

APPENDIX G

**Placer County Healthcare Coalition  
Mutual Aid Memorandum of Understanding for Healthcare Facilities  
January 2008**

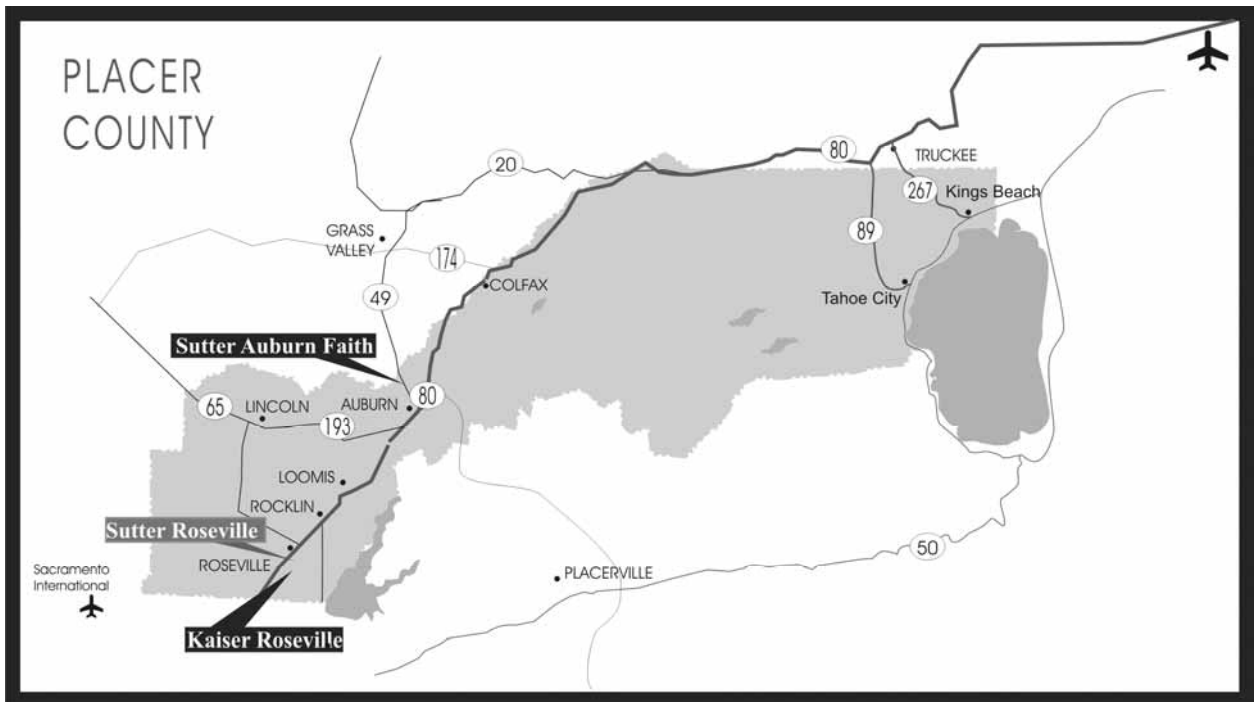
**Introduction and Background**

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.

**Scope**

The scope of this plan encompasses all participating healthcare facilities located within Placer County.

**MAP OF PLACER COUNTY HEALTHCARE FACILITIES**



**Purpose of Mutual Aid Memorandum of Understanding**

The mutual aid concept is well established and is considered “standard of care” 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 achieve an effective level of disaster medical preparedness by authorizing the exchange of personnel, pharmaceuticals, supplies, equipment, and/or 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.

**Definition of Terms**

**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 facility 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 facility 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 facility 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 allowing for the Operations Center (EOC):	A communication center with network capabilities 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 arrivals and estimated return dates of borrowed supplies, etc.
Patient Accepting Healthcare Facility:	The healthcare facility 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 facility. Also referred to as the patient-transferring healthcare facility when involving evacuating and/or transferring patients during a medical Disaster.
Alternate Care Site (ACS):	A location designated by the patient transferring healthcare facility or 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: with the MHOAC.	An individual located at the healthcare facility designated by the Healthcare Facility's Incident Commander to communicate with the MHOAC.
Disaster Control center that has Facility (DCF):	A community communication and information <i>communication</i> capabilities allowing for the immediate determination of available healthcare facility resources at the time of a disaster. The <i>Control Facility</i> 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.

EMSystems:	An internet-based system used by healthcare facilities to report open/closed/divert status in real-time.
Healthcare representatives Coalition EMS, OES, and Executive Council: (HCEC):	The Executive Council is a policy group comprised of from hospitals, clinics, long-term care, mental health, public health to evaluate and approve processes related to mutual aid not specified within this document.

**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, i.e. MRC)
  - Equipment
  - Supplies
  - Pharmaceuticals
  - Information

**Financial & Legal:** 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.

2. 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)
  - A universal emergency code system consistent for all healthcare facilities in Placer County. The emergency code system currently in place at most facilities consists of the following:
    - 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
  - A facility may choose to implement other codes in addition to the universal codes
  - Standardized triage tags and documentation packs
  - Utilization of a standard communication system such as satellite phones, ham radios, or the HEAR system. Through the Emergency Preparedness Committee, facilities will collaborate on a communication system that ensures a dedicated, secure, and reliable method to communicate with the EOC and other healthcare facilities.
  - Utilization of a web-based communication system. (The current system in use is EMSsystems)
3. 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 county EOC may be activated through the direction and authority of Placer County Office of Emergency Services.
4. 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 facility will participate in drills that include communicating to the MHOAC a set of data elements or indicators describing the healthcare facility'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 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.
7. Education & Training: Each healthcare facility is responsible for disseminating the information regarding this MOU to relevant facility personnel.
8. Alternate Care Site: Each healthcare facility agrees to assist in the operations of alternate care sites as a regional medical response.
9. Daily Collection of Data: Each healthcare facility 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 Control Facility will not place any healthcare facility on divert because of information gathered during a disaster.
11. Patient Information: During disasters each healthcare facility agrees to provide relevant patient information as necessary to assist with the public health function response.

***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)***

**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.**

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 healthcare facility.

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 healthcare facility 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 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.

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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 items.
  - 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.

**Transfer/Evacuation of Patients**

1. 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.)

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.

### ***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.

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

**HEALTHCARE FACILITY NAME HERE**

By \_\_\_\_\_  
Authorized Signature Date  
\_\_\_\_\_  
Title