

Disaster/Emergency Preparedness Guidelines For Directors of Volunteer Services in Healthcare Facilities

It is the purpose of these guidelines to learn from the experience of September 11th, other natural disasters and emergencies. We need to be well prepared for unexpected challenges that arise from future events. Standards and guidelines must be developed, which will help Directors of Volunteers anticipate and respond to other disasters and emergencies in the future.

Following the terrorist attacks of September 11, 2001, hospitals throughout the country took a long, hard look at whether or not they are prepared to receive overwhelming numbers of critically ill patients. Hospitals began to assess how they would cope with a major disaster, including a nuclear, radiological or biochemical disaster.

Hospitals in New York City, Washington, D.C. and Virginia now have first-hand experience, being at the epicenter of the September 11th disasters.

On September 11th and for days and weeks after, volunteers working at the hospitals directly effected by the disaster came forward and worked side by side with staff for the duration of the crisis. They did whatever was necessary to get through those tragic days after the attack. Many volunteers did what they would normally do at the hospital, while others took on new roles, responding to unanticipated needs. Volunteers have responded similarly to floods, fires, earthquakes, plane crashes, and other emergencies.

It became very apparent from the events of 9/11 that volunteers play an important and pivotal role in a major disaster. Professional staff must care for the most critical patients, while volunteers can do many tasks, relieving staff of these responsibilities.

After September 11th, Directors of Volunteer Services in healthcare institutions looked at their own departments to see if their disaster plans worked, or if not directly impacted, would have worked. What became apparent was that some Volunteer Departments did not have a disaster plan at all, had only a paragraph in the hospital's Master Plan, or had a good basic plan, but needed to revise it based on new information.

In this guideline, we hope to highlight some of the important “lessons learned” and be proactive in our thinking. Each type of disaster brings with it a different set of challenges. It is impossible to anticipate all possibilities, but we hope to cover as much as possible.

I. DVS Disaster Preparedness Plan

Every Volunteer Services Department must have a Disaster Plan. The Plan must be part of the hospital’s Master Plan. The Volunteer Department Plan should be comprehensive and at the same time flexible enough to allow for unknown variables.

The following components should be included:

1. Staff notification plan

The Director or most senior staff member available must notify the paid staff that a disaster plan is in effect. Staff should return to the hospital if a disaster occurs after the regular business day. Once the staff is in place, the Director should report to the Command Center, if one has been established. The Command Center often has information and can give direction as to where volunteer assistance is most needed.

2. Volunteer notification plan

Notification should include multiple ways to communicate with staff and volunteers, since the normal channels of communication may not be operational (land phones, cell phones, e-mail, radio), as well as a plan if no communication system is intact.

3. Identification of key volunteers

Some groups of volunteers, such as Emergency Department and Interpreters, are key during a disaster. Identify those groups of volunteers and set up a system in which they will automatically report to duty in the event of a disaster (based on their ability to get to the hospital). It may become very difficult to notify volunteers, so if they know that in the event of a disaster they should just come to the hospital ready to work, it will allow the Volunteer Services staff to address other issues.

Whether or not you decide to have special “disaster” volunteers, training all the volunteers in disaster preparedness is a good idea. All volunteers will benefit from disaster training, since hospitals in crises are very different places than on the average day. The hospital has extraordinary needs during a disaster. Volunteers must be prepared to be flexible in their work assignment and also be prepared for situations that can be overwhelming.

4. Role of volunteers

The role of volunteers in a disaster must be clearly defined. Volunteers may be assigned to perform duties not normally given to them, but found to be necessary during a disaster. Try to anticipate what these roles might be and define them clearly. Some examples of special needs are the sorting and distribution of donated food and clothing, assistance with overwhelming numbers of blood donors and even going to the local supermarket to get additional food supplies. Consider other areas of training that may be needed in a disaster that may not be a regular volunteer duty, such as training on gurneys, etc.

5. Procedure for volunteer assignment

When volunteers arrive at the hospital, a plan should be in place as to where they should report. Volunteers are needed throughout the hospital, and the Director or Coordinator must know who is available and with what training. Key areas of need may include the Information Desk, Escort Services, Blood Bank, Patient Units and Interpreter Services. During a disaster, most if not all of the services become impacted as there is a ripple effect. Therefore, volunteers should be utilized where they normally work first, for it is there that the volunteer will be the most helpful. It is very difficult to teach staff or volunteers new things in the midst of a crisis. The well-trained volunteer is an enormous asset to the staff at this time.

