

BRIEF REPORT

The Utility of and Risks Associated With the Use of Spontaneous Volunteers in Disaster Response: A Survey

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ABSTRACT

Objective: The use of spontaneous volunteers (SV) is common after a disaster, but their limited training and experience can create a danger for the SVs and nongovernmental voluntary organizations (NVOs). We assessed the experience of NVOs with SVs during disasters, how they were integrated into the agency's infrastructure, their perceived value to previous responses, and liability issues associated with their use.

Methods: Of the 51 National Voluntary Organizations Active in Disasters organizations that were contacted for surveys, 24 (47%) agreed to participate.

Results: Of the 24 participating organizations, 19 (72%) had encountered SVs during a response, most (79%) used them regularly, and 68% believed that SVs were usually useful. SVs were always credentialed by 2 organizations, and sometimes by 6 (31%). One organization always performed background checks; 53% provided just-in-time training for SVs; 26% conducted evaluations of SV performance; and 21% provided health or workers compensation benefits. Two organizations reported an SV death; 42% reported injuries; 32% accepted legal liability for the actions of SVs; and 16% were sued because of actions by SVs.

Conclusions: The use of SVs is widespread, but NVOs are not necessarily structured to incorporate them effectively. More structured efforts to integrate SVs are critical to safe and effective disaster response. (*Disaster Med Public Health Preparedness*. 2014;8:65-69)

Key Words: spontaneous volunteers, disaster response, nongovernmental organizations

Disasters lead to a widespread sense of altruism as people want to help those affected by the event. This altruistic behavior can be beneficial; for example, blood donations and contributions to charitable organizations increase following a major disaster.^{1,2} In the first 7 days after the 2010 Haiti earthquake, \$275 million was contributed to US nonprofit organizations.³ One survey has found that 74.4% of Americans responded to the September 11, 2001, tragedy with some form of charitable behavior, including donations of money, food, clothing, or blood.² The post-disaster sense of altruism also commonly leads to volunteerism, whereby members of the public desire to provide labor as their means of assisting.

Disaster response organizations, especially nongovernmental voluntary organizations (NVOs), often rely on such volunteers to deliver services due to limited staff and budget. For example, the American Red Cross deployed an estimated 220 000 volunteers to hurricanes Katrina and Rita.⁴ Volunteers who respond or register to respond through appropriate deployment

channels are known as affiliated volunteers and can be an important resource. However, a significant number of people feel compelled to respond unsolicited to a disaster site. In the days and weeks following the terrorist attack on the World Trade Center (WTC), more than 40 000 spontaneous unaffiliated volunteers (SVs) arrived at Ground Zero in New York City.⁵

Although presumably well-intentioned, SVs rarely have formal disaster response training and/or in-field experience. Also, they often arrive without appropriate provisions for shelter, food and water, supplies, equipment, and personal protective gear.⁶⁻⁸ In many instances, SVs arrive specifically to volunteer with an NVO. This unsolicited convergence on the disaster site places a burden on legitimate response agencies in terms of scene safety and personnel required to register, credential, train, and monitor the volunteers in their assigned role.

In spite of the universal presence of SVs after disaster events, data in the literature regarding their use,

utility, and safety are limited. The objective of this study is to assess the experiences of NVOs with SVs during a disaster response. We describe how SVs have been integrated into NVO infrastructure, identify the NVO's perception of the intrinsic value of SVs during disaster response, and report on liabilities associated with their use.

METHODS

A voluntary telephone survey was conducted with organizations identified through the National Voluntary Organizations Active in Disasters (NVOAD) list of member organizations.⁹ NVOAD members are national nonprofit organizations with programs in disaster preparedness, response, and/or recovery. NVOAD requires members to provide specific types of relief services, to have participated in at least 3 responses in 3 years, and to have an annual budget of at least \$1 million or at least 300 staff/volunteers. All NVOAD organizations were contacted by telephone and/or e-mail to request participation in the survey. A telephone survey of managers from the organization was conducted in December 2009. Verbal consent was obtained before the survey was administered.

