals from appropriate county authorities.

Analysis

Review and summarize the evaluator's responses to all questions of the Evaluation form. Identify major areas of strengths and list below (Areas of Strength), and major areas for improvement. NOTE: an area by area consideration for opportunities for improvement appears in the matrix below

Areas of Strength

Opportunities for Improvement and Recommendations

*Use the Evaluator's responses to all questions to complete the worksheet below. The worksheet is constructed so that you can transpose Evaluator responses directly into the worksheet. The Recommendations may be inferred from the Evaluator's evaluation form – typically, **items marked "no" represent areas for improvement, and should be the basis for recommendations**. Recommendations should be aimed at making improvements in a real, achievable way. Once the Opportunities and Recommendations are completed, use the Priority column to rank which recommendations should be acted on in which order.*

Objective 3: Help hospital administration and disaster management personnel understand the processes required to receive volunteer health professionals in the hospital during a declared emergency and incorporate them into hospital response.

Analysis

Review and summarize participants' answers on the Evaluation form.

Areas of Strength

Review and summarize participants' answers on the Evaluation form. In particular, address answers to Question #2 (of four) at the end of the evaluation form.

Opportunities for Improvement

Review and summarize participants' answers to Questions 3 and 4 (at the end of the evaluation form) on the Evaluation form.

Recommendations

The following are recommendations for enhancing the ability of the drill participants to prepare for use of volunteer health professionals in future operations:

Review and summarize the evaluators' responses.

Objective 4: Provide a process for the review and improvement of the hospital’s EOP and relevant policies and procedures.

Analysis

Review and summarize participants’ answers on the Evaluation form.

Areas of Strength

Review and summarize participants’ answers on the Evaluation form. In particular, address answers to Question #2 (of four) at the end of the evaluation form.

Opportunities for Improvement

Review and summarize participants’ answers to Questions 3 and 4 (at the end of the evaluation form) on the Evaluation form.

Recommendations

The following are recommendations for enhancing the ability of the drill participants to prepare for the use of volunteer health professionals in future operations:

Review and summarize the evaluators’ responses.

Worksheet: Opportunities for Improvement, Recommendations to EOP, Policies/Procedures				
Topic from Exercise	Evaluation Elements	Opportunities for Improvement	Recommendations	Priority
1. How will you determine if your hospital will use volunteer health professionals (VHP)?	A. Was a process for determining if the hospital will use VHP identified? Y / N / U B. Was the hospital’s EOP helpful in making this determination? Y / N / U C. Were specific policies or procedures helpful in making this determination? Y / N / U			
2. Who is responsible for making the decision to use	A. Was an individual identified as responsible for making this decision? Y / N / U			



Worksheet: Opportunities for Improvement, Recommendations to EOP, Policies/Procedures

Topic from Exercise	Evaluation Elements	Opportunities for Improvement	Recommendations	Priority
VHP?	B. Were back-up individuals identified? Y / N / U C. Was the hospital EOP used in identifying this/these individual(s)? Y / N / U			
3. How is staffing need determined in a disaster?	A. Was/were a process(es) identified for determining staffing need during a declared emergency/disaster? Y / N / U B. Was the hospital’s EOP helpful in identifying that process? Y / N / U C. Were specific policies/procedures helpful in identifying that process? Y / N / U			
What is Needed to Receive Volunteers?				
1. What processes need to be in place in order to receive volunteers into your hospital?	A. Were processes identified that must be in place prior to receiving volunteers? Y / N / U B. Are these processes addressed in EOP and/or existing policies/procedures? Y / N / U			
2. What process(es) need to be	A. Was/were (a) specific process(es) identified related			



Worksheet: Opportunities for Improvement, Recommendations to EOP, Policies/Procedures

Topic from Exercise	Evaluation Elements	Opportunities for Improvement	Recommendations	Priority
<p>completed in order to ensure that volunteers' credentials are appropriate?</p>	<p>to ensuring that volunteers' credentials are appropriate? Y / N / U</p> <p>B. Are these processes addressed in EOP and/or existing policies/procedures? Y / N / U</p> <p>C. Was a person/role identified as being responsible for carrying out this process? Y / N / U</p>			
<p>3. What specific paperwork needs to be completed in order to have VHP work within your hospital?</p>	<p>A. Was a specific form or content of paperwork identified as necessary in order to have VHP work in hospital? Y / N / U</p> <p>B. Is that form or the content of paperwork a part of existing policy/procedures? Y / N / U</p>			
<p>4. With regard to each of the processes, who is responsible for each step in the process?</p>	<p>A. Was a person/role identified as responsible for each step in the process of ensuring that volunteers are able to work in the hospital? Y / N / U</p> <p>B. Is each role identified in the current EOP and/or existing policies and procedure documentation? Y / N / U</p>			
<p>5. Is that role identified in existing EOP or policies,</p>	<p>A. Do the EOP or policy manuals appropriately identify roles and responsibilities for each</p>			

