**Emergency Volunteer Management**

**Policy and Procedure Template December 2016**

**Purpose**

This policy establishes procedures for screening, credentialing, training, assignment, supervision and demobilization of volunteers to augment hospital staff during medical surge and events that exceed hospital staff capability.

The purpose of instituting policies and procedures regarding emergency volunteers is to:

* Provide a mechanism for the coordinated receipt, management and integration of volunteers into hospital emergency operations;
* Control risk to minimize liability for the services of volunteer medical professionals and other volunteers through appropriate management procedures and by maintaining general liability insurance, workers’ compensations insurance, and professional liability as appropriate; and
* Prevent injury to staff and volunteers who are responding to emergencies and secondary injury to individuals who are emergency or disaster victims.

**Definitions**

**Emergency Volunteer Management** is the ability to screen, credential, train, assign, supervise and demobilize volunteers to support healthcare organizations during emergencies.

**Emergency Volunteer** is an individual who renders aid and service without pay or remuneration. Emergency Volunteers may be recruited and deployed to the hospital by an organization (“**Affiliated**”), or may present themselves spontaneously (“**Unaffiliated**”). Emergency volunteers may also be qualified healthcare professional (“**Clinical**”) or without healthcare qualifications (“**Non-Clinical**”).

**Scope**

This policy directs the screening, credentialing, training, assignment of duties, supervision and demobilization of emergency volunteers to augment the hospital’s non-clinical and clinical staff.

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| * Determine whether the hospital will accept unaffiliated volunteers in during an emergency. Unaffiliated volunteers may present to offer aid. If unaffiliated volunteers will be accepted, determine how they will be screened, assigned and supervised and reference them accordingly. |

**Situation Overview**

This policy outlines procedures for the management of emergency volunteers during medical surge or an event that exceeds hospital staff capability. Situations requiring the use of volunteers may include significant or extended external events, and internal events such as system failures or service disruptions.

**Planning Assumptions**

The hospital assumes responsibility for basic needs of emergency volunteers including food, lodging, personal and medical care needs.

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| * Consider additional assumptions based on what is known during the preparedness phase such as: * Will Unaffiliated Volunteers be accepted? * What training is expected of accepted volunteers? |

**Preparedness**

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| * Identify situations that would necessitate the need for emergency volunteers. * Estimate the anticipated number of volunteers based on identified situations and resource needs. * Identify the health professional roles that may be needed in these situations. * Consider how to use volunteers to augment basic clinical care, allowing for hospital staff to provide advanced clinical care * Define the tasks, jobs, care that clinical volunteers will provide/perform (i.e. take vitals, but not detailed primary assessments). Volunteers will need to be provided on the job training, assignment, and supervision accordingly. * Assess how existing hospital volunteers may augment non-clinical staff. |
| * The person(s) who will serve as Volunteer Coordinator per HICS, may be assigned to: * Develop a written position description for clinical emergency volunteers and non-clinical emergency volunteers. * Develop job action sheets for jobs likely to be activated, and for emergency volunteers to assume. Attach job action sheets to position descriptions. * Assist with development of volunteer training. * Maintain staff and planned volunteer contact list. * Review and update (or create) an Emergency Volunteer Policies and Procedures Handbook based on facility’s emergency management plans, emergency volunteer management policies and procedures, and all applicable hospital employee policies and procedures. * Develop plans for establishment of an Emergency Volunteer Management Center. The Center should be set-up in a safe location based on incident conditions away from patient treatment areas and be sufficient to provide for the following: * Registration * Identification * Orientation * Training * Assignment |
| * Review Medical Reserve Corps (MRC) process with your local [MRC Coordinator](https://medicalreservecorps.gov/FindMRC) including: * What are the MRC’s or County’s training requirements for volunteers? (MRCs set their own minimum training requirements.) * Does the MRC verify volunteers’ training? (Not all do.) How is it verified? * What volunteer support functions MRC provides during deployment. * Consult with Volunteer Coordinators from deploying organizations (i.e. MRC, IL HELPS) prior to an event to discuss both the hospital and volunteer organization demobilization procedures. |
| * Review and update the hospital’s credentialing and privileging policies and process for verifying volunteer licenses, registrations or certificates. * Assess malpractice and other insurance coverage for volunteers working within the hospital. * Determine how volunteers will be assessed for compliance with employment requirements (e.g., immunization requirements) and trained on standard employment practices (e.g., HIPAA training). * Assess need for Memoranda of Understanding with other facilities for personnel, supplies or other needs. * Determine what, if any, legal or regulatory obstacles could interfere with use of needed volunteers. |

[**Training**](#_Toc364257905)

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| * Develop and implement internal awareness-training programs with hospital staff, regarding the use of emergency volunteers and planned volunteers during emergency events. * Develop and implement an orientation plan for emergency volunteers (Attachment B). Consider including: * Facility floor plan/map * Review of security procedures, safety information, and emergency codes * HIPAA privacy * Develop training material for emergency volunteers. * Incident objectives, volunteer role to which they are assigned and the chain of command. * Job specific training for volunteers to perform required tasks * Logistical, medical and mental health services and support available to volunteers including applicable liabilities related to the incident and the volunteer’s’ role. |

**Requesting Volunteers**

The Operation Section Chief and Planning Section Chief will determine if additional staffing is needed and notify the Incident Commander of the need.

