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Office of Origin: Medical Staff Services Office

## I. PURPOSE:

To provide a mechanism to permit the utilization of volunteer practitioner resources after the UCSF Medical Center Emergency Operations Plan (EOP) has been implemented and a request for volunteer practitioner resources has been requested through the Hospital Incident Command System (HICS).

## II. REFERENCES

US Department of Homeland Security, National Disaster Medical System (NDMS)  
CA Business and Professions Code 3502.5: Physician Assistant Practice Act  
California Emergency Management Services Authority, Disaster Medical Services  
The Joint Commission, Hospital Accreditation Standards, EM.02.02.13 and EM.02.02.15  
Medical Staff Bylaws, Rules and Regulations – Disaster Privileges  
Medical Staff Credentialing Policy and Procedure  
UCSF Medical Center Emergency Management Plan, Environment of Care Manual  
UCSF Medical Center Emergency Operations Plan  
American College of Emergency Physicians (ACEP)

## III. DEFINITIONS

**Disaster:** A disaster occurs when the disruptive and/or destructive effects of natural or man-made forces overwhelm the ability of the Medical Center to meet the demand for health care services.

**Disaster Privileges:** Privileges granted to administer care, treatment and services to patients when a disaster has been declared. Privileges that are exercised should be equivalent to those exercised at the volunteer practitioner's primary hospital or within the statutory-defined scope of practice for those without primary hospital affiliation. Disaster privileges automatically expire as soon as the disaster is over as determined by the Medical Center HICS.

**Disaster Medical Assistance Team (DMAT):** A group of medical and support personnel designed to provide emergency medical care during a disaster or other unusual event.

**The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP):** The program allows for the advance registration and credentialing of healthcare professionals needed to augment a hospital or other medical facility to meet increased patient/victim care and increased surge capacity needs.

**Hospital Incident Command System (HICS):** Developed by the US Federal Government and subsequently implemented and adopted by state, tribal, and local governments HICS is an emergency management system that employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify UCSF Medical Center in its emergency response along with other hospitals and community emergency responders. HICS is activated at the discretion of the Administrator-On-Call (AOC) to manage the emergency incident/event and ultimately deactivated when medical center operations are deemed at near normal or stable capacity. HICS consists of a flexible management organizational

chart that allows for a customized hospital response to any emergency incident/event. The HICS organizational chart is divided into individual positions grouped into four sections: Operations, Planning, Logistics, and Finance. This division of tasks provides a realistic span of control for each Section Chief and all Managers, Directors, and Unit Leaders reporting to that Chief.

**Labor Pool & Credentialing Unit:** A unit within the Support Branch of the Logistics Section of HICS that collects and inventory available volunteer practitioners at a central point for assignment.

**Licensed Independent practitioners:** Those practitioners permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities.

**Licensed Non-Independent practitioners:** Those non-physician practitioners, such as registered nurses (RNs), and Advanced Health practitioners (AHPs), that are required by law and regulation to have a license, certification, or registration to practice their profession and who are not currently employed by UCSF Medical Center.

**Medical Care Branch Director:** A role within the Operations Section of HICS that organizes and manages the delivery of emergency, inpatient, outpatient, and casualty care, and clinical support services. The Medical Care Branch Director will work with the Resources Unit Leader on determining the need for additional medical staffing.

**Medical Reserve Corps (MRC):** units comprise of locally based medical and public health volunteers who can assist their communities during emergencies.

**Resource Unit Leader:** A role within the Planning Section of HICS that maintains information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment to ensure availability of use during the incident. Maintains a master list of all resources assigned to incident operations.

#### IV. POLICY:

- A. As practical given the circumstances of the emergency, upon activation of the UCSF Medical Center EOP and after assessment of the Medical Center's ability to handle immediate patient care needs (See Appendix A), the Labor Pool & Credentialing Unit is authorized to grant disaster privileges to volunteer practitioners during an emergency. The Labor Pool & Credentialing Unit is not required to grant privileges to any individual and is expected to make such decisions on a case by case basis based on a review of reasonably available information pursuant to the Medical Center HICS and patient care needs.
- B. These volunteers may be either licensed independent practitioners or licensed non-independent practitioners but who are required by law and regulation to have a license, certification, or registration to meet these needs.
- C. Volunteer practitioners may only perform tasks consistent with their area of specialty and within the scope of practice allowed by the practitioner's license/registration. Once these volunteer practitioners have been cleared by the Labor & Credentialing Unit they may or may not be utilized by UCSF Medical Center at the discretion of the Medical Care Branch Director and Resources Unit Leader within HICS.
- D. Under these circumstances, if the usual credentialing and privileging process cannot be performed because of the disaster, the Labor & Credentialing Unit may use a modified credentialing and privileging process on a case-by-case basis for eligible volunteer

practitioners. The modified credentialing and privileging process provides for safeguards to assure that the volunteer practitioners are competent to provide safe and adequate care, treatment, or services.

- E. This policy will assure the integrity of two specific parts of the usual process for determining qualifications and competence:
  - 1. Verification of licensure, certification, or registration required to practice a profession.
  - 2. Oversight of the care, treatment, and services provided to patients.