Worksheet: Opportunities for Improvement, Recommendations to EOP, Policies/Procedures

Topic from Exercise	Evaluation Elements	Opportunities for Improvement	Recommendations	Priority
procedures?	process step in #1?			
6. What set-up is required in order to carry out these procedures?	<p>A. Is a particular setup (i.e., physical process) identified as necessary to carry out required procedures? Y / N / U</p> <p>B. Is that set up articulated in EOP or current policies/procedures? Y / N / U</p>			
How to Put Volunteers to Work				
1. What activities are required in order to put the deployed DHVs to work?	<p>A. Was a list of activities identified? Y / N / U</p> <p>B. Are those activities captured in the EOP or other policies or procedures?</p>			
2. Specifically, what orientation to the hospital facility is required? Who is responsible for providing the hospital orientation?	<p>A. Was a specific requirement for hospital orientation identified? Y / N / U</p> <p>B. Is that requirement articulated in current documentation? Y / N / U</p> <p>C. Was a specific role identified to provide the orientation? Y /</p>			

Worksheet: Opportunities for Improvement, Recommendations to EOP, Policies/Procedures

Topic from Exercise	Evaluation Elements	Opportunities for Improvement	Recommendations	Priority
	N / U			
<p>3. What policies and processes are in place/required in order to allow DHVs to practice or to restrict practice (e.g., requiring that volunteers “shadow” or “partner” with regular staff)?</p>	<p>A. Were any policies or procedures relating to the extent of practice or restrictions related to volunteer practice identified? Y / N / U</p> <p>B. Are those policies articulated in current documentation? Y / N / U</p>			
<p>4. Who (position/person) is responsible for the management of volunteers once received into your facility?</p>	<p>A. Was a person/role identified as responsible for the management of volunteers once deployed in the hospital? Y / N / U</p> <p>B. Is that role identified in the current EOP and/or existing policies and procedure documentation? Y / N / U</p>			
<p>5. What unit-specific orientation(s) may be required before DHVs can begin to provide care?</p>	<p>A. Was any unit-specific orientation (or training) identified as required before DHVs can begin to provide care? Y / N / U</p> <p>B. Was this unit-specific orientation identified in the EOP or existing policies/procedures? Y / N / U</p>			

Worksheet: Opportunities for Improvement, Recommendations to EOP, Policies/Procedures

Topic from Exercise	Evaluation Elements	Opportunities for Improvement	Recommendations	Priority
6. What activities are required in order to put the deployed DHVs to work?	A. Was a list of activities identified? Y / N / U B. Are those activities captured in the EOP or other policies or procedures?			
7. Specifically, what orientation to the hospital facility is required? Who is responsible for providing the hospital orientation?	A. Was a specific requirement for hospital orientation identified? Y / N / U B. Is that requirement articulated in current documentation? Y / N / U C. Was a specific role identified to provide the orientation? Y / N / U			

Appendix D – Ground Rules and Instructions for Participants

1. Understand the scope of the exercise. If you're not sure about certain activities, ask the Facilitator.
2. Don't forget to sign in.
3. Outside distractions should be minimized; turn off your cell phone, Blackberry, etc.
4. Speak out loud when you are taking action, planning, or have ideas to share.
5. Act on all Facilitator instructions. Except for safety issues, if you don't agree with what the Facilitator is telling you, don't argue. Complete the required actions and make a note to discuss your disagreement at the end of the exercise during the debriefing (critique). Remember the Facilitator has the final word.
6. During the exercise, conversation with the Facilitator should be focused on the event. Casual conversation should only take place before or after the exercise is completed
7. Consider Observers and Evaluators to be invisible to you. Do not engage in any conversations with Observers or Evaluators.
8. Play out the scenario as if it were real. However, this is a problem solving exercise and participants should feel free to break from the specifics of the scenario to address problems and issues.
9. If the scenario seems to be incredible or unlikely, don't complain. Explain to the Facilitator and group why you think the scenario inappropriate and then follow the Facilitator's lead.
10. If an actual emergency occurs during the exercise, it takes precedence. Notify the Facilitator of your intent and take the appropriate action to combat the real emergency.
11. All discussions, ideas, and actions developed during the exercise are valuable, and should be presented without concern for "the right answer" or "the wrong answer". This is a no-blame environment.

