

**YALE-NEW HAVEN HOSPITAL
MEDICAL STAFF POLICY & PROCEDURE
GRANTING DISASTER PRIVILEGES**

Purpose: To appropriately credential physicians who are not members of the Y-NHH Medical Staff in cases of declared emergency or disaster to ensure that volunteer physicians are competent to provide safe, adequate care, treatment and services

Scope: Any physician or mid-level provider* not currently credentialed for the Y-NHH Medical Staff who volunteers or is requested to provide assistance at Y-NHH due to extenuating emergency circumstances or disaster.

Policy: Physicians or mid-level providers* who are not currently members of the Y-NHH Medical Staff and are eligible to be licensed independent practitioners may be granted Emergency Guest (hereinafter referred to as "Disaster") Privileges during an "emergency" or disaster situation. "Disaster" or "Emergency" is defined as either a government declared or Y-NHH declared local, state or national disaster accompanied by the activation of the Hospital Emergency Management Plan. This procedure sets forth the requirements to manage and verify the credentials of such individuals.

In all circumstances, before soliciting or accepting support from outside physicians or mid-level providers, the Y-NHH Command Center will, in consultation with the Chief of Staff (or his/her designee), have determined that the resources of current members of the Y-NHH Medical Staff have been, or are anticipated to be, reasonably exhausted.

The Connecticut Statewide Emergency Medical Staff Credentialing Program will be accessed to identify and contact potential volunteers from other institutions as necessary.

The Hospital CEO requires that Chief of Staff or his/her designee approve all requests for Disaster privileges.

*mid-level providers will be permitted to volunteer under this policy only if their supervising physician has also been approved to volunteer. The duration of the disaster privileges issued to the mid-level and his/her supervising physician will be equivalent.

Procedure:

1. When it has been determined, as described above, that outside physicians or mid-level providers* are necessary, the Chief of Staff or his/her designee will access the Connecticut Statewide Emergency Medical Staff Credentialing database to identify and contact potential volunteers.
2. Upon presentation to the Hospital, volunteer practitioners report to the Medical Staff Lounge (WP1). They will be required to show a current, valid license to practice their profession
AND:
 - A valid government-issued picture ID from a state or federal or agency (e.g. driver's license or passport).
 - Licenses will be primary source verified.

3. Disaster Privileges will be granted by the Chief of Staff or his/her designee on a case-by-case basis according to Hospital and patient care needs.
4. Individuals who are granted Disaster Privileges will be paired with an existing member of the Y- NHH Medical Staff in the same specialty or Department for proctoring and/or supervision as appropriate. These individuals will be issued temporary badges or another form of identification to distinguish them as volunteers. Volunteers will complete any available "Just in Time" training as appropriate based upon the current circumstances.
5. The Chief of Staff, or his/her designee, will maintain a list of individuals that he/she has approved for Disaster Privileges including each individual's name and contact information and provide this information to the Department of Physician Services as soon as possible.
6. Within seventy-two (72) hours from the time the volunteer presents to the organization, or when the situation is deemed under control; whichever occurs first, a Department of Physician Services representative will initiate primary source verification of the credentials other than the primary source verification of licensure already conducted including verification of relevant training and experience, and current competence. The practitioner's primary hospital will be contacted to verify his/her status and current privileges. An NPDB query will also be performed

If verifications cannot be completed within seventy-two (72) hours due to extreme circumstances, documentation will be maintained as to the reasons why this could not take place in this timeframe as well as evidence of demonstrated ability to continue to ensure the provision of adequate care, treatment and services by the volunteer; and a timeframe for completion of the verifications. Verification will be completed as soon as possible.
7. The results of verifications identified in #6 above are presented to the Chief of Staff or his / her designee within seventy-two (72) hours. Based upon this information, the Chief of Staff or his / her designee determines whether the initial disaster privileges issued should be continued.
8. Disaster Privileges will terminate immediately upon determination that any information received through the verification process indicates any adverse information or suggests the practitioner is not capable of rendering services in a disaster or emergency.
9. The duration of Disaster Privileges will be for the period of the "emergency" only.
10. Individuals who are granted disaster privileges, along with the effective dates, will be reported to the Medical Board / Medical Board Administrative Committee and Medical Committee of the Board of Trustees.

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