### V. **PROCEDURE:**

- A. During an emergency, a volunteer practitioner may present to the Medical Center. All staff should direct the volunteer practitioner to the Labor Pool & Credentialing Unit at the Personnel Pool, as per the UCSF Medical Center EOP.
  - 1. The volunteer practitioner will be asked to present to the Labor Pool & Credentialing Unit in the Personnel Pool:
    - a. A valid government-issued photo identification (for example, a driver's license or passport) AND at least one of the following:
      - i. Current picture identification card from a health care organization that clearly identifies professional designation.
      - ii. For licensed independent practitioners (examples: physicians, psychologists, oral surgeons, dentists, etc.) and a current license to practice. For licensed non-independent practitioners, (examples: nurse practitioner, physician assistant, registered nurse, EMT, respiratory therapist, physical therapist, etc.) a current license, certification, or registration.
      - iii. For licensed independent practitioners, primary source verification of licensure is done; for licensed non-independent practitioner, primary source verification of licensure, certification, or registration is done.
      - iv. Identification indicating that the volunteer practitioner is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corp (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group.
      - v. Identification indicating that the volunteer practitioner has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances.
      - vi. 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. For licensed non-independent practitioners, confirmation by hospital staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster.
    - b. All volunteers granted disaster privileges must complete the "Emergency Credentialing Form, Appendix C.

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- c. Those volunteers whose credentials cannot be verified will not be granted disaster privileges.
    2. 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 licensed independent practitioner or licensed non-independent practitioner presents him or herself to the hospital, whichever comes first.
    3. If primary source verification of a volunteer licensed independent practitioner's license or a licensed non-independent practitioner's license, certificate or registration cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following:
      - a. Reason(s) it could not be performed within 72 hours of the practitioner's arrival.
      - b. Evidence of the practitioner's demonstrated ability to continue to provide adequate care, treatment, and services.
      - c. Evidence of the hospital's attempt to perform primary source verification as soon as possible.
    4. If, due to extraordinary circumstances, primary source verification of licensure of volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.
    5. Background checks of all volunteers will be a part of this primary source verification. The Incident Commander will have the authority to forgo any background checks volunteers at their discretion.
  - B. As soon as practical under the circumstances, the designated individual in the Personnel Pool will record: (See Appendix B)
    1. The date and the time the request for disaster privileges was made;
    2. California practitioner license number, with expiration date;
    3. Type of photo identification presented, including an identification number and expiration date, as applicable.
    4. DMAT or other ID issued by government entity.
    5. Name and phone number of hospital where practitioner currently has privileges, (if applicable).
    6. Assigned Supervisor (once privileges are granted).
  - C. Approval of Disaster Privileges: The Labor Pool & Credentialing Unit considers the information presented by the volunteer practitioner and grants Disaster privileges on a case by case basis. Such decisions will be based on a reasonable review of the documentation provided and taking into consideration the nature of the emergency and the need for volunteer practitioners. The Labor Pool & Credentialing Unit has discretion to make such decisions despite the lack of complete information identified if exigent circumstances require. Upon granting privileges, a supervisor or physician is assigned to the volunteer practitioner to assist under Disaster Privileges during the emergency incident/event.
  - D. Identification: volunteer practitioners will be readily identifiable to other hospital staff through their own picture identification along with an identifying colored disaster privilege

- identification badge (ID badge) issued by the Labor Pool and Credentialing Unit.
- E. Identification badges: The designated individual in the Personnel Pool records the supervisor or physician on the Appendix B worksheet and issues a temporary colored Disaster Privilege ID badge that is valid for 72 hours. Volunteer licensed independent practitioners will be issued colored disaster privilege ID badges and licensed non-independent practitioners will be issued a different colored disaster privilege ID badge. The professional degree **MUST BE NOTED** on the disaster privilege ID badges.
- F. Immediately, as resources allow:
1. Copies should be made of the license and the photo identification.
  2. The facility where the person currently practices should be contacted to verify that the person is in good standing (if applicable).
  3. The licensing board should be contacted to verify that the person is in good standing.
    - a. Note: Disaster Privileges may be authorized without immediate verification; however, the verification process must begin immediately as practical once the situation stabilizes. The Labor Pool & Credentialing Unit shall obtain adequate resources to begin immediate verification of volunteer practitioners, pursuant to the Disaster Privileges policy.
- G. Supervision and Oversight:
1. A volunteer licensed independent practitioner should be paired with a UCSF currently credentialed physician.
  2. A volunteer licensed non-independent practitioner should be paired with a UCSF similarly licensed professional or physician.
  3. Physician assistants: Physician assistants may be granted disaster privileges to provide services at the request of responsible officials or pursuant to a mutual aid operation plan established and approved under the California Emergency Services Act, only if they are licensed in California and a licensed physician will supervise their practice during the emergency. The supervising physician does not have to be available personally or electronically if that availability is not possible or practical due to the emergency.
  4. Whenever possible, the volunteer practitioner granted disaster privileges should act only under the direct supervision of a medical staff member or hospital employee.
- H. Expiration of Privileges:
1. The hospital will determine within 72 hours of the granting disaster privileges to the volunteer licensed independent practitioner or a licensed non-independent practitioner whether the privileges should be continued.
  2. A volunteer practitioner's disaster privileges may be terminated at any time without cause or reason. There will be no rights to any hearing or review in the event a volunteer practitioner's disaster privileges are terminated or expire. Upon official determination that the disaster situation has ended, volunteer practitioners who were granted disaster privileges will be notified of the immediate expiration of all disaster privileges.
  3. The volunteer practitioner will relinquish his/her colored disaster privilege ID badge to his/her assigned supervisor or physician who will then return it to the Labor Pool &

