**Policy and Procedure: Use of Volunteers**

<Incorporate your organization’s existing policies and procedures that apply to these recommendations.>

<FIND and REPLACE WORDS: Look for the words in GREY. Find and replace the following words to shortcut development of this policy and procedure:>

* <insert Organization’s name> = Your Organization’s Name
* Patient, patients, patient = Use the most appropriate words that describes the individuals that your organization services (i.e., patient, resident, participant, client)

Insert additional organizational information in all other areas marked in GREY.

<Delete these instructions in RED>

## Policy: Use of Volunteers

The use of volunteers has proven critical to emergency management efforts as volunteers offer a wealth of skills, and specific expertise and resources that can be used prior to, during, and after a disaster. Mobilizing the private sector can significantly add to emergency management programs, especially in situations where regular personnel are unavailable due to the magnitude of the disaster.

<insert Organization’s name>hasestablished this policy to address their need for volunteer medical professionals and other types of volunteers during disaster. When disasters strike, healthcare providers and their program sites often become hubs for response and recovery activities. In order to manage activities, there is a need for organizations to be able to credential medical professionals and other volunteers.

This policy has been developed in accordance with <insert Organization’s name>Emergency Management Program and provides clear guidelines for staff during a disaster when additional staffing is needed. This document defines duties for professional and other volunteers to ensure both staff and volunteers are clear about specific volunteer duties. It also ensures that its licensed or certified health care practitioners, licensed independent practitioners, and other licensed or certified health care practitioners are professional, qualified individuals that will provide the highest quality of care to its patients.

This policy will ensure that <insert Organization’s name> will be able to supplement their clinical and non-clinical staff by utilizing licensed medical volunteers such as doctors or nurses. A privileging and credentialing processes for licensed and certified professional volunteers was developed to meet our staffing needs during a disaster. Volunteer healthcare professionals can add capacity to perform services within their scope of practice. Additionally, this policy identifies the procedures the organizationwill use for contacting off-duty staff during an emergency.

### Policy and Procedure Objectives: Use of Volunteers

* Provide high quality, professional continuity of care during a disaster
* Fully vet and credential medical professionals and others to assist during a disaster
* Control risks and minimize legal liability

### Procedures: Use of Volunteers

This procedure will outline a process to screen and train prospective healthcare volunteers, and review and maintain general liability insurance, workers’ compensations insurance, and professional liability as appropriate.

In the event of a disaster during which the medical staff of <insert Organization’s name> are unable to meet immediate patient care needs with current staffing levels, volunteer healthcare providers may be granted privileges by implementing the following procedure. The Credentialing Supervisor <or insert other internal position tittle authorized to provide emergency credentialing> is authorized to use a credentialing process to grant temporary privileges to eligible licensed independent practitioners. Temporary disaster privileges are granted on a case-by-case basis after verification of identity and licensure. These temporary privileges shall automatically terminate when the Incident Commander or Credentialing Supervisor has announced that the emergency has ended.

### Definition of Terms

**Credentialing** The process of obtaining, verifying, and assessing the qualifications of a practitioner. Credentials are documented evidence of licensure, education, training, experience, or other qualifications.

**Credentials Verification Organization (CVO)** A organization that provides information on an individual’s professional credentials.

**Licensed Independent Practitioner (LIP)** A physician, dentist, nurse practitioner, nurse midwife, or any other an individual, as permitted by law or regulation, to provide care and services without direction or supervision and within the scope of the individual’s training and license and are consistent with the privileges granted by the licensing agency.

**Licensed or Certified Health Care Practitioner:** An individual who is licensed, registered, or certified, but is not permitted by law to provide patient care services without direction or supervision.

**Primary Source Verification** Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner.

**Privileging** Performed to authorize a licensed or certified health care practitioner's specific scope and content of patient care services in conjunction with an evaluation of an individual's clinical qualifications and/or performance.

**Secondary Source Verification** Method of verifying a credential that are not considered an acceptable form of primary source verification. These methods may be used when primary source verification is not required.

**Credentialing Supervisor** These supervisors **coordinate all credentialing activities for their organizations to validate credentialing status of clinical volunteers during disaster.**

### Emergency Credentialing of Clinical Volunteers

* Require prospective volunteers complete the Clinical Volunteer Application.
* Verify the volunteer’s Identity with a valid government-issued photo identification (i.e., driver’s license or passport).
* Verify the volunteer’s license in any of the following ways:
* Current hospital or clinic picture ID card that identifies the individual’s professional designation.
* Current license to practice.
* Primary source verification of the license.
* Identification indicating the individual has been granted authority to render patient care in disaster circumstances or is a member of federally designated health care professionals, such as:
* Public Health Service (PHS)
* National Disaster Medical System (NDMS)
* Department of Defense (DOD) Nurse Corps
* Medical Reserve Corps (MRC)
* A Credentialing Supervisor will be designated by <insert Organization’s name> to oversee the emergency credentialing process and supervision of all clinical volunteers during a disaster.

