

**Mutual Aid Agreement for
Triad Regional Advisory Committee Hospitals
And
Emergency Medical Services Systems In
Disaster Preparedness and Response**

In order to provide a framework for the effective utilization of medical resources in the event of a disaster or mass casualty incident, and to provide timely and effective patient care, the undersigned hospitals, health care systems, and Emergency Medical Services Systems (hereinafter “Hospitals” and “EMS Systems”) agree to provide mutual aid assistance as permitted by governing hospital associations, nursing boards, medical boards, and appropriate North Carolina General Statutes and Administrative Codes, as outlined below.

During a disaster or mass casualty event, several scenarios may play out concerning the forward movement of patients. This may include evacuation of a hospital, establishment of an alternate care facility to house or care for in-hospital patients after evacuation, pre-hospital triage of patients to alternate care facilities and other associated relocating of patients to ensure appropriate care and housing are maintained.

As a result of a Hospital exceeding available bed and treatment capacity during a disaster, internal disaster plans will be activated and emergency practices for triage, treatment, transportation, and staffing will be implemented by each Hospital. Requests for assistance from surrounding and other participating Hospitals will take precedence and coordination of assistance will be in concert with local emergency management officials.

Hospitals agree to take any and/or all of the following actions which may be necessary based upon the nature of the disaster:

- Make available as many beds as possible for continue operations or, to accept transfer of patients from the affected areas. This can be accomplished through admission, treatment, hospitalization, and discharge practice review to determine appropriate reallocation of resources.
- Provide emergency disaster privileging or acceptance, as applicable, of clinical staff
- Transfer/relocate necessary staff, food, supplies, and medical equipment as needed and as possible.

In addition, whenever practicable, the Hospital agrees to provide other types of assistance and services as may be needed by other affected hospitals per the North Carolina Hospital Mutual Aid Agreement.

Once a Hospital has exceeded or, once a Hospital has reasonable anticipations of exceeding capacity requiring redirection of patients and establishment of alternate care facilities either on or off campus, assistance from EMS Systems may be requested. This

Hospital/EMS Mutual Aid Agreement (MAA) will serve as a voluntary agreement among Hospitals and EMS Systems who are members of the Triad Regional Advisory Committee (T-RAC).

Purpose

This MAA will assist participating agencies govern the provisions of mutual aid assistance at the time of need. This document addresses the relationship between Hospitals and EMS Systems and is intended to augment, not replace, each Hospital's or each EMS System's Emergency Operations or Disaster Plans and is a supplement to the Triad RAC Regional Disaster Medical Plan.

Lending and Receiving Help from EMS Systems and Hospitals

Authority and Communication

In the event a Hospital or EMS Systems experiences a surge capacity beyond current capabilities warranting the redirection or forward movement of patients to alternate care facilities or other unaffected Hospitals in the region, request for personnel, material resources, and transportation capabilities may be made by the appropriate authority with the Hospital or EMS System. This will be governed by existing Incident Command structures in place at each respective facility or agency and will follow appropriate request pathways through the Hospital Mutual Aid Agreement, Regional Disaster Medical Plan and through the coordination of county Emergency Management officials to avoid duplication and confusion.

Specific requests will include information such as the type and quantity of clinical personnel, supplies, and/or transportation needs, but may also include requests for administrative support to assist with management of the event.

Additional information to convey includes an expected time resources will be needed, estimated duration of the event, and specific locations personnel or supplies will be staged or relocated.

Personnel

Personnel employed by the assisting Hospital or EMS System who are made available to the affected facility or agency shall be authorized, certified, licensed, privileged and/or credentialed in the assisting Hospital or EMS system as appropriate given the professional scope of practice of such personnel.

Individuals who are made available to an affected Hospital or EMS System shall provide proof of their professional credentials through their existing healthcare system credentialing plan. As to not delay appropriate care and assistance, the affected Hospital or EMS System may elect to properly credential staff as the situation permits.

Emergency or disaster privileges or credentials may be granted in accordance with the appropriate facility or agency practices and governing laws and administrative codes. Appropriate credential should be handled by a minimum of picture ID with an associated Hospital or EMS System ID and verification should be through the assisting facility or agency.

