



American Indian Health Commission
For Washington State

MODEL TRIBAL-PUBLIC HEALTH COLLABORATION AND MUTUAL AID OPERATIONS AND DEPLOYMENT PLANGUIDE



3/21/17

REGION _____

The reader has permission to copy, modify and otherwise use this document for the reader's use. All

This _____ Regional Tribal-Public Health Mutual Aid Operations and Deployment PlanGuide ("Mutual Aid PlanGuide" or "MAPMAG") is developed pursuant to the authority set forth in Article I of the _____ Regional Tribal-Public Health Collaboration and Mutual Aid Agreement ("MAA").
DISCLAIMER. THE INFORMATION CONTAINED IN THIS DOCUMENT DOES NOT CONSTITUTE LEGAL ADVICE. USE OF ANY PROVISION HEREIN SHOULD BE CONTEMPLATED ONLY IN CONJUNCTION WITH ADVICE FROM LEGAL COUNSEL. PROVISIONS MAY NEED TO BE MODIFIED, SUPPLEMENTED, OR REPLACED TO ENSURE APPROPRIATE CITATION TO OR COMPLIANCE WITH RELEVANT LAWS TO

Region ___ Tribal-Public Health Mutual Aid Operations and Deployment Plan

Page | 1

Approved by all parties on _____

other rights are reserved by the copyright holder.

ACCURATELY REFLECT THE INTENT OF THE PARTIES TO A PARTICULAR AGREEMENT, OR TO OTHERWISE ADDRESS THE NEEDS OR REQUIREMENTS OF A SPECIFIC JURISDICTION. [This disclaimer applies to this document as a model agreement. Once the parties have modified this document and adopted their own Mutual Aid PlanGuide, this disclaimer should be removed].

~~MODEL TRIBAL-PUBLIC HEALTH COLLABORATION AND MUTUAL AID PLANGUIDE~~
~~TRIBAL-PUBLIC HEALTH MUTUAL AID OPERATIONS AND DEPLOYMENT GUIDE~~

REGION _____

Table of Contents

MUTUAL AID ~~PLANGUIDE~~ OVERVIEW ~~54~~

 Preparation ~~65~~

 Invoking Assistance and Responding to a Request for Assistance..... ~~65~~

 Deployment and Coordination ~~65~~

 Demobilization ~~85~~

 Reimbursement ~~86~~

IMPORTANT MUTUAL AID REMINDERS ~~97~~

HOW TO USE THIS MUTUAL AID ~~PLANGUIDE~~ ~~97~~

 Completion of Checklists ~~97~~

 Amendments to the Mutual Aid ~~PlanGuide~~ ~~97~~

 Referring to the Mutual Aid Agreement ~~97~~

 Regular Exercises and Training ~~97~~

PART ONE: CHECKLIST TO BE COMPLETED BEFORE PUBLIC HEALTH INCIDENT/EMERGENCY . ~~118~~

PART TWO: CHECKLISTS TO BE COMPLETED DURING PUBLIC HEALTH

 Completion of the Tribal-Public Health Mutual Aid Request Form ~~1611~~

 Deployment and Coordination ~~2416~~

 Demobilization ~~2920~~

 Reimbursement ~~3222~~

APPENDIX A: MUTUAL AID REQUEST CONTACTS ~~3525~~

APPENDIX B: PUBLIC HEALTH EMERGENCY LAWS AND CODES..... ~~3727~~

APPENDIX C: MODEL TRIBAL RESOLUTION ~~3929~~

APPENDIX D: MODEL PUBLIC HEALTH DEPARTMENT RESOLUTION ~~4131~~

APPENDIX E: PRE-DEPLOYMENT BRIEFING FORM..... 4137

Region ____ Tribal-Public Health Mutual Aid Operations and Deployment Plan

Approved by all parties on _____

[APPENDIX FE: RESPONDING PARTY DEMOBILIZATION PERSONNEL CHECKLIST 44](#)
[APPENDIX GF: LIST OF ACRONYMS 5847](#)

Formatted: Normal
Formatted: Hyperlink, Font: 11.5 pt, (Asian) Japanese, Kern at 12 pt, Ligatures: Standard + Contextual

DRAFT

LEGAL DISCLAIMER

THE INFORMATION CONTAINED IN THIS DOCUMENT DOES NOT CONSTITUTE LEGAL ADVICE. USE OF ANY PROVISION HEREIN SHOULD BE CONTEMPLATED ONLY IN CONJUNCTION WITH ADVICE FROM LEGAL COUNSEL. PROVISIONS MAY NEED TO BE MODIFIED, SUPPLEMENTED, OR REPLACED TO ENSURE APPROPRIATE CITATION TO OR COMPLIANCE WITH RELEVANT LAWS TO ACCURATELY REFLECT THE INTENT OF THE PARTIES TO A PARTICULAR AGREEMENT, OR TO OTHERWISE ADDRESS THE NEEDS OR REQUIREMENTS OF A SPECIFIC JURISDICTION. [This disclaimer applies to this document as a model agreement. Once the parties have modified this document and adopted their own Mutual Aid [PlanGuide](#), this disclaimer should be removed].

