

# **Guidelines for the Implementation of Cross Jurisdictional Mutual Assistance**



## Foreword

These Guidelines are intended to: provide a review of current “better practices”; serve as an orientation to the mutual assistance processes; and provide general guidance on the implementation of arrangements that have been previously ratified between two or more participating health entities. The document should be referenced by any health entity that wishes to request assistance from another jurisdiction and is not specific to the Pacific NorthWest Border Health Alliance (PNWBHA) or the Pacific Northwest Emergency Management Arrangement (PNEMA).

While only one of many mutual assistance agreements, the Pacific Northwest Emergency Management Arrangement (PNEMA) is intended to facilitate the exchange of human resources, supplies and equipment between five Pacific Northwest jurisdictions<sup>1</sup> during an emergency. Other mutual assistance agreements/arrangements include: the Canadian Federal/Provincial/ Territorial (F/P/T) Memorandum of Understanding (MOU) on the Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public; and the United States Emergency Management Assistance Compact (EMAC)

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<sup>1</sup> Alaska, British Columbia, Idaho, Oregon, Washington and the Yukon

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## **PART 1 - INTRODUCTION**

### **Purpose**

The purpose of these Guidelines is to provide a “ready reference” regarding those actions which should be both considered and undertaken to ensure the effective implementation of cross jurisdictional mutual assistance agreements.

### **Background**

Recognizing that states/provinces/territories have varying degrees of public health and health services capacity, it is acknowledged that collaboration is essential when a jurisdiction is unable to manage on its own during an emergency or public health crisis. Sharing existing capacity and resources is an efficient and effective way to provide surge capacity that results in minimal duplication of resources and activities. In this regard, all levels of government can support one another in dealing with a public health event/crisis that is beyond its capacity.

One of the greatest challenges facing the health sector in catastrophic disasters is limited surge capacity and the ability to handle mass casualties. Therefore, mutual assistance arrangements are undertaken to provide for timely and appropriate assistance between entities in responding to such events. In this regard, mutual assistance arrangements should be viewed as being:

- a commitment to provide and/or receive assistance in an emergency/disaster;
- a vehicle for inter and intra jurisdictional sharing of personnel and assets, such as critical medical material, food, response vehicles, during an emergency when the existing local assets have been overwhelmed or exhausted; and
- voluntary and participating jurisdictions can choose whether or not to request or provide assistance.

A mutual assistance arrangement does not, however, compromise an entity’s authority over the resources they have committed to a neighbouring jurisdiction. Resources can be recalled if needed.

## **PART 2 - LEGAL AND ADMINISTRATIVE CONSIDERATIONS**

### **General**

Currently, the majority of mutual assistance arrangements are inter-jurisdictional, at the state/provincial/territorial level, whereas the requirement for assistance and the source of assisting resources rests at the local/regional level. As a consequence, it is incumbent on the participating state/provincial/territorial governments to negotiate intra-jurisdictional arrangements with health care entities with respect to the commitment or acceptance of assistance.

### **Workforce Identification and Training**

Participants in mutual assistance arrangements are responsible for maintaining an inventory of assets available for deployment under the arrangement. Each party should create and maintain a database of physical resources, including volunteer providers such as physicians, nurses, and mental health professionals. Where possible, human resource assets should be identified under an approved resource typing scheme and meet all the training and credentialing requirements of that type of asset.

As pre-event collective team training will likely not be possible, parties are not expected to form pre-designated teams unless necessary by the response function.

### **Personal Protective Equipment**

The jurisdiction requesting assistance will ensure that deployed personnel will have adequate personal protective equipment (PPE) prior to commencing their duties. Furthermore, if vaccination or other prophylaxis is required, it will be provided by the receiving jurisdiction and be administered prior to commencing duties.

### **Licensure**

Likely the greatest impediment to the timely implementation of mutual assistance is the question of professional licensure and credentialing. This was highlighted by the confusion and government red tape that kept volunteer health workers out of New Orleans when flooding wiped out hospitals and left residents desperate for medical care.

