

HARBOR-UCLA MEDICAL CENTER

SUBJECT: DISASTER PRIVILEGES DURING HOSPITAL
EMERGENCY MANAGEMENT ACTIVATION

POLICY NO. 385A

PURPOSE:

The purpose of this policy is to provide guidance on credentialing and providing privileges to volunteer independent practitioners who present to the medical center during a disaster.

POLICY:

Harbor-UCLA Medical Center (Harbor) may implement a modified credentialing and privileging process for prospective volunteer independent practitioners – physicians, advanced practice nurses, psychologists -- **ONLY** when the medical center has activated its Emergency Management (Operations) Plan – including implementation of the Hospital Incident Command System (HICS) – **AND** is unable to meet immediate patient needs in response to a “Code Triage” incident.

Harbor’s Chief Medical Officer or designee(s) -- or, in their absence a physician member of Harbor’s Professional Staff Association (PSA) -- may grant the disaster privileges to prospective volunteer independent practitioners.

The option to grant disaster privileges shall be made on a case-by-case basis in accordance with Harbor’s needs and the qualifications of the prospective volunteers. Although the credentialing and disaster privileging process is streamlined, it still must have safeguards to assure such volunteer practitioners are competent to provide safe and adequate care, treatment and services through:

1. Verification of licensure and
2. Oversight of the care, treatment, and services provided.

Within 72 hours of the volunteer presenting at Harbor, the medical center shall make a decision – based on information obtained regarding the professional practice of the volunteer -- whether to continue the volunteer’s disaster privileges. Harbor may terminate a volunteer’s disaster responsibilities and credentials at any time without any reason or cause.

With respect to **advanced practice nurses** – i.e., Nurse Practitioner, Nurse Midwife, Nurse Anesthetist – only medical departments that have current approved standardized procedures **prior** to the disaster may use volunteer advanced practice nurses in this clinical capacity during a disaster. The specific clinical

EFFECTIVE DATE: 12/02

SUPERSEDES:

REVISED: 11/03, 07/07, 08/10, 02/17

REVIEWED: 01/05, 08/10, 02/14, 02/17

REVIEWED COMMITTEE: Professional Staff Association Review Committee

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

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capacity shall be defined by currently approved standardized procedures. For at least the first 72 hours after presenting at Harbor, a volunteer advanced practice nurse shall function as if he/she were undergoing Harbor's standard practice of proctoring before granting advanced practice nursing privileges. During this time, a decision shall be made whether to grant disaster privileges. (Refer to Policy EPP 50.1 "Authorization of use of Volunteer Non-physician Practitioners and/or Registered Disaster Service Workers" for specifics regarding the screening, use and monitoring of volunteer advanced practice nurses prior to granting the disaster privileges.)

All prospective volunteers shall be directed to report to the HICS Labor Pool for processing. Harbor shall provide "volunteer" identification badges to independent practitioners to whom it grants disaster privileges. The badge shall identify the wearer as a volunteer, and his/her professional practice discipline.

If possible, the licensed independent practitioner granted disaster privileges should be paired with a credentialed practitioner currently on staff who has a similar specialty, and this pairing shall be documented.

PROCEDURE:**I. AUTHORIZATION OF USE OF VOLUNTEER INDEPENDENT PRACTITIONERS****A. HICS Incident Commander**

The HICS Incident Commander shall:

1. Determine -- in consultation with the HICS Operations Chief and HICS Planning Chief -- if Harbor is **UNABLE** to meet immediate patient needs. If yes,
2. Document the authorization of use of volunteers and the type of volunteers -- independent practitioners, non-physician healthcare practitioners, and/or volunteer registered disaster service workers -- by means of a completed "Note to File -- Use of Volunteers" (Attachment 1) that reflects Harbor has activated its Emergency Management Plan **AND** is unable to meet immediate patient needs.
3. Ensure that the Chief Medical Officer (designees), HICS Labor Pool Unit Leader and Medical Staff Unit Leader are notified of the authorization.
Note: The Chief Medical Officer or designee(s) -- or in their absence a physician member of Harbor's Professional Staff Association -- is authorized to grant disaster privileges to volunteer independent practitioners.
4. Delegate to Medical Department Chairs -- in consultation with the HICS Medical Care Director (designee) -- assignment of specific clinical disaster responsibilities to individual volunteer practitioners.

