Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

DATE: October 1, 2012

TO: ICEMA Ground Transport Providers

FROM: Tom Lynch
EMS Administrator

SUBJECT: **AMBULANCE STRIKE TEAMS**

The Ambulance Strike Team (AST) Program developed by the Emergency Medical Services Authority (EMSA) some years ago is a critical component of the State's capability to rapidly mobilize medical transportation resources in times of medical need that exceed local capacity. ICEMA supports this program and encourages providers to participate. I also encourage agencies with limited resources to work with each other to form ASTs.

To achieve a high level of coordination, the EMS Administrators Association of California (EMSAAC) and EMSA developed a Memorandum of Understanding for all ambulance providers desiring to participate in the AST Program. This MOU sets forth parameters for participation in the AST program, including addressing the issue of reimbursement. While ICEMA is not a signatory to the MOU, the participation of local providers is considered desirable, necessary and is supported. MOUs should be submitted to EMSA, Disaster Medical Services Division.

If you have any questions or concerns, please contact Michael Frenn, EMSA Ambulance Strike Team Coordinator, at (619) 431-3681 or via email at Michael.Frenn@emsa.ca.gov.

TL/jlm

c: George Stone, Transportation Coordinator, ICEMA
File Copy

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MEMORANDUM OF UNDERSTANDING

California Ambulance Providers' Agreement for Participation in State Requested Ambulance Strike Team and Medical Task Force Deployments

THIS AGREEMENT, entered into this ____ day of _____, 20__ between the **STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY** (hereinafter referred to as the "the **STATE**" or "**EMSA**") and _____ (hereinafter referred to as the "**AMBULANCE PROVIDER**") for the purpose of establishing a mechanism whereby properly staffed and equipped ambulances and/or teams/forces may be deployed throughout the state to provide mutual aid in a pending or actual disaster, as a "California State Mission". For the purposes of this Memorandum of Understanding (MOU), ambulance service activities shall include activation, staging, and transportation/evacuation and rescue operations related to the incident(s).

IT IS HEREBY MUTUALLY AGREED between the parties hereto as follows:

1. This agreement seeks to grant the AMBULANCE PROVIDER with financial reimbursement for requested individual ambulance resources, strike teams and task forces of ambulances. These ambulance resources can be comprised of single ambulance units or be combined in order to form an Ambulance Strike Team (AST) and/or Medical Task Force (MTF). The composition of the AST/MTF shall be in accordance with the National Incident Management System (NIMS) Mutual Aid Resource Typing.

2. The requesting process for AST/MTF resources will follow the Standardized Emergency Management System (SEMS).

3. Activation and deployment of AST/MTFs will follow the operational processes for medical mutual aid response as delineated in the Public Health and Medical Emergency Operations Manuals (PHMEOM) and the State Disaster Medical Response Plan. Activation may occur at any time; day or night including weekends and/or holidays only after notification, from the **EMSA** Duty Officer or designated **EMSA** executive staff to the appropriate Regional Disaster Medical Health Specialist (RDMHS).

4. At the Operational Area (OA) level all requests for ASTs will be coordinated through the Medical Health Operational Area Coordinator (MHOAC) and/or Local EMS Agency (LEMSA) who will ensure that ambulance resource activations do not unduly affect the local needs of their respective Operational Area(s).

5. Ambulance resources from the **AMBULANCE PROVIDER** shall be used solely for emergencies as requested through the SEMS. This does not preclude **EMSA** from providing advance notification to OAs so that ambulance resources may be alerted as to a potential response before they are requested through the SEMS. It is the intent of the **STATE** that the **AMBULANCE PROVIDER** only commit their

resources to the extent that their local service area will NOT experience degradation of service nor exceed any of their contractual obligations during a disaster situation and/or normal course of business.

6. The **AMBULANCE PROVIDER** agrees to participate in a coordinated AST/MTF or deployment response according to the guidelines, AST/MTF System Manual (EMSA #215), created by **EMSA**. These guidelines may be viewed at the **EMSA** website:
   http://www.emsa.ca.gov/disaster/files/AST%20Manual%20and%20PTB%206-9-11.pdf

7. All communications for movement of ASTs/MTFs shall be handled through the official dispatching channels. Official requests for movement of the AST(s) shall be in conformance with PHMEOM and the State Disaster Medical Response Plan.

8. The **EMSA** will coordinate with the RDMHS and OES in the requesting of ASTs/MTFs through the SEMS and will assist in recapturing expenses through available reimbursement mechanisms at both the state and federal levels.

9. The **AMBULANCE PROVIDER** agrees to ensure that its LEMSA is notified before participating on any State requested mutual aid and mass casualty incidents.

10. The **AMBULANCE PROVIDER** agrees to provide to its respective LEMSA an annual written notification comprised of all available Ambulance Strike Team Leaders (ASTLs) and ambulance resources.

11. Rates for ambulance service costs in association with AST/MTF deployments for State Missions may be viewed at the EMSA website:

    http://www.emsa.ca.gov/disaster/files/RateandfeestructureAmbStrikeTeam.pdf

12. The **AMBULANCE PROVIDER** agrees to ensure that single units and/or ASTs/MTFs are only operated by qualified personnel. During any emergency or disaster response the ambulance team member must be one who is licensed and certified to operate the single unit or AST/MTF in accordance with NIMS Mutual Aid Resource Typing. The **AMBULANCE PROVIDER** will ensure that the AST/MTF is operated by qualified personnel who meet these federal requirements for mutual aid.

13. The **AMBULANCE PROVIDER** shall maintain reports as required by the **EMSA** on the details of use of the single unit or AST/MTF. Training will be recorded on forms provided by the **STATE** (currently the Position Task Book), and the **AMBULANCE PROVIDER** shall forward one copy of the reports to the **EMSA** and shall keep and forward such other forms as may be required by the **EMSA** or

its duly authorized representative. In addition, a detailed report on the use of AST(s) on each response shall be submitted within seven days thereafter to the **EMSA**, with copies of this report forwarded to the appropriate RDMHCs and/or MHOACs. The **EMSA** requires the following documentation broken down by the respective stages of deployment.

a. Pre-Deployment
Payee Data Record (STD.204)
Drug-Free Certification (STD.21)

b. During Deployment
Demobilization Checkout (ICS 221)
Unit Log(s) (ICS 214)
Organizational Assignment (ICS 203)

c. Post-Deployment
Deployment Invoice (EMSA Deployment1, Rev. 07/08)

14. **INDEMNIFICATION:** Contractor agrees to indemnify, defend and save harmless the **STATE**, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement.

15. **RESOLUTION REQUIREMENT:** If an ambulance provider under this agreement is a county, city, district, or other local public body, that entity must provide the **STATE** with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of this agreement.

AMBULANCE PROVIDER:	**STATE OF CALIFORNIA:**
_____	_____
Name/Title	Dr. Howard Backer, MD, MPH, FACEP Director, EMS Authority
_____	_____
Date:	Date: