

PUBLIC HEALTH MUTUAL AID PLAN  
STANDARD OPERATING PROCEDURES

I. AUTHORITY

This Public Health Mutual Aid Plan Standard Operating Procedures (SOPs) is developed in accordance with the Inter-Jurisdictional Public Health Mutual Aid Agreement (MAA). The protocols contained in these SOPs shall be incorporated into each jurisdiction's public health emergency operations plan. Mutual Aid under the MAA and SOPs is limited to public health jurisdictional functions authorized by RCW 70.05 or 70.46, or other applicable law. Exclusions from Mutual Aid under the MAA and the SOPs include but are not limited to EMS, medical examiner services, and hospital services.

II. PURPOSE

The purpose of the SOPs is to set forth standard operating procedures for Mutual Aid response under the MAA.

III. AUTHORIZED REPRESENTATIVES

Each Party HD will designate its Authorized Representative and will establish its own internal procedures for authorizing, making or agreeing to requests for Assistance. (See Appendix 3 for duty officer contact information to reach Authorized Representatives). Appendix 3 shall be updated annually by each Party HD no later than February 1<sup>st</sup> of each year.

IV. CONCEPT OF OPERATIONS/INVOKING ASSISTANCE/REQUEST FORMS

A. The Requesting Party HD may activate these SOPs when:

1. In the judgment of the Requesting Party HD, circumstances are sufficient to exceed, or expected to exceed, the capabilities of its local or regional public health response;
2. The Requesting Party HD's public health emergency operations plan is activated;
3. The Requesting Party HD is operating under the Incident Command System; and
4. A mission number has been requested by the local emergency management agency in the Requesting Party HD's jurisdiction and received from the Washington State Emergency Management Department.

B. Activation of Local Mutual Aid Process

1. Moderate Severity / Complexity: For low level emergencies, or events that impact a single Party HD, Requesting Party HDs may choose to initiate a request for assistance directly to other Party HDs. Both parties will utilize the Mutual Aid Resource Request Form (Appendix 4) to document coordination.

2. High severity/ Complexity: When disasters impact multiple jurisdictions, or cause significant impacts that overwhelm the response structure of a Party HD, a single coordination and receiving point for all local PH mutual aid requests under the MAA may be established. This will improve efficiency and reduce the workload on impacted Party HDs. An ESF 8 Local Mutual Aid Team (LMAT) serves as a coordination and communications point that manages local public health Mutual Aid Assistance requests under the MAA across the state during disasters.

3. LMAT activation: LMATs will use the following standard operating procedures:

- a. LMAT may be activated following a conference call with Party HD representatives and DOH to assess the nature and scope of the incident, and the potential need for mutual aid.
- b. LMAT will be activated under the state mission number in support of the public health response.
- c. LMAT should be established in one of two places:
  - DOH EOC Building
  - Non-impacted Party HD facility
- d. If the LMAT locates at the DOH EOC, travel costs for LMAT personnel may be covered by DOH as part of the State response. Co-locating at the DOH EOC will also improve resource management and coordination between Party HDs and DOH.
- e. If the LMAT is established at a non-impacted Party HD, there is no cost reimbursement (the non-impacted Party HD serving as the LMAT will cover its own costs while serving in this function throughout the disaster).
- f. LMAT will be staffed by one or two Party HD personnel, depending on the needs, severity and complexity of the event.
- g. Once activated, LMAT will establish contact with all impacted Party HDs to assess current and anticipated resource needs.
- h. LMAT will receive requests for Mutual Aid Assistance from impacted Party HDs, matching current and anticipated resource needs to Mutual Aid missions.
  - LMAT will coordinate requests for Mutual Aid Assistance with non-impacted Party HDs across the state via conference calls, and will send lists of identified resource needs. Non-impacted Party HDs will be given a specific period of time to respond to the LMAT regarding whether they can address identified needs.
  - When the LMAT determines that a non-impacted Party HD can meet an identified need, the LMAT will connect the non-impacted Party HD directly with the impacted Party HD. The two Party HDs will then complete the request form, with copies to LMAT.
- i. LMAT will track the status of Mutual Aid Assistance missions and resources and disseminate updates to all Party HD representatives throughout the response.
- j. Party HDs and the LMAT may use the Resource Tracking Tool found in Appendix 5, but there is no requirement to do so.