Survey content was developed based on panel discussions with NVOAD leadership and experts in disaster response and volunteer management, as well as a review of the existing literature and experiences of the authors during recent disaster responses. The content of the survey included questions regarding use of SVs during disasters, SV credentialing and background checks, use of just-in-time training for SVs, skill-specific job assignments, volunteer management, after-action feedback, and safety and liability issues. No personal data were collected.

Data collected were either dichotomous or categorical and analyzed using a database management system (Microsoft Access).

Survey responses were analyzed using simple descriptive techniques. This study was classified as exempt by the Johns Hopkins University School of Medicine Institutional Review Board.

RESULTS

At the time of the survey, 51 organizations met our inclusion criteria, and 24 organizations (47%) completed the survey. Of these organizations, 79% (n = 19) had encountered SVs during their response activities, and 79% of those (n = 15) indicated that they had incorporated SVs into their response activities regularly. Therefore, 62% of all the organizations that responded to the survey actually used SVs as part of their disaster activities. Eleven of the NVOs using SVs (58%) had turned away SVs at least once during a previous response. The majority of these NVOs (n = 13, 68%) responded that they found the volunteers to be useful in assisting with response activities. Of the organizations using SVs, only four (21%) also recruited from Citizen Corps (CC), and five (26%) recruited from Medical Reserve Corps (MRC).

Spontaneous volunteer credentialing was inconsistent. The vast majority (95%, n = 18) of NVO respondents reported that they did not always perform background checks on SVs, and 90% (n = 17) did not consistently check SVs' credentials before using the volunteers in a disaster response (Table).

Of the NVOs using SVs, 53% (n = 10) provided just-in-time training before assignment, while 63% (n = 12) reported that they assign SVs to jobs based on their background, previous training, or specific skill sets. At the end of the SV work period, only 26% (n = 5) of the organizations that used SVs had an evaluation system to provide feedback to their managers.

TABLE

Summary Data Table of Survey Responses

Item	No. of Yes Responses (n = 19)	Percent of Yes Responses
Use spontaneous volunteers (SVs)	15	79
Have turned SVs away during a past response	11	58
Find SVs generally useful	13	68
Do not consistently perform background checks on SVs	18	95
Consistently credential and verify licensure of SVs	4	21
Provide just-in-time training for SVs	10	53
Sort SVs by skill-set, job, or background	12	63
Evaluate SV performance	5	26
Provide benefits	4	21
Accept legal liability for SVs and their actions	6	32
Were sued due to the actions of a SV	3	16
Were sued by an SV	1	5
Reported injuries of SV in the field	8	42
Reported the death of an SV during a past response	2	11

Survey respondents were also questioned regarding risk management issues. Findings showed that 68% (n = 13) of the NVOs were not aware that they accepted at least some legal liability for the actions of SVs working under their direction. Only 21% (n = 4) of organizations reported that they provide protection benefits such as workers compensation to the SVs working for them during a response. Three NVOs (16%) have undergone lawsuits or other litigation as a result of the activities of an SV, and one (5%) NVO had been sued by an SV following a disaster response. Eight (42%) of the surveyed organizations reported that an SV under their supervision had been injured, and two (11%) organizations reported the death of an SV who was working for them during a response.

DISCUSSION

Volunteers are ubiquitous in every disaster and can be useful by providing personnel and skills. For example, citizens in the affected area are the primary rescuers in collapsed structures.^{10,11} Volunteers can be recruited to do simple activities (such as making sandbags during flood events) that can free emergency management personnel to focus on specialized response activities. Volunteers can also help save recovery costs; in Florida, they are included in emergency plans for hurricane clean-up activities.¹² Furthermore, studies have indicated that the experience imparts individual volunteers with positive psychological effects.^{13,14}

In spite of the acknowledged benefits, discussions continue about the utility and safety of using untrained and inexperienced volunteers in a complex disaster environment. Some experienced responders and academicians think that SVs have no appropriate place in a disaster response.^{6,7} To our knowledge, no studies to date have described the use of and liability associated with the use of SVs. Our study sought to identify the methods that NVOs use to incorporate SVs into their response efforts and any risks or liabilities SVs pose for the response organization.

