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|                                      | <b>Policy Area:</b><br>Emergency Management (EM)                              |
| <b>Name of Policy:</b><br>EM600 - Disaster Privileges for Licensed Independent Practitioners and Layperson Volunteers | <b>Replaces Policy Dated:</b> 10/04, 02/09, 01/12, 02/15, 02/16, 02/17, 01/18 |
| <b>Pages:</b> 3   | <b>Effective Date:</b> 02/21/18   |

**PURPOSE**

To provide guidance to staff members responsible for managing volunteer licensed independent practitioners, clinical volunteer and laypersons during the activation of the Emergency Operation Plan.

**POLICY**

Once the Emergency Operation Plan has been activated, volunteer individuals will check in with the:

- A. Medical Staff Labor Pool – Licensed Independent Practitioners (LIPs)
- B. Labor Pool – non-physician volunteer clinicians and laypersons

**Disaster Privileges - Licensed Independent Practitioners (See also MS Bylaws)**

If the Emergency Operation Plan (EOP) has been activated and the Hospital is unable to meet immediate patient needs, the President (or designee) or Chief of Staff (or designee) may, on a case by case basis consistent with medical licensing and other relevant state statutes, grant disaster privileges to provide patient care to selected practitioners who must present at a minimum:

1. a valid government-issued photo identification issued by a state or federal agency (e.g., driver’s license or passport) AND at least one (1) of the following:
2. a current health center photo ID card that clearly identifies professional designation;
3. a current license to practice;
4. primary source verification of the license;
5. identification indicating the individual is a member of Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), Emergency System for Advanced Registration of Voluntary Health Personnel (ESAR VHP), or other recognized state/federal organizations;
6. identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity);
7. identification by a current health center or medical staff member who possesses personal knowledge regarding the volunteer’s ability to act as a licensed independent practitioner during a disaster

HICS forms 252B and 253B will be used to log volunteer LIP service by the appropriate position in the Hospital Command Center.

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An assigned Medical Staff member oversees the professional performance of volunteer practitioners who have been granted disaster privileges by direct observation, mentoring, or clinical record review. They are provided a Texas Health Southlake Physician label which communicates they have checked into the Medical Staff Labor Pool, who their supervising Medical Staff Member is and what date they are approved to work. The Supervising Medical Staff Member will oversee patient care provided by the volunteer LIP by direct observation, mentoring, or clinical record review.

The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.

Primary source verification of licensure 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. If circumstances do not permit verification within 72 hours, the following will occur:

- the reason will be reported to the Incident Commander and documented
- evidence of the LIPs demonstrated ability to continue to provide adequate care will be communicated to Incident Command or designee, and
- verification will be completed and documented as soon as possible.

Once the immediate situation has passed and the Incident Commander feels the use of volunteers is no longer warranted, the practitioner’s disaster privileges will terminate immediately. The President (or designee) or Chief of Staff (or designee) shall also have the authority to terminate disaster privileges. Date and time of termination will be formally documented. Such authority may be exercised in the sole discretion of the Hospital and will not give rise to a right to a fair hearing or an appeal.

### **Management of Non-Physician Clinicians and Layperson Volunteers**

If the Emergency Operation Plan has been activated and the Hospital is in need of non-physician clinical volunteers (i.e. RNs, RTs, etc.) or layperson volunteers, the Hospital President (or designee) may allow the use of clinical volunteers during a disaster. Clinical volunteers who must present at a minimum:

1. a valid government-issued photo identification issued by a state or federal agency (e.g., driver’s license or passport) AND and at least one (1) of the following:
2. a current health center photo ID card that clearly identifies professional designation;
3. a current license, certificate or registration to practice;

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4. identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), Emergency System for Advanced Registration of Voluntary Health Personnel (ESAR VHP), or other recognized state or federal organizations or groups;
5. identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity);
6. identification by a current health center or medical staff member who possesses personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster

HICS forms 252 and 243 will be used by the Labor Pool to log volunteer information, assignment and times of service. The volunteer is provided a Texas Health Southlake Volunteer ID label that communicates that they have checked into the Labor Pool and have been approved, who their supervising Texas Health Southlake staff member is and what date they are approved to work.

An assigned hospital manager/director/administrator assigns and oversees the professional performance of volunteer clinicians and/or laypersons who have been approved by direct observation, mentoring, or clinical record review.

The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of their use in the disaster.

For non-LIP clinical volunteers and laypersons, primary source verification of licensure 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. If circumstances do not permit verification within 72 hours, the following will occur:

- the reason will be reported to the Incident Commander and documented
- evidence of the volunteers demonstrated ability to continue to provide adequate care/assistance will be communicated to Incident Command or designee, and
- verification will be completed and documented as soon as possible.

Once the immediate situation has passed and the Incident Commander feels the use of volunteers is no longer warranted, the volunteers permission to assist will terminate immediately. The President (or designee) or Chief of Staff (or designee) shall also have the authority to terminate use of volunteers. Date and time of termination will be formally documented. Such authority may be exercised in the sole discretion of the Hospital and will not give rise to a right to a fair hearing or an appeal.