Appendix E – Ground Rules and Instructions for Facilitators

The responsibility of the Facilitator is to ensure that the exercise occurs in the sequence prescribed by the scenario, to ensure that a comfortable, no-fault environment exists, and to monitor exercise play. Facilitators must be familiar with the emergency plan and those policies and procedures that pertain to the use of volunteers in the hospital. Facilitators are also responsible for monitoring and evaluating the adequacy of Participant/Player performance.

Before Exercise Day:

1. Familiarize yourself with the exercise objectives and exercise guidebook.
2. Ensure that you understand the scenario and timeline.
3. Obtain and review emergency procedures, including the EOP, pertinent policies and procedures and any other materials that might exist.
4. Review exercise scenario information which you are responsible to provide to Players (these appear in Appendix B). Ensure that you understand how the Players are to receive this information and what their responses should be.
5. Clearly understand staffing duties on the exercise day. Staff assigned to the exercise should not be expected to perform other duties during the time allotted for the exercise.
6. Ensure you sign-in on the appropriate log form prior to the exercise.
7. Familiarize yourself with the room and equipment that will be used during the exercise.

During the Exercise

1. Ensure that you are readily identifiable by all Players.
2. Identify all Players that you will be controlling during the exercise, and inform them of your function.
3. Ensure that each Player has been logged on the Sign In sheet (Appendix K) and that the form identifies the appropriate hospital.
4. Identify yourself to all Evaluators, and ensure that they are familiar with the Evaluator guidelines.
5. If a real emergency occurs that affects the Players in your area of control/evaluation, terminate the exercise.
6. Position yourself to maximize your effectiveness in issuing messages and/or observing the players.
7. Distribute exercise messages, as required, and provide additional input, as necessary, to keep the scenario progressing as designed. Make sure that the Players understand the messages you give them.
8. Do not allow external influences to distract the Players. The exercise should be considered “Off Limits” or “do not disturb” territory unless a real emergency occurs in the facility.

9. Do not allow Player actions to continue if they would obviously impair scenario continuity.

Upon Exercise Termination

1. Thank the Players/Participants, and ensure that evaluators complete the Evaluation Form (Appendix B).
2. As Facilitator, be sure to complete an evaluation form (Appendix B).

Appendix F – Ground Rules and Instructions for Evaluators

The responsibility of evaluator(s) is to monitor the exercise and to evaluate decisions and ideas that arise during the exercise. Evaluators must be familiar with the emergency plan and relevant procedures.

Before Exercise Day

1. Familiarize yourself with Evaluator Instructions.
2. Review the exercise scenario information..
3. Ensure that you understand the scenario, timeline, presentation of information and messages to players, and expected player responses.
4. Familiarize yourself with the exercise objectives and evaluation criteria and forms.

Immediately Prior to the Exercise

1. Arrive at assigned locations at least 15 minutes prior to the exercise, and check in with the Facilitator.
2. Familiarize yourself with your assigned workstation and equipment.
3. Ensure that you are readily identifiable as an Evaluator to all the participants.
4. Position yourself to maximize your effectiveness, in monitoring Player actions, without impeding their activities.

During Exercise

1. Take detailed notes regarding progress of exercise:
 - Key gaps in the EOP and policies and procedures that are identified by the group;
 - Specific suggestions that the group makes with regard to the EOP or specific policies/procedures;
 - Important questions that are raised for which there is not a clear answer available at the time; and,
 - Concerns/questions that are raised about other plans—e.g., county EOP or other disaster plans.
2. Evaluate solutions as discussed and proposed by Participants.
3. Observe player performance and exercise activities using the Evaluator Form (Appendix B). If weaknesses and/or deficiencies are noted, develop recommendations for corrective/improvement actions.
4. Do not interface or interact directly with the Players. Please direct any questions or concerns to the Facilitator.
5. Comply with instructions from the Facilitator.
6. Take no action that reduces the safety of personnel, facilities, or the public.

Upon Exercise Termination

1. Provide verbal input to the player post- exercise critique.
2. Note player comments.
3. Record comments and prepare a written evaluation of the exercise response. Complete the Evaluator Form immediately on the day of the exercise.
4. Assist in the development of the after action report/corrective action plan, in conjunction with the Facilitator.

Appendix G – Sign-In Sheet

Hospital name:	Facilitator/Controller:	Date:
Name (print)	Signature	Role
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer
		<input type="checkbox"/> Participant/Player <input type="checkbox"/> Evaluator/Observer

Appendix H— FAQs About Disaster Healthcare Volunteers

1. What is it?

- Disaster Healthcare Volunteers (DHV) is a federally mandated, collaborative effort led by the Los Angeles County Department of Health Services Emergency Medical Services Agency and Department of Public Health.

