



AUTO AID/MUTUAL AID/OUT-OF-REGION RESPONSE

PURPOSE

To provide guidelines pertaining to when and under what conditions an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), or Paramedic certified licensed/accredited in California may legally function in their respective classification during transport, auto aid, mutual aid and disaster responses. This includes day-to-day auto aid/mutual aid responses as well as officially requested Fireline EMTs, Fireline Paramedics, and Ambulance Strike Team activations.

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 3, Article 5, § 1797.170 (b)
Health & Safety Code, Division 2.5, Chapter 4, Article 1, §§ 1797.204, 1797.220
California Code of Regulations, Title 22, Division 9, Chapter 2, Article 1, § 100061
California Code of Regulations, Title 22, Division 9, Chapter 2 Article 2, §§ 100062 (c), 100064 (a), (f) and (l)
California Code of Regulations, Title 22, Division 9, Chapter 4, Article 1, §§ 100142, 100144 (c)
California Code of Regulations, Title 22, Division 9, Chapter 4, Article 2, § 100145 (b)
California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, § 100165 (a) and (l)
California Disaster and Civil Defense Master Mutual Aid Agreement, November 1950
California EMS Authority "Ambulance Strike Team/Medical Task Forces (AST) Guidelines # 215", July 2003
California EMS Authority Mutual Aid White Paper "Compendium of Statutes and Regulations Related to EMT and Paramedic Scope of Practice during Mutual Aid in California", December 2011
California Fire Service and Rescue Emergency Mutual Aid System, Mutual Aid Plan, February 2012
Emergency Management Assistance Compact (EMAC)
Supplemental Interstate Compact for Emergency Mutual Assistance, July 2007

DEFINITIONS

Ambulance Strike Team: A group of five (5) ambulances of the same type with common communications and a leader. The strike teams may be all Basic Life Support (BLS) or all Advanced Life Support (ALS).

Auto Aid Agreements: Typically between two (2) or more jurisdictions where the nearest available resource is dispatched to an emergency irrespective of jurisdictional boundaries or where two (2) or more agencies are automatically dispatched simultaneously to predetermined types of emergencies. This type of mutual aid agreement is typically utilized on a day-to-day basis.

Disaster Assistance: Similar to mutual aid but are requests for assistance in the event that a disaster overwhelms local resources. These requests may be under existing mutual aid agreements or the result of unforeseen needs arising from a particularly large-scale disaster.



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Firefighting RESources of California Organized for Potential Emergencies (FIREScope):

A system that was developed to create an efficient interagency resource coordination system for fire and other emergencies in the Southern California Region. It is widely used throughout California and under provisions set forth by Senate Bill 27, (enacted statewide on 10/2/1989, under Health & Safety Code, Division 12, Part 1, Chapter 3, § 13070).

Fireline EMT: An EMT who meets all pre-requisites established by FIREScope and is authorized by their department to provide BLS treatment on the fire line.

Fireline Paramedic: A Paramedic who meets all pre-requisites established by FIREScope and is authorized by their department to provide ALS treatment on the fire line.

Medical Task Force: Any combination of resources assembled to support a specific medical mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

Mutual Aid Agreements: Typically between two (2) or more jurisdictions to provide assistance across jurisdictional boundaries, when requested, as a result of the circumstances of an emergency exceeding local resources.

PRINCIPLE

When requested by an officially recognized auto aid/mutual aid/disaster assistance requester, EMS personnel may utilize the scope of practice for which they are trained and certified licensed/accredited according to the California Code of Regulations and the policies and procedures established by Yolo County Emergency Medical Services Agency (YEMSA).

PROCEDURE

- I. All Auto Aid, Mutual Aid and Out-Of-Region Responses
 - A. EMS personnel shall follow all YEMSA policies and treatment protocols in the provision of prehospital emergency care and shall not administer any medication or perform any procedures listed as 'Physician Order Only' without such approval from a Hospital Physician.
 - B. Controlled substances will be obtained, secured and inventoried as indicated in YEMSA 'Management of Controlled Substances' Policy.
 - C. Documentation of patient care will be completed as indicated in YEMSA 'Prehospital Documentation' Policy.
 - D. Prehospital Quality Improvement (QI) will be completed as indicated in YEMSA 'Continuous Quality Improvement Program (CQIP)' Policy.

- II. Fireline Paramedic Programs Additional Requirements
 - A. Fireline Paramedic programs shall be reviewed and approved by YEMSA.
 - B. Designation by the Paramedic's YEMSA approved ALS Service Provider Agency as a Fireline Paramedic ensures that the Paramedic has completed standard FIREScope education.
 - C. The Fireline Paramedic shall present their credentials (Paramedic license, YEMSA accreditation card and department identification) to the Medical Unit Leader upon arrival at the incident.



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- D. YEMSA approved Fireline Paramedic personnel shall carry the items listed in YEMSA 'Fireline Paramedic Inventory' Policy, when responding to wildland fires to provide ALS care in such a capacity.
- III. Ambulance Strike Team Additional Requirements
 - A. YEMSA approved Ambulance Service Provider Agencies shall have a fully executed 'California Ambulance Providers' Agreement for Participation in State Requested Ambulance Strike Team and Medical Task Force Deployments' Memorandum of Understanding (MOU) in place with the California Emergency Medical Services Authority (EMSA) in order to participate in an ambulance strike team/medical task force request.

POLICY

- I. EMR
 - A. A YEMSA certified EMR may utilize their EMR Scope of Practice in a volunteer or paid capacity and for any provider. There is no requirement for an EMR to be affiliated with a provider.
- II. EMT
 - A. A California certified EMT is recognized as an EMT statewide regardless of where in California they are certified.
 - B. EMTs may utilize their EMT Scope of Practice in a volunteer or paid capacity and for any provider. There is no requirement for an EMT to be affiliated with a provider.
 - C. During a mutual aid response into another jurisdiction, an EMT may utilize the Scope of Practice for which he/she is trained, certified and accredited according to the policies and procedures established by his/her certifying or accrediting Local Emergency Medical Service Agency (LEMSA).
- III. Paramedic
 - A. California Paramedics may practice anywhere in California provided all of the following conditions are met:
 - B. They are in possession of a valid California Paramedic License
 - C. They are accredited by a LEMSA
 - D. They are affiliated with an ALS Provider that is approved by the LEMSA with whom they are accredited
 - E. They may utilize the Scope of Practice for which he/she is trained and accredited according to the policies and procedures established by his/her accrediting LEMSA.
- IV. Out-of-State Response
 - A. For officially requested auto aid/mutual aid/disaster responses outside of California, EMS personnel are normally approved to utilize the Scope of Practice for which he/she is trained and certified/licensed/accredited according to their respective classification. However, EMS personnel should check in with the Medical Unit Leader or other appropriate representative of the incident for any special restrictions or temporary credentialing requirements.