

**Placer County Healthcare Coalition
Mutual Aid Memorandum of Understanding for Healthcare Facilities
August 2007**

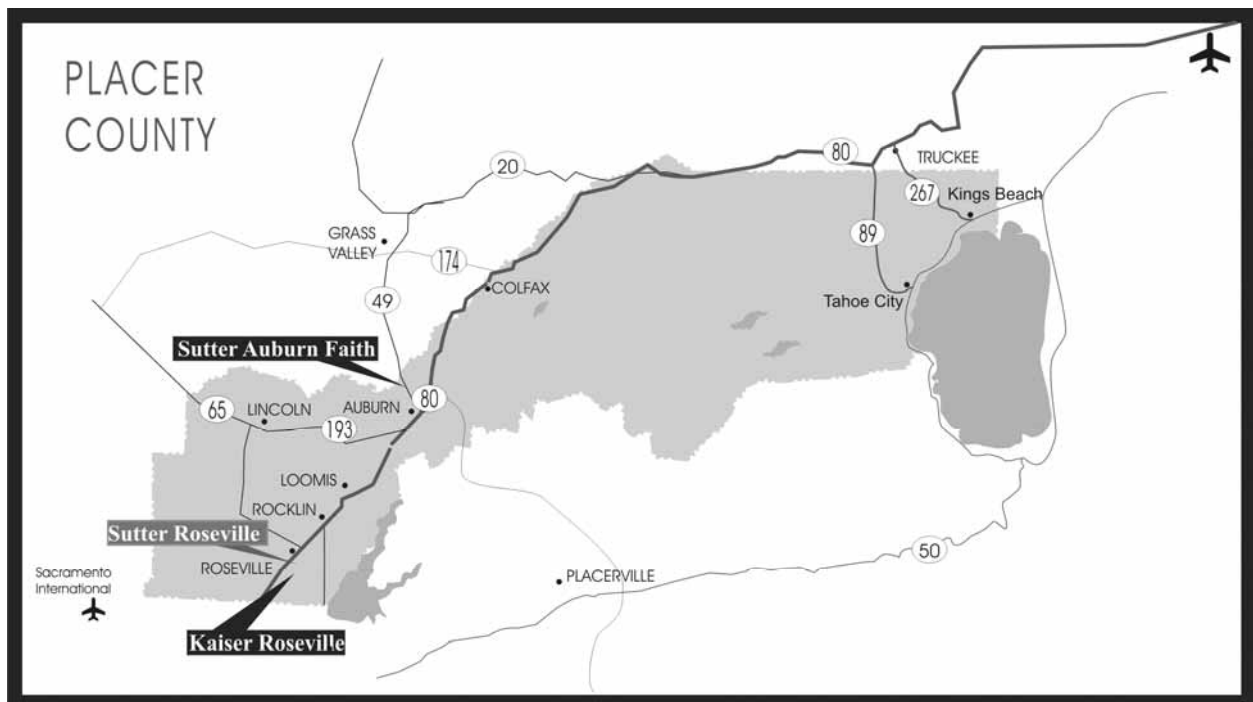
I. Introduction and Background

The healthcare facilities located within Placer County are all susceptible to a disaster that could exceed the resources of any one individual facility. 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 facility (e.g., hazmat injuries, pulmonary, trauma surgery, etc.), or from incidents such as building or plant problems, terrorist acts, bomb threats, etc., that impact a facility's operational capability.

II. Scope

The scope of this plan encompasses all participating healthcare facilities located within Placer County. A current list of healthcare facilities may be found in Attachment A.

MAP OF PLACER COUNTY HEALTHCARE FACILITIES



III. 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 facilities to achieve an effective level of disaster medical preparedness by authorizing the exchange of personnel, pharmaceuticals, supplies, equipment, and information. In addition, healthcare facilities 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 Placer County healthcare facilities. This document only addresses the relationship between and among healthcare providers and is intended to augment, not replace, each facility's disaster plan. Moreover, this document does not replace but rather supplements the rules and procedures governing interaction with other organizations during a disaster, e.g., law enforcement agencies, the Emergency Management agencies, fire departments, American Red Cross, civil defense offices, etc.