2. What does it do?

- The mission of Los Angeles County Disaster Healthcare Volunteers (DHV) is to recruit, pre-register, and verify licensure and place of practice for medical, health, mental health and other volunteers in advance of major disasters or other public health emergencies.
- DHVs are not first responders. The program is designed to mobilize and deploy volunteers in response to a disaster in the aftermath of the initial incident—probably within 72 hours.

3. How is it organized?

- There are three units that make up the Los Angeles County DHV Collaborative. Each works independently and they all work collaboratively to respond to declared disasters. The units are:
 - Los Angeles County Surge Unit
 - MRC Los Angeles (Medical Reserve Corps)
 - Long Beach MRC

4. When would we use DHV?

- DHV is designed for use in declared emergencies and disasters.
- In major emergencies, there is often a significant increase in need for healthcare and, often, a decrease in available providers. Regular healthcare staff may be impacted by the underlying disaster. For example, employees and professionals that you rely on may not be able to make it to their usual place of employment due to transportation issues. Similarly, regular staff may be negatively impacted by injury or illness as a result of the underlying incident.
- In such cases, you may seek to meet the demand for healthcare services by using a pre-identified, pre-vetted source of licensed healthcare professionals—DHV.

5. How do we get volunteers?

- In a disaster, all requests for medical resources in Los Angeles County are handled through the Medical-Health Operational Area Coordinator (MHOAC) program. This program, which works with the Medical Alert Center, will receive requests, help formulate requests, help address logistical issues, and communicate with the unit coordinators of the Los Angeles County Clinics.

6. How do we know what we're getting?

- Volunteers who are deployed through the DHV program will have had their licenses verified electronically within the 24 hours prior to deployment. Thus, you can be assured that a licensed volunteer had a valid, unencumbered license at the time of deployment. Any board certifications or DEA numbers will also be verified prior to deployment.
- In addition, volunteers' work is verified within six months of deployment. Thus, you will be informed if a volunteer has recent hospital or clinical experience.
- All DHV volunteers will be sworn in as Disaster Service Workers prior to deployment.

7. How do we get more information?

- For more information about the DHV program, specific units and more FAQs, visit the Los Angeles County DHV website at: <http://www.lacountydhv.com/>

FAQs About The Disaster Service Worker Program

1. What is the Disaster Service Worker Volunteer Program?

- The Disaster Service Worker Volunteer Program is part of California State law. It is one of a number of provisions designed to encourage volunteerism in time of emergency by ensuring that those who volunteer will have some basic protections.
- The program has existed since the Second World War and exists to provide compensation to volunteers who are injured in a disaster response and to provide some protection against liability.
- In order to be a Disaster Service Worker (DSW), a volunteer must be sworn in by an appropriate authority prior to performing disaster services.

2. Are all LAC DHVs Disaster Service Workers?

- Yes. Prior to any actual deployment of Los Angeles County Disaster Healthcare Volunteers, all volunteers will be properly sworn in as DSWs.
- While you need not be a sworn DSW to sign up for the DHV program, all volunteers are sworn prior to any deployment or any disaster exercise or training.

3. What does being a DSW do for the volunteer?

- There are two major benefits that apply to DSW Volunteers: workers' compensation and immunity for liability.
- In a declared disaster, the DSW program is the sole source of workers' compensation for any volunteer injured in the course of his or her volunteer duty. This underscores the need for proper registration and swearing in of volunteers prior to deployment.

- In addition, DSW volunteers are provided, as part of the legislation covering this program, with additional protections against liability for actions that occur as part of the volunteer response. The limited protection against liability for DSWs is in addition to protection afforded under federal law and under other state “Good Samaritan” laws.

4. If we get volunteers through the DHV program, what do we have to do about DSW?

- There is no particular requirement for facilities who request volunteers as relates to the DSW program. The swearing in, registration, and management of associated paper work is done by the unit coordinators of the various DHV units in Los Angeles County.

5. How do we get more information about the DSW Volunteer Program?

- Information including the most up to date DHV guidance is available at the California Emergency Management Agency website:
<http://www.calema.ca.gov/PlanningandPreparedness/Pages/Disaster-Service-Worker-Volunteer-Program.aspx>

Appendix I – Exercise Evaluation Form

Hospital name: _____

Exercise date: _____

Thinking about the format for this exercise:

1. How satisfied were you with the overall format of this exercise? Please mark the appropriate box.

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not applicable
1	2	3	4	5	

2. I felt I have a better understanding of what it would take to request, receive, and utilize volunteer health professionals because I participated in this exercise. Please mark the appropriate box.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
1	2	3	4	5	

3. I would recommend using a format like this again. Please mark the appropriate box.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
1	2	3	4	5	

4. What changes would you make to this exercise?