DRAFT

MUTUAL AID [PLANGUIDE](#) 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 (Month, Year), the _____ Health Departments and _____ Tribes executed the _____ Regional Tribal-Public Health Collaboration and Mutual Aid Agreement (Agreement). The intent of the Agreement is to make equipment, personnel and other resources available to other parties to the Agreement. The Agreement provides for mutual assistance among the parties in the prevention of, response to, and recovery from, any public health emergency. Parties to the Agreement 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 _____ Tribal-Public Health Collaboration and Mutual Aid [PlanGuide](#) for the _____ Region (Mutual Aid [PlanGuide](#)) pursuant to the authority set forth in the Agreement. The Mutual Aid [PlanGuide](#) sets forth standard operating procedures 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 Agreement.

To assure effective coordination among partners during a response, all parties ~~will~~[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 ~~will~~[should](#) assure that all individuals listed on the Mutual Aid [PlanGuide](#) Contacts List ~~will~~ have completed ~~and maintain competency 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 [PlanGuide](#) into their existing comprehensive emergency management plan (CEMP). The parties should also provide ongoing training on the Mutual Aid Agreement and Mutual Aid [PlanGuide](#), 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.

Region ___ Tribal-Public Health Mutual Aid [Operations and Deployment](#) Plan

Page | 5

Approved by all parties on _____

This section provides an overview of ~~five~~the important ~~five~~elements of ~~mutual aid~~~~Mutual Aid Plan~~: (1) Preparation; (2) Invoking Assistance; (3) Coordination and Deployment; (4) Demobilization; and (5) Reimbursement.

Preparation

Part One of the Mutual Aid ~~Plan~~Guide outlines the first steps to implementing ~~the Mutual Aid Plan~~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. 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 ~~Plan~~Agreement.

The parties need to consider whether they may need to temporarily grant authority to a public health officer outside their jurisdiction during a public health incident or emergency, 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. The parties also ~~must~~should review their current public health codes to determine if any gaps exist with their own laws. Where there are gaps, they may need to temporarily adopt certain public health codes from another jurisdiction during a public health incident. 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.

Finally, all parties ~~should~~need to agree on how the parties will share, update and access important documents including the Mutual Aid Agreement, the Mutual Aid ~~Plan~~Guide, and the Contact Form, the Mutual Aid Request Form, etc.

Invoking Assistance and Responding to a Request for Assistance

When a public health incident occurs, a party or parties ~~must~~should determine whether to request assistance from another party. Part Two of the Mutual Aid ~~Plan~~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~~sh~~ 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 ~~must~~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.

Region ___ Tribal-Public Health Mutual Aid ~~Operations and Deployment~~ Plan

Approved by all parties on _____

DRAFT

Demobilization

The Mutual Aid [PlanGuide](#) 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 [PlanGuide](#) 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.

DRAFT

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 [PLANGUIDE](#)

Completion of Checklists. The Mutual Aid [PlanGuide](#) contains several checklists to be completed by all parties.

- [Part One](#) of the Mutual Aid [PlanGuide](#) 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 [must/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, so they may need to be completed in a different order, not completing some items, and/or completing additional actions not listed. Many items will need to be worked on simultaneously, without the need for other items to be completed.

Amendments to the Mutual Aid [PlanGuide](#). The Parties may review and amend this Mutual Aid [PlanGuide](#), as deemed necessary. However, changes to the Mutual Aid [PlanGuide](#) [must/should](#) be consistent with the Mutual Aid Agreement. Inconsistencies or conflicts between this Mutual Aid [PlanGuide](#) and the Mutual Aid Agreement, if any, [shall/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 [PlanGuide](#). Definitions of terms found within the Mutual Aid [PlanGuide](#) may also be provided in the Mutual Aid Agreement.

Regular Exercises and Training. The Parties [will/should](#) incorporate this Mutual Aid [PlanGuide](#) into their regular exercises and trainings as deemed appropriate.

