

## MODEL DISASTER PRIVILEGES POLICY\*

### **POLICY:**

It is the policy of \_\_\_\_\_ Hospital, to permit the Chief Executive Officer, Medical Staff President, or their designee(s), to grant disaster privileges on a case-by-case basis when the hospital's emergency management plan is activated and the hospital is unable to handle immediate patient care needs. This policy outlines \_\_\_\_\_ Hospital's plan to accept volunteer practitioners and to process the credentials of those practitioners who do not currently possess medical staff privileges to practice at \_\_\_\_\_ Hospital.

### **PURPOSE:**

The purpose of this policy is to outline the process for granting disaster privileges to licensed independent practitioners (LIPs) during the time when the hospital's emergency management plan is activated and the hospital is unable to handle immediate patient care needs.

**RESPONSIBILITY:** The [insert title(s) of responsible individuals(s)]\*\* is/are responsible for granting disaster privileges in accordance with this policy. The [insert title(s) of responsible individuals(s)] is not required to grant disaster privileges and will make such decisions on a case-by-case basis at his or her discretion.

### **PROCEDURE:**

When the hospital's emergency management plan has been activated, the hospital will utilize the following process for any LIP who is not on the medical staff of \_\_\_\_\_ Hospital and who presents his/her self as a volunteer to render services:

1. The practitioner will be directed to \_\_\_\_\_, where he/she must present any one of the following, prior to the granting of disaster privileges:
  - a. a current hospital photo identification card; or
  - b. a current license to practice and a valid picture identification card issued by a state, federal, or regulatory agency; or identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT); or

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\*\* While JCAHO Standard MS.4110 indicates that the Chief Executive Officer, Medical Staff President, or their designee(s) have the ultimate responsibility for granting disaster privileges, MS. 4.110 indicates that the hospital should identify in writing the individual(s) responsible for granting disaster privileges.

- c. 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); or
  - d. presentation by current hospital or medical staff member(s) with personal knowledge regarding the LIP's identity.
2. Once a practitioner obtains approval for disaster privileges, \_\_\_\_\_ Hospital will issue appropriate identification. The practitioner will then report to and practice under the auspices of the chairman/designee of the department to which he/she is assigned.
3. The medical staff will begin the verification process of the credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is under control. The verification process is identical to the process established under the medical staff bylaws for granting temporary privileges to meet an important patient care need, and is a high priority. \*\*\*
4. All disaster privileges will immediately terminate once the emergency management plan is no longer activated. However, the hospital may choose to terminate disaster privileges prior to that time. The practitioner must return the temporary ID card to \_\_\_\_\_.
5. The medical staff will maintain a list of all volunteer practitioners who received disaster privileges during the emergency management/disaster event.

**REFERENCES:**

JCAHO Standard MS.4.110.

\*\*\* *JCAHO Standard MS.4.110 assumes that hospitals have a procedure for granting temporary privileges to meet an important patient care need.*

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