

**QUESTIONS?**

Contact the Yale New Haven Health System, Office of Emergency Preparedness at 203-688-3224 or center@ynhh.org.

**INTERESTED?**

Please provide the information requested below and mail or fax (203-688-4618) the card back to us. More detailed information will be sent to you pertaining to your specific healthcare discipline.

*Note: Physicians or Mid-level Practitioners who have already volunteered through their hospitals should not respond to this mailing.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

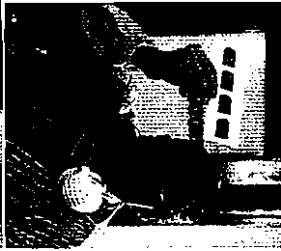
E-mail: \_\_\_\_\_

**HEALTHCARE PROFESSION – SELECT ONE**

- Physician
- Physician Assistant
- Nurse
- Adv. Practice RN
- Pharmacist
- Pharmacy Technician
- Diagnostic Imaging
- Dentist
- Respiratory Therapist
- Clinical Laboratory Practitioner
- Mental Health Practitioner
- Paramedic
- I am currently licensed, but retired
- I am currently employed by:

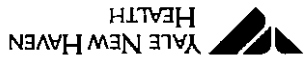
I am affiliated with the following hospital(s): \_\_\_\_\_

If I am not selected to participate in ECP, you may forward my information to a Medical Reserve Corps, a local health department or a regional behavioral health response team.



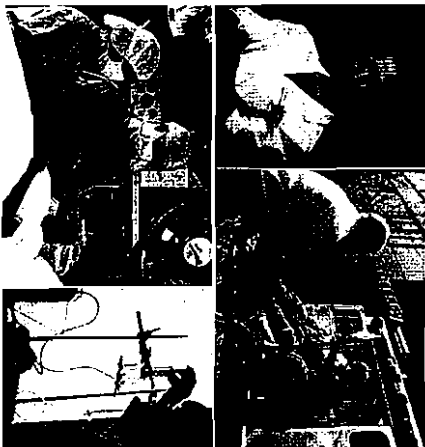
Please cut along dotted line, fold over, tape and mail this postage paid form.

Office of Emergency Preparedness  
One Church St., 5th Floor  
New Haven, CT 06510



STATE OF CONNECTICUT

**EMERGENCY CREDENTIALING PROGRAM**  
for Healthcare Professionals



## WHAT IS EMERGENCY CREDENTIALING?

Emergency credentialing is a way to identify volunteer healthcare providers in advance of a large-scale disaster or terrorism occurrence in Connecticut. These qualified healthcare professionals agree to volunteer their services to facilities in addition to their principal place of employment.

## WHY IS EMERGENCY CREDENTIALING NECESSARY?

An effective emergency response plan in Connecticut and the nation must be able to quickly identify and contact volunteer healthcare professionals who can care for people injured as a result of a disaster or public health emergency. A large-scale disaster will not only stretch the facility, equipment and financial resources of Connecticut's acute care hospitals, but will greatly strain their human resources as well. Having qualified healthcare volunteers readily available for participating acute care hospitals will help provide the personnel "surge capacity" that will be required for response to the event.

## PARTICIPATING ORGANIZATIONS

The Emergency Credentialing Program is provided in partnership with:

- State of Connecticut Department of Public Health
- State of Connecticut Department of Mental Health and Addiction Services
- Connecticut Hospital Association
- Connecticut Association of Medical Staff Services
- Connecticut State Medical Society
- Connecticut Nurses' Association
- Connecticut Society of Health-System Pharmacists
- Connecticut Society of Radiologic Technologists
- Connecticut Society for Respiratory Care

Coordinated through:

- Yale New Haven Health System Center of Excellence for Bioterrorism Preparedness and Response

## HOW WILL THE EMERGENCY CREDENTIALING PROGRAM WORK?

Interested healthcare professionals will need to provide personal contact information and a self-assessment of discipline-specific capability. For those selected to participate, this information will become part of a central, confidential database that can be accessed by participating hospitals only in the event of a large-scale disaster.