Region ___ Tribal-Public Health Mutual Aid [Operations and Deployment](#) Plan

Page | 9

Approved by all parties on _____

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

1.1	<p>Create an Online Mutual Aid Agreement AccessShare Site. Parties willshould 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 <u>documents related to the Mutual Aid Agreement; for example:</u> the most recent Mutual Aid Agreement, Mutual Aid PlanGuide, Tribal-Public Health Mutual Aid Request Form, Contacts Lists, Parties' Emergency Operations Plans, and other related documents. <u>(See http://www.aihc-wa.com/aihc-health-projects/tribal-public-health-mutual-aid/)</u></p>	<p>Requesting Party <input type="checkbox"/></p>	<p>Respond Party <input checked="" type="checkbox"/></p>	<p>Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt Formatted: Font: Bold</p>
1.2	<p>Update the Online Mutual Aid Agreement AccessShare Site Regularly. Parties willshould agree upon individuals responsible and procedures for updating the Online Mutual Aid Agreement AccessShare Site on a continuous basis. <u>Share site information must be submitted for posting to: jou.schmitz.aihc@outlook.com.</u></p>	<p>Requesting Party <input type="checkbox"/></p>	<p>Respond Party <input checked="" type="checkbox"/></p>	<p>Formatted: Space Before: 0 pt, After: 0 pt Formatted Table Formatted: Space Before: 0 pt, After: 0 pt</p>
1.3	<p>Assure Key Personnel Have Access to Mutual Aid Agreement Share Site. <u>Every partner mustshould develop internal processes to assure all personnel and other authorized individuals who may need access to the region's share site has the password. If a partner experiences difficulties accessing the share page, support is available via email at jou.schmitz.aihc@outlook.com or via phone at 206.949.3541.</u></p>	<p>Requesting Party <input type="checkbox"/></p>	<p>Respond Party <input type="checkbox"/></p>	<p>Formatted: Font: Bold Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt, After: 0 pt, Line spacing: Multiple 1.1 li Formatted: Font: 11 pt</p>
1.4	<p>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 willshould 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 willshould assure this role is reassigned when there is staff or government turnover, and willshould update their Contacts List (see Appendix A) on the Online Mutual Aid Agreement AccessShare Site, per agreed procedures.</p>	<p>Requesting Party <input type="checkbox"/> Requesting Party <input type="checkbox"/></p>	<p>Respond Party <input type="checkbox"/></p>	<p>Formatted: Font: 11 pt Formatted: Font: 11 pt Formatted: Font: 11 pt, Bold Formatted: Font: 11 pt Formatted: Font: Not Bold Formatted: Space Before: 0 pt, After: 0 pt</p>
1.5	<p>Create a Contact List. Each Party willshould create, post on the Mutual Aid Agreement AccessShare Site, and maintain current a Contacts List (see Appendix A) of key individuals. This list mustshould be maintained year-round; before, during, and after incidents. Lists willshould include contact details (e.g., name, title, email address, fax number, phone numbers, etc.) for, at minimum, the following. Each organizational structure is unique; however, every partner should include, at minimum, the contacts that serve in the following roles, regardless of title.</p> <p>For Tribes:</p> <ul style="list-style-type: none"> • Tribal Chair • Tribal Health Director • Tribal Public Health Emergency Coordinator • Tribal Medical Director and/or Clinic Manager • Tribal Emergency Manager • Contact for Parties to Submit Aid Requests to the Tribe • Contact for Submitting Invoices to Tribe <p>For Local Health Departments:</p> <ul style="list-style-type: none"> • Local Health Officer 	<p>Requesting Party <input type="checkbox"/> Requesting Party <input type="checkbox"/></p>	<p>Respond Party <input type="checkbox"/></p>	<p>Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt, After: 0 pt</p>

Region ___ Tribal-Public Health Mutual Aid Operations and Deployment Plan

Approved by all parties on _____

	<ul style="list-style-type: none"> • Local Emergency Response Coordinator • Regional Emergency Response Coordinator • Contact for Parties to Submit Aid Requests to the Local Health Department • Contact for Submitting Invoices to Health Department 		
--	--	--	--