4. Resource Request Form; Request and Response Procedures

- a. The Requesting Party HD's Authorized Representative listed in Appendix 3, or his or her designee, may make the initial contact with the Assisting Party HD's Authorized Representative, or his or her designee, either verbally or in writing.
- b. The Requesting Party HD's Authorized Representative, or his or her designee, must send a written request for Assistance, using the form in Appendix 4, prior to the departure of personnel, equipment, materials, or supplies, or use of services, facilities or other resources, unless it is electronically or logistically impossible to do so. The form must be fully filled out (parts 1, 2 and 3) and signed before departure of Assistance, if possible.
- c. The Request from the Requesting Party HD should include the following information, and be sent to the Assisting Party HD, with a copy to the LMAT, if activated:
  - Date, time and state mission number
  - Contact person, title, and phone, email and fax
  - General Description of the Incident (e.g., type, magnitude, location, number of casualties, illnesses, injuries, if known).
  - Type of Assistance and resources needed (include type of professionals, licensure requirements, if any, and specific skills needed).
  - Specific type of equipment, supplies, and facilities needed and purpose of use.
  - Date and time resources will be needed; estimated length of time needed.
  - Specific time and place for staging area (staging location address) and contact person at staging area.
  - Location of service delivery.
  - Special deployment considerations, if any.
  - Budgetary limitations
- d. Response from the Assisting Party HD should include the following information, and be sent to the Requesting Party HD, with a copy to the LMAT, if activated:
  - Date and time of response
  - Contact person, title, and phone, email and fax
  - Type of Assistance and resources available (include type of professionals, licensure qualifications, if any requested, and specific skills).
  - Specific type of equipment, supplies, and facilities available for purpose stated by Requesting Party HD.
  - Date and time resources are available; estimated length of time resources are available.
  - Approximate daily cost for labor, equipment and materials. The cost shall be an approximation, subject to a plus or minus adjustment of up to 10%, without further discussion between the parties. If the Assisting Party HD determines that the cost will exceed the estimate by more than 10%, it shall notify the Requesting Party HD, and the parties shall discuss the costs, and either agree to the increased costs, or make changes to their arrangements accordingly.

- Approximate transportation costs (home base to staging area). The cost shall be an approximation, subject to a plus or minus adjustment of up to 10%, without further discussion between the parties. If the Assisting Party HD determines that the cost will exceed the estimate by more than 10%, it shall notify the Requesting Party HD, and the parties shall discuss the costs, and either agree to the increased costs, or make changes to their arrangements accordingly.
  - Approximate transportation costs (return to home base). The cost shall be an approximation, subject to a plus or minus adjustment of up to 10%, without further discussion between the parties. If the Assisting Party HD determines that the cost will exceed the estimate by more than 10%, it shall notify the Requesting Party HD, and the parties shall discuss the costs, and either agree to the increased costs, or make changes to their arrangements accordingly.
  - Logistical support required from the Requesting Party HD, if any.
  - Scheduling and coordination particular to personnel or resources, e.g., personnel available for only three days.
- e. Requesting Party HD Approval: The form is completed when the Requesting Party HD's Authorized Representative, or his or her designee, approves the form, and signs it and enters the time and date signed in Part 3.
- f. The Resource Request Form may be faxed, emailed, or mailed, between the parties, and to the LMAT, if activated.
- g. Amendments to the Resource Request Form shall be in writing, and agreed between the parties, prior to the departure of supplemental Assistance, or extension of time for provision of Assistance.

#### V. CONCEPT OF OPERATIONS/INVOKING ASSISTANCE/STAGING AND DEPLOYMENT

- A. The Requesting Party HD will provide information on staging locations to the Assisting Party HD.
- B. Assisting Party HD will inform its own personnel of its own personnel policies.
- C. The Assisting Party HD will perform a deployment briefing for its personnel that will include at least the following information:
1. Deployed personnel are operating under the Local Health Officer (LHO) and ICS of the Requesting Party HD
  2. Each individual's safety is paramount, and he or she can refuse an requested action if his or her health or safety are in immediate risk
  3. What to bring
  4. Home jurisdiction continues to be his/her employer
  5. Contact information and communications for staff and family
  6. Staging Location Address and time to report; length of deployment
  7. Worker's Compensation coverage
  8. Keeping time records/record keeping
  9. Conditions on deploying from staging area

