# HEALTHCARE COALITON OF CENTRAL MAINE

**HEALTH CARE COALITION REGIONAL MEORANDUM OF UNDERSTANDING**

This Health Care Coalition Regional Memorandum of Understanding (MOU) is entered into as of

 , by (*Month/Day/Year*)

 , operating in , (*Organization*) (*Town/City*)

Maine, and other participating members of the Healthcare Coalition of Central Maine (HCCCM)

# Introduction and Background

As in other parts of the nation, Maine is susceptible to both natural and man-made disasters that could exceed the resources of any individual health care facility. A disaster could result from incidents generating an overwhelming number of patients, a smaller number of patients whose specialized medical needs may exceed the resources of the affected facility (e.g., hazmat injuries, pulmonary, trauma surgery, etc.) or incidents such as building or critical infrastructure problems that may result in the need for partial or complete evacuation. For purposes of this MOU, a disaster is defined as an overwhelming incident that exceeds the effective response capability of the affected health care facility or facilities. The HCCCM is a coalition not only of health care organizations, but also other jurisdictional partners such as public health, emergency management agencies, and first responder organizations. The health care coalition provides the mechanisms for individual health care organizations to coordinate information sharing and other response capabilities in order to support one another during disaster.

# Purpose of Memorandum of Understanding

This MOU is a voluntary agreement among the members within the HCCCM for the purpose of pooling resources at the time of a medical or public health disaster. This MOU is intended to aid participating organizations in their disaster management by developing a system that addresses the loan of medical personnel, pharmaceuticals, supplies, and equipment, or assistance with emergent facility evacuation, including accepting transferred patients. During a disaster it is assumed that each affected facility has fully implemented its disaster management plan. This document addresses the relationships between and among health care facilities and jurisdictional authorities and is intended to support and supplement, rather than replace each organization’s disaster plan.

By signing this MOU, each organization is demonstrating its intent to assist in the event of a disaster. The concepts of this MOU should be incorporated into each organization’s disaster plan.

# HCCCM Responsibilities

HCCCM’s primary responsibilities during an event include:

* + Facilitating information sharing among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
	+ Facilitating the process of resource sharing among coalition members, and supporting the request and receipt of assistance from local, State, and Federal authorities.
	+ Assisting with the coordination of incident response actions for the participating health care organizations so incident objectives, strategy, and tactics are consistent for health care response.
	+ Facilitating the interface between the Health Care Coalition (HCC) and relevant jurisdictional authorities to establish effective support for health care system resiliency and medical surge.

# General Principles of Understanding

1. Healthcare Coaliton of Central Maine: The HCCCM is responsible for coordination and in planning for, responding to and recovering from a regional health care disaster. The HCCCM is the primary hub for facilitating regional HCC response and recovery operations including facilitating communications, providing medical surge support, coordinating regional medical equipment and supplies, and providing and receiving health care situational awareness and information with the Maine CDC during a disaster or emergency.
2. Health Care Coalition Assistance Team (HCCAT): The HCCAT is a team of HCCCM members and/or volunteers from member organizations that are not directly affected by an emergency, forming a health care specific incident management team who are available to assist and support organizations during an event. The HCCAT does not have any decision- making or supervisory authority of the facility’s operational functions but merely collects and disseminates information, and makes arrangements for additional coordination and support as requested by each participating facility.
3. Implementation of MOU: An organization becomes a participating facility when an authorized administrator signs the MOU. During an event, the organization Incident Commander (IC), senior administrator or designee at each organization has the authority to request or offer assistance.
	1. To request assistance from the HCCCM and/or the HCCAT, call the 24/7 phone number,

207-200-6905 to report the situation.

* 1. Fill out the HCCCM Situation Report Form, if possible ([http://cmrrc.org/wp- content/uploads/2014/11/Situation-Report.pdf](http://cmrrc.org/wp-content/uploads/2014/11/Situation-Report.pdf) ).
	2. Depending on the incident and request, the HCCAT will contact the other participating healthcare facilities within their region to determine the availability of the additional personnel or material resources, including the availability of beds, as the situation warrants.
	3. Requesting Resources: The recipient facility is responsible for informing the HCCAT of its situation and defining needs that cannot be accommodated by the organization itself. *Refer to the HCCCM ERP for further information regarding resource requests*. The IC, or designee, is able to request pharmaceuticals, supplies, equipment, using the ICS 213 RR, Public Health Resource Request Form (<http://cmrrc.org/wp-content/uploads/2015/07/> ICS-213-PH-Resource-Request-Form-FINAL.pdf[. To request personnel or volunteers, refer to the Maine CDC Request](http://cmrrc.org/wp-content/uploads/2015/07/ICS-213-PH-Resource-Request-Form-FINAL.pdf) for Volunteers Standard Operating Procedures (http:// [cmrrc.org/wp-content/uploads/2015/07/SOP-Request-for-PHEP-Volunteers-FINAL-](http://cmrrc.org/wp-content/uploads/2015/07/SOP-Request-for-PHEP-Volunteers-FINAL-AUG-2015-2.pdf)

