Coastal Bend Regional Advisory Council on Trauma

Facility Mutual Aid Agreement

1. Introduction and Background

As in other parts of the nation, Trauma Service Area U is susceptible to disasters, both natural and man-made, that could exceed the resources of any individual facility. A disaster could result from incidents generating an overwhelming number of patients, from a smaller number 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 resulting in the need for partial or complete facility evacuation.

2. Purpose of Mutual Aid Agreement

The mutual aid support concept is well established and is considered "standard of care" in most emergency response disciplines. The purpose of this mutual aid support agreement is to aid facilities in their emergency management by authorizing the Facility Mutual Aid System (F-MAS). F-MAS addresses the loan of medical personnel, pharmaceuticals, supplies and equipment, or assistance with emergent facility evacuation, including accepting transferred patients.

This Mutual Aid Agreement (MAA) is a voluntary agreement among the member facilities of the Coastal Bend Regional Advisory Council (RAC) Hospital Committee for the purpose of providing mutual aid at the time of the disaster. For purposes of this MAA, a disaster is defined as an overwhelming incident that exceeds the effective capability of the impacted facility or facilities. An incident of this magnitude should almost always involve emergency management agencies and local/regional public health district/departments. The disaster may be an "external" or "internal" event for a facility and assumes that each impacted facility's emergency management plan has been fully implemented.

This document addresses the relationships between and among the facilities of Coastal Bend Regional Advisory (RAC) Hospital Committee and is intended to augment, not replace, each facility's disaster plan. The MAA also provides the framework for facilities to coordinate as a single F-MAS community in actions with the Coastal Bend Regional Advisory Council (RAC), Emergency Operation Center, local/regional public health district/departments, fire departments, and emergency medical services during planning and response. 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 regional emergency medical services, local/regional public health district/department, fire departments, American Red Cross, etc).

By signing this Mutual Aid Agreement each facility is evidencing its intent to abide by the terms if of the MAA in the event of a disaster as described. The terms of this MAA are to be incorporated into the TSA-U Regional Response Plan, and the facilities internal emergency management plans.

3. Definition of Terms

Command Center: An area established in a facility during an emergency that is the facility's p primary source of administrative authority and decision-making.

Donor Facility: The facility that provides personnel, pharmaceuticals, supplies or equipment to a facility experiencing a medical disaster.

ESF #8Emergency Support Function

Coordinated Federal, State, Tribal and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and /or during a developing potential health and medical emergency. Public Health and Medical Services include assessment of health and medical needs; health surveillance; medical care personnel; health and medical equipment and supplies; patient evacuation; in-hospital care; food, drug and medical device safety; worker health and safety; radiological, chemical, biological hazards consultation; mental health care; public health information; vector control; potable water, wastewater and solid waste disposal; victim identification and mortuary services; and veterinary services.

Emergency Operations Center (EOC)

An EOC develops and maintains awareness of the emergency situation for decision making and coordinated support for emergency responders. EOC's are established by local jurisdictions.

F-MAS: Facility Mutual Aid System

HCTG: Hospital Command Talk Group – The primary communication system used by facilities to communicate during an emergency.

Impacted Facility: The facility where the disaster occurred or disaster victims are being treated.

Medical Operations

Center (MOC): A MOC is a multidisciplinary body intended to coordinate all functions of the ESF8. A MOC is a clearinghouse for all health and medical information. All requests for medical support; such as personnel, supplies etc, should be sent to the MOC. The MOC will coordinate with the regional EOC's.

Disaster: An incident or event in which the available organizational and medical resources or their management systems are severely challenged or become insufficient to adequately meet the medical needs of the affected population. Such disasters may involve the local emergency management agencies and local/regional public health district/departments and may involve loan of medical and support personnel, pharmaceuticals, supplies and equipment from another facility, or, the emergent evacuation of patients.

Participating Facilities: Health care facilities that have fully committed to F-MAS and participate in the RAC Hospital Committee.

Receiving Facility: A facility that accepts displaced patients during a medical disaster.

4. General Principles of Understanding

Participating Facilities: Each facility designates a representative(s) to attend the RAC Hospital Committee meetings and to coordinate the TSA-U Regional Response Plan, and mutual aid initiatives with the individual facility's emergency management plans. Facilities also commit to participating in F-MAS exercises and maintaining their radio links to the Hospital Command Talk Groups.