- 10. PPE and vaccinations required.
  - 11. Conditions and process for returning to home prior to end of Period of Assistance
- D. It is each Party HD's responsibility to assure that it takes all actions necessary to qualify and maintain qualification of its own personnel, employees, and volunteers as emergency workers, or covered emergency workers, as appropriate, pursuant to RCW 38.52 et seq. and WAC 118-04 et seq., and any other applicable statute, regulation or law.
  - E. Health departments and districts should consult with their legal counsel and the Washington State EMD regarding qualification of their personnel as emergency workers or covered emergency workers and whether their personnel must register to be qualified.
  - F. Assisting Party HD personnel will report to the identified staging location or other identified service delivery location of the Requesting Party HD jurisdiction for deployment to operational commands.
  - G. Assisting Party HDs shall send written instructions for any equipment, supplies or vaccines it provides.
  - H. Staging areas will be hosted by the Requesting Party HD.

#### VI. CONCEPT OF OPERATIONS/INVOKING ASSISTANCE/FIELD SUPPORT

- A. Travel arrangements: Assisting Party HD shall make both departure and return travel arrangements for its own personnel.
- B. Ground Transportation: Assisting Party HD is primarily responsible for making ground transportation arrangements for its own personnel. The Assisting Party HD may ask the Requesting Party HD for help. The parties may decide prior to the departure of personnel which party should make ground transportation arrangements. Additional information may be added to the Resource Request Form.
- C. Housing: Assisting Party HD is primarily responsible for making housing arrangements for its own personnel. The Assisting Party HD may ask the Requesting Party HD for help. The parties may decide prior to the departure of personnel which party should make housing arrangements. Additional information may be added to the Resource Request Form.
- D. Food: The Requesting Party HD provides food for all personnel from the time they arrive at the staging area through the end of the Period of Assistance. The Assisting Party HD makes both departure and return travel food arrangements for its personnel. Additional information may be added to the Resource Request Form.
- E. PPE and vaccinations: The Requesting Party HD determines the minimum protection level required for PPE and vaccination. Requesting Party HD must tell Assisting Party HD what vaccine, PPE and other protections they expect the Assisting Party personnel to have before deploying and what the Requesting Party HD will provide. The Requesting Party HD will assure that the Assisting Party HD personnel will have adequate PPE and vaccinations prior to leaving the staging area.

## VII. CONCEPT OF OPERATIONS/INVOKING ASSISTANCE/DEMOBILIZATION

- A. Demobilization by the Requesting Party HD will occur in accordance with the demobilization protocols of the Emergency Operations Plan of the Requesting Party HD.
- B. Demobilization begins when either: 1) in the judgment of the Requesting Party HD in the context of its Incident Action Plan, demobilization of the Assistance, or part of the Assistance, is appropriate; or 2) the Assisting Party HD requests the return of its Assistance or part of its Assistance.
- C. If the Assisting Party HD requests return of its Assistance or part of its Assistance before the anticipated return date, then the Assisting Party HD's Authorized Representative will make a written request to Incident Command in the Requesting Party HD jurisdiction for the return of its resources.
- D. Personnel must coordinate demobilization with the Incident Command System officers and consult with supervisors regarding the conditions of demobilization. Personnel remain under the control of ICS until released.
- E. Assisting Party HD personnel shall demobilize in accordance with the demobilization checklist found in Appendix 2D. In extraordinary circumstances, e.g., a personal tragedy or disaster in the Assisting Party HD's jurisdiction, the Assisting Party HD personnel may demobilize without compliance with the demobilization checklist, but should check with his/her supervisor and safety officer in the Requesting Party's ICS before departure.
- F. The demobilizing personnel should check with the EOC safety officer before leaving so that the safety officer may assess the physical and mental health of demobilizing personnel, and to receive instructions, if any. If prophylaxis or ongoing treatment is required, the demobilizing personnel should take such treatments with him or her.
- G. When released, personnel must return directly to their home or work duty station, as appropriate, and demobilization is not complete until the Assisting Party HD's personnel arrive back at their home or work duty station.
- H. Assisting Party personnel will develop after-action briefing points and deliver them to the Incident Commander at the Requesting Party HD, and participate in incident debriefings, as appropriate. Requesting Party HD will make the After Action Report available to all incident participants.
- I. The LMAT may demobilize at any time it deems appropriate or necessary with notification to Party HDs and DOH.

