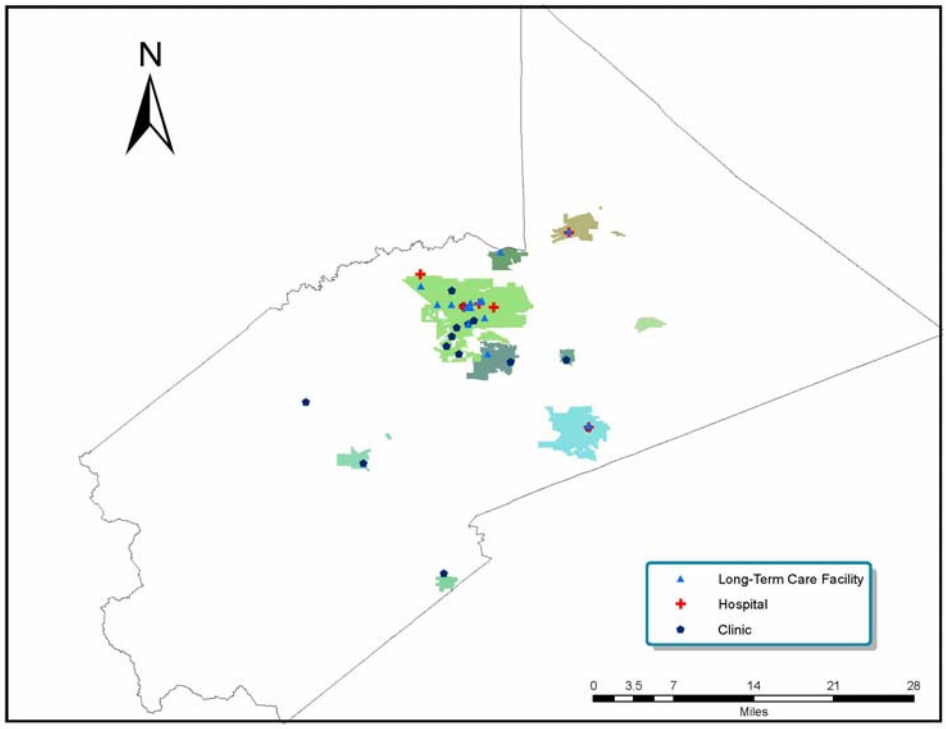
Stanislaus County Healthcare Coalition
Mutual Aid Memorandum of Understanding for Healthcare Facilities
January 2007

I. Introduction and Background

The healthcare providers located within Stanislaus County are all susceptible to a disaster that could exceed the resources of any one individual organization. Disasters can result from incidents generating an overwhelming number of patients, or smaller groups of patients whose specialized medical requirements exceed the resources of the impacted provider (e.g., hazmat injuries, pulmonary, trauma surgery, etc.), or from incidents such as building or plant problems, terrorist acts, bomb threats, etc., that impact an organization's operational capability. The scope of this plan encompasses participating healthcare providers located within Stanislaus County. Attachment A reflects the list of healthcare providers who were invited to participate in this MOU .

MAP OF STANISLAUS COUNTY HEALTHCARE FACILITIES



II. Purpose of Mutual Aid Memorandum of Understanding

The mutual aid concept is well established and is considered standard in most emergency response disciplines, including fire services, emergency medical services (EMS), and law enforcement. The purpose of this mutual aid agreement is to assist healthcare providers achieve an effective level of disaster medical preparedness by authorizing the exchange of personnel, pharmaceuticals, supplies, equipment, and information. In addition, healthcare providers participating in this agreement are committed to assisting each other with transfer and receipt of patients in the event a facility is rendered incapable of patient care and must relocate its patients.

This Mutual Aid Memorandum of Understanding (MOU) is a voluntary agreement between the participating Stanislaus County healthcare providers. This document only addresses the relationship

between and among healthcare providers and is intended to augment, not replace, each organization's disaster plan. Moreover, this document does not replace but rather supplements the national system (National Incident Management System, abbreviated as NIMS), which, has set up standardized organizational structures, including the Incident Command System, abbreviated as ICS (Note: The ICS defines the operating characteristics, interactive management components, and structure of incident management and emergency response organizations engaged throughout the life cycle of an incident.)
By signing this Memorandum of Understanding, healthcare providers are evidencing their intent to abide by the terms of the MOU as described below. The terms of this MOU are to be incorporated into each healthcare organization's disaster plan.