During an identified emergency or disaster event, a person providing assistance under a recognized mutual assistance arrangement, who holds an active and unencumbered license or other permit to practice as a regulated health professional should be deemed licensed to practice by the jurisdiction requesting assistance to the extent allowed by law. The only caveat being that the practitioner will be subject to limitations and conditions as prescribed by the requesting jurisdiction. It must be recognized that in a disaster officials coping with a crisis situation shouldn't be expected to deal with the complex legal and medical issues involved in allowing professionals to practice across jurisdictional boundaries.

Legislation is required in virtually all states/provinces/territories to allow out of jurisdiction health professionals to get quick authorization to practice. Based on a pre-event registration process, health care professionals would be able to volunteer as responders and once approved would be under the regulatory supervision of officials in the province/territory where they volunteer. Using volunteer registries, officials in disaster zones would be able to verify that volunteer health professionals are properly credentialed and insured. Legislation should also be considered that would indemnify both the province/territory of registration and practitioners against civil liability when deployed for a mutual assistance event.

### **Credentialing**

As credentialing is generally considered a facility specific medical staff requirement, the requesting entity is responsible for providing a descriptive statement of requirement that clearly defines the medical scope of practice, any particular skills needed (e.g., board certified and practicing orthopaedic surgeon specializing in knee reconstruction) and any licensure or credentialing documentation needed by the medical volunteer. Again, the ultimate responsibility for credential verification resides with the facility that will employ the assisting practitioner.

### **Reimbursement**

Reimbursement will normally be negotiated and agreed to between the requesting and providing entities in accordance with the provisions of the applicable mutual assistance arrangement.

### **Compensation and Benefits**

Jurisdictions committing personnel under a mutual assistance agreement must establish provision for the payment of workers' compensation (injury) and death

benefits on the same terms as if the injury or death were sustained within their own jurisdiction.

### **Planning Checklist**

It is essential that all participants in a mutual assistance arrangement are aware of all relevant operational and legal issues. In this regard, a checklist has been developed as a guide for emergency planners in reviewing both the key operational and legal issues and the planning mechanisms among those agencies likely to be involved in a mutual assistance event. The checklist provided at Annex A will assist in identifying the following:

- Legal requirements for enabling the exchange of mutual Assistance;
- Protocols for enabling the exchange of mutual Assistance;
- Protocols for the jurisdiction requesting assistance; and
- Protocols for the jurisdiction providing assistance.



## PART 3 - IMPLEMENTATION PROCESS

### General

The purpose of mutual assistance arrangements is to enable the sharing of human and material resources in a coordinated and consistent manner across jurisdictions. Consistent with emergency management practice, mutual assistance arrangements can be used in each phase of the emergency management cycle:

- Prevention/Mitigation - for the sharing of information of infectious diseases between jurisdictions;
- Planning - for establishing pre-arranged agreements between/among jurisdictions;
- Response - for seeking of advice or equipment in a crisis.; and
- Recovery - for seeking advice or personnel to assist with recovery from an emergency.

### Mutual Assistance Cycle

The start / end point in the mutual assistance cycle is the preparation phase. Every operation should be well prepared with the lessons learned from preceding activations used to improve the preparation for the next event. General preparedness must be addressed before any disaster or event requires mutual assistance activation.

The operation itself starts with the activation / alert phase. This phase encompasses the identification of the appropriate personnel and means to execute an operation, as well as an estimation of costs that shall be reimbursed.

Mission specific preparation is undertaken when an event or disaster has led to the activation of mutual assistance. This phase encompasses confirmation of event location and identification of situation specific issues. The mobilization and dispatch of personnel, initial briefings, necessary arrangements for travel documents and permits and logistical provisions (including when required those for clearing customs and border crossing) are dealt with in this phase.

