



Massachusetts
Region 4 A/B Hospital
Mutual Aid Coordinating Entity

MACE

MASSACHUSETTS REGION 4 A/B HOSPITAL MUTUAL AID COORDINATING ENTITY (MACE)

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MASSACHUSETTS REGION 4 A/B HOSPITAL MUTUAL AID COORDINATING ENTITY (MACE)

Standard Operating Guidelines

SECTION 1: GENERAL PRINCIPLES

The Massachusetts Region 4 A/B Hospital Mutual Aid Coordinating Entity (MACE) has been established as the entity to assist in communications and the sharing of resources as agreed to in this MOU. The MACE is composed of emergency management professionals from participating hospitals and program staff representing the Metro Regional Preparedness Coalition (MRPC) who have made themselves available to assist when the MOU is activated. MRPC will assist with coordination and communication with other MRPC stakeholders.

A committee consisting of representatives from hospitals that have entered into the Memorandum of Understanding (MOU) will periodically review these Standard Operating Guidelines and recommend any necessary revisions to the Region 4A/B Hospital Preparedness Group. Such a review will take place no less than every two years and as part of any regional or MACE after action review. Proposed revisions will be presented for discussion and adoption by participating hospitals as soon as possible. Adoption of revisions will be by a simple majority vote of those participating hospitals present at the meeting.

Participating hospitals should refer to these Standard Operating Guidelines when the Memorandum of Understanding (MOU) is activated. In accordance with the MOU, these Standard Operating Guidelines are applicable for disaster or emergency situations.. They do not apply to routine sharing of personnel, pharmaceuticals, supplies and equipment between hospitals during normal day-to-day operations. The MOU and these Standard Operating Guidelines apply to hospital-owned or regional assets and to personnel employed by or affiliated with participating hospitals.

These Standard Operating Guidelines have been developed in accordance with NIMS and ICS principles and reflect a tiered response. Accordingly, hospitals will first contact other local community partners. When the scope of the incident exceeds, or is expected to exceed, local capabilities the MACE should be activated.

SECTION 2: ACTIVATION OF THE MEMORANDUM OF UNDERSTANDING

1. Notification of Activation of Memorandum of Understanding: In accordance with *Section 1* of this MOU, the agreement will be activated upon the declaration that an emergency or disaster exists at any of the participating hospitals by an administrator at that facility who is authorized to make such declaration.

“Disaster” refers to a natural, technological or human made event; or any incident that impacts the operational capabilities of another participant in the MOU.

- a. The Affected Hospital will notify the appropriate emergency agencies in accordance with its internal Emergency Operations Plan. Hospitals are required to notify both the MDPH Duty Officer and MDPH Safety and Quality Departments when activating Code Black.
- b. To activate the MACE, The Affected Hospital will call MRPC Duty Officer at 857-239-0662.
- c. The MRPC Duty Officer will notify the HOSP 4AB MACE contact list to initiate a conference call with all hospital coordinators.
- d. During the conference call described above the following will be discussed:
 - i. Current situation
 - ii. Reason for activating the MACE
 - iii. Determination of level requested by the Affected Hospital:
 1. **Alert Level:** This level indicates the Affected Hospital(s) may need to call upon other hospitals for assistance. An alert message will be sent and confirmed via the HHAN or other alerting system to all hospitals in Region 4 A/B. Upon receipt, all hospitals will staff their Hospital Command Center with at least one person to monitor the EOC telephone, fax, Web EOC), and e-mail for further information or requests. Additional staff should be notified as the situation warrants. MACE activation will be at the discretion of the Affected Hospital’s Incident Commander (or designee) and the MACE Team.
 2. **Activation Level:** This level indicates an imminent need for assistance (staff, equipment and/or supplies). Upon receipt of this notice, all hospitals will activate their HICS Command Structure as they deem necessary to prepare to assist the Affected Hospital(s). The On-site Coordinator will respond to the Affected Hospital (the Affected Hospital may choose to appoint one of its own employees to fill this role and not have a MACE Team member respond). Off-site Coordinator will establish an event EOC at his/her location. The MACE Team may activate additional MACE Team members as needed.
 3. Alert messages will include the severity level and confirmation of the alert. The alert system can also be used for surveys.

2. MACE Team: Is defined as all active on-site and off-site coordinators.

- a. The MACE Team serves at the discretion of the Affected Hospital’s Incident Commander, or designee. The Affected Hospital’s Incident Commander, or designee, can request that a MACE Team member be replaced.
- b. Affected Hospital’s Incident Commander, or designee, has supervisory discretion over the MACE Team.