In coordination with the State of Connecticut Department of Public Health, participating hospitals will contact volunteers with skills needed for responding to the current emergency. Volunteers may choose to assist, at their discretion.

As part of Connecticut's Medical Reserve Corps, these volunteers will be afforded professional liability and Worker's Compensation coverage during their involvement with the declared emergency, through public health legislation enacted in 2003.

Based upon the need for specific healthcare professional volunteers, some interested individuals may not be selected to participate in the Emergency Credentialing Program. Instead, they will be directed to either a local Medical Reserve Corps Coordinator, a local health department or a regional behavioral health response team to determine how their particular skills may best be utilized within their community during a large-scale disaster.

## SHOULD YOU VOLUNTEER?

There are many factors to consider before applying to become an emergency response volunteer, such as:

- Emergency response can be physically/emotionally draining
- Emergency response can be dangerous
- Emergency response can separate you from your family for extended periods of time

While volunteers in the State of Connecticut Emergency Credentialing Program are never under any obligation to participate during a disaster, we ask you to seriously consider these and other personal concerns prior to completing the application process.

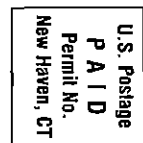


## WHO ARE WE LOOKING FOR?

- Physicians • Dentists • Physician Assistants • Nurses • Advanced Practice Nurses • Paramedics • Respiratory Therapists • Pharmacy Technicians
- Pharmacists • Diagnostic Imaging • Clinical Laboratory Practitioners
- Mental Health Practitioners



Yale New Haven Health System  
Office of Emergency Preparedness  
One Church St., 5th Floor  
New Haven, CT 06510



State of Connecticut  
Emergency Credentialing Program

**Policy and Program Description**

January 2005



**State of Connecticut  
Emergency Credentialing Program**

**Program & Policy**

**I. Purpose:**

- 1.1 This Policy establishes a mechanism by which hospitals in the State of Connecticut are provided with a resource to identify and expeditiously contact physicians and other hospital staff to provide assistance in the case of a declared emergency. The intent is to offer a list of the following:
- A. Physicians
  - B. Dentists
  - C. Licensed Independent Practitioners (Physician Assistants, Nurse Practitioners, Nurse Anesthetists, Nurse Midwives, etc.)
  - D. Diagnostic Imaging Professionals (radiographers, ultrasonographers, MRI technologists, etc.)
  - E. Registered Nurses, Licensed Practical Nurses
  - F. Respiratory Therapists
  - G. Pharmacists
  - H. Behavioral Health Personnel
  - I. Laboratory Professionals
- I.II All are hereinafter referred to as "Practitioner(s)" who are willing to volunteer in this capacity and who the participating hospitals attest to having screened in accordance with basic credentialing standards and the standards established by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

**II. Scope:**

- II.I This Policy will be applicable to any hospital in the State of Connecticut that chooses to participate in the Program. The Yale-New Haven Hospital Department of Physician Services (physicians and midlevel practitioners) and YNHHS Office of Emergency Preparedness (all other practitioners) will administer the Program for the State of Connecticut.

**III. Policy:**

- III.I The terms of the Program and Policy are outlined herein.

**IV Definition of "Emergency" or "Public Health Emergency"**

- IV.I: For purposes of this Policy, an "emergency" or "public health emergency" is defined as follows:
- A. A "public health emergency" is declared by the Governor of Connecticut and is defined as an occurrence or imminent threat of a communicable disease or contamination that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. In the event of a state-wide or regional public health emergency, the Governor shall declare that the emergency

exists and may order the Public Health Commissioner to implement all or a portion of the public health emergency response plan.