Implementation of Mutual Aid Agreement: A facility becomes a participating facility when an authorized administrator signs the MAA. During a disaster, only the authorized administrator (or designee) or command center at each facility has the authority to request or offer assistance through FMA-S as outlined in the TSA-U Regional Response Plan. Communications between facilities for formally requesting and volunteering assistance should therefore occur among authorized administrators (or designees) or respective command centers unless the MOC (Medical Operations Center) is activated.

Command Center: The **impacted facility's** command center is responsible for informing the MOC (if activated) or EOC (if MOC is not activated) of its situation and defining needs that cannot be accommodated by the facility itself or any existing partner facility. The authorized administrator or designee is responsible for requesting personnel, pharmaceuticals, supplies, equipment, or authorizing the evacuation of patients. The authorized administrator or designee should coordinate both internally and with the donor facility or MOC, all of the logistics involved in implementing assistance under this MAA. Logistics may include: identifying the number and specific location where personnel, pharmaceuticals, supplies, equipment or patients should be sent, how to enter the security perimeter, estimated time interval to arrival and estimated return date of borrowed supplies etc.

MOC – Medical Operations Center: Each facility should participate in an annual F-MAS exercise that includes communicating to the MOC a set of data elements or indicators describing the facility's resource capacity (appendix 2a and 2b). The MOC should serve as an information center for recording and disseminating the type and amount of available resources at each facility. During a disaster drill or emergency, each facility should report to the MOC the current status of their indicators. (For a more detailed account of the MOC's responsibilities, see "MOC Requirements") Each facility shall send at least one person to the MOC if requested.

Facility Resources: An inventory of equipment, personnel, capacity, etc. that are reported to the MOC during a disaster drill or actual disaster to assist with patient traffic that could be available for other facilities during a disaster.

Documentation: During a disaster, the **impacted facility** should accept and honor the donor facility's standard requisition forms. Documentation should detail the items involved in the transaction, condition of the material prior to the loan (if applicable), and the party responsible for the material.

Authorization: The **impacted facility** should have supervisory direction over the donor facility's staff, borrowed equipment etc., once they are received by the recipient facility. The recipient facility should safely and responsibly utilize borrowed equipment, etc. The **impacted facility** should promptly notify the donor facility of any damages, loss of equipment, or personnel injury.

Financial and Legal Liability: The **donor facility** should continue to assume legal responsibility for the personnel and equipment during the time that the personnel, equipment and supplies are at the impacted facility.

a. Equipment: The **impacted facility** should reimburse the donor facility, to the extent permitted by federal law, for all of the donor facility's costs determined by the donor facility's regular rate. Costs include all breakage, damage, replacement and return costs of borrowed materials, for personnel injuries that result in disability, loss of salary, and reasonable expenses, and for reasonable costs of defending any liability claims, except

where the donor facility has not provided preventive maintenance or proper repair of loaned equipment which resulted in patient injury. Timely reimbursement should be made following receipt of the invoices.

b. Medical Operations/Loaned Personnel: Liability claims, malpractice claims, disability claims, attorney's fees and other incurred costs are the responsibility of the **donor facility**.
The **impacted facility** should reimburse the donor facility for the salaries of the loaned personnel at the loaned personnel's rate as established at the donor facility if the personnel are employees being paid by the donor facility. The reimbursement should be made within ninety (90) days following receipt of the invoice.

c. Transfer/Evacuation of Patients: Upon admission, the **receiving facility** is responsible for liability claims originating from the time the patient is admitted to the receiving facility. Reimbursement for care should be negotiated with each facility's insurer under the conditions for *admissions* without *pre-certification requirements* in the event of emergencies.

d. Transfer of Pharmaceuticals, Supplies and Equipment: The **impacted facility**, to the extent permitted by federal law, is responsible for all costs arising from the use, damage or lass of borrowed pharmaceuticals, supplies, or equipment, except where the donor facility has not provided preventive maintenance or proper repair of loaned equipment which resulted in patient injury. Costs include personnel injuries that result in disability, loss of salary, and reasonable expenses, and for reasonable costs of defending any liability claims, except where the donor facility has not provided preventive maintenance of proper repair of loaned equipment which resulted in patient injury. Reimbursement should be made within ninety (90) days following receipt of the invoice.

For their own acts of negligence or omission, **receiving facilities** assume the legal and financial responsibility for transferred patients upon arrival into the **receiving facility.**

Communications: Facilities should collaborate on the Hospital Command Talk Group radio communication system to ensure a dedicated and reliable method to communicate with the MOC and other facilities.

