

UC Systemwide Emergency Management Mutual Aid Memorandum of Understanding

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I. Purpose

This Memorandum of Understanding (MOU) exclusively addresses emergency management mutual aid between UC locations. It provides an overview of guidelines and procedures for coordinating emergency management resources between UC locations to provide support to respond to, continue essential operations during, and/or recover from emergencies or large-scale planned events. It is applicable to all UC locations. Given the highly specialized operations at UC Health locations, specific principles of understanding for health locations are detailed in Addendum A. Joint UC locations (campus-health) may share personnel and resources outside this MOU.

This MOU is intended to augment local and regional mutual aid plans; it does not replace, and it not intended to conflict with, the rules or procedures for governing interaction with other organizations during an incident. Universitywide law enforcement or police-based mutual aid is covered in a separate document and facilitated under the authority of the UC Police Department (UCPD).

For represented employees, whenever there is a conflict between this MOU and the applicable collective bargaining agreement, the applicable collective bargaining document will be controlling.

II. Definitions

- A. *Systemwide Emergency Management Mutual Aid (EM Mutual Aid)*: the temporary and voluntary reassignment of emergency management related personnel (in-person or virtual), equipment, technology and other resources from one UC location to another.
- B. *Requesting UC Location*: the UC location requesting and receiving mutual aid assistance.
- C. *Providing UC Location*: any UC location providing mutual aid assistance.

III. Requesting Mutual Aid

Requests for mutual aid can be made once the requesting UC location has committed its own resources in response to an emergency incident, in preparing for a credible threat of an emergency, or in advance of a large-scale planned event and has determined that additional resources for the emergency response, continuity efforts, and recovery at the location are needed.

A. Campus Locations (includes ANR, LBNL)

1. Requests for mutual aid will be submitted by the Director (or equivalent title) of the Emergency Management program or the Emergency Operations Center (EOC) Director. Campus locations should follow any locally developed mutual aid approval processes before completing the Systemwide EM Mutual Aid request form (Appendix A).
2. The requesting UC location submits a formal request for mutual aid assistance via the Systemwide EM Mutual Aid request form to UCOP Emergency Management. Written requests may be submitted via email. Requests made by telephone should be followed up in writing (using the Systemwide EM Mutual Aid request form) as soon as possible.
3. Requesting UC location should make every effort to provide sufficient notice of mutual aid assistance requests in order that providing UC location(s) can evaluate available resources and make necessary scheduling adjustments.

B. Health Locations

1. Requests for mutual aid will be made by the Director (or equivalent title) of the Emergency Management program or Incident Commander. Health locations should follow any locally developed mutual aid approval processes before completing the Systemwide EM Mutual Aid request form (Appendix A). Requests for medical personnel, patient transfers, and pharmaceuticals should be approved by the Chief Executive Officer.
2. The requesting UC location submits a formal request for mutual aid assistance via the Systemwide EM Mutual Aid request form to UCOP Emergency Management. Written requests may be submitted via email. Requests made by telephone should be followed up in writing (using the Systemwide EM Mutual Aid request form) as soon as possible.
3. Requesting UC location should make every effort to provide sufficient notice of mutual aid assistance requests in order that providing UC location(s) can evaluate available resources and make necessary scheduling adjustments.

IV. Responding To Mutual Aid Requests

Providing UC locations will make every reasonable effort to provide the requested mutual aid assistance commensurate with available resources and experience and skills requested, depending on local circumstances at the time of the request. It is the responsibility of the providing UC location to complete any locally developed approval flow(s) before responding to the mutual aid request.

A. UCOP Risk Services

1. Review submitted request form(s) to verify all necessary information and sufficient detail is included.
2. Distribute request details and UC Mutual Aid Response Form systemwide to applicable

distribution lists.

3. Ensure the requesting UC location has access to submitted responses.
4. Provide ongoing coordination and prioritization of mutual aid resources as needed.

B. Providing UC Locations (all)

UC location(s) providing resources through mutual aid assistance do so on a voluntary basis.