Registration and Credentialing of SVs

In our study, 62% of the organizations had used SVs in response activities; however, fewer than 20% consistently checked their credentials, performed employment/licensure verification, and/or criminal background checks. This lapse represents a potentially significant source of liability for NVOs. To emphasize the risk, anecdotal accounts in the press describe disaster volunteers engaging in questionable "rescue activities in the field,"¹⁵ those who exploit disaster situations,⁸ and medical providers with false credentials.^{16,17}

Following the September 11, 2001, terrorist attacks, substantial federal efforts were made to address and expedite the processing of persons interested in volunteering for disaster relief. Congress authorized the creation of emergency systems for the advance registration for volunteer health

professionals through the Department of Health and Human Services that allows states to develop tools for preregistering a vetted group of health professionals.¹⁸ Examples of federal efforts to organize volunteers and strengthen the nation's response capacity include the CC, MRC, and Community Emergency Response Teams (CERT).

The CC is a branch of the Department of Homeland Security that provides disaster and terrorism response training for volunteers. The MRC, a partner organization of the CC, was created as a national network of local groups of volunteers to strengthen public health, reduce vulnerabilities, improve emergency response capabilities, and build resiliency. MRC volunteers include 200 000 medical, public health professionals, and nonhealth professionals organized into approximately 1000 local units. CERTs are another CC partner organization; it recruits and trains individuals to receive specific training in basic disaster response skills to supplement a community response. Nongovernmental efforts to organize volunteers include NVOs such as the American Red Cross and the Salvation Army. All of these organizations conduct precredentialing and pretraining efforts to ensure the safety and efficacy of their volunteers.

SVs must be registered, briefed, credentialed, assigned appropriate tasks, and monitored and/or supervised.¹⁹ Aakko et al have suggested the use of a volunteer staging and training area near a disaster site where SVs would be registered, credentialed, and issued an identification badge.²⁰ This process requires personnel and resources, but it allows the NVOs to create a database that catalogues SV capabilities, matches skills to an appropriate role, tracks SVs during the event, and collects information from SVs at the end of their deployment. The national response framework volunteer and donations management support annex lists additional resources and coordination partners for volunteer management during a disaster.²¹

Training and Education of SVs

Training and education of volunteers is essential to a safe and effective response environment.^{22,23} Organizations such as the MRC, CERT, and the American Red Cross have volunteer pretraining programs such as codes of conduct, incident command, psychological first aid, and scene safety. Because SVs are unlikely to have had any formal disaster response training, situational briefing and just-in-time training on safety, operations, and incident command must be addressed. However, such training is less common with only half (53%) of NVOs that use SVs in the field providing just-in-time training before assignment. In its SV management plan, the Points of Light Foundation and NVOAD suggest a "go kit" to be distributed to SVs at the volunteer reception center that includes just-in-time training information.²⁴ Standardized just-in-time training on basic injury prevention strategies, such as sunscreen, insect repellent, hand hygiene, potable water, and use of appropriate personal

protective equipment may help reduce the incidence of in-field injuries in SVs.²⁵

Injuries to and Deaths of SVs

NVOs have a responsibility to protect from harm both volunteers and those they serve,²⁶ but 43% reported that an SV under their supervision had been injured and 2 reported the death of an SV during a response. A growing body of evidence reports on the general health effects of disaster response on both professional responders and volunteers. A 2011 study comparing the health outcomes of affiliated volunteers to SVs from the World Trade Center health registry showed that SVs had early and highly intense exposure to environmental hazards and to psychological stressors from the September 11th attacks, resulting in a high prevalence of early mental health diagnoses, chronic post-traumatic stress syndrome (PTSD), asthma/reactive airway disease, and new or worsening lower respiratory symptoms. The authors also reported high levels of unmet health needs following the disaster.²⁷

