INTER-REGION COOPERATIVE AGREEMENT
FOR EMERGENCY MEDICAL AND HEALTH DISASTER ASSISTANCE

This Agreement is made and entered into by and between the signatory Counties of the State Office of Emergency Services (OES) Mutual Aid Region I and Region VI.

WHEREAS, there exists a great potential for a medical/health calamity capable of producing mass casualties that overwhelm local ability to contain and control; and

WHEREAS, in preparation for this threat, the signatories of this document, singularly and severally, agree to assist any participating County consistent with the OES Region I and Region VI Medical Health Mutual Aid Plans and the Standardized Emergency Management System by providing such assistance as possible without compromising each County's own jurisdiction's medical/health responsibility; and

WHEREAS, the OES Region I and Region VI Disaster Medical/Health Coordinators, selected in accordance with the OES Region I and Region VI Medical Mutual Aid Plan, are responsible for regional coordination of medical/health mutual aid within OES Region I and Region VI when so requested by an affected County of Region I or VI; and

WHEREAS, each County is desirous of providing to the others a reasonable and reciprocal exchange of emergency medical and health services where appropriate; and

WHEREAS, this Agreement is made and entered into by and between the Counties for those agencies within their respective jurisdictions, both public and private, capable of providing emergency medical and health support; and

WHEREAS, each County has emergency medical personnel, equipment, and supplies which can be made available, in the spirit of cooperation, under this Agreement; and

WHEREAS, each County enters into this Agreement for the prudent use and reimbursement of emergency medical and health services including, but not limited to, personnel, equipment, and supplies utilized in assisting any party participating in this Agreement.

NOW Therefore, it is agreed as follows:

1. The Operational Area Medical/Health Coordinators, the Health Officers, or authorized designee from the affected County within OES Region I or Region VI may request emergency medical health services through the OES Region I or Region VI Disaster Medical/Health Coordination System in accordance with the Region Plan and the Standardized Emergency Management System.
2. Parties to this Agreement shall be financially responsible for those emergency medical and health personnel and supplies, which they request. In responding to the request of an affected County identified in this Agreement or to the region as a whole, each of the assisting Counties shall provide emergency medical and health assistance to the extent it is reasonably available and to meet the needs of the requesting County.

3. Financial responsibility of the requesting parties to this Agreement shall be limited to costs for personnel, supplies, and equipment confirmed by their request for assistance. Accurate records and documents related to mutual aid requests hereunder shall be maintained by both the parties that provide and request mutual aid assistance.

4. Release or reassignment of mutual aid, personnel, supplies, and equipment between the Counties in OES Region I and Region VI, shall be coordinated through the requesting region.

5. Details as to amounts and types of assistance available, methods of dispatching same, communications during the mutual aid event, training programs and procedures, and the names of persons authorized to send and receive such requests, together with lists of equipment and personnel which may be utilized, shall be developed by the Health Officers of each County. Such details shall be provided to the signatories of this document.

6. The requesting County is the controlling authority for use of emergency medical and health within its jurisdiction. In those instances where the assisting operational area providers arrive on scene before the jurisdictional area, the assisting personnel will take the necessary action dictated by the situation.

7. Within one hundred eighty days (180) following its provision of services and supplies for a disaster or calamity, an assisting County shall present its billing and a precise accounting of its costs for the incident to the requesting County. The requesting County shall pay this billing within ninety (90) days of its receipt unless other arrangements are made between the assisting and requesting Counties.

8. Any party to this Agreement may terminate its participation in this Agreement upon ninety (90) days advance written notice to the other parties.

9. The requesting County agrees to indemnify and hold harmless the assisting County and their authorized agents, officers, volunteers and employees against any and all claims or actions arising from the requesting County's negligent acts or omissions and for any costs or expenses incurred by the assisting County or requesting County on account of any claim thereof. The assisting County agrees to indemnify and hold harmless the requesting County and their authorized agents, officers, volunteers and employees against any and all claims or actions arising from the assisting County's negligent acts or omissions on account of any claim thereof.
10. The body of this Agreement expresses all understandings of the parties concerning all matters covered and shall constitute the total Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees.

No change or revision shall be valid unless made in the form of a written amendment to this Agreement, which is formally approved and executed by all the participating parties.

11. This Agreement shall in no way affect or have any bearing on any preexisting mutual aid contracts between any of the Counties for fire and rescue services. To the extent an inconsistency exists between such contract and this Agreement, the former shall control and prevail.

12. This Agreement does not relieve any of the Counties from the necessity and obligation of using its own resources for furnishing emergency medical and rescue services within any part of its own jurisdiction. An assisting County's response to a request for assistance will be dependent upon the existing emergency conditions with its own jurisdiction and the status of its resources.

13. This Agreement shall not be construed as, or deemed to be an agreement for the benefit of anyone not a party hereto, and anyone who is not a party hereto shall not have a right of action hereunder for any cause whatsoever.

14. Notices hereunder shall be sent by first class mail, return receipt requested, to the Operational Area Disaster Medical Health Coordinator who represents the various signatory agencies.

IN WITNESS WHEREOF, the Board of Supervisors of each County has caused this Agreement to be subscribed on their behalf by their respective duly authorized officers, on the day, month, and year noted.
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IN WITNESS WHEREOF, the Board of Supervisors of each County has caused this Agreement to be subscribed on their behalf by their respective duly authorized officers, on the day, month, and year noted.
IN WITNESS WHEREOF, the parties hereto have executed this contract.