1. Complete and submit electronic UC EM Mutual Aid Response Form specifying the resources that can be provided to the requesting UC location.
2. If the requesting UC location requests personnel, equipment, or technology with specific qualifications (such as training, experience, credentials, or features), every effort should be made to fulfill the requesting UC location's requests.

V. Reimbursement

The requesting UC location shall reimburse any providing UC location(s) for those costs that are a direct result of the assignment of personnel and/or other resources to the requesting UC location for mutual aid assistance. Such costs are only those that are over and above the cost of the routine operation of the providing UC location, such as travel and meal costs.

Personnel from the providing UC location should retain receipts, invoices, timesheets, and other documentation related to providing mutual aid whenever available, so the requesting UC location may use it to apply for reimbursement via insurance policy or through state or federal agencies, if applicable.

All travelers must comply with the [UC Travel Policy](#).

A. Personnel Costs

1. **Salary** – Costs for the regular wages of personnel providing mutual aid assistance are not reimbursable. Should the requesting UC location receive reimbursement for personnel time from insurance, or state or federal resources, the requesting UC location will make a good faith effort to identify costs associated with the use of personnel from the providing UC location(s) and offer the providing UC location commensurate reimbursement.
2. **Overtime** – Costs for overtime compensation for personnel are a reimbursable cost and may be:
 - i. Overtime costs resulting from hours worked at, or spent in traveling to and from, the requesting UC location by personnel on a mutual aid assignment.
 - ii. Overtime costs which occur when personnel on mutual aid assignment at a requesting UC location work hours over their normal working hours.

B. Travel Costs

Travel costs to/from the requesting UC location from the providing UC location are reimbursable as follows:

1. **Air or Other Commercial Means of Travel.** Costs for commercial fares of personnel providing mutual aid assistance are reimbursable to the providing UC location and its personnel. This will include reasonable ground transportation costs for taxis, rideshare, etc.,

as allowable under University policy.

2. **UC Vehicle.** Costs for UC vehicles used to and from the requesting UC location are a reimbursable cost.
3. **Commercially Rented Vehicle.** The providing UC location may choose to lease/rent a vehicle, such as a van to transport assigned personnel to the requesting UC location, costs (such as rental fees, parking, and fuel) would be reimbursable to the providing UC location.
4. **Personal Vehicle.** The use of personal vehicles is allowable if approved by the requesting UC location.

C. Lodging and Meal Costs

The requesting UC location is responsible for arranging meals and identifying or arranging lodging for personnel from the providing UC location(s). The following four arrangements are possible during mutual aid response:

1. **Advance Funds Provided.** The providing UC location, if time allows, may provide their individual personnel with funds in advance to cover the cost of lodging and meals during their mutual aid assignment. These costs are reimbursable to the providing UC location.
2. **Meals and Lodging Provided.** The requesting UC location may provide meals and arrange lodging for personnel from providing UC locations. In such situations there would be no cost to the providing UC location(s) and reimbursement would be unnecessary.
3. **Reimbursed Meals and Lodging.** The requesting UC location may reimburse the providing UC location personnel for meals and lodging at cost or at an agreed upon amount. The requesting UC location may require receipts for meals and lodging to substantiate reimbursement.
4. **Combination Approach.** The requesting UC location may provide some combination of meals and lodging. In such situations, expenses incurred by the providing UC location would be subject to reimbursement from the requesting UC location, in accordance with the UC Travel Policy.

D. Equipment and Technology

Consumable resources (i.e., face masks, water, etc.) should be replaced and/or reimbursed as agreed upon by both parties.

The requesting UC location should make every effort to return non-consumable resources in the same condition they were received. Damaged items will be reimbursed or replaced as agreed upon by both parties.

E. Other Costs to Providing UC Location(s)

Any costs incurred by a providing UC location as a result of providing resources to a requesting UC location that are not covered in this MOU should be reimbursable as agreed upon by the Vice Chancellor responsible for emergency management (campus locations) or CEO/Incident Commander (health locations) at both the requesting and providing UC locations.