- c. Replacement of MACE Team members:
 - i. If a member of the MACE Team has been recalled to his/her hospital, or
 - ii. If the Affected Hospital's Incident Commander, or designee, has requested a MACE Team member be replaced, or
 - iii. The event will exceed one operational period (as defined by MACE Team, but typically between 8 and 12 hours), then
 - iv. Then the Affected Hospital's Incident Commander, or designee; or a MACE Team member will contact the MRPC Duty Officer and request that another notification be sent for a replacement.
 - v. The MRPC Duty Officer will follow the same procedure as for the initial activation of the MACE.
 - vi. Arriving team members will have a verbal conversation with the departing team members prior to change of command.
- 3. Supervision: The Affected Hospital will have supervisory direction over the deployed staff, pharmaceuticals, equipment and supplies, once they are received and accepted by the Affected Hospital.
- 4. Public Relations: The MACE Team will refer all media requests to the Affected Hospital's Public Information Officer or to a Joint Information Center, if established.

SECTION 3: STAFF DEPLOYMENT AND TRANSFER OF PHARMACEUTICALS, SUPPLIES AND EQUIPMENT

- 1. Initiation of Request: To further define *Section I* of the MOU, only the Incident Commander (or designee) at each hospital has the authority to initiate the transfer or receipt of staff or material resources.
- 2. Communication of Request: Prior to, or in the absence of, activation of the MACE, an Affected Hospital may communicate requests directly to any participating MOU hospital. Once the MACE is established, the Affected Hospital(s) or Onsite coordinator will communicate MOU requests for assistance to the Off Site Coordinator via phone, fax or e-mail. Once supplies have been requested, the Affected Hospital agrees to reimburse the Unaffected Hospital for all items upon departure from the Unaffected Hospital.
 - a. When requesting resources, whether verbally or in writing, the Affected Hospital will identify the following:
 - i. Name and address of Affected Hospital.
 - ii. The type and quantity of requested staff or items.
 - iii. An estimate of how quickly the request is needed.

- iv. If staff is requested, the location of the Labor Pool.
 - v. If pharmaceuticals, supplies or equipment requested, the delivery location.
 - vi. An estimate of how long the resources will be needed.
 - vii. The name and phone number of a contact person(s).
 - viii. A facility map, if possible.
 - ix. Any additional pertinent information.
- b. The MACE will coordinate all requests for MOU assistance.
- i. The On-site Coordinator should make a resource request verbally to the Off-site Coordinator.
 - ii. The On-site Coordinator will promptly follow verbal requests by completing the MACE Resource Request Form; having it signed by the Incident Commander, or designee; and faxing or emailing the completed form to the Off-site Coordinator.
 - iii. Ideally, the MACE Resource Request Form should be completed and delivered to the Off-site Coordinator prior to the arrival of resources at the Affected Hospital.
 - iv. Whenever possible, existing procedures for the transfer of materials and pharmaceuticals will be used.
 - v. Requests for pharmaceuticals will be confirmed by a pharmacist at each institution prior to transference.

3. Transportation:

- a. The MRPC Duty officer or Offsite Coordinator will assist coordination the transportation of resources to the Affected Hospital. The affected hospital will be responsible for coordinating transportation for the return of any borrowed items.
- b. Staff should be encouraged to self-transport to the Affected Hospital.
- c. Transport of resources may be arranged by using one of the following:
 - Hospital vehicles
 - Public works
 - Private and public ambulance services
 - Police departments
 - MEMA
 - MDPH ESF 8 Desk
 - Private vehicles
 - Local resources
 - Emergency Manager(s)
 - REPC / LEPC
 - Others
- d. Pharmaceuticals must be transported in a manner consistent with applicable laws and regulations.

