TITLE: Disaster Privileges for Volunteer Licensed Independent Practitioners & Allied Health Professionals

REFERENCE: JC MS; CA Business & Professions Code Section 900

POLICY:
Licensed independent practitioners (LIP’s) and licensed allied health professionals (nurse anesthetist, nurse-midwife, nurse practitioner, physician’s assistant, and psychologist) who are not members of the medical staff of UCSD Health System (UCSDHS) and who do not already possess clinical privileges to practice at UCSDHS, may be granted volunteer disaster privileges while the Medical Center “Emergency Disaster” Plan is in effect, and the Medical Center is unable to handle the immediate patient needs as determined under the Hospital Incident Command System (HICS) and authorized by the Hospital Incident Commander. Whether it is local, state, or national, the Chief Executive Officer (CEO), Chief Medical Officer or his/her designee(s) may grant disaster privileges and such decision(s) to grant privileges shall be made on a case-by-case basis.

PROCEDURE:

1. **IDENTIFICATION** The Chief Executive Officer (CEO), Chief Medical Officer, or his/her designee(s) may grant disaster volunteer privileges to practitioners upon the presentation of a valid government-issued photo identification issued by a state or federal agency (e.g. driver’s license or passport) AND at least one of the following:
   A. Licensure:
      1) Physicians: Current license to practice as issued by the Medical Board of California (MBC) or the Osteopathic Medical Board. If the California Director of Emergency Services declares, pursuant to California Business and Professions Code Section 900 that licensed healthcare practitioners from other states may provide services during a disaster, a current professional license to practice from another state may be accepted; OR
      2) Allied Health Professionals: Current license to practice as issued by:
         a) California Board of Registered Nursing for Certified Nurse Midwives, Registered Certified Nurse Anesthetists, and Nurse Practitioner
         b) Medical Board of California for Psychologist (PhD)
         c) Department of Consumer Affairs for Physician Assistant
   B. Identification by current hospital or medical staff member(s) who possesses personal knowledge regarding volunteer’s ability to act as a licensed independent practitioner during a disaster; OR
   C. Primary source verification of the license; OR
   D. Current hospital picture identification card that clearly identifies professional designation; OR
   E. Picture identification which indicates that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), Emergency System for Advance Registration for Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations or groups that themselves require ongoing proof of licensure; OR
   F. Picture identification which indicates that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by a federal, state or municipal entity.

2. **BADGE** If resources are available, provide the practitioner an UCSD Medical Center photo ID Badge. The practitioner’s current photo ID or current photo ID badge may be modified for use as a temporary UCSD Medical Center ID badge if resources are not available to produce an original UCSD Medical Center photo ID Badge.

3. **IDENTIFICATION** Medical Staff Administration will assign disaster volunteer with a PID (physician identification) number.

4. **VERIFICATION OF INFORMATION** The verification process is a high priority. Medical Staff Administration shall begin the verification process of the credentials and privileges of individuals who receive volunteer disaster privileges as
soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to UCSD Medical Center.

A. The verification process shall be identical to the process established under the medical staff bylaws and Medical Staff Policy MCP 010, Temporary Privileges, for the granting of temporary privileges to meet an important patient care need including the following:
   1) Primary source verification of licensure, malpractice insurance coverage and hospital affiliation(s) shall be done as soon as feasible by the Medical Staff Services department/designee(s) using a process identical to that described within Medical Staff policy MCP 010, Temporary Privileges.
   2) The National Practitioner Data Bank (NPDB) and Office of the Inspector General (OIG) will also be queried. A written record of this information and verification(s) shall be retained in Medical Staff Administration utilizing the attached Volunteer Disaster Privilieging form.

B. When emergency verifications are complete the Chief Executive Officer (CEO), Chief Medical Officer, or designee(s) will be notified.

C. The Chief Executive Officer (CEO), Chief Medical Officer, or designee(s) makes a decision within 72 hours related to the continuation of the disaster privileges initially granted based on information obtained regarding the professional practice of the volunteer.

D. In the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g. no means of communication or lack of resources), it is expected that it will be accomplished as soon as possible. In this extraordinary circumstance, documentation will include the following:
   1) Why primary source verification could not be performed in the required time frame
   2) Evidence of a demonstrated ability to continue to provide adequate care, treatment, and services
   3) An attempt to rectify the situation as soon as possible.

E. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment, and services under the volunteer disaster privileges.

5. CONDITIONS OF DISASTER PRIVILEGES:
   A. SUPERVISION The practitioner granted disaster privileges shall practice under the direction and supervision of an existing member of the Medical Staff, in the same specialty if possible, with whom to collaborate in the care of patients.
   B. MONITORING The professional performance of the volunteer practitioner granted disaster privileges will be monitored by either direct observation, mentoring and/or clinical record review.
   C. ATTESTATION The practitioner granted disaster privileges shall, by signed statement:
      1) Attest that all information provided by him/her is true and accurate.
      2) Be bound by all hospital policies and procedures, rules and regulations and the Medical Staff Bylaws, and any directives from the Chief Medical Officer, Chief of Staff, Service Chief, supervising physician or any other hospital or medical staff leader.
      3) Agree to defend, indemnify and hold harmless The Regents of the University of California for all acts and omissions.
   D. RIGHTS The practitioner granted volunteer disaster privileges shall be afforded the corrective action, hearing and appeal procedures available to applicants and members of the Medical Staff and as Allied Health Professionals as defined in the Bylaws, Rules and Regulations.