VI. Working Hours and Conditions

The requesting UC location shall ensure that adequate work conditions are provided, and in accordance

with collective bargaining agreements that apply:

1. Personnel from both providing and requesting UC location(s) should be provided adequate downtime between duties for rest to avoid burnout and fatigue.
2. Compensatory/flex time may be provided to personnel from the providing UC location, to account for their additional days worked, and in accordance with collective bargaining agreements.
3. The requesting UC location will ensure that mutual aid personnel receive adequate meal breaks and that appropriate food is available. Food and beverages, including water, will be made available at appropriate times.
4. The requesting UC location may determine that personnel from providing UC location(s) should be released because the need for mutual aid assistance no longer exists. This should be communicated to the providing UC location in a timely manner.
5. The providing UC location, at their discretion and with collaboration with the requesting UC location, can recall their personnel should a need arise at the providing UC location. Every effort should be made to provide sufficient advanced notice of the recall.
6. Mutual aid between UC location(s) is normally used for short-term assignments, deployments of personnel should not exceed 14 calendar days unless agreed upon by the providing and requesting UC locations.

VII. Medical

The requesting UC location shall ensure that all injuries or illnesses of mutual aid personnel should be treated consistent with the policies and procedures of the requesting UC location. The providing UC location shall be notified of any injuries or illnesses as soon as possible.

If personnel from a providing UC location are injured while in the course and scope of their participation under the mutual aid assistance MOU, normal reporting processes should be followed but the providing UC location will be responsible for the accepted workers' compensation claim of the providing UC location's injured personnel. Per Cal/OSHA, recordkeeping requirements stipulate that it is the employer's responsibility to pay for and record the injury on the OSHA 300 log.

VIII. Reporting Mutual Aid

Upon termination of a mutual aid assignment, the requesting UC location will complete and forward to UCOP EM a summary report (Appendix B) summarizing the mutual aid provided, including a list of resources from providing UC location(s), hours worked for personnel, and a summary of the incident or event.

IX. Summary Of UC Location Responsibilities

The requesting and providing UC location(s) and UCOP will be responsible for the following duties.

A. The **Requesting UC Location** will be responsible for the following duties:

- Initiate the request for mutual aid assistance by submitting the request form to UCOP EM.
- Identify the arrangement for reimbursing costs, such as lodging and meal costs for personnel.

- Ensure that appropriate lodging and meals for mutual aid personnel are available.
- Give the providing UC location any documentation procedures and related forms necessary to support the requesting UC location's claims, reporting, and/or reimbursement processes.
- Provide all supplies and safety information relevant to job duties including personal protective equipment (PPE), location resources, community resources, water, etc.
- Complete and forward to UCOP EM a Mutual Aid Summary Report following the completion of mutual aid assistance.
- Inform providing UC location(s) when resources provided via mutual aid are no longer required.

B. The Providing UC Location will be responsible for the following duties:

- Respond to requests for mutual aid in a timely manner.
- When applicable, fulfill requests for personnel, equipment, or technology with specific qualifications as requested by the requesting UC location. Offers of resources that deviate from the requested resource qualifications should be vetted through the requesting UC location.
- Comply with the requesting UC location's documentation procedures, as appropriate and to the greatest extent possible.
- Inform the requesting UC location when providing UC location resources must return to the providing UC location to support location needs.

C. UCOP Risk Services (Emergency Management) will be responsible for the following duties:

- Review submitted request form(s) to verify all necessary information and sufficient detail is included.
- Distribute request details and the UC Mutual Aid Response Form systemwide to applicable distribution lists in a timely manner.
- Ensure the requesting UC location has access to submitted responses.
- Provide ongoing coordination and prioritization of mutual aid resources as needed.
- Provide electronic resource for the collection of emergency contact information (cell phone number, email address, and emergency contact) from all providing UC location personnel.
- Collect and maintain Mutual Aid Summary Report records.
- Facilitate debriefing with deployed personnel from the providing UC location and representatives from the requesting UC location.

X. TERM

This MOU becomes effective when signed by the Assistant Vice President/Chief Risk Officer and any participating UC location. The MOU is intended to persist in perpetuity unless terminated by a signed party. Any participating UC location may terminate this MOU at any time without cause by giving 30 days written notice to UCOP Risk Services, who will notify all other signed parties in a timely manner.