Should the hospital not be able to fulfill their personnel resource need through their own healthcare organization or through intra-facility resource requests, the hospital will communicate their resource needs to appropriate entity.

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| * Include the anticipated role of personnel being requested and desired licensure/certifications. Understanding the role of the volunteer will help appropriately fill the request, and enables a search for a suitable substitute if the individual(s) with specific desired qualifications are not available. * When making resource requests, healthcare facilities should employ the “SALT” resource requesting approach to ensure requests are thorough, effective and appropriate. * Be Specific * Specify Amount * Include Location * Consider Time * If required - reference ICS form 260 – for resource request documents. * The hospital will determine how to best use / manage all volunteers. * If utilizing the services of the MRC or IL HELPS volunteers will be matched to the needs and requests and deployed to the hospital. (Credentials for these volunteers may have been previously certified, however will need to be verified by the utilizing facility.) * Unaffiliated volunteers may arrive on the scene to offer their help. The facility should determine whether unaffiliated, spontaneous volunteers will be accepted and integrated. If not accepted, those volunteers may be re-directed away from the scene and given an informational sheet instructing them to register with IL HELPS. Explain to the volunteer that registering in IL HELPS allows their credentials to be verified in a timely manner and that once their credentials are verified they will be contacted by a local volunteer coordinator about responding to the situation. |

**Incident Management**

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| * The Operations, Planning and Logistics Sections have detailed volunteer management assignments per HICS. * The Operation Section Chief and Planning Section Chief will determine if additional staffing is needed and notify the Incident Commander of the need. * Several especially important positions in HICS that need to be opened when using volunteers are the Labor Pool & Credentialing Unit Leader, the Staff Health & Well-Being Unit Leader and the Volunteer Coordinator.   **Labor Pool & Credentialing Unit Leader**   * Implement the facility’s emergency credentialing standard operating procedure when volunteers present. * Establish a credentialing desk in the Labor Pool area. * Initiate intake and processing procedures for affiliated (and, if accepted, unaffiliated) volunteers presenting to the facility. * Record information on the Volunteer Staff Registration form (HICS Form 253). * Obtain assistance from the Security Branch Director in the screening and identification of volunteer staff. * Monitor and evaluate the effectiveness of the emergency credentialing standard operating procedure.   **Staff Health & Well-Being Unit Leader**   * Assess current capability to provide medical care and mental health support to staff members including emergency volunteers. * Project immediate and prolonged capacities to provide services based on current information and situation. * Ensure staff are using recommended Personal Protective Equipment (PPE) and following other safety recommendations. * Implement staff prophylaxis plan if indicated. * Prepare for the possibility that a staff member or their family member may be a victim and anticipate a need for psychological support. * Assign mental health personnel to evaluate staff needs. * Ensure that staff and volunteer health and safety issues are being addressed.   **Volunteer Coordinator**   * Assess the need for volunteers at the facility site and at any off-site care center or shelters operated by the facility. * Set up volunteer reporting station at facility or alternative site. * Check credentials of non-staff volunteers who are health professionals and persons authorized by IL HELPS to respond to disaster when reporting for duty. * Assign to appropriate site/activity based on each volunteer’s credentials. * Orient volunteers to assigned duties. * Assign tasks to convergent volunteers as appropriate. * Keep volunteer roster and track assignments. * Assure appropriate supervision of volunteers. |

**Volunteer Management Center**

The Logistics Section will establish a Volunteer Management Center. All volunteers will be directed to the Volunteer Management Center where the following functions will be performed:

**Emergency Volunteer Registration** - All emergency volunteers shall register on arrival in the Volunteer Management Center.

**Verification of Identification** - Volunteers will be required to present valid government-issued photo identification and at least one of the following:

* A current hospital picture identification card that clearly identifies professional designation;
* Documentation of a current active license, certification, or registration;
* Primary source verification of licensure, certification, or registration; with verification being completed by facility through the Illinois Department of Financial & Professional Regulation; <http://www.idfpr.com/licenselookup/licenselookup.asp>
* Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), or part of the state Illinois HELPS registry for medical and health professionals (ESAR-VHP), or other state or federal organizations;
* Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care, treatment, and services in disaster circumstances;

**Process Requests for Disaster Privileging** The practitioner being considered for disaster privileges should complete a form (See Attachment C: [Emergency Volunteer Privileges Application](http://iroquois.org/userfiles/Privileges%20Application.docx)) providing additional information that will allow the facility to follow-up with regular credentialing or privileging procedures, preferably within 72 hours of emergency credentialing when possible. Disaster privileges are generally granted when the facility emergency operations plan has been activated by the Chief Executive Officer, Chief of Staff, Medical Director, or his or her designee(s).

