American Indian Health Commission
For Washington State

# MUTUAL AID OPERATIONS AND DEPLOYMENT GUIDE

## For Tribes and Local Health Jurisdictions in Washington State

**Revised 7/25/17**

Mutual Aid Operations and Deployment Guide for Tribes And Local Health Jurisdictions in Washington State ("Mutual Aid Guide" or "MAG") is developed in conjunction with the Mutual Aid Agreement for Tribes and Local Health Jurisdictions in Washington State and the Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement.

# Table of Contents

**MUTUAL AID GUIDE OVERVIEW** ..... 3
Preparation ..... 4
Invoking Assistance and Responding to a Request for Assistance ..... 4
Deployment and Coordination ..... 5
Demobilization ..... 5
Reimbursement ..... 5
**IMPORTANT MUTUAL AID REMINDERS** ..... 6
**HOW TO USE THIS MUTUAL AID GUIDE** ..... 7
Completion of Checklists. ..... 7
Amendments to the Mutual Aid Guide. ..... 7
Referring to the Mutual Aid Agreement. ..... 7
Regular Exercises and Training. ..... 7
**PART ONE: CHECKLIST TO BE COMPLETED BEFORE PUBLIC HEALTH INCIDENT/EMERGENCY** ..... 8
Groundwork ..... 8
**PART TWO: CHECKLISTS TO BE COMPLETED DURING PUBLIC HEALTH INCIDENT/EMERGENCY** 11
Completion of the Tribal-Public Health Mutual Aid Request Form ..... 11
Deployment and Coordination ..... 16
Demobilization ..... 21
Reimbursement ..... 23
**APPENDIX A: MUTUAL AID REQUEST CONTACTS** ..... 26
**APPENDIX B: PUBLIC HEALTH EMERGENCY LAWS AND CODES** ..... 28
**APPENDIX C: MODEL TRIBAL RESOLUTION** ..... 30
**APPENDIX D: MODEL PUBLIC HEALTH JURISDICTION RESOLUTION** ..... 31
**APPENDIX E: PRE-DEPLOYMENT BRIEFING FORM (3-PART NCR FORM)** ..... 32
**APPENDIX F: RESPONDING PARTY PERSONNEL DEMOBILIZATION FORM** ..... 45
**APPENDIX G: LIST OF ACRONYMS** ..... 48
**APPENDIX H: DEFINITIONS** ..... 49

## MUTUAL AID GUIDE OVERVIEW

No jurisdiction possesses all the resources needed to cope with every possible public health incident, emergency or disaster. Intergovernmental coordination is essential for the protection of lives and for best use of available assets. Mutual Aid is the sharing of supplies, equipment, personnel, and information across political boundaries. A Mutual Aid Agreement is an important tool for the sharing of resources among one or more jurisdictions during a public health emergency or public health incident.

In 2010, several local health jurisdictions and tribes executed the Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement. In 2017, several other tribes and local health jurisdictions executed the Mutual Aid Agreement for Tribes and Public Health Jurisdictions in Washington State. The intent of these agreements is to make equipment, personnel and other resources available to other parties to the agreements. The agreements provide for mutual assistance among the parties in the prevention of, response to, and recovery from, any public health emergency. Parties to the agreements may also provide or receive day-to-day public health services, isolation and quarantine public health services, or any other public health service permitted by law.

In order to operationalize the Agreement, the Parties have developed the Mutual Aid Operations and Deployment Guide for Tribes and Local Health Jurisdictions in Washington State (Mutual Aid Guide). The Mutual Aid Guide establishes best practices for mutual aid in the form of checklists and other resources, and is used only after a party(ies) have determined that circumstances exceed or potentially exceed the capability of one or more parties to the above-referenced agreements.

To assure effective coordination among partners during a response, all parties should utilize the Incident Command System (ICS.) All individuals who may play a role in responding to a public health incident or emergency should be trained and fully competent to operate within ICS. At minimum, each party should assure that all individuals listed on the Mutual Aid Guide Contacts List have completed training in:

- **IS-100 Introduction to the Incident Command system**
- **IS-200 ICS for Single Resources and Initial Action Incidents**
- **IS-700 National Incident Management System (NIMS) – An Introduction**
- **IS-800 National Response Framework – An Introduction**

The parties to this Agreement should incorporate the Mutual Aid Agreement and Mutual Aid Guide into their existing comprehensive emergency management plan (CEMP). The parties should also provide ongoing training on the Mutual Aid Agreement and Mutual Aid Guide, and include them in at least one exercise every year. Training and exercising mutual aid protocols, in advance of a public health incident, emergency or disaster, will enhance the efficiency and effectiveness of each responding party.

This section provides an overview of five important elements of mutual aid: (1) Preparation; (2) Invoking Assistance; (3) Coordination and Deployment; (4) Demobilization; and (5) Reimbursement. This Mutual Aid Guide is organized around these five elements.

## Preparation

Part One of the Mutual Aid Guide outlines the first steps to implementing mutual aid. All parties to the Agreement should complete these necessary steps on or before executing the Mutual Aid Agreement, and assure that information is updated as soon as changes occur. For example, all parties need to designate an authorized representative(s) and provide their contact information to the other parties utilizing the Contact Form found in **Appendix A** **(page 26)**. The authorized representative(s) is(are) the only individual(s) with authority to request assistance from or grant assistance to another party under the Mutual Aid Agreement.

Although rare, due to the nature of some public health incidents and other emergencies, an impacted party may find it beneficial to temporarily grant authority to a public health officer outside their jurisdiction. When an incident or emergency occurs, impacted parties need to consider whether they choose to temporarily grant authority to a public health officer outside their jurisdiction, and what will be the parameters for such a grant of authority. Drafting a template resolution for the grant of authority, and having it available when incidents occur, will allow for minimum effort in composing a specific resolution during an incident. **Appendix C: Model Tribal Resolution** **(page 30)** includes example wording.

All parties should develop a comprehensive set of laws and codes related to public health and other emergencies. The nature of public health incidents and other emergencies may require a public health code(s) to provide the legal basis for the response. Where there are gaps, an impacted party may need to temporarily adopt certain public health codes from another jurisdiction during a public health incident. The parties should review their current public health codes to determine if any gaps exist with their own laws and complete **Appendix B: Public Health Emergency Laws and Codes** **(page 28)**. Identifying which public health codes are in place, and which ones may need to be temporarily adopted will facilitate the decision process for temporary code adoption during an incident. Example wording for the temporary adoption of public health codes is included in **Appendix C: Model Tribal Resolution** **(page 30)**.

Finally, all parties should agree on how the parties will share, update and access important documents including the Mutual Aid Agreement, the Mutual Aid Guide, and the Contact Form, the Mutual Aid Request Form, etc. The American Indian Health Commission is hosting password protected share sites for parties to the agreements. For password and access information to the share sites, please contact: **AIHC.Webmaster@outlook.com**.

## Invoking Assistance and Responding to a Request for Assistance

When a public health incident occurs, a party or parties should determine whether to request assistance from another party. Part Two of the Mutual Aid Guide provides a checklist for a requesting party to make that request from another party(ies) to the Mutual Aid Agreement. Part Three provides a checklist for a party to complete when responding to a request for assistance. This includes providing cost estimates for assistance offered.

## Deployment and Coordination

To protect employees and property and minimize liability, parties need to ensure actions are taken when deploying personnel to respond to a public health incident at another jurisdiction. Likewise, a party requesting assistance from another jurisdiction should take steps to protect the safety and well-being of their community members and staff when another jurisdiction's personnel arrive on their lands. Parties should address the processes for providing food and transportation and receiving personnel, equipment, and materials. Part Two and Part Three provide checklists for both the requesting party and responding party to complete prior to coordination and deployment of personnel, equipment, and materials.

## Demobilization

The Mutual Aid Guide provides a process for return of personnel, equipment, and material to the responding party's jurisdiction. Part Two and Part Three provide checklists for both the requesting party and responding party to complete prior to demobilization of personnel, equipment, and materials.

## Reimbursement

The Reimbursement Checklists found in Part Two and Part Three of the Mutual Aid Guide detail a process for determining reimbursement amounts for resources and personnel. Completion of the checklists in Part Two and Part Three are essential to ensuring a party(ies) can pursue reimbursement from federal and/or state resources, and if necessary, from other parties to the Agreement.

## IMPORTANT MUTUAL AID REMINDERS

1. **Ask for Help and Offer Help Early**. Jurisdictions that need assistance usually wait too long to ask for help. For this reason, all parties are encouraged to reach out and offer assistance to other Parties affected by an incident before being asked. All Parties are encouraged to accept assistance from and/or coordinate with other Parties as early as possible during an event.
2. **You Don't Need to Know All the Solutions to Ask for Help**. Identifying exactly what type of assistance is needed takes time. Ask for assistance early, even if you don't know the specific resources or aid that you need. Responding Parties can assist in determining what type of assistance is appropriate and available.
3. **Responding Parties Can Withhold or Withdraw Assistance as Needed**. A responding member jurisdiction may exercise discretion in withholding or withdrawing requested assistance at any time and for any reason.

## HOW TO USE THIS MUTUAL AID GUIDE

**Completion of Checklists.** The Mutual Aid Guide contains several checklists to be completed by all parties.

- **Part One** of the Mutual Aid Guide is a checklist that establishes important steps for **ALL** parties to complete ***prior*** to a public health incident.
- **Part Two** provides a checklist for the **Requesting Party** and **Responding Party** to complete ***at the time the public incident or emergency occurs***.

Using the checklists provided, the Requesting AND Responding Parties should complete the Tribal-Public Health Mutual Aid Request Form to execute the Mutual Aid process.

Although the checklists are designed to be in a somewhat logical order, each incident and each Party's processes are unique. Parties may need to complete checklist items in a different order, not complete some items, and/or complete additional actions not listed. Many items will need to be worked on simultaneously.

**Amendments to the Mutual Aid Guide.** The Parties may review and amend this Mutual Aid Guide, as deemed necessary. However, changes to the Mutual Aid Guide should be consistent with the Mutual Aid Agreement. Inconsistencies or conflicts between this Mutual Aid Guide and the Mutual Aid Agreement, if any, should be resolved in favor of the Mutual Aid Agreement.

**Referring to the Mutual Aid Agreement.** The Parties should refer to the Mutual Aid Agreement for issues not addressed in the Mutual Aid Guide. Definitions of terms found within the Mutual Aid Guide may also be provided in the Mutual Aid Agreement.

**Regular Exercises and Training.** The Parties should incorporate this Mutual Aid Guide into their regular exercises and trainings. The Mutual Aid Agreement and Mutual Aid Guide should be exercised at least once per year.

## PART ONE: CHECKLIST TO BE COMPLETED **BEFORE** PUBLIC HEALTH INCIDENT/EMERGENCY

### Groundwork

The following steps are part of preparing to execute the Mutual Aid Agreement. These steps should be taken immediately upon signing the Agreement, to assure the foundational elements needed to successfully execute the Agreement are in place.