## VIII. LEGAL AND ADMINISTRATIVE PROTECTION

- A. It is each Party HD's responsibility to assure that it takes all actions necessary to qualify and maintain qualification of its own personnel, employees, and volunteers as emergency workers, or covered emergency workers, as appropriate, pursuant to RCW 38.52 et seq. and WAC 118-04 et seq., and any other applicable statute, regulation or law. Health departments and districts should consult with their legal counsel and the Washington State EMD regarding qualification of their

personnel as emergency workers or covered emergency workers and whether their personnel must register to be qualified.

#### IX. WORKFORCE TYPE IDENTIFICATION AND INVENTORY

- A. It is recommended that each Party HD maintains an inventory of staff assets deployable under the SOPs.
- B. It is the responsibility of the Assisting Party HD to assure that its Assistance meets the training and licensing requirement requested by the Requesting Party HD.

#### X. LICENSURE/CREDENTIALING

- A. The Requesting HD is responsible for providing a descriptive request of licensing and credentialing desired on the Resource Request Form in Appendix 4. The ultimate responsibility for licensing and credential verification of Assisting Party HD personnel resides with the Assisting Party HD.

#### XI. REIMBURSEMENT/RECORD KEEPING

- A. Reimbursement will be based on actual costs, except in the case of overhead costs, as described in Article XI, paragraph F. Assisting Party HDs may use their own invoices for billing. Copies of receipts, payment vouchers and sign in sheets shall accompany requests for reimbursement.
- B. Requesting Party HD shall pay the reimbursement within sixty (60) days of receipt of each invoice. Assisting Party HD may send invoices for reimbursement no more frequently than every 30 days, or at the end of the Period of Assistance, at its discretion.
- C. Requesting and Assisting Party HDs will cooperate to meet all local, state and federal requirements for reimbursement or other funding.
- D. Each Party HD's personnel shall follow its own agency's policies and use its own internal forms related to agency personnel expense reimbursement. When eligible for per diem, reimbursement shall be at the Assisting Party HD's per diem rate.
- E. Overhead shall be reimbursed using the federal indirect rate.
- F. Record keeping: The Requesting Party HD is responsible for any required documentation of use of personnel, materials, supplies, equipment, facilities, services, and/or related resources for state or federal reimbursement, and will provide copies to the Assisting Party HD upon request. Under all circumstances, the Requesting Party HD remains responsible for ensuring that the amount and quality of all documentation is adequate to enable state or federal reimbursement.
- G. Requesting Party HD will document damage to its own materials, equipment and supplies, as well as damage to those belonging to the Assisting Party HD, using its own agency's incident report forms and reporting process. Incident reports for lost and damaged items shall be provided to the Assisting Party HDs so that they may be attached to reimbursement claim forms or invoices.

- H. Requesting Party HD will provide injury/death incident reports and physical and/or mental health incident reports related to Assisting Party HD personnel to Assisting Party HD.

XII. PLAN REVIEW/AMENDMENT/EXERCISE

- A. The Party HDs may review and amend these SOPs, as deemed necessary.
- B. The MAA is incorporated into these SOPs as if fully set forth. Inconsistencies or conflicts between these SOPs and the MAA, if any, shall be resolved in favor of the MAA.
- C. The Party HDs will incorporate these SOPs into their regular exercises and trainings as deemed appropriate.

APPENDIX 1  
DEFINITIONS

For the purposes of the SOPs, the following terms and definitions apply:

