|  |  |
| --- | --- |
| **Figure 4.11** | **Bylaws Language for Disaster Privileging** |
| *Note: Disaster privileges are not the same as emergency privileges or temporary privileges—disaster privileges are only used in situations where [Hospital]’s Disaster/Emergency Management Plan is in effect.*   1. If the hospital’s Disaster/Emergency Management Plan has been activated and the organization is unable to meet immediate patient needs, the CEO (and/or other designated individuals as identified in the institution’s Disaster Plan with such authority), may, on a case-by-case basis consistent with medical licensing and other relevant state statutes, grant disaster privileges to provide patient care to selected licensed independent prac- titioners (LIP). At a minimum, these LIPs must present a valid government-issued photo identification from a state or federal agency (e.g., driver’s license or passport) and at least one of the following:   » A current photo hospital ID card that clearly identifies professional designation  » A current license to practice medicine/surgery  » Primary source verification of the license  » Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or other recognized state or federal organizations or groups  » Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (e.g., authority having been granted by a federal, state, or munici-  pal entity)  » Identification by a current hospital or medical staff member(s) who possesses personal knowledge regarding the volunteer’s ability to act as an LIP during a disaster   1. The medical staff oversees the professional performance of volunteer practitioners who have been granted disaster privileges by direct supervision. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted. 2. Primary source verification of licensure begins as soon as the immediate situation is deemed to be under control and is completed within 72 hours from the time when the volunteer practitioner presents to the orga- nization.   If primary source verification of a volunteer LIP’s licensure cannot be completed within 72 hours of the practi- tioner’s arrival due to extraordinary circumstances, the hospital documents all of the following:   * 1. Reason(s) why it could not be performed within 72 hours of the practitioner’s arrival   2. Evidence of the LIP’s demonstrated ability to continue to provide adequate care, treatment, and services   3. Evidence of the hospital’s attempt to perform primary source verification as soon as possible  1. Once the immediate situation has passed and such determination has been made consistent with the institution’s Disaster Plan, the practitioner’s disaster privileges will terminate immediately. 2. Any individual identified in the institution’s Disaster Plan with the authority to grant disaster privileges shall also have the authority to terminate disaster privileges. Such authority may be exercised in the sole discretion of the hospital and will not give rise to a right to a fair hearing or an appeal. Refer also to the Hospital Emer- gency Management Plan. | |