If volunteers are no longer needed in their regular locations, they should then report to the Volunteer Department, where the staff will have current information from the Command Center. This system will enable volunteers to be deployed to areas that need their assistance. The Volunteer Services Department staff should be in constant communication with the hospital’s Command Center.

6. Identification

All volunteers must wear an ID. A photo ID is preferred, since during a disaster security is critically important. Consider implementing this now if your hospital does not use photo ID's for volunteers.

7. Spontaneous volunteers

The hospital must set a policy and plan ahead for the onslaught of “spontaneous” volunteers. Some hospitals have made the decision not to allow “spontaneous” volunteers to enter the hospital in the event of a disaster. Although these people have a strong need to help, they are often more of a liability than anything else. These people also present a security risk, since we really do not know who they are and have no way of quickly checking. During the 9/11 disaster, many hospitals were in a “lock down” mode and only people with legitimate photo IDs were allowed to enter the hospital.

We do, however, want to provide some direction to these spontaneous volunteers. Begin *now* to communicate with other agencies in your community, such as the American Red Cross, your Volunteer Center and the Salvation Army and determine how you can cooperatively direct the volunteers' interests toward tasks that need little training and will not compromise your healthcare standards.

If your hospital chooses to accept “spontaneous” volunteers, you must set up a system where you and your staff are able to quickly screen and place people where most needed and yet does not put the hospital at risk. This must be planned for ahead of time, because in the midst of a crises, you will not have the time to make these decisions.

Since September 11th, there has been a debate about the viability of training special “disaster” volunteers from the community. Those volunteers would be trained in advance and instructed to come in only in the event of a major disaster. One concern about “disaster” volunteers is the need for refresher training periodically, since these volunteers are not in the hospital on a regular basis and will forget much of what they learned. Updates in training and annual TB tests will have to be part of the ongoing commitment of the volunteer and the hospital. These volunteers should be clearly identified by having a photo ID, which identifies them as a “disaster” volunteer.

8. Resource Lists

Keep an updated list of volunteers by zip code on your computer and a hard copy at home. Volunteers living closest to the hospital will be more likely to be able to get in to help. Depending on your location, you might also keep a list of volunteers who have four wheel drive and large vehicles, which could be used to help transport staff and volunteers. In the event of weather-related or natural disasters, with reduced access, these volunteers would be able to get to the hospital.

A list of skills and work experience would also be useful, since you may need to call on volunteers to do tasks they do not normally do as a volunteer. For example, a retired nurse, social worker or physician may be asked to be of assistance in ways that you would not be comfortable with under normal conditions. There might be additional skills listed in your skill bank that would be useful during a crisis as well.

9. Prepare Position Descriptions

Write position descriptions for new areas of work that you anticipate might be needed, with specific types of disasters in mind, such as loss of power or water, inaccessible road/public transportation, a bio-chemical attack or an epidemic. Work with your HR Department and you Disaster Plan Team, who probably already prepared this for employed staff in your organization. Copies of these position descriptions should be given to key personnel who will be at the Command Center during a disaster.

II. Anticipate the Unexpected

On September 11th, there were many unexpected situations that tested us as Directors of Volunteers. It is essential that you and your staff are prepared to change the way you do things and the way you utilize volunteers at a moments notice. Here are a few of the things that may occur, but certainly many more unexpected variables can enter in to the picture given a different set of circumstances.

1. Communication issues can present a major challenge during a disaster Telephone communication may be shut down. This includes land and cell phones. When telephones become operational, there may be an overwhelming number of phone calls to your department. You may want

to assign special volunteers to assist with answering phones in the Volunteer Office. E-mail may not work for long periods of time as well. It would be helpful to have transistor radios in the office, so that you can keep informed about the situation outside of the hospital.

2. Blood donor lines may be extremely long and people get very angry about the wait and even angrier when they get to the front of the line only to find out that they are not viable donors. Think about how volunteers might assist giving and gathering information from people waiting in line.
3. There may be overwhelming donations of perishable food and clothes brought to the hospital. Coordinate now with other agencies as to how these donations may best be distributed. Supplies such as water, flashlights and batteries may be needed at the hospital. A call for these donations can be made by radio if other forms of communication fail.
4. Access roads, bridges and tunnels may be shut down, not allowing staff to get to the hospital or leave to go home. Anticipate the needs of staff by using volunteers to provide childcare.
5. Special provisions may need to be made for staff and volunteers to sleep and eat.
6. Many professionals (physicians, nurses, social workers, mental health workers) from all over the country may call your office to offer their services. Currently, it is difficult to quickly verify credentials. You should know where to refer these calls in your hospital.
7. The Information Desk may have hundreds, if not thousands of families inquiring about loved ones who are missing or injured. Prepare for additional help on the phones and to provide information for people entering the hospital. Arrange for a hard copy of patient information, if the computers are down or power is out. Information Desk volunteers are very vulnerable, since they are often the first person seen by anyone entering the hospital. They may be inundated with requests for information. Volunteers should not be put in the position of having to tell family or friends that a loved one is critical or deceased. It is therefore very important that Social Workers are available to sit with the Information Desk staff and/or volunteers.