II. SCREENING, ASSIGNMENT AND OVERSIGHT OF VOLUNTEER PRACTITIONERS**A. Required Identification Documentation from the Volunteer Practitioner**

1. **Prospective volunteers MUST provide the HICS Labor Pool Unit Leader** (or designee, such as the HICS Medical Staff Unit Leader) the following identification documentation:
 - a. Valid government-issued photo identification issued by a state or federal agency (such as driver's license, passport),

And, at least one of the following:

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- b. A current healthcare organization picture identification card that clearly identifies the individual's professional designation.
 - c. Current license to practice.
 - d. Primary source verification of license.
 - e. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Response Corps (MRC), or Los Angeles County Disaster Healthcare Volunteer Surge Unit (LAC-DHV), or other recognized state or federal organizations or groups.
 - f. Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such as authority having been granted by a federal, state, or municipal entity).
 - g. Identification given by current Harbor employee(s) who possesses personal knowledge regarding the volunteer non-physician practitioner's qualifications.
2. The HICS Labor Pool Unit Leader (or designee) shall:
- a. Record the following on the "Code Triage Roster of Volunteer Independent Practitioners Requesting Disaster Privileges" (Attachment 2):
 - Prospective volunteer's name (Column A).
 - Prospective volunteer's (Sub) specialty (Column A).
 - Date and time prospective volunteer presented at Harbor (Column B).
 - Prospective volunteer's government-issued photo identification type and ID number (Column C).
 - Prospective volunteer's state license or other allowable qualification documentation (Columns D, E).
 - Date/time of initial verification – by visual inspection -- of the above-mentioned required identification documentation (Column F).
 - Name of verifier (Column F).
 - b. If possible, obtain copies of the documentation provided by the prospective volunteer.

B. Qualification and Competence Screening, Assignment and Oversight of Disaster Responsibilities

1. The HICS Labor Pool Unit Leader (or designee, such as the HICS Medical Staff Unit Leader) shall based upon the volunteer's professional practice discipline -- request the appropriate medical Department Chair (designee) report to the Labor Pool (or Physician Labor Pool, as directed) to conduct a brief screening interview with the prospective volunteer.
2. The Department Chair (designee) shall:
 - a. Conduct the screening interview -- focusing on baseline qualifications and competence – and document the prospective volunteer's answers using the "Code Triage Volunteer Physician or Non-physician Practitioner Screening Interview" tool (Attachment 3).
 - b. Determine whether the prospective volunteer is qualified to work in the department.
 - c. Report the outcome of the screening interview (to accept or reject the prospective volunteer) to the HICS Labor Pool Unit Leader (or designee) for documentation on the "Code Triage Roster of Volunteer Independent Practitioners Requesting Disaster Privileges" (Attachment 2, Column G).

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- d. Assign the volunteer to the appropriate Division Chief (or designee -- i.e., Attending Physician, etc.) who shall be responsible for overseeing the volunteer's professional practice.
 - e. Inform the HICS Labor Pool Unit Leader (or designee) which mechanism -- direct observation, and/or mentoring, and/or clinical record review -- the medical department shall use to oversee the volunteer's professional performance of clinical disaster responsibilities.

Note: For non-physician independent practitioners, refer to "Code Triage Volunteer Non-physician Independent Practitioner Oversight" chart (Attachment 4) for the specific oversight method to be used. If the medical department is not reflected on the chart, the Department Chair (designee) shall determine the oversight mechanism(s) that will be used and so notify the HICS Labor Pool Unit Leader (or designee).