### Credentialing and Verification Procedure

* A licensed independent practitioner (LIP) or licensed or certified health care practitioner without organizationally approvedmedical staff privileges may present her/himself to the organization.
* Staff shall be alerted to direct the practitioner to the Credentialing Supervisor to apply for disaster privileges.
* Credentialing of LIP's requires **primary source verification** of the following:
* Current state licensure
* Relevant education, training, and/or experience
* Current competence (accomplished through a review of clinical qualifications and performance)
* Physical and mental health fitness, or the ability to perform the requested privileges
* Credentialing of LIP’s also requires **secondary source verification** of the following:
* Government issued picture identification
* Drug Enforcement Administration registration (as applicable)
* Hospital admitting privileges (as applicable)
* Immunization and PPD status
* Life support training (as applicable)
* All licensed staff will be checked for any actions pending against their license.
* All LIPs will be checked against the National Practitioner Data Bank and enrolled in continuous query

### Credentialing of LIPs during a Disaster

The process for verifying credentials shall begin as soon as reasonably practicable after the declaration of a disaster. Absent extenuating circumstances, primary source verification shall be completed within 72 hours from the time the volunteer begins to provide services.

### Credentialing of other Licensed or Certified Health Care Practitioners

Requires **primary source verification** of the following including the individual's license, registration, or certification:

* Current state licensure
* Relevant education, training, and/or experience
* Current competence (accomplished through a review of clinical qualifications and performance)
* Physical and mental health fitness, or the ability to perform the requested privileges

Credentialing of other licensed or certified health care practitioners requires **secondary source verification** of the following:

* Education, licensure, and the absence any actions pending against the license
* Current competence (accomplished through a review of clinical qualifications and performance)
* Government issued picture identification
* Immunization and PPD status
* Drug Enforcement Administration registration (as applicable)
* Hospital admitting privileges (as applicable)
* Life support training (as applicable)

After reviewing the aforementioned documents, the Credentialing Supervisor shall complete a temporary disaster privilege (TDP) form, obtain the practitioner’s signature, record the date of the request, the state license number, the expiration date, type of the photo identification, and thumbprint (if available).

Under no circumstances shall disaster privileges be granted to all those who apply. Rather, disaster privileges shall be granted only as dictated by patient care need on a case-by-case basis. The scope of privileges granted shall be consistent with privileges currently or formerly held at another accredited facility.

### Emergency Credentialing Non-Clinical Volunteers

Non-clinical volunteers will be registered using their government issued photo identification. Non-clinical volunteers will then be assigned <insert title of person designated to screen and place non-clinical volunteers> to the labor pool for screening and, if applicable, non-clinical assignment.

* Require that prospective volunteers complete the Clinical or Non-Clinical Volunteer Application
* Verify the volunteer’sidentity with a valid government-issued photo identification (i.e., driver’s license or passport)
* A Volunteer Supervisor <or insert other internal job title> designated by <insert Organization’s name> will oversee the emergency credentialing process and supervision of all non-clinical volunteers during a disaster

### Volunteer Orientation for both Clinical and Non-Clinical Volunteers

All volunteers should be given an initial orientation upon arrival at a program site. This orientation may be adjusted to fit volunteer type (e.g., medical, or non-medical), but the basic orientation should include:

* Current incident objectives
* Chain of command
* Orientation to patient documentation and location of documentation such as advanced directives, DNR, and allergy information
* Review of safety information for hospital specific emergency codes
* Knowledge of unit specific safety areas such as location of fire extinguishers, pull stations, evacuation routes, and tornado safe areas
* Name badge
* Location of Safety Data Sheets (SDS) information
* Review of applicable job description and immediate supervisor
* HIPAA Privacy and security training
* Verification of life support credentials
* Verification of licensure/certification provided to the hospital
* Infection control policies
* Isolation procedures

### Oversight of Clinical and Non- Clinical Volunteers

* The Credentialing Supervisor will oversee the performance of each volunteer practitioner.
* All patient care, treatment, and services provided by volunteers will be monitored by a designated professional (e.g., medical staff, RN, therapist). This person will be available to provide appropriate patient care assignments, give necessary clinical direction, and monitor care provided by the volunteer.
* Oversight will include:
	+ Direct observation
	+ Mentoring
	+ Monitoring
	+ Clinical record review
* Volunteers may assist with patient care only under the direct supervision of the appropriate personnel.
* Non-medical volunteers will be able to work in general assistance areas such as delivery of supplies under the direction and supervision of organization employees.

