

# Baptist Health Lexington Ambulance Service Mutual Aid Agreement

## Purpose

This document is created to establish guidelines, parameters and a “means” of understanding for Baptist Health Lexington, herein referred to as BHLex and other “engaged” EMS providers which may choose to participate with BHLex Ambulance service during “Mutual Aid” operations.

This document is a non-binding document; which shall establish a base knowledge for all participating agencies to fall within. BHLex Ambulance Service understands that having the ability to send resources to assist another agency directly correlates to the amount of resources that can be directly contributed to mitigate the incident without leaving their own communities with substandard coverage.

## Scope

This document shall address the following:

- Response Criteria
- Numbers of Ambulances and Personnel Responding
- Liability Insurance
- Billing and Reimbursement
- Chain of Command
- Communications
- Debrief Procedures
- Appendix “A” (Resources)
- Appendix “B” (Radio Frequencies)
- Appendix “C” (Single Use Mutual Aid Agreement)

## Understanding

BHLEX AMBULANCE SERVICE shall provide the following to any service that requests mutual aid resources during times of mass casualty incidents, as well as when resources are not available within the requesting agencies geographical boundary. These resources are as follows:

- I. Before responding to a mutual aid request, contact must be made from agency to agency. BHLEX AMBULANCE SERVICE will not self-dispatch to any form of an MCI in a neighboring jurisdiction. The contact must be made in an official manner (official manner shall be defined as any representative from the requesting ambulance service or their emergency communications center). Once the official request is made, BHLEX AMBULANCE SERVICE will send any and all available resources to assist the requesting agency in a timely manner without compromising coverage at BHLex.

- II. BHLEX AMBULANCE SERVICE shall send any available resources and attempt to call in off-duty personnel and send to a requesting agency during periods in which patient volume exceeds the number of ambulances available. It shall be understood that BHLEX AMBULANCE SERVICE will not leave their primary geographical area uncovered or understaffed when providing mutual aid services. In most cases, BHLEX AMBULANCE SERVICE will strive to send the following upon immediate request;
  - A. One ambulance staffed at the EMT level
- III. If requested, BHLEX AMBULANCE SERVICE shall provide proof of insurance prior to this Agreement being established.
- IV. During times of mutual aid, BHLEX AMBULANCE SERVICE shall bill the patients that are transported in vehicles that are property of BHLEX AMBULANCE SERVICE. The requesting agency shall not be billed unless it is defined in any contracts that may be previously established with a particular entity. If the incident is significant and avenues become available for Federal and /or State reimbursement, BHLEX AMBULANCE SERVICE shall file for reimbursement with these agencies with assistance from the requesting county. If no other reimbursement is available, BHLEX AMBULANCE SERVICE will not directly bill the requesting agency.
- V. Upon arriving on scene, BHLEX AMBULANCE SERVICE shall report to the incident staging area or wherever assigned by Command.
- VI. BHLEX AMBULANCE SERVICE will attempt to operate on the requesting agencies communications frequencies. BHLEX AMBULANCE SERVICE operational frequencies are listed in the appendix of this document.

If BHLEX AMBULANCE SERVICE requests mutual aid, it shall be requested in the following manner;

- I. BHLEX AMBULANCE SERVICE shall request in one of two manners. Dispatch shall call the ambulance service directly and make a direct request or may opt to notify the agency's communication center.
- II. The tele-communicator on duty shall make the request for the type and number of resources needed. For example, the tele-communicator may request a specific number of ambulances as well as additional specialized equipment. As part of this Agreement, BHLEX AMBULANCE SERVICE requests a list of resources that the Agreement Partner has

available for mutual aid assistance. A list of BHLEX AMBULANCE SERVICE equipment may be found in the Agreement appendix.