- f. Obtain a "Disaster/Temporary Licensed Independent Practitioner" identification badge from the HICS Labor Pool Unit Leader (or designee) and provide it to the volunteer who **MUST** wear the badge at all times he/she is performing disaster volunteer work during the "Code Triage" incident. (The "Disaster/Temporary Licensed Independent Practitioner" badge shall distinguish the volunteer from the staff licensed independent practitioners.) Volunteers with a valid identification badge issued by their healthcare organization/employer, or their governmental disaster-response unit shall wear their badge, along with the "Disaster/Temporary Licensed Independent Practitioner" identification badge.
 - g. Escort, or arrange for escort of, the volunteer to the assigned Division Chief (designee).
3. The Division Chief (designee) shall:
 - a. Assign the volunteer to a specific disaster responsibilities based on the volunteer's responses on the "Code Triage Volunteer Physician or Healthcare Practitioner Screening Interview" tool (Attachment 3).
 - b. If possible, pair the volunteer with a credentialed practitioner currently on staff who has a similar specialty. This pairing shall be recorded on the "Code Triage Roster of Volunteer Independent Practitioners Requesting Disaster Privileges" (Attachment 2).
 - c. Perform oversight of the volunteer's professional practice of disaster responsibilities (for non-physician licensed independent practitioners, refer to "Code Triage Volunteer Non-physician Independent Practitioner Oversight" chart for the specific oversight mechanism in Attachment 4).
 - d. **WITHIN 72 HOURS** of the volunteer presenting at Harbor, decide -- based on information obtained regarding the professional practice of the volunteer -- whether to continue or terminate the volunteer's disaster privileges.
 - e. Report the continuation/termination decision to the HICS Labor Pool Unit Leader (or designee) as soon as possible, but in no case later than the above-referenced 72-hour timeframe.
 4. The HICS Labor Pool Unit Leader (or designee) shall document -- on the "Code Triage Roster of Volunteer Independent Practitioners Requesting Disaster Privileges" (Attachment 2) -- the following for each prospective volunteer:
 - a. Date/time of competence screening interview (Column G).

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- b. Interviewer's name (Column G).
- c. Interviewer's department (Column G).
- d. Interviewer's decision to accept or decline volunteer's services (Column G).
- e. Name of Division Chief (designee) assigned to perform oversight (Column H).
- f. Name of PSA member to whom volunteer is assigned, if appropriate (Column H).
- g. Date/time of 72-hour decision to continue or terminate privileges (Column I).
- h. Outcome of 72-hour decision to continue or terminate privileges (Column I).

C. Primary Source Verification

1. The HICS Labor Pool Unit Leader (or designee) shall:
 - a. Complete primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) as soon as the immediate situation is under control or **WITHIN 72 HOURS** from the time the prospective volunteer presents to Harbor, whichever comes first.
 - b. Document -- on the "Code Triage Roster of Volunteer Independent Practitioners Requesting Disaster Privileges" (Attachment 2, Column F) -- the following:
 - Date/time of primary source verification.
 - Verification method.
 - Name of verifier.
2. In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a healthcare profession) cannot be completed in 72 hours (for example, no means of communication, or a lack of resources), the HICS Labor Pool Unit Leader (or designee) shall complete such verification as soon as possible. In such extraordinary circumstance, Harbor **MUST** document **EACH** of the following:
 - a. Why primary source verification could not be performed in the required time frame.
 - b. Evidence of the prospective volunteer's demonstrated ability to continue to provide adequate care, treatment, and services.
 - c. Evidence of the hospital's attempt to perform primary source verification as soon as possible.
3. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) is **NOT** required if the volunteer has **NOT** provided care, treatment, and services under the disaster responsibilities.