1. Assisting Party HD: A Party HD providing Assistance pursuant to the MAA to a Requesting Party HD from another jurisdiction that has requested Assistance to confront a Public Health Incident, Emergency or Disaster.
2. Assistance: Assistance means personnel, equipment, materials, supplies, facilities, services, and/or related resources.
3. Authorized Representative: The person or persons, designated by each Party HD in the Plan SOPs Appendix 3, or his or her designee, to request Assistance from or grant Assistance to another Party HD pursuant to the terms of the MAA.
4. Demobilization: The process of discharging or disbanding personnel or releasing and returning equipment, materials, supplies, facilities, or other Assistance to the Assisting Party HD.
5. Mutual Aid: A prearranged written Agreement and Plan SOPs whereby Assistance is requested and may be provided between two or more jurisdictions during a Public Health Incident, Emergency or Disaster under the terms of the MAA.
6. Period of Assistance: The period of time beginning with the departure of any personnel, equipment, materials, supplies, services, and/or related resources of the Assisting Party HD from any point for the purpose of traveling to provide Assistance exclusively to the Requesting Party HD, and ending on the return of all of the Assisting Party HD's personnel, equipment, materials, supplies, services, and/or related resources to their regular place of work or assignment, or otherwise terminated through written or verbal notice of the Authorized Representative of the Assisting Party HD. With respect to facility use, the Period of Assistance shall commence on the date agreed upon between the Requesting and Assisting Party HD and shall end when the Requesting Party HD returns possession of the facility to the Assisting Party HD, or when otherwise terminated through written or verbal notice of the Authorized Representative of the Assisting Party HD.
7. Plan SOPs: written Public Health Inter-Jurisdictional Mutual Aid Plan Standard Operating Procedures that meet the requirements set forth in Article VII of the MAA.
8. Public Health Incident, Emergency, or Disaster: Any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, to which any Party HD may respond pursuant to its authority under chapter 70.05 or 70.46 RCW, or other applicable law, and that, in the judgment of the Requesting Party HD, results or may result in circumstances sufficient to exceed the capabilities of immediate local or regional public health response.
9. Requesting Party HD: A Party HD that has requested Assistance from a Party HD from another jurisdiction participating in the MAA.

## APPENDIX 2A

### LMAT RESPONSIBILITIES

- Establish communications with the Requesting Party HD to determine resource needs
- Schedule and facilitate daily or as required conference calls among Party HDs and State DOH
- Resolve any policy and procedural issues that arise related to activation of these SOPs
- If LMAT is not initially located at DOH EOC Building, be prepared to deploy one or two individuals to DOH EOC if LMAT location changes midway through the response. Make travel arrangements if travel is required.
- Assist Requesting Party HDs in identifying or defining needed resources.
- Assist Requesting Party HDs in completing Resource Request Forms.
- Coordinate requests for Mutual Aid Assistance with Party HDs across the state via conference calls, email, SECURES, or other means. Send lists of identified resource needs, identifying a specific period of time in which Party HDs must respond to the LMAT regarding whether they can address identified needs.
- When the LMAT determines that a Party HD can meet an identified need (thereby becoming an Assisting Party HD), the LMAT will connect the Assisting Party HD directly with the Requesting Party HD. The two Party HDs will then complete the request form, with copies to LMAT.
- Track the status of Mutual Aid Assistance missions and resources and disseminate updates to all Party HD representatives throughout the response.
- Notify Party HDs and State DOH when resources available through Party HDs are depleted or likely to be depleted.
- Coordinate with State DOH throughout the LMAT activation.
- Maintain all appropriate documentation of LMAT activities.

APPENDIX 2B

REQUESTING PARTY HD MOBILIZATION PROCESS CHECKLIST

- Determine that your capability has been exceeded or is expected to be exceeded.
- Activate your agency's emergency operation plan (EOP).
- Activate Incident Command System (ICS).
- Request a mission number through local Department of Emergency Management (DEM) and receive from the State Emergency Management Division (EMD).
- Activate the Public Health Mutual Aid Plan Standard Operating Procedures (SOP).
- Make initial request for assistance to Assisting Party Health Department (APHD) or to Local Mutual Aid Team (LMAT), either verbally or in writing, including information on the Resource Request Form in Appendix 4.
- Complete Part 1 of the Resource Request Form. NOTE: The Resource Request Form can be faxed, e-mailed, or mailed between the parties. If it is logistically or electronically impossible for your HD to submit a written version of the Resource Request Form, call the Assisting Party HD's Authorized Representative and give them the request information. The Assisting Party HD will then complete Part 1 of the Resource Request Form and will confirm what is written for accuracy.
- Determine the minimum protection level required for personal protective equipment (PPE) and vaccination.
- Communicate PPE/vaccine and other protections you expect APHD personnel to have before deploying and what will be provided by your HD.
- Communicate licensure and credentialing requirements of personnel requested to the APHD, including scope of practice and any particular skills needed.
- Receive from the APHD a completed and signed Part 2 of the Resource Request Form, including estimated costs, plus or minus 10% for daily costs of labor, equipment, materials, and transportation.

