

**Title: DISASTER CRITERIA FOR CREDENTIALING PHYSICIANS AND ALLIED HEALTH PRACTITIONERS**

Document Owner: Chris Stefaniak	PI Team: N/A	Date Created: 11/01/2001
Approver(s): Denise Duschek, Karyn Delgado	Date Approved with no Changes:	Date Approved: 6/17/2020
Location: Saint Joseph Regional Medical Center		Department: Medical Staff Services (14001_80012) – Mishawaka & Plymouth

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:**

1. Any Practitioner providing patient care must be granted privileges prior to providing patient care, even in a disaster situation.
2. Medical Staff and Allied Health who are not members of the medical staff and who do not possess clinical or practice privileges may be granted privileges when only the two conditions are present: The Emergency Management Plan has been activated and the organization is unable to meet patient care needs. No application fee required. The medical staff shall oversee professional practice of each volunteer for the duration of the disaster. There shall be retrospective review of charts for patients treated by volunteers with disaster privileges.

**PROCEDURE:**

- A. The Practitioner must present the following:
  - 1) Valid government issued photo ID issued by a state, federal or regulatory agency (i.e.: Driver’s license or passport). And at least one of the following:
    - a) A current picture hospital ID card from a health care organization that clearly identifies professional capacity.
    - b) Current license to practice, preferably IN license.
    - c) Primary source verification of license shall occur as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent practitioner presents himself/herself to the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner’s licensure cannot be completed within 72 hours of the practitioner’s arrival due to extraordinary circumstances it is performed as soon as possible and the hospital documents all of the following:
      - (1) Reason(s) it could not be performed within 72 hours of the practitioner’s arrival
      - (2) Evidence of the licensed independent practitioner’s demonstrated ability to continue to provide adequate care, treatment and services
      - (3) Evidence of the hospital’s attempt to perform primary sourced verification as soon as possible
    - d) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or MRC, ESAR-VHP, or other recognized state or federal organized group.
    - e) Identification indicating that the individual has been granted authority by a government entity to render patient care, treatment or services in disaster circumstances.
    - f) Presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner’s identity and ability to act as a physician in a disaster.

**Title: DISASTER CRITERIA FOR CREDENTIALING PHYSICIANS AND ALLIED HEALTH PRACTITIONERS**

- B. The following information shall be made available and if possible, verified. Any remaining verifications will be completed as soon as the immediate situation is under control. A decision is made by the organization within 72 hours of the practitioner's arrival if granted disaster privileges should continue.
- 1) Documentation Required for Disaster Privileges:
    - a) Complete Disaster Intake Sheet
    - b) Primary source verification of the following items is also require
      - (1) Current licensure; and controlled substance registration and DEA
      - (2) National Practitioner Data Bank Query
      - (3) Federal Sanction Query and/or OIG sanction clearance
      - (4) If needed, AMA and/or AOA Profile
- C. Verification of the above information should be done as soon as possible by the medical staff office or as soon as feasible. Verification shall be completed utilizing the computer, phone or portable radio. A record of this information should be retained. It is recommended that the practitioner be paired with a currently credentialed medical staff member with similar clinical privileges and should act under the direct supervision of a medical staff member.
- D. Privileges would be granted by the appropriate President of the Hospital or President of the Medical Staff handling the disaster, preferably upon recommendation of the Department Chairperson and/or President of the Medical Staff. If the Department Chairperson or the President of the Medical Staff were unavailable, their designees would be one of the following: 1) Vice President of the Medical Staff, 2) Secretary of the Medical Staff. The responsible individual(s) is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion. The Incident Commander or designee will be notified if none of the above individuals are available for signature.
- E. When the emergency situation no longer exists as determined by the Medical Staff President, these temporary, emergency privileges terminate. If any of the above verifications identify negative findings, the practitioner's privileges could be terminated immediately.
- F. Upon granting of disaster/emergency privileges, the Practitioner will receive a photocopy of the signed approval form to serve as verification for staff to readily identify these individuals. (Temporary privilege form)

**References/Standards:**

- Joint Commission Standard - EM 02.02.13
- Policy Origin Date: November 2001
- Review Date: December 2009, December 2012, December 2015, December 2018
- Revised Date: February 2008, Sept 2011, June 2014, June 2020
- Effective Date: November 2001
- Reviewed/Recommended By: Medical Executive Committee
- Policy 102