- B. A "state of emergency" or its equivalent in a specific region, county, city, town or the entire State as declared by the Governor of Connecticut, First Selectman, or Mayor of the town in which the hospital requesting assistance is located.
  - C. A "state of emergency" or its equivalent as declared by the Chief Executive Officer or his designee of the Hospital accompanied by the activation of the hospital's "emergency management plan."
  - D. A "state of emergency" as declared by the Federal Government that applies to all or part of the State of Connecticut.
- IV.II This Policy shall become effective in the event of any of the above declarations.
- IV.III The examples listed below include, but are not limited to, situations which would not be considered an "emergency" under this policy:
- A. A hospital experiences a staffing problem in any single or multiple specialty areas as a result of illness, vacation, recruitment issues, death, strike, walk-out, etc.
  - B. A request for volunteer practitioners without an emergency having been declared.

#### **V. Identification of "Participating Hospitals"**

- V.I A letter and a copy of this Statewide Emergency Medical Practitioner Credentialing Policy & Program will be sent to the CEO and Chief Medical Officer of each hospital in Connecticut asking if they wish to participate.
- V.II Hospitals that wish to participate in the Program will enroll by returning the "Participating Hospital" Agreement that includes this Policy and the hospital's acknowledgement that it will abide by the terms of this Policy. Hospitals that participate in the Statewide program are hereinafter referred to as "Participating Hospitals".
- V.III The individual or individuals designated by each Participating Hospital will be granted authority to access a database of practitioners who have agreed in advance to be contacted in case of "emergency" (as defined above) to provide assistance at institutions or locations other than their primary hospital. Such individuals granted database access will include the Chief Medical Officer and Medical Staff Coordinator / Director of Medical Staff Affairs. Other individuals may be included or substituted (i.e. Incident Commander, Vice President of Patient Care Services) if written justification is provided by the Participating Hospital and approved by the YNHHS Office of Emergency Preparedness.
- V.IV Participating Hospitals will be required to comply with the requirements as outlined in the respective Appendices relative to each professional listed below.

Section 2	Physicians, Dentists and Licensed Independent Practitioners (Physician Assistants, Nurse Practitioners, Nurse Anesthetists, Nurse Midwives, etc.)
Section 3	Diagnostic Imaging professionals (radiographers, ultrasonographers, nuclear medicine technologists, interventional technologists, CT technologists and MRI technologists)
Section 4	Nurses
Section 5	Respiratory Therapists
Section 6	Pharmacists
Section 7	Behavioral Health Professionals
Section 8	Laboratory Professionals

**VI. Statewide Database**

- VI.I *Physicians, Dentists and Mid-level Practitioners:* Participating Hospitals are required to provide (at minimum) a quarterly update of their volunteer physician, dentist and mid-level practitioners via an excel spreadsheet containing the fields identified in Appendix A and in the sample format provided. Monthly updates, however, are preferable and strongly encouraged. Quarterly updates will be due on the first business day of the months of February, May, August, and November.
  
- VI.II *Other Healthcare Practitioners:* Participating Hospitals are required to validate the credentials of all healthcare practitioner volunteers affiliated with their institution, newly recruited through the statewide emergency credentialing program. A facility specific database, sorted by discipline, will be provided to the designated facility contact on a quarterly basis in January, April, July and October. Validation of these newly identified volunteers is due within four weeks of distribution.

**VII. Termination**

- VII.I If a Participating Hospital fails to provide the database update of volunteer practitioners in accordance with Appendices A-H for a period of six consecutive months (two quarters), the CEO and Chief Medical Officer will be contacted by phone and certified mail by the YNHHS Office of Emergency Preparedness to ascertain their willingness to continue participation. Lack of response within 30 days will confirm a desire to cease participation and will result in termination of access to the database and automatic termination of the Agreement as a Participating Hospital.
  
- VII.II A Participating Hospital may withdraw from or terminate participation in the Agreement by providing written notice from its CEO or Chief Medical Officer to the YNHHS Office of Emergency Preparedness.
  
- VII.III Terminated (or any non-participating) hospitals may re-enroll as Participating Hospitals upon provision of an updated database and re-signing (or initial signing) of the Agreement.

**VIII. Approval of Volunteer Practitioners**

- VIII.I Participating Hospitals will be responsible for appropriately screening all of the volunteer practitioners it includes in its database. If a volunteer practitioner is deemed by the hospital as inappropriate for inclusion in the database as specified by the guidelines

outlined in Appendices A – H, the hospital will not provide any information about that individual.