By signing this Memorandum of Understanding, healthcare facilities 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 facility's disaster plan.

IV. Definition of Terms

ACS	Alternate Care Site. A location that is not currently providing healthcare services and will be converted to enable the provisions of healthcare services to support, at a minimum, outpatient and inpatient care required during a surge event. These specific sites are not part of the assets of an existing facility (i.e. extensions of a general acute care hospitals), but rather are government authorized assets, under the authority of the local and state government.
CAHAN	California Health Alert Network (CAHAN) The web-based CAHAN system is designed to broadcast warnings of impending or current disasters affecting the ability of health officials to provide disaster response services to the public.
Control Facility	The <i>Control Facility</i> (referred to in this document refers to the Placer Co. facility) must be operational 24 hours a day. Control facility uses EMSsystem and the EMS radio system. Back-up communications systems include telephone, cell phone and satellite phone. The Control Facility (CF) is that agency responsible for the dispersal of patients during all Multi-Casualty Incidents (MCI). The CF will collect a Status Report (MCM #408) from all receiving facilities and notify them when patients have been dispersed to them.
Donor Facility	The healthcare facility that provides personnel, pharmaceuticals, supplies, or equipment to a facility experiencing a medical disaster.
EOC	The Emergency Operations Center- the location established by each jurisdiction to centralize coordination off all aspects of a disaster response.
EMSystem	An Internet-based hospital system used by all area hospitals to report open/closed/divert status in real-time. Data request and reporting via EMSsystems can reach all hospitals simultaneously.
Healthcare Facility Indicators	A set of healthcare facility resource measures that are reported to <i>MHOAC</i> during a disaster drill or actual disaster. The indicators are designed to catalogue healthcare facility resources that could be available for other healthcare facilities during a disaster.
HCC	Hospital Command Center. An area established in a healthcare facility during an emergency that is the facility's primary source of administrative authority and decision-making.
HICS	Hospital Incident Command System (HICS). The incident command structure developed to meet the needs of the hospital response to a disaster.
Impacted Health Care Facility	The healthcare facility where the disaster occurred or disaster victims are being treated. Referred to as the recipient healthcare facility when pharmaceuticals, supplies, or equipment are requested or as the patient-transferring healthcare

facility when the evacuation of patients is required.

JIC	Joint Information Center- The location established by the state and/ or federal government to coordinate the release of information to the press and media and general public. The hospital will participate in providing information to The JIC and help to convey a unified message developed for release to the public.
Master Mutual Aid Agreement	The California Disaster and Civil Defense Master Mutual Aid Agreement made and entered into by and among the State of California, its various departments and agencies of the State, in 1950. The agreement provides for support of one jurisdiction by another.
Medical Disaster	An incident that exceeds a facility's effective response capability or that facility cannot appropriately resolve solely by using its own resources. Such disasters will very likely involve <i>local and regional Control Facilities, the local and regional MHOAC</i> and may involve loan of medical and support personnel, pharmaceuticals, supplies, and equipment from another facility, or, the emergent evacuation of patients.
MHOAC	Medical Health Operational Area Coordinator (MHOAC) (<i>referred to in this document refers to the Placer Co. entity</i>). An individual appointed by a County Health Officer and LEMSA Administrator 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) as defined in Region IV Manual 3 – Medical Health Mutual Aid.
Partner ("Buddy")	The designated facility (or healthcare system) that a healthcare facility communicates with as a facility's "first call for help" during a medical disaster (developed through an optional partnering arrangement).
Patient-Receiving Facility	The healthcare facility that receives transferred patients from an impacted facility responding to a disaster. When patients are evacuated, the receiving facility is referred to as the patient-receiving healthcare facility.
Patient Transferring Facility	An impacted facility -- The healthcare facility that evacuates patients to a patient-receiving facility in response to a medical disaster.
Participating Hospitals	Healthcare facilities that have fully committed to the MOU. This list of Participating Hospitals shall be maintained and disseminated by the California Hospital Association ("CHA").
Recipient Facility	The impacted facility. The healthcare facility where disaster patients are being treated and have requested personnel or materials from another facility.
Placer County System	The 3 hospitals and Emergency Centers in Placer County, along with representatives from other healthcare facilities, public safety, public health, and emergency management who meet to plan, train and exercise together in order to best assure a coordinated, timely and effective response to a disaster.