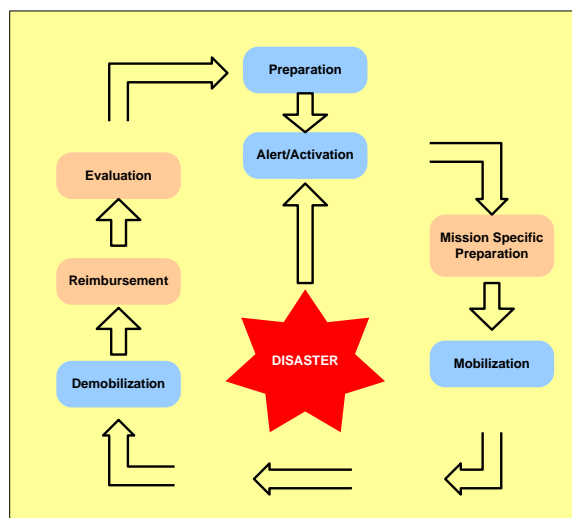


Figure 2 – Mutual Assistance Cycle

In the mobilization phase travel, arrival and operations are all considered. Personnel undertake all steps necessary to reach the “requesting jurisdiction”. This may encompass crossing the Canada – United States border. In a cross border deployment, custom procedures and border crossing should occur seamlessly with help from the requesting jurisdiction. On arrival in the requesting jurisdiction, an initial briefing on the situation should take place followed by transport to the location. Initial contacts are established, accommodation and food are confirmed and arrangements are made to get to the location where assistance will be provided as soon as possible. Tasks are completed and coordination with appropriate on scene partners are undertaken in this phase.

The decision to withdraw personnel, the arrangements for return travel and the hand-over procedure all take place in the demobilization phase.

In the reimbursement phase the requesting jurisdiction reimburses assisting jurisdiction(s) for previously agreed eligible deployment and operational costs.

In the global evaluation phase briefings are held to evaluate the assistance received and provided following considerations of each phase of the cycle. All elements of an operation should be reviewed to improve the procedures for the benefit of all participants in the mutual assistance arrangement.

### **Intra-Jurisdictional Implementation**

To facilitate the effective implementation of mutual assistance agreements, parties to such an agreement should designate an office or official responsible for preparing for and responding to emergencies affecting the health of the public. The designated office/official would be responsible for ensuring that the jurisdiction has an emergency management system to expedite planning and decision-making and that the appropriate protocols are in place:

- to warn adjacent jurisdictions of potential public health situations;
- to inventory and have in place protocols for the inter-jurisdictional loan and delivery of human and material resources;
- for hazard identification and risk assessment, continuity of operations and emergency response plans to support local / jurisdictional management of emergencies. Jurisdictions may have additional plans in place as appropriate;
- to identify levels at which mutual assistance should be sought; and seek assistance from the health care sector to respond to a receiving jurisdiction;
- to document all requests and offers of assistance for the duration of the mutual aid being utilized;

- to identify the individual(s) with authority to request or agree to provide aid under this Agreement and communicate this to federal, state/provincial and territorial partners;
- to identify the appropriate 24/7 contact persons by position, title, and coordinates and to communicate this information to federal, state/provincial and territorial partners.

NOTE: The above requirements are also reflected in the Mutual Assistance Implementation Checklist (Annex A)

### **Considerations**

When considering either initiating or responding to a request for mutual assistance, it is important that the following factors have been considered and, where applicable, addressed:

- Mutual aid is being requested and provided because it is needed to respond to an emergency, not because it is anticipated that jurisdictions will be reimbursed by provincial/territorial or federal governments.
- Requesting jurisdiction has committed all resources by prior to the initiation of a mutual assistance request. **NOTE:** This does not require the total exhaustion of all resources, but it does assume full mobilization and commitment to the emergency.
- Requesting jurisdiction has designated a Mutual Assistance Coordinator to facilitate the assignment of resources on deployment.
- Requests for assistance will follow normal established channels of authority.

### **Priority Requirements**

Before any mutual assistance commitment is undertaken, particularly those involving human resources, it is essential that the following priority requirements or “must do’s” have been appropriately addressed to the satisfaction of both the requesting and assisting jurisdictions:

#### ***Licenses and Permits***

- Confirmation that arrangements are in place to allow health personnel from an assisting jurisdiction to be licensed on a temporary basis while assigned to a requesting jurisdiction.

- What steps been taken to facilitate this? Agreements with local health authorities?
- What necessary administrative arrangements have been made to provide temporary licenses? For example, will personnel receive a temporary license? How will credentials be confirmed?
- If not, what steps will be taken to rectify:
  - negotiate agreement with professional regulatory bodies?
  - revise statutes and/or regulations?
  - enact emergency legislation?
  - declare local/provincial/territorial state of emergency?

