

EMS Automatic Aid Agreement

Travis and Williamson County Agencies

Operational Guidelines

I. PURPOSE

To establish operational guidelines that will address the basic provision of emergency service response into the designated service areas identified within the Travis and Williamson County Automatic Aid Agreement(s).

II. BACKGROUND

Each agency participating in an Automatic Aid Agreement agrees that automatic aid provides for the most efficient and effective delivery of emergency response services to the citizens of our respective jurisdictions.

However, all agencies must operate under an Incident Command System (ICS) that is National Incident Management System (NIMS) compliant as promulgated by the U.S. Department of Homeland Security. In order for there to be a core standard when it comes to an ICS, all agencies participating in this agreement agree to utilize terminology and practices consistent with the “Blue Card” certification system where applicable.

These guidelines shall be reviewed at least annually by the participating agencies. Any revisions shall require prior notification, review, and approval from all participating agencies.

III. DEFINITIONS

- “Automatic Aid” is an agreement between jurisdictions to respond the nearest available unit(s) to mitigate an emergency situation.
- “Certified Personnel” are certified as Emergency Medical Technician or above by the Texas Department of State Health Services (TDSHS).
- “Staffing of Units” involves TDSHS certified personnel credentialed by their Medical Director. Students do not count towards staffing. Certified personnel with a provisional credential at their certification level may be counted towards staffing when directly supervised by an appropriately credentialed Field Training Officer per the Medical Director’s standards.

IV. PROCEDURE

A. Response

1. AHJs shall utilize the agreed upon regional Standard Operating Guidelines and incorporate these policies into their departmental policies and procedures. Until common Standard Operating Guidelines (SOGs) can be established that incorporate all of the safety elements found within the current SOGs of all AHJs that ensure use of common terminology, standard definitions, common strategies and tactics, standardized procedures, and incident management, AHJs will continue to utilize their current agency based operating guidelines. The following list outlines future guidelines the agencies believe will be developed however this list is non-exhaustive and relevant SOGs may be added, revised, or deleted as the development process progresses.
 - a. Central Texas Regional EMS Guideline #E1 – Incident Management System
 - b. Central Texas Regional EMS Guideline #E2 – Radio Communications
 - c. Central Texas Regional EMS Guideline #E3 – Fireground Medical Support
 - d. Central Texas Regional EMS Guideline #E4 – Vehicle Rescue
 - e. Central Texas Regional EMS Guideline #E5 – Mass Casualty Incident
 - f. Central Texas Regional EMS Guideline #E6 – Active Attack Incidents
2. Each Authority Having Jurisdiction (AHJ) shall determine the appropriate response plans for the alarm types within their jurisdiction except as described in Sections A. Per the Automatic Aid Agreement, these response plans shall be rostered with the geographically closest and most resource appropriate unit(s) based upon resource typing within the Computer Aided Dispatch (CAD) system, regardless of jurisdiction.
3. The first arriving unit at an incident, regardless of type or jurisdiction, shall establish Incident Command and follow the applicable Central Texas Regional Procedures. All later arriving units shall also follow the applicable Central Texas Regional policies or follow directions from Incident Command.
4. Regardless of jurisdiction, Incident Command shall have the authority to reduce/upgrade the response level (Code 1 or Code 3) of all incoming units and may cancel/upgrade the response of units based upon conditions found on scene. However, the AHJ in which the incident is located may continue the response of a unit(s) if required by the AHJ's SOGs.
5. In addition to the command elements assigned to an incident, any AHJ may respond to a command element on a response into another jurisdiction when

that department has units assigned to an incident. Upon arrival, they shall report to the Command Post upon arrival and will confer with Command regarding the current Incident Action Plan (IAP) for the incident. The Auto Aid department's command element shall then be assigned to an IMS role that best affords the management and supervision of the assisting jurisdiction's units. Examples of possible assignments include Unified Command, Operations, Safety Officer, Branch Director, Division/Group Supervisor, or a Single Resource Unit Leader. If the Auto Aid command element does not concur with the IAP due to unsafe acts, orders or conditions he/she has the authority to remove that jurisdiction's units from an IDLH atmosphere or other unsafe assignment.