6. TERMINATION OF PRIVILEGES
   A. Disaster Volunteer Staff privileges will terminate when one of the following occurs:
      1) In the event any information is received that suggests the practitioner is not capable of rendering services in an emergency; or a previously accepted license is shown to have been suspended;
      2) When the “Emergency Volunteer” practitioner’s services are no longer needed; or
      3) When the Medical Center “Emergency Disaster” Plan is inactivated.
**TITLE:** Disaster Privileges for Volunteer Licensed Independent Practitioners & Allied Health Professionals

<table>
<thead>
<tr>
<th>APPROVALS:</th>
<th>Approved:</th>
<th>Revised:</th>
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<tbody>
<tr>
<td>Medical Staff Services Office</td>
<td>04/18/06</td>
<td>07/28/08; 11/04/08; 09/02/2011</td>
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<td>04/27/06</td>
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EMERGENCY/DISASTER PRIVILEGES FOR LICENSED INDEPENDENT PRACTITIONERS & ALLIED HEALTH PROFESSIONALS PRIVILEGE FORM

Emergency Management Activation Plan
Activated: Date: _____ Time: _______

REFERENCE: JC MS 06.01.03; CA Business & Professions Code Section 900; MSP 005

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<th>IDENTIFYING INFORMATION</th>
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SPECIALTY IN WHICH VOLUNTEER DISASTER PRIVILEGES ARE DESIRED

- [ ] Anesthesiology
- [ ] Ophthalmology
- [ ] Psychiatry
- [ ] Dentistry/Oral Surgery
- [ ] Orthopedics
- [ ] Radiology
- [ ] Family and Preventive Medicine
- [ ] Pathology
- [ ] Reproductive Medicine
- [ ] Medicine
- [ ] Pediatrics
- [ ] Surgery
- [ ] Neurosciences
- [ ] Podiatry
- [ ] Emergency Medicine

CURRENT HOSPITAL AFFILIATION

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<tr>
<th>FACILITY NAME</th>
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UCSD MEDICAL CENTER REFERENCE: Name of current hospital or medical staff member(s) who possesses personal knowledge regarding volunteer’s ability to act as a licensed independent practitioner during a disaster

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STATE LICENSURE DATA

A. California Number __________________________ Date of Expiration ___________________

B. State _______________ Number __________________________ Date of Expiration ___________________
DRUGS AND NARCOTICS REGISTRATION

DEA registration number ______________________ Date issued _______________ Expiration Date _______________

☐ Check here if you do not prescribe controlled substances and do not possess registration with the DEA.

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RELEASE OF INFORMATION CONSENT/ATTESTATION

I agree to defend, indemnify and hold harmless The Regents of the University of California for all acts and omissions. I understand that I shall not be granted the general privileges accorded to attending medical staff, but will adhere to the standards of patient care of the Medical Center and Medical Staff. I understand that I shall be afforded the corrective action, hearing and appeal procedures available to applicants and members of the Medical Staff as defined in Article IX and X of these Bylaws, Rules and Regulations, only if the practitioner has been granted the temporary emergency privilege(s). I certify that I have not had a professional license that has been revoked or suspended in any State or possession of the United States.

________________________________________ DATE: ______________________

Signature

THIS SECTION TO BE COMPLETED BY MEDICAL STAFF ADMINISTRATION

PRACTITIONER TO BE SUPERVISED BY: __________________________ (MUST be a member of UCSD Medical Center medical staff)

DATE UCSDMC BADGE PROCESSED: _____ / _____ / _____

PHYSICIAN IDENTIFICATION NUMBER: __________________________

================================VERIFICATION================================

1. HOSPITAL AFFILIATION VERIFICATION DATE: __________ GOOD STANDING: __________
2. UCSD MEDICAL CENTER REFERENCE VERIFICATION DATE: __________________________
3. LICENSE MBC VERIFICATION DATE: __________ STATUS: __________
4. OTHER STATE LICENSE: __________ DATE VERIFIED: __________ STATUS: __________
5. DEA: __________________________ DATE VERIFIED: __________ STATUS: __________
6. NPDB VERIFICATION DATE: __________ STATUS: __________
7. OIG VERIFICATION DATE: __________ STATUS: __________

Verified By: __________________________ Date: __________

Date Privileges Terminated: __________________________
EMERGENCY/DISASTER PRIVILEGES FOR LICENSED INDEPENDENT PRACTITIONERS

PRIVILEGE FORM

Emergency Management Activation Plan
Activated: Date:_____ Time:_______

REFERENCE: JCAHO MS 06.01.01; CA Business & Professions Code Section 900; MSP 004
C:\DIRECTOR\POLICIES\DRAFT\Disaster Privilege Form 4-06.doc

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SOCIAL SECURITY NUMBER*

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of the Regents of the University of California, under Article IX, Section 9, of the California Constitution. The social security number is used to verify your identity, and shall not be disclosed except as permitted by law.

SPECIALTY IN WHICH VOLUNTEER DISASTER PRIVILEGES ARE DESIRED

☐ Anesthesiology ☐ Ophthalmology ☐ Psychiatry

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