Public Relations: Each facility is responsible for developing and coordinating with other facilities and relevant organizations the media response to the disaster. During a public health emergency, all public relations MUST be coordinated with the local/regional/state public health department through the MOC. In all other disasters or emergencies, public relations should be coordinated with the regional EOC's and the MOC (if activated).

Emergency Preparedness & Response Committee Chairperson: Each facility's Emergency Preparedness & Response representative is responsible for disseminating the information regarding this MAA to relevant facility personnel, coordinating and evaluating the facility's participation in exercises of the mutual aid system, and incorporating the MAA concepts into the facility's emergency management plan.

5. General Principles Governing Medical Operations, the Transfer of Pharmaceuticals, Supplies or Equipment, or the Evacuation of Patients.

MOC: The **impacted facility** is responsible for notifying and informing the MOC of its personnel or material needs or its need to evacuate patients and the degree to which its partner facility is unable to meet these needs. The MOC should contact the other participating facilities to determine the availability of additional personnel *or* material resources, including the availability of beds, as required by the situation. The MOC should maintain an up-to-date list of *RAC* regional resources. The MOC is also responsible for coordinating with the regional EOC as needed.

Initiation of transfer of personnel, material resources or patients: Only the authorized administrator at each facility has the authority to initiate the transfer or receipt of personnel, material resources or patients.

The authorized administrator, in conjunction with the directors of the affected services at the **impacted facility**, should make a determination as to whether medical staff and other personnel from another facility should be required at the impacted facility to assist in patient care activities.

Personnel offered by **donor facilities** should be limited to staff that are currently licensed or credentialed in the donor institution. No resident physicians, medical/nursing students, or in training persons should be volunteered unless directly supervision has been established.

Internal Evacuation: In the event of evacuation of patients, the authorized administrator (or designee) of the **impacted facility** should notify **911** which will activate an emergency response.

6. Specific Principles of Understanding

a. Medical Operations/Loaning Personnel.

Communication of request: The request for transfer of personnel initially can me made verbally to the MOC. The request, however, must be followed up with written documentation to the MOC which will then be provided to the donor facility. The **impacted facility** should identify to the donor facility the following:

a. The type and number of requested personnel.
b. An estimate of how quickly the request is needed.
c. The location where they are to report.
d. An estimate of how long the personnel should be needed.

Documentation: The arriving donated personnel should be required to present their donor facility identification badge at the site designated by the impacted facility's command center. The **impacted facility** should be responsible for the following:

a. Meeting the arriving donated personnel (usually by the impacted facility's security department or designated employee.
b. Confirming the donated personnel's ID badge with the list of personnel provided by the donor facility.
c. Providing additional identification, e.g. "visiting personnel" badge, to the arriving donated personnel.

The **impacted facility** should accept the professional credentialing determination of the donor facility but only for those services for which the personnel are credentialed at the donor facility.

Emergency Credentialing: The authorized administrator (or designee) of the **impacted facility** should be responsible for providing a mechanism for granting emergency credentialing privileges for physicians, nurses and other licensed health care providers to provide services at the impacted facility.

Demobilization procedures: The **impacted facility** should provide and coordinate any necessary demobilization procedures and post-event stress management/support. The **impacted facility** is responsible for providing the loaned personnel transportation necessary for their return to the donor facility.

b. Transfer of Pharmaceuticals, Supplies or Equipment

Communication of Request: The request made for the transfer of pharmaceuticals, supplies, or equipment initially can be made verbally to the MOC. The request, however, must be followed up with a written communication to the MOC which then will be provided to the donor facility. This should ideally occur prior to the receipt of any material resources at the impacted facility. The **impacted facility** should identify to the donor facility the following:

a. The quantity and exact type of requested items.
b. An estimate of how quickly the request is needed.
c. Time period for which the supplies should be needed.
d. Location to which the supplies should be delivered.

The **donor facility** should identify how long it should take them to fulfill the request. Since response time is a central component during a disaster response, decision and implementation should occur quickly.

Documentation: The **impacted facility** should honor the donor facility's standard order requisition form as documentation of the request and receipt of the materials. The Logistics Officer of the impacted facility should confirm the receipt of the material resources. The documentation should 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 borrowed material.

The **donor facility** is responsible for tracking the borrowed inventory through their standard requisition forms. Upon return of the equipment, etc, the original invoice should be co-signed by the authorized administrator or designee of the impacted facility recording the condition of the borrowed equipment.

Transporting of pharmaceuticals, supplies or equipment: The **impacted facility** is responsible for coordinating the transportation 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 **impacted facility** must return and pay the transportation fees for returning or replacing all borrowed material.