**Initiate Primary Source Verification**. All healthcare volunteers must have their licenses, registrations, or certificates verified within 72 hours of the emergency management plan being activated. Volunteers requiring verification of professional status may be obtained by the Illinois Department of Financial & Professional Regulation website: <http://www.idfpr.com/licenselookup/licenselookup.asp>

**Orientation** Provide volunteer orientation (see [Attachment B](#AttachmentA)).

**Training** Provide volunteer training.

**Assignment** After initial ID verification, general facility orientation, and registration, the volunteer will be sent to the general staffing pool, the nursing staffing pool, or to the Medical Staff Director, depending on the volunteers presented qualifications. Volunteer assignment will be matched appropriately with the licensure and credentials required to operate within the assigned facility and position.

**Volunteer Supervision** Department Director or designee oversees the performance of each volunteer practitioner. Oversight will include:

* Direct observation
* Mentoring
* Monitoring
* Clinical record review

Volunteers may assist with patient care only under the direct supervision of designated personnel who will be available to provide appropriate patient care assignments, give necessary clinical direction, and monitor care provided by the volunteer.

Non-clinical and unaffiliated volunteers will only work in general assistance areas like runners with information and delivery of supplies, or in communications under the direction and supervision of hospital employees.

The maximum an employee can be asked to work is 16 hours with 8 hours off between shifts. The hospital will provide support for employees wishing to remain at the facility awaiting their next shift.

**Demobilization**

Once the situation is manageable and volunteers are no longer needed Demobilization Unit Leader will develop demobilization plan in accordance with protocols for demobilization from the appropriate level of incident management.

The Labor Pool & Credentialing Unit Leader will complete the Demobilization Checklist GP Form 221 (Attachment) and the Volunteer Staff Registration HICS Form 253, and ensure the following:

* Provide volunteers incident de-briefing.
* Upon conclusion of deployment, volunteers should be evaluated by their supervisor(s) using a modified version of ICS Form 225, Individual Personal Rating. Review evaluation with volunteer.
* Ensure the assigned tasks are completed, and/or replacement volunteers are informed of the task status.
* Ensure equipment is returned by volunteers.
* Confirmation of the volunteer’s follow-up contact information.
* Identification of injuries and illnesses acquired during the response.
* Identification of mental/behavioral health needs due to participation in the response When requested or indicated, referral of volunteers to medical and mental/behavioral health services.
* Provide volunteers with a written demobilization plan to include “pertinent information” – i.e. phone numbers to call if issues come up when leaving the facility. The volunteer “is the hospitals” until the volunteer reaches the point of departure, which could be home base.

**Attachment A: HICS Chart & Forms**

* [HICS Incident Management Team Structure](http://www.emsa.ca.gov/Media/Default/PDF/color_HICS.pdf)
* [HICS Form 204](http://www.emsa.ca.gov/Media/Default/Word/hics204.doc) – Branch Assignment List to document staff/volunteer assignments.
* [HICS Form 207](http://www.emsa.ca.gov/Media/Default/Word/hics207.doc) – Organizational Chart to document HICS positions assigned.
* [HICS Form 213](http://www.emsa.ca.gov/Media/Default/Word/hics213.doc) – Incident Message Form to provide a standardized method for recording messages.
* [HICS Form 214](http://www.emsa.ca.gov/Media/Default/Word/hics214.doc) – Operational Log to document incident issues encountered, decisions made and notifications conveyed.
* [ICS Form 221](http://training.fema.gov/EMIWeb/IS/ICSResource/assets/ICS%20Forms/Form%20221-Fillable.docx) – Demobilization Checklist to document demobilization or resource type (personnel) and equipment (radios, phones, pagers) and forms (time sheets, identification badges, etc.) and that they are returned.
* [HICS Form 253](http://www.emsa.ca.gov/Media/Default/Word/hics253.doc) – Volunteer Staff Registration to document volunteer sign-in for operational period.

**Attachment B: Emergency Volunteer Orientation**

**Fire Safety**

To respond rapidly and effectively, memorize an easy to remember word like **R.A.C.E.,** **R**escue, **A**larm, **C**onfine and **E**vacuate; this tells you how to proceed and in what order.

When using a fire extinguisher us the word **P.A.S.S.,** to help you remember the steps to extinguish a fire.

**P**ull the pin out of the extinguisher

**A**im the nozzle at the fire

**S**queeze the extinguisher handle

**S**weep the solution at the base of the fire

When a fire alarm sounds every staff member should take action by noting the location of the fire.

It is important to work with your manager to understand additional fire prevention responsibilities.

Fire Safety Tips: Apply extinguishing agent even after the flames are extinguished never leave an extinguished fire unattended. Stay until the fire department arrives. Check which extinguishers are available in your area and be sure you can properly operate them.

***In the case of any Emergency dial Incident Command Center at Extension \_\_\_\_\_\_\_***

**Hazardous Materials**

All hazardous products utilized must have a SDS (**S**afety **D**ata **S**heet) on file and readily available to employees and Volunteers. Special precautions should be taken when working with certain products. The best place to find that information is the SDS sheet. A paper copy of all SDS sheets can be found in the Emergency Room.

These sheets are designed by OSHA (**O**ccupational **S**afety and **H**ealth **A**dministration) and contain information about physical, health, and fire hazards of the materials and describe appropriate first aid measures. They provide information on personal protection, emergency procedures and additional information on the chemical characteristics.