V. General Terms of this Agreement

1. Agreement to Share Resources: To the best of their ability, each healthcare facility participating in this MOU agrees to share the following resources during a disaster:
 - Personnel (that have been appropriately credentialed)
 - Equipment
 - Supplies
 - Pharmaceuticals
 - Information

2. Financial & Legal Liability: The recipient healthcare facility will assume legal responsibility for the personnel and equipment from the donor healthcare facility during the time the personnel equipment and supplies are at the recipient healthcare facility. The recipient healthcare facility will reimburse the donor healthcare facility, for the donor healthcare facility's actual costs of providing personnel and assistance. Costs includes, but are not limited to, all the use, and return costs of borrowed materials, the replacement of any damaged or lost equipment, cost of borrowed personnel's salary and benefits. Reimbursement will be made within ninety days following receipt of the invoice. Documentation of cost incurred will be standardized throughout the participating hospitals.

3. Standardized Communication and Coordination Systems: Each healthcare facility participating in this MOU agrees to implement and/or adopt the following systems:
 - An incident command and control system consistent with the National Incident Management System (i.e. HICS)
 - The following universal emergency code system consistent for all healthcare facilities in Placer County:
 - Code Red – Fire
 - Code Blue – Medical Emergency / Cardiac Respiratory Arrest
 - Code Yellow – Bomb Threat
 - Code Orange – Hazardous Material Spill/Release
 - Code Pink – Infant Abduction
 - Code Purple – Child Abduction
 - Code Triage – Internal/External Disaster
 - Code Silver – Person with a Weapon or hostage situation
 - Code Grey – Combative Person
 - Code White – Medical Emergency Pediatrics
 - A facility may choose to implement other codes in addition to the universal codes
 - Standardized triage tags and documentation packs
 - Utilization of standard communication systems including: EMSsystem, satellite phones, amateur radio, EMS radio, and the HEAR system.

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

3. 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.

4. Exercise Coordination: Each healthcare facility 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. Healthcare facilities agree to participate in two (2) community-wide emergency response drills per year. During disaster drills, each healthcare facility will report to the MHOAC the current status of its indicators.

5. Public Relations: Each healthcare facility 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.
6. Education & Training: Each healthcare facility is responsible for disseminating the information regarding this MOU to relevant facility personnel.
7. Alternate Care Site: Each healthcare facility agrees to assist in the operations of alternate care sites as requested by the MHOAC.

VI. Standard Operating Procedures Governing Medical Operations, the Loaning of Personnel, Transfer of Pharmaceuticals, Supplies or Equipment, or the Evacuation of Patients (SEE ALSO THE OES REGION IV MUTUAL AID PROCEDURES: MANUAL 3)

NOTE: This agreement recognizes there are pre-existing informal assistance/sharing networks among healthcare facilities. 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. This should ideally occur prior to the arrival of personnel at the recipient healthcare facility. 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.
2. Documentation: The arriving personnel will be required to present their donor healthcare facility's picture identification 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 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.

The Medical Director / Medical Staff Office of the recipient healthcare facility will be responsible for providing a mechanism for granting emergency privileges for physicians, nurses and other licensed healthcare providers to provide services at the recipient healthcare facility.

3. Demobilization Procedures: The recipient healthcare facility will provide and coordinate any necessary demobilization procedures and post-event stress debriefing.

