

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: AUTHORIZATION OF USE OF VOLUNTEER  
NON-PHYSICIAN PRACTITIONERS AND/OR  
REGISTERED DISASTER SERVICE WORKERS**

**POLICY NO. 385B**

**PURPOSE:**

The purpose of this policy is to provide guidance on authorizing the use of non-physician practitioners and/or registered disaster service workers who present as volunteers to the medical center during a disaster.

**POLICY:**

Harbor-UCLA Medical Center (Harbor) may assign disaster responsibilities to volunteer non-physician practitioners and volunteer disaster-services workers **only** when Harbor 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.

- **Volunteer Non-physician Practitioner:** 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:** 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.

The HICS Incident Commander (Hospital Administrator or designee) is responsible for authorizing general use of volunteer non-physician practitioners and/or registered disaster service workers. (If there is a HICS Incident Commander, Harbor has activated its Emergency Management Plan.)

The option to assign specific disaster responsibilities to individual volunteers shall be made on a case-by-case basis in accordance with Harbor’s needs and the qualifications of the volunteers. Assignment of disaster responsibilities to such volunteers **MUST** be preceded by a process – albeit streamlined -- for determining qualifications.

**EFFECTIVE DATE: 06/07**

**SUPERSEDES:**

**REVISED: 08/10, 01/14, 02/17**

**REVIEWED: 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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For volunteer non-physician practitioners, this process must have safeguards to assure such volunteers are competent to provide safe and adequate care, treatment and services through:

1. Verification of licensure, certification or registration to practice a healthcare profession, and
2. Oversight of the care, treatment, and services provided.

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. 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 will be made whether to grant disaster privileges. Only Harbor’s Chief Medical Officer or designee(s), or in their absence a member of the Professional Staff Association, is authorized to grant such privileges. (For specifics, refer to Policy EPP 50 “Disaster Privileges During Activation of the Hospital Emergency Management Plan”.)

All prospective volunteers shall be directed to report to the HICS Labor Pool for processing. Harbor shall provide “volunteer” identification badges to non-physician practitioners and/or registered disaster service workers to whom it assigns disaster responsibilities. The badge shall identify the wearer as a volunteer, and his/her professional practice discipline (non-physician practitioners) or disaster service assignment (registered disaster service workers.)

**PROCEDURE:**

**I. AUTHORIZATION OF USE OF VOLUNTEER INDEPENDENT PRACTITIONERS AND/OR VOLUNTEER REGISTERED DISASTER SERVICE WORKERS:**

**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 HICS Labor Pool Unit Leader is notified of the authorization.
  4. Delegate to the appropriate Department/Service Manager (designee) assignment of specific clinical and/or non-clinical disaster responsibilities to individual volunteer non-physician practitioners.
  5. Delegate to the appropriate Department/Service Manager (designee) assignment of non-clinical disaster responsibilities to individual volunteer registered disaster service workers.
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**II. SCREENING, ASSIGNMENT AND OVERSIGHT OF VOLUNTEER NON-PHYSICIAN PRACTITIONERS**

**A. Required Identification Documentation from the Volunteer Non-physician Practitioner**

1. Prospective volunteers **MUST** provide the HICS Labor Pool Unit Leader (designee) the following identification documentation:
  - Valid government-issued photo identification issued by a state or federal agency (such as driver's license, passport), and
  - Valid Basic Life Support provider card. Exceptions: Clinical Laboratory Scientist (Medical Tech), Clinical Social Worker, Dietician, Electroencephalogram (EEG) Tech, Phlebotomist, Pharmacist, Pharmacy Tech, Psychologist, Occupational Therapist, Physical Therapist, Recreational Therapist.

