

MEDICAL MUTUAL AID

PURPOSE

To establish guidelines and procedure to be used when medical mutual aid is requested by Marin County or from Marin County by another county in the Region.

POLICY

It is the policy of the Marin County Emergency Medical Services Agency to respond to medical mutual aid requests from other counties, subject to maintaining normal ability to respond to prehospital medical emergencies within the county. The intent is to augment resources available to an impacted area on a short term basis.

GENERAL REQUIREMENTS

- A. Automatic medical mutual aid, defined as preset, automatic response to incidents from adjacent EMS systems is not addressed in this policy. This policy shall not affect any agreements or contracts currently in place.
- B. Local needs and resources shall be assessed before resources are requested from another county or committed to a request from another jurisdiction (see Procedure).
- C. The EMS Medical Director or designee shall authorize all personnel and equipment to be committed to a requesting county per Medical Mutual Aid Agreement approved by the Board of Supervisors.
- D. When an Incident Commander requests additional ALS and/or BLS units not available in Marin County, Comm Center will obtain authorization of the EMS Medical Director or designee to implement the request.
- E. County Communications Center will initiate procedures to request or to provide mutual aid on receipt of a request, attempting to obtain authorization as soon as possible during the process. See Procedure, Appendix A.
- F. Personnel will operate under home county standing orders or equivalent, allowing treatment without base contact.
- G. Patient transports will be to the closest Basic Emergency Facility unless otherwise directed by the appropriate person (e.g. Transportation Officer) within the incident command structure.
- H. Units responding will remain under the operational control of the requesting agency until specifically released.
- I. The requesting agency shall be responsible for providing all necessary operational and logistical support, including command and control, communications, maps, re supply, fuel, food, and lodging.
- J. Participation in medical mutual aid exercises or drills is not eligible for reimbursement.
- K. Services will be billed on a flat hourly rate as detailed in Appendix B.

APPENDIX A

PROCEDURE TO ACTIVATE MEDICAL MUTUAL AID

TO SEND MEDICAL MUTUAL AID:

- A. Obtain the following information from requesting EMS or Public Safety agency
 1. Requesting agency
 2. Requesting individual
 3. Call back number
 4. Nature of incident, including number and types of casualties
 5. Number and type of aid requested
 6. When aid is needed and/or response code
 7. Reporting location (city, county, Thomas Brothers map coordinates)
 8. On-scene contact person
 9. Communications instructions
- B. Assess local needs and available resources using the following criteria:
 1. Number of units currently operating within county
 2. Assess current call volume, estimating needs within county
 3. Assess provider ability to staff additional units and time frame for same
- C. Determine number of ALS/BLS ambulance units that could respond to request.
- D. Contact EMS Medical Director or designee to authorize response and approve number of units responding.
- E. Contact requesting agency to advise them of ability to answer their request and expected response time. Request that they confirm release time of units responding.

TO REQUEST MEDICAL MUTUAL AID:

- A. Receive request from Incident Commander at scene of incident.
- B. Assess other needs and available resources within county using the following criteria:
 1. Number of units currently operating within county
 2. Current call volume, estimate other needs within county
 3. Assess provider ability to staff additional units and time frame for same
- C. Determine number of ALS/BLS ambulance units to be requested.
- D. Consult BAMMA directory for contact list and county requirements.
- E. Contact EMS Medical Director or designee to authorize request.
- F. Request mutual aid, supplying information as listed in I-A above.

TO OBTAIN AUTHORIZATION FOR RESPONSE OR REQUEST:

A. During normal business hours, contact

Marin County EMS Office

415 473-6871

B. After business hours, on weekends or holidays, contact

Marin County Sheriff's Office

Communication Division

415 499-7237

APPENDIX B

FOR SERVICES PROVIDED BY MARIN COUNTY:

- A. Services will be billed at a flat hourly rate as detailed below. This rate will be billed to the requesting county and will be requested in addition to items listed in III-H of the policy.
- B. Time will be calculated beginning with the time the unit begins the response (leaves quarters en route to destination) and terminating with the time the unit is released by the requesting agency.
- C. Times accepted for billing purposes will be those times recorded by Marin County Communications Center, provided by the responding agency (when it goes in service) and the release time (provided by the requesting county).
- D. Services provided for which billable and/or collectable information is available will be provided to the requesting county by the responding agency and will not be billed or collected independent of the requesting county.
- E. Hourly billable rate is as follows:
 - 1. ALS unit \$525
 - 2. BLS unit \$375
- F. Reimbursement for services to be made within thirty (30) days of service.

FOR SERVICES PROVIDED TO MARIN COUNTY:

- A. Agencies providing mutual aid will provide services according to agreements on file in "OES Region II Emergency Medical Service Mutual Aid and Disaster Medical References Manual".
- B. Bills for services provided should be routed to the requesting agency (rather than to individual patients). If the patient in question is billable, according to the procedures in place within that area, the bill will be forwarded to the patient.