COUNTY OF IMPERIAL

By ____________________________
Bill Cole, Chairman
Board of Supervisors

Date: 8/26/90
IN WITNESS WHEREOF, the parties hereto have executed this contract.

COUNTY OF INYO

By Linda Arcularius,

Chairman, Board of Supervisors

Date: September 2, 1997
IN WITNESS WHEREOF, the parties hereto have executed this contract.

COUNTY OF LOS ANGELES

By: Mark Pinucane
Director of Health Services

Date: __________________

APPROVED AS TO FORM:
BY THE OFFICE OF COUNTY COUNSEL
DE WITT W. CLINTON

By: __________________
Deputy

Date: October 27, 1997

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By: __________________
Acting Chief, Contracts and Grants
Division

Date: October 24, 1997
IN WITNESS WHEREOF, the parties hereto have executed this contract.

COUNTY OF MONO

By: Tom Farnetti, Chairman
   Board of Supervisors

Date: Nov 12, 1997
IN WITNESS WHEREOF, the parties hereto have executed this contract.

Date: 10-2-97

By: 

[Signature]
Program Director
Emergency Medical Services
Orange County Health Care Agency

Date: 10/1/97

By: 

[Signature]
Medical Director
Emergency Medical Services
Orange County Health Care Agency

Date: 10/2/97

By: 

[Signature]
Health Officer
County of Orange

Date: OCT 2 1 1997

By: 

[Signature]
Chair William E. Steiner
Orange County Board of Supervisors

Attest:

[Signature]
Alvin Davidoff
Deputy Clerk
County of Orange

Date: 10/21 1997
IN WITNESS WHEREOF, the parties hereto have executed this contract.

COUNTY OF RIVERSIDE

By Robert Buster, Chairman
Board of Supervisors

GERALD A. MALONEY
CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

Date: 10/29/87 3.31
SAN BERNARDINO COUNTY

IN WITNESS WHEREOF, the parties hereto have executed this contract.

COUNTY OF SAN BERNARDINO

By: [Signature]

Jerry Edes
Fifth District
Chairman, Board of Supervisors

Date: AUG 2 6 1997

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD.

[Signature]
CAROLINE STROMAT
Chief of the Board of Supervisors
to the County of San Bernardino

[Signature]
Deputy

BOARD OF SUPERVISORS
SAN BERNARDINO COUNTY C1
INTER-REGION COOPERATIVE AGREEMENT
FOR EMERGENCY MEDICAL AND HEALTH DISASTER ASSISTANCE

COUNTY OF SAN DIEGO

ROBERT K. ROSS, M.D.
(Printed Name)

Director, Department of Health Services
(Title)

by [Signature]
Date: 2/13/97

Asst. Di.
IN WITNESS WHEREOF, the County of San Luis Obispo has executed this Contract on the date set forth below.

APPROVED AS TO FORM AND LEGAL EFFECT

JAMES B. LINDBOLM, JR.
County Counsel

By: Warren R. Jensen
Deputy County Counsel

Date: May 30, 1997

COUNTY OF SAN LUIS OBISPO

By: Saul E. Steinberg
Chairperson, Board of Supervisors

Authorized by Board Action on JUL 08 1997

ATTEST:

JULIE RODEWALD, County Clerk and Ex-Officio Clerk of the Board of Supervisors

By: Cherie Gray
Deputy Clerk

Date: 7-10-97
IN WITNESS WHEREOF, the parties hereto have executed this contract.

By: Tom Urbanske, Chair  
DATE: October 14, 1997

APPROVED AS TO FORM:  
SANTA BARBARA COUNTY  
HEALTH CARE SERVICES

By: Roger E. Heroux, Director  
DATE: 9/29/97

APPROVED AS TO FORM:  
STEPHEN SHANE STARK  
COUNTY COUNSEL

By: Deputy County Counsel  
DATE: 9/26/97

APPROVED AS TO FORM:  
CHARLES MITCHELL  
RISK MANAGEMENT

By: Charles Mitchell  
DATE: 9/24/97

ATTEST:  
MIKE BROWN  
CLERK OF THE BOARD  
COUNTY OF SANTA BARBARA

By: Joanna Bieber  
DATE: October 14, 1997

APPROVED AS TO FORM:  
ROBERT W. GEIS, C.P.A.  
AUDITOR - CONTROLLER  
COUNTY OF SANTA BARBARA

By: Deputy  
DATE: 9/24/97
IN WITNESS WHEREOF, the parties hereto have executed this contract.

Date: 10/9/97

By: [Signature]
Administrator
Emergency Medical Services
County of Ventura

Date: 10/14/97

By: [Signature]
Medical Director
Emergency Medical Services
County of Ventura

Date: 10/3/97

By: [Signature]
Health Officer
County of Ventura

Date: 9/9/97

By: [Signature]
Chair
Board of Supervisors
County of Ventura

Attest:

RICHARD D. DEAN, County Clerk
County of Ventura, State of California
and ex officio Clerk of the Board of Supervisors

By: [Signature]
Deputy Clerk
County of Ventura

Date: 9/26/97
State Emergency Plan May 1998

MAP 1

California Governor’s Office of Emergency Services
Administrative Regions and Mutual Aid Regions

[Map of California showing regions]