- Complete and sign Part 3 of the Resource Request Form. NOTE: If this is electronically or logistically impossible, the APHD will complete Part 3 and confirm with the Requesting Party HD.
  
- Send a fully completed and signed Resource Request Form to the APHD prior to departure of personnel, equipment, materials, or supplies, or the use of services, facilities, or other resources, unless it is electronically or logistically impossible to do so.
  
- Check with APHD for instructions on operating equipment, using supplies, including vaccine storage and administration.
  
- Receive personnel, equipment and supplies from APHD
  
- Have APHD personnel sign in and show their agency badges and photo IDs.
  
- Provide overview, orientation, and just-in-time training, as needed, to APHD personnel, in accordance with your EOP.
  
- Inventory materials sent from APHD and store appropriately until use (e.g., vaccines refrigerated).
  
- Maintain records of personnel assignments, sign-in sheets, and use of equipment and supplies.
  
- Provide demobilization check-out process for personnel, according to your EOP.
  
- Receive invoices from APHD and pay within 60 days.

APPENDIX 2C

ASSISTING PARTY HD MOBILIZATION PROCESS CHECKLIST

- Receive notification that the Requesting Party HD needs your HD's assistance because an incident has exceeded the Requesting Party HD's capability or capability will be exceeded soon. Notification can be verbal at first, followed up by a written request that includes information on the Resource Request Form found in Appendix 4.
- Confirm that the Requesting Party HD's emergency operation plan has been activated, including the Incident Command System.
- Confirm that the Requesting Party HD has requested an emergency mission number through their local Department of Emergency Management and the number has been received from the State Emergency Management Division.
- Confirm that the Requesting Party HD has activated the Public Health Mutual Aid Plan Standard Operating Procedures (SOP).
- Ascertain whether your HD has sufficient resources and personnel with needed certifications and/or experience to respond to the request from the Requesting Party HD.
- Make sure you have received Part 1 of the Resource Request Form from the Requesting Party HD's Authorized Representative prior to the departure of personnel, equipment, materials, or supplies; and/or, prior to use of services, facilities or other resources.  
NOTE: The Resource Request Form can be faxed or e-mailed, or mailed between the parties, with a copy to LMAT, if activated. If it is logistically or electronically impossible to receive a written copy, write what you understand the request to be on the Resource Request Form and confirm this with the Requesting Party HD.
- Complete Part 2 of the Resource Request Form, including estimated costs (plus or minus 10%) for daily cost of labor, equipment, materials, and transportation and have the form signed by the Assisting Party HD's Authorized Representative.
- Check that the Requesting Party HD has completed and signed Part 3 of the Resource Request Form. If electronically or logistically impossible to receive a written copy of Part 3, complete that section and confirm with the Requesting Party HD.

- Prepare documentation needed for using equipment, supplies, vaccine storage and administration, or any other resource provided to the Requesting Party HD. These instructions should be sent with the deployed equipment and/or personnel.
  
- Clarify with the Requesting Party HD what prophylaxis, including personal protective equipment, vaccination(s), and/or other medications are required. NOTE: The Requesting Party HD determines the minimum protection level required. Agree on whether prophylaxis will be provided by your department or the Requesting Party HD.
  
- Ensure that the personnel you are sending meet the licensure and credentialing requirements of the Requesting Party HD. If certification or licensure is required, each person should carry those documents to the Requesting Party HD.
  
- Make any travel, transportation, and housing arrangements for your personnel and storage for equipment, if needed. You can ask the Requesting Party HD for recommendations, particularly for housing near the site of the emergency.
  
- Brief your personnel prior to deployment, including:
  - Deployed personnel should operate under the ICS and Health Officer of the Requesting Party HD.
  - Safety is paramount; Assisting Party HD personnel can refuse a requested action if her/his health or safety is in immediate risk.
  - Provide a list of contact information, including to whom to report at the Requesting Party HD, and communications procedures including the address for the staging location and time to report.
  - Explain the fact that the Assisting Party HD will continue to be the personnel's employer even though the personnel will report to someone at the Requesting Party's location.
  - Provide information on Worker Compensation Coverage and the presumed length of deployment.
  - Emphasize the need for personnel to keep accurate time records, which will be used to request reimbursement from the Requesting Party HD once the emergency has been resolved.
  - Provide any vaccinations or other prophylaxis, including personal protective equipment, if that is the agreement with the Requesting Party HD. If the Requesting Party HD will supply prophylaxis, explain that to deploying personnel.
  - Give each person a list of the items s/he should take, including equipment and resources that are part of the loan from your HD. If certification or licensure is required, each person should carry those documents to the Requesting Party HD.

