


Name of Policy: Disaster Responsibilities for Volunteer Health Care Professionals Policy Number: 3364-100-50-42 Approving Officer: Chief Executive Officer, Chief of Staff Responsible Agent: Chief Medical Officer Scope: University of Toledo Medical Center and Medical Staff		 Effective date: 7/2025 Original effective date: 6/30/2007	
Key words: Disaster, Volunteer, Health Care Professionals, Emergency Management Plan, License Verification			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

The University of Toledo Medical Center (UTMC) implements this policy and procedure in the event of disaster situations. The medical center may assign responsibilities to volunteer practitioners.

(B) Purpose of policy

In the event that UTMC activates its Emergency Management Plan and is unable to meet the immediate needs of patients, the medical center will:

1. Implement a modified process for determining qualifications and competence of volunteer healthcare professionals (“VHCP’s”) in order to allow these volunteers to provide immediate care, treatment, and service; and
2. Ensure that the verification of licensure, certification, or registration (if required by law and regulation to practice the profession) will be in accordance with this policy.

(C) Procedure

Disaster privileges or responsibilities may be granted or assigned when the emergency management plan has been activated and UTMC is unable to handle the immediate patient needs with current resources.

Responsibility for Assigning Disaster Responsibilities

1. Disaster responsibility assignments will be made on a case-by-case basis in accordance with the needs of the medical center and its patients and on the qualifications of the VHCP’s.

2. The individual(s) responsible for assigning disaster responsibilities to VHCP's are defined as follows:
 - Dean of the College of Medicine and Life Sciences or his/her designee
 - Chief Executive Officer of the medical center or assigned designee
 - Chief Medical Officer or assigned designee
 - Chief Nursing Officer or assigned designee

Identification of VHCP's

VHCP's will be issued a Disaster Identification Badge when signing into the Command Center in accordance with the medical center's Emergency Management Plan.

Management and Oversight of VHCP's

1. All VHCP's will be expected to sign in at the Command Center. A written record will be made of full name, city/state of residence, professional affiliation/specialty, and any current hospital/clinic affiliations.
2. The Incident Commander or Medical Director responsible for coordination of the Command Center in collaboration with the Chief Nursing Officer or his/her designee, will assign VHCP's to appropriate areas as needed in accordance with the medical center's Emergency Management Plan and patient needs.
3. If possible, the VHCP will be paired with a hospital employee with similar credentials and should act only under the direct supervision of an assigned Clinical Leader.
4. Oversight of the professional performance of the VHCP's assigned disaster responsibilities will be through direct observation, mentoring and clinical review by an assigned Clinical Leader who is a UPMC employee or medical staff member .

Verification Process

1. Initial Verification Process
 - a. VHCP's must at a minimum present 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:
 - A current hospital picture identification card that clearly identifies the professional designation;
 - A current license, certification, or registration;
 - Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession);
 - Identification indicating that the individual is a member of a Disaster Medical Assistance Team ("DMAT"), or Medical Reserve Corp ("MRC"), Emergency System Advance Registration of Volunteer Health Professionals ("ESAR-VHP") 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 (such authority having been granted by a federal, state, or municipal entity); or
- Identification by current UTMC staff who possess personal knowledge regarding the volunteer practitioner's qualifications.

2. Primary Source

- a. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) is only required if the VHCP is assigned disaster responsibilities to provide patient care, treatment and services and will be conducted as soon as possible and should occur within 72 hours of the VHCP presenting to the organization.
- b. The head of Human Resources or assigned designee(s) is responsible for obtaining primary source verification as described herein. Human Resources staff will obtain from the Command Center a copy of the written sign-in record of VHCP's reporting to the disaster scene.
- c. Assigned Clinical Leaders are responsible for documenting evidence of demonstrated ability of the VHCP to continue to provide care, treatment and services through assigned disaster responsibilities as described herein.
- d. Primary source verification of licensure, certification, or registration begins as soon as the immediate situation is under control and is completed within 72 hours from the time the VHCP presents to the organization.
- e. In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed within 72 hours (e.g., no means of communication or lack of resources), it is expected that primary source verification will be completed as soon as possible. In these extraordinary circumstances, there must be documentation of the following:
 - Why primary source verification could not be performed in the required timeframe;
 - Evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and
 - An attempt to rectify the situation as soon as possible.

Continuation/Termination of Disaster Responsibilities

1. Within 72 hours of the VHCP being assigned disaster responsibilities, the Clinical Leader will notify the Incident Commander of any VHCP who should not continue assigned disaster responsibilities.
2. The assigned Clinical Leader or his/her designee, in collaboration with the Incident Commander, is responsible for making this determination based on information obtained regarding the professional practice of VHCP.
3. Disaster responsibilities are terminated when the Emergency Management Plan is no longer activated.

4. On the discovery of any information or occurrence of any event of a professionally questionable nature concerning VHCP's qualifications or ability to exercise any or all disaster responsibilities, the Incident Commander or assigned Clinical Leader may terminate any or all of the VHCP's disaster responsibilities.

(D) Definitions

Volunteer Health Care Professionals (VHCPs) – those practitioners who are required by law and regulation to have a license, certification, or registration to practice their profession (examples: Nurses, Respiratory Therapists, Physical Therapists, etc.)

Volunteer Licensed Independent Practitioners (VLIPS) – Individuals permitted by law and by UPMC to provide care, treatment and services without direction or supervision, within the scope of the individual's license and who under normal circumstances would be credentialed and privileged through medical staff mechanisms are not covered by this policy. See the Credentialing Practitioners in the Event of a Disaster section of the UPMC Medical Staff Bylaws for verification and oversight processes of these individuals during a disaster (example: Physicians).

<p>Approved by:</p> <p>/s/</p> <p>_____</p> <p>Daniel Barbee Chief Executive Officer</p> <p>6/26/2025</p> <p>_____</p> <p>Date</p> <p>/s/</p> <p>_____</p> <p>Puneet Sindhvani, MD Chief Executive Officer</p> <p>7/14/2025</p> <p>_____</p> <p>Date</p> <p>/s/</p> <p>_____</p> <p>Michael Ellis, MD Chief Medical Officer</p> <p>6/26/2025</p> <p>_____</p> <p>Date</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • 7-50-42 <p>Initial effective date: 6/30/2007</p> <p>Review/Revision Date:</p> <p>9/29/2010</p> <p>2/1/2014</p> <p>3/1/2017</p> <p>5/1/2020</p> <p>7/2025</p> <p>Next review date: 7/2028</p>
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<i>Review/Revision Completed by:</i> <i>Human Resources, Nursing</i> <i>Administration</i>	
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