**Hand Hygiene**

Hand hygiene is the most effective way to prevent the spread of infection. If your hands are visibly soiled, wash with soap and water. If your hands are not visibly soiled, using an alcohol based hand hygiene product such as foam or gel is acceptable.

When washing hands, wet hands, keep water running and apply soap to palm of hands. Rub hands together vigorously covering all surfaces including fingernails, rinse and dry with a paper towel. Use the paper towel to turn off the faucet and to exit the door.

When using alcohol based hand hygiene procedure apply foam or gel to the palm of one hand, rub together vigorously, covering all surfaces including the fingernails for approximately 15 seconds. When hands are dry, they are considered clean.

Alcohol based hygiene products are the preferred method when hands are not visibly soiled. Hand hygiene should be performed when you have direct contact with patients, before eating, after using the bathroom, if in contact with body fluids or broken skin, and after touching equipment or furniture near the patient.

**HIPAA – Health Insurance Portability and Accounting Act – better known as Patient Confidentiality**

Access to documents, materials and information containing medical, personal and/or financial information regarding patients, employees, volunteer or Hospital matters is restricted to those who need the information to carry out their specific work assignments. Unauthorized access to documents or materials and inappropriate use of, discussion of, or dissemination of such information is consider a breach of confidentiality, and as such is grounds for dismissal.

Keep in mind when determining whether you should have access to patient information; use the “need to know” phrase.

I hereby acknowledge the above conditions of Volunteering at

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**Date**

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***Volunteer’s name printed and signed***

**Attachment C: Emergency Volunteer Privileges Application**

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| **PART A: Volunteer Information** |

I am a volunteer, who is making application to assist with an emergency or disaster situation. As a volunteer, I affirm that I am not employed by this organization, and I am willing to provide services to this organization without the expectation of compensation. I authorize the release of any information as may be necessary to enable the healthcare institution to authorize me to provide services. I understand the healthcare institution may utilize the Illinois HELPS system or obtain information from any hospital, ambulatory surgery center, physician office, or other entity with which I have privileges or at which I work to verify my credentials, which will include, but not be limited to, licensure, criminal background check, etc.

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| Name |  |
| Current Home Address |  |
| City, State, Zip Code |  |
| Social Security Number |  |
| Telephone Number |  |
| Cellular Telephone |  |
| *Please check the box above that indicates by which telephone it is best to contact you and at what time*: \_\_\_\_\_ AM \_\_\_\_ PM | |
| E-mail Address |  |
| Date of Birth |  |
| Specialty/Area of Expertise |  |
| Current Employer/Retired |  |
| Name of Primary Hospital Affiliation (if applicable) |  |
| Fluent in These Languages: |  |
| Location of Employer |  |
| Employer Telephone Number |  |
| Licensed?  Yes  No | License Number: State: |
| Certified?  Yes  No | Certification Number: State: |
| Registered?  Yes  No | Registration Number: State: |
| Please list other states in which you hold a License, Certification, or Registration |  |
| Emergency Contact Person |  |
| Emergency Contact Telephone |  |

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| **Part B: Please answer the following questions:** |

1. Do you have any special needs or accommodations that need to be addressed?

No

Yes (If “Yes,” please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there currently pending any challenges against your license, certification, or registration, or has your license, certification, or registration ever been refused, revoked, suspended, terminated, relinquished, reprimanded, probated, monitored, limited, investigated, or challenged in any way or otherwise encumbered either voluntarily or involuntarily or while under or in lieu of an investigation?

No

Yes (If “Yes,” please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not Applicable

1. Have you ever been convicted of a crime, felony, or gross misdemeanor or have any pending charges?

No

Yes

Have you ever been excluded or received sanctions from any state or federal health care program?

No

Yes

1. Are you free of communicable or contagious diseases?

No (If “No,” please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes

Are you presently experiencing any symptoms or health conditions that may negatively affect your ability to serve as a volunteer?

No

Yes (If “Yes,” please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR PHYSICIANS and ALLIED HEALTH PRACTITIONERS ONLY**

1. Are there currently pending challenges against your appointment and/or membership or request for any privileges or scope of practice in any hospital or medical facility, medical organization, society, insurance company, or managed care plan, or has your appointment or membership or request for privileges or scope of practice ever been refused, revoked, suspended, reduced, withdrawn, probated, reprimanded, investigated, challenged, or not renewed either voluntarily or involuntarily or while under or in lieu of an investigation?

No

Yes

1. Are there currently pending challenges against your federal or state narcotics license (DEA registration), or has your license ever been refused, revoked, suspended, terminated, relinquished, reprimanded, probated, monitored, limited, investigated, or challenged in any way or otherwise encumbered either voluntarily or involuntarily or while under or in lieu of investigation?