D. Discharge from Service

1. Harbor may terminate a volunteer's disaster privileges at any time without any reason or cause.
2. Harbor will discharge volunteers when/if:
 - a. The volunteer's assigned department decides -- based on information obtained regarding the professional practice of a volunteer -- to terminate the volunteer's disaster assignment.

The department must report this to the HICS Labor Pool Unit Leader (or designee) immediately.

- b. Harbor no longer needs the volunteer to meet immediate patient needs.
 3. The department shall terminate the volunteer's assignment and direct the volunteer to the Physician Labor Pool for discharge from volunteer service.
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4. The HICS Labor Pool Unit Leader (or designee) shall process the volunteer out of service, documenting -- on the "Code Triage Roster of Volunteer Independent Practitioners Requesting Disaster Privileges" (Attachment 2) – the following:
 - a. Date/time the volunteer is discharged from volunteer service (Column B).
 - b. Date/time disaster privileges are terminated (Column I).

Reviewed and Approved by:
Professional Staff Association Review Committee – 04/2017

Brant Putnam, M.D.
Professional Staff Association, President

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Attachment 1

LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER
EMERGENCY MANAGEMENT PROGRAM

Note To File – Use of Volunteers

Date: _____

Time: _____

Subject: Authorization of Use of Volunteers

In my capacity as the Incident Commander, at the above-referenced date and time I made the following findings that Harbor-UCLA Medical Center:

1. Has implemented its Hospital Incident Command System (HICS) in response to _____, AND
(Specify the type of disaster – i.e., earthquake, terrorist incident)

2. Is unable to meet immediate patient needs.

Therefore, in my Incident Commander, at the above-referenced date and time, I authorized use of (check all appropriate boxes below):

Volunteer Physician Practitioner, as defined as: A physician licensed to practice.

Volunteer Non-physician Practitioner, as defined as: A practitioner who is qualified to practice a healthcare profession, engaged in the provision of care and services, and required by law and regulation to have a license, certification, or registration to practice his/her healthcare profession. Examples include: Registered Nurses, Licensed Vocational Nurses, Respiratory Care Practitioners, Pharmacists, Licensed Clinical Social Workers.

Volunteer Registered Disaster Service Worker, as defined as: An individual who has chosen to volunteer his/her time to assist a disaster- or emergency-services agency in carrying out the responsibilities of that agency. This individual must be officially registered with an accredited disaster council.

Such findings and authorization(s) are documented by my signature and printed name below.

Signature

Printed Name

Submit this form to the HICS Planning Section (Situation Status Unit Leader) as soon as possible, for incorporation with documentation about Code Triage incident.

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Attachment 2

Code Triage Roster of Volunteer Licensed Independent Practitioners Requesting Disaster Privileges

A Name & (Sub) Specialty	B Arrival Discharge	C Photo ID (govt. issued)	D State License	E Qualification Documentation	F ID Verification	G Dept. Screening	H Assignment & Oversight	I Disaster Privileges
Document following: 1. Last Name 2. First Name 3. (Sub) specialty	Document following: 1. Arrival date 2. Arrival time 3. Discharge date 4. Discharge time	Document following: 1. ID type 2. ID #	Document following: 1. License, type 2. License # 3. Issuing state 4. Issue date 5. Exp. Date	If practitioner does NOT provide state license, MUST provide at least 1 of following: 1. Current healthcare org. photo ID with professional designation 2. Primary source verification of license. 3. Membership ID from a recognized govt. disaster response team (i.e., DMAT, MRC, LAC-DHV. 4. ID showing govt. (federal, state, municipal) authorization to render patient care, treatment, and services in disaster circumstances. 5. ID verified by current Harbor employee(s) with personal knowledge regarding the practitioner's qualifications. Circle corresponding # below of allowable documentation. Record ID # and issuer.	Document following: 1. Date/time of initial ID verification. 2. Name of verifier. 3. Date/time of primary source verification 4. Verification method 5. Name of primary source verifier.	Document following: 1. Date/time of competence screening interview 2. Interviewer's name 3. Interviewer's dept. 4. Interviewer's decision to accept or decline volunteer's services	Document following: 1. Name of Division Chief (designee) assigned to perform oversight 2. Name of PSA member to whom volunteer is assigned, if applicable 3. Oversight method	Document following: 1. Date/time granted 2. Name of person who granted privileges 3. Date/time of 72-hr decision to continue or terminate privileges 4. Outcome of 72-hr decision 5. Date/time terminated
1. 2. 3.	1. 2. 3. 4.	1. 2.	1. 2. 3. 4.	Documentation type = 1 2 3 4 5	1. 2. 3. 4. 5.	1. 2. 3. 4.	1. 2. 3.	1. 2. 3. 4. 5.
1. 2. 3.	1. 2. 3. 4.	1. 2.	6. 7. 8. 9.	Documentation type = 1 2 3 4 5	1. 2. 3. 4. 5.	1. 2. 3. 4.	1. 2. 3.	1. 2. 3. 4. 5.