### ***Powers and Immunities***

- Communication of any restrictions on the practice of health personnel, for example will an obstetrician be able to practice emergency medicine? What about retired professionals?
- Confirmation that assisting practitioners will have the same powers, duties, rights, privileges and immunities as are afforded similar or like health personnel in your jurisdiction?

### ***Liability***

- Confirmation that arrangements have been made to indemnify personnel assigned to requesting jurisdiction against liability on account of any act or omission done in good faith (unless the act or omission is the result of wilful misconduct, gross negligence or recklessness)?

### ***Workers Compensation and Death Benefits***

- Confirmation that workers compensation legislation will apply to health personnel who are injured or die while on assignment in a requesting jurisdiction.
- If not, what steps will be taken to rectify:
  - negotiate agreement with workers compensation board?
  - revise statutes and/or regulations?
  - enact emergency legislation?
  - declare local/state/provincial/territorial state of emergency?

### Deployment Requirements

In addition to the priority requirements described above, this section identifies further issues that should be addressed during the pre-deployment screening and preparation process:

- **Health Status:** Responders should be in general good health and have a regular medical examination and certification for fitness to travel and work abroad. This includes preventative health measures as well as all necessary vaccinations.
- **Employment:** Employers should make arrangements for extended replacement of the individual's position as circumstances beyond an individual's control may delay his/her return date.
- **Personal Documentation:** Key travel and identification documents should be kept up to date, including a passport and an additional photo id. Photocopies of key documents should be on hand.
- **Reimbursement:** Requesting and responding jurisdictions should understand arrangements for reimbursement for assistance provided or any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with those requests. A responding jurisdiction may assume loss, damage, expense or other cost or may loan equipment or donate services to the receiving party jurisdiction without charge or cost. Most agreements recognize that two or more party jurisdictions may enter into supplementary agreements establishing a different allocation of costs among those jurisdictions

## Activation Process

The Mutual Assistance implementation process should be intuitive and follow a logical event sequence as depicted in Figure 1 below.

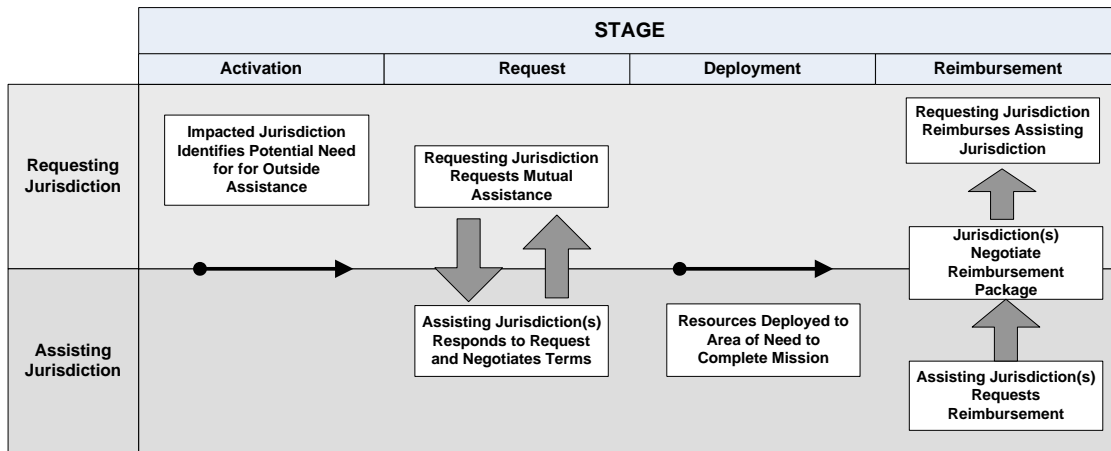


Figure 1- Mutual Assistance Administrative Process

## Request Format

Requests can be either verbal or written; however, verbal requests shall be followed up in writing. Specific information must be provided in written form (see Licensure and Credentialing issues sections of this plan). A generic request template is provided at Annex B. Requests should include the following information:

- description of services needed (mission);
- number and type of professionals (using pre-identified resource typing designations whenever practical);
- estimated length of time needed;
- specific time and place for staging area/location and the person to whom responders should report; and
- location/area in which response services will be delivered.