- III. BHLEX AMBULANCE SERVICE shall not request a proof of insurance from an “in state” provider due to maintaining state licensure is dependent upon carrying proper liability insurance.
- IV. BHLEX AMBULANCE SERVICE encourages agencies assisting during mass casualty incidents to bill the patient for the transports that are completed. BHLEX AMBULANCE SERVICE shall not be billed unless there are prior contractual arrangements made prior to the incident. If the incident is declared as “significant” and avenues become available for Federal and /or State reimbursement, BHLEX AMBULANCE SERVICE encourages assisting agencies to file for reimbursement through local emergency management, if applicable. BHLEX AMBULANCE SERVICE shall assist the agency rendering aid in applying for reimbursement. If no other reimbursement is available, the assisting agency shall not directly bill BHLEX AMBULANCE SERVICE.
- V. If a request is made for a single transport event (Fayette County resident specifically requesting BHLEX AMBULANCE SERVICE services outside its geographical boundaries) BHLEX AMBULANCE SERVICE will fax a “Single Use Mutual Aid Agreement” (Appendix “C”) to the ambulance service which has primary geographical coverage as defined by 202 KAR 7:501. BHLEX AMBULANCE SERVICE will not perform the transport until the agency receives a signed Agreement from the granting agency.
- VI. During period of mutual aid, BHLEX AMBULANCE SERVICE requests that all assisting agencies report to the staging area if established. If a staging sector is not assigned, the Incident Commander or Operations Chief will direct incoming resources where to report.
- VII. Upon conclusion of the incident, BHLEX AMBULANCE SERVICE shall hold a debriefing to review the incident. The incident shall be debriefed within 48 hours of conclusion of the incident.

At no time will BHLEX AMBULANCE SERVICE willfully violate provisions set forth by the Kentucky Board of Emergency Medical Services as established in 202 KAR 7:501 or 202 KAR 7:550.

If the terms of this Agreement are acceptable, please sign the document in the appropriate places. There are 2 documents enclosed with this Agreement. Please retain one Agreement for your records and send the other back to BHLEX AMBULANCE SERVICE in the envelope provided. If this Agreement is satisfactory, it is withstanding until an agency repeals the Agreement in writing. This Agreement will be reviewed every four (4) years unless circumstances dictate sooner.

Karen A Hill 5-8-2020  
Karen Hill, DNP, RN  
CNO/COO  
Baptist Health Lexington  
Office (859) 260-6513

Date Signed: 5/8/2020

Kathy Tussey 5-8-2020  
Kathy Tussey, MSN, RN  
Executive Director  
Baptist Health Lexington  
Office (859) 260-6327

Date Signed: 5/8/2020

APPENDIX A - Resources

Item	ALS	BLS	Quantity
Ambulance			1
Personnel		4	4
Disaster Equipment			0
Support Vehicles			0
Disaster Trailers			0
Polaris ATV			0

APPENDIX B – Radio Frequencies

Name	TX Frequency	TX Code	RX Frequency	RX Code
Baptist Wide Area Channel	456.9125	None/DMR Digital	451.9125	None/DMR Digital
VMED28	155.340	156.7	155.340	156.7
VMED29	155.3475	156.7	155.3475	156.7
VCALL10	155.7525	156.7	155.7525	156.7
VTAC36	159.4725	136.5	151.1375	136.5
VTAC37	158.7375	136.5	154.4525	136.5
VTAC38	159.4725	136.5	158.7375	136.5

## SINGLE USE MUTUAL AID AGREEMENT

### BAPTIST HEALTH LEXINGTON

1. This Single Use Mutual Aid Agreement is requested by Baptist Health Lexington in order to provide transportation and medical treatment for a resident of Fayette County.
2. This request is being made due to a resident of Fayette County specifically requesting Baptist Health Lexington to perform transport and medical treatment for their current medical situation while the patient is outside Baptist Health Lexington Ambulance geographical boundaries.
3. This Agreement is for one single use only. If the need arises to provide services to the same patient at a later date, another Single Use Agreement will be requested.

Date of Service: \_\_\_\_\_

Approximate Time: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Ambulance Service: \_\_\_\_\_

Approved / Disapproved (Please Circle) By: \_\_\_\_\_

Please Print Name and Position: \_\_\_\_\_

Please fax this form back to: (859) 260-4285

Attention: Kathy Tussey, MSN, RN

Thank you for your consideration!