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| 1.1 | **Create an Online Mutual Aid Agreement Share Site.** Parties should agree upon an online site location (e.g. Dropbox, site hosted by a state agency, site hosted by one of the Mutual Aid Agreement parties, etc.) for storing documents related to the Mutual Aid Agreement; for example: the most recent Mutual Aid Agreement, Mutual Aid Guide, Tribal-Public Health Mutual Aid Request Form, Contacts Lists, Parties' Emergency Operations Plans, and other related documents. The American Indian Health Commission is hosting password protected share sites for parties to the agreements. For password and access information to the share sites, and to upload and/or update information on the Share Site, please contact: AIHC.Webmaster@outlook.com. (The share sites can be accessed at: http://www.aihc-wa.com/aihc-health-projects/tribal-public-health-mutual-aid/) | Requesting Party ☐ | Responding Party ☐ |
| 1.2 | **Update the Online Mutual Aid Agreement Share Site Regularly.** Parties should agree upon individuals responsible and procedures for updating the Online Mutual Aid Agreement Share Site on a continuous basis. Share site information must be submitted for posting to: AIHC.Webmaster@outlook.com. | Requesting Party ☐ | Responding Party ☐ |
| 1.3 | **Assure Key Personnel Have Access to Online Mutual Aid Agreement Share Site.** Every partner should develop internal processes to assure all personnel and other authorized individuals who may need access to the share site have the password. If a partner experiences difficulties accessing the share page, support is available via email at AIHC.Webmaster@outlook.com or via phone at 206.949.3541.<br>The Online Mutual Aid Agreement Share Site password is: | Requesting Party ☐ | Responding Party ☐ |
| 1.4 | **Designate Mutual Aid Agreement Authorized Representatives.** The Authorized Representative is the person or persons designated by each Party to request assistance from or grant assistance to another Party. Each party should decide the individual or individual(s) who will serve as Authorized Representative(s), and whether that person is an employee, elected official, or otherwise authorized individual. Each Party should assure this role is reassigned when there is staff or government turnover, and should update their Contacts List (see Appendix A, page 26) on the Online Mutual Aid Agreement Share Site, per agreed procedures. | Requesting Party ☐ | Responding Party ☐ |
| 1.5 | **Create a Contact List.** Each Party should create, post on the Mutual Aid Agreement Share Site, and maintain current a Contacts List (see Appendix A, page 26) of key individuals. This list should be maintained year-round; before, during, and after incidents. Lists should include contact details (e.g., name, title, email address, fax number, phone numbers, etc.) Each organizational structure is unique - every partner should include, at minimum, the contacts that serve in the following roles, regardless of title.<br>For Tribes:<br>• Tribal Chair<br>• Tribal Health Director<br>• Tribal Public Health Emergency Coordinator<br>• Tribal Medical Director and/or Clinic Manager<br>• Tribal Emergency Manager | Requesting Party ☐ | Responding Party ☐ |

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| | • Contact for Parties to Submit Aid Requests to the Tribe<br>• Contact for Submitting Invoices to Tribe<br>For Local Health Jurisdictions (LHJs):<br>• Local Health Officer<br>• Local Emergency Response Coordinator<br>• Regional Emergency Response Coordinator<br>• Contact for Parties to Submit Aid Requests to the LHJ<br>• Contact for Submitting Invoices to the LHJ | | |
| 1.6 | **Complete ICS Training.** To assure effective coordination among partners during a response, all parties should utilize the Incident Command System (ICS). All individuals who may play a role in responding to a public health incident or emergency should be trained to operate within ICS. At minimum, each party should assure that all individuals listed on the Mutual Aid Guide Contacts List have completed training in:<br>• IS-100 Introduction to the Incident Command system<br>• IS-200 ICS for Single Resources and Initial Action Incidents<br>• IS-700 National Incident Management System (NIMS) – An Introduction<br>• IS-800 National Response Framework – An Introduction | Requesting Party<br>☐ | Responding Party<br>☐ |
| 1.7 | **Complete Training on Universal Precautions.** To assure safety, all Responding Personnel should be required to practice universal precautions in all response activities, as appropriate. Each Party should assure that all individuals who may play a role in responding to a public health incident or emergency are trained to practice universal precautions when deployed. Responding Personnel who are unable to attest competency in universal precautions should be denied deployment. | Requesting Party<br>☐ | Responding Party<br>☐ |
| 1.8 | **Complete Public Health Emergency Laws and Codes Chart (Appendix B) and Post on Online Mutual Aid Agreement Share Site.** In anticipation of and prior to activating this Mutual Aid Guide, the Parties should consult with one another as to whether each tribal government party has adopted tribal codes related to specific public health emergency responses. The Tribal Parties should consider what specific laws, including but not limited to Washington State statutes and regulations, each tribal government may adopt temporarily for the purpose of taking action and responding to an emergency. To facilitate this process, each Party should complete the Public Health Emergency Laws and Codes Chart (Appendix B, page 28) and post it on the Online Mutual Aid Agreement Share Site. It is strongly recommended that Tribal partners develop and implement a comprehensive set of tribal public health codes. | Requesting Party<br>☐ | Responding Party<br>☐ |
| 1.9 | **Draft Template Resolution Granting Temporary Authority to a Public Health Officer and Adoption of Public Health Law(s).** During a public health incident or emergency, a jurisdiction may temporarily grant authority to a public health officer outside their jurisdiction. If a jurisdiction does not have a public health code to address the particular public health incident or emergency, the jurisdiction can also temporarily adopt another jurisdiction's public health codes. Each Tribe should create a template Resolution Granting Temporary Authority to a Public Health Officer and Adoption of Public Health Law(s). (See Appendix C, page 30) This will allow for minimum effort in composing a specific resolution during an incident. A list of public health laws a Tribe may choose to adopt temporarily is in Appendix B, page 28. | Requesting Party<br>☐ | Responding Party<br>☐ |
| 1.10 | **Execute Local Health Jurisdiction Resolutions Establishing Authority to Accept Tribal Grants of Authority.** The Boards of Health governing the Party Local Health Jurisdictions have adopted resolutions establishing their respective health officer's authority to accept tribal grants of authority under the Mutual Aid Agreement and posted copies of the executed resolutions on the Online Mutual Aid Agreement Share Site. (An example resolution is provided in Appendix D, page 32.) | Requesting Party<br>☐ | Responding Party<br>☐ |

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| 1.11 | **Determine Procedures for Reporting Personnel Injury/Death Incident.** The parties should determine which personnel injury/death incident forms they will utilize and the process for reporting incidents involving their Responding Personnel.<br><br>NOTE: Each party shall provide for the payment of Worker's Compensation benefits to its own injured personnel and/or to representatives of its own personnel in case such personnel sustain injuries or are killed while rendering aid under the Mutual Aid Agreement, in the same manner and on the same terms as if the injury or death were sustained within its own jurisdiction. | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |
| 1.12 | **Develop Capacity to Issue Mission-Specific Responder ID Badges.** To facilitate easy identification by members of the public and other responders during an incident, the Requesting Party should provide ID badges specific to each Mission for all responders. | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |
| 1.13 | **Identify Potential Staging Areas to Receive and Locate Resources.** The parties should identify potential staging areas to receive and locate human and other resources requested from the Responding Party(ies.) | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |
| 1.14 | **Provide copy of MAA and MAG to Workers Compensation and Liability Insurance carriers.** Each Party should provide a copy of the MAA and MAG to its Workers Compensation and Liability Insurance carriers and clarify coverage. | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |
| 1.15 | **Schedule Annual Mutual Aid Agreement Training and Simulation Exercises and Share Site Updates.** Parties should coordinate and collaborate to provide, at minimum, one annual training opportunity and one exercise to maintain staff competency and understanding of the Mutual Aid Agreement. Parties should exchange their emergency preparedness plans, and other documents that may be beneficial in preparing the Responding Party personnel to respond to a request for Mutual Aid Assistance. Exercises should be designed to test response capabilities, as well as testing this Mutual Aid Guide. Hotwash and After Action Report should identify gaps in response capabilities as well as needed changes to this Mutual Aid Guide. Corrections should be implemented as soon as possible. Share Site information should be reviewed regularly and at the annual training/exercise, to assure accuracy. Updates should be submitted to the share site host at: AIHC.Webmaster@outlook.com. | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |
| 1.16 | **Develop Time Tracking Forms for Responding Personnel.** Thorough and detailed tracking of Responding Personnel's time is essential for reimbursement. The Requesting Party and the Responding Personnel should record on a shift-by-shift basis time sheets and/or daily logs showing hours worked. During deployment, tracking of time is maintained by both Requesting Party and Responding personnel to maximize accuracy. All Parties should develop forms and instructions to track time. Use of one consistent form by all Parties is optimal, however, Parties may need to use different forms. Time tracking forms should be posted on the Share Site. (See ICS Form 214) | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |

## Forms that apply to this section include:

1. Mutual Aid Request Contacts (See Appendix A)
2. Public Health Emergency Laws and Codes (See Appendix B)
3. Draft Tribal Resolution Granting Temporary Authority and Adoption of Public Health Law(s) (See Appendix C)
4. Executed Local Health Jurisdiction Resolution Establishing Authority to Accept Tribal Grants of Authority (See Appendix D)
5. ICS Forms Available Online (Also on Online Mutual Aid Agreement Share Site)

## PART TWO: CHECKLISTS TO BE COMPLETED **DURING** PUBLIC HEALTH INCIDENT/EMERGENCY

| **Completion of the Tribal-Public Health Mutual Aid Request Form**<br>The following steps are part of completing the Tribal-Public Health Mutual Aid Request Form. Each incident is unique, and items listed below may need to be addressed in a different order. It is useful to read through all of Part Two, before beginning completion of the Tribal-Public Health Mutual Aid Request Form. | | | |
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| 2.1 | **Activate Emergency Operations Center or Emergency Coordination Center.** If the Requesting Party has an emergency operations center (EOC) or emergency coordination center (ECC), the Requesting Party may elect to activate it. If the nature of the incident does not call for standing up an EOC or ECC, the Requesting Party should designate a specific point of contact for the Responding Party to coordinate efforts with and provide contact information. | **Requesting Party** ☐ | |
| 2.2 | **Initiate Operation of Incident Command System.** If the Requesting Party has an Incident Command System, the Requesting Party should operate within that system and adhere to the National Incident Management System (NIMS).<br><br>NOTE: Regardless of the nature of the incident, the Finance/Admin Section Chief role should be staffed immediately to assure proper procedures are followed and qualify for third party reimbursement, if available. | **Requesting Party** ☐ | |
| 2.3 | **Request a Mission Number.** A mission number serves as a reference to track all activities involving one particular incident. (Only one mission number is assigned to any incident, regardless of how many jurisdictions are affected.) The mission number is necessary for obtaining certain types of reimbursement and activating emergency responder coverage and worker compensation claims. (See **WAC 118-04** et. seq.) The Requesting Party should request a mission number from the Washington State Emergency Management Division (EMD). To request a mission number, call EMD's 24/7 Alert and Warning Center at (800) 258-5990, or send an email to: **dutyofficer@mil.wa.gov**. Each jurisdiction will have its own policy, process and individual authorized to request a mission number, and should proceed accordingly. | **Requesting Party** ☐ | |
| 2.4 | **Inform Washington State Department of Health (DOH).** The Requesting Party should alert DOH that the Mutual Aid Agreement has been activated, by contacting the DOH 24/7 Duty Officer at 360.888.0838 or via email at **hanalert@doh.wa.gov**. This will facilitate access to additional available resources. | **Requesting Party** ☐ | |
| 2.5 | **Request Mutual Aid Verbally or in Writing.** Ask for help early. Requests for assistance must be made by an Authorized Representative to the Responding Party's Authorized Representative. The request may be verbal or written. Certain requests for assistance may require immediate deployment before completion of the Mutual Aid Request Form. If verbal, the request shall be confirmed in writing using the Mutual Aid Request Form before the Period of Assistance begins, to the extent it is practical but no later than seven (7) days after the initial request for assistance. | **Requesting Party** ☐ | |
| 2.6 | **Receive Initial Request for Assistance or Collaboration - Review and Clarify.** The Responding Party's Authorized Representative should receive the initial request for assistance, confirm with the Requesting Party that it has been received, review it with others at the Responding Party, and clarify any details needed to properly assess whether and/or how the Responding Party will be able to assist, as soon as possible. | | **Responding Party** ☐ |