ADDENDUM A: UC HEALTH SPECIFIC PRINCIPLES OF UNDERSTANDING

I. Definitions

- A. *Requesting UC Health location*: the UC Health location requesting and receiving mutual aid assistance.
- B. *Providing UC Health location*: the UC Health location providing mutual aid assistance.
- C. *Request*: a formal request for mutual aid assistance submitted to the UC Office of the President.
- D. *Reassigned Personnel*: personnel temporarily reassigned to a requesting UC Health location pursuant to a mutual aid request.

II. Medical Operations/Reassigned Personnel

A. Communication of Request

A request for personnel transfer may initially be verbal. The verbal request must be followed up with written documentation. Ideally, written documentation should precede the arrival of personnel at the requesting UC Health location. The requesting UC Health location shall communicate to the providing UC Health location:

1. Type and number of requested personnel.
2. Estimate of when and for how long Reassigned Personnel is needed.
3. Location where Reassigned Personnel should enter the Requesting UC Health location, including information necessary for entering security perimeters.
4. Location where Reassigned Personnel should report upon arrival.

B. Credentialing of Reassigned Personnel

Reassigned Personnel should be limited to staff that are fully accredited or credentialed in the providing UC Health location. Assistance can be accepted by resident physicians, medical/nursing and allied health students, or in-training persons if desired by the requesting UC Health location. In doing so they assume responsibility for providing adequate supervision and assigning duties consistent with personnel's level of training. Reassigned Personnel should display their level of licensure and/or training at all times via name badge or other suitable alternative.

The Incident Commander (delegated to the Incident Management Team position as appropriate) of the requesting UC Health location will be responsible for providing a mechanism for granting emergency credentialing privileges for physician, nurses and other licensed healthcare providers to provide services at the requesting UC Health location.

C. Documentation

Reassigned Personnel are required to present their providing UC Health location identification badge at the site designated by the requesting UC Health location's Hospital Incident Command System (HICS) incident commander, designated incident management team staff, or command center. The requesting UC Health location will:

1. Meet Reassigned Personnel on arrival and provide situational briefing.

2. Confirm Reassigned Personnel ID with list provided by the providing UC Health location and assure that Reassigned Personnel clearly display their IDs when working.
3. Provide additional identification, e.g., "visiting personnel" badge, to the arriving Reassigned Personnel.
4. Reassigned Personnel shall complete the [Systemwide Mutual Aid Emergency Information Form](#).

The requesting UC Health location will accept the professional credentialing determination of the providing UC Health location for those services the personnel are credentialed at the providing UC Health location.

D. Supervision

The requesting UC Health location's HICS-appointed personnel identifies where and to whom the Reassigned Personnel to report. Professional staff of the requesting UC Health location shall supervise the Reassigned Personnel.

E. Staff Assisting

The requesting UC Health location shall provide food, housing and/or transportation for providing UC Health location Reassigned Personnel asked to work for extended periods and for multiple shifts. The costs associated with these forms of assisting will be borne by the requesting UC Health location.

F. Legal and Financial Liability

Liability claims, malpractice claims, disability claims, attorneys' fees, and other incurred costs are the responsibility of the requesting UC Health location. Requesting UC Health locations shall reimburse providing UC Health locations for workers' compensation or other claims filed by and paid to Reassigned Personnel for incidents and/or circumstances occurring during periods in which the Reassigned Personnel were at the requesting UC Health location. A providing UC Health location's decision to "assign" employees to a requesting UC Health location as opposed to allowing employees to "volunteer" their time to a Requesting UC Health location may have legal or financial implications for both facilities that are not necessarily addressed in this MOU but which may factor into this decision. An extension of liability coverage will be provided by the requesting UC Health location, to the extent permitted by law, insofar as the Reassigned Personnel are operating within their scope of practice.

G. Reimbursement

The requesting UC Health location will reimburse the providing UC Health location for the salaries of the Reassigned Personnel at the Reassigned Personnel's rates as established at the providing UC Health location if the Reassigned Personnel are employees paid by the providing UC Health location. The reimbursement will be paid within ninety (90) days following receipt of the invoice from the providing UC Health location.

