

## **Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Compliance Requirements (*Revised January 2013*)**

The ESAR-VHP compliance requirements identify capabilities and procedures that state<sup>1</sup> ESAR-VHP programs must have in place to ensure effective management and inter-jurisdictional movement of volunteer health personnel in emergencies. Each state must meet all of the compliance requirements.

### **ESAR-VHP Electronic System Requirements**

1. Each state is required to develop an electronic registration system for recording and managing volunteer information based on the data definitions presented in the ESAR-VHP *Interim Technical and Policy Guidelines, Standards and Definitions (Guidelines)*.

These systems must:

- a. Offer Internet-based registration. Information must be controlled and managed by authorized personnel who are responsible for the data.
  - b. Ensure that volunteer information is collected, assembled, maintained and utilized in a manner consistent with all federal, state, and local laws governing security and confidentiality.
  - c. Identify volunteers via queries of variables as defined by the requester.
  - d. Ensure that each state ESAR-VHP system is both backed up on a regular basis and that the backup is not co-located.
2. Each electronic system must be able to register and collect the credentials and qualifications of health professionals that are then verified with the issuing entity or appropriate authority identified in the ESAR-VHP *Guidelines*.
    - a. Each state must collect and verify the credentials and qualifications of the following health professional occupations. Beyond this list of occupations, a state may register volunteers from any other occupation it chooses. The standards and requirements for including additional occupations are left to the states.
      - 1) Physicians (allopathic and osteopathic)
      - 2) Registered nurses

---

<sup>1</sup> For purpose of this document, state refers to the 50 states, the District of Columbia, the three metropolitan areas of Chicago, New York City, Los Angeles County, the Commonwealths of Puerto Rico and the Northern Mariana Islands, the territories of American Samoa, Guam and the United States Virgin Islands, the Federated States of Micronesia, and the Republics of Palau and the Marshall Islands.

- 3) Advanced practice registered nurses (APRNs) including nurse practitioners, certified nurse anesthetists, certified nurse-midwives, and clinical nurse specialists
- 4) Pharmacists
- 5) Psychologists
- 6) Clinical social workers
- 7) Mental health counselors
- 8) Radiologic technologists and technicians
- 9) Respiratory therapists
- 10) Medical and clinical laboratory technologists
- 11) Medical and clinical laboratory technicians
- 12) Licensed practical nurses and licensed vocational nurses
- 13) Dentists
- 14) Marriage and family therapists
- 15) Physician assistants
- 16) Veterinarians
- 17) Cardiovascular technologists and technicians
- 18) Diagnostic medical sonographers
- 19) Emergency medical technicians and paramedics
- 20) Medical records and health information technicians

- b. States must add additional professions to their systems as they are added to future versions of the ESAR-VHP *Guidelines*.
  - c. To increase ESAR-VHP functionality immediately after a disaster or public health emergency, states are encouraged to develop expedited ESAR-VHP registration and credential verification processes to facilitate the health response.
3. Each electronic system must be able to assign volunteers to one of four ESAR-VHP credential levels. Assignment will be based on the credentials and qualifications that the state has collected and verified with the issuing entity or appropriate authority.
  4. Each electronic system must be able to record all volunteer health professional/emergency preparedness affiliations of an individual, including local, state, and federal entities. The purpose of this requirement is to avoid the potential confusion that may arise from having a volunteer appear in multiple registration systems, e.g., Medical Reserve Corps (MRC), National Disaster Medical System (NDMS), etc.
  5. Each electronic system must be able to identify volunteers willing to participate in a federally coordinated emergency response.
    - a. Each electronic system must query volunteers upon initial registration and/or re-verification of credentials about their willingness to participate in emergency responses coordinated by the federal government. Responses to this question, posed in advance of an emergency, will provide the federal government with an estimate of the potential volunteer pool that may be available from the states upon request.

- b. If a volunteer responds “Yes” to the federal question, states may be required to collect additional information, e.g., training, physical and medical status, etc.
6. Each state must be able to update volunteer information and re-verify credentials annually. (Note: ASPR will review this requirement regularly for possible adjustments based on industry standards and the experience of the states.)

### **ESAR-VHP Operational Requirements**

7. Upon receipt of a request for volunteers from any governmental agency or recognized emergency response entity, all states should: 1) within 2 hours query the electronic system to generate a list of potential volunteer health professionals to contact; 2) contact potential volunteers; and 3) within 24 hours provide the requester with a verified list of available volunteer health professionals that includes the names, qualifications, credentials, and credential levels of volunteers.
8. Each state must develop a plan to recruit and retain volunteers.
9. Each state must develop a plan for coordinating with all volunteer health professional/emergency preparedness entities to ensure an efficient response to an emergency, including but not limited to MRC units, NDMS teams, and the Federal Emergency Management Agency (FEMA) Citizen Corps.
10. Each state must develop protocols for deploying and tracking volunteers during an emergency (Mobilization Protocols):
  - a. Each state is required to develop written protocols that govern the internal activation, operation, and timeframes of the ESAR-VHP system in response to an emergency. Included in these protocols must be plans to track volunteers during an emergency and for maintaining a history of volunteer deployments. ASPR may ask for copies of these protocols as a means of documenting compliance.
  - b. Each state ESAR-VHP program is required to establish a working relationship with external partners, such as the local and/or state emergency management agency and develop protocols outlining the required actions for deploying volunteers during an emergency. These protocols should ensure continuous (24/7) operability of the ESAR-VHP system. There are three areas of focus:
    - 1) Intrastate deployment: States must develop protocols that coordinate the use of ESAR-VHP volunteers with those from other organizations, such as the MRC.
    - 2) Interstate deployment: States must develop protocols outlining the steps needed to respond to requests for volunteers received from another state. States that have provisions for making volunteers employees or agents of the

state must also develop protocols for the deployment of volunteers to other states through the state emergency management agency via the Emergency Management Assistance Compact (EMAC).

Each state must have a process for receiving and maintaining the security of volunteers' personal information sent to them from another state and procedures for destroying the information when it is no longer needed.

- 3) Federal deployment: Each state must develop protocols necessary to respond to requests for volunteers that are received from the federal government. Further, each state must adhere to the protocol developed by the federal government that governs the process for receiving requests for volunteers, identifying available volunteers, and providing each volunteer's credentials to the federal government.

### **ESAR-VHP Evaluation and Reporting Requirements**

11. Each state must test its ESAR-VHP system through drills and exercises. These exercises must be consistent with the ASPR Hospital Preparedness Program (HPP), Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Program (PHEP), and ASPR ESAR-VHP program requirements for drills and exercises.
12. Each state must develop a plan for reporting program performance and capabilities. Each state will be required to report program performance and capabilities data as specified by the ASPR Hospital Preparedness Program (HPP), CDC Public Health Emergency Preparedness Program (PHEP), and/or the ASPR ESAR-VHP program.