**Medical Staff Policy: Granting Disaster Privileges to Licensed Independent Practitioners During the Declared State of Emergency Over the COVID-19 Pandemic**

A. **Scope and Duration.** This Medical Staff Policy shall be referred to as the “COVID-19 Policy” and shall supersede any existing hospital or medical staff policy or bylaws for purposes of granting disaster privileges to licensed independent practitioners to assist in preparing for, responding to, mitigating the effects of, or rendering diagnosis and treatment to patients concerning COVID-19. This COVID-19 Policy shall be in effect only during the pendency of the State of Emergency over COVID-19 declared by the Governor on March 4, 2020.

B. **Authority to Grant Disaster Privileges.** While the State of Emergency over COVID-19 remains pending and when the hospital's disaster or emergency management plan has been activated and the hospital is unable to handle the immediate patient needs, the Chief of Staff or his/her designee may grant disaster privileges to any licensed independent practitioner to assist in preparing for, responding to, mitigating the effects of, or rendering diagnosis and treatment to patients concerning COVID-19. In the absence of the Chief of Staff, with the Chief of Staff's consent, or under exigent circumstances warranting immediate action, the hospital Chief Executive Officer or the CEO's designee also may grant the disaster privileges consistent with this COVID-19 Policy. The grant of privileges herein shall be on a case-by-case basis at the sole discretion of the individual authorized to grant such privileges and shall be final without need for ratification or approval by the hospital governing body or board of directors, provided that the hospital governing body is reasonably kept apprised of disaster privileges granted pursuant to this COVID-19 Policy.

C. **Procedure and Standards.** Those authorized under section B may grant disaster privileges to any licensed independent practitioner upon presentation of a valid picture ID issued by a state, federal or regulatory agency and at least one of the following:

- A current picture hospital ID card clearly identifying professional designation;
- A current license to practice in California or any state;
- 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;
- Identification indicating that the individual has been granted authority by a federal, state, or municipal entity to render patient care in disaster circumstances; or
- 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.

Photocopies of the above-listed documents should be made and retained.
CMA's Model Medical Staff Policy: COVID-19 Emergency Credentialing & Privileging

The following procedures and standards apply:

1. Approvals for disaster privileges pursuant to this COVID-19 Policy shall be in writing.

2. For out-of-state practitioners, the Medical Staff shall comply with the Emergency Medical Services Authority’s Policy to Implement the Emergency Proclamation of the Governor on the Authorization of Out of State Medical Personnel (Mar. 17, 2020).

3. Disaster privileges shall be granted to a practitioner either (1) to diagnose or care for patients with COVID-19, or (2) to render care to other patients (consistent with the practitioner's specialty or qualifications, where possible) in order to free up Medical Staff personnel to diagnose and care for patients with COVID-19.

4. Where feasible, the practitioner shall be assigned to a Medical Staff member with whom to collaborate in the care of COVID-19 patients or, as appropriate, in the care of other patients.

5. The practitioner shall agree in writing to fully comply with all Medical Staff and hospital policies related to COVID-19, such as policies for the conservation of the supply of respirators and other personal protection equipment, suspensions of HIPAA or other privacy requirements as permitted by law, or alternative site treatment protocols.

D. Verification. Current professional licensure of those providing care under COVID-19 disaster privileges is verified from the primary source as soon as practicable but no less than 72 hours from the time the volunteer licensed independent practitioner presents to the hospital. If primary source verification cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the medical staff must document all 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; and

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

The Chief of Staff or the Chief Executive Officer or their designees will decide (based on the information obtained regarding the professional practice of the volunteer) within 72 hours to determine whether the disaster privileges should be continued. Termination of disaster privileges may occur if verification of information results in negative or adverse information about the qualifications of the practitioner.

References
The Joint Commission Hospital and Critical Access Hospital Accreditation Manuals, EM.02.02.13.
CMA's Model Medical Staff Policy: COVID-19 Emergency Credentialing & Privileging

California Medical Association Model Medical Staff Bylaws, §5.8 (Disaster Privileges)
California Hospital Association Model Medical Staff Bylaws (Disaster Privileges)
Emergency Medical Services Authority, “Policy to Implement the Emergency Proclamation of the Governor on the Authorization of Out of State Medical Personnel” (Mar. 17, 2020)