4. Condition of Equipment. All equipment sent by the Unaffected Hospital will be current “in-service” equipment, meeting all applicable testing and maintenance schedules.
5. Documentation: Upon arrival at its facility, the Affected Hospital is responsible for tracking borrowed inventory using HICS Form 257 - Resource Accounting Record.
 - a. The Affected Hospital will confirm the receipt of the material resources to the On-site Coordinator who will pass on this information to the Off-site Coordinator. As soon as is reasonably possible the Affected Hospital will provide the Unaffected Hospital written receipt of the materials documenting the following:
 - i. The quantity and exact types of items.
 - ii. The condition of the equipment prior to the loan (if applicable).
 - iii. The responsible parties for the material resources supplied.
6. Use of Items: The Affected Hospital is responsible for appropriate use and maintenance of all borrowed pharmaceuticals, supplies, or equipment. A record of any maintenance, repair or malfunction of borrowed equipment will be supplied to the Unaffected Hospital upon return of the equipment.
7. Staff Support: Deployed staff will be eligible to be included in all staff support activities provided by the Affected Hospital. Examples include, but are not limited to, feeding, showering, sleeping arrangements, and family/pet care.
8. Demobilization Procedures:
 - a. Deployed Staff –
 - i. The Affected Hospital will notify Unaffected Hospital and the MACE of demobilization.
 - ii. The Affected Hospital will provide and coordinate any necessary demobilization procedures, including immediate post-incident stress debriefing.
 - iii. The Affected Hospital will provide deployed staff with transportation, as necessary, for their return to the Unaffected Hospital.
 - iv. The Affected Hospital will attempt to release deployed staff first.
 - b. Pharmaceuticals, Supplies and Equipment –
 - i. The Affected Hospital will notify Unaffected Hospital and the MACE of demobilization.
 - ii. The Affected Hospital is responsible for the rehabilitation and prompt return of borrowed equipment to the Unaffected Hospital.
 - iii. All equipment will be returned to the Unaffected Hospital in the same condition as it was received, or the Affected Hospital agrees to repair or replace the equipment.

- iv. Signature will be obtained upon the return of materials and copies will be given to each institution.
- v. Supplies and pharmaceuticals will be returned at the discretion of the Unaffected Hospital.
 - The Unaffected Hospital will assume all responsibility for such returns; including, but not limited to, coordinating shipping and covering all expenses.

MACE Team Member Application

We are looking for hospital emergency management professionals to assist in coordinating the transfer of staff and material assets to and from hospitals during a crisis situation. The Mutual Aid Coordinating Entity (MACE) Team will consist of volunteers ready, willing and able to act as Off-site and/or On-site Coordinators (see Job Action Sheets)

Please refer to the *MACE Standard Operating Guide* for more specific information. If you are interested in applying, please complete this form and return it to your MRPC representative.

Name: _____

Email: _____

Hospital: _____

Job Title: _____

Cell Phone: _____

Office Phone: _____

Pager: _____

Home Phone (optional): _____

Experience:

Required:

- Completed IS 100, 200, 700 & 800
- 3 years of Emergency Management Experience (Please List)

- Own transportation
- My hospital is a signatory to the Region 4 A/B MOU

Agreement of hospital management
Do you have any of the following (check all that apply):

- Completed IS 300
- Completed IS 400
- HAM Radio License
- EMT, Paramedic or Nurse
- Other Experience:

Area of Expertise: _____

Employer Acknowledgement

A member of your staff above has submitted an application to be a MACE team member. The MACE is composed of emergency management professionals from participating hospitals who have made themselves available to assist when the MA DPH Region 4 AB Hospital MOU is activated. In order to be considered, he/she must have the acknowledgement of hospital senior management. At any time your hospital requires the staff member to be recalled to their normal duties, they will be discharged from their MACE duties and a replacement MACE Team member will be deployed.

Summary of expectations of MACE team members:

- Participate in periodic conference calls, meetings and trainings.
- Participate when MACE Team is activated.

Our hospital supports the decision of our employee to become a MACE team member.

Print name _____ Title _____

E-mail _____ Telephone _____

Signature _____ Date _____

ON-SITE COORDINATOR JOB ACTION SHEET

MISSION: Report to the affected hospital as a liaison to coordinate communication and requests for assistance between the affected hospital and the MACE Off-site Coordinator.

DATE/TIME OF OPERATIONAL PERIOD START _____	_____
DATE/TIME OF OPERATIONAL PERIOD END _____	_____
NAME _____	EOC LOCATION _____
EOC LANDLINE _____	YOUR CELL _____
E-MAIL _____	EOC FAX _____

- Read this entire JAS and MACE Operations Algorithm.
- Participate in conference call with On-site Coordinator, Affected Hospital and Duty Officer.
- If Activation Level required, report to affected hospital
 - Notify Affected Hospital that you are on route
 - Determine Command Center location
 - Determine Point of Contact (POC) within Incident Command Structure
 - Ensure access to Affected Hospital and Command Center
 - Upon arrival at Affected Hospital, meet with POC and Hospital Incident Commander (IC) for briefing and to determine needs.
 - If not a hospital asset, advise POC and IC that request falls under local or state jurisdiction and should be requested from local emergency management or MEMA
 - Assist with request if able
 - Obtain and provide the following information to the MACE Off-site Coordinator:
 - Hospital's overall status.
 - Current resources requested.
 - Anticipated shortages of resources.
 - Possible timeframe of need.
 - Other relevant information.
- Provide regular situational updates to MACE Off-site Coordinator.
 - Establish frequency and method for reports
 - Include information on arrival of resources
- Track all communications on log sheets (Form: HICS 213)
- Track all resource requests made to MACE Off-site Coordinator (Form: HICS 257)
 - Communicate estimated time of arrival of resources to POC
 - Track arrival of resources
 - Communicate arrival to POC
 - Ensure process in place for return of resources.
- Transfer duties to on-coming On-site Coordinator.
- Compile documents and participate in MACE After Action Conference.

