Alabama Department of Public Health
Emergency Medical Services and Trauma
Coordinated EMS Deployment During a Disaster

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING is entered into by and between the Alabama Department of Public Health (ADPH) Office Emergency Medical Services and Trauma (EMST), hereinafter referred to as “EMST” and the signatory EMS Provider Responder, hereinafter known as “EMS Provider Responder” for the purpose of coordinating Emergency Medical Services needs and resource deployment during a disaster situation.

WHEREAS, if a mass casualty incident or need for large scale evacuation occurs in Alabama, there would be an immediate increased need for licensed emergency services. This need may exceed local capabilities. Services needed may include rapid triage, emergency treatment and/or medical monitoring, evacuation and/or transport of patients. Coordination to fill needs with available resources should be streamlined to improve overall EMS response. Therefore, EMST will notify EMS providers where they are needed to respond and self-deployment is discouraged.

NOW THEREFORE, AND IN EXCHANGE FOR THE PROMISES HEREIN BELOW STATED, THE PARTIES HERETO COVENANT AS FOLLOWS:

1. Duties of the EMST:
   a. Notify EMS Provider Responders of need of services in an emergency or disaster situation.
   b. Collect data from EMS Provider Responders and coordinate deployment of available resources and personnel to areas of need as requested.
   c. Provide data to EMS Provider Responders, such as assignment numbers, contact information, reimbursement information, etc. as needed.
   d. Will assist those EMS Provider Responders dispatched through the Department, in the reimbursement process should funds be made available. However, the Department is not responsible for reimbursement.
   e. Verify the status of licensure for each EMS Provider Responder deployed. Only those in good standing with the Office of EMST will be approved for deployment.

2. Duties of EMS Provider Responder:
   a. Respond to any Department notification of EMS need(s) with resource availability as soon as possible, even if no resources are available.
   b. Provide the Department with an updated list of resources and personnel available to respond as availability changes.
   c. Will not self deploy.
d. If responding to an incident because of a previously developed mutual aid or contractual agreement, notify EMST of your status.

e. Once deployed, proceed to identified area and report to the designated person/agency.

f. Work under local incident command.

g. Return any unused expendable resources to the issuing agency.

h. Maintain required documentation for reimbursement following disaster.

i. Submit charges to appropriate authority, not the Department, for reimbursement as indicated.

j. Maintain enough resources and personnel at base operations to provide services to local community.

k. Provide adequate supplies (food, water, fuel) for deployed personnel for up to 72 hours.

l. Deploy only those who are licensed and in good standing with the office of EMST.

3. It is agreed that during times of disaster the Department will coordinate the deployment of EMS Provider Responders but there is no guarantee of payment for services. EMS Provider Responders dispatched by the Department are not to be considered employees of ADPH nor will they be reimbursed by ADPH.

4. ADPH will not be responsible for reimbursement for services, but it will assist those EMS Provider Responders deployed through the EMST, with the reimbursement process, should funding become available.

5. Amendments to this agreement must be in writing and signed by both parties.

6. This agreement will be effective when signed by both parties. It shall remain in effect until cancelled by either party by giving 30 day written notice to the other party.
SIGNATURE PAGE

EMS Provider Responder

________________________________________________
Signed ________________________________  Date ________________  Title __________________________________   Received ________________

Alabama Department of Public Health

Signed _________________________________           Date ___________________

Donald E. Williamson, M.D.
State Health Officer