Credentialing Unit for proper disposal.

**VI. RESPONSIBILITY**

Questions about the implementation of this policy should be directed to the Medical Staff Services Office.

**VII. HISTORY OF POLICY**

Drafted November 2004 by Director, Medical Staff Services and Director, Risk Management

Reviewed February 2005 by Policy Steering Committee

Reviewed October 2005 by Chief Medical Officer

Reviewed November 2005 by President, Medical Staff and Chair, Credentials Committee

Reviewed November 2005 by Policy Steering Committee

Approved December 2005 by Executive Medical Board and Governance Advisory Council

Reviewed December 2009 by Environment of Care Committee

Reviewed and Approved January 2010 by Medical Staff Credentials Committee

Reviewed February 2010 by Director, Human Resources

Reviewed July 2012 by Emergency Preparedness Manager

Reviewed July 2012 by Director, Medical Staff Office

Reviewed and Approved July 2012 by Policy Steering Committee

Reviewed and Approved July 2012 by Executive Medical Board and Governance Advisory Council

Reviewed and Approved June 2014 by Emergency Management Committee

Reviewed and Approved July 2014 by Policy Steering Committee

Reviewed and Approved July 2014 by Executive Medical Board and Governance Advisory Council

Reviewed and Approved September 2017 by Policy Steering Committee

Reviewed and Approved September 2017 by Executive Medical Board and Governance Advisory Council

**VIII. APPENDICES**

A. Appendix A: Available Medical Staff/Specialties Worksheet

B. Appendix B: Volunteer Staff Registration/Credentialing Form

C. Appendix C: Emergency Credentialing Form (Print)

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## Disaster Privileges

### APPENDIX A. AVAILABLE MEDICAL STAFF/SPECIALTIES WORKSHEET

Utilize this worksheet to inventory available clinical service staff and determine which specialty services are needed to cover patient needs. Contact Personnel Pool to request available volunteer staff and grant disaster privileges as needed.

<i>Physician Last Name, First Name</i>	<i>Specialty</i>	<i>Current Location</i>	<i>ETA</i>	<i>Contact Phone # (Cell/Pager)</i>	<i>Time Assigned to Disaster Area</i>

<b>Unavailable Physicians:</b>	<b>Specialty:</b>

Certifying Officer: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Event: \_\_\_\_\_

## Disaster Privileges

**APPENDIX B. VOLUNTEER STAFF REGISTRATION/CREDENTIALING FORM**

The designated individual in the Labor Pool shall use this form to register volunteer practitioners that present to the Medical Center to assist during a disaster. The Medical Staff Director approves the granting of Disaster Privileges on a case by case basis. If Disaster Privileges are granted to a volunteer practitioner, Appendix C – Emergency Credentialing Form, should be completed and signed by the volunteer practitioner.

#	Name	Address	Government Issued ID*	Medical License	Employer/Hospital Address and Phone	SS#	Time Assigned	Time Released	Specialty/Physician Supervisor	Signature of Volunteer practitioner
1										
2										
3										
4										
5										
6										
7										
8										
9										

\* Includes: Driver's License, Health Care ID, DMAT ID, MRC ID, and/or ESAR-VHP ID.

Certifying Officer: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Event: \_\_\_\_\_



**APPENDIX C. Emergency Credentialing Form (Print)**

I, \_\_\_\_\_, certify that I am licensed/certified as a \_\_\_\_\_ in the  
Print: Last Name, First Name  
state of \_\_\_\_\_, license # \_\_\_\_\_. I certify that I have the training, knowledge and  
State  
experience to practice in the specialty/specialties of \_\_\_\_\_.  
Specialty/Specialties

I have current membership and privileges at the following hospitals/medical centers/ambulatory surgery centers/etc.:

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I hereby volunteer my medical services to UCSF Medical Center during this emergency and agree to practice, as directed and under the supervision of a member of the UCSF Medical Center Medical Staff.

I also acknowledge that my privileges at this hospital shall immediately terminate once the emergency has ended, as notified by the hospital.

\_\_\_\_\_  
practitioner Signature Date

The information as provided by the practitioner has been reviewed and verified, as possible, by the Medical Staff Services Office. On this basis, this practitioner is hereby granted emergency privileges to treat patients presenting to UCSF Medical Center during this disaster.

\_\_\_\_\_  
Medical Staff Director Signature Date