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| | The Responding Party should begin completing Part 2 of the MAA Form immediately upon receipt of initial request for assistance.<br><br>(The initial request for assistance must be made by an Authorized Representative to the Responding Party's Authorized Representative. The request may be verbal or written. Certain requests for assistance may require immediate deployment before completion of this form. If verbal, the request shall be confirmed in writing using the Mutual Aid Request Form before the Period of Assistance begins, to the extent it is practical but no later than seven (7) days after the initial request for assistance.)<br><br>The Responding Party should confirm or decline assistance ASAP after receiving the initial request. The Responding Party should complete and send Part 2 of the Mutual Aid Request Form to the Requesting Party no later than 7 days after receiving Part 1 of the Form from the Requesting Party.<br><br>**NOTE:** Parties may decide to complete only certain parts of the form immediately and delay completion of other parts of the form such as the cost estimates until a later time but no later than thirty (30) days after the request for assistance. | | |
| 2.7 | **Determine Availability of Resources.** The Responding Party should ascertain whether they have sufficient resources and personnel with needed certifications and/or experience to respond to the request from the Requesting Party, as soon as possible. If the Responding Party is not able to provide assistance, it should notify the Requesting Party immediately, and send Part 2 of the Mutual Aid Request Form declining to offer assistance.<br><br>(The Responding Party may exercise discretion in withholding or withdrawing requested assistance at any time and for any reason. Each Responding Party agrees to give written notice to the Requesting Party within a reasonable period of time before withdrawing such assistance to the extent it is practical.) | | **Responding Party** ☐ |
| 2.8 | **Verify Licensure and Credentialing Requirements of Personnel and Volunteers.** It is the responsibility of the Responding Party to assure that its assistance meets the training and licensing requirements requested by the Requesting Party. Non-tribal Responding Parties should consult with legal counsel, local Emergency Management, and/or Emergency Management Division (EMD) (as needed) to ensure the personnel, volunteers as emergency workers, or covered volunteer emergency workers being sent are properly registered as necessary and meet the licensure and credentialing requirements of the Requesting Party as appropriate pursuant to RCW 38.52 et seq. and WAC 118-04 et seq., and any other applicable statute, regulation or law. | | **Responding Party** ☐ |
| 2.9 | **Verify Emergency Mission Number.** The Responding Party should confirm that the Requesting Party has requested an emergency mission number. (Mission numbers are obtained from Washington State's Emergency Management Division (EMD) by calling EMD's 24/7 Alert and Warning Center at (800) 258-5990, or sending an email to: dutyofficer@mil.wa.gov. Each incident is assigned only one mission number. Parties should exercise caution to avoid incidents being assigned multiple mission numbers.) | | **Responding Party** ☐ |
| 2.10 | **Verify Applicable Public Health Code.** If the Requesting Party is a Tribe, consult as to whether the Tribe has adopted a tribal code related to the specific public health emergency response. Determine if there is a need for the Tribe to temporarily adopt any non-tribal laws and – if yes – what non-tribal laws the Tribe will choose to temporarily adopt. Discuss the appropriate length of time for law adoption given the | | **Responding Party** ☐ |

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| | nature of the public health emergency. Public health codes should be documented using **Appendix B, page 28** and posted on the Share Site. (See 1.1) | | |
| 2.11 | **FOR TRIBAL REQUESTING PARTIES ONLY. Determine the Need to Grant Temporary Authority to Public Health Officer and/or Temporary Adoption of Public Health Codes.** The Requesting Party should make a determination of whether the circumstances call for the granting of temporary authority to another Party, and/or the temporary adoption of another jurisdiction's public health codes. Some key questions include:<br>1. Does the incident require the authority of a Public Health Officer and/or public health code (e.g., isolation and quarantine)? **NOTE:** A Public Health Officer is the legally qualified individual who has been appointed as the health officer for the tribe, county or district public health jurisdiction, whose qualifications are set forth in tribal code or in RCW 70.05.and RCW 70.08 et seq.<br>2. Does the incident require the expertise of a Public Health Officer from another jurisdiction?<br>3. Does your jurisdiction have a public health code that addresses the incident?<br>If you determine that your incident requires the authority of a public health officer or public health code to address the incident, and your jurisdiction lacks either or both, you should complete Section 2.12. If not, move to Section 2.13. | **Requesting Party** ☐ | |
| 2.12 | **FOR TRIBAL REQUESTING PARTIES ONLY. Establish Temporary Authority for Public Health Officer and/or Temporary Adoption of Public Health Code (if applicable).**<br>1. **Execute Tribal Resolution.** If the incident requires the authority of a Public Health Officer and/or public health code and the jurisdiction lacks either or both, the jurisdiction should execute as soon as possible a resolution appointing a Public Health Officer and/or adopting specific public health codes. (See **Appendix C, page 30,** for a model resolution).<br>2. **Submit a Certified Copy to Responding Party.** If a resolution is adopted to grant authority to another jurisdiction's Health Officer and/or to adopt another jurisdiction's code, a certified copy should be provided to the Responding Party.<br>3. **Inform Tribal Members.** If a tribal resolution is adopted to grant authority to a Local Health Officer and/or to adopt another jurisdiction's code, the tribal government should take reasonable and customary steps to inform enrolled tribal and community members of the adoption of the resolution, its scope and duration. | **Requesting Party** ☐ | |
| 2.13 | **Submit the Completed Part 1 of the Tribal-Public Health Mutual Aid Request Form to the Responding Party.** The Requesting Party should submit the completed Part 1 of the Tribal-Public Health Mutual Aid Request Form to the Responding Party, using the Contact List posted on the Share Site as soon as possible, but no later than seven (7) days after the date of the initial request. The Tribal-Public Health Mutual Aid Request Form can be faxed or e-mailed, or mailed between the parties. | **Requesting Party** ☐ | |

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| 2.14 | **Receive and Review Requesting Party's Part 1 of the Tribal-Public Health Mutual Aid Request Form.** The Responding Party should review the completed Part 1 of the Tribal-Public Health Mutual Aid Request form completed by the Requesting Party. | | **Responding Party** ☐ |
| 2.15 | **Complete and Submit Part 2 of the Tribal-Public Health Mutual Aid Request Form to Requesting Party via fax, email, or mail.** The Responding Party should complete Part 2 of the Tribal-Public Health Mutual Aid Request Form and submit it to the Requesting Party, as soon as practical, but no later than seven (7) days after receipt of Part 1 of the Request Form. The Tribal-Public Health Mutual Aid Request Form can be faxed, e-mailed, or mailed between the parties. | | **Responding Party** ☐ |
| 2.16 | **Receive and Review Responding Party's Part 2 of the Tribal-Public Health Mutual Aid Request Form.** The Requesting Party should review the Part 2 pages of the Tribal-Public Health Mutual Aid Request form completed by the Responding Party. | **Requesting Party** ☐ | |
| 2.17 | **Complete Part 3 to Approve the Tribal-Public Health Mutual Aid Request Form and Return to Responding Party.** The form is complete when the Requesting Party approves the form and the Responding Party's cost estimates, signs it and enters the time and date signed in Part 3. Upon the date/time of signature by an Authorized Representative, Part 3 of the Tribal-Public Health Mutual Aid Request Form serves as authorization to deploy resources cited within. The Tribal-Public Health Mutual Aid Request Form can be faxed or e-mailed, or mailed between the parties. (See Sections 2.47-2.54 for additional information on cost reimbursement.)<br><br>If the request includes a granting of authority or temporary adoption of public health code by a Tribe, the Requesting Party Tribe should provide a certified copy of the Tribal Resolution with the completed Request Form.<br><br>**NOTE:** Certain requests for assistance may require immediate deployment before completion of this form. Parties may decide to complete only certain parts of the form immediately and delay completion of other parts of the form such as the cost estimates until a later time. However, this form should be completed within the required timeframes required under Section 2.6. | **Requesting Party** ☐ | |
| 2.18 | **Confirm Receipt of Requesting Party's <u>Completed</u> Tribal-Public Health Mutual Aid Request Form.** A completed form includes approval by the Requesting Party, by completing and signing Part 3 of the form. The Responding Party should confirm receipt of the fully completed form prior to the departure of personnel, equipment, materials, or supplies; and/or, prior to use of services, facilities or other resources.<br><br>**NOTE:** Certain requests for assistance may require immediate deployment before completion of this form. Parties may decide to complete only certain parts of the form immediately and delay completion of other parts of the form such as the cost estimates until a later time. However, this form should be completed within the required timeframes required under Section 2.6. | | **Responding Party** ☐ |
| 2.19 | **Confirm Receipt of Tribal Resolution Designating Authority for Public Health Officer (if applicable).** The Health Officer should notify the Requesting Party Tribe of any decision to decline, withdraw, rescind, or take similar action with respect to the tribal resolution at any time. | | **Responding Party** ☐ |

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| 2.20 | **File Emergency Declarations as Necessary.** File declarations of emergency consistent with your jurisdiction's legal requirements. Filing declarations such as federal declarations of emergency may help your jurisdiction obtain funds to reimburse other jurisdictions who respond to your public health incident or emergency under the Mutual Aid Agreement.<br><br>**Note for tribal jurisdictions only:** Under 42 U.S.C. § 5170 (b)(1), a federally recognized tribal government may: a.) request the President of the United States declare an emergency or major disaster for the tribal government, or b.) choose to be considered as part of a state's declaration request. For further information on when and how to make a tribal emergency declaration go to https://www.fema.gov/frequently-asked-questions-current-process-tribal-governments-request-presidential-declaration. Washington State Emergency Management Division (EMD) may provide additional incident-specific information to determine whether a state or federal declaration may be best. | **Requesting Party**<br>☐ | |

## Forms that apply to this section include:

1. Tribal-Public Health Mutual Aid Request Form
2. **Public Health Emergency Laws and Codes (See Appendix B)**
3. **Draft Tribal Resolution Granting Temporary Authority and/or Adoption of Public Health Law(s) (See Appendix C)**

| Deployment and Coordination | | | |
|---|---|---|---|
| 2.21 | **Initiate Operation of Incident Command System.** The Responding Party understands its resources are expected to operate under the Incident Command System (ICS) and in adherence to the National Incident Management System (NIMS). | | **Responding Party** ☐ |
| 2.22 | **Activate Emergency Operations Center or Emergency Coordination Center.** If the Responding Party has an emergency operations center (EOC) or emergency coordination center (ECC), the Responding Party may elect to activate it. If the nature of the incident does not call for standing up an EOC or ECC, the Responding Party should designate a specific point of contact for the Requesting Party to coordinate efforts with and provide contact information. | | **Responding Party** ☐ |
| 2.23 | **Emergency Operations Plan and Incident Command System Activation.** The Responding Party should determine whether the Requesting Party has an Emergency Operations Plan. If yes, the Responding Party should confirm that the Requesting Party's Emergency Operations Plan has been activated, including the Incident Command System, if applicable. If not, all Parties should establish protocols for communication and coordination, and chain of command. (See **ICS Form 203 and ICS 207**) | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.24 | **Where to Check In - Select and Prepare Most Appropriate Staging Areas to Receive and Locate Resources.** The Requesting Party should select the staging area(s) most appropriate to use for each unique incident to receive and locate human and other resources requested from the Responding Party(ies). (See item 1.12 Above) The Requesting Party should consult and coordinate with the Responding Party(ies) to assure staging areas are adequate. The Requesting Party should provide detailed information regarding the staging areas to the Responding Party(ies.) | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.25 | **Discuss Public Messaging and Risk Communications.** The Requesting Party and Responding Party should discuss and agree on procedures for public messaging and risk communications, including defining responsibilities, authorization, dissemination, etc. | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.26 | **Determine Necessary Personal Protective Equipment (PPE).** The Requesting Party and Responding Party(ies) should consult with each other and, if necessary, with DOH to determine science-based guidelines for PPE needed to protect responders.<br>1. Requesting and Responding Parties should consult with each other to determine jointly the minimum protection level required for PPE. If necessary, all parties should consult with DOH to clarify what PPE are required. The Requesting and Responding Parties should agree on which party will provide PPE.<br>2. The Requesting Party should assure that Responding Party personnel have all required PPE prior to leaving the staging area, and should maintain a record to document that all necessary PPE has been provided to each responder (by the Requesting Party or by the Responding Party) using the Pre-Deployment Briefing Form. (See Appendix E)<br>3. Prior to leaving the staging area, all responding personnel should be required to confirm they have received required PPE and training in universal precautions, and that they agree to practice universal precautions in all response activities. (**See Pre-Deployment Briefing Form, Appendix E**) | **Requesting Party** ☐ | **Responding Party** ☐ |