No

Yes (If “Yes,” please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not Applicable

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| **PART C:** **Orientation** |

By checking the following “boxes,” I certify that I understand my obligation under each of these categories and commit to abiding by these policies along with all the policies that may be provided to me by my supervisor or any other authorized person at this organization:

**Mission and Values:** (*Include here a brief description of its Mission and Values*)

**Confidentiality:** The state and federal privacy laws require all employees and volunteers to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, clinicians, or employees. Protected Health Information (confidential information about patients) can be used for treatment, payment, or operations. Other uses of Protected Health Information must be cleared through a supervisor. If I improperly disclose or discuss confidential information, it not only is a breach of confidence and a lack of concern for others but may also involve me in legal proceedings and result in immediate termination of my ability to assist in the disaster operation.

**Infection Control:** Proper hand washing helps prevent the spread of infections from one person to another. Hand-washing products and stations, hand sanitizers, or similar materials will be provided. I will not enter any room designated as “isolation” or any sterile area, unless approved by my supervisor. If I will be exposed to blood or other bodily fluids or to airborne contaminants that require the use of protective equipment, I understand that I must wear personal protective equipment (PPE). I understand that I will consult with my supervisor for any instructions about PPE or patient contact.

**On-Site Hazards:** Disaster locations are particularly hazardous locations. I will comply with all safety directions given to me by my supervisor. I understand that the Safety Officer has authority with respect to safety in the disaster zone. I will immediately and without question obey any directions given to me by the Safety Officer. I will wear safety-related clothing and equipment as directed.

**Hazardous Materials:** Potentially hazardous materials and chemicals are used in certain areas as part of the daily operations of the hospital Safety Data Sheets (SDS), which describe the hazard and handling instructions for all chemical products, are available. I understand that I should consult with my supervisor for further information.

**General Safety:** I understand that (1) I must report any unsafe conditions or injuries to my supervisor; (2) “Code RED” (*insert appropriate code if different*) indicates that there is a fire and that I am to report to my work area; (3) my supervisor will provide me with the information needed to report a fire and to where I need to report; (4) If there is a severe weather or tornado warning or any other code or alert, my supervisor will direct me.

I understand that I will report to my supervisor or nearest staff person any unsafe condition and/or injury that I sustain while serving as a volunteer. In the event of a called Code or a called Emergency, I will report to my supervisor or the nearest staff person.

**Tobacco Use:** I understand that there is no use of tobacco in the hospital or on its grounds.

**Health Requirements:** I understand that within 72 hours of being approved to serve as a volunteer, I must complete the required health screenings as so directed by Employee Health.

**Identification:** I understand that I must wear my I.D. Badge at all times while serving as a volunteer.

**Patient Rights:** I understand that patients deserve care, treatment, and services that safeguard their personal dignity and that respect their cultural, psychosocial, and spiritual values and that these values often influence the patient’s perception and needs.

**Weapons:** I understand that the policy of the hospital restricts me from bringing any weapons of any kind into the hospital.

**Code of Conduct:** I will abide by the following standards of conduct:

1. I will treat all individuals served by this hospital with care and compassion and without any form of discrimination.
2. I am serving without expectation of compensation. I will not seek payment for the care that I render.
3. I will not discuss personal topics, such as religious beliefs or political views, with staff or patients unless initiated by the patient. Nor will I offer medical advice outside my role. I will speak professionally about the hospital, its staff, its volunteers, and its facilities.
4. I will not report for service while under the influence of an intoxicant or illegal controlled substance, nor will I consume any such illegal controlled substance during my service hours.
5. I shall present myself in a professional manner.
6. I understand that I am responsible for my valuables and personal items.
7. I understand that it is against the policy of this hospital and is illegal under state and federal law for any volunteer, male or female, to harass a patient, staff member, or volunteer.
8. I understand that I must sign in and sign out for each shift and accurately record my time served as a volunteer.

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| **Part D: Identification** |

I have provided 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 for identification purposes:

A current picture employer I.D. card that clearly identifies professional/job designation

A current license to practice

Primary source verification of the license

Identification indicating membership on a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), Illinois HELPS, or other recognized state or federal organization or groups

Identification indicating that I have 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)

Identification by current hospital or medical staff member(s) who possesses personal knowledge regarding my ability to act as a volunteer during a disaster

Other forms of acceptable identification (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part E: Attestation** |

I attest that all the above statements in Parts A, B, C, and D are true and accurate.

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Signature of Applicant Date Time

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Print Name

**FOR PHYSICIANS ONLY**

1. I attestation that all information provided is true and accurate;
2. I attest that I have been provided access to and agree to be bound by, as appropriate, hospital policies and procedures, medical staff bylaws, and directions of the Administrator or designee, Incident Commander, supervising/monitoring physicians, and other administrative and medical staff leaders while acting as a Volunteer and/or providing care during the disaster;
3. I agree to accurately and legibly complete medical records and other documents associated with providing care, as much as is reasonably possible given the exigencies of the situation, and to cooperate with hospital as necessary regarding such care.

