

Major Hospital A Major Health Partner	Granting Practitioners "Emergency" Privileges MS-5
Does this policy meet a regulatory requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formulated by: Administration Approved by: Medical Staff, Board of Directors Effective Date: 12/17/2001

PURPOSE: To provide practitioners who do not possess clinical privileges at Major Hospital the ability to practice at this facility during an "emergency" (defined as any officially declared emergency, whether it is local, state or national).

GUIDELINE STATEMENTS:

1. **The following information must be available to be granted emergency privileges.**
 - 1.1. Valid Indiana medical license or documented online verification of licensure from the State of Indiana.
 - 1.2. Photo identification.
2. **Within 72 hours of activating the Incident Command Center each volunteer's identity, license, credentials, certifications, malpractice insurance, and hospital privileges will be verified by the Medical Staff Office / Employee Pool if possible. A record of this information is to be retained in the Medical Staff Office. (see "Emergency" Privileges Checklist attached to this policy.**
3. **During a declared emergency (1135 waiver) if State and Federal designated healthcare professionals are included in the waiver, they may include Public Health Service (PHS) staff, National Disaster Medical System (NDMS) medical teams, Department of Defense (DOD) Nurse Corps, Medical Reserve Corps (MRS), or personnel such as those identified in federally designated Health Professional Shortage Areas (HPSAs) to include licensed primary care medical, dental, and mental/behavioral health professions. These volunteers will be utilized to address surge needs in the same manner as other volunteers or as directed by the Incident Command Center. Federal, local or state based systems will be utilized to verify the identity and credentials of health professionals, if possible.**
4. **It is recommended that the practitioner be paired with a currently credentialed medical staff member and should act only under the direct supervision of a medical staff member.**
5. **Medical Staff coordination is accomplished by the Chief of Staff or his designee working with Incident Command who will assign physicians to appropriate departments as requested by those departments.**
6. **In a national declared emergency (1135 waiver) or state declared emergency, there may be physicians allowed to work in Indiana if licensed in another state. In this circumstance #2 as above would be followed or the medical staff would appoint an individual to oversee this group.**
7. **Major Hospital is not required to perform credentialing reviews for, or grant privileges to, members of organ recovery teams if the OPO sends only – qualified, trained individuals to perform organ recovery.**
8. **Reviewing & Revising:**

Reviewed	Revised
05/06/04	02/28/05
02/11/08	04/29/13

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06/28/10	11/25/13
03/31/15	05/23/16
	02/26/18
	11/22/19
	06/27/22
	06/30/25

UPDATE WEBSITE WITH REVISIONS

9. Does this policy meet a regulatory requirement? Yes No
- 9.1 If Yes, state the name of the standard being met. ACHC Manual-2025 Standard 03.01.16 Medical Staff Bylaws: Emergency privileges; 03.01.18: Temporary Privileges. 09.01.09: Volunteers & 09.01.11: Invoking the 1135 Waiver. 14.00.01: Organ/Tissue Donation & Transplantation; Medical Staff Bylaws – Credentialing Manual Section 2.9 Emergency Clinical Privileges.

"Emergency" Privileges Checklist – Next page"

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Checklist

To provide practitioners who do not possess medical staff privileges at Major Hospital the ability to practice at this facility during any officially declared "emergency" whether it is local, state or national, the following information must be provided:

Required Prior to Providing Patient Care Date & Time Initials

Copy of valid Indiana medical license
or documented online verification of licensure
from the State of Indiana (attached) _____

Copy of photo identification (attached) _____

Required within 72 hours of setting up Incident Command if possible

Copy of Credentials _____

Copy of Certifications _____

Malpractice Insurance verified _____

Hospital privileges verified _____

Privileges granted by:

Signature of Chief of Staff or CEO

Printed Name and Title

Date and Time