

Volunteer Involvement in a Pandemic Influenza Disaster

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Abstract

The engagement of volunteers during a disaster involves precise planning taking into consideration ethical issues, risk management, and the appropriateness of when and how volunteers should be utilized. During a pandemic influenza disaster, it is predicted that the first workers to become infected by the pandemic will be professional healthcare workers. Healthcare facilities must then plan for a depletion of professional workers at a time when patient numbers will escalate. This plan discussed how professional hospital workers can be supported through volunteer involvement.

Key Words:

disaster, pandemic, healthcare, risk management

The World Health Organization (WHO) has suggested that an influenza pandemic is both inevitable and imminent. We have all read the news coming out of Asia about the increasing number of cases of A/N5N1, or Avian Flu. The world is not only watching, but is preparing itself for an outbreak that is speculated to kill as many as two million to 50 million people worldwide.

A pandemic occurs when a new influenza virus, which differs from existing strains, appears. Because it is new, few (if any) people have immunity allowing it to spread widely and rapidly. Due to the expansion of global travel and tourism, it is felt that the transmission will be unprecedented.

An Integrated Approach

Pandemic Influenza Disaster Plans are not created in isolation, but rather are designed from a global to a local perspective. The WHO initiated a global plan establishing international standards. This was adapted, in this case by Canada,

outlining Canadian standards designed to meet Canadian needs in a plan called "The Canadian Pandemic Influenza Plan". This national plan provided the framework for plans to be developed at a provincial and local level.

In Calgary, Alberta, the Calgary Health Region began its work with Alberta Health and Wellness as far back as 2000. The Calgary Health Region is the governing arm of community health delivery for Calgary and surrounding areas. It includes acute care, community care, and long-term care.

In 2002, a steering committee was formed to draft the first plan addressing a pandemic disaster. An expanded plan was completed in 2005. The steering committee was comprised of a diverse and broad representation of healthcare in Calgary including such areas as medical, operations, public health, acute care, long-term care, logistics, risk management, communications, and human resources. Volunteer Resources sat on the initial steering committee and was later

represented by Human Resources, so was integral to the planning from the start.

Work Force Impact

The projection for Calgarians affected in the event of a pandemic is that there will be 5,400 to 12,600 hospitalizations and 180 to 420 deaths. These numbers far outweigh the resources in place for day-to-day health care. Clearly, very careful and strategic planning is necessary to assist those people who fall ill and to help reduce the number of people who contract the flu.

In the initial planning, a key assumption was that healthcare workers will be one of the first impacted by the pandemic either directly (by getting ill) or indirectly (by caring for family members at home). Based on this premise, the volunteer component of the plan was critical ensuring that sound and ethical volunteer management principles were employed.

Considerations in Planning for the Utilization of Volunteers

During the initial planning process, a number of questions arose regarding the utilization of volunteers in an influenza pandemic. The answers to many of these questions formed the essence of the volunteer management strategy. Some of the issues faced were:

- What are the ethical concerns regarding asking volunteers to participate in a high-risk environment?
- How do we deal with large numbers of people coming to a site to volunteer with no training or experience?
- What ages should we consider as appropriate for a volunteer?
- How do we get volunteers trained and “on the ground” in an expedient manner?

- What roles are appropriate for volunteers to perform?
- What is the risk for volunteers serving in a hospital or patient care setting?
- How do we accomplish appropriate screening levels in the midst of a disaster?

The Essence of the Volunteer

Management Plan

Recruitment. The primary volunteers to be deployed in a pandemic flu disaster will be the currently registered volunteers in the Calgary Health Region over the age of 18. These volunteers are already screened, orientated, and trained. Volunteers will be asked if they wish to participate. Each potential volunteer will be made aware of the risk factors involved in exposure to the pandemic so each will be able to make an informed decision. Most regular programs will be discontinued for the duration of the disaster in order to free up volunteers willing to assist in the disaster.

A secondary call for volunteers will be made to affiliated organizations of the Region as there is confidence in the volunteer management programs to which these volunteers have been exposed. There may be a call to volunteers from other organizations within the Region where it is known that diligent volunteer management systems are in place. There will be no volunteers recruited from “off the street”.

Screening. The screening process will be considered complete based on the recruitment strategy. All volunteers not currently registered with the Region will fill out an application. This ensures that they are covered by liability insurance.

Placement. Volunteers will be assigned to the following roles: Emergency Department Assistance, Media Centre, Family Relations Centre, Discharge Centre, Personnel Pool, and Acute Care Unit Friend.

Other assignments may occur depending on the number of patients and severity of the disaster.

Orientation and Training. Every volunteer will receive an orientation to the pandemic flu and as necessary, to the site to which they are assigned. Training will occur within each program area.

Supervision. Volunteers will be supervised by an assigned staff member within each program area.

Recognition. The Pandemic Flu Disaster Plan includes a recognition component that applies to both paid staff and volunteers.

Evaluation. Volunteer resources will be part of the overall Pandemic Disaster Plan evaluation as this plan is designed as a prototype for all disaster plan implementation.

In Conclusion

The state of readiness for the implementation of the Pandemic Influenza Disaster Plan is impressive. Time will be the judge and experience will help in creating new and better iterations. It is encouraging to see that the role of volunteers is once again integral to the success of the plan.

Reference

Calgary Health Region. (2005, December). *Pandemic influenza response plan*. Retrieved August 18, 2006, from <http://www.calgaryhealthregion.ca/pandemic/>

About the Author

Sue Wood has spent her career in the nonprofit sector primarily in volunteer resources management. Her 13 years leading 500 volunteers on two acute-care hospital sites gave her the experience and knowledge to become a consultant in volunteer resources development. Passionate about the integral role that volunteer administrators play in the nonprofit sector, she has worked to promote the profession through her involvement with the now-dissolved Association for Volunteer Administration, in particular regarding the integration of the Certified Volunteer Administrator credentialing program as a means of professionalization. She volunteers on a number of boards, both locally and internationally.