Formatted: Space After: 0 pt

DRAFT

1.65	<p>Complete ICS Training and Maintain ICS Competency. To assure effective coordination among partners during a response, all parties <u>will</u> 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 <u>and fully competent</u> to operate within ICS. At minimum, each party <u>will</u> assure that all individuals listed on the Mutual Aid <u>Plan</u> Contacts List <u>will</u> have completed <u>and maintain competency training</u> in:</p> <ul style="list-style-type: none"> • 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 	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>	
1.76	<p>Complete Training on Universal Precautions. To assure safety, all Responding Personnel <u>will</u> be required to practice universal precautions in all response activities, as appropriate. Each Party <u>will</u> assure that all individuals who may play a role in responding to a public health incident or emergency <u>are</u> trained <u>and fully competent</u> to practice universal precautions when deployed. Responding Personnel who are unable to attest competency in universal precautions <u>will</u> be denied deployment.</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>	
1.87	<p>Complete Public Health Emergency Laws and Codes Chart (Appendix B) and Post on Online Mutual Aid Agreement <u>Access</u> Share Site. In anticipation of and prior to activating this Mutual Aid <u>Plan</u>, the Parties <u>will</u> consult with one another as to whether each the tribal government party has adopted tribal codes related to specific public health emergency responses. The Tribal Parties <u>will</u> 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 <u>will</u> complete the Public Health Emergency Laws and Codes Chart (Appendix B) and <u>will</u> post it on the Online Mutual Aid Agreement <u>Access</u> Share Site. <u>It is strongly recommended that Tribal partners develop and implement a comprehensive set of tribal public health codes.</u></p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input checked="" type="checkbox"/>	<p>Formatted: Space Before: 0 pt, After: 0 pt</p> <p>Formatted: Space Before: 0 pt, After: 0 pt</p> <p>Formatted: Space Before: 0 pt, After: 0 pt</p>
1.98	<p>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 their 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). <u>(See Appendix C)</u> This will allow for minimum effort in composing a specific resolution during an incident. A list of public health laws that a TRIBE may choose to adopt temporarily is found in Appendix B. See Mutual Aid Agreement.</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input checked="" type="checkbox"/>	<p>Formatted: Space Before: 0 pt, After: 0 pt</p> <p>Formatted: Space Before: 0 pt, After: 0 pt</p> <p>Formatted: Space Before: 0 pt, After: 0 pt</p>
1.109	<p>Execute Health Department Resolutions Establishing Authority to Accept Tribal Grants of Authority. The Boards of Health governing the Party Health Departments 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 <u>Access</u> Share Site. (An example resolution is provided in Appendix D.)</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input checked="" type="checkbox"/>	<p>Formatted: Space Before: 0 pt, After: 0 pt</p> <p>Formatted: Space Before: 0 pt, After: 0 pt</p> <p>Formatted: Space Before: 0 pt, After: 0 pt</p>

1.110	<p>Determine Procedures for Reporting Personnel Injury/Death Incident. The parties <u>will</u> determine which personnel injury/death incident forms they will utilize and the process for reporting incidents involving their <u>emergency responders</u> <u>Responding Personnel</u>.</p> <p>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.</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>
1.121	<p>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 <u>will</u> provide ID badges specific to each Mission for all responders.</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>
1.132	<p>Identify Potential Staging Areas to Receive and Locate Resources. The parties <u>will</u> identify potential staging areas to receive and locate human and other resources requested from the Responding Party(ies.)</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>
1.143	<p>Provide copy of MAA and MAPMAG to Workers Compensation and Liability Insurance carriers. Each Party should provide a copy of the MAA and MAPMAG to its Workers Compensation and Liability Insurance carriers and clarify coverage.</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>
1.154	<p>Schedule Annual Mutual Aid Agreement Training and Simulation Exercises. Parties <u>will</u> 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 <u>will</u> 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. <u>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 will be reviewed regularly and at the annual training/exercise, to assure accuracy. Updates will be submitted to the share site host at: jou.schmitz.aihc@outlook.com.</u></p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>

Formatted: Font: Bold

1.165	<p>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 <u>must</u> 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 <u>must</u> 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 <u>should</u> be posted on the Online Mutual Aid Agreement AccessShare Site.</p>	<p>Requesting Party</p> <input type="checkbox"/>	<p>Responding Party</p> <input type="checkbox"/>
-------	---	--	--

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 Health Department Resolution Establishing Authority to Accept Tribal Grants of Authority (See Appendix D)
5. [ICS Forms Available Online](#) (Also on Online Mutual Aid Agreement [AccessShare](#) Site)

DRAFT

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

Completion of the Tribal-Public Health Mutual Aid Request Form The following steps must be followed to complete <u>are part of completing</u> the Tribal-Public Health Mutual Aid Request Form. Each incident is unique, and items listed below may need to be addressed in an alternate order. <u>It is useful to read through all of Part Two, before beginning completion of the Tribal-Public Health Mutual Aid Request Form.</u>			
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 will designate a specific point of contact for the Responding Party to coordinate efforts with and provide contact information.	Requesting Party <input type="checkbox"/>	Formatted: Space Before: 0 pt Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt
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). 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 to qualify for third party reimbursement, if available.	Requesting Party <input type="checkbox"/>	Formatted: Space Before: 0 pt Formatted: Space Before: 0 pt Formatted: Space After: 0 pt
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 . <u>Each jurisdiction will have its own process and authorized individual to request a mission number, and should proceed accordingly.</u>	Requesting Party <input type="checkbox"/>	Formatted: Space Before: 0 pt Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt Formatted: Font: Bold
2.4	Inform Washington State Department of Health (DOH). The Requesting Party shall <u>should</u> 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 hanaalert@doh.wa.gov . This will facilitate access to additional available resources.	Requesting Party <input type="checkbox"/>	Formatted: Space Before: 0 pt Formatted: Space Before: 0 pt, After: 0 pt Formatted: Font: Bold Formatted: Space Before: 0 pt
2.5	Request Mutual Aid Verbally or in Writing. Ask for help early. Requests for assistance must <u>should</u> be made by an Authorized Representative to the Responding Party's Authorized Representative. The request may be verbal or written. <u>If verbal, the request-Requesting Party should be co-confirmed</u> in writing using the Mutual Aid Request Form before the Period of Assistance begins, to the extent it is practical, <u>and no later than 7 days after the initial request.</u> 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, Part 1 of this form <u>must</u> be completed as soon as	Requesting Party <input type="checkbox"/>	Formatted: Space Before: 0 pt Formatted: Underline Formatted: Space Before: 0 pt Formatted: Underline Formatted: Space Before: 0 pt, After: 0 pt Formatted: Font: Bold, Italic

Region ___ Tribal-Public Health Mutual Aid Operations and Deployment Plan

Approved by all parties on _____

practical, and sent to the Responding Party no later than seven (7) days after the initial request for assistance.