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Signature of Applicant Date Time

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Print Name

**STOP HERE**: The organization will complete the following sections:

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| **PART F: Primary Source Verification and Membership on Medical Staff** |

A “checkmark” indicates which of the following sources have been queried and that documentation resulting from these queries is attached:

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| Licensure | Certification | Registration |
| Office of the Inspector General | Drug Enforcement Agency | NPDB |
| Criminal Background Check | Employer Verification | SSN Background Check  National Practitioner Identifier |

Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ Verifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Source Verification was not able to be completed within 72 hours due to (provide explanation):

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Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ Verifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership on Medical Staff**

The following sources have been queried to document that the physician or allied health practitioner has privileges and is in good standing at a hospital:

Illinois Department of Financial & Professional Regulation

Telephone verification

Other attached documentation

Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART G: Approval or Disapproval** |

**Approval:** This Applicant has been approvedto provide volunteer services as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the specialty or area of expertise of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This appointment will remain effective until terminated by the Administrator or Designee.

This volunteer has been assigned to the following supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Administrator, Human Resources, or Designee) Date/Time

**Disapproval**: This Applicant has been denied to serve as a volunteer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Administrator, Human Resources, or Designee) Date/Time

|  |
| --- |
| **PART H: Dismissal** |

**Dismissal**

This volunteer was dismissed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ because services were no longer needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Administrator, Human Resources, or Designee) Date/Time

**Attachment D: Guidelines for Credentialing and Granting Disaster Privileges**

**Volunteer Physicians and Allied Health Practitioners**

**Purpose**

Licensed independent practitioners such as physicians, dentists, podiatrists and allied health practitioners, who are not members of the Medical Staff of the Hospital and who do not already possess clinical privileges to practice at the Hospital, may be granted temporary disaster privileges if the Hospital experiences a disaster which causes activation of the Hospital's Emergency Management Plan and overwhelms the Hospital's ability to handle immediate patient needs.

These Guidelines describe the procedures for the granting of disaster privileges to Volunteer Physicians and Allied Healthcare Practitioners (licensed independent practitioners), who are competent to provide safe and adequate care, treatment and services when the Hospital’s Emergency Management Plan has been activated and the Hospital is unable to handle the immediate patient needs, utilizing the medical professionals currently credentialed and privileged at the Hospital. Even in a disaster, the integrity of the primary components of the usual process for determining qualifications and competence must be maintained: verification of licensure, certification or registration, required to practice a profession and oversight of care, treatment and services provided.

**Definitions**

**Administrator** means, for the purpose of these guidelines, the hospital Chief Executive Officer or Administrator or President of the Medical Staff or their designee, who has authority to grant disaster privileges.

**Allied Healthcare Practitioners** means healthcare practitioners, who are not physicians but are authorized under state law to practice and are eligible to apply for and, if approved, be granted individual clinical privileges to provide services within the Hospital. Examples of Allied Healthcare Practitioners may include optometrists, nurse anesthetists, nurse midwives, nurse practitioners, advanced practice nurses and physician assistants.

**Criminal Background Check** means any action taken to evaluate whether a possible volunteer has a criminal record which indicates to a reasonable person that the volunteer might pose a threat to the health or safety of patients or staff.

**Disaster** means a situation or event which overwhelms local capacity to respond to the immediate needs of the community and requires immediate response. A Disaster may result in a declaration of a disaster, emergency or public health emergency by an authorized governmental official, and require regional, state, federal, or international assistance, or may be limited to an event which overwhelms the ability of the Hospital to care for patients in the ordinary course of business. A Disaster can be of short duration or may be a sustained incident.

**Emergency** means an incident that calls for an immediate response and “stresses” the staff and resources of the Hospital; an emergency is usually of short duration.

**Exceptional Circumstances** means any situation in which any delay in the deployment of Volunteer Physicians or Allied Health Practitioners may cause the exacerbation of illness or injury and/or death of patients at the Hospital.

**Expedited Disaster Privileges Process** means the process which permits rapid deployment of healthcare providers during exceptional circumstances upon demonstration of licensure and identity.

**Licensed Independent Practitioner** means “any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual’s license and consistent with individually granted privileges”[[1]](#footnote-1).

**Physician** means an individual who, at the time of the disaster, is duly licensed as a medical doctor or doctor of osteopathy by any state in the United States.

**Illinois HELPS / State ESAR-VHP Program** means an Emergency System for Advance Registration of Volunteer Health Professionals program created by or in a manner authorized by the U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (ASPR) to provide advance registration and credentialing of healthcare professionals able to provide services during a disaster or an emergency.

**Volunteers** are defined, for the purpose of these guidelines, as Physicians and Allied Healthcare Practitioners, who are not employed by the Hospital or any parent or sister organization that offer to provide services to the Hospital without the expectation of compensation from the Hospital.