Supervision: The **impacted facility** is responsible for appropriate use, maintenance and inventory of all borrowed pharmaceuticals, supplies or equipment.

Demobilization procedures: The **impacted facility** is responsible for the rehabilitation and prompt return of the borrowed equipment to the donor facility.

c. Transfer/Evacuation of Patients

1. Communication of request: The request for the transfer of patients initially can be made verbally to the MOC. The request, however, must be followed up with a written communication to the MOC which will be provided to the receiving facility prior to the actual transferring of any patients. The **impacted facility** should identify to the receiving facility:
    a. The number of patients needed to be transferred.

b. The general nature of their illness or condition.
c. Any type of specialized services required, e.g., ICU bed, burn bed, trauma care, etc.

2. Documentation: The **impacted facility** is responsible for providing the receiving facility with the patient's complete medical records, insurance information and other patient information necessary for the care of the transferred patient. The **impacted facility** is responsible for tracking the destination of all patients transferred out.

   If original patient records are provided to a **receiving facility** as a result of resources, the original patient record will be returned in its entirety to the impacted facility.

3. Transporting of patients: The **impacted facility** is responsible for financing the transportation of patients to the receiving facility. Coordination of patient transportation should be made in conjunction with the MOC. The point of entry should be designated by the receiving facility's authorized administrator or designee.

   Once admitted, that patient becomes the **receiving facility's** patient and under care of the receiving facility's admitting physician until discharged, transferred or reassigned.

   The **impacted facility** is responsible for transferring of extraordinary drugs or other special patient needs (e.g., equipment, blood products) along with the patient if requested by the receiving facility.

4. Supervision: The **receiving facility** should designate the patient's admitting service, the admitting physician for each patient, and, if requested, should provide at least temporary courtesy privileges to the patient's attending or personal physician of the situation.

   The **receiving facility** may assist in notifying the patient's family and personal physician.

5. Notification: The **impacted facility** is responsible for notifying both the patient's family or guardian and the patient's attending or personal physician of the situation. The receiving facility may assist in notifying the patient's family and personal physician.

d. Medical Operations Center (MOC) Function

The Hospital Command Talk Group provides the means for the facilities to coordinate among themselves, and as a unit to integrate with local emergency management agency, local/regional public health department, police, fire, and emergency medical services during a disaster event.

The MOC serves as the data center for collecting and disseminating current information about equipment, bed capacity and other facility resources during a disaster (see appendices). The information collected is to be used only for disaster preparedness and response. It is activated when multiple facilities or jurisdictions are affected.

In the event of a disaster or during a disaster drill, facilities should be prepared to provide the following information through EMSystem or WebEOC:

1. The total number of injury victims your emergency department can accept, and if possible, the number of victims with minor and major injuries.
2. Total number if injury victims your emergency department can accept, and if possible, the number of victims with minor and major injuries.

    - general medical (adult)
    - general surgical (adult)
    - general medical (pediatric)
    - general surgical (pediatric)
    - obstetrics
    - cardiac intensive care
    - neonatal intensive care
    - pediatric intensive care
    - burn
    - psychiatric
    - sub-acute care
    - skilled care beds
    - operating suites

3. The number of items **currently available for loan or donation** to another facility:

    - Respirators
    - IV infusion pumps
    - dialysis machines
    - hazmat decontamination equipment
    - ventilators
    - external pacemakers
    - atropine
    - kefzol

4. The number of services **currently available for loan or donation** to another facility:

    - MRI
    - CT Scanner
    - Hyperbaric chamber

5. The following number of personnel **currently available for loan** to another facility:

    <u>Physicians</u>

    - Anesthesiologists
    - Emergency Medicine
    - General Surgeon
    - OB-GYN
    - MedSurg

- Pediatricians
- Trauma Surgeons

Registered Nurses

- Emergency
- Critical Care
- Operating Room
- Pediatrics

Other Personnel

- Behavioral Health Workers
- Respiratory Therapists
- Maintenance/Plant/Security Workers
- Others as indicated

Amendments: This agreement may be amended at any time by signature approval of the parties' signatories or their respective designees.

Capacity to Enter into Agreement: The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the facility for which they sign.

This Memorandum of Understanding is to remain in effect indefinitely, and must be reviewed and reaffirmed every three years. Any organization can choose to opt out of this MOU at any time by sending written notice to all other participating organizations.

_____
Facility Name

_____ _____ _____
Signature Title Date

_____
Printed Name