2.6	<p>Receive Request for Assistance or Collaboration - Review and Clarify. Requests for assistance must be made by an Authorized Representative to the Responding Party's Authorized Representative should<u>must</u> receive the 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.</p> <p>(The initial request for assistance may be verbal or written. If verbal, the Requesting Party request shall<u>should</u> be confirmed in writing using complete and send Part 1 of the Mutual Aid Request Form to the Responding Party before the Period of Assistance begins, to the extent it is practical, and no later than 7 days after the initial request is made. The Responding Party should<u>must</u> confirm or decline assistance ASAP after receiving the initial request. The Responding Party should<u>must</u> 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.) The Mutual Aid Request Form will be completed as soon as possible and no later than (30) days after the date of the request.</p> <p>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 but no later than thirty (30) days after the request for assistance.</p>	<p>Responding Party</p> <input type="checkbox"/>
2.7	<p>Determine Availability of Resources. The Responding Party will<u>should</u> ascertain whether they have sufficient resources and personnel with needed certifications and/or experience to respond to the request from the Requesting Party, <u>as soon as possible.</u> If the Responding Party is not able to provide assistance, it should notify the Requesting Party as soon as possible, and send Part 2 of the Mutual Aid Request Form declining to offer assistance.</p> <p>(The Responding Party may exercise discretion in withholding or withdrawing requested assistance at any time and for any reason. If the Responding Party decides to withdraw assistance, the Authorized Representative, will<u>should</u> give at least 48 hours' notice in writing to the Requesting Party before withdrawing assistance.)</p>	<p>Responding Party</p> <input type="checkbox"/>
2.8	<p>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. The Responding Party will<u>should</u> 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.</p>	<p>Responding Party</p> <input type="checkbox"/>

Formatted: Underline

2.9	<p>Verify Emergency Mission Number. The Responding Party will<u>should</u> confirm that the Requesting Party has requested<u>obtained</u> an emergency mission number. (<u>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.</u>)</p>	<p>Responding Party <input type="checkbox"/></p>
-----	--	--

Formatted: Underline

DRAFT

2.10	<p>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 nature of the public health emergency. Public health codes will should be documented using Appendix B and posted on the Mutual Aid share site. (See 1.1)</p>		<p>Responding Party <input type="checkbox"/></p>
2.11	<p>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 shshould 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:</p> <ol style="list-style-type: none"> 1. Does the incident require the authority of a Public Health Officer and 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 departmentjurisdiction, whose qualifications are set forth in tribal code or in RCW 70.05 and RCW 70.08 et seq. 2. Does the incident require the expertise of a Public Health Officer from another jurisdiction? 3. Does your jurisdiction have a public health code that addresses the incident? <p>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 shouldwill need to complete Section 2.11. If not, move to Section 2.12.</p>	<p>Requesting Party <input type="checkbox"/></p>	
2.12	<p>FOR TRIBAL REQUESTING PARTIES ONLY. Establish Temporary Authority for Public Health Officer and/or Temporary Adoption of Public Health Code (if applicable).</p> <ol style="list-style-type: none"> 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 shshould execute as soon as possible a resolution appointing a Public Health Officer and/or specific public health codes (See Appendix C for a model resolution). 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 willshould be provided to the Responding Party. 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 willshould take reasonable and customary steps to inform enrolled tribal and community members of the adoption of the resolution, its scope and duration. 	<p>Requesting Party <input type="checkbox"/></p>	