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| 2.27 | **Determine Necessary Vaccinations and/or Medical Countermeasures.** The Requesting Party and Responding Party(ies) should consult with each other and, if necessary, with DOH to determine science-based guidelines for vaccinations and/or other medical countermeasures (MCM) needed to protect responders.<br>1. Requesting and Responding Parties should consult with each other to determine jointly vaccinations and/or other medical countermeasures (MCM) required. If necessary, all parties should consult with DOH to clarify what vaccinations, other medical countermeasures, other prophylaxis, and/or other medications are required. The Requesting and Responding Parties should agree on which party will provide these.<br>2. The Requesting Party should assure that Responding Party personnel have all required vaccinations, other medical countermeasures, other prophylaxis, and/or other medications prior to leaving the staging area, and should maintain a record to document that all necessary PPE has been provided to each responder (by the Requesting Party or by the Responding Party) using the Pre-Deployment Briefing Form. (**See Pre-Deployment Briefing Form, Appendix E**) | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |
| 2.28 | **Identify Incident-Specific Responder Needs.** Since each incident is unique, the Requesting Party should identify any specific conditions and/or needs and report these to the Responding Party. (For example, in certain areas only one cellular communications carrier provides service; some incident conditions may require responders to bring a sleeping bag, etc.) | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |
| 2.29 | **Travel Arrangements, Transportation, Housing, Sleeping Accommodations, and Food.** The Requesting Party and Responding Party should agree on arrangements for Responding Personnel's food, local transportation, shelter, sleeping accommodations and sanitation.<br>1. **Home Base – Staging Area – Home Base.** The Responding Party should make any travel, transportation, and housing/sleeping arrangements for their personnel and storage for equipment, if needed. The Responding Party can ask the Requesting Party for recommendations.<br>a. **Travel.** Responding Party should make both departure and return travel arrangements for its own personnel, to and from the staging area.<br>b. **Ground Transportation.** The Parties may decide prior to the departure of personnel which party should make ground transportation arrangements, and whether Responding Personnel should need ground transportation to perform their assignments. Additional information may be added to the Tribal-Public Health Mutual Aid Request Form.<br>c. **Housing and Sleeping Accommodations.** The Responding Party is primarily responsible for making housing arrangements for its own personnel. The Parties may decide prior to the departure of personnel which Party should make housing arrangements. Additional information may be added to the Tribal-Public Health Mutual Aid Request Form. | **Requesting Party**<br>☐ | **Responding Party**<br>☐ |

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| | **d. Food.** The Responding Party makes departure and return travel food arrangements for its personnel. (The Requesting Party provides food for all personnel from the time they arrive at the staging area through the end of the Period of Assistance.) Additional information may be added to the Tribal-Public Health Mutual Aid Request Form.<br><br>**2. On Assignment (From Check In to Release).** The Requesting Party should provide food, shelter, sleeping accommodations, and sanitation, as needed, for all personnel from the time they arrive at the staging area through the end of the Period of Assistance. If conditions prevent Requesting Party from adequately providing these, Requesting Party and Responding Party should agree on alternate arrangements. | | |
| 2.30 | **Operational Control of Responding Party Personnel and Resources - Deployment.** Responding Party personnel remain under the control of the Responding Party up to arrival at the Requesting Party's staging area. Upon arrival at the Requesting Party's staging area and check in, control of Responding Party personnel and resources transfers to the Requesting Party. (Clinical supervision for medical personnel provided by the Responding Party will be provided by the Responding Party's Public Health Officer unless the Responding Party's Public Health Officer delegates such supervision and operational control to the Requesting Party's appropriately licensed medical provider, in writing.)<br><br>The Requesting Party is responsible to track accurate time of equipment usage and supplies, and to record accurate time worked for all Responding Party personnel.<br><br>**NOTE:** The rights of ownership of resources or employment such as disposition, compensation, and health benefits remain with the Responding Party. | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.31 | **Perform Responding Party Pre-Deployment Briefing.** The Responding Party should perform a briefing prior to deployment for Responding Party personnel that includes, at minimum, completing the Pre-Deployment Briefing Form (See Appendix E), review of the Form and related information with Responding Personnel, and providing a copy of the Form and related documentation to the Responding Personnel, prior to deployment. The Pre-Deployment Briefing Form should be presented upon Check In to the Requesting Party for completion. (**See ICS Forms 201- 207**) | | **Responding Party** ☐ |
| 2.32 | **Send Written Instructions to Requesting Party for Provided Equipment, Supplies, or Vaccines.** The Responding Party should prepare documentation and instructions needed for using equipment (including licensing requirements), supplies, vaccine storage and administration, or any other resource provided to the Requesting Party, and instructions for returning supplies and equipment (e.g., Medical Countermeasures). **(See ICS Form 218)** These instructions should be sent with the deployed equipment and/or personnel, and attached to **ICS Form 218**. | | **Responding Party** ☐ |
| 2.33 | **Provide List of Deployed Personnel's Names and Licensure/Certification Documents to Requesting Party.** The Responding Party should provide a list of the names of deployed personnel to the Requesting Party prior to their arrival, and assure that, if certification or licensure is required, each deployed person should carry the appropriate documents to the Requesting Party. (**See ICS Forms 204 and 219**) | | **Responding Party** ☐ |

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| 2.34 | **Perform Requesting Party Check-In Briefing.** The Requesting Party should perform a briefing when Responding Personnel arrive at the staging area, using the Pre-Deployment Briefing Form (See Appendix E). This briefing should be completed with all personnel prior to Responding Personnel leaving the staging area and engaging in response activities. (See ICS Form 211) | Requesting Party ☐ | |
| 2.35 | **Maintenance of Records.** The Requesting Party remains responsible for ensuring that the amount and quality of all documentation regarding use of materials, supplies, equipment, facilities, services, and/or related resources is adequate to enable state or federal reimbursement.<br>1. Record of Hours Worked. The Requesting Party and the Responding Personnel should record on a shift-by-shift basis time sheets and/or daily logs showing hours worked. Tracking of time is maintained by both Requesting Party and Responding Personnel to maximize accuracy. Requesting Party and Responding Party should provide Responding Personnel with forms and instructions to track time. (See 1.16 above)<br>2. Materials and Equipment Inventory. The Responding Party is responsible for maintaining documentation regarding purchase and shipment tracking of reimbursable expenses, materials, supplies, equipment and/or related resources for purposes of state or federal reimbursement. The Requesting Party will create and maintain an inventory of materials and equipment received from the Responding Party, track use and consumption, and store the materials and equipment appropriately at all times (e.g., vaccines refrigerated, etc.). (See ICS Form 218)<br>3. The Requesting Party and Responding Party should provide these records to each other as necessary. | Requesting Party ☐ | Responding Party ☐ |
| 2.36 | **Provide Updated Information Regarding Significant Increases or Decreases in Resources Needed and Expense Estimates.** Requesting Party and Responding Party should maintain ongoing exchange of information regarding significant increases or decreases in the resources that are needed, or in the estimated expenses to prevent waste, shortage of resources and unapproved cost overruns. **NOTE:** Reimbursement shall not exceed any monetary limits established by the Requesting Party on the Mutual Aid Request Form if the Requesting Party submits the completed form prior to deployment by the Responding Party. | Requesting Party ☐ | Responding Party ☐ |
| 2.37 | **Seek Extension/Changes of Tribal Grants of Authority If Necessary.** If a tribal resolution is adopted to grant authority to a Local Health Officer and/or to adopt another jurisdiction's code and it appears that the emergency response will exceed the tribal resolution duration, the Tribe should seek extension of the resolution from the tribal council or other authorized tribal decision-maker prior to its expiration. If granted, the Tribe should provide a certified copy of such extension to the Local Health Jurisdiction. | Requesting Party ☐ | Responding Party ☐ |
| 2.38 | **Submit Amendments to Tribal-Public Health Mutual Aid Request Form as Necessary.** Amendments to the Tribal-Public Health Mutual Aid Request Form should be in writing, and agreed between the parties, prior to the departure of supplemental Assistance, or extension of time for provision of Assistance. | Requesting Party ☐ | Responding Party ☐ |
| 2.39 | **Complete Injury/Death Incident Reports of Deployed Responders.** Injuries sustained during response activities should be immediately reported to the on-scene supervisor and Requesting Party's designated contact. All details of the incident should be documented. Parties should follow their own internal policies for claim submittal through their jurisdiction and, if applicable, Washington State Labor and Industries. The Requesting Party should provide injury/death incident reports and physical and/or mental health incident reports related to Responding Party personnel to the Responding Party. | Requesting Party ☐ | Responding Party ☐ |

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| | NOTE: Each party shall provide for the payment of Worker's Compensation benefits to its own injured personnel and/or to representatives of its own personnel in case such personnel sustain injuries or are killed while rendering aid under the Mutual Aid Agreement, in the same manner and on the same terms as if the injury or death were sustained within its own jurisdiction. | | |

**Forms that apply to this section include:**

1. **Appendix E, Pre-Deployment Briefing Form**, page 3**3**
2. **ICS Forms Available Online** (Also on Online Mutual Aid Agreement Share Site)

## Demobilization

The Authorized Representatives and personnel of both parties should demobilize in accordance with the demobilization checklist below. In extraordinary circumstances, e.g., a personal tragedy or disaster in the Responding Party jurisdiction, the Responding Party personnel may demobilize without compliance with the demobilization checklist, but should check with the supervisor and safety officer in the Requesting Party's Incident Command System before departure. If the Incident Command System is not activated or has stood down, personnel should check with the supervisor of the Requesting Party or his/her designee.