Submit this form to HICS Planning Section (Situation Status Unit Leader) as soon as possible, for incorporation with documentation about Code Triage incident

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Attachment 3

**LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER
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Volunteer Physician or Healthcare Practitioner Disaster Screening Interview

Instructions: Interviewer shall use this form as a guide for the screening interview. Document responses to all boxes and questions below. Sign/date form at the bottom. Return original of the completed form to the HICS Labor Pool Unit Leader. Keep a copy to use as a reference for the assignment of patient care tasks to approved volunteers.

Incident Date:		Interview Date:	
Volunteer's Name:	Last:	First:	
Volunteer's Phone #:	Emerg. Contact (Name):		Emerg. Contact Phone #:
Current Employer:			Hire Date:
Prof. License/Registration/Certification	Type:	Issuing entity:	Issue Date:
	#:		Exp. Date:

1. What is your current position?

2. How long have you been in your current position?

3. Describe your educational background?

4. Describe your professional background?

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5. Based upon your professional experience procedures/processes related to your professional practice (clinical discipline) are you comfortable and competent to perform? (Use additional form, if necessary, to document any additional procedures/processes.)
- a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
 - h.
 - i.

Interviewer's Name (Printed)

Interviewer's Signature

Date

HICS Labor Pool Unit Leader (designee): Submit original of this form to Planning Section (Situation Status Unit Leader) at the end the Code Triage for incorporation with documentation about Code Triage

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Attachment 4

**LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER
EMERGENCY MANAGEMENT PROGRAM**

Code Triage Volunteer Non-physician Practitioner Oversight

Instructions: Use chart below to identify the designated mechanism for performing oversight of Volunteer Non-physician Practitioners assigned to patient care during a Code Triage incident. If the volunteer’s professional practice and/or the department/service is not reflected on the chart, the Department/Service Manager (designee) shall determine the oversight mechanism(s) that will be used and so notify the HICS Labor Pool Unit Leader (designee).

Service	State Requirement			Oversight Mechanism		
	License	Certification	Registration	Direct Observation	Mentoring	Clinical Record Review
Anesthesiology -- Certified Registered Nurse Anesthetist	X	X		X	X	X
Clinical Social Work -- Licensed Clinical Social Worker	X			X		
Emergency Medicine -- Nurse Practitioner	X	X				X
Family Medicine – Nurse Practitioner	X	X		X	X	X
Family Medicine – Physician’s Assistant						X
Medicine – Nurse Practitioner	X	X		X	X	X
OB/GYN – Certified Nurse Midwife	X	X		X		X
OB/GYN -- Nurse Practitioner	X	X		X		X
Pediatrics – Nurse Practitioner	X	X		X	X	X
Psychiatry -- Psychologist	X					X
Surgery – Nurse Practitioner	X	X		X	X	X