Supervision of assisting personnel will be handled through the appropriate Incident Command Structure. Appropriate command staff will brief the assisting Hospital or EMS System personnel of the situation and will provide assignments using appropriate command structures and eventually utilization of Incident Actions Plans and situational reports.

Participating agencies may be asked to contribute staff to the actual scene of an event, an alternate care facility, field triage location, or other designated locations as needed and identified through the Incident Command structure. All established “facilities” or “treatment locations” will be deemed an extension of existing facilities and/or agency responsibilities which will allow for existing scope of practice issues to be addressed per Hospital or EMS System operations. No Hospital or EMS system is expected to deplete local resources and compromise local care to supplement the needs of others.

All personnel, regardless of operational locations, will remain employed by and administratively responsible to their primary employer and will remain covered by their respective insurance coverage and standard of care practices throughout the event.

Transfer/Forward Movement/Evacuation of Patients

The affected Hospital or EMS System must specify the number of patients needing to be relocated, the general nature of their condition and any specialized services or placement required. This movement must be coordinated with the respective agencies and must be in conjunction with the establishment of alternate care facilities and/or field triage locations.

Transfer of appropriate patient medical records, treatment information, and any additional information necessary for care will be the responsibility of the Hospital or EMS System responsible for the origination of care. Adherence to federal privacy rules will apply however, sharing of information may be governing at different levels during a disaster operation. Reference to interpretive information from the Department of Health and Human Services and Office of Civil Rights will be considered and are attached for review and consideration.

Transporting Patients

Appropriate forward movement of patients to designated locations or facility will be coordinated between the affected Hospital and assisting EMS System. Various methods of transportation may be utilized and may include by not be limited to:

- Ambulance
- Mass Transit Authorities
- Aeromedical
- Public Transportation

The affected Hospital or EMS System is responsible for the proper triage of patients to be relocated and, the affected Hospital will be responsible for the costs incurred for the transportation of all affected patients. Proper documentation of all services and transportation provided is imperative as reimbursement practices in association with a disaster will afford each affected facility or agency alternate methods of cost recovery based on the circumstances and nature of the event.

Media Relations and Release of Information

Hospitals and EMS Systems participating in this MAA agree to collaborate to develop a unified approach to interaction with the media and with public information sources. Hospital and EMS Systems participating agree to develop a Joint Information Center (JIC) that would be the primary source of information for the media related to the event affecting the region and all releases of information will be coordinated with the Incident Commander. The goal would be for the JIC to speak on the behalf of all affected Hospitals and EMS Systems to ensure consistent message and flow of information concerning the event.

Terms and Termination

The term of this agreement is three (3) years, commencing on *<Insert Date>*. Participating agencies may terminate its participation in this MAA at any time by providing written notice to all other participating agencies at least thirty days prior to the effective date of such termination.

Review and Amendment Processes

This agreement shall be reviewed periodically but at least every three years or upon request by a participating agency and may be amended by the written consent of the authorized representatives of the participating agencies.

Appropriate Signature Requirements (Sample)

Adopted this _____ day of _____, 20__ :

(County Name)

(Hospital Name)

(Emergency Services Director / County Manager)

(Hospital CEO / Administrator)

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY



Director

Office for Civil Rights 200 Independence Ave., SW Rm 509F Washington, DC 20201

September 2, 2005

U.S. Department of Health and Human Services Office for Civil Rights

**HURRICANE KATRINA BULLETIN:
HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS**

Persons who are displaced and in need of health care as a result of a severe disaster – such as Hurricane Katrina – need ready access to health care and the means of contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

② **TREATMENT.** *Health care providers can share patient information as necessary to provide treatment.*

- *Treatment* includes ③ sharing information with other providers (including hospitals and clinics), ③ referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and ③ coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
- b. ○ Providers can also share patient information to the extent necessary to seek payment for these health care services.

⌚ **NOTIFICATION.** *Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.*

- The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
 - ③ Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise

2

notify family members and others as to the location and general condition of their loved ones.

- In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

⌚ **IMMINENT DANGER.** Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

⌚ **FACILITY DIRECTORY.** Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.