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| 2.40 | **Written Request for Early Return of Resources.** If the Responding Party requests return of its Assistance or part of its Assistance before the anticipated return date, then the Responding Party should make a written request to Incident Command in the Requesting Party's jurisdiction for the return of its resources, giving at least 48 hours' notice. If ICS in not activated or has stood down, personnel should send the demobilization request to the supervisor of the Requesting Party or his/her designee. | | **Responding Party** ☐ |
| 2.41 | **Initiate Demobilization Process.** The Requesting Party should initiate the demobilization process when it deems there is no longer need for all or some of the Assistance. If the Requesting Party has an Emergency Operations Plan (EOP), demobilization should occur in accordance with the demobilization protocols of the EOP.<br><br>If the Requesting party does not have established demobilization protocols, the Requesting Party should develop an organized demobilization process in collaboration with the Responding Party. Demobilization begins when either:<br><br>1. In the judgment of the Requesting Party, demobilization of the Assistance, or part of the Assistance, is appropriate; or<br>2. The Responding Party requests the return of its Assistance or part of its Assistance. | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.42 | **Provide Demobilization Check-Out Process for Personnel.** The Requesting Party should implement an organized demobilization check-out process for all responding personnel, using the Responding Party Demobilization Personnel Form. (See Appendix F) The process should be conducted in coordination with Incident Command System (ICS) officers, and the Responding Party. (**See ICS Forms, 219s, 221, 225**) | **Requesting Party** ☐ | |
| 2.43 | **Personnel Demobilization Coordination.** The Requesting Party should coordinate personnel demobilization with Incident Command System officers, and the Responding Party. Responding Personnel should coordinate demobilization with the Incident Command System officers and consult with supervisors regarding the conditions of demobilization. Personnel should complete the Responding Party Personnel Demobilization Form in Appendix F. Responding Party Personnel are expected to participate in a "Hotwash" prior to release. All personnel remain under the control of Incident Command System (ICS) until released. If ICS is not activated or has stood down, personnel should coordinate demobilization with the supervisor of the Requesting Party or his/her designee. | **Requesting Party** ☐ | **Responding Party** ☐ |

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| 2.44 | **Operational Control of Responding Party Personnel - Demobilization.** Responding Party Personnel remain under the control of the Requesting Party until the Requesting Party's release process is complete. Upon full release, control of Responding Party Personnel transfers to the Responding Party during travel and until Responding Party Personnel arrive back at their home or work duty station. | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.45 | **Responding Party Personnel Return to Home.** When released by the Requesting Party, Responding Party Personnel should return directly to their home or work duty station, as appropriate, and demobilization is not complete until the Responding Party personnel arrive back at their home or work duty station. Responding Party Personnel should check in with Responding Party and Requesting Party, upon arrival at their home or work duty station, per established process. **(See Appendix F, page 45)** | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.46 | **Create After-Action Report.** Requesting Party should create an After-Action Report in a timely manner and make it available to all incident participants, when complete. Responding Party Personnel should contribute information to include in the After-Action Report, as requested by the Requesting Party. At minimum, the After-Action Report should address the adequacy of the Mutual Aid process and operational documents (including the Mutual Aid Guide, Mutual Aid Request Form, Share Site, etc.) | **Requesting Party** ☐ | **Responding Party** ☐ |

## Forms that apply to this section include:

1. **Appendix F, Responding Party Demobilization Personnel Form, page 45**

## Reimbursement

All Parties agree to exhaust their rights to reimbursement or other payment from local, state, and/or federal governments. To the extent that any third-party payer, such as the United States Government or the State of Washington, has funds or processes available for reimbursement of a Party's activities under this Agreement, the Parties agree to cooperate fully with one another in submitting any appropriate claim(s) for reimbursement and providing copies of records necessary to submit claims. Notwithstanding the statements within this paragraph, and notwithstanding the exhaustion of remedies to seek reimbursement, the Requesting Party shall have primary and ultimate financial responsibility for payment to the Responding Party or Parties.

The following checklist provides guidance on the process for reimbursement.

| | | | |
|---|---|---|---|
| 2.47 | **Coordinate with Other Party to Meet Reimbursement Requirements.** Both parties should cooperate to meet all local, state, and federal requirements for reimbursement or other funding. The Requesting Party should exhaust their rights to reimbursement or other payment from local, state, and/or federal governments. | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.48 | **Ensure Personnel Compliance with Reimbursement Policies.** Both Parties should ensure their personnel follow their own Party's policies and use their own internal forms related to agency personnel expense reimbursement. | **Requesting Party** ☐ | **Responding Party** ☐ |
| 2.49 | **Determine Per Diem.** The Requesting and Responding Parties should determine whether meals for reimbursement will be paid as actual cost or the GSA per diem rates (**http://www.gsa.gov**). Claims for approved actual cost meals need to be accompanied with receipts and have a direct association with the deployment. | | **Responding Party** ☐ |
| 2.50 | **Document Use of Resources.** The Requesting Party should document use of personnel, materials, supplies, equipment, facilities, services, and/or related resources for state or federal reimbursement, and should provide copies to the Responding Party upon request. Under all circumstances, the Requesting Party remains responsible for ensuring that the amount and quality of all documentation is adequate to enable state or federal reimbursement. | **Requesting Party** ☐ | |
| 2.51 | **Document Damage to Resources.** The Requesting Party should document damage to its own materials, equipment and supplies, as well as damage to those belonging to the Responding Party, using its own agency's incident report forms and reporting process. Incident reports for lost and damaged items should be provided to the Responding Party so that they may be attached to reimbursement claim forms or invoices. | **Requesting Party** ☐ | |
| 2.52 | **Request Invoices from Responding Party and Pay.** The Requesting Party should request invoices from the Responding Party(ies), to be submitted as soon as possible, as costs are incurred. The Requesting Party shall pay the invoice(s) within sixty (60) days after the Requesting Party receives the invoice. | **Requesting Party** ☐ | |
| 2.53 | **Determine Reimbursements to Responding Party.** Reimbursement will be based on costs of personnel, equipment, materials, supplies, facilities, services, and/or related resources pursuant to the Mutual Aid Agreement. If food and lodging is provided to Responding Personnel by the Requesting Party, food and lodging costs for those specific meals and lodging nights should not be eligible for reimbursement to the Responding Party. | | **Responding Party** ☐ |

**NON-EXCLUSIVE EXAMPLES OF ELIGIBLE COSTS**

1. Personnel Costs
   a. Regular time salary, overtime salary, and fringe benefits calculated at the regular rate utilized by a local jurisdiction, political subdivision, or other entity within the Jurisdiction or Tribe, and in accordance with contractual obligations and policies of the Responding Party
   b. Travel time from home of record to place of employment, to include return trip, is not considered eligible for reimbursement
   c. Backfill (interim replacement staff costs) should be agreed upon by both parties prior to the deployment of a resource
2. Travel Costs
   a. Airfare (unless direct billed to the Requesting Party)
   b. Ground transportation costs such as:
      i. Rental vehicles and fuel
      ii. Taxi
      iii. Shuttle
      iv. Parking fees
      v. Toll fees
      vi. Government-owned vehicle mileage (either a per mile mileage rate or the cost of gasoline)
      vii. Personally-owned vehicle mileage (either a locally approved per mile mileage rate or the cost of gasoline)
   c. Lodging (unless direct billed to the Requesting Party)
   d. Meals not otherwise provided by entities of the Requesting Party
      i. The Requesting and Responding Parties should determine whether meals for reimbursement will be paid as actual cost or the GSA per diem rates (**http://www.gsa.gov**); claims for approved actual cost meals need to be accompanied with receipts and have a direct association with the deployment
3. Equipment Costs:
   a. Maintenance and operating costs necessary to operate equipment, vehicles and machinery required to perform the mission
4. Commodity Costs:
   a. Consumables, supplies and materials used for the mission
5. Other Costs:
   a. Reasonable costs to repair or replace equipment damaged during deployment while performing assigned mission; these costs should take into consideration the depreciated value of the equipment and any insurance coverage available for the damage or loss
   b. Costs relating to decontamination of equipment and cleaning of personal protective equipment used in performing the mission
   c. Costs of purchasing and transporting supplies as requested by the Requesting Party
   d. Reasonable costs for maintenance of equipment to pre-deployment condition
   e. Deployed items replacement costs: All destroyed, totaled, contaminated, or otherwise unusable items *that were used on an official fully executed mission* (uniform, turn out gear, etc.) should be considered eligible for replacement and should be documented as such; further, these items should be reported as damaged as soon as known so proper recordkeeping can take place

| | | | |
|---|---|---|---|
| | **EXAMPLES OF INELIGIBLE COSTS**<br>1. Standby hours (time spent waiting for a deployment) is not considered eligible for reimbursement<br>2. Administrative costs associated with pre-deployment and post-deployment functions or other costs incurred by Responding Parties, unless otherwise mutually agreed upon, are not eligible for reimbursement; the intent of the Mutual Aid Agreement is to provide reimbursement for *actual costs incurred during the response*<br>3. Costs for alcohol, tobacco, toiletries, or similar items are not eligible for reimbursement<br><br>*ALL costs incurred by an entity that self-deployed without approval from both participating Parties will be ineligible.* | | |
| 2.54 | **Send Requesting Party Reimbursement Invoices with Required Documentation.**<br><br>1. Responding Party(ies) should send invoices for reimbursement to the Requesting Party no more frequently than every 30 days, or at the end of the Period of Assistance, at its discretion. The Requesting Party should request invoices from the Responding Party(ies), to be submitted as soon as possible, as costs are incurred. The Requesting Party shall pay the invoice(s) within sixty (60) days after the Requesting Party receives the invoice. Responding Party(ies) should attach the following to invoices:<br>a. A copy of the Tribal-Public Health Mutual Aid Request Form with completed sections regarding costs<br>b. Timesheets or other time monitoring records that are signed by an authorized individual from the Requesting Party - Note that time accounting is the responsibility of the Requesting Party<br>c. Timesheets for backfill employees, if agreed upon between the Requesting and Responding parties<br>d. Work records documenting tasks completed<br>e. Payroll documentation<br>f. Travel expense reports and vouchers<br>g. Payroll documentation<br>h. Travel expense reports and vouchers<br>i. Copies of paychecks<br>j. Receipts or invoices for purchased goods<br>k. Other documents that substantiate an authorized incurred cost | | **Responding Party**<br>☐ |

## Forms that apply to this Section include:

1. Tribal-Public Health Mutual Aid Request Form
2. Equipment and resource tracking forms (**See Form ICS 218 and ICS 219s**)
3. Personnel Injury/Death Incident Form (The parties should determine which personnel injury/death incident forms they will utilize and the process for reporting incidents.)
4. **Responding Party Demobilization Personnel Checklist (Appendix F), page 45**

## APPENDIX A: MUTUAL AID REQUEST CONTACTS

Each Party should complete a contact list as provided below. This list should provide the name(s) of each party's Authorized Representative. The Authorized Representative, as defined by the Mutual Aid Agreement or the Mutual Aid Agreement is the person or persons designated by each Party in the Mutual Aid Guide to request assistance from or grant assistance to another Party pursuant to the terms of this Agreement. Each organizational structure is unique; however, every partner should include, at minimum, the contacts that serve in the following roles, regardless of title.

**TRIBE:** _____ **LAST UPDATED:** _____

| **Role/Title** | **First name** | **Last Name** | **Authorized Representative? (Yes/No)** | **Contact Information** (email address, fax number, phone number, etc.) |
|---|---|---|---|---|
| Submit Completed Aid Request Forms to | | | | |
| Submit Completed Invoices to | | | | |
| Tribal Chair | | | | |
| Tribal Health Director | | | | |
| Tribal Public Health Emergency Coordinator | | | | |
| Tribal Medical Director and/or Clinic Manager | | | | |
| Tribal Emergency Manager | | | | |
| | | | | |

**HEALTH JURISDICTION:**_____ **LAST UPDATED:** _____

| **Role/Title** | **First name** | **Last Name** | **Authorized Representative? (Yes/No)** | **Contact Info** (email address, fax number, phone number, etc.) |
|---|---|---|---|---|
| Submit Completed Aid Request Forms to | | | | |
| Submit Completed Invoices to | | | | |
| Local Health Officer | | | | |
| Local Health Director/Administrator | | | | |
| Local Emergency Response Coordinator | | | | |
| Regional Emergency Response Coordinator | | | | |
| Health Care Coalition Lead | | | | |
| | | | | |

APPENDIX B: PUBLIC HEALTH EMERGENCY LAWS AND CODES

TRIBE: _____ LAST UPDATED: _____

**INSTRUCTIONS:** The purpose of this chart is to assist all Parties in identifying existing applicable codes and laws and codes/laws that may need to be adopted during a public health emergency. All Parties should complete this form prior to a public health incident.

**Step One:** Each Local Health Jurisdiction should review codes and laws listed in column 2 (Applicable Code/Law for Local Health Jurisdictions) and add to the list, as appropriate. Once all Party Local Health Jurisdictions have made additions to column 2, the chart will be ready for Party Tribes to complete.

**Step Two:** Each Tribe should complete column 3, by inserting a link to its applicable codes/laws. If the Tribe does not have a code/law in place for the specific scenario and purpose listed in column 1, the Tribe should enter "NONE" in column 3.

