

LAC+USC MEDICAL CENTER POLICY

Subject: DISASTER PRIVILEGES FOR VOLUNTEER LICENSED DEPENDENT PRACTITIONERS	Original Issue Date: 5/13/03	Policy #: 541.1
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Departments Consulted: Human Resources Medical Center Administration Emergency Medicine, Surgery Nursing Services Ancillary Support Services Ambulatory Care Services	Reviewed & Approved by: Office of Emergency Management Credentials and Privileges Advisory Committee Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE

When the hospital activates its Emergency Operations Plan in response to a disaster and the immediate needs of its patients cannot be met, the hospital can choose to rely on volunteer practitioners to meet these needs. This policy allows for a method to streamline the process for determining qualifications and competence and puts in place safeguards to assure that the volunteer practitioners are competent to provide safe and adequate care, treatment, or services.

POLICY

During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and/or regulation to have a license, certification, or registration. This policy delineates the process for assessing and validating their qualifications.

DEFINITIONS

Disaster: An emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain [patient] care, safety, or security functions.

Licensed Dependent Practitioner (LDP): A practitioner who is required by law to have a license, certification, or registration, and who the health care organization does not permit to practice independently, i.e. only with direction or supervision. These include: Physician Assistants, Advanced Practice Nurses (Nurse Practitioners, Nurse Anesthetists, Nurse Mid-Wives), Nursing (Registered Nurses, Licensed Vocational Nurses, Clinical Nurse Specialists), Medical Technicians/Specialists, Emergency Medical Technicians, Paramedics, Respiratory Therapists, Diagnostics, Dieticians, Clinical Social Workers.

Presenting Practitioner: a licensed dependent practitioner who is not an employee of the LAC+USC Medical Center and who indicates a willingness to provide care during a disaster.

Privileging Agent: The Chief Executive Officer (or his/her designee), the Chief Nursing Officer (or his / her designee), the Chief Operations Officer (or his/her designee) working within the framework

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of the Hospital Command Center (HCC) Labor Pool and Credentialing Unit or the individual(s) delegated the authority and responsibility of the HCC Labor Pool and Credentialing Unit.

PROCEDURE

- 1) The hospital may assign disaster responsibilities to volunteer LDPs only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.
- 2) The Privileging Agent:
 - a. This person(s) is responsible for assigning disaster responsibilities to volunteer LDPs. This agent includes the Chief Executive Officer (or his/her designee), the Chief Nursing Officer (or his / her designee), the Chief Operations Officer (or his/her designee) working within the framework of the Hospital Command Center (HCC) Labor Pool and Credentialing Unit or the individual(s) delegated the authority and responsibility of the HCC Labor Pool and Credentialing Unit.
 - b. All hospital staff should direct the Presenting Practitioner to the HCC Labor Pool and Credentialing Unit. Unless otherwise indicated, the Labor Pool and Credentialing Unit will be established in the Hospital Command Center.
- 3) Distinguishing Staff:
 - a. Per hospital policy, all employees, medical staff, trainees, volunteers, duly authorized contractors, and other personnel whether permanent, temporary, or part time, shall wear a photo identification badge issued by the Department of Health Services Human Resources while on the premises.
 - b. In order for the volunteer LDP to be distinguished from the regular staff, the Presenting Practitioner will be provided with a badge that has the following characteristics:
 1. A color to be different from the badges of currently active staff in the facility.
 2. The facility and county logo.
 3. The name of the facility.
 4. The name of the volunteer.
 5. "Volunteer Practitioner" designation.
 6. Specialty or role designation of the volunteer.
 7. Volunteer practitioner's specialty, or role (i.e. runner).
 8. An expiration date.
 9. Photo of the volunteer (or signature if photo is not available).
 10. Printed name and signature of the authorizing person.
- 4) Oversight:
 - a. The volunteer LDP will be paired, if possible, to a regular staff practitioner in a similar specialty. This information is to be included on the "Roster of Practitioners Granted Disaster Privileges" form.
 - b. The regular staff member, to whom the volunteer LDP is paired, will oversee work including, but not limited to, direct observation, mentoring, and medical record review. The findings are reported back to the volunteer and the unit or service supervisor/manager.

