

**FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
ENVIRONMENT OF CARE
EMERGENCY PREPAREDNESS**



TITLE: Disaster Privileging	Policy No.: EC-04-009
<p>Purpose: To establish a modified credentialing and privileging process for eligible volunteer practitioners (physicians and allied health practitioners who do not possess medical staff or practice privileges at FLOYD) whereby such volunteers may be accepted to work at FLOYD during an “emergency” or “disaster” (defined as any occurrence that inflicts destruction, harm or distress, and that creates healthcare demands that exceed the capabilities of FLOYD and/or the Medical Staff. Such occurrences may be due to a natural disaster or a man-made disaster, and may be an officially declared emergency, whether it is local, state or national).</p>	<p>Developed Date: 4/05 Review Date: 6/06, 1/09, 6/10, 9/12, 2/14, 4/17 Revised Date: 3/06, 9/07, 5/15, 4/20 Review Responsibility: Safety Officer, Medical Staff Office; Chief Medical Officer, Executive VP of Patient Care Services/CNO; Nursing Leadership; Human Resources Director; Legal Counsel, Executive Staff; Executive Committee of the Medical Staff</p>
<p>Reference Standards: EM.02.02.13, EM.02.02.15</p>	

DEFINITIONS:

Disaster

A situation or event which overwhelms local capacity to respond to the immediate needs of the community and requires immediate response. A Disaster may result in a declaration of a disaster, emergency or public health emergency by an authorized governmental official, and require regional, state, federal, or international assistance, or may be limited to an event which overwhelms the ability of the hospital to care for patients in the ordinary course of business. A Disaster can be of short duration or may be a sustained incident.

Disaster Privileges

The process which permits rapid deployment of healthcare providers during exceptional circumstances upon demonstration of licensure and identity.

Disaster Medical Assistance Team (DMAT)

A group of professional and paraprofessional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide medical care during a disaster.

Emergency Operations Plan

Describes how the hospital provides for patient, visitor and employee safety while coordinating a response to internal and external disaster situations.

ESAR-VHP Program

An Emergency System for Advance Registration of Volunteer Health Professionals program created by or in a manner authorized by the U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (ASPR) to provide advance registration and credentialing of healthcare professionals able to provide services during a disaster or an emergency.

Exceptional Circumstances

Any situation in which any delay in the deployment of Volunteer Physicians or Allied Health Practitioners may cause the exacerbation of illness or injury and/or death of patients at the Hospital.

Hospital Command Center (HCC)

Is defined as prepared location within the hospital in which designated individuals convene to coordinate planning and response activities and the allocation of equipment, personnel and supplies during an emergency or a disaster.

Licensed Independent Practitioner (LIP)

Any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted privileges. Examples:

- ◆ Physician (MD, DO)
- ◆ Physician Assistant (PA)
- ◆ Advanced Practice Registered Nurse (APRN)
- ◆ Dentist
- ◆ Licensed Social Worker (LSW)
- ◆ PhDs
- ◆ Optometrist

Licensed Healthcare Professional (LHP).

Any of the following healthcare professions requiring licensure by the State of Georgia:

- ◆ Registered Nurse (RN)
- ◆ Licensed Practical Nurse (LPN)
- ◆ Laboratory Tech ~ Medical Technologist
- ◆ Respiratory Therapist
- ◆ Pharmacist
- ◆ Social Worker
- ◆ Any other licensed professional, such as CT/MRI/Radiology Technician

Medical Reserve Corps (MRC)

Volunteers who want to donate their time and expertise to prepare for and respond to emergencies.

Volunteers

For the purpose of these guidelines, as Physicians and Allied Healthcare Practitioners, who are not employed by FLOYD that offer to provide services to the hospital without the expectation of compensation.

Policy:

During disaster(s) in which the Emergency Management Plan/Disaster Response Plan is activated and the Hospital cannot meet immediate patient needs, disaster privileges may be granted on a temporary basis to Licensed Independent Practitioner and Licensed Healthcare Practitioner volunteers who are not faculty or staff of FLOYD and who do not already possess clinical privileges at FLOYD, prior to providing patient care, pursuant to the following procedures:

1. Disaster Privileges may be granted on a case by case basis in accordance with the needs of FLOYD and its patients and based on the qualifications of the volunteer practitioners by the Incident Commander handling the disaster (i.e. President and CEO or Executive Vice President).
2. To be eligible for Disaster Privileges, volunteers considered eligible to act as independent practitioners at FLOYD must at a minimum, present a valid government-issued photo identification issued by a state or federal agency, e.g. driver's license or passport, and at least one of the following:
 - ◆ A current valid professional license to practice;
 - ◆ A current picture hospital ID card that clearly identifies professional designation;
 - ◆ Primary source verification of the license;
 - ◆ Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other similar state or federal organization group;
 - ◆ Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by federal, state, or municipal entity; or
 - ◆ Identification by current hospital or medical staff member(s) who possess personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster.
3. After viewing the documents, the hospital representative must record the date and time of the request for Disaster Privileges, the state license number and expiration date and any other pertinent information.
4. If possible, copies should be made of the license and photo ID.
5. The Medical Staff Office and/or Human Resources Office will begin primary source verification of licensure as soon as the immediate situation is under control, and complete such verification within seventy-two (72) hours from the time the volunteer practitioner presents to FLOYD. A record of this information is retained. In the extraordinary circumstance that primary source verification cannot be completed within seventy-two (72) hours (e.g. no means of communication or lack of resources) primary source verification will be completed as soon as possible. In this extraordinary circumstance, Medical Staff Office personnel will document the following:
 - ◆ why the verification was not performed in the required time frame
 - ◆ evidence of a demonstrated ability to continue to provide adequate care, treatment and services, and
 - ◆ an attempt to rectify the situation as soon as possible.

