

MUTUAL AID AGREEMENT BETWEEN *Facility A & Facility B*

This agreement, made (Date), establishes that in the event of a disaster that necessitates the evacuation of residents/patients, the undersigned facilities will accept each other's residents/patients, based upon bed availability and appropriate nursing skills & equipment. (See attached addendum)

In the event of a surge capacity, *Facility A & Facility B* can offer dining areas, bathroom & bathing facilities, wireless access, appropriate utilities, activities programs and security for residents/ patients throughout their stay, or until more appropriate shelter can be found.

In the case of surge capacity, the evacuating facility will send qualified staff, charts or URL access to Electronic MAR, meds & equipment to care for their resident/patients. The medical director, medical staff, hospice and physical therapy providers of the evacuating facility will be given emergency privileges to follow their residents/patients at the host facility.

The recipient will reimburse the donor facility for its staff hours, food, medical supplies and equipment etc. that was used during the surge capacity period. The reimbursement will normally be made within ninety days following receipt of the invoice.

This agreement will be forever in force and will be reviewed/updated at least annually.

This agreement can be nullified by either of the undersigned with a thirty day written notification.

Signed _____

Date _____

Title _____

Facility _____

Phone _____

ADDENDUM TO MUTUAL AID AGREEMENT BETWEEN Facility A & Facility B

Nursing care Facility A is not prepared to provide:

Vents, dialysis, trachs, bariatrics over 400 lbs., residents requiring locked unit, TPN.

Phone # to give families for information on their resident: *Facility A* #

Phone # to give physicians/hospitals to speak with a nurse: *Facility A* #

As of Date: _____ Revised: _____ Revised _____

Nursing care Facility B is not prepared to provide:

Vents, dialysis, bariatrics over 400 lbs., residents requiring locked unit or TPN

Phone # to give families for information on their resident: *Facility A* #

Phone # to give physicians/hospitals to speak with a nurse: *Facility A* #

As of Date: _____ Revised: _____ Revised _____

When returning this agreement, both parties will send diagrams of their facility to each other. At the time of an emergency, available resident rooms can be identified by phone to help with coordinating furniture & equipment prior to sending residents to emergency location.

Diagram 1: Indicate

- residents rooms with room numbers
- nurse stations, nurse & administrator offices
- bathing facilities
- entrance to use when evacuating into and out of building with furniture; equipment; food
- entrance to use when evacuating residents into and out of building
- parking for staff
- staff: rest rooms, break room, storage of personal items
- location for biohazard disposal; trash disposal; laundry

Diagram 2: Indicate

- location of emergency exits
- location of fire alarms, extinguishers and in-service by host facility within 24 hours.