**And**, at least one of the following:

- A current healthcare organization picture identification card that clearly identifies the individual's professional designation.
  - Current license, certification or registration.
  - Primary source verification of license, certification, or registration (if required by law and regulation to practice a healthcare profession).  
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.
  - 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).
  - 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 (designee) shall:
    - Record the following on the "Code Triage Roster of Volunteer Non-physician Practitioners" (Attachment 2):
      - Prospective volunteer's name.
      - Date and time prospective volunteer presented at Harbor.
      - Prospective volunteer's healthcare profession.
      - The documentation the prospective volunteer provided.
    - 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 (designee) shall -- based upon the volunteer's professional practice discipline -- request the appropriate Department/Service Manager (designee) report to the Labor Pool to conduct a brief screening interview with the prospective volunteer.
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2. The Department/Service Manager (designee) shall:
    - Conduct the screening interview -- focusing on baseline qualifications and competence -- and document the prospective volunteer's answers using the "Code Triage Volunteer Physician and Non-physician Practitioner Screening Interview" tool (Attachment 3).
    - Determine whether the prospective volunteer is qualified to work in the department/service.
    - Report the outcome of the screening interview (to accept or reject the prospective volunteer) to the HICS Labor Pool Unit Leader (designee) for documentation on the "Code Triage Roster of Volunteer Non-physician Practitioners" (Attachment 2).
    - Assign the volunteer to a Department/Service Supervisor (or designee -- i.e., Charge Nurse, Lead Tech, etc.) who shall be responsible for overseeing the volunteer's professional practice.
    - Inform the HICS Labor Pool Unit Leader (designee) which mechanism -- direct observation, and/or mentoring, and/or clinical record review -- the department/service shall use to oversee the volunteer's professional performance of clinical disaster responsibilities. Refer to "Code Triage Volunteer Non-physician Practitioner Oversight" chart (Attachment 4) for the specific oversight method to be used.
      - Note:** If either the volunteer's professional practice 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).
    - Obtain a "Disaster /Temporary NON-physician Practitioner" or "Disaster/Temporary Volunteer Registered DSW" identification badge as appropriate to the volunteer from the HICS Labor Pool Unit Leader (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 NON-physician Practitioner" badge shall distinguish these volunteer from staff.) 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" identification badge.
    - Escort, or arrange for escort of, the volunteer to the assigned Department/Service Supervisor (designee).
  3. The Department/Service Supervisor (designee) shall:
    - Orient the volunteer to the department/service, and document this on the department/service-specific orientation checklist.
    - Assess -- and document -- the volunteer's competence on the department/service-specific competency skills checklist.
    - Submit the completed department/service-specific orientation checklist and competency skills checklist to the HICS Labor Pool Unit Leader (designee).
      - Note:** The volunteer **MUST NOT** be assigned disaster responsibilities until the completed checklists are submitted to the HICS Labor Pool Unit Leader (designee).
    - Assign the volunteer deemed "competent" -- as documented on the department/service-specific competency skills checklist -- to disaster responsibilities.
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- Perform oversight (as described “Code Triage Volunteer Non-physician Practitioner Oversight” chart in Attachment 4) of the volunteer’s professional performance of disaster responsibilities.
  - **WITHIN 72 HOURS** of the volunteer presenting at Harbor, decide -- based on information obtained regarding the professional practice of the volunteer – whether to continue the volunteer’s disaster responsibilities assignment.
  - Report the continuation decision to the HICS Labor Pool Unit Leader (designee) as soon as possible, but in no case later than the above-referenced 72-hour timeframe.
4. The HICS Labor Pool Unit Leader (designee) shall document -- on the “Code Triage Roster of Volunteer Non-physician Practitioners” (Attachment 2) -- the following for each prospective volunteer:
- Date of competence screening interview.
  - Department/service conducting screening interview.
  - Department/Service Manager conducting screening interview.
  - Outcome of screening interview (i.e., use or decline services of volunteer)

**C. Primary Source Verification**

1. The HICS Labor Pool Unit Leader (designee) shall 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.
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 (designee) shall complete such verification as soon as possible. In such extraordinary circumstance, Harbor **MUST** document **EACH** of the following:
  - Why primary source verification could not be performed in the required time frame.
  - Evidence of a demonstrated ability to continue to provide adequate care, treatment, and services.
  - 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 will discharge volunteers when/if:
    - The volunteer’s assigned department/service decides -- based on information obtained regarding the professional practice of a volunteer – to terminate the volunteer’s assignment. The department/service must report this to the HICS Labor Pool Unit Leader immediately.
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- Harbor no longer needs the volunteer to meet immediate patient needs.  
**Note:** Harbor may terminate a volunteer's disaster responsibilities at any time without any reason or cause.
- 2. The department/service shall terminate the volunteer's assignment and direct the volunteer to the HICS Labor Pool for discharge from volunteer service.
- 3. The HICS Labor Pool Unit Leader (designee) shall process the volunteer out of service, documenting -- on the "Code Triage Roster of Volunteer Non-physician Practitioners" (Attachment 2) -- the date and time the volunteer is discharged from volunteer service.