## Notes:

1. Mutual assistance should normally be for a specific, agreed upon period of time for each local emergency response. Normally, 7 days (minimum) to 14 days (maximum) will be the standard commitment period.

2. As mutual assistance costs may be reimbursable, individuals and entities providing assistance will be responsible for maintaining their own logs, time sheets, travel claims, and other documentation necessary for reimbursement.

### **Tips for Mutual Assistance Activation**

The following tips can assist both requesting and assisting jurisdictions in ensuring a timely and effective response.

#### ***For Requesting Jurisdictions***

- Request what is needed. There is no standard list of what may be available in the states, so do not assume that your request cannot be fulfilled.
- Be specific about requests. Rather than requesting “personnel” and “supplies,” specify what types of each are needed and in what quantities.
- Use personal contacts to your advantage. If you know of a resource that exists in another jurisdiction, you can save time by communicating in advance with the owner of that resource. Once you know that it is available, you can formally request from the owner jurisdiction.
- Look to your closest neighbours. Assets may come to you from all over the country, but your closest neighbouring jurisdiction may be able to provide special assistance with logistics.

#### ***For Assisting Jurisdictions***

- Develop information for deployed personnel on what items to take, what to expect during the deployment, what health and safety risks might exist, what legal protections they will have, etc. Have this information ready before personnel are assembled for deployment.
- Explore what legal mechanisms might be available to deploy private sector volunteers by making them temporary provincial/territorial government employees.
- Review all related request documentation. Requests have important implications for reimbursement, acceptance of licensure, liability coverage, and worker’s compensation. Ensure that the request for assistance and all other paperwork specifies the exact number and type of personnel that you expect to deploy, and that the cost is reasonable.

**Approval**

These Guidelines have been approved by the PNWBHA Joint Coordination Committee and are subject to the laws of the United States of America and the Government of Canada and the PNWBHA constituent jurisdictions.



**Annex A**

**Mutual Assistance Implementation Checklist<sup>2</sup>**

<b>Legal Requirements for Enabling the Exchange of Mutual Assistance</b>		✓
<b>1</b>	Provisions for temporary suspension of any statutes or ordinances, over which the state/province/territory has jurisdiction, which may impede the implementation of the responsibilities described in the agreement.	
<b>2</b>	Legislation to allow health personnel from another jurisdiction to be licensed on a temporary basis while assigned to your jurisdiction.	
<b>3</b>	Legislation to indemnify health personnel assigned to your jurisdiction against liability on account of any act or omission done in good faith (unless the act or omission is the result of wilful misconduct, gross negligence or recklessness).	
<b>4</b>	Workers compensation and death benefits that apply to health personnel who are injured or die while on assignment in your jurisdiction.	

<b>Protocols for Enabling the Exchange of Mutual Assistance</b>		✓
<b>1</b>	When to warn adjacent jurisdictions to possible public health situations.	
<b>2</b>	Inter-jurisdictional loan and delivery of human and material resources	
<b>3</b>	Hazard identification and risk assessment, continuity of operations and emergency response plans to support local / jurisdictional management of emergencies. (Jurisdictions may have additional plans in place as appropriate).	
<b>4</b>	Levels (trigger point) at which mutual assistance should be considered and/or requested from the health care sector.	
<b>5</b>	A process for expedited licensure of health care professionals	

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<sup>2</sup> This Annex has been adapted from the Public Health Agency of Canada Mutual Assistance Implementation

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	arriving from an offering jurisdiction in an emergency.	
<b>6</b>	24/7 contact information to all other jurisdictions.	
<b>7</b>	An incident management system to expedite planning and decision-making that is comparable with other jurisdictions.	
<b>8</b>	Protocols to document all requests and offers of assistance for the duration of the mutual Assistance being utilized.	
<b>9</b>	Protocols to identify for its jurisdiction the individual(s) with authority to request or agree to provide Assistance under this Agreement and communicate this to federal, provincial and territorial partners.	