- Make sure each person understands that timing and conditions for deployment from the staging area back to your HD is up to the Requesting Party HD. Due to safety concerns, for example, personnel may be asked to stay in the staging area to rest before driving home.
- Remind staff that although it is the responsibility of the Requesting Party HD to provide food to all personnel, if anyone has particular food restrictions, s/he should take food with them since food is likely to be provided in bulk and not take into consideration individual allergies or dietary needs.
- Remind personnel to take any prescriptions they have been given by their personnel physician to maintain their health.

APPENDIX 2D  
ASSISTING PARTY HD PERSONNEL'S  
DEMOBILIZATION PROCESS CHECKLIST

NOTE: Demobilization begins when either: 1) in the judgment of the Requesting Party HD and in the context of its Incident Action Plan, demobilization of the Assistance or part of the Assistance is appropriate; or, 2) the Assisting Party HD requests the return of its Assistance or part of its Assistance.

Assisting Party HD personnel must coordinate demobilization within the Incident Command System and consult with their supervisors regarding conditions of demobilization. Personnel remain under the control of ICS until released. When released, personnel must return directly to their home or work duty station, as appropriate, and demobilization is not complete until the Assisting Party HD's personnel arrive back at their home or work duty station.

- Receive from the Requesting Party notification of the commencement of demobilization.
- Inventory and document the equipment, materials, or supplies you are transporting back to your home jurisdiction, if any. Include assessment and documentation of the condition of the equipment, supplies and materials, noting whether they are used or unused, in good serviceable condition, or damaged.
- Before leaving, check that the Requesting Party HD EOC Finance and Administrative Chief has a record of your work hours and that their list matches your knowledge of hours worked.
- Make sure to ask the Requesting Party HD whether you should bring any unused personal protective equipment to the Assisting Party HD, if you brought any with you.
- Receive from the Requesting Party HD, through their Incident Command System, a demobilization briefing. Expect to hear about your replacement, ongoing missions, completed tasks, and any outstanding issues and what your role is for any of those.

- Before leaving, check with the EOC Safety Officer who may assess your physical and mental health. NOTE: It is possible that your departure time may be delayed if you show signs that could impact your safety on the drive home. If prophylaxis or ongoing treatment is required, take sufficient medications with you to cover the prescription period.
  
- Check with your agency about travel arrangements. The Assisting Party HD makes return travel arrangements for its personnel, which may include lodging and food. Keep all receipts for reimbursement, as appropriate.
  
- Once you have returned to your home or work duty station, develop after-action briefing points and deliver them to the Incident Commander at the Requesting Party HD. As appropriate, participate in incident debriefings.

APPENDIX 3

AUTHORIZED REPRESENTATIVES

The following position titles are authorized to act for the listed Party HD as the Authorized Representative under the MAA and the SOPs or to connect the caller to the person who is authorized to act:

<u>Health Department/District</u>	<u>Title</u>	<u>Contact Information</u>
PHSKC:	Duty Officer	206-296-4606
TPCHD	Duty Officer	253-798-6500
	After hours	800-726-6404
	(Must request duty officer when calling either number)	
Kitsap County Health District	Duty Officer	360-415-2005
Snohomish Health District	Duty Officer	425-339-5295
Benton-Franklin Health District	Pager to reach management	509-543-3851
Chelan-Douglas Health District	Daytime Mon-Thurs	509-886-6400
	After hours	509-665-1509
Yakima Health District	Duty Officer	509-575-4040
Walla-Walla Co. Health Department	Alpha Pager	509-522-7349
	Phone	509-524-2650
Whatcom Co. Health Department	Answering Service	360-715-2588
Clark Co. Health Department	Duty Officer	360-518-2755
Grant Co. Health District	Duty Officer	509-754-6060
	After hours	509-398-2083