**Public Health Emergency Laws and Codes**

| **Potential Applicable Emergency Scenario/Legal Purpose** | **Applicable Code/Law for Local Health Jurisdictions** | **Applicable Code/Law for Tribe (cite code/law or "NONE")** |
|---|---|---|
| **Authority of the local board of health.** | RCW 70.05.060 | |
| **Authority of local health officer.** | RCW 70.05.070 | |
| **Pandemic influenza or any other communicable disease outbreak.** Establishes a list of reportable conditions as well as timelines and procedures for follow-up. Procedures include those for isolation and quarantine, tuberculosis, and sexually transmitted diseases. | RCW 43.20.050<br>WAC 246-100 | |
| **Natural disasters (e.g. earthquakes) or communicable diseases that may affect sanitation.** Establishes rules for burial of dead animals and other sanitation concerns (disposal of human excreta, public building sanitation, etc.). | RCW 43.20.050<br>WAC 246-203 | |
| **Natural disasters (e.g. earthquakes) during which unlicensed food establishments may be serving food to displaced persons or other affected person.** Establishes inspection frequency and performance standards for food service establishments. | RCW 43.20.050<br>WAC 246-215 | |
| **Natural disasters (e.g. earthquakes) which may affect on-site sewage.** Establishes statewide rules for managing on-site sewage. | RCW 43.20.050<br>WAC 246-272 | |
| **Natural disasters (e.g. earthquakes) which may affect water quality at beaches.** Establishes standards for evaluating water quality at recreational shellfish harvesting beaches. | RCW 43.20.050<br>WAC 246-280 | |
| **Natural disasters (e.g. earthquakes) which may reduce or block the public water supply.** Establishes requirements for persons operating a public water supply. | RCW 43.20.050<br>WAC 246-290 | |
| **Natural disasters (e.g. earthquakes) which may affect the safety of public water systems.** Establishes requirements for persons operating small public water systems and requirements for public water systems to establish service areas and coordinate service. | RCW 43.20.050<br>WAC 246-291<br>WAC 246-293 | |
| **Natural disasters (e.g. earthquakes) which may provide unusual solid waste circumstances.** Provides guidance and funding to local health for enforcing solid waste regulations. | RCW 43.21A.080<br>WAC 173-350 | |

| Potential Applicable Emergency Scenario/Legal Purpose | Applicable Code/Law for Local Health Jurisdictions | Applicable Code/Law for Tribe (cite code/law or "NONE") |
|---|---|---|
| **Natural disasters (e.g. earthquakes) which affect drinking water sources.** Establishes authority to act when well, spring, stream, river or lake used for drinking water source is being polluted. | RCW 70.54.010 | |
| **Natural disasters (e.g. volcanic eruption) which affect air quality.** Establishes authority for air pollution program and authorities. | RCW 70.94 | |
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# APPENDIX C: MODEL TRIBAL RESOLUTION

**THE _____ TRIBE**

**_____RESERVATION**

**RESOLUTION # XXXX-XX**

**TEMPORARY GRANT OF AUTHORITY TO _____ COUNTY LOCAL HEALTH OFFICER AND TEMPORARY ADOPTION OF PUBLICH HEALTH CODES/LAWS FOR _____EMERGENCY**

**WHEREAS,** the _____ is the duly constituted governing body of the _____Reservation, Washington as approved [date] by the Under-Secretary of the Interior, and,

**WHEREAS,** under the Constitution and Bylaws of the _____Tribe, the _____ is charged with the duty of protecting the health, security, and general welfare of the _____Tribe and its people; and,

**WHEREAS,** the _____ Tribe is a signatory to the _____ Mutual Aid Agreement (hereinafter MAA) that provides a government-to-government agreement between the _____ Tribe, other tribes in _____ County(ies), and the local health jurisdictions in each county to implement voluntary options to provide or receive aid and assistance for day to day public health services, isolation and quarantine public health services, or any other public health service permitted by law, and the MAA promotes frequent consultation to allow for the free exchange of information, health information, plans, and resource records related to these assistance activities; and,

**WHEREAS,** presently, the _____ Tribe [check one] ☐ has not; ☐ has adopted a public health code(s) to address the Tribe's response to a public health emergency, specifically _____ emergency, therefore, the _____ Tribe wishes to invoke the MAA and respond to _____ emergency; and,

**NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:**

Pursuant to the MAA, the _____ Tribe approves by resolution:

A. **Temporary Adoption of Public Health Codes [DELETE THIS SECTION IF TRIBE ALREADY HAS THE APPLICABLE HEALTH CODE].** The temporary adoption of the specific list of Washington State Laws and Regulations listed below as _____Tribal Law for a _____ period from [date] to [date] for the purpose of taking action and responding to _____ emergency:

***[Insert applicable laws/codes such as those provided below. Existing public health codes should be documented using Appendix B and posted on the Mutual Aid share site. (See 1.1)]***

1. ***RCW 70.05.070 Local Health Officer – Powers and duties; and***
2. ***Isolation and Quarantine (Communicable Diseases) WAC 246-100 thru 246-070, except that for purposes of satisfying due process requirements in WAC 246-100-055, the _____ Tribal Court shall replace the "superior court" for all persons under the Tribe's jurisdiction; and***

The temporary adoption of these laws and regulations shall be followed and enforced within the jurisdiction of the _____ Tribe and shall be applied to all "People on Tribal

Lands" that are under the _____Tribe's jurisdiction. "Tribal lands" shall mean land within the Tribes' Tribal Reservation Boundary, its Tribally-owned trust and fee lands, its Tribal member trust and fee lands, lands governed by any and all of its Tribal settlement agreement(s), and any other tribal or non-tribal lands or buildings under the ownership, leasehold, or other supervision or control of its tribal government or its agents, and collectively, as those lands may be added to or subtracted from, from time to time. "People on Tribal Lands" includes members of the tribe who reside on the Tribe's Tribal lands and all the Tribe's employees, residents, visitors, and guests and all other people on its Tribal lands; and

B. **Temporary Granting of Authority to Public Health Officer [DELETE THIS SECTION IF TRIBE WILL NOT BE GRANTING TEMPORARY AUTHORITY TO A PUBLIC HEALTH OFFICER FROM ANOTHER JURISDICTION].** The Local Health Officer from the _____ Jurisdiction/District is hereby deputized as the _____ Tribe's Health Officer for the sole purpose of taking action set forth in this resolution.

C. The _____ Tribe may withdraw, rescind, or decline this grant of authority or adoption of public health codes or laws at any time in accordance with the Mutual Aid Agreement by providing notice to the _____Health Jurisdiction.

**BE IT FURTHER RESOLVED**

**The Chairman or his designee and other officers of the _____ are hereby** authorized to take any other action necessary to action in support of this resolution.

CERTIFICATION

The foregoing resolutions were duly adopted on _____, 2017, by a vote of the _____ at which a quorum was present, by a vote of ____ for and ____ against, with _____ abstention(s), in accordance with and pursuant to the authority vested in it by the Constitution and Bylaws of the_____ Tribe.

By:

_____

_____, Chairman

Attested to by:

_____

_____, Secretary

## APPENDIX D: MODEL PUBLIC HEALTH JURISDICTION RESOLUTION

**_____ HEALTH JURISDICTION**
**RESOLUTION NO. _____**

**Establishing Health Officer's Authority to Accept Tribal Grant of Authority under Mutual Aid Agreement**

**WHEREAS,** the _____ HEALTH JURISDICTION has entered into the _____ Mutual Aid Agreement (the "Mutual Aid Agreement"); and

**WHEREAS,** under the Mutual Aid Agreement, a party tribal government (TRIBE) may wish to grant a party public health jurisdiction or district (HEALTH JURISDICTION), such as _____ Public Health, public health authority under the terms and conditions contained in the Mutual Aid Agreement; and

**WHEREAS,** either TRIBE or HEALTH JURISDICTION may withdraw, rescind, or decline this grant of authority at any time, subject to the terms and conditions of the Mutual Aid Agreement; and

**WHEREAS,** the Board of Health now wishes to establish the authority of its Health Officer with respect to such potential and actual grants of public health authority by a TRIBE to _____HEALTH JURISDICTION, recognizing that exigent circumstances may require prompt action by the Health Jurisdiction in such instances.

**NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:**

1. Health Officer's Authority. The Board of Health grants to the Health Officer, or his or her designee, the authority and discretion to decline, accept, withdraw, rescind, or take any similar action with respect to actual or potential grants of public health authority by a TRIBE under the Mutual Aid Agreement.

2. Board Affirmation. When reasonably practical to do so, the Health Officer, or his or her designee, will seek at its next regular or special meeting Board of Health affirmation of the Health Officer's decision to decline, accept, withdraw, rescind or take similar action with respect to such actual or potential grants of public health authority; provided, however, that failure to obtain such affirmation shall not in any way terminate or impair the validity or effectiveness of the decision of the Health Officer or his or her designee, subject, however, to Section 4 below.

3. Status Reports to Board. When reasonably practical to do so, the Health Officer, or his or her designee, shall report to the Board periodically, and at least once every 30 days, on the status of any active actual or potential grants of public health authority by a TRIBE under the Mutual Aid Agreement.

4. Ultimate Authority in Board. The Board of Health at all times retains ultimate authority over whether _____ HEALTH JURISDICTION will decline, accept, withdraw, rescind or take any similar action with respect to actual or potential grants of public health authority by a TRIBE under the Mutual Aid Agreement and its determinations in the matter shall be final and conclusive as to all persons and parties; provided, however, that, consistent with the Mutual Aid Agreement, before withdrawing assistance, the Health Jurisdiction will give such notice to the requesting TRIBE as is reasonable under the circumstances as they exist at the time.

ADOPTED this _____ day of _____ 20____.

_____ BOARD OF HEALTH

_____
Chair

## APPENDIX E: PRE-DEPLOYMENT BRIEFING FORM (3-PART NCR FORM)

## Pre-Deployment Briefing

Each incident is unique and will require specific briefing, instructions and preparation. This Pre-Deployment Briefing Form includes sections to be completed by the Responding Party, others to be completed by the Requesting Party, and some sections should be completed by both Requesting and Responding Parties. This form should be completed with copies retained by the Requesting Party, Responding Party and Responding Personnel, prior to the Responding Personnel leaving the staging area. It is recommended for all Parties to print a stock of these forms in 3-part NCR form, to have immediately available. (See ICS Forms 201-215a)

### ASSIGNMENT SUMMARY (RESPONDING PARTY)

| | |
|---|---|
| Mission # | |
| Name of Deploying Personnel | |
| Who to Contact In Case of Emergency During Deployment | |

**Assignment.** This section includes information currently available regarding your assignment. Information may be incomplete, or may change as the incident progresses. Timing and conditions for deployment from the staging area can change.

| | | |
|---|---|---|
| 1. | Jurisdiction Being Deployed To | |
| 2. | Brief Incident Description | |
| 3. | Expected Operating Environment and Conditions | |
| 4. | Assignment Details (See ICS Form 204) | |
| 5. | Address and Location to Check In | |

| | | |
|---|---|---|
| 6. | Name of Person to Report To and Contact Information | |
| 7. | Scheduled Time and Date to Check In | |
| 8. | Expected Duration of Assignment | |
| 9. | Backup Contact Information | Cellular phone communications may not be available. (If specific information regarding cell phone service is available, it should be listed below.) Please provide your family the following contact information, if they have an urgent need to communicate with you while you are deployed. |
| 10. | ☐ | |
| 11. | ☐ | |
| 12. | ☐ | |
| 13. | ☐ | |

