

Approved By:	Board of Directors	Adopted Date:	04/24/18
Distribution:	Human Resources, Site Administrators, Incident Command	Revision Date(s):	
Category:	Administration & Governance	Reviewed Date(s):	

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PURPOSE:

In the event an emergency or disaster happens in our region the Open Door Community Health Centers system may not be able to handle the high patient volume. The providers required to triage and treat the number of patients coming to the health center system for care may not be available. This policy provides a process to grant temporary privileges under these circumstances to volunteer physicians, physician assistants, and nurse practitioners who are not employees of ODCHC. They are therefore not credentialed by ODCHC but are licensed as Licensed Independent Practitioners.

POLICY:

During a disaster in which the Health Center Emergency Operations Plan has been activated, Open Door Community Health Centers may grant disaster privileges to individuals deemed qualified and competent. These privileges will be handled on a case by case basis by the CEO, or designee, and the Chief Medical Officer, or designee. These privileges will be granted for the purpose of patient care and will only be valid while the Health Center's Emergency Operations Plan is in force.

PROCESS:

- Open Door Community Health Centers CEO, or designee, will inform Human Resources the Clinic Emergency Operations Plan has been activated and that disaster privileging will be required
- A Disaster Privileging Form (See Disaster Privileging Form at the end of this Policy) will be given to any Licensed Independent Professional (LIP) physician or Advanced Practice Clinician (APC) wishing to request these privileges. The form must be completed, signed by the requesting LIP/APC, and returned to the Chief Medical Officer, or designee, prior to verification and approval of disaster privileges. Before a volunteer practitioner is considered eligible to function as a volunteer LIP/APC, the Chief Medical Officer, or designee, obtains a valid government issued identification issued by state, federal, or regulatory agency (e.g. a driver's license or a passport) and **at least one of the following**:
 - Current hospital photo ID card that clearly identifies professional designation
 - Current medical/professional license
 - Primary source verification of the license (including licensing board website look-up)
 - An ID that certifies the LIP/APC is a member of a state or federal disaster medical assistance team (DMAT), or other recognized state or federal organization or group
 - An ID that certifies the LIP/APC has been granted authority by a federal, state, or local agency to administer patient care in emergencies
 - Identification by a current clinic staff member or LIP/APC staff member, employed by ODCHC who possess personal knowledge regarding the volunteer's ability to act as a LIP/APC during a disaster.
- Prior to approving the volunteer's activities, the Chief Medical Officer, or designee provides notification to an HR representative in-person, by telephone, fax, email or other available means. They will then receive approval from the HR representative allowing the volunteer LIP/APC to provide care. If an HR representative is not immediately available, the Chief Medical

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Officer, or designee will seek approval from the highest ranking ODCHC medical provider (LIP/APC) available at the Health Center.

- The Chief Medical Officer, or designee, oversees the performance and professional practice, care, treatment and services provided by the volunteer LIP/APC through direct observation, mentoring and clinical review. Based upon the oversight of each volunteer LIP/APC, the Chief Medical Officer, or designee, will determine within 72 hours of the practitioners arrival if granted disaster privileges should continue. The Chief Medical Officer, or designee, can recommend suspension of such privileges at any time for any reason with the approval of the Chief Medical Officer, or the highest ranking LIP/APC on site.
- Volunteer LIP/APC will be identified by name badges provided by the Clinic Site Administrator, or designee. LIP/APC who are already on the staff of ODCHC or have been granted privileges will be provided name badges in the event that his/her health center identification is not available
- Primary source verification of licensure occurs as soon as the immediate emergency situation is under control, or within 72 hours from the time the volunteer practitioner presents to the organization, whichever comes first.
 - If for any reason the primary source verification of licensure cannot be completed within 72 hours, the Human Resources representative documents the following:
 - Why the 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 attempt to perform primary source verification as soon as possible
 - If the volunteer practitioner has not provided any care, treatment, or services under the disaster privileges process, primary source verification of licensure would not be required
- When the CEO or designee, has deemed that the Health Center Emergency Operations Plan is no longer needed, all disaster privileges will immediately terminate

REFERENCES:

Stanford Hospital and Clinics, Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advance Practice Providers (AAP) Policy, October 2012

UC San Diego Health System, Disaster Privileges for Volunteer Licensed Independent Practitioners and Allied Health Professionals Policy, September 2009

ASSOCIATED DOCUMENTS:

None

KEY WORDS:

Volunteer, Disaster, Emergency

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Volunteer Licensed Independent Practitioner and Advance Practice Clinician Disaster Privileges Form

I, (print name) _____, certify that I am licensed as a: (circle one)

Physician Podiatrist Dentist Psychologist
Physician Assistant Nurse Practitioner CNM LCSW MFT RN

In the State of _____, license # _____, and I certify I have no restrictions on my licensure to practice.

I also certify I have the training, knowledge, and experience to practice in the specialty of _____ with no restrictions on clinical privileges at any hospital or clinic.

I hereby volunteer my clinical services to Open Door Community Health Centers (ODCHC) during this emergency/disaster situation and agree to practice as directed and under the supervision of a current member of the health center medical staff. I agree to wear my ID badge issued by ODCHC at all times when functioning under the temporary disaster privileges to enable staff and patients to readily identify my status.

I agree to abide by all policies of ODCHC regarding confidentiality of patient information.

I also acknowledge that my temporary disaster privileges at ODCHC shall **immediately terminate** once the emergency/disaster has ended, as deemed by ODCHC Administration, and these privileges may be terminated at any time without cause or reason, and without right to a hearing or review.

I also acknowledge that my temporary disaster privileges at ODCHC do not constitute an offer of employment.

Signature of Provider

Date

The information as provided by the provider has been reviewed and will be verified, as soon as possible, as outlined in the above policy, by Human Resources. On this basis, this provider is hereby granted temporary disaster privileges to treat patients presenting at ODCHC clinics during this emergency/disaster

Chief Medical Officer or designee

Date