APPENDIX 4  
RESOURCE REQUEST FORM

PUBLIC HEALTH MUTUAL AID PLAN SOPs			
RESOURCE REQUEST FORM			
<b>PART 1:</b> <b>COMPLETED BY THE REQUESTING PARTY HD</b>		<b>Date:</b>	<b>Time:</b>
		<b>State:</b>	<b>Mission#:</b>
<b>Requesting Party HD:</b>		<b>Contact Person/Title:</b>	
<b>Telephone: (      )</b>		<b>FAX (      )</b>	
<b>Email:</b>			
<b>General Description of the Incident (type, magnitude, location, number of casualties, illnesses, injuries, etc.) and type of response assistance needed:</b>			
<b>Type of Assistance and Resources Needed (use Part 4 if needed). Include number and type of professionals, including education, licensure, credentials, training, and certification requirements, if any, and specific skills and experience needed:</b>			
<b>Date and time resources will be needed:</b>		<b>Staging Area Location Address and Contact Person at Staging Area:</b>	
<i>Dates From: To:</i>		<b>Address:</b>	
<i>Time Needed:</i>		<b>Contact Person:</b>	
		<b>Phone/Email:</b>	
		<b>Location of Service Delivery, if known:</b>	
<b>Authorized Representative:</b>		<b>Authorized Representative's Signature:</b>	
<b>Title:</b>		<b>Agency:</b>	

<b>PART 2:</b>		<b>Date:</b>	<b>Time:</b>
<b>COMPLETED BY THE ASSISTING PARTY HD</b>			
<b>Assisting Party HD:</b>		<b>Contact Person/Title:</b>	
<b>Telephone: (      )</b>		<b>FAX (      )</b>	
<b>Email:</b>			
<b>Type of Assistance Available:</b>			
<b>Date and time resources available:</b>		<b>Approx. daily cost for labor, equipment, and materials, plus or minus 10%:</b>	
<i>Dates</i>	<i>From:                      To:</i>	\$	
<i>Time:</i>			
<b>Approx. Transportation Costs (Home Base to Staging Area), plus or minus 10%:</b>		<b>Approx. Transportation Costs (Return to Home Base), plus or minus 10%:</b>	
\$		\$	
<b>Logistical Support Required from Requesting Party HD (use Part 4 if needed):</b>			
<b>Authorized Representative:</b>		<b>Authorized Representative's Signature:</b>	
<b>Title:</b>		<b>Agency:</b>	
<b>PART 3:</b>		<b>Date:</b>	<b>Time:</b>
<b>REQUESTING PARTY HD's APPROVAL</b>			
<b>Authorized Representative:</b>		<b>Authorized Representative's Signature:</b>	
<b>Title:</b>		<b>Agency:</b>	



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**Form Instructions**

The Requesting Party HD is one that has been impacted by a public health incident, emergency or disaster and is requesting Assistance. The Assisting Party HD is the one being asked to respond by providing Assistance. This form will serve as a means to document resource requests and authorizations.

**PART 1:**

The Requesting Party HD completes PART 1 (PART 4 serves as additional space for describing the type of assistance needed and may be used if necessary).

The form is then faxed by the Requesting Party HD to the Assisting Party HD.

**PART 2:**

The Assisting Party HD completes PART 2.

The Assisting Party HD may contact the Requesting Party HD for clarification, coordination and verbal approval of the resource request while in the process of completing PART 2.

When PART 2 is completed, the Assisting Party HD faxes the form to the Requesting Party HD.

**PART 3:**

The Requesting Party HD completes PART 3 and faxes the form to the Assisting Party HD. This constitutes final approval of the resource request.

**Part 4:**

**Amendments to this Resource Request Form shall be in writing, and agreed between the Party HDs, prior to the departure of supplemental Assistance, or the extension of time for the provision of Assistance. Amendments to this form may be documented by being interlineated and then initialed by both Party HDs' Authorized Representatives.**

APPENDIX 5

Public Health Mutual Aid Plan  
Standard Operating Procedure

MUTUAL AID RESOURCE TRACKING FORM

INCIDENT NAME

Request Number	Requesting LHJ	Resources Needed	Assisting LHJ	Resources Available	Date Available (From ~ To)	Contact Person; phone; email	Notes
1							- Resource deployed - Tasked to DOH EOC - Request withdrawn
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							