**A. General Principles**

1. These guidelines shall at all times be interpreted and implemented in a manner which best meets the needs of the Hospital and its patients.
2. The Administrator may grant disaster privileges to Volunteer Physicians and Allied Healthcare Practitioners. In the event that the Administrator is not available or unable to act in accordance with the policy of the Hospital, the authority to grant disaster privileges shall be deemed to have been delegated in accordance with the delegation of other authorities under the Continuity of Operations Plan of the Hospital.
3. The Administrator and/or their designees may declare the Hospital to be in exceptional circumstances, in which case the Expedited Disaster Privileges process may be used.
4. The decision to grant disaster privileges will be on a case-by-case basis and at the discretion of the Administrator or designee.
5. Volunteer Physicians and Allied Healthcare Practitioners that are granted disaster privileges shall be subject to oversight of their professional competence as directed by the Administrator. Oversight may include direct supervision, observation or monitoring, retrospective review, or any other appropriate means. Oversight of the Volunteer Physician or Allied Healthcare Practitioner shall be provided through the Medical Staff.
6. Disaster privileges are effective only so long as the disaster continues. The granting or denial of disaster privileges does not afford the individual seeking such privileges any rights under the Medical Staff Bylaws.
7. Disaster privileges will terminate:
   1. Immediately upon notice to the Volunteer in the event the Administrator or his/her designee determines that such termination is in the best interest of safe, effective and efficient care; in the event the Volunteer's competency or qualifications are in doubt; or if the Hospital is unable to obtain adequate primary source verification of the Volunteer's qualifications;
   2. Upon notice to the Volunteer, when the Volunteer's services are no longer needed; or
   3. Immediately when the Hospital's Emergency Management Plan is inactivated.

**B. Expedited Disaster Privileging Procedures**

1. In exceptional circumstances , expedited disaster privileges may be granted immediately, prior to completing the other steps of the Disaster Privileging Process, to members of a Disaster Medical Assistance Team ("DMAT") or other National Disaster Medical Service ("NDMS") volunteers, Medical Reserve Corps ("MRC"), or Stafford Act Temporary Disaster Employees, upon the following:
   1. Submission of official designation as defined above by the applicable issuing agency,
   2. Submission of other identifying information indicating licensure, such as a current hospital identification badge with licensure noted or a copy of a state license.
2. In exceptional circumstances, Volunteers who are not members of the DMAT, NDMS, MRC, or Stafford Act Temporary Disaster volunteers may be approved to provide immediate, life-saving care upon display of a government-issued photo identification card and proof of current licensure prior to completing the process described in Section C, Recommended Disaster Privileging Process. This is limited to exceptional circumstances, and all care rendered will be subject to supervision by Medical Staff members. As soon as the situation has stabilized enough to permit it, such Volunteers shall complete the Recommended Disaster Privileging Process described in Section C of these guidelines.
3. Once the Hospital has sufficient personnel to provide necessary services, the Recommended Disaster Privileging Process will be followed, and serving Volunteer Physicians and Allied Healthcare Practitioners, who were granted Expedited Disaster Privileges will be processed under the Recommended Disaster Privileging Process, if assistance is still required.

**C. Recommended Disaster Privileging Process (as time and resources permit)**

1. All individuals seeking to be approved as Volunteer Physicians and/or Allied Healthcare Practitioners will be asked to report to the Volunteer Staging Area and present themselves to the Volunteer Staging Area Leader or designee.
2. The Volunteer Staging Area Leader shall coordinate all assignments with the Hospital Incident Commander or designee. As appropriate, the Hospital Incident Commander shall coordinate deployment of Volunteers through the local, regional or state Incident Command or Emergency Operations Center, as the case may be.

1. Each Volunteer must complete and sign the “Application to serve as a Disaster Volunteer” (the "Application"). The signature of the Volunteer on the Application:
   1. Serves as an attestation that all information provided by the Volunteer is true and accurate.
   2. Serves as an agreement by the Volunteer to be bound by Hospital policies and procedures, Medical Staff Bylaws, and directions of the Administrator or designee, supervising/monitoring physicians, and other administrative and medical staff leaders while acting as a Volunteer and/or providing care during the disaster.
   3. Serves as an agreement to accurately complete medical records and other documents associated with providing care, as much as is reasonably possible given the exigencies of the situation, and to cooperate with Hospital as necessary regarding such care.
2. Each Volunteer must provide a government-issued ID (such as a driver’s license or passport) and at least one of the following identification items:
   1. Current employer or hospital picture identification card that clearly identifies professional designation.
   2. A current medical license at the level at which privileges are requested.
   3. Primary source verification of licensure, certification or registration. (Can be obtained online -<http://idfpr.com/licenselookup/licenselookup.asp>
   4. Identification as a member of a RMERT (Regional Medical Emergency Response Team), Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC), or other local, regional, state or federal medical response team.
   5. Identification demonstrating registration with an Emergency System for the Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP), IL HELPS or with other recognized disaster assistance state or federal organizations or groups.
   6. Other identification, demonstrating that the Volunteer has been granted authority to render patient care, treatment and services in disaster circumstances, including licensure designation.
   7. Identification by a hospital employee or medical staff member, who possesses personal knowledge regarding the Volunteer’s competence and qualifications.