III. Utilize Available Resources

One of the lessons learned from the 9/11 disaster was that we could have utilized the expertise of some of our colleagues from other hospitals. For example, in New York City, there were a handful of hospitals that received victims and many other hospitals that did not. There were specialty hospitals (such as orthopedic and cancer hospitals) that were basically unaffected. The thought of requesting assistance from our colleagues nearby and even utilizing some of their volunteers never occurred to us until much later.

We recommend that Directors of Volunteer Services coordinate a local and regional plan to assist one another during such an event. Advance planning can determine information that should be shared, such as maps of the hospital, key volunteer areas and specific ways that a colleague from another hospital can be helpful.

Subsequent discussions have occurred pertaining to sharing volunteers during a disaster. There is a much higher confidence level in accepting the assistance of already screened and processed volunteers from another hospital, than using “spontaneous” volunteers. These volunteers are trained and might be helpful when more people are needed.

It is also important for you to be familiar with the local agencies in your community. In smaller, more rural areas, these networks already exist. In large urban areas, there are an overwhelming number of agencies and it is important for you to become familiar with them. Your list of agencies should include, but not be limited to, the American Red Cross, the Salvation Army, Blood Bank, United Way, shelters, soup kitchens and clothing banks. During a disaster or emergency, you may need to contact community resources for a wide variety of reasons. You will also want to have a list of agencies to refer the spontaneous volunteers who you are unable to accommodate at the hospital.

IV. Conclusion

The purpose of these guidelines is to heighten awareness and help the DVS think through, in advance, as many scenarios and contingencies as possible. These guidelines can only serve as a template for you to plan for a disaster or emergency, whether natural or terrorist, radiological, biochemical, nuclear earthquake or weather related. What has been learned from DVS's at hospitals that were the recipients of disaster victims, a plan is essential, but equally important is the ability to be extremely flexible. Disasters and emergencies are unpredictable by their nature and we need to be able to "switch gears" at a moments notice. Whether you are a DVS at a small community hospital or a very large urban, teaching hospital, you must have a plan. Each plan will be different and should meet the needs of that community, that hospital and its volunteers.

**NEW YORK PRESBYTERIAN HOSPITAL
Volunteer Services Department**

Number	
Page	1 of 2 -
Date Issued	08/02 -
Supersedes Date	11/01 -

Volunteer Services Manual - Camille Tumolo, DVS

TITLE: **Emergency Preparedness Plan For
Volunteer Services Department**

PURPOSE: To ensure effective communication, delivery of volunteer services,
and utilization of available volunteer resources when the Hospital
Emergency Preparedness Plan is in effect.

POLICY: Upon notification of an actual disaster or disaster drill, the
Director of Volunteer Services/designee of Manager is responsible
for directing and coordinating departmental activities.

APPLICABILITY: All Volunteer Services Personnel

PROCEDURE: After notification by the hospital that a disaster plan is in effect,
the Director of Volunteer Services will notify the Managers, the
Interpreter Coordinators, the Coordinator of the Elder Care
Program and the secretaries. If the disaster notification occurs
after 5:00 p.m., or weekends the staff will be asked to report to the
Volunteer Services Department.

Based on the severity of the disaster and the number of victims, the
Volunteer Services staff will begin to call volunteers to come in to
work based on their proximity to a specific hospital center.
Volunteers will be called in to work in the following areas first:

1. Emergency Department
2. Admitting Department
3. Information Desks
4. Interpreters
5. In patient units

Emergency Department volunteers will

1. Act as liaisons between families waiting in the cafeteria, staff and clergy.
2. Assist with placing patient's belongings in bags (NYWCC only)
3. Provide escort service as directed (NYWCC only)
4. Provide assistance to patients and families in the ED waiting areas.
5. Be available to staff for direction.