III. Definition of Terms

Hospital Command Center:	An area established within a healthcare facility during an emergency that is the facility's primary source of administrative authority and decision-making.
Donor Healthcare Facility:	The healthcare provider that provides personnel, pharmaceuticals, supplies, equipment, and/or information to the Emergency Operations Center (EOC) or a facility experiencing a medical disaster.
Impacted Healthcare Facility:	A healthcare provider that has exceeded its capability to manage a disaster with its own internal resources. This is also referred to as the recipient healthcare facility when pharmaceuticals, supplies, equipment, and/or information are requested or as the patient transferring healthcare facility when the evacuation of patients is required.
Medical Disaster:	An event that a provider cannot appropriately resolve solely by using its own resources and may involve temporarily utilizing medical and support personnel, pharmaceuticals, supplies, or equipment, and/or information from another facility. This type of event may also necessitate the need for transport of patients to other participating healthcare facilities.
Emergency Operations Center (EOC):	A communication center at the local, operational area, or regional response level with network capabilities allowing for the immediate determination of available healthcare facility resources at the time of a disaster. The EOC is operational 24-hours a day and requires daily maintenance. The EOC may assume a command/control function during a disaster. Logistics coordinated by the EOC include identifying the number and specific location where personnel, pharmaceuticals, supplies, equipment, patients, and/or information should be sent, how to enter the security perimeter; estimated time interval between arrival and estimated return date of borrowed supplies, etc.
Patient Accepting Healthcare Facility:	The healthcare provider that accepts transferred patients from a facility experiencing a medical disaster. When patients are evacuated, the receiving facility is referred to as the patient accepting healthcare facility.
Patient Transferring Healthcare Facility:	The healthcare facility that evacuates patients to a patient accepting facility in response to a medical disaster.
Recipient Healthcare Facility:	The healthcare facility where the disaster occurred and has requested personnel or materials from another provider. Also referred to as the patient-transferring healthcare facility when involving evacuating and/or transferring patients during a medical Disaster.
Alternate Care	A location designated by the patient transferring healthcare facility or

Site (ACS):	local/state/federal Emergency Management officials where patients will be sent for treatment and/or observation should the disaster overwhelm capacity of participating healthcare facilities of this MOU.
Emergency Preparedness Committee (EPC):	A committee designed to develop and implement preparedness plans and response protocols for disaster management. Representatives on this committee include, but are not limited to, Emergency Medical/Ambulance Services, Fire Response Services, Law Enforcement, Healthcare Facilities, State and county Emergency Management and Health Departments, Medi-flight, etc.
Regional Trauma Advisory Board:	A committee designed to address and respond to concerns related to the trauma management system within a defined geographic region.
MHOAC	Medical/Health Operational Area Coordinator (MHOAC). An individual jointly appointed by the Local Health Officer and EMS Director who is responsible in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of resources within the Operational Area (county).
Healthcare Facility Liaison:	An individual located at the hospital designated by the Healthcare Facility's Incident Commander to communicate with the MHOAC.
Disaster Control Facility (DCF):	A community communication and information center that has *communication* capabilities allowing for the immediate determination of available healthcare facility resources at the time of a disaster. The *Control Facility* is operational 24 hours a day.
Medical Reserve Corps (MRC):	A group of credentialed volunteers which include medical and public health professionals such as physicians, nurses, pharmacists, emergency medical technicians, dentists, veterinarians, epidemiologists, and infectious disease specialists.
EMSystem:	An internet-based system used by healthcare facilities to report facility status and bed availability in real-time.
Healthcare Coalition Executive Council: (HCEC):	The Executive Council is a policy group comprised of representatives from hospitals, clinics, long-term care, mental health, EMS, OES, and public health to evaluate and approve processes related to mutual aid not specified within this document.

IV. General Terms of this Agreement

1. Agreement to Share Resources: To the best of their ability, each healthcare provider participating in this MOU agrees to share the following resources during a disaster:

    a. Personnel (that have been appropriately credentialed, i.e. MRC)
    b. Equipment
    c. Supplies
    d. Pharmaceuticals
    e. Information

    Reimbursement: The default process for reimbursement of utilized resources is located in Attachment B. However, during any disaster where reimbursement is an issue, the HCEC reserves the right to call together a special meeting of the HCEC Policy Group to establish a mutually agreed upon modification to the current process and fee schedule.

2. Standardized Communication and Coordination Systems: It is strongly encouraged that each healthcare provider participating in this MOU agree to implement and adopt the following systems:

    a. An incident command and control system consistent with the National Incident Management System (i.e. HICS)
    b. A universal emergency code system consistent for all healthcare facilities in Stanislaus County. The emergency code system currently in place at most facilities consists of the following:

        i. Code Red – Fire
        ii. Code Blue – Medical Emergency / Cardiac Respiratory Arrest
        iii. Code Yellow – Bomb Threat
        iv. Code Orange – Hazardous Material Spill/Release
        v. Code Pink – Infant Abduction
        vi. Code Purple – Child Abduction
        vii. Code Triage – Internal/External Disaster
        viii. Code Silver – Person with a Weapon or hostage situation
        ix. Code Grey – Combative Person
        x. Code White – Medical Emergency Pediatrics

    c. A facility may choose to implement other codes in addition to the universal codes
    d. Standardized triage tags and documentation packs
    e. Utilization of standard communication systems including: EMSystem, satellite phones, ham radios, Med-Net, and the HEAR system. Through the Emergency Preparedness Committee, facilities will collaborate on communication system priorities that ensure dedicated, secure, and reliable methods to communicate with the EOC and other healthcare facilities.