DRAFT

2.13	<p>Submit the Completed Part 1 of the Tribal-Public Health Mutual Aid Request Form to the Responding Party. The Requesting Party will<u>should</u> 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 Online Mutual Aid Agreement Access<u>Share</u> 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.</p>	<p>Requesting Party <input type="checkbox"/></p>	
2.14	<p>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.</p> <p>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.</p>	<p>Requesting Party <input type="checkbox"/></p>	
2.15	<p>Receive and Review Requesting Party's Completed Tribal-Public Health Mutual Aid Request Form. The Responding Party will<u>should</u> review the completed Part 1 of the Tribal-Public Health Mutual Aid Request form completed by the Requesting Party.</p>		<p>Responding Party <input type="checkbox"/></p>
2.16	<p>Complete and Submit Tribal-Public Health Mutual Aid Request Form to Requesting Party via fax, email, or mail. The Responding Party will<u>should</u> 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 (14<u>7</u>) days after the date of the request<u>receipt of Part 1 of the Request Form</u>. The Tribal-Public Health Mutual Aid Request Form can be faxed, or e-mailed, or mailed between the parties.</p>		<p>Responding Party <input type="checkbox"/></p>
2.17	<p>Receive and Review Responding Party's Completed Tribal-Public Health Mutual Aid Request Form. The Requesting Party will<u>should</u> review the Part 2 pages of the Tribal-Public Health Mutual Aid Request form completed by the Responding Party.</p>	<p>Requesting Party <input type="checkbox"/></p>	
2.18	<p>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. (See Sections 2.49-2.56 for additional information on cost reimbursement.)</p>	<p>Requesting Party <input type="checkbox"/></p>	

	<p>If the request includes a granting of authority or temporary adoption of public health code, the Requesting Party/TRIBE <u>will</u> provide a certified copy of the Tribal Resolution with the completed Request Form.</p> <p>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 <u>must</u> be completed as soon as practical, and no later than thirty (30) days after the request for assistance.</p>	
2.19	<p>Confirm Receipt of Requesting Party's Completed Tribal-Public Health Mutual Aid Request Form. A completed form includes approval by the Requesting Party of Part 2 of the Mutual Aid Request Form. The Responding Party <u>will</u> confirm receipt of the Requesting Party's Mutual Aid Request Form prior to the departure of personnel, equipment, materials, or supplies; and/or, prior to use of services, facilities or other resources. 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 verbally with the Requesting Party. Provide a copy of this Form to the Requesting Party.</p> <p>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. <u>(See page 23 for additional information on cost reimbursement.)</u></p> <p>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 <u>must</u> be completed as soon as practical, and no later than thirty (30) days after the request for assistance.</p>	<p>Responding Party</p> <input type="checkbox"/>
2.20	<p>Confirm Receipt of Tribal Resolution Designating Authority for Public Health Officer (if applicable). The Health Officer <u>will</u> notify the TRIBE of any decision to decline, withdraw, rescind, or take similar action with respect to the tribal resolution at any time.</p>	<p>Responding Party</p> <input type="checkbox"/>

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. If the Responding Party understands its resources are expected to operate under the Incident Command System, the Responding Party should operate within that system and in adherence to the National Incident Management System (NIMS).		Responding Party <input type="checkbox"/>	Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt
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 will designate a specific point of contact for the Requesting Party to coordinate efforts with and provide contact information.		Responding Party <input type="checkbox"/>	Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt
2.23	Emergency Operations Plan and Incident Command System Activation. The Responding Party will determine whether the Requesting Party has an emergency operations plan. If yes, the Responding Party will confirm that the Requesting Party's emergency operations plan has been activated, including the Incident Command System, if applicable. If not, all Parties will establish protocols for communication and coordination, and chain of command. (See ICS Form 203 and ICS 207)	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Formatted: Space Before: 0 pt, After: 0 pt Formatted: Space Before: 0 pt
2.24	Where to Check In - Select and Prepare Most Appropriate Staging Areas to Receive and Locate Resources. The Requesting Party will 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 will consult and coordinate with the Responding Party(ies) to assure staging areas are adequate. The Requesting Party will provide detailed information regarding the staging areas to the Responding Party(ies.)	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
2.25	Discuss Public Messaging and Risk Communications. The Requesting Party and Responding Party will discuss and agree on procedures for public messaging and risk communications, including defining responsibilities, authorization, dissemination, etc.	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
2.26	Determine Necessary Personal Protective Equipment (PPE). The Requesting Party and Responding Party(ies) will consult with each other and, if necessary, with DOH to determine science-based guidelines for PPE needed to protect responders. <ol style="list-style-type: none"> 1. Requesting and Responding Parties will consult with each other to determine jointly the minimum protection level required for PPE. If necessary, all parties will consult with DOH to clarify what personal protective equipment are required. The Requesting and Responding Parties will agree on which party will provide PPE. 2. The Requesting Party will assure that Responding Party personnel will have all required PPE prior to leaving the staging area, and will 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) 3. Prior to leaving the staging area, all responding personnel will be required to confirm they have received training in universal precautions, and 	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	