## GENERAL PRE-DEPLOYMENT INFORMATION (RESPONDING PARTY)

| **General Information.** This section includes general information currently available regarding deployment. Information may be incomplete, or may change as the incident progresses. Timing and conditions for deployment from the staging area can change. | | |
|---|---|---|
| 14. | ☐ | **Responding Party will continue to be the Responding Personnel's employer even though the personnel will report to someone at the Requesting Party's location -** Responding Party has provided Responding Personnel with copies of personnel policies, procedures, and forms for reporting injuries. |
| 15. | ☐ | Responding Party Personnel remain under the control of the Responding Party up to arrival at the Requesting Party's staging area. Upon arrival at the Requesting Party's staging area and check in, control of Responding Party Personnel and resources transfers to the Requesting Party. (Clinical supervision for medical personnel provided by the Responding Party will be provided by the Responding Party's Public Health Officer unless the Responding Party's Public Health Officer delegates such supervision and operational control to the Requesting Party's appropriately licensed medical provider, in writing). |
| 16. | ☐ | All medical personnel provided by the Responding Party will be under the clinical supervision of the Responding Party's Public Health Officer unless the Responding Party's Public Health Officer delegates such supervision to the Requesting Party's appropriately licensed medical provider - **if Requesting and Responding Parties agree to supervision of Responding Party medical personnel by the Requesting Party's appropriately licensed medical provider, this should be documented in writing and provided to Responding Personnel.** |
| 17. | ☐ | The Requesting and Responding Parties intend to follow the National Incident Management System's (NIMS) "Incident Command System" (ICS) when such system is activated. |
| 18. | ☐ | Each individual's safety is paramount, and he or she can refuse a requested action if his or her health or safety are in imminent risk. |
| 19. | ☐ | Responding Personnel will be covered by Responding Party's Worker's Compensation coverage, and should be provided documentation regarding the nature of the coverage, incident report procedures, etc. |
| 20. | ☐ | Responding Personnel should keep accurate time records, which will be used to request reimbursement from the Requesting Party (or other potential sources of reimbursement), once the emergency has been resolved, if reimbursement is applicable. Responding personnel should be provided a time-keeping form to use. |
| 21. | ☐ | Responding Personnel should keep track of resources they are deployed with, to assure documentation for reimbursement. (**See ICS Form 219**) Responding personnel should be provided a resource tracking form to use. |
| 22. | ☐ | Responding Personnel should be required to practice universal precautions in all response activities. Personnel who have not received training in universal precautions or feel they need additional training should notify Responding Party immediately, prior to deployment. Responding Party may provide Just-In-Time Training or cancel personnel's deployment. |

| | | |
|---|---|---|
| 23. | ☐ | Food. Although it is the responsibility of the Requesting Party to provide food to all personnel, Responding Personnel who have specific food restrictions should bring supplies to meet their needs throughout the duration of the assignment. Responding Personnel should notify the individual conducting pre-deployment briefings immediately, to assure appropriate accommodations regarding storage, refrigeration, etc., can be provided by the Requesting Party. |
| 24. | ☐ | Medications. Responding Personnel should bring sufficient supplies of required medications to cover their assigned deployment. If these require specific storage, refrigeration or other needs, Responding Personnel should discuss this with the individual conducting pre-deployment briefings immediately, to assure appropriate accommodations can be provided by the Requesting Party. |
| 25. | ☐ | Communications. Cellular phone communications may not be available. (If specific information regarding cell phone service is available, it should be listed below.) Responding Personnel should provide their family the following contact information, to use if they have an urgent need to communicate with the deployed personnel. |
| 26. | ☐ | Expenses. Responding Personnel should maintain copies of receipts and other documents evidencing costs incurred. All original receipts for expenses should be labeled as expenses occur for ease of reference, and maintained in a folder throughout deployment. |
| 27. | ☐ | |
| 28. | ☐ | |
| 29.. | ☐ | |
| 30. | ☐ | |

## WHAT TO BRING (RESPONDING PARTY)

| **What to Bring.** Every incident is unique and conditions can change quickly. The following list provides information on some of the items you should take with you on your assignment, based on the information available at this time. This list is not meant to be all-inclusive and needs are expected to change as the response proceeds. | | |
|---|---|---|
| 31. | ☐ | All documentation provided as part of pre-deployment briefings, including but not limited to:<br>• Completed Responding Party Pre-Deployment Checklist (this form)<br>• Responding Party form for tracking hours worked during deployment (timesheet)<br>• Expense/travel reimbursement form<br>• Inventory of equipment and other resources responsible for hand-delivering, if any (**See ICS Form 218**) |
| 32. | ☐ | Identification documents, including but not limited to:<br>• Driver's license or state-issued photo ID<br>• Employer/Agency ID (if applicable)<br>• Professional credentials (if applicable) |
| 33. | ☐ | Sufficient funds and/or personal methods of payment for travel expenses and incidentals for the duration of deployment |
| 34. | ☐ | All equipment and other resources assigned to you for carrying out your assignment and/or to deliver to the Requesting Party, including equipment- and resource-specific documentation and tracking forms (**See Form ICS 218 and ICS 219s**) |
| 35. | ☐ | Food. Although it is the responsibility of the Requesting Party to provide food to all personnel, if you have specific food restrictions, you should bring supplies to meet your needs. Please discuss this with the individual conducting pre-deployment briefings immediately, to assure appropriate accommodations regarding storage, refrigeration, etc. can be provided by the Requesting Party. |
| 36. | ☐ | Medications. Bring sufficient supplies of required medications (prescription and non-prescription) you will need to cover your assigned deployment. If these require specific storage, refrigeration or other needs, please discuss this with the individual conducting pre-deployment briefings immediately, to assure appropriate accommodations can be provided by the Requesting Party. |
| 37. | ☐ | |
| 38. | ☐ | |
| 39. | ☐ | |

| | | |
|---|---|---|
| 40. | ☐ | |
| 41. | ☐ | |
| 42. | ☐ | |
| 43. | ☐ | |
| 44. | ☐ | |
| 45. | ☐ | |
| 46. | ☐ | |
| 47. | ☐ | |
| 48. | ☐ | |
| 49. | ☐ | |
| 50. | ☐ | |

## REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE) (RESPONDING PARTY AND REQUESTING PARTY)

| | | |
|---|---|---|
| **Required Personal Protective Equipment (PPE).** Requesting and Responding Parties have jointly determined the following Personal Protective Equipment (PPE) is required for your assignment. This checklist identifies the required PPE and designates whether the Requesting Party or Responding Party should provide the PPE. Furthermore, it serves as confirmation that Responding Personnel have received PPE provided by the Responding Party and Requesting Party, prior to deployment. This form should be used during the Responding Party's Pre-Deployment Briefing conducted before Responding Personnel initiate travel to the assignment, and during the Requesting Party's Check In conducted before Responding Personnel leave the designated staging area. The form should be completed and signed in full before Responding Personnel leave the designated staging area. | | |
| **Initials of Requesting Party Representative Completing Briefing** | **Initials of Responding Party Representative Completing Briefing** | Requesting and Responding Parties have jointly determined you **DO NOT REQUIRE PPE** for your assignment.<br>(NOTE: If this item is selected, the Responding Party Representative conducting the pre-deployment briefing and the Requesting Party Representative releasing Responding Personnel from the staging area must initial in the boxes to the left, leave boxes below blank, and complete the signature boxes below.) |

| **Check the Party(ies) Responsible for Providing** | | **List and/or Describe Required PPE** |
|---|---|---|
| **Requesting Party** ☐ | **Responding Party** ☐ | |
| **Requesting Party** ☐ | **Responding Party** ☐ | |
| **Requesting Party** ☐ | **Responding Party** ☐ | |
| **Requesting Party** ☐ | **Responding Party** ☐ | |
| **Requesting Party** ☐ | **Responding Party** ☐ | |
| **Requesting Party** ☐ | **Responding Party** ☐ | |

| Requesting Party ☐ | Responding Party ☐ | |
|---|---|---|
| Requesting Party ☐ | Responding Party ☐ | |

| Name of Responding Party Representative Conducting Briefing | | | |
|---|---|---|---|
| Signature | | Date | |

| I understand the above listed PPE is required for my assignment. I acknowledge that I have received all PPE listed above as provided by the Responding Party, and that I have received training on proper use. Upon reporting to the Requesting Party, I will request PPE listed above as provided by the Requesting Party, when I report for duty. I understand that, if I have not received training in any of the assigned PPE or feel I need additional training, I must notify the Requesting Party immediately, prior to leaving the staging area. Requesting Party may provide Just-In-Time Training or cancel my deployment. | | | |
|---|---|---|---|
| Name of Responding Party Personnel Deploying | | | |
| Signature | | Date | |

| Name of Requesting Party Representative Conducting Check In | | | |
|---|---|---|---|
| Signature | | Date | |

| I understand the above listed PPE is required for my assignment. I acknowledge that I have received all PPE listed above as provided by the Requesting Party, and that I have received training on proper use. | | | |
|---|---|---|---|
| Name of Responding Party Personnel Deploying | | | |
| Signature | | Date | |

## REQUIRED VACCINATIONS AND/OR OTHER MEDICAL COUNTERMEASURES (MCM) (RESPONDING PARTY AND REQUESTING PARTY)

**Required Vaccinations and/or Other Medical Countermeasures (MCMs).** Requesting and Responding Parties have jointly determined the following vaccinations and/or other medical countermeasures (MCMs) are required for your assignment. This checklist identifies the required vaccinations and/or other MCMs and designates whether the Requesting Party or Responding Party should provide them. Furthermore, it serves as confirmation that the Responding Party has documentation of any requirement marked as "current". This form should be used during the Responding Party's Pre-Deployment Briefing conducted before Responding Personnel initiate travel to the assignment, and during the Requesting Party's Check In conducted before Responding Personnel leave the designated staging area. The form should be completed and signed in full before Responding Personnel leave the designated staging area.

| ☐ | **Initials of Requesting Party Representative Completing Check In** | **Initials of Responding Party Representative Completing Briefing** | Requesting and Responding Parties have jointly determined you **DO NOT REQUIRE VACCINATIONS AND/OR OTHER MEDICAL COUNTERMEASURES** for your assignment.<br>(NOTE: If this item is selected, the Responding Party Representative and Requesting Party Representative must initial in the boxes to the left, leave boxes below blank, and complete the signature boxes below.) | |
|---|---|---|---|---|
| | **Check the Party(ies) Responsible for Providing** | | **List and/or Describe Required Vaccines** | |
| **Current** ☐ | **Requesting Party** ☐ | **Responding Party** ☐ | **Vaccination or Other MCM** | **Details** |
| **Current** ☐ | **Requesting Party** ☐ | **Responding Party** ☐ | **Vaccination or Other MCM** | **Details** |
| **Current** ☐ | **Requesting Party** ☐ | **Responding Party** ☐ | **Vaccination or Other MCM** | **Details** |
| **Current** ☐ | **Requesting Party** ☐ | **Responding Party** ☐ | **Vaccination or Other MCM** | **Details** |
| **Current** ☐ | **Requesting Party** ☐ | **Responding Party** ☐ | **Vaccination or Other MCM** | **Details** |
| **Current** ☐ | **Requesting Party** ☐ | **Responding Party** ☐ | **Vaccination or Other MCM** | **Details** |
| **Current** ☐ | **Requesting Party** ☐ | **Responding Party** ☐ | **Vaccination or Other MCM** | **Details** |

| Current ☐ | Requesting Party ☐ | Responding Party ☐ | Vaccination or Other MCM | Details |
|---|---|---|---|---|

| I acknowledge that I have verified documentation of all items marked as "current" above. | | | |
|---|---|---|---|
| Name of Responding Party Representative Conducting Briefing | | | |
| Signature | | Date | |

| I understand the above listed vaccinations and/or other MCMs are required for my assignment. I acknowledge that I have received all vaccinations and/or other medical countermeasures listed above as provided by the Responding Party, and that I have received relevant vaccine information sheets and/or drug information sheets. Upon reporting to the Requesting Party, I will request vaccinations and/or other MCMs listed above as provided by the Responding Party, when I report for duty and prior to leaving the staging area. | | | |
|---|---|---|---|
| Name of Responding Party Personnel Deploying | | | |
| Signature | | Date | |

| Name of Requesting Party Representative Conducting Check In | | | |
|---|---|---|---|
| Signature | | Date | |

| I understand the above listed vaccinations and/or other MCMs is required for my assignment. I acknowledge that I have received all vaccinations and/or other medical countermeasures listed above as provided by the Requesting Party, and that I have received relevant vaccine information sheets and/or drug information sheets. | | | |
|---|---|---|---|
| Name of Responding Party Personnel Deploying | | | |
| Signature | | Date | |