OFF-SITE COORDINATOR JOB ACTION SHEET

MISSION: To coordinate communication and assistance between MOU hospitals when one or more hospitals has/have declared a disaster situation (as defined in the MOU and/or Standard Operating Guide).

DATE/TIME OF OPERATIONAL PERIOD START _____
DATE/TIME OF OPERATIONAL PERIOD END _____
NAME _____ MACE LOCATION _____
LANDLINE _____ YOUR CELL _____
E-MAIL _____ FAX _____

- Read this entire JAS and MACE Operations Algorithm.
- Participate in conference call with On-site Coordinator, Affected Hospital and MDPH Duty Officer.
- Based upon request(s) from the Affected Hospital during conference call, determine Activation Level as specified in the Standard Operating Guide (SOG).
 - **Alert Level:** Work with the Duty Officer to send an alert message via the HHAN to all Region 4 A/B hospitals. **MACE activation will be at the discretion of the affected hospital's Incident Commander (or designee).**
 - **Activation Level:** Send an activation message via the HHAN to all Region 4 A/B hospitals.
 - If Activation Level required, set up EOC at your current location.
- Receive initial situation report from On-site Coordinator and regular reports thereafter.
 - Establish frequency and method for reports.
- Contact Region 4 A/B hospitals to provide them with a situational update.
 - Via the HHAN notify Region 4 A/B hospitals of the activation of the MACE team.
 - Notify Region 4 A/B hospitals of communications for situational updates (e.g., Web EOC, HHAN, website, e-mail, blast fax, etc.)
 - Request unaffected hospitals provide point-of-contact information.
 - Access Web EOC (version _____ via Portal _____).
 - Request incident be created, if not done yet
- Establish a resource log and track resource requests communicated from On-site Coordinator (Form: HICS 257).
- Poll unaffected hospitals for availability of requested resources and their ability to transport to the affected hospital.
 - It may be necessary to request resources from outside of Region 4 A/B.
 - Log information on tracking form
 - Coordinate resource allocation by giving preference to proximity

- If multiple facilities are affected and allocation of scarce resource is required, establish conference call with affected hospitals and yourself.
 - Affected hospitals will determine allocation of scarce resources.
 - No resources will be moved until there is agreement between all parties.
- Assist in coordinating transport of resources as best as possible using all possible outlets, such as
 - Public works
 - Private and public ambulance services
 - Police departments
 - MEMA
 - MDPH ESF 8 Desk
 - Private vehicles
 - Local resources
 - Emergency Manager(s)
 - REPC / LEPC
 - Others
- Pharmaceuticals will be transported in accordance with applicable laws and regulations
- Maintain current information on the resources committed and/or available.
- Track all communications on log sheets (Form: HICS 213).
- Post situational updates on Web EOC (version _____ via portal _____), as appropriate.
- Activate, assign and track other MACE personnel as necessary.
- Notify all MOU hospitals demobilization via the HHAN.
- Transfer duties to on-coming Off-site Coordinator.
- Compile documents and participate in MACE After Action Conference.

RESOURCE REQUEST FORM

Requests for resources may initially be made verbally, but must be followed by this written request.

Affected Hospital Name _____ Ad dress _____

Resources being requested

- Staffing
- Material Assets (equipment or supplies)
- Pharmaceuticals

Staffing

Type of staff requested	
Number	
How quickly is staff needed	
Where should staff report	
How long will staff be needed	
Name and phone of contact person	

Affected Hospital will follow internal plans for credentialing, orientation and supervision of deployed staff.

Materials, equipment or pharmaceuticals

Resource requested	
Quantity	
How quickly are resources needed	
How long will resources be needed	
Location where supplies should be delivered	
Name and phone of contact person	

Form completed by _____ Date _____ Time _____
(Onsite Coordinator or Hospital Designee)

Authorized Signature _____ Date _____ Time _____
(Affected Hospital Incident Commander or Designee)

4/19/2021