	that they agree to practice universal precautions in all response activities. (See Pre-Deployment Checklist, Appendix E)		
2.27	<p>Determine Necessary Vaccinations and/or Medical Countermeasures. The Requesting Party and Responding Party(ies) <u>will/should</u> consult with each other and, if necessary, with DOH to determine science-based guidelines for vaccinations and/or medical countermeasures (MCM) needed to protect responders.</p> <ol style="list-style-type: none"> 1. Requesting and Responding Parties <u>will/should</u> consult with each other to determine jointly vaccinations and/or medical countermeasures (MCM) required. If necessary, all parties <u>will/should</u> consult with DOH to clarify what vaccinations, medical countermeasures, other prophylaxis, and/or other medications are required. The Requesting and Responding Parties <u>will/should</u> agree on which party will provide these. 2. The Requesting Party <u>will/should</u> assure that Responding Party personnel <u>will</u> have all required vaccinations, medical countermeasures, other prophylaxis, and/or other medications prior to leaving the staging area, and <u>will/should</u> 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) 	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.28	<p>Identify Incident-Specific Responder Needs. Since each incident is unique, the Requesting Party <u>will/should</u> 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.)</p>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.29	<p>Travel Arrangements, Transportation, Housing, Sleeping Accommodations, and Food. The Requesting Party and Responding Party <u>will/should</u> agree on arrangements for Responding Personnel's food, local transportation, shelter, sleeping accommodations and sanitation.</p> <ol style="list-style-type: none"> 1. Home Base – Staging Area – Home Base. The Responding Party <u>will/should</u> 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. <ol style="list-style-type: none"> a. Travel. Responding Party <u>should</u> make both departure and return travel arrangements for its own personnel, to and from the staging area. b. Ground Transportation. The Parties may decide prior to the departure of personnel which party should make ground transportation arrangements, and whether Responding Personnel <u>will/should</u> need ground transportation to perform their assignments. Additional information may be added to the Tribal-Public Health Mutual Aid Request Form. 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 	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>

Formatted: Space Before: 0 pt, After: 0 pt

	information may be added to the Tribal-Public Health Mutual Aid Request Form.		
	<p>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.</p> <p>2. On Assignment (From Check In to Release). The Requesting Party <u>will</u> 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 <u>will</u> agree on alternate arrangements.</p>		
2.30	<p>Operational Control of Responding Party Personnel - 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 transfers to the Requesting Party. (Clinical supervision for medical personnel provided by the Responding Party <u>will</u> be provided by 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, in writing. <u>Verifiable electronic signatures are acceptable.</u>)</p>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.31	<p>Perform Responding Party Pre-Deployment Briefing. The Responding Party <u>will</u> 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 <u>must</u> be presented upon Check In to the Requesting Party for completion. (See ICS Forms 201- 207)</p>		Responding Party <input type="checkbox"/>
2.32	<p>Send Written Instructions to Requesting Party for Provided Equipment, Supplies, or Vaccines. The Responding Party <u>will</u> 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.</p>		Responding Party <input type="checkbox"/>
2.33	<p>Provide List of Deployed Personnel's Names and Licensure/Certification Documents to Requesting Party. The Responding Party <u>will</u> 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 <u>will</u> carry the appropriate documents to the Requesting Party. (See ICS Forms 204 and 219)</p>		Responding Party <input type="checkbox"/>
2.34	<p>Perform Requesting Party Check In Briefing. The Requesting Party <u>will</u> perform a briefing when Responding Personnel arrive at the staging area, using the Pre-Deployment Briefing Form (See Appendix E). This briefing <u>must</u> be completed</p>	Requesting Party <input type="checkbox"/>	

	with all personnel prior to Responding Personnel leaving the staging area and engaging in response activities. (See ICS Form 211)		
2.35	<p>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.</p> <ol style="list-style-type: none"> <u>Record of Hours Worked.</u> The Requesting Party and the Responding Personnel will<u>should</u> 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 will<u>should</u> provide Responding Personnel with forms and instructions to track time. (See 1.15 Above) <u>Materials and Equipment Inventory.</u> 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<u>should</u> 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) The Requesting Party and Responding Party will<u>should</u> provide these records to each other as necessary. 	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.36	<p>Provide Updated Information Regarding Significant Increases or Decreases in Resources Needed and Expense Estimates. Requesting Party and Responding Party will<u>should</u> 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.</p>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.37	<p><u>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 HEALTH JURISDICTION.</u></p>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.38	<p>Submit Amendments to Tribal-Public Health Mutual Aid Request Form as Necessary. Amendments to the Tribal-Public Health Mutual Aid Request Form shall<u>should</u> be in writing, and agreed between the parties, prior to the departure of supplemental Assistance, or extension of time for provision of Assistance.</p>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.38	<p>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 will seek extension of the resolution from the tribal council or other authorized tribal decision-maker prior to its expiration. If granted, the TRIBE will provide a certified copy of such extension to the HEALTH DEPARTMENT JURISDICTION.</p>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.39	<p>Complete Injury/Death Incident Reports of Deployed Responders. Injuries sustained during response activities must<u>should</u> be immediately reported to the on-scene supervisor and Requesting Party's designated contact. All details of the incident</p>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>

Region ___ Tribal-Public Health Mutual Aid Operations and Deployment Plan

Approved by all parties on _____

~~must~~should be documented. Parties ~~will~~should follow their own internal policies for claim submittal through their jurisdiction and, if applicable, Washington State Labor and Industries. The Requesting Party ~~will~~should provide injury/death incident reports and physical and/or mental health incident reports related to Responding Party personnel to the Responding Party.