H. Demobilization Procedures

The requesting UC Health location will provide and coordinate any necessary demobilization procedures and post-event stress debriefings. The Requesting UC Health location is responsible for providing the Reassigned Personnel transportation necessary for their return to their providing UC Health location(s) if required.

III. Transfer of Pharmaceuticals, Supplies, and/or Equipment

A. Communication of Request

A request for the transfer of pharmaceuticals, supplies, and/or equipment may initially be made verbally. Any verbal request must be followed up with written documentation. Ideally, written documentation should precede arrival of any material resources at the requesting UC Health location. The requesting UC Health location will identify to the providing UC Health location the following:

1. The quantity and exact type of requested items.
2. An estimate of how quickly the items are needed.
3. Time period for which the supplies, equipment, and/or medications will be needed.
4. Location to which the supplies, equipment, and/or medications should be delivered.

The providing UC Health location will identify how long it will take them to fulfill the request. Because response time is a critical component of disaster response, participating UC Health locations agree that decision and implementation should occur quickly. All such transfers shall be made in accordance with applicable laws and regulations. The requesting UC Health location needs to replace equipment/supplies even if not used on a patient (e.g., opened but not used.)

B. Documentation

The requesting UC Health location will honor the providing UC Health location's standard order requisition form as documentation of the receipt of the materials. The requesting UC Health location receiving office (pharmacy for pharmaceuticals) or designee will confirm the receipt of the material resources. The documentation will detail the following:

1. Items involved.
2. Condition of the equipment prior to the loan (if applicable).
3. Responsible parties for the borrowed material.

The providing UC Health location shall track the borrowed inventory through their standard requisition forms. Prior to the return of the equipment, etc., the original invoice will be co-signed by the Senior Administrator or Incident Commander designee of the requesting UC Health location recording the condition of the borrowed equipment.

C. Transporting of Pharmaceuticals, Supplies, and/or Equipment

The requesting UC Health location is responsible for coordinating the transportation of or paying for the transportation of materials both to and from the providing UC Health location(s). This coordination may involve government and/or private organizations, and the providing UC Health location(s) may also offer transport. The requesting UC Health location must return and pay the transportation fees for returning or replacing all borrowed material.

D. Supervision

The requesting UC Health location is responsible for appropriate safeguards, use, and maintenance of all borrowed pharmaceuticals, supplies, and/or equipment.

E. Financial and Legal Liability

The requesting UC Health location, to the extent permitted by law, is responsible for all costs arising from the use, damage, or loss of borrowed pharmaceuticals, supplies, or equipment, and for liability claims arising from the use of borrowed supplies and equipment, except where the providing UC Health location(s) has not provided preventive maintenance or proper repair of loaned equipment which resulted in patient injury.

F. Demobilization Procedures

The requesting UC Health location is responsible for the rehabilitation and prompt return of the borrowed pharmaceuticals, supplies, and/or equipment to the providing UC Health location(s).

IV. Transfer/Evacuation of Patients

All transfers will be completed in concert with local, regional, and state coordination centers and will not supersede such jurisdictional efforts and plans.

A. Compliance with Applicable Laws

All patient transfers shall be compliant with all applicable laws, including but not limited to, Emergency Medical Treatment and Labor Act (EMTALA).

B. Communication of Request

The request for the transfer of patients may initially be made verbally. The verbal request must be followed up in writing prior to the actual patient transfer. The requesting UC Health location transferring patient(s) will identify the following to the providing UC Health location(s) receiving patients:

1. Number of patients to be transferred.
2. Patient condition or status.
3. Specialized services required, e.g., Critical Care, Burn Care, Trauma Services, Pediatrics, etc.

C. Documentation

The requesting UC Health location transferring patients is responsible for providing the receiving providing UC Health location(s) with each transferred patient's medical records, insurance information, personal effects and valuables list, and other patient information necessary for the care of the transferred patient. The requesting UC Health location is responsible for tracking the destination of all transferred patients.