3. Implementation of Mutual Aid Memorandum of Understanding: Only the Incident Commander at each healthcare facility has the authority to begin implementing the procedures as outlined in this MOU. This is achieved by contacting the MHOAC. The EOC may be activated through the direction and authority of Stanislaus County Office of Emergency Services.

4. Hospital Command Center: The facility's command center is responsible for informing the MHOAC of its situation and of any needs or available resources. The Healthcare Facility's Incident Commander or designee is responsible for requesting personnel, pharmaceuticals, supplies, equipment, information or authorizing the evacuation of patients. Via the EOC, the healthcare facility's Incident Commander or designee will coordinate, both internally and with the donor/patient-accepting healthcare facility, all of the logistics involved in implementing this Mutual Aid MOU.

5. Exercise Coordination: Each healthcare provider will participate in drills that include communicating to the MHOAC a set of data elements or indicators describing the hospital's resource capacity. The MHOAC will serve as an information center for recording and disseminating the type and amount of available resources at each healthcare facility. During a disaster drill or disaster, each healthcare facility will report to the MHOAC the current status of its indicators. In addition to signing this agreement, healthcare facilities agree to participate in two (2) community-wide emergency response drills per year.

6. Public Relations: Each healthcare provider is responsible for developing and coordinating with other facilities and relevant organizations its media response to the disaster. Healthcare facilities are encouraged to develop and coordinate the outline of their response prior to any disaster.

7. Education & Training: Each healthcare provider is responsible for disseminating the information regarding this MOU to relevant facility personnel.

8. Alternate Care Site: Each healthcare provider agrees to assist in the operations of alternate care sites as a regional medical response.

9. Daily Collection of Data: Each healthcare provider agrees to provide key indicators to a web-based communication system that is managed by Region IV. Each facility also agrees, if requested, to participate in daily and quarterly reporting as determined by needs of the community and state.

10. Divert Status: The DCF will not place any healthcare facilities on divert because of information gathered during a disaster. Diversion of ambulance patients will continue to be governed by the current EMS policy and procedure for System Saturation.

11. Patient Information: During disasters each healthcare facility agrees to provide relevant patient information as necessary to assist with the public health function response.

V. Standard Operating Procedures Governing Medical Operations, the Loaning of Personnel, Transfer of Pharmaceuticals, Supplies or Equipment, or the Evacuation of Patients *(SEE ALSO REGION IV MUTUAL AID PROCEDURES MANUAL 3, WHICH CAN BE LOCATED ONLINE AT http://www.co.san-joaquin.ca.us/ems/PDF/MHMASManual3.pdf)*

NOTE: This agreement recognizes there are pre-existing informal assistance/sharing networks among healthcare facilities which may supersede this MOU. The process below is designed to augment current processes, not necessarily to replace them.

A. Medical Operations/Loaning Personnel

1. Communication of Request: The request for the transfer of personnel initially can be made verbally to the MHOAC. The request, however, must be followed-up with written or electronic documentation. The recipient healthcare facility will identify to the MHOAC the following:

   a. The type, by job function, and number of needed personnel.
   b. An estimate of how quickly the request should be met.
   c. The location and contact person to whom they are to report.
   d. An estimate of how long the personnel will be needed.
   e. The entry point for donated personnel at the recipient hospital.

   The MHOAC will maintain a database of credentialed personnel, as well as a map of each healthcare facility with designated parking and entry areas. Credentials will be provided to the recipient healthcare facility for their records at the conclusion of the disaster response, or the recipient hospital may contact the MHOAC at anytime to verbally verify the credentials of a MRC responder.

2. Documentation: The arriving personnel will be required to present their donor healthcare facility's picture identification and/or MRC badges at the site designated by the recipient healthcare facility's command center. The recipient healthcare facility will be responsible for the following:

   a. Meeting the arriving personnel (usually by the recipient healthcare facility's security department or designated entrance).
   b. Confirming the donated personnel's picture ID badge.
   c. Providing additional identification, e.g., "visiting personnel" badge, to the arriving personnel.