1. The Volunteer Staging Area Leader or designee shall provide to the Medical Staff Office a copy of all the identification materials, provided by the Volunteer.
2. The Medical Staff Office shall document that it has reviewed and received all identification materials provided by the Volunteer. Documentation from a state ESAR-VHP system, or any other documentation provided by a third-party cannot be a substitute for credentialing and privileging the Physician or Allied Healthcare Practitioners at the Hospital, unless the documentation is received from a delegated Credentials Verification Organization with whom the Hospital has a formal agreement.
3. The Medical Staff Office shall advise the Hospital's Administrator or the designee regarding the information provided and obtain from the Administrator approval or disapproval of the privileges requested.
4. Primary source verification of licensure, certification or registration will begin immediately or as soon as the situation is under control and will be completed within 72 hours from the time the Volunteer presents him/herself to the Hospital. The Medical Staff Office will complete a primary source verification of the individual’s license, certification or registration, verification of current competency and also primary source verification/query of
   * 1. Drug Enforcement Agency Registration
     2. Office of the Inspector General Excluded Individuals List
     3. Board Certification through the American Board of Medical Specialties and/or American Osteopathic Association Specialty Boards, if applicable
     4. National Practitioner Data Bank
     5. Criminal Background Check
5. When an unusual situation prohibits primary source verification of licensure from occurring within 72 hours of the Volunteer presenting to the Hospital, the Medical Staff Office will document
6. the reason that the primary source verification could not be completed within the 72-hour timeframe,
7. the means used by the Hospital to evaluate the competency and qualifications of the Volunteer, and
8. the efforts made by Medical Staff Office to obtain primary source verification as soon as possible.
9. In all cases, the Volunteer must submit some evidence of licensure, even though primary source verification of this licensure cannot be completed within 72 hours of the Volunteer presenting to the Hospital.

**Note**: Primary source verification of licensure, certification or registration is not required if the Volunteer Physician and/or Allied Healthcare Practitioner does not or has not provided care, treatment or services at the Hospital.

1. The current competency of the Volunteer will be assessed and be verified according to Hospital policy.
2. If a Volunteer is listed in the IL HELPS database, the IL Helps database information can be used to document the current competency of the Volunteer. (The Hospital should have a corresponding policy to support this.)
3. If a Volunteer is not listed on IL HELPS database, the Hospital shall verify current competency by contacting the hospital at which the Volunteer has privileges. If the hospital at which the Volunteer has privileges cannot be contacted or if the Volunteer does not maintain active privileges at a hospital, the Hospital shall document the means by which competency was determined.
4. After completion of the preceding steps and/or a review of documents, obtained through Primary Source Verification and the completion of the Criminal Background Check, the Medical Staff Office shall indicate on the Applicationthat the Volunteer has been approved or disapproved for service at the Hospital.
5. Upon receipt of this approval from the Medical Staff Office, the Volunteer Staging Area Leader or designee may accept the Volunteer’s assistance, as needed, but not beyond the duration of the disaster.
6. A list of Volunteers who have been granted Disaster Privileges shall be sent to the following departments (as examples), and shall be maintained in the Medical Staff Office :
7. Hospital Incident Command Center
8. Emergency Department
9. Radiology
10. Laboratory
11. Pharmacy
12. Medical Records
13. Admitting
14. Hospital Administration
15. Medical Staff – Chief of Applicable Service
16. Surgery
17. Information Technology
18. If possible, the Hospital shall issue to each Volunteer a photo identification card identifying the individual as a Volunteer and indicating the Volunteer's level of licensure. If the Hospital is unable to issue photo identification cards, the Hospital shall adopt an alternate means of identifying approved Volunteers, and shall issue to each Volunteer such identification. Volunteers are required to prominently display, at all times when providing services, proper Volunteer identification.
19. Each Volunteer shall be assigned to a specific role to provide services where most needed or most appropriate given the competency and qualifications of the Volunteer. The professional will be paired with a currently credentialed professional staff member with like privileges and shall act only under the direct supervision of this professional staff member.
20. The Volunteer Staging Area Leader or designee shall complete the following on the Application:
21. the assignment of the Volunteer; and
22. the name and title of the individual to whom the Volunteer is to report.
23. The assigned supervisor at the deployment site is responsible for supervising the Volunteer. This responsibility includes:
24. providing any further orientation and training, required for the position that the Volunteer will be filling and. after the assignment of responsibilities, signing the Application indicating approval of scope of practice.
25. monitoring the competencies and scope of practice of the Volunteer through observation, mentoring, chart review, and discussion with the Volunteer. Any adjustments and/or limitations on scope of practice with respect to the core competencies, consistent with the Volunteer's licensure level, shall be noted on the Application. The assigned supervisor may use any reasonable means to evaluate competencies including, but not limited to:
26. Direct observation of performance of work responsibilities
27. Mentoring
28. Clinical record review
29. Periodic debriefings with the Volunteer
30. confirming that the Volunteer[[2]](#footnote-2) has received any health screenings and immunizations required by the Hospital policy within 72 hours of deployment of the Volunteer or refusal of same, unless this requirement has been waived by the Hospital Incident Command, upon consultation with Infection Control or Employee Health.
31. monitoring the physical and emotional well-being of the Volunteer Physicians and Allied Healthcare Providers
32. All disaster privileges will terminate once the Disaster is declared over by the Chief Executive Officer or when the Professionals services are no longer needed
33. Upon completion of the service of the Volunteer, the supervisor shall
34. hold an exit interview with the Volunteer and document the following:
35. Status of physical and mental health
36. Follow-up resources offered
37. Collection of the Identification Badge
38. Date and time of termination of service
39. forward all documentation regarding the Volunteer to the Medical Staff Office.

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)