[AUG-2015-2.pdf ). By following the aforementioned volunteer request process,](http://cmrrc.org/wp-content/uploads/2015/07/SOP-Request-for-PHEP-Volunteers-FINAL-AUG-2015-2.pdf) the volunteers have an acknowledgement of status as an agent with Maine Emergency Management Agency under Sec. 15 Title 37-B M.R.S.A. § 784-A providing immunity from liability and workers compensation.

1. Authorization to Use Equipment: The recipient facility will have supervisory direction over the donor facility’s staff, borrowed equipment, etc., once they are received by the recipient facility.
2. Independent Contractor: The participating facilities shall at all times be acting and performing as independent contractors. Each party has the responsibility of paying its employees as required by law (including payment of social security taxes, workers compensation and unemployment compensation) and generally determining any and all appropriate forms of compensation and fringe benefits for them, and except as specified herein terms of employment, evaluation, discipline and qualifications.
3. Information Collection and Dissemination: The HCCCM and HCCAT, if activated, will collect individual facility information and provide status reports to the Maine CDC and other jurisdictional partners as needed in order to facilitate regional and/or statewide response decisions. In turn, if Maine CDC or jurisdictional partners need additional information from HCCCM member organizations they may request the HCCCM or the HCCAT to gather that information of members.
4. Personnel Pool: If volunteers are needed, they will be vetted through the Maine Responds Program [(http://getconnected.volunteermaine.org/agency/detail/?agency\_id=32774](http://getconnected.volunteermaine.org/agency/detail/?agency_id=32774) ).

# Specific Principles of Understanding for Medical Operations/Loaning Personnel, Pharmaceuticals, Supplies, and/or Equipment.

1. Communication of Request: The request initially may be made verbally. The request then must be followed up with written documentation.
2. Documentation: The arriving donated personnel will be required to present their donor facility identification badge at the site’s designated location. The recipient facility will be responsible for:
	1. Confirming the donated personnel’s ID badge with the list of personnel provided by the donor facility.
	2. Providing additional identification, e.g., “visiting personnel” badge, to the arriving donated personnel, as well as the Maine Response badging/identification system, as appropriate.
3. Credentialing: The recipient facility will be responsible for providing a mechanism for

credentialing and granting emergency privileges’ for physicians, nurses and other licensed health care providers to provide services to the recipient facility. Recipient facility may also use the Maine Responds program for vetted volunteers using the volunteer resource request form detailed above.

1. Transporting of pharmaceuticals, supplies, or equipment: The recipient facility is responsible for coordinating the transportation of materials from the donor facility, and for the return of all materials not consumed by the event. This coordination may involve government and/or private organizations, and the donor facility may also offer transport. Upon request, the recipient facility must reimburse the donor facility for all used equipment and supplies, including transportation costs.
2. Supervision of Personnel and Equipment:
	1. The recipient facility’s senior administrator (or designee), identifies where and to whom the donated personnel are to report, and those professional staff of the recipient facility should supervise the donated personnel. The supervising personnel (or designee) will meet the donated personnel and advise them of the situation and their assignments. As appropriate, the “emergency staffing” rules of the recipient facility will govern assigned shifts. The donated personnel’s shift, however, should not be longer than the customary length practices at the donor hospital unless the situation warrants it and shift length is adjusted for all employees.
	2. Condition of the borrowed equipment and other resources are tracked through the Public Health Resource Request Form (ICS 213 RR).
3. Compensation: The recipient facility will reimburse the donor facility as follows:
	1. Supplies – the total cost of the supplies.
	2. Personnel – the individual’s wages or salary.
	3. Equipment – the cost to repair or replace damaged or destroyed equipment.
4. Demobilization Procedures for Personnel and Equipment:
	1. The recipient facility will provide and coordinate any necessary demobilization procedures and post-event stress debriefing.
	2. The recipient facility is responsible for coordinating return transport of donated personnel to donor facility.
	3. The recipient facility is responsible for rehabilitation and prompt return of the borrowed equipment to the donor facility.

# Term

The term of the agreement shall be for a period of two (2) years. This agreement shall be automatically renewed for successive periods of one year unless either party gives written notice of non-renewal to the HCCCM. Recommendations for revision should be forwarded to the HCCCM and will be incorporated as part of a bi-annual review process.

ORGANIZATION:

ADDRESS:

BY:

President / CEO / Administrator