**III. SCREENING, ASSIGNMENT AND OVERSIGHT OF VOLUNTEER NON-PHYSICIAN PRACTITIONERS**

Registered Disaster Service Workers should wait for official activation by their supervising disaster council or agency before reporting to Harbor as prospective volunteer.

**A. Required Identification Documentation from the Volunteer Registered Disaster Service Worker**

State law requires a disaster services worker register with an accredited disaster council or an authorized state agency. Most cities and all counties in the state have accredited disaster councils.

1. Prospective volunteers are required to provide the Labor Pool Unit Leader (designee) the following identification documentation:
  - Valid government-issued photo identification issued by a state or federal agency (such as driver's license, passport), and
  - A copy of his/her disaster services worker registration form. This registration form contains each of the following information: 1) registrant's name, 2) registrant's address, 3) registration date, 4) loyalty oath, and 5) service classification to which registrant has been assigned by the issuing accredited disaster council or authorized state agency.

**B. Classification Screening and Assignment of Disaster Responsibilities**

1. The California Emergency Council has approved various service classifications and specialty areas. Accredited disaster councils and authorized state agencies assess the qualifications of the Disaster Service Workers and assign them to the service classification appropriate to their qualifications.
    - Service classifications include: Communications, Community Emergency Response Team Member, Finance & Administrative Staff, Human Services, Laborer, Logistics, Medical & Environmental Health, Safety Assessment Inspector, Search & Rescue, Utilities.
  2. The HICS Labor Pool Unit Leader shall:
    - Record the following on the "Code Triage Roster of Volunteer Registered Disaster Service Workers" (Attachment 5).
      - Prospective volunteer's name.
      - Date and time prospective volunteer presented at Harbor.
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- Prospective volunteer’s healthcare service classification.
  - The documentation the prospective volunteer provided.
  - Obtain copies – if possible, obtain copies – the documentation provided by the prospective volunteer.
  - Assign the volunteer to a department/service consistent with the volunteer’s service classification and the facility’s needs. Document assignment on the “Code Triage Roster of Volunteer Registered Disaster Service Workers” (Attachment 5).
  - Provide the volunteer a “volunteer” identification badge.
3. The Department/Service Manager (designee) shall assign the volunteer to specific disaster responsibilities and to a specific Department/Service Supervisor (designee) for oversight.

**C. Discharge from Volunteer Service**

1. Harbor will discharge volunteers when/if:
  - The volunteer’s assigned department/service decides to terminate the volunteer’s assignment. The department/service must report this to the HICS Labor Pool Unit Leader immediately.
  - Harbor no longer needs the volunteer to meet immediate patient needs.  
**Note:** Harbor may terminate a volunteer’s disaster responsibilities at any time without any reason or cause.
2. The department/service shall terminate the volunteer’s assignment and direct the volunteer to the HICS Labor Pool for discharge from volunteer service.
3. The HICS Labor Pool Unit Leader (designee) shall process the volunteer out of service, documenting -- on the “Code Triage Roster of Registered Disaster Service Workers” (Attachment 5) – the date and time the volunteer is discharged from volunteer service.

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

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Brant Putnam, MD  
Professional Staff Association, President

Signature(s) on File.

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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 Non-Physician Practitioners and Volunteer  
Registered Disaster-Service Workers

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.**
- 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 Non-physician Practitioners**

Name	Arrival Discharge	Healthcare Profession	Photo ID (govt. issued)	BLS Provider ID	State License, Certification, Registration	Qualification Documentation	ID Verification	Dept/Service Decisions	72-hr Decision to re. Volunteer's Service
<b>Document the following:</b> 1. Last Name 2. First Name	Document the following: 1. Arrival date 2. Arrival time 3. Discharge date 4. Discharge time	Document volunteer's profession	Document the following: 1. ID type 2. ID #	Document the following Basic Life Support Provider ID: 1. Issue date 2. Exp. Date  Note: Required for: Echo Techs Nurses (RNs, LVNs, CNAs), Physician Assistants, Pre-hospital Techs (EMTs, Paramedics), Radiology Techs (CT, Nuclear Med, Radiation Therapy, Ultrasound, X-ray), Respiratory Care Practitioners	Document the following: 1. License, cert., reg. type 2. License, cert., reg. # 3. Issue date 4. Exp. date	If volunteer does NOT provide current license, cert. or reg., MUST provide at least 1 of following: 1. Current healthcare org. photo ID with professional designation 2. Primary source verification of licensure, cert., or reg. 3. Membership ID from a recognized state or federal 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 the following: 1. Date/time of <i>initial</i> ID verification 2. Name of <i>initial</i> verifier 3. Date/time of <i>primary source</i> verification 4. Verification method 5. Name of <i>primary source</i> verifier	Document the following: 1. Date/time of competence screening interview 2. Interviewer's name 3. Interviewer's Dept/Service 4. Interviewer's decision to accept or decline volunteer's service	Document the following: 1. Date/time of 72-hr decision to continue or terminate volunteer's service 2. Name of person making 72-hr decision 3. Outcome of 72-hr decision
1.	1.		1.	1.	1.	Documentation type = 1 2 3 4 5	1.	1.	1.
2.	2.			2.	2.		2.	2.	2.
	3.		2.		3.		3.	3.	3.
	4.				4.		4.	4.	
						5.	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  
EMERGENCY MANAGEMENT PROGRAM**