**NEW YORK PRESBYTERIAN HOSPITAL
Volunteer Services Department**

Number	_____	-
Page	2 of 2	-
Date Issued	08/02	-
Supersedes		
Date	11/01	

**Volunteer Services Manual
Camille Tumolo – DVS**

**Emergency Preparedness Plan For
Volunteer Services Department**

Admitting Department volunteers will report to duty and assist the Admitting Department staff with the registration and admission of patients to the hospital.

Information Desk volunteers will report to duty and assist patients, families and visitors with directions to appropriate areas of the hospital. If necessary, volunteers will escort patients, family members to location.

Interpreters should be requested by staff for non-English speaking or deaf patients by calling the Interpreter Coordinator at 6-4397 or the Volunteer Services Department at 6-4396 at NYWCC, 6-9607 or the Volunteer Services Department at 6-2542 (CPC) and 4-4321 or beeper #4321 at the Allen Pavilion.

In-Patient Unit volunteers should report to their unit and provide assistance as directed by the Charge Nurse.

In the event of a major disaster, where phones lines are not operational, volunteers who normally work in the five areas mentioned above should come to the hospital and report to their supervisor. All other volunteers who wish to be of assistance must report to the Volunteer Services Department in order to be deployed to areas where they are needed. Non-clinical staff who would like to volunteer during a disaster should also report to the Volunteer Services Department.

Well-meaning people from the immediate community and beyond, who are not official New York-Presbyterian Hospital volunteers, should be politely told their services can not be utilized. Staff throughout the medical center should not send these people to the Volunteer Services Department.

At the Westchester Division, once contacted the Director of Volunteer Services will report to the Command Center for further instructions.

MASS CASUALTY-DISASTER PREPAREDNESS PLAN Kay Weir, DVS

POLICY

It is the policy of the Department of Volunteer Services to provide volunteers for specific assignments when Saint Luke's Hospital activates the Mass Casualty or Disaster Preparedness Plan.

PROCEDURE

If a disaster occurs during office hours, staff may call in any additional volunteers who have indicated the ability to help during an emergency or those who are available to come in. If the disaster occurs after office hours, Hospital Operations will call the Director of Volunteer Services to put the plan in operation. Staff will return to the hospital for service and call volunteers in. Volunteers should call to report they are available or if communication is hindered, report to the Volunteer Department for assignment. It is important for all volunteers to wear their Photo ID for identification and uniform if possible.

A staff member will call in volunteers to assist in specific assignments with the functional divisions of the hospital. Key volunteers are needed to serve as Information, Escort Services, Messengers, Interpreters, Emergency, Blood Bank, assistants in public waiting areas, and as members of the "Family Bank". "Family Bank" volunteers serve as substitute parents or family for injured patients and children not accompanied by adult relatives or friends. The volunteer is assigned to a patient until relieved by an adult relative, family friend or otherwise not needed.

Volunteers will act as Messengers and Escort Services for all units requesting service. Primary areas calling for this type of assistance will be the Command Center, Emergency Department, Pre-op Holding, Observation, Limited Care, Family Waiting, Post Anesthesia, Blood Bank, Volunteer Office, and waiting room areas.

Information Desks of the hospital will serve as the waiting areas for families and friends of casualties. The volunteers provide comfort to families, act as escorts to take them to other areas of the hospital when requested, and are available to operate the Information Desk. Important to note: Community Relations is responsible for communication with the media. Call the Command Center (**22102**) for assistance.

Volunteers no longer needed in their assignments should report to the Volunteer Department staff for an additional assignment.

EMERGENCY PREPAREDNESS PLAN

St. Luke's Auxiliary – Pamela Lemp, DVS

I. Purpose

The purpose of this plan is to outline the procedures to be followed by St. Luke's Auxiliary during the implementation of St. Luke's Episcopal Hospital's Emergency Management Plan.

II. Situations and Assumptions

A. Situation

St. Luke's Episcopal Hospital has a basic Emergency Management Plan that describes the mitigation, preparedness, response and recovery steps required to maintain hospital operations during an emergency or disaster situation. St. Luke's Auxiliary plays a vital role in supporting emergency hospital operations through the provision of personnel and resources.

B. Assumptions

1. All departments and personnel are considered essential during implementation of the plan.
2. Emergency operations throughout the hospital will result in an extraordinary requirement for support personnel. Departments that do not have specific emergency functions will provide the personnel necessary to fulfill this need.
3. St. Luke's Auxiliary will monitor the status of the hospital's level of preparedness and arrange for personnel and resources to be available as requested by the Emergency Operations Center.