<b>Protocols for the Jurisdiction Requesting Assistance</b>		✓
<b>1</b>	Have in place protocols that identify the appropriate contact persons by position, title, and coordinates; and communicate this to federal, provincial and territorial partners.	
<b>2</b>	<p>Protocols to request and identify the resources requested with as much detail as possible including:</p> <ul style="list-style-type: none"> <li>▪ Health human resources: <ul style="list-style-type: none"> <li>○ Skill sets required, (e.g. immunization; critical care respiratory therapists, paramedics, forensic dentist, etc);</li> <li>○ Approximate numbers of health care workers;</li> <li>○ Specific names where appropriate.</li> </ul> </li> <li>▪ Equipment: <ul style="list-style-type: none"> <li>○ Type, e.g. oxygen-powered ventilator; inter-operability</li> <li>○ Requirements;</li> <li>○ Numbers</li> </ul> </li> <li>▪ Supplies: <ul style="list-style-type: none"> <li>○ Type;</li> <li>○ Volumes.</li> </ul> </li> </ul>	
<b>3</b>	Protocols to identify the timeframe for the request, e.g. in 2 hours will need ventilators for an anticipated 30 people.	
<b>4</b>	Protocols to identify the drop site for the resources and the contact person at the drop site.	

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5	Protocols to identify whether the resource is being requested as a loan or otherwise.	
6	Protocols to provide appropriate accommodations, meals, personal protective equipment, and other supports, as appropriate, to the incoming health care professionals.	

<b>Protocols for the Jurisdiction Providing Assistance</b>		✓
1	Have in place protocols to identify the appropriate contact persons within their structure by position, title and coordinates.	
2	Protocols to provide a timeframe within which it will advise receiving jurisdiction of resources available.	
3	Protocols to coordinate the provision of resources within their jurisdiction including those beyond the purview of the government.	
4	Protocols to monitor the use of resources being offered.	

**Annex B**

**GENARIC  
REQUEST FOR RESOURCES OR ASSISTANCE**

Incident #:		Incident Name:		Request #:	
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Jurisdiction:		Date / Time:	
Requestor's Name:		Requestor's Title	
Phone Number:		Call Taken By:	
HAVE YOU REQUESTED THIS RESOURCE FROM ANY OTHER SOURCE: [NO] [YES] If yes, describe below:			

<b>BRIEF DESCRIPTION OF THE PROBLEM OR TASK TO BE ACCOMPLISHED:</b>	
Is this an aviation request? .....	[ ] YES                      [ ] NO
If yes, indicate purpose:.....	
Have All Local or Municipal Resources Been Exhausted or Otherwise Committed?	[ ] YES                      [ ] NO (If this is answered "NO", Local Government sources must be utilized)
Have All Reasonably Available Local Area Commercial Resources Been Exhausted or Otherwise Committed?	[ ] YES                      [ ] NO (If this is answered "NO", Local Commercial sources must be utilized)

<b>RESOURCE REQUESTED / SUGGESTED BY CALLER TO SOLVE PROBLEM OR ACCOMPLISH TASK:</b>

<b>ACTION TAKEN BY PROVINCIAL/TERRITORIAL EOC:</b>

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ACTION ASSIGNED TO	DATE / TIME	RESOURCE TYPE	NUMBER REQUESTED	NUMBER COMMITTED	DATE / TIME OF ETA	DATE / TIME COMPLETED

**TOTAL:**

DETAILED RESOURCE CHARACTERISTICS:	
Specific Resource Requested:	
Potential substitute:	
Capacity:	
Supporting Equipment, Fuel, Water, Etc.:	
Personnel Required to Operate / Support:	
Transportation Required:	
How Long is Resource Needed:	
Where to Deliver or Report:	
Report to Whom (Name, Title, Agency, Ph.#):	

DEMOBILIZATION ACTIVITIES OR FOLLOW-UP CALLS TO BE MADE:			
CALL TO:	PHONE NUMBER	DATE / TIME	DATE / TIME Action Completed / Other Notes

Miscellaneous Comments & Notes: