

## MEDICAL RESOURCE MANAGEMENT AND SUPPORT

### I. PURPOSE

The purpose of this policy is to provide direction for out-of-area response and the management and support of out-of-area medical resources.

### II. AUTHORITY

Health and Safety Code, Division 2.5, Sections 1797.150-152

### III. DEFINITIONS

- A. *Medical/Health Operational Area Coordinator (MHOAC)* means the individual responsible for the coordination of medical and health resources and activities within the operational area.
- B. *Medical Mutual Aid* refers to medical resources utilized outside of the Operational Area's arrangements for response to day-to-day needs.
- C. *Ambulance Strike Team* means five ambulances with a Team Leader in a Supervisory or Disaster Support Vehicle, ordered as:
  - 1. Type I - ALS: 5 ALS ambulances (2 personnel each, at least one an ALS provider); and
  - 2. Type II - BLS Team: 5 BLS ambulances (2 personnel each, both at least EMT-Basic certified)
- D. *Regional Disaster Medical Health Specialist (RDMHS)* means the individual responsible for the coordination of medical and health resources within each OES Region, under the direction of the Regional Disaster Medical Health Coordinator.

### IV. POLICY

- A. Contracting
  - 1. EMS Providers shall endeavor to develop written agreements with vendors of resources that can be anticipated to be utilized in a disaster. These agreements should specify the following:
    - a. Anticipated use of the resource in a disaster;
    - b. Terms of availability (cost, restrictions, time elements, etc.);
    - c. Who can request the resource and how;

- d. Who can authorize use of the resource; and
- e. Contact information.

~~2. Ambulance providers shall attempt to establish cooperative assistance agreements with ambulance providers within neighboring jurisdictions. These agreements shall be submitted to the EMS agency for review and approval.~~

~~3.2.~~ Ambulance providers shall seek prior approval from the Medical Health OAC if the out-of-area response would reduce ambulance coverage below the level required to meet contract requirements.

~~4.3.~~ Ambulance Providers shall, at the direction of the Medical Health OAC, back-up, move-up, or post within the county, or to adjacent, or other county.

B. Requesting Resources

- 1. The MHOAC shall be notified of all requests for out-of-area medical resources.
- 2. Uniformed medical resources such as fire and law enforcement, if accessing medical resources through their respective mutual aid channels, should collaborate with the MHOAC to ensure that resource requests are not duplicated or unclear.
- 3. The MHOAC, when accessing medical resources through mutual aid channels, should collaborate with uniformed OA representatives to ensure that resource requests are not duplicated or unclear.

C. Allocation of Resources

Allocation of available resources shall be in accordance with the Operational Area Action Plan as determined by the Medical/Health OAC.

D. Ambulance Strike Teams

- 1. Team Structure: Teams will be drawn from within a given region – following the six OES geographical regions and coordinated by the Medical Health OAC and RDMHS. All Team personnel will function under the protocols and scope of practice of the EMS agency of their accreditation. If possible, all units in a Strike Team shall stay together

unless otherwise directed by the Strike Team Leader. At a minimum, all team members shall remain in constant communications.

2. Equipment & Training Team members shall have a minimum training of ICS-100 and meet the minimum equipment requirements outlined in the EMSA Ambulance Strike Team Guidelines.
3. Strike Team Leader Team Leaders shall have minimum training of ICS-100, ICS-200, ICS-300, MCI Basic Field Operations, and Strike Team Leader – Ambulance. Team Leaders shall meet the minimum equipment requirements outlined in the EMSA Ambulance Strike Team Guidelines.
4. Communications The Strike Team Leader, in cooperation with the Medical Health OAC and RDMHS, is responsible for ensuring that all Team Members have common communications capabilities during travel to and from the incident. Strike Team Leaders shall have radios programmed with the CALCORD frequency.

E. On-Scene Support

1. The requesting agency must supply communications capabilities and local maps to requested out-of-area ambulances. Examples include:
  - a. Develop a local cache of radios, programmed with local frequencies, and map books;
  - b. Assign a local responder equipped with a local radio and map book (consider exchanging local EMT with out-of-area EMT) to incoming units.
2. The requesting agency or jurisdiction that receives medical mutual aid is expected to provide all logistics support to the responding resources unless otherwise specified or agreed upon. Logistics support includes all of the following: food, shelter, medical supplies, mental health support, communication, maps and directions, fuel and reasonable vehicle maintenance, transportation, and security.
3. Facilities, services, and materials at an incident are typically provided by the on-scene ICS Logistics Section. Medical personnel should contact the on-scene ICS Division/Group Supervisor for instructions on accessing these services.

F. Demobilization

1. In cooperation with Incident Command, determine when resources are to be released. No unit or individual leaves ~~on their own without permission -and receives all instructions for departure~~ from their Team Leader, Group/Division Supervisor, or Section Chief.
2. Ensure required reports and forms are completed.
3. Ensure the open actions are completed or transferred to other appropriate response units.
4. Return phones, radios, other equipment.
5. Report lost or broken equipment or supplies. If unable to replace lost, used or damaged equipment, notify employer representative and get written acknowledgement from the Incident Commander prior to leaving the incident.
6. Obtain debriefing and consider any needs for Critical Incident Stress Management.