III. Concept of Operations

A. General

The hospital's Emergency Management Plan follows an all-hazard approach, which indicates that it may be implemented in its entirety or only in those portions necessary to respond to any emergency situation. Emergency functions have been designated so that assignments of responsibility closely parallel day-to-day functions.

During emergency or disaster response, all hospital operations will be coordinated by the Emergency Operations Center under the direction of the Emergency Management Coordinator or the Administrator on Call.

In the event of an emergency or disaster situation, St. Luke's Auxiliary may be directed by the Emergency Operations Center to suspend routine or daily operations so that personnel and resources required for these operations may be re-directed to emergency tasks as required.

B. Phases of Emergency Management

In addition to providing procedures for continuing hospital operations in a safe and efficient manner during an emergency, this plan also accounts for activities before and after an emergency situation occurs. Consequently, the phases of emergency management that will be addressed by St. Luke's Auxiliary are as follows:

1. Mitigation

Mitigation activities eliminate or reduce the probability of a disaster occurring. Also included are those long-term activities, which lessen the undesirable effects of unavoidable hazards. The mitigation activities to be implemented by St. Luke's Auxiliary include:

- a. Participation as required in drills designed to test this plan.
- b. Annually reviewing this plan and the updated hospital basic plan to remain current.

2. Preparedness

Preparedness activities develop the response capabilities needed when an emergency arises. Preparedness activities in St. Luke's Auxiliary will include:

- a. Annual training of departmental staff and volunteers.
- b. Informing personnel any time changes in hospital procedures or this plan occur.

3. Response

Response is the actual provision of necessary resources during implementation of the plan during an emergency. Response actions according to various condition levels of readiness are listed in Section IV - "Increased Readiness Actions" of this plan. Generally, response by St. Luke's Auxiliary will include:

- a. Reviewing any variation of work schedules or possible assignments with all departmental employees.
- b. Making necessary steps to secure and protect departmental operations and records from adverse effects posed by the emergency situation.
- c. Monitoring hospital status and responding to instructions issued by the Emergency Operations Center.

4. Recovery

Recovery is both a short-term and long-term process. Recovery seeks to restore the department to normal operations. Generally these steps will include:

- a. Restoration of normal activities.
- b. Documentation of any disaster related loss or damage.
- c. Providing post-emergency evaluation and critique of departmental, as well as overall hospital actions.

IV. Organization and Assignment of Responsibilities

A. General

All information and instructions pertinent to the emergency or disaster situation will be generated from the Emergency Operations Center. The Director of Volunteer Services will exercise control of departmental staff and volunteers unless requested to report to the Human Resources Personnel Pool. At this time, department employees will be assigned as needed throughout the hospital to assist in emergency operations, performing tasks such as: message runners, manpower for evacuation, transferring equipment, or any other general task that employees are capable of conducting without specific knowledge or expertise.

V. Direction and Control

Overall direction during implementation of the Emergency Management Plan comes from the Emergency Operations Center.

The Director of Volunteer Services will provide direction to all the employees and volunteers of St. Luke's Auxiliary based on the provisions outlined in this plan, the hospital's basic plan and the instructions received from the E.O.C.

Once assigned a task from the Human Resources Personnel Pool, direction and instructions will come from the area or group requesting assistance.

VI. Increased Readiness Actions

Most emergencies follow some type of recognizable build-up period during which actions can be taken to achieve a state of maximum readiness. The following increased readiness conditions will be issued from the Emergency Operations Center to inform all departments and personnel of the status of an impending emergency. In addition, departmental actions to be implemented at each condition level are indicated.

A. Condition Level 4

Condition 4 is an advisory condition issued during seasonal conditions that increase the potential for emergencies such as hurricanes, severe storms or ice. The notification of Condition Level 4 status will typically be in the form of memorandum from the Emergency Management Director or Coordinator. Upon declaration of Condition Level 4, St. Luke's Auxiliary will implement the following actions:

1. Review all aspects of this plan and the basic hospital plan.
2. Train and inform all departmental employees and volunteers of the provisions and responsibilities designed in this plan.