The Medical Staff office will coordinate the Disaster Privileging process for all Licensed Independent Practitioners and the Human Resources Office will coordinate the Disaster Privileging process for all other Licensed Healthcare Professionals.

Primary source verification of licensure is not required if the volunteer practitioner has not provided care, treatment, and services under Disaster Privileges.

6. Upon completion of the Disaster Privileging process, all LIPs, and LHPs are provided with a designated Labor Pool Identification Badge. Volunteer LIPs and LHPs are required to wear their FLOYD Labor Pool ID whenever they are on the FLOYD campus. They are also required to turn in their FLOYD Labor Pool ID to their assigned Labor Pool staff member upon termination of their emergency privileges.
7. The Medical Staff will oversee the professional practice of the volunteer practitioners granted Disaster Privileges. It is recommended that the practitioner be paired with a currently credentialed medical staff member and/or FLOYD employee who has a similar specialty, and should act only under the direct supervision of a Medical Staff Member and/or FLOYD employee. Based on information obtained regarding the professional practice of the volunteer practitioner, within seventy-two (72) hours of granting Disaster Privileges, the Executive Vice President and or Chief Medical Officer will make a determination related to the continuation of the disaster responsibilities initially assigned.
8. A practitioner's privileges, granted under this emergency situation, may be terminated at any time without any reason or cause.
9. When the emergency situation no longer exists, these temporary, Disaster Privileges automatically expire. Such automatic expiration does not constitute an adverse action as defined by the Medical Staff Bylaws and will not give rise to a hearing or review or any other due process rights provided in the Medical Staff or Governing Body By-laws.

Note: All staff should be alerted to direct all volunteer practitioners (Licensed Independent Practitioners and Licensed Healthcare Professionals who do not possess medical staff or practice privileges at FLOYD) to the Incident Command Center for processing of emergency privileges by the Medical Staff Officer and/or Human Resources Office.

Payment

There is no bill for the services of volunteers as they have willingly responded to an emergency on a voluntary basis. Should the response to the event extend over an extended period of time, department specific arrangements are made with the responding entities regarding compensation.

Licensed Independent Practitioners and Licensed Healthcare Professionals who are part of the National Disaster Medical System (NDMS) are considered Federal employees at the time of their deployment, and are compensated by the Federal government.

Logging of Volunteer Hours

Volunteer LIPs and LHPs sign in and out at the beginning and end of their volunteer shift with their assigned FLOYD Labor Pool Coordinator.

FLOYD Labor Pool Coordinators maintain logs of all volunteers working for FLOYD during an emergency incident.

General Liability

If a volunteer LIP or LHP is injured in the line of duty during the emergency incident, they will follow FLOYD's policy for a work related injury and will be covered by FLOYD's Worker's Compensation Insurance.

LIPs and LHPs who are part of the National Disaster Medical System (NDMS) are considered Federal employees at the time of their deployment, and are insured by the Federal government.

Malpractice Liability

All volunteer LIPs and LHPs are required to provide proof of malpractice insurance prior to being granted emergency privileges to practice at FLOYD.

Approved by the Executive Committee of the Medical Staff: August 14, 2006



DISASTER PRIVILEGES FORM

I, _____ certify that I am licensed/certified as a _____ in the state of _____, license number _____. I certify that I have the training, knowledge, and experience to practice in the specialty of _____.

I hereby volunteer my medical services for FLOYD Medical Center during this disaster and agree to practice, as directed and under the supervision of a member of the medical staff.

I agree to wear my ID badge issued by FLOYD at all times when functioning under these temporary disaster privileges to enable staff and patients to readily identify my status.

I agree to abide by all FLOYD policies regarding confidentiality of patient information.

I also acknowledge that my temporary disaster privileges at this hospital shall **immediately terminate** once the disaster has ended, as notified by the hospital, and that these privileges may be terminated without cause or reason, and without right to a hearing or review.

Signature of Practitioner

Date

PRINTED Name of Practitioner

Date

Please provide the copies of the following:

- | | |
|---|---|
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> License and/or Certification |
| <input type="checkbox"/> DEA | <input type="checkbox"/> State Controlled Drug Registration |
| <input type="checkbox"/> Proof of Malpractice Insurance | |

Name of medical/professional/graduate school: _____

Year of Graduation: _____ Date of Birth: _____

Name of hospital or organization where you actively practice: _____
