Ì	POLICY:	100.03 EMAC AND NAC		
MORRIS	OWNER:			
HOSPITAL & HEALTHCARE CENTERS	EFFECTIVE DATE: 2/15/2024			ORIGINAL EFFECTIVE DATE: 2/2024
People You Know.				
Extraordinary Care.	DEPARTMENT SPECIFIC		EMS	

I. Purpose:

To identify special circumstances which require licensed EMS personnel and/or the EMS provider agency to provider notification to the EMS System (Resource Hospital).

II. Definitions:

- 1. Emergency Management Assistance Compact (EMAC): A national interstate mutual aid agreement that enables states to share resources during times of disaster.
- 2. National Ambulance Contract (NAC): To provide licensed ambulance services and para-transit services in response to a disaster, and act of terrorism, or another public health emergency

Procedure for disaster deployment

- 1. The EMS provider agency must notify, and receive approval from the EMS medical director and IDPH prior to any EMAC or NAC deployments. This notification will include which vehicles and staff will be responding, anticipated length of time, and what coverage has been planned.
- **2.** An EMS system modification form must be completed at the time of deployment and when returning to the department.
 - a. Do not fill in the "Requested Level" box.
 - b. In the Comment Box of the System Modification Form indicate
 - i. What vehicle is deploying
 - ii. Where are you deploying
 - iii. Why are you deploying
 - iv. Names and license numbers of crew deploying
 - v. Anticipated length of stay
 - c. This form must be signed and approved by the Resource Hospital and IDPH, prior to deploying
 - d. IDPH REMSC will forward System Modification Forms to Ambulance Section Chief for documentation in licensing system and filing.
- A. Returning from disaster deployment
 - **a.** The provider MUST be signed and approved by the Resource Hospital and IDPH before the deployed wehicle can return to service withing the response area.
 - **b.** Notification can be made on a System Modification Form.
 - i. Do not fil in the "requested Level" box.
 - ii. In the Comment Box of the System Modification Form indicate
 - **1.** What vehicle was deployed
 - 2. Where you were deployed
 - 3. Why you were deployed
 - 4. Names and license numbers of crew deployed

- 5. Date you initially deployed
- 6. Any unfavorable conditions to the vehicle
- **c.** The EMS System or Regional EMS Coordinator mat at any time request and inspection to be completed on the deployed vehicle by means of: self-inspection, system inspection or IDPH inspection before the vehicle can return to service.
- **d.** The vehicle may only return to service once the System Modification Form is approved and it is determined if the vehicle needs to be inspected.
- e. IDPH REMSC will forward System Modification Forms to Ambulance Section Chief for documenting in licensing system and filing.

Approval:

James Kirchner Date Vice President of Professional Services

Kathleen Geiger MSN, RNDateManager of EMS & Emergency Management