## CHECK IN (REQUESTING PARTY)

| **Check In.** Responding Personnel should check in with the Requesting Party and exchange information prior to leaving the staging area. (See ICS Forms 201, 202, 203, 204, 205, 205a, 206, 207, 208, 209, 211, 214, 215, 215a) | | |
|---|---|---|
| 1. | ☐ | **Verify Responding Party Personnel ID.** The Requesting Party should have all Responding Party Personnel sign in and show their agency badges, photo IDs, and any required certification or licensure documentation, when they present for duty. Requesting Party should cross-check personnel who present for duty with the List of Deployed Personnel provided by the Responding Party. |
| 2. | ☐ | **Provide Responder ID Badges.** The Requesting Party should provide ID badges specific to the Mission for all responders, to facilitate easy identification by members of the public and other responders. |
| 3. | ☐ | **Receive equipment and supplies from Responding Party.** The Requesting Party should receive, handle, store and stage all resources received from the Responding Party, according to Responding Party's instructions. Requesting Party should cross-check equipment and supplies with the list provided by the Responding Party. |
| 4. | ☐ | **Provide Training/Orientation.** The Requesting Party should provide overview, orientation, and just-in-time training, as needed, to the Responding Personnel, prior to deploying responders to assignments. Information should include, but not be limited to: details of individual assignments, situational awareness, site maps, etc. |
| 5. | ☐ | **Confirm Arrival of Responding Personnel and Receipt of Resources With Responding Party.** Requesting Party should notify Responding Party, as soon as possible, that Responding Personnel and other resources have arrived. |
| 6. | ☐ | **Provide Instructions on Regular Check-In Procedures.** To assure safety and continuity of command, Responding Personnel will be required to check in with their supervisor(s) on a regular basis, during deployment. Requesting Party will provide instructions to Responding Personnel regarding how and when to check in. |
| 7. | ☐ | |
| 8. | ☐ | |
| 9. | ☐ | |
| 10. | ☐ | |

| | | |
|---|---|---|
| 11. | ☐ | |
| 12. | ☐ | |
| 13. | ☐ | |
| 14. | ☐ | |
| 15. | ☐ | |
| 16. | ☐ | |
| 17. | ☐ | |
| 18. | ☐ | |

| | | | |
|---|---|---|---|
| **Name of Requesting Party Representative Conducting Check In** | | | |
| **Signature** | | **Date** | |

| | | | |
|---|---|---|---|
| **I acknowledge that the above listed Check In actions have been completed and I have received the above listed information.** | | | |
| **Name of Responding Party Personnel Checking In** | | | |
| **Signature** | | **Date** | |

## APPENDIX F: RESPONDING PARTY PERSONNEL DEMOBILIZATION FORM

**Demobilization and Check Out.** The Requesting Party should implement an organized demobilization check-out process for all Responding Personnel. The process should be conducted in coordination with Incident Command System (ICS) officers, and the Responding Party. (See ICS Forms, 214, 219s, 221, 225) Responding Personnel should check out with the Requesting Party and exchange information prior to returning to home base.

The Responding Party Personnel should demobilize in accordance with the demobilization checklist below. Responding Personnel should coordinate demobilization with the Incident Command System officers and consult with supervisors regarding the conditions of demobilization. Personnel remain under the control of Incident Command System (ICS) until released. If ICS is not activated or has stood down, personnel should coordinate demobilization with the supervisor of the Requesting Party or his/her designee.

In extraordinary circumstances, e.g., a personal tragedy or disaster in the Responding Party jurisdiction, the Responding Party Personnel may demobilize without compliance with the demobilization checklist, but should check with the supervisor and safety officer in the Requesting Party's Incident Command System before departure.

| | | |
|---|---|---|
| 1. | ☐ | **Notification.** The Requesting Party should provide notification of the commencement of demobilization to Responding Party Personnel. |
| 2. | ☐ | **Coordination With ICS.** Demobilization should be coordinated with the Incident Command System officers, with supervisors, and with the Responding Party, regarding the conditions of demobilization. |
| 3. | ☐ | **Prepare Responding Party Resources for Return.** The Requesting Party should inventory and document the equipment, materials, or supplies Responding Personnel are transporting back to their home jurisdiction, if any. This includes assessment and documentation of the condition of the equipment, supplies and materials, noting whether used or unused, in good serviceable condition, or damaged. Requesting Party should pack and/or otherwise prepare these resources for safe transport back to the Responding Party. |
| 4. | ☐ | **Completion of Finance, Administrative and Other Documentation.** Before leaving, Responding Party Personnel should check that the Requesting Party's EOC Finance and Administrative Chief has a record of hours worked and that the Requesting Party's record matches Responding Personnel's knowledge of hours worked. |
| 5. | ☐ | **Return Requesting Party Equipment and/or Supplies.** Responding Party Personnel should return equipment and/or supplies that are Requesting Party property. |
| 6. | ☐ | **Hotwash.** Responding Party Personnel are expected to participate in a "Hotwash" prior to release. |
| 7. | ☐ | **Demobilization Briefing.** Responding Personnel should receive from the Requesting Party, through their Incident Command System or supervisor, a demobilization briefing. Responding Personnel can expect to hear about their replacement(s), ongoing missions, completed tasks, outstanding issues, and what responsibility/role the demobilizing Responding Personnel retains in addressing outstanding issues. |

| | | |
|---|---|---|
| 8. | ☐ | **Health and Safety Check.** The Requesting Party's EOC Safety Officer should assess Responding Party Personnel prior to travel to return to home base, to assure they are in good physical and mental condition to travel. NOTE: It is possible that Responding Personnel's departure time may be delayed if they show signs that could impact their safety on the drive home. |
| 9. | ☐ | **Travel Information.** The Responding Party makes return travel arrangements for its personnel, which may include lodging and food. Responding Personnel should keep all receipts for reimbursement, as appropriate. The Requesting Party should assure Responding Party Personnel have received complete travel information, as arranged by the Responding Party, to assure return to home base. |
| 10. | ☐ | **Contact Information to Notify Requesting Party of Arrival at Home Base.** Responding Party Personnel are expected to notify the Requesting Party when they arrive at their home base, at: |
| 11. | ☐ | **Contact Information to Notify Responding Party of Arrival at Home Base.** Responding Party Personnel are expected to notify the Responding Party when they arrive at their home base, at: |
| 12. | ☐ | **After-Action Report.** Once Responding Personnel have returned to home or work duty station, they should develop after-action briefing points and deliver them to the Incident Commander at the Requesting Party. As appropriate, Responding Party Personnel should participate in incident debriefings. |
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|---|---|---|---|
| **Name of Requesting Party Representative Conducting Demobilization Briefing** | | | |
| **Signature** | | **Date** | |

| | | | |
|---|---|---|---|
| **I acknowledge that the above listed demobilization actions have been completed and I have received the above listed demobilization information. I understand that I am responsible for notifying the Requesting Party and the Responding Party, using the above contact information, when I arrive at my home base. Furthermore, I understand that I am responsible for providing information, as needed, to complete recovery efforts and contribute to an After-Action Report.** | | | |
| **Name of Responding Party Personnel Deploying** | | | |
| **Signature** | | **Date** | |

# APPENDIX G: LIST OF ACRONYMS

**BOH:** Board of Health

**DEM**: Department of Emergency Management, located at each county level of government

**DOH:** Washington State Department of Health

**EMD:** The Emergency Management Division, a division in Washington State's Military Department

**EOC or ECC**: Emergency Operations Center or Emergency Coordination Center which are local and state level emergency response centers

**ICS:** Incident Command System

**MAA**: Abbreviation referring to the Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement or the Mutual Aid Agreement for Tribes and Local Health Jurisdictions in Washington State

**MAG**: Abbreviation referring to this Mutual Aid Guide adopted pursuant to the MAA

**PPE**: Personal Protective Equipment

# APPENDIX H: DEFINITIONS

a. **Assistance**: Assistance means personnel and resources provided by a Responding Party in response to a request from a Requesting Party.

b. **Authorized Representative**: The person or persons designated by each Party on the Mutual Aid Request Form to request Assistance from or grant assistance to another Party pursuant to the terms of the Mutual Aid Agreement.

c. **Public Health Officer**: The legally qualified individual who has been appointed as the health officer for the tribe, county or district public health jurisdiction, whose qualifications are set forth in tribal code or in RCW 70.05 and RCW 70.08 et seq.

d. **Mutual Aid**: A prearranged written agreement whereby assistance is requested and may be provided under the terms of the Mutual Aid Agreement between two or more jurisdictions during a public health incident, emergency or disaster, or related to day-to-day public health services, communicable disease outbreak, isolation and quarantine public health services, or any other public health service or action permitted by law.

e. **Mutual Aid Request Form:** The form used between the Responding and Requesting Parties to facilitate requests for mutual aid, estimate reimbursement costs, and assist in proper record keeping.

f. **Operational Control**: Operational control means the limited authority to direct tasks, assignments, and use of assistance provided pursuant to a request for assistance under the Mutual Aid Agreement to address: (a) response, mitigation, or recovery activities related to an emergency; or (b) participation in drills or exercise in preparation for an emergency. "Operational control" does not include any right, privilege, or benefit of ownership or employment such as disposition, compensation, wages, salary, pensions, health benefits, leave, seniority, discipline, promotion, hiring, or firing.

g. **Period of Assistance**: The period of time beginning with the departure of any personnel, equipment, materials, supplies, services, and/or related resources of the Responding Party from any point for the purpose of traveling to provide assistance exclusively to the Requesting Party, and ending on the return of all of the Responding Party's personnel and resources to their regular place of work or assignment, or otherwise terminated through written notice to the Authorized Representative of the Responding Party. With respect to facility use, the period of assistance shall commence on the date agreed upon between the Requesting and Responding Parties and shall end when the Requesting Party returns possession of the facility to the Responding Party, or when otherwise terminated through written notice to the Authorized Representative of the Responding Party.

h. **Personnel**. An employee of the Responding Party who is designated in writing by that Responding Party as possessing skills, qualifications, training, knowledge, or experience that may be needed, pursuant to a request for assistance under the Mutual Aid Agreement, for: (a) response, mitigation, or recovery activities related to an emergency; or (b) participation in drills or exercises in preparation for an emergency.

i. **Public Health Incident, Emergency, or Disaster**: Any occurrence, set of circumstances, or threat thereof, whether natural or caused by man, in war or in peace that demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrence.

j. **Requesting Party**: A Party that has requested assistance from a Party from another jurisdiction participating in the Mutual Aid Agreement.

k. **Responding Party**: A Party providing assistance to a Requesting Party from another jurisdiction participating in the Mutual Aid Agreement.

l. **Resources**. Includes supplies, materials, equipment, facilities, energy, services, expertise, information, systems, and other assets except for personnel that may be needed, pursuant to a request for assistance

under the Mutual Aid Agreement for: (a) Response, mitigation, or recovery activities related to an emergency; or (b) participation in drills or exercises in preparation for an emergency.