made available, shall defer to the department chair with respect to further care of the patient at the hospital.

(b) In the event of an emergency under subsection (a), any person shall be permitted to do whatever is reasonably possible to save the life of a patient or to save a patient from serious harm. Such persons shall promptly yield such care to qualified members of the medical staff when they become reasonably available.

(c) Neither this section nor any other document shall be used to force members to serve on emergency department call panels providing services for which they do not hold delineated clinical privileges.

5.8 DISASTER PRIVILEGES

(a) In the case of a disaster in which the disaster plan has been activated and the hospital is unable to handle the immediate patient needs, the Chief of Staff, or in the absence of the Chief of Staff, the Vice-Chief of Staff, may grant disaster privileges. In the absence of the Chief of Staff and Vice-Chief of Staff and Department Chair(s), the administrator or the administrator’s designee may grant the disaster privileges consistent with this subsection. The grant of privileges under this subsection shall be on a case-by-case basis at the sole discretion of the individual authorized to grant such privileges. An initial grant of disaster privileges is reviewed by a person authorized to grant disaster privileges within 72 hours to determine whether the disaster privileges should be continued.

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97 Joint Commission Standard MS.01.01.01, EP 14, states that the medical staff bylaws must include "the process for privileging and reprivileging licensed independent practitioner ..." See also Joint Commission Standard EM.02.02.13 stating: "during disasters, the [organization] may grant disaster privileges to volunteer licensed independent practitioners." The Joint Commission defines "disaster" as "an emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions."

98 EP 1 of EM.02.02.13 permits disaster privileges to be granted only when the following two conditions are present: the "Emergency Operations Plan has been activated in response to a disaster, and the hospital is unable to meet immediate patient needs."

99 Joint Commission Standard EM.02.02.13, EP 2 requires the medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.

100 Joint Commission Standard EM.02.02.13, EP 7 requires that, based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.
(b) The verification process of the credentials and privileges of individuals who receive disaster privileges under this subsection shall be developed in advance of a disaster situation. This process shall begin as soon as the immediate disaster situation is under control, and shall meet the following requirements in order to fulfill important patient care needs:

(1) The medical staff identifies in writing the individual(s) responsible for granting disaster privileges.

(2) The medical staff describes in writing the responsibilities of the individual(s) responsible for granting disaster privileges.

(3) The medical staff describes in writing a mechanism to manage the activities of individuals who receive disaster privileges. There is a mechanism to allow staff to readily identify these individuals.

(4) The medical staff addresses the verification process as a high priority. The medical staff has a mechanism to ensure that the verification process of the credentials and privileges of individuals who receive disaster privileges begins as soon as the immediate situation is under control. This privileging process is identical to the process established under the medical staff bylaws for granting temporary privileges to fulfill an important patient care need.

(5) Those authorized under subsection (a) may grant disaster privileges upon presentation of a valid picture ID issued by a state, federal or regulatory agency and at least one of the following:

(i) A current picture hospital ID card clearly identifying professional designation.

(ii) A current license to practice.

(iii) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or MRC, ESAR-VHP, or other recognized state or federal organizations or groups.

(iv) Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care in disaster circumstances.

(v) Identification by current hospital or medical staff member(s) with personal knowledge regarding the
volunteer's ability to act as a licensed independent practitioner during a disaster.

a) Current professional licensure of those providing care under disaster privileges is verified from the primary source as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents to the hospital, whichever comes first. If primary source verification cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following:

(1) The reason[s] verification could not be performed within 72 hours of the practitioner's arrival,

(2) Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment and services.

(3) Evidence of an attempt to perform primary source verification as soon as possible.101

b) Members of the medical staff shall oversee those granted disaster privileges.102

5.9 HISTORY AND PHYSICAL PRIVILEGES103

Histories and physicals can be conducted or updated and documented only

101 Joint Commission Standard EM.02.02.13, EP 8 permits these criteria to be employed "in the extraordinary circumstance that primary source verification cannot be completed in 72 hours (e.g., no means of communication or a lack of resources) . . . ."

102 Joint Commission Standard EM.02.02.13, EP 6 requires that "during a disaster, medical staff oversees the performance of each volunteer licensed independent practitioners."

103 Joint Commission Standard MS.03.01.01, Element of Performance 8 states, "The medical staff requires that a practitioner who has been granted privileges by the hospital to do so performs a patient's medical history and physical examination and required updates." According to federal Medicare laws, the bylaws must...

Include a requirement that a medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services . . . 42 C.F.R. §482.22(c)(5).

Further, Joint Commission Standard PC.01.02.03, EP 4 states, "The patient receives a medical history and physical examination no more than 30 days prior to or within 24 hours after inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services." Element of Performance 5 of the same standard states, "For a medical history and physical examination that was completed within 30 hours prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission but prior