   The recipient healthcare facility will accept the professional credentialing determination of the donor healthcare facility (via MRC) but only for those

services for which the personnel are credentialed at the donor healthcare facility. The recipient healthcare facility will notify the MHOAC of personnel upon arrival.

3. Demobilization Procedures: The recipient healthcare facility will provide and coordinate any necessary demobilization procedures and post-event stress debriefing. The recipient healthcare facility is responsible for providing the loaned personnel assistance, e.g., transportation, necessary for their return to the donor healthcare facility.

B. Transfer of Pharmaceuticals, Supplies or Equipment

1. Communication of Requests: The request for the transfer of pharmaceuticals, supplies, or equipment initially can be made verbally to the MHOAC. The request, however, must be followed-up with a written or electronic communication. The recipient healthcare facility will identify to the MHOAC the following:

   a. The quantity and type of needed item.
   b. Location to which the supplies should be delivered.

   The donor healthcare facility will identify if or to what extent the request can be honored and how long it will take them to fulfill the request. Since response time is a central component during a disaster response, decision and implementation should occur quickly.

2. Documentation: The recipient healthcare facility's security office or designee will document and confirm the receipt of the material resources. The documentation will detail the following:

   a. The items involved.
   b. The condition of the equipment prior to the loan (if applicable).
   c. The responsible parties for the received material.

   The donor healthcare facility is responsible for tracking the borrowed inventory through its standard requisition forms.

3. Transporting of pharmaceuticals, supplies, or equipment: The recipient healthcare facility is responsible for coordinating the transporting of materials both to and from the donor facility. This coordination may involve government and/or private organizations, and the donor facility may also offer transport. The recipient healthcare facility will notify the MHOAC of arrival of donated equipment or supplies.

C. Transfer/Evacuation of Patients

1. This MOU is entered into by and between the healthcare facilities in Stanislaus County to set forth guidelines under which each facility will transfer or accept patients in the event of a partial or total facility evacuation in an emergency situation. Evacuation of any of the participating healthcare facilities would occur only in extreme emergencies, which would render the participating healthcare facility or a portion of the participating healthcare facility unusable for patient care. (Examples of such situations requiring evacuation and transfer of patients to other healthcare facilities would include but not be limited to a major fire, building damage, environmental hazard, etc.)

2. Agreements:

a. Subject to medical capability and space availability, each healthcare facility agrees to accept a transferring facility's emergent patients in the event of an emergency evacuation.

b. The receiving healthcare facility will provide applicable medically necessary healthcare services as may be required by patients transported to the receiving healthcare facility. Each of the healthcare facilities will follow its standard procedures for admission of patients and its standard protocols for providing care to patients.

c. The transferring healthcare facility will be responsible for arranging for transportation of any evacuated patients to the receiving healthcare facility. The transferring healthcare facility is responsible for arranging transportation of patients from the receiving facility back to the originating facility.

d. The transferring healthcare facility will provide the receiving healthcare facility with as much advance notice as possible of any patients requiring evacuation to a receiving healthcare facility by contacting the DCF and activating the MHOAC. The MHOAC, in turn, will notify the Regional Disaster Medical Health Specialist (RDMHS).

e. The transferring healthcare facility will send to the receiving healthcare facility at the time of transfer such identifying administrative medical and related information as may be necessary for the proper care of the transferred patient.

f. The transferring healthcare facility will send with each patient at the time of transfer (or as soon thereafter as possible) all of the patient's personal effects, and any information relevant thereto. In the event that the personal effects cannot be sent with an alert and competent patient, the transferring healthcare facility may elect to secure such personal effects until the crisis is over. The transferring healthcare facility will remain responsible for such items until receipt thereof is acknowledged by the receiving healthcare facility.

g. This MOU does not require a transferring healthcare facility to transfer patients to any healthcare facility. The transferring healthcare facility may transfer patients to facilities other than healthcare facilities.

h. The receiving healthcare facility may discharge patients in accordance with its standard processes.

i. The transferring healthcare facility agrees to readmit patients when capability and capacity are restored at the transferring healthcare facility. The receiving healthcare facility agrees to transfer the patients back.

VI. Term and Termination

As to each participating healthcare facility, the terms of this Agreement will commence on the date this Agreement is approved by the HCEC, and will continue in full force and effect for five (5) years of date of last signatory unless terminated or modified by mutual written agreement by all participating healthcare facilities. An individual facility may elect to terminate its participation in this MOU by providing thirty (30) days written notice to other participating healthcare facilities of its intent to terminate.

SIGNATURE PAGE FOLLOWING

IN WITNESS WHEREOF, the undersigned have executed this Agreement on behalf of:

HEALTHCARE FACILITY NAME HERE

By: _____ _____
Authorized Signature Date

_____
Title