**Volunteer Physician or Non-physician 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	#:	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?
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.

\_\_\_\_\_  
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 incident**

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**Attachment 4**

**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 Anesthetists <sup>a</sup>	X	X		X	X	X
Cardiology/Heart Station -- Echo Tech			X	X	X	
Clinical Social Work -- Licensed Clinical Social Worker	X			X		
Emergency Medicine -- Nurse Practitioner <sup>b</sup>	X	X				X
Family Medicine – Nurse Practitioner <sup>b</sup>	X	X		X	X	X
Family Medicine – Physician’s Assistant						X
Laboratory – Clinical Laboratory Scientist (Medical Tech)	X			X		
Laboratory – Phlebotomist		X		X		
Medicine – Nurse Practitioner <sup>b</sup>	X	X		X	X	X
Neurology – EMG Tech (Neurodiagnostic Tech)			X	X	X	
Nursing – R.N.	X			X		X
Nursing – L.V.N.	X			X		X
Nutritional Services – Registered Dietician			X	X	X	
OB/GYN – Certified Nurse Midwife <sup>c</sup>	X	X		X		X
OB/GYN -- Nurse Practitioner <sup>b</sup>	X	X		X		X
Orthopedic Surgery – Physician’s Assistant						X
Pediatrics – Nurse Practitioner <sup>b</sup>	X	X				
Pharmacy – Registered Pharmacist <sup>d</sup>	X		X	X		
Pharmacy – Pharmacy Tech <sup>d</sup>	X		X	X		
Psychiatry – Psychologist	X					X
Radiology – CT Tech		X		X		
Radiology – Nuclear Med Tech		X		X		
Radiology – Radiation Therapist Tech		X		X		
Radiology – Ultrasound Tech		X		X		
Radiology – X-ray Tech		X		X		
Rehab Services – Occupational Therapist	X			X		X
Rehab Services – Physical Therapist	X			X		X
Rehab Services -- Recreational Therapist		X		X		X
Respiratory Care – Respiratory Care Practitioner	X			X		
Surgery – Nurse Practitioner <sup>b</sup>	X	X		X	X	X

a = State requires RN license **and** advanced practice certification.

b = State requires both license and registration.

c = Oversight by direct observation and/or mentoring, and/or clinical record review.

d = Oversight shall be documented on the form the department uses as part of its regular proctoring/evaluation process

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Attachment 5

**Code Triage Roster of Volunteer Registered Disaster Service Workers**

Worker's Name	Arrival Discharge	Photo ID (govt. issued)	Issuing Disaster Council Or Authorized State Agency	Registration Date	Registered Disaster Service Classification	Verification	Department/Service Assignment
<b>Document the following:</b> 1. Last Name: 2. First Name	Document the following: 1. Arrival date 2. Arrival time 3. Discharge date 4. Discharge time	Document the following: 1. ID type 2. ID #	Document the name of the disaster council or authorized state agency that registered the worker: 1. Issue date 2. Exp. Date	Document date of worker's registration	Document the worker's service classification as assigned by issuing accredited disaster council or authorized state agency	Document the following: 1. Date of verification 2. Name of verifier	
1.  2.	1.  2.  3.  4.	1.  2.	1.  2.			1.  2.	
1.  2.	1.  2.  3.  4.	1.  2.	1.  2.			1.  2.	
1.  2.	1.  2.  3.  4.	1.  2.	1.  2.			1.  2.	

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