

Sierra – Sacramento Valley EMS Agency Program Policy			
Automatic Aid/Mutual Aid/Disaster Assistance (Including EMPF, AST & MTF Resource Requests)			
	Effective: 10/1/2025	Next Review: 04/2028	461
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

- A. To define the conditions/circumstances under which prehospital personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited for during automatic aid/mutual aid/disaster assistance responses.
- B. To describe the purpose, requesting process and utilization of Paramedic Fireline (EMPF), Ambulance Strike Team (AST) and Medical Task Force (MTF) resources.

AUTHORITY:

- A. HSC, § 1797.170(b), 1797.204 & 1797.220.
- B. CCR, Title 22, Div. 9.
- C. California Disaster and Civil Defense Master Mutual Aid Agreement (11/1950).
- D. EMSA 'Ambulance Strike Team (AST)/Medical Task Force System Manual' (4/2010).
- E. California Fire and Rescue Emergency Mutual Aid System, Mutual Aid Plan (02/2012).
- F. Emergency Management Assistance Compact (EMAC).
- G. Supplemental Interstate Compact For Emergency Mutual Assistance, July 2007.
- H. FIREScope California Incident Command System Position Manual Fireline Emergency Medical Technician/Fireline Paramedic (EMTF/EMPF) ICS 702 (12/2016)

DEFINITIONS:

- A. **Ambulance Strike Team (AST)** – Consists of five ALS or BLS ambulances (two personnel each) and one leader in a separate command vehicle or Disaster Medical Support Unit (DMSU).

- B. **Automatic Aid** – Agreements between two or more jurisdictions where the nearest available resource is dispatched to an emergency irrespective of jurisdictional boundaries, or where two or more agencies are automatically dispatched simultaneously to predetermined types of emergencies. This type of agreement is typically utilized on a routine basis.
- C. **Disaster Assistance** – 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 large-scale disaster.
- D. **Medical Task Force (MTF)** – 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.
- E. **Mutual Aid** – Agreements between two or more jurisdictions to provide assistance across jurisdictional boundaries, when requested, as a result of the circumstances of an emergency exceeding local resources.
- F. **Paramedic Fireline (EMPF)** – A paramedic who meets FIREScope requirements, and is authorized by their department to provide ALS care on the fireline.

PRINCIPLES:

- A. When requested by an authorized automatic aid/mutual aid/disaster assistance response requester, EMS personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited according to CCR, Title 22 and their Local EMS Agency (LEMSA) policies and procedures.
- B. EMPF personnel provide emergency medical care on an active fireline, division or other physically challenging assignment. These resources may also provide care in the medical unit and/or at other locations as directed by the Incident Commander or designee.
- C. AST/MTF resources provide an EMS operational response to disaster situations with a focus on transportation. These resources may also work in concert with California Medical Assistance Team (CAL-MAT) or other disaster medical personnel, and be used for medical and health system support in various settings including first aid sites, shelters, command posts, and Mobile Field Hospitals.

POLICY:**A. Automatic Aid/Mutual Aid/Disaster Assistance Responses Within California****1. BLS (EMR/EMT) Personnel:**

- BLS personnel may utilize their basic scope of practice in a volunteer or paid capacity. There is no requirement that BLS personnel be affiliated with a prehospital provider to utilize their basic scope of practice.
- While functioning under the authority/oversight of a LEMSA approved prehospital provider during an automatic aid/mutual aid/disaster assistance response, BLS personnel may utilize the optional/expanded scope of practice for which they are trained, certified and accredited for by their LEMSA.

2. LALS/ALS (AEMT/Paramedic) Personnel:

- LALS/ALS personnel may provide LALS/ALS care anywhere in California provided all of the following conditions are met:
 - They possess a valid California AEMT Certificate or Paramedic License.
 - They are accredited by a California LEMSA.
 - They are affiliated with a California LEMSA approved LALS/ALS provider, and are functioning under the authority/oversight of the LALS/ALS provider with whom they are affiliated.
 - They utilize the scope of practice for which they are trained and accredited for by their LEMSA.

B. Automatic Aid/Mutual Aid/Disaster Assistance Responses Outside California

Prehospital personnel are normally approved to utilize the scope of practice for which they are trained and certified/licensed/accredited according to their respective classification, but must check in with the Medical Unit Leader or other appropriate incident representative for any special restrictions or credentialing requirements.