## Demobilization

* Once the situation is manageable and volunteers are no longer needed, volunteers will refer to the Incident Commander or their representative for further instructions.
* Volunteers should be evaluated and provided post-incident traumatic stress management as well as receive incident after-action debriefing as needed.
* Volunteer Coordinators for the various organizations should be consulted prior to an event to discuss both the hospital and volunteer organization demobilization procedures.

### Sample Volunteer Application

* Below are sample non-clinical and clinical volunteer applications.
* Use this as a template to incorporate your organization’s information, logo, and other pertinent information for both non- clinical and clinical volunteers during a disaster.
* Prospective clinical and non-clinical volunteer applicants need to complete the appropriate form.
* The Credentialing Supervisor will review and approve all clinical volunteer applications.
* The Volunteer Supervisor will review and approve all non- clinical volunteer applications.
* Photocopies of all photo ID’s (e.g., Driver’s License, Passport) and all licensing documents (clinical volunteers only) need to be made and attached these to the volunteer applications.
* An orientation schedule will be provided, supervisors will be assigned, and volunteer specifics will be determined.

See Clinical and Non- Clinical

Volunteer Applications Below 🡻

|  |
| --- |
| Image result for insert logo here**VOLUNTEER APPLICATION FOR NON-CLINICAL STAFF** |
| Application Date: / / Start Date: / / |
| **PERSONAL INFORMATION** |
| Last Name: First Name: Middle Initial: |
| Is there additional information about a change of your name, use of an assumed name, or use of a nickname that will assist us in checking your work and educational records?  **□ No □ Yes** If *Yes*, explain: |
| **EMERGENCY CONTACTS** |
| Give name, telephone number, and relationship of two individuals whom we may contact in the event of an emergency. |
| Name | Telephone Number | Relationship |
| 1. | ( ) |  |
| 2. | ( ) |  |
| **DEPENDENTS**List any dependents for whom you are responsible. |
| Name | Telephone Number | Relationship |
| 1. | ( ) |  |
| 2. | ( ) |  |
| **Current Address**Street:City:State:Zip: | **Alternate Address**Street:City: State:Zip: |
| Home Phone Number: ( ) | Pager/Cell Phone Number: ( ) |
| Other Phone: ( ) | Email Address:  |
| Birth Date (mm/dd/yyyy) | Birthplace (City, State): |
| **Personal Identification Information:** |  |
| Form of Personal Identification | Driver’s License ❒ Passport ❒ |
| Personal Identification Number: | Personal Identification Expiration Date: |

By signing this Volunteer Application, you are attesting that all information provided is both current and correct.

Volunteer Signature Date

|  |
| --- |
| Image result for insert logo hereImage result for insert logo here**VOLUNTEER APPLICATION FOR CLINICAL STAFF** |
| Application Date: / / Start Date: / / |
| **PERSONAL INFORMATION** |
| Last Name: First Name: Middle Initial: |
| Is there any additional information about a change of your name, use of an assumed name, or use of a nickname that will assist us in checking your work and educational records?  **□ No □ Yes** If *Yes*, explain: |
| **EMERGENCY CONTACTS** |
| Give name, telephone number, and relationship of two individuals whom we may contact in the event of an emergency. |
| Name | Telephone Number | Relationship |
| 1. | ( ) |  |
| 2. | ( ) |  |
| **DEPENDENTS**List any dependents for whom you are responsible. |
| Name | Telephone Number | Relationship |
| 1. | ( ) |  |
| 2. | ( ) |  |
| **Current Address**Street:City:State:Zip: | **Alternate Address**Street:City: State:Zip: |
| Phone number: ( ) | Pager/Cell Phone number: ( ) |
| Other Phone: ( ) | Email Address: |
| Birth Date (mm/dd/yyyy) | Birthplace (City, State): |
| **Personal Identification Information** |
| Form of Personal Identification  | Driver’s License ❒ Passport ❒ |
| Personal Identification Number: | Personal Identification Expiration Date: |
| **Licensure Information** |
| Type of Medical License: | <Insert Type of Medical License> |
| How long have you been practicing under this Medical License?  | Number of Years Practicing under this License?  |
| Medical License Number: | State of Medical Licensed Issued: |

By signing this Volunteer Application, you are attesting that all information provided is both current and correct.

Volunteer Signature Date