6. Any personnel, EMS Supervisor, or command level officer on the emergency scene, regardless of assignment, has a duty to immediately stop an unsafe act or, to communicate an unsafe condition to Command. The personnel, EMS supervisor, or command level officer who stops the unsafe act, must immediately communicate their actions to Command.
7. When appropriate, the AHJ may assume Incident Command for all multi-unit responses. The arrival of the AHJ on the incident scene does not mean that Command should be automatically transferred to the AHJ. Command should only be transferred when the AHJ is completely aware of the position and function of crews operating at the scene and understands the overall Incident Action Plan (IAP).
8. Any Auto Aid department may limit resources in their response plan which respond into other jurisdictions to ensure the maintenance of coverage in their home jurisdiction. Alternatively, AHJs may request "move ups" from other AHJs to provide coverage.
9. A Post-Incident Review (PIR) will normally be conducted on any Auto Aid incident where more than 2 transport units were utilized on the incident. The PIR will include units and command elements from all assisting jurisdictions. The CAFCA auto aid sub-committee will utilize an EMS regional policy committee as a standing committee for annual review of all EMS regional policies. This sub-committee will use PIR information to evaluate the Operational Guidelines and regional policies in order to make recommendations for possible revisions.
10. In jurisdictions where medical emergencies are not prioritized, responses shall be handled by the geographically closest available unit. In jurisdictions where medical emergencies are prioritized, the geographically closest available unit shall only respond to Priority 1 call types. Priority 2 through 5 call types shall be handled by the AHJ.

11. This automatic aid agreement shall cover only the first twelve (12) hours of an event. After twelve (12) hours the involved agencies may request reimbursement as outlined within section III E of this document.

B. Staffing

Each agency shall determine the appropriate personnel staffing numbers for their respective units. However, in order for units to be available to be resourced into the response plans of another agency's jurisdiction transport ambulances must be staffed at the Mobile Intensive Care Unit level.

C. Training

Neighboring AHJs should train together as often as possible (recommended quarterly), to assure comfort and conformity with the SOGs of the other agency(s). The goal of this training is to provide consistent, efficient, effective, and safe operations on the emergency scene.

1. Agencies may cooperatively develop and deliver continuing education (CE) appropriate to their jurisdiction
2. Participate in both formal and impromptu cross-agency multi-company drills
3. Maintain both agency and state required CEs

D. Certifications of Personnel

It is the responsibility of the AHJ's Medical Director to define and oversee the credentialing of personnel. All personnel must complete NIMS 100, 200, 700, 800.

E. Reimbursement

1. Agencies may bill each other for extended operations (beyond twelve (12) hours) on incidents that utilized automatic aid. The billing documentation must follow the same guidelines used for FEMA reimbursements and may include:
 - a. Labor cost for time actually assigned to the incident
 - b. Overtime calculations per FLSA
 - c. Fringe benefit costs
 - d. Apparatus and equipment usage
 - e. Costs for any materials used during the emergency event
2. Supporting documentation shall be required and standardized FEMA usage rates shall apply.

F. Equipment and Apparatus

Each AHJ shall standardize equipment as much as practical and should communicate any major equipment compatibility issues to their neighboring agency(s) and the Travis-Williamson County EMS Automatic Aid Subcommittee.

G. Dispatch Protocols

Dispatching protocols shall be coordinated through each AHJ and their respective PSAPs. Response plans from each AHJ shall be distributed to the participating automatic aid agencies as well as to the Travis-Williamson County EMS Automatic Aid Subcommittee.

H. Quality Improvement

Where questions arise regarding aspects of clinical care provided in an Auto-Aid response, the AHJs shall rely upon established regional processes to share information within organized Quality Improvement committees. The proceedings and records of these organized Quality Improvement committees shall remain confidential and are not subject to disclosure by court subpoena or otherwise to the extent permitted under Texas Health and Safety Code §773.095, 42 USC § 11101, or other applicable laws.