PROCEDURE:**A. General Automatic Aid/Mutual Aid/Disaster Assistance Response Requirements**

1. Prehospital personnel shall follow all S-SV EMS policies/protocols during an automatic aid/mutual aid/disaster assistance response, and shall not administer any medication or perform any procedures listed as 'Base/Modified Base Hospital Physician Order Only' without appropriate medical control approval.
2. Controlled substances shall be obtained, secured and inventoried as indicated in S-SV EMS Management of Controlled Substances Policy (710).

3. Documentation of patient care shall be completed as indicated in S-SV EMS Prehospital Documentation Policy (605).

B. EMPF Programs

1. EMPF programs shall be approved by S-SV EMS.
2. Designation of an individual as an EMPF by an S-SV EMS approved provider verifies that the paramedic has completed standard FIRESCOPE education.
3. The EMPF position is like any other single resource position requested for incident management, and is ordered at the discretion of an Incident Commander through normal ordering channels.
4. EMPF personnel shall carry the items listed in S-SV EMS ALS Specialty Program Provider Inventory Requirements Policy (702) when responding to wildland fires to provide ALS care in this capacity.
5. The EMPF shall present their credentials to the Medical Unit Leader upon arrival at the incident. The Medical Unit Leader is responsible for verifying credentials of all EMPF personnel assigned to the incident, and shall notify S-SV EMS of any EMPF personnel not affiliated with an S-SV EMS approved prehospital provider assigned to an incident in the S-SV EMS region.

C. AST/MTF Resources:

1. AST/MTF resources shall be requested/approved by one of the following entities:
 - Medical Health Operational Area Coordinator (MHOAC).
 - Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S).
 - California State EMS Authority (EMSA).
2. Upon receipt of an official verbal or written AST/MTF resource request, S-SV EMS representatives will identify/coordinate the assignment/deployment of resources. AST/MTF resource assignments will be done in a fair and consistent manner, based on system/incident needs and provider resource availability. ASTs/MTFs may be comprised of resources from multiple different provider agencies at the discretion of S-SV EMS. Any verbal AST/MTF request shall be followed up with an official written resource request from the AST/MTF requesting/approving entity as soon as incident conditions allow.
3. Any S-SV EMS approved ground ambulance transport provider agency may participate in an AST/MTF deployment. By participating in an AST/MTF deployment, provider agencies/personnel agree to the following:

- Resources/personnel should be able to deploy within 1 – 2 hours of a request, and are expected to be self-sufficient for up to 72 hours.
 - Personnel will likely be working in austere environments and performing tasks outside their normal day-to-day duties.
 - Provider agencies shall not commit resources/personnel that will negatively impact their normal EMS coverage responsibilities.
 - Provider agencies agree to accept the current hourly Ambulance Strike Team Reimbursement rates adopted by the California State Association of Counties (CSAC) as recommended by the Emergency Medical Services Administrators Association of California (EMSAAC). Reimbursement shall be “portal to portal” (time of dispatch to return to home base), and no billing for transport or other costs are allowed.
4. Every AST/MTF shall have a leader selected/approved by S-SV EMS. Preference will be given to those individuals who have completed the Ambulance Strike Team Leader training. Provider agencies may choose to assign additional personnel to accompany the leader for training purposes, but the cost of these additional personnel will not be reimbursed by the requesting entity, unless previously agreed to.
5. The following shall apply to AST/MTF deployments within the S-SV EMS region:
- S-SV EMS will assign appropriate representatives (within the affected area whenever possible) to support/oversee the affected EMS system(s) and all deployed AST/MTF resources as long as necessary/appropriate.
 - S-SV EMS representatives will assess, identify and order (in coordination with the AST/MTF requesting/approving entity) additional AST/MTF support resources/personnel (EMS overhead, fleet maintenance, CISM, etc.).
 - As soon as incident conditions allow, the AST/MTF requesting/approving entity shall be responsible for providing ongoing support to the AST/MTF resources (food, lodging, medical supplies, fuel, etc.).
6. For deployments outside the S-SV EMS region, AST/MTF resources will respond to the requested reporting location and follow the direction of requesting entity or other appropriate incident management personnel.