B. Condition Level 3

Condition Level 3 is an advisory mechanism that indicates a present situation, which may require further implementation of this plan. Condition 3 situations may include severe weather watch information or community exercises or disasters. In the event a Condition 3 situation occurs, notification to the department may be in the form of memorandum, voice mail or personal pager, depending on the severity of the emergency and the anticipated lead-time of the situation. Departmental response to Condition Level 3 will include:

1. Thorough review of procedures with staff and volunteers on duty.
2. Close monitoring of the situation status by the Director of Volunteer Services.
3. Procurement of any materials needed to secure routine operations if necessary, such as diskettes for computer information back-up, boxes for relocation for vital records in vulnerable areas, etc. Hard copies of vital information in case of total loss of information systems or electrical power.

C. Condition Level 2

Condition Level 2 is the advisory term indicating an emergency or disaster situation that has a significant potential of effecting routine operations. Condition Level 2 may require immediate and direct action by St. Luke's Auxiliary based on the type of emergency, location of the emergency and direction from the Emergency Operations Center. Initial Condition 2 notification will be in the form of overhead voice paging, voice mail and personal pagers. Additional information may be provided through any of the hospital's communications networks as necessary. In general, the actions required at Condition Level 2 include:

1. Immediate advisement of all employees and volunteers of St. Luke's Auxiliary on duty on the status of the emergency by The Director of Volunteer Services.
2. Consider implementation of extended or split shifts based on the type of emergency, should the human resources personnel pool be established. The establishment of personnel rotations and extended shifts should be given the following consideration by The Director of Volunteer Services:
 - a. Set-up primary and secondary lists of personnel to work extended shifts. The lists should be established according to departmental needs or ability to respond to an emergency, such as:
 1. Geographic location of employees and volunteers; or
 2. Employee's ability to secure family and home conditions as the emergency may require.
 - b. Employees and volunteers placed on the secondary list should be given either an established time to report to work for shift rotation or instructed to listen to KTRH 740 AM radio for direct information related to the emergency and subsequent hospital status.
3. Begin preparations to secure routine operations, which may include:
 - a. Securing information software and computer equipment.
 - b. Relocation of essential equipment and records from flood prone areas if the emergency is weather related.

- c. Have employees and volunteers on primary list notify and make arrangements for family members should extended work shifts be implemented.

D. Condition Level 1

Condition Level 1 declaration by the Emergency Operations Center indicates that emergency or disaster conditions are imminent. Condition 1 notification or warning methods will be the same as Condition Level 2. Immediately upon receiving Condition Level 1 information, the Director of Volunteer Services will implement the following general actions:

1. All Auxiliary Staff and Volunteers except for Staff and Volunteers on Information Desks, Emergency Department or sole coverage of assigned area, are to report to the main Auxiliary Office.
2. Implement an extended shift rotation as well as a primary secondary list of personnel that is appropriate for the type of emergency and the expected duration of the Level 1 status.
3. the Emergency Operations Center of the number of personnel available.
4. Direct employees and volunteers to the Human Resources Personnel Pool, which may be established in the hospital cafeteria if instructed to do so by the E.O.C.
5. When the disaster occurs, the Auxiliary Office will refrain from using the telephones in order that the circuits remain open.
6. Staff members will be instructed to man both telephones in the Auxiliary Office and public telephones in the alcove off the Bates Street Lobby.
7. Staff and Volunteers on the information desks should watch for casualties entering the institution through the lobbies and escort or call the Emergency Department for transportation to the appropriate Treatment Area.
8. Staff and Volunteers on the information desks will give directions and escort patient's family members to Family Holding Areas, which may be established in the Texas Heart Institute Lobby.
9. Staff and Volunteers on the information desks will direct and/or escort representatives to the Press Center, which may be established in the TCH Auditorium.

10. Volunteer interpreters will be dispatched from Volunteer Service Office as requests are received.
11. The St. Luke's Gift Shop will be closed. Any items that may be needed from the Gift Shop at the time of a disaster can be received upon request from the Volunteer Office.
12. Community volunteers who are not official St. Luke's Episcopal Health System volunteers, should be politely informed their services cannot be utilized during the emergency situation unless determined otherwise by the Emergency Operations Center. If the E.O.C. authorizes the use of community volunteers, direct these volunteers to the Human Resource Personnel Pool to register, and for placement.
13. All St. Luke's Auxiliary Staff and Volunteers will remain in their assigned positions until further instructed by Director of Volunteer Services, Command Post team or the **CONDITION CLEAR** is announced.

E. Condition Clear

Condition Clear indicates that the emergency situation has passed and all department recovery actions are to be implemented.

VI. Plan Development and Maintenance

The Director of Volunteer Services is responsible for developing, maintaining and updating this plan.

04/03