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. This should ideally occur prior to the receipt of any material resources at the recipient healthcare facility. The recipient healthcare facility will identify to the MHOAC the following:
 - a. The quantity and type of needed items.
 - b. Time period for which the supplies, equipment, and medications will be needed.
 - c. 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.

1. 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.

2. 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. Upon request, the receiving healthcare facility must return and pay the transportation fees for returning or replacing all borrowed material. Assistance for government transport should also be directed through the MHOAC.
3. Supervision: The recipient healthcare facility is responsible for appropriate safeguards, use, and maintenance of all borrowed pharmaceuticals, supplies, or equipment.
4. Demobilization procedures: The recipient healthcare facility is responsible for the rehabilitation and prompt return of the borrowed equipment to the donor healthcare facility.

C. Transfer/Evacuation of Patients

This MOU is entered into by and between the healthcare facilities in Placer 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.)

1. Communication of request:

- a. 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 Control Facility and activating the MHOAC.
- b. The MHOAC, in turn, will notify the Regional Disaster Medical Health Specialist (RDMHS).
- c. The request for the transfer of patients initially can be made verbally. The request, however, must be followed up with a written communication prior to the actual transferring of any patients.
- d. The patient-transferring healthcare facility will identify to the patient-accepting healthcare facility:
 - i. the number of patients needed to be transferred.
 - ii. the general nature of their illness or condition.
 - iii. any type of specialized services required, e.g., ICU bed, burn bed, trauma care, etc.

2. Documentation:

- a. 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.
- b. 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.
- c. The patient- transferring healthcare facility is responsible for tracking the destination of all patients transferred out.
- d. Post Disaster, the patient –transferring healthcare facility will coordinate with the patient –receiving healthcare facility for the care and return of patients transferred during the disaster event.
- e. Upon discharge of the transferred patient, the patient receiving healthcare facility will return the transferring facility all original medical records, including X-ray films, transferred with the patient.

3. Transporting of patients:

- a. The patient-transferring healthcare facility is responsible for coordinating through the MHOAC the transportation of patients to the patient-receiving healthcare facility.
- b. The patient-receiving healthcare facility's senior administrator or designee will designate the point of entry for the receiving healthcare facility. Once admitted, that patient becomes the patient-receiving healthcare facility's patient and under care of the patient-receiving healthcare facility's admitting physician until discharged, transferred or reassigned.
- c. The patient-transferring healthcare facility is responsible for the transferring of extraordinary drugs or other special patient needs (e.g., equipment, blood products) along with the patient if requested by the

patient- receiving healthcare facility.

4. Supervision: The patient-receiving healthcare facility will designate the patient's admitting service, the admitting physician for each patient, and, if requested, will provide at least temporary courtesy privileges (including evaluation, treatment, and documentation) to the patient's original attending physician.
5. Patient Responsibility: Upon admission, the patient-receiving healthcare facility is responsible for the patient's care.
6. Notification: The patient-transferring healthcare facility is responsible for communicating with the patient and patient's family / personal representative about the transfer. The patient-receiving healthcare facility may assist in notifying the patient's family / personal representative and the patient's personal physician.
7. Patient Discharge:
 - a. The receiving healthcare facility may discharge patients in accordance with its standard processes.
 - b. 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.

VII. General Provisions

- A. Term. This MOU shall commence upon execution by an authorized officer of the Healthcare Facility and notification to the MHOAC and shall continue until terminated. 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.
- B. Miscellaneous. This MOU may not be assigned and shall be governed under California law and may be amended upon written consent of the Participating Hospitals. This MOU contains the entire agreement of the subject matter contained herein and shall give rights to no other parties except where expressly stated. In the event a court of competent jurisdiction deems one or more provisions invalid, the remaining provisions shall remain in full force and effect. Waiver of any breach shall not operate to be a waiver of any other or subsequent breach. The Participating Hospitals shall work in good faith to keep the confidentiality of patient and other records as required by law.
- C. Certification. A signed copy of this MOU or signature page shall be sent via facsimile or mail to the MHOAC on the date of signature below.

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

Name

Title

Hospital

City

Date