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- c. The volunteer LDP must be evaluated for competency, in writing, by the unit/service supervisor/manager who reports their findings to the Labor Pool and Credentialing Unit.
- d. Deviation from any safe practice must be addressed both verbally and in writing. The volunteer will not be allowed to provide direct patient care until the matter is resolved.
- e. Based on its oversight of each volunteer LDP, the hospital determines within 72 hours of the practitioner's arrival if disaster privileges should continue.

5) Eligibility:

- a. The Presenting Practitioner must provide at least 2 forms of identification to the Privileging Agent. These will include 1) a valid government (state or federal agency) issued photo identification, e.g. driver license or passport, and 2) at least one of the following:
 - 1. A current picture identification card from a health care organization that clearly identifies professional designation.
 - 2. A current license to practice.
 - 3. Primary source verification of licensure.
 - 4. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group.
 - 5. Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment or services in disaster circumstances.
 - 6. Confirmation by a licensed independent practitioner currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster.
- b. Copies should be made of the Presenting Practitioner's 2 forms of identification.
- c. The Privileging Agent will review the Presenting Practitioner's credentials and grant disaster privileges on a case-by-case basis.
- d. The Labor Pool and Credentialing Unit will then add the volunteer LDP and all pertinent information to the "Roster of Practitioners Granted Disaster Privileges" form (Attachment 541.1-A).
- e. Completed Disaster Services Worker (DSW) application and signed loyalty oath or affirmation and be sworn in by the Loyalty Oath Deputy.

6) Licensure Verification:

- a. Primary source verification of licensure will occur as soon as the disaster is under control or within 72 hours from the time the LDP presents to the hospital, whichever comes first. The HCC Labor Pool and Credentialing Unit attempts to confirm verification of the volunteer LDP's license, registration and /or certification utilizing standard methods of verification including, but not limited to:
 - 1. Contacting the issuing body responsible for registration, certification, and/or licensure.
 - 2. Contacting former employer(s) as feasible.
 - 3. Contacting colleagues of the volunteer LDP as feasible.
- b. Note: primary source verification is not required if the practitioner has not provided care, treatment, or services under the disaster privileges.

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- c. If primary source verification cannot be completed within 72 hours, it is performed as soon as possible, and the hospital must document all of the following reasons:
1. Reasons(s) it could not be performed within 72 hours of the LDP's arrival.
 2. Evidence of the LDP's demonstrated ability to continue to provide adequate care.
 3. Evidence of the hospital's attempt to perform primary source verification as soon as possible.
- 7) Termination of Disaster Privileges:
- a. The volunteer LDP privileges shall automatically terminate at the end of needed services, e.g. the duration of the disaster including response and recovery.
 - b. The volunteer LDP privileges may be terminated at any time without any reason or cause.
 - c. Termination of the volunteer LDP disaster privileges will not give rise to a hearing or review.
- 8) Debriefing and Evaluation:
- a. A debriefing should be conducted with the volunteer LDP to discuss, evaluate and assess the overall emergency/disaster situation, the volunteer LDP's mental and physical well-being, and the LDP's performance.

RESPONSIBILITY

Administration
Senior Executive Committee
Office of Emergency Management

ATTACHMENTS

Attachment A: "Roster of Practitioners Granted Disaster Privileges"

REFERENCES

Joint Commission Standard EM.02.02.15
LAC+USC Medical Center Policy #511: Photo Identification Badges

REVISION DATE

May 13, 2003; May 05, 2005; May 17, 2010; June 11, 2013; July 08, 2017; September 22, 2017;
November 16, 2020