



**Los Angeles County Department of Health Services**

<b>Policy &amp; Procedure Title:</b>		Use of Volunteer Practitioners in Emergency/Disaster	
<b>Category:</b>	300-399 Operation Policy	<b>Policy No.:</b>	310.301
<b>Originally Issued:</b>	5/1/2007	<b>Update (U)/Revised (R):</b>	09/01/2009
<b>DHS Division/Unit of Origin:</b>	DHS Human Resources		
<b>Policy Contact – Employee Name, Title and DHS Division:</b> <a href="#">Click here to enter text.</a>			
<b>Contact Phone Number(s):</b>			
<b>Distribution: DHS-wide</b>	<input type="checkbox"/>	<b>If not DHS-wide, other distribution:</b>	

**PURPOSE:**

To ensure the continued treatment, care and provision of services to patients in the event of a disaster or emergency and to provide guidance in the use of volunteer practitioners.

**SCOPE:**

Volunteer practitioners include Licensed Independent Practitioners and Mid-Level Providers and all other professionals who hold a license, permit, certification, or registration to practice their profession.

**DEFINITION(S):**

Licensed Independent Practitioners – Physicians, Dentists, Clinical Psychologists, Podiatrists

Mid-Level Providers – Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, Physician Assistants, Optometrists, Audiologists

All other professionals (See List of Positions Requiring Licensure, Registration, Certification and/or Permit - Attachment I).

**POLICY:**

Each DHS hospital/facility shall have a disaster/emergency management plan in place.

DHS hospitals/facilities may utilize volunteer practitioners to provide care, treatment or services to patients in the event of an emergency or disaster if the following conditions exist:

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*The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

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Revision/Review Dates:  
 Department Head/Designee Approval:

- The facility has activated its disaster/emergency management plan, and
- The immediate needs of patients cannot be met, and/or
- There is a federally declared disaster.

Although volunteer practitioners are allowed to be used in disaster/emergency situations, DHS must still ensure patient safety by conducting background checks, ensuring volunteer practitioners possess required and current licensure, certification, permit, or registration, appropriate qualifications and competencies, and the facility provides appropriate and adequate oversight of the care, treatment and/or services provided by the volunteer practitioner. Once a volunteer practitioner's credentials have been verified, the DHS hospital/facility shall determine where to place the volunteer and what "privileges" they will be granted.

Facilities may, in an emergency/disaster, obtain volunteer practitioners from agencies specializing in pre-qualified practitioners such as a Disaster Medical Assistant Team (DMAT), the Medical Reserve Corp (MRC) and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).

## **PROCEDURE:**

### **REGISTRATION**

The facility must have designated, in writing, a person(s) responsible for assigning emergency/disaster responsibilities.

The Chief Medical Officer or his/her designee(s), or, in his/her absence, a physician member of the Professional Staff Association (privileging agent) shall have sole authority for approving the acquisition and assignment of volunteer health practitioners subject to the credentialing and privileging process.

Normal procedures for bringing in workforce members would first require initiation of a Volunteer/Non-Compensated/Contract or Registry Personnel Action Request (PAR) form (Attachment II). During an emergency/disaster, adequate resources may not be available to initiate a PAR, therefore there must be strict adherence to the authority provisions above. After the emergency/disaster has been alleviated, a PAR should be submitted to DHS Human Resources for audit purposes.

Written guidelines describing the mechanism for overseeing the performance of volunteer practitioners who are assigned emergency/disaster responsibilities (e.g., direct observation, mentoring, clinical record review, visual simulation, verbal feedback) must be in place.

If a County employee wants to volunteer at a facility other than his/her home facility and presents without a valid County badge, that person must be treated and processed in the same manner as a volunteer.

DHS is required to obtain specific information from the volunteer practitioner before he/she is assigned emergency/disaster responsibilities. This information is to be placed on a roster (see Volunteer Health Practitioners Granted Emergency/Disaster Privileges (Attachment III) and Volunteer Practitioners Granted Emergency/Disaster Privileges: Non-Credentialed (Attachment IV)) for use in ensuring compliance follow-up and tracking of volunteers in the DHS facilities.

The roster must contain, at minimum, the following information to ensure compliance with emergency privileging requirements:

1. A valid government issued photo identification issued by a state or federal agency (e.g., driver license or passport) **and at least one** of the following:
  - a. current hospital picture identification care that clearly identifies professional designation
  - b. current license, certification, permit, registration
  - c. primary source verification of licensing, certification, permit, or registration (if required by law to regulate the practice of the profession)
  - d. Identification indicating the individual is a member of the DMAT, MRC, ESAR-VHP or other recognized state or federal organization or group
  - e. Identification indicating the individual has been granted authority to render patient care, treatment, and/or services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity)
  - f. Identification by current organization member(s) who possess personal knowledge regarding the volunteer practitioner's qualification.
2. Primary source verification of licensure, certification, permit, or registration (if required by law and regulation to practice the profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization.

**Note:** If primary source verification cannot be completed in 72 hours because of extraordinary circumstances, it must be completed as soon as possible. The reasons why primary source verification could not be completed within the 72 hours must be documented in writing on the applicable roster. The documentation must include; evidence of a demonstrated ability to provide adequate care, treatment and/or services; and a record of all attempts to rectify the situation. Primary source verification is not required if the volunteer did not provide care, treatment, or services during the disaster.

The volunteer practitioner must complete the Disaster Services Worker (DSW) application (Attachment V). Once the application is completed, the volunteer practitioner will be required to sign a loyalty oath or affirmation and be sworn in by the designated Loyalty Oath Deputy

who will in turn sign and approve the application. If the volunteer practitioner does not complete the DSW form, the volunteer will not be allowed to provide services during the emergency/disaster.

The volunteer practitioner must be provided with a badge. The badge must have the following characteristics:

- Different color from the badges currently active in the facility,
- Department and County logo,
- Name of facility,
- Name of volunteer,
- Designation that the worker is a “Volunteer Practitioner,”
- The volunteer practitioner’s specialty, or role (i.e. runner),
- An expiration date, and
- The printed name and the signature of the authorizing person.

Once this information is obtained, the volunteer practitioner must report to the appropriate Labor Pool (i.e. physician/mid-level practitioner, general labor) as established by the facility.

Volunteer health practitioners, subject to the credentialing/privileging process, shall be assigned to a county physician who will oversee their practice. Practitioners who are not subject to the clinical privileging delineation will be assigned to an appropriate manager.

The Chief Medical Director must make a decision within 72 hours if the volunteer is qualified to continue his/her initial disaster assignment.

All volunteer assignments, granted under the disaster situation, shall be valid only for the duration of the disaster, shall automatically terminate at the end of needed services, and may be terminated at any time without any reason or cause.

Termination of these disaster privileges will not give rise to a hearing or a review.

### **DEBRIEFING AND EVALUATION**

A debriefing should be conducted with the volunteer practitioner to discuss, evaluate and assess the overall emergency/disaster situation, the volunteer practitioner’s mental and physical well-being, and the volunteer practitioner’s performance.

### **ATTACHMENTS/FORMS:**

[Click here to enter text.](#)

### **REFERENCE(S)/AUTHORITY:**

Joint Commission Standards, Emergency Management 02.02.15

Disaster Service Worker Volunteer Program (DSWVP) Guidance – State of California Office of  
Emergency Services – April 6, 2001  
California Standardized Emergency Management System Guidelines