D. Transporting of Patients

The requesting UC Health location transferring patients is responsible for coordinating the transportation of patients to the providing UC Health location(s). The providing UC Health location(s) receiving HICS-appointed personnel will designate the point of entry for the receiving providing UC Health location(s). Once admitted, that patient becomes the providing UC Health location's patient and will be under the care of the providing UC Health location's admitting physician until discharged, transferred, or reassigned. The requesting UC Health location transferring patient(s) is responsible for transferring medications or other special patient needs such as equipment or blood products along with the patient(s) as necessary for ongoing care, as is possible within the requesting UC Health location's capabilities and as permitted by applicable laws and regulations.

E. Supervision

The providing UC Health location will designate each transferred patient's admitting service and the

admitting physician for each transferred patient.

F. Financial and Legal Liability

Upon admission, the providing UC Health location is responsible for liability claims originating from the time the patient is admitted to the providing UC Health location.

G. Reimbursement

The providing UC Health location shall pursue reimbursement for services furnished to patients transferred from requesting UC Health location(s) in the same fashion it would bill for services rendered to patients transferred from any other provider healthcare facility.

H. Notification

The requesting UC Health location transferring a patient(s) is responsible for notifying both the patient's family or guardian and the patient's attending or personal physician of the transfer. The providing UC Health location may assist in notifying the patient's family and personal physician.

I. Health Insurance Portability and Accountability Act (HIPAA)

Participating UC Health locations shall work in good faith to keep the confidentiality of patient and other records as required by law.

APPENDIX A:

UC SYSTEMWIDE EMERGENCY MANAGEMENT MUTUAL AID FORMS

I. SYSTEMWIDE MUTUAL AID REQUEST FORM

Click [here](#) to access a fillable PDF of the Request Form. Completed forms should be submitted to eoc@ucop.edu. This is the preferred method of submission. If electronic submission is not possible, the form details can be communicated by phone to UCOP EM.

UC MUTUAL AID REQUEST FORM (to be completed by requesting UC location)		
REQUESTING UC LOCATION		REQUESTING DEPARTMENT
INCIDENT NAME		
REQUESTER CONTACT INFORMATION		
NAME		
TITLE/POSITION		
PHONE		
EMAIL		
RESOURCE REQUEST DETAILS		
RESOURCES REQUIRED Provide description of needs for personnel, equipment, technology etc. (Note any specialized training, experience or credentials required or desired?)		
START DATE/TIME		
ANTICIPATED END DATE/TIME (Note: Maximum personnel deployment is 14 days)		
LOCATION TO REPORT		
TRAVEL INSTRUCTIONS (include lodging and meal information)		
KNOWN RISKS/ HAZARDS/ ACCESS ROUTES (if applicable)		
NAME/TITLE OF AUTHORIZING INDIVIDUAL		
PREPARED BY	Name:	Date/Time:

II. UC MUTUAL AID RESPONSE FORM

At the time of mutual aid activation, UCOP EM will electronically distribute the Response Form. Information from responding locations will be collected and shared with the requesting UC location. If electronic submission is not possible, UCOP EM will identify an alternate method for information collection.

UC MUTUAL AID RESPONSE FORM (to be completed by responding UC location)	
RESPONDING LOCATION	RESPONDING DEPARTMENT
POINT OF CONTACT FOR MUTUAL AID	
NAME	
TITLE/POSITION	
PHONE	
EMAIL	
ASSISTANCE AVAILABLE	
TYPE OF ASSISTANCE AUTHORIZED (#/type of personnel and equip.)	
DATE/TIME AVAILABLE	
OTHER INFORMATION/ADDITIONAL COMMENTS (transport details, arrival date, etc.)	
ESTIMATED TOTAL COST	
NAME/TITLE OF AUTHORIZING INDIVIDUAL	

**APPENDIX B:
(POST-ASSISTANCE) UC MUTUAL AID SUMMARY REPORT**

UC MUTUAL AID SUMMARY REPORT (to be completed by requesting UC location that after the mutual aid assistance is complete)		
REQUESTING UC LOCATION	RESPONDING UC LOCATION	
INCIDENT NAME		
CONTACT INFORMATION		
LIST OF RESOURCES PROVIDED		
HOURS WORKED		
BRIEF SUMMARY OF THE INCIDENT		
PREPARED BY	Name:	Date/Time: