

ADMINISTRATIVE POLICY AND PROCEDURE

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Subject: DISASTER PRIVILEGES DURING HOSPITAL EMERGENCY
MANAGEMENT ACTIVATION

Policy No.: A262

Supersedes: June 1, 2016
Origin Date: July 30, 2003

Review Date: June 1, 2023
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PURPOSE:

When RLANRC activates its emergency management plan in response to a disaster and is unable to handle immediate patient needs, RLANRC may grant disaster privileges to volunteer physicians through a modified credentialing and privileging process.

POLICY:

Scope: Disaster privileges are granted to volunteer practitioners outside the RLANRC medical staff so that they can work in the facility when the emergency management plan has been activated.

Frequency: As needed, during a disaster, and when the emergency management plan has been activated.

Responsible parties: In the case of a disaster in which the disaster plan has been activated and the hospital is unable to handle the immediate patient needs, the Professional Staff Association (PSA) President, or in the absence of the President, the President-Elect, Chief Medical Officer, Department Chair(s) or the CEO or designee may grant disaster privileges, based on PSA Bylaws Article V - Clinical Privilege Section 5.5 Disaster Privileges.

PROCEDURE:

1. A volunteer practitioner who does not possess RLANRC clinical privileges may present herself/himself to the hospital during a disaster in which the RLANRC has activated "Code Triage" and initiated the hospital's Emergency Management Plan.
2. Staff shall direct the practitioner to the responsible parties (above-mentioned) designated in the medical staff bylaws or hospital disaster policies to process disaster privileges. Such privileging must occur within the framework of RLANRC's Hospital Emergency Incident Command System (HEICS) and with the individual responsible for credentialing physicians functioning as the HEICS Medical Staff Unit Leader.
3. The practitioner must present a valid government photo identification issued by a state, or federal, agency (e.g., driver's license or passport) and at least one of the following items to verify identification:
 - a. A current picture hospital ID card that clearly identifies professional designation along with a list of the hospital(s) at which the physician currently has or recently had privileges, as well as the addresses and phone numbers of those facilities.
 - b. A current license issued by a state, federal or regulatory agency to practice medicine
 - c. Identification indicating that the physician is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other state or federal organizations or groups.
 - d. Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care, treatment, and services under disaster circumstances.

Revised: 10/06, 6/13, 6/16, 6/23

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Approved By:

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- e. Presentation by a current PSA member(s) with personal knowledge regarding the practitioner's identity and the ability to act as a licensed independent practitioner during a disaster.
4. After reviewing the aforementioned documents, the HEICS Medical Staff Unit shall complete the "Code Triage Roster of Physicians Granted Disaster Privileges" (Attachment I) and record the date and time of the request for disaster privileges, the state license number and expiration date, and any other pertinent information provided by the presenting physician.
5. Copies shall be made of all available documents.
6. The credential committee shall review the presenting practitioner's credentials and advise HEICS medical staff Leader if disaster privileges will be granted.
7. Disaster privileges shall be granted only as dictated by patient care need on a case-by-case basis. The scope of privileges granted shall be consistent with privileges currently or formerly held at another accredited facility.
8. The medical staff services department must still try to primary source verify each volunteer practitioner's licensure within 72 hours if possible.
9. If possible, the volunteer practitioner granted disaster privilege(s) shall be paired with a credentialed member of the medical staff with a comparable scope of practice who will assume oversight for the physician being granted disaster privileges. The HEICS medical staff unit leader should record this pairing in the form.
10. Within 72 hours, the medical staff needs to determine whether the volunteer practitioner's disaster privilege should be continued based on his or her performance.
11. Privileges granted subsequent to this policy may be rescinded by the HEICS medical staff Leader, PSA President, Chief Medical Officer, or the CEO without stated cause.
12. Termination of these disaster privileges, regardless of the reason, shall not give rise to a fair hearing or other review.
13. The privileges of a physician granted subsequent to this policy shall be valid only for the duration of the disaster and shall be terminated automatically when the situation giving rise to the need for such disaster privileges no longer exists.

REFERENCES:

1. The Joint Commissioned Standards EM.02.02.13 and EM.02.02.15.
2. LAC+USC Medical Center "Disaster Privileges for Volunteer Licensed Dependent Practitioners" Effective 07/08/2014
3. "Emergency privileges do not equal disaster privileges" *Medical Staff Leader Insider*, June 9, 2011
4. Rancho Los Amigo National Rehabilitation Center PSA Bylaws
5. Stanford Hospital and Clinics and Lucile Packard Children's Hospital "Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advanced Practice Providers (APP)" Approval Date October 2012.
6. St. Joseph's Hospital and Medical Center "Disaster Credentialing Policy" Revised 03/03/2009.