In a longitudinal study on post-disaster health effects of Hurricane Katrina volunteers, 6.3% of survey respondents reported physical trauma sustained during the response. Participants listed insect bites, skin lesions, respiratory complaints, gastrointestinal complaints, and the presence of PTSD symptoms at the 1-, 3-, and 6-month follow-up periods.²⁵ A 2010 literature review identified 9 studies reporting mental and physical variables in disaster volunteers. The review concluded that, compared to professional responders, volunteers complained of “considerable to high” levels of mental health dysfunction in the post-disaster period, especially PTSD.²⁸

In our study, 2 NVOs reported the death of an SV who was working for the NVO during a disaster response. Anecdotal accounts have also been reported of SV deaths in the field. For example, Rebecca Anderson, a 37-year-old licensed practical nurse who rushed to the scene of the 1995 bombing of the Murrah Federal Building, died of injuries from her rescue attempts.²⁹ To our knowledge, deaths of disaster volunteers have never been studied and reported in the literature.

Risk Management Issues

In spite of the injuries and deaths identified by NVOs in our study, only 18% reported that they provided workers compensation benefits that cover work-related injuries or deaths of employees to their SVs. In fact, workers compensation laws and benefits typically cover employees of the NVO and exclude SVs. If volunteers do not deploy as part of an emergency management assistance compact, or their volunteer activity is not viewed as part of the scope of their normal employment, the SVs may lack compensation for injury or death during the disaster response.³⁰

Thirteen NVOs reported that they did not accept legal responsibility for the actions of SVs during a response, yet 3 reported that they had faced litigation because of an action of an SV and 1 had been sued by an SV. SV disaster response activities may be protected from civil liability under Good Samaritan laws, but this protection is not always clear. These laws generally apply to the scene of an emergency but not to SVs offering care at a health care facility or shelter during a disaster.³⁰ The less screening, credentialing, training, previous service, and supervision a volunteer has, the higher the potential liability for the NVO.²⁶

Some advances have been made in legislation concerning liability and protection for volunteer *health professionals* (VHPs). The proposed Uniform Emergency Volunteer Health Practitioner Act (UEVHPA) provides some protection to licensed VHPs (eg, physicians, nurses, mental health workers, and paramedics) in terms of immunity from claims of negligence, as well as workers compensation benefits for VHPs who are injured when other sources of coverage are not available. However, the UEVHPA has not been uniformly enacted across all states, and some gaps exist in coverage; VHPs and organizations that use them must be aware of those gaps.^{30,31} This legislation does not cover SVs who are not licensed health professionals.

The CC has published a liability guide for informational purposes to provide guidance and resources for governments, response organizations, and other groups that host or use volunteers. The guide offers these groups information on liability issues associated with volunteerism and the use of volunteers as well as a comprehensive overview of the statutory provisions that govern volunteerism in paraphrased, easy to understand language.³²

Study Limitations

SVs are inherently difficult to study directly because they are self-selecting and not registered in advance with any organization. NVOs collect limited information on them, which makes tracking their actions, effectiveness, and consequences difficult. This survey targeted only NVOs and not SVs directly. The sample size was small, and the response rate was limited, so the results may not have been generally representative. The survey instrument did not collect details on specific SV activities or objective measures of utility. Currently, only limited metrics are available for assessing the utility and efficacy of volunteers in a disaster response, which is a gap in the tools available to response organizations.

CONCLUSIONS

The presence of spontaneous unaffiliated volunteers is unavoidable after a disaster. While the findings of this study are not statistically significant, they create a place to begin the discussion of providing a safe way to approach and absorb spontaneous unaffiliated volunteers in the field and may

speak to a greater safety and risk issue regarding these volunteers. While the majority of NVO respondents surveyed in our study found SVs useful, the results indicate that NVOs have not fully addressed issues of registration, credentialing, training, and liability of SVs. Improved management of SVs is important for safety, utility, and liability issues for both SVs and NVOs.

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