- VIII.II In any and all instances in which a Participating Hospital obtains information concerning, or otherwise determines that, any of its volunteer practitioners should be excluded from the database based on the guidelines, the Participating Hospital must immediately submit a replacement database (in addition to the routine updates described in Section III above).
- VIII.III Depending upon need and the factors listed above, practitioners who volunteer may not be included on any Participating Hospital database.

#### **IX. Malpractice Insurance Coverage**

- IX.I It is the responsibility of the Participating Hospital requesting volunteer service to ascertain the malpractice coverage of each practitioner. The Participating Hospital will be required to ensure coverage for the volunteers it enlists as a result of a "state of emergency" or its equivalent as declared by the Chief Executive Officer or his designee of the Hospital accompanied by the activation of the hospital's "emergency management plan." A "state of emergency" declared by the Governor will activate the Medical Reserve Corps and provide liability and worker's compensation coverage to the volunteer practitioners enlisted by the program through the Public Health Emergency Response Authority.

#### **X. Responsibilities of the Requesting Hospital**

- X.I The requesting Hospital or organization is responsible for contacting the volunteers it needs.
- X.II The requesting Hospital or organization is responsible for ensuring malpractice insurance coverage for the volunteers it enlists, as described in VI above.
- X.III With respect to physicians, dentists and licensed independent practitioners, the requesting Hospital or organization is responsible for following its own internal medical staff policies for the issuing of Disaster Privileges in accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (See Sample, Attachment 2) or equivalent standards before volunteers are permitted to work.

#### **XI. Rights of Volunteer Practitioners**

- XI.I Practitioners who volunteer to participate in the Program agree to be contacted in emergency situations and retain the right to refuse to provide service under any circumstance and for any reason. Volunteer Practitioners are responsible for resolving conflicts between their schedule and obligations at other institutions and requests to volunteer under the terms of this Program.

#### **XII. Policy Limitations**

- XII.I This Policy contemplates the process by which a Participating Hospital may access a database of health care practitioners that have been screened by another institution and is intended as an adjunct to the Participating Hospital's specific policies concerning Emergency Preparedness, Disaster Privileging policy and Medical Staff Bylaws, not as a

replacement of these important documents. (See Attachment 3 for sample Bylaws language)

**XIII. Data Collection and Distribution Procedure for Physicians, Dentists and Licensed Independent Practitioners**

- XIII.I Within thirty (30) days of signing the "Participating Hospital" Agreement, Participating Hospital shall solicit their "Active" Medical Staff as described in Appendix A of the Emergency Medical Practitioner Program and Policy ("Policy").
- XIII.II Participating Hospital shall screen volunteers in accordance with Appendix A of the Policy.
- XIII.III Participating Hospital shall prepare an excel spreadsheet to contain the data fields as outlined in Appendix A of the Policy. A sample format is contained in Appendix A2.
- XIII.IV Within sixty (60) days of signing the "Participating Hospital" Agreement, Participating Hospital shall send the excel spreadsheet via e-mail to the YNHHS Office of Emergency Preparedness.
- XIII.V Going forward, regardless of the date the initial spreadsheet was communicated, a minimum of a quarterly update will be required on the first business day of the following months\*:
- February
  - May
  - August
  - November

*\*Additional interim updates must be provided as necessary based on changes to the network of participating providers as detailed in Section V of the Program.*

- XIII.VI On the first business day of each month (and additionally "as needed" based upon interim updates supplied by the Participating Hospitals), the YNHHS Office of Emergency Preparedness shall compile the individual lists supplied by each Participating Hospital and provide a full listing of all volunteer practitioners. The information shall be supplied via e-mail in Excel to the two contacts at each Participating Hospital as identified in the Participating Hospital Agreement.
- XIII.VII Participating Hospital agrees to maintain the confidentiality of the information provided regarding volunteer practitioners.