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
2. [ICS Forms Available Online](#) (Also on Online Mutual Aid Agreement [AccessShare](#) Site)

Formatted: Font: Bold

DRAFT

Demobilization

The Authorized Representatives and personnel of both parties ~~shall~~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.

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 <u>will</u> shall 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 is not activated or has stood down, personnel <u>must</u> shall send the demobilization request to the supervisor of the Requesting Party or his/her designee.		Responding Party <input type="checkbox"/>
2.41	Initiate Demobilization Process. The Requesting Party <u>will</u> shall 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 <u>will</u> shall occur in accordance with the demobilization protocols of the EOP. If the Requesting party does not have established demobilization protocols, the Requesting Party <u>will</u> shall develop an organized demobilization process in collaboration with the Responding Party. Demobilization begins when either: <ol style="list-style-type: none"> 1. In the judgment of the Requesting Party, demobilization of the assistance, or part of the assistance, is appropriate; or 2. The Responding Party requests the return of its assistance or part of its assistance. 	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.42	Provide Demobilization Check-Out Process for Personnel. The Requesting Party <u>will</u> shall implement an organized demobilization check-out process for all responding personnel, using the Responding Party Demobilization Personnel Form. (See Appendix F). The process <u>will</u> shall be conducted in coordination with Incident Command System (ICS) officers, and the Responding Party. (See ICS Forms, 219s, 221, 225)	Requesting Party <input type="checkbox"/>	
2.43	Personnel Demobilization Coordination. The Requesting Party <u>will</u> shall coordinate personnel demobilization with Incident Command System officers, and the Responding Party. Responding Personnel <u>must</u> shall 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 <u>must</u> shall coordinate demobilization with the supervisor of the Requesting Party or his/her designee.	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>

DRAFT

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 Requesting Party during travel and until Responding Party Personnel arrive back at their home or work duty station.	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.45	Responding Party Personnel Return to Home. When released by the Requesting Party, Responding Party personnel must 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. <u>Responding Party Personnel must should check in with Responding Party and Requesting Party, upon arrival at their home or work duty station, per established process. (See Appendix F)</u>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.46	Create After-Action Report. Responding Party personnel will contribute information to include in the After-Action Report, as requested by the Requesting Party. Requesting Party should will create an After-Action Report <u>in a timely manner</u> and make it available to all incident participants, when complete. <u>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.)</u>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>

Forms that apply to this section include:

1. Appendix F, Responding Party Demobilization Personnel Form

Reimbursement

A Requesting Party ~~shall~~ reimburse the Responding Party for the costs of assistance pursuant to the Mutual Aid Agreement, UNLESS (1) a third-party payer, such as the United States Government or the State of Washington has funds or processes available for reimbursement for the requested assistance; or (2) the Responding Party waives the request for 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.

The following checklist provides the process for reimbursement.

2.40	Coordinate with Other Party to Meet Reimbursement Requirements. Both parties will cooperate to meet all local, state, and federal requirements for reimbursement or other funding. The Requesting Party will exhaust their rights to reimbursement or other payment from local, state, and/or federal governments.	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.41	Ensure Personnel Compliance with Reimbursement Policies. Both Parties will ensure their personnel follow the own party's policies and use their own internal forms related to agency personnel expense reimbursement.	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>
2.42	Determine Per Diem. The Requesting and Responding Parties will 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 <input type="checkbox"/>
2.43	Document Use of Resources. The Requesting Party shall document use of personnel, materials, supplies, equipment, facilities, services, and/or related resources for state or federal reimbursement, and will 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 <input type="checkbox"/>	
2.44	Document Damage to Resources. The Requesting Party will 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 shall be provided to the Responding party so that they may be attached to reimbursement claim forms or invoices.	Requesting Party <input type="checkbox"/>	<div data-bbox="1149 1257 1611 1276">Formatted: Space Before: 0 pt, After: 0 pt</div> <div data-bbox="1149 1283 1611 1302">Formatted: Space After: 0 pt</div> <div data-bbox="1149 1329 1611 1348">Formatted: Space After: 0 pt</div>
2.45	Request Invoices from Responding Party and Pay. The Requesting Party will request invoices from the Responding Party(ies), to be submitted as soon as possible, as costs are incurred. The Requesting Party shall pay the reimbursement within sixty (60) days of receipt of each invoice.	Requesting Party <input type="checkbox"/>	<div data-bbox="1149 1415 1611 1434">Formatted: Space Before: 0 pt, After: 0 pt</div> <div data-bbox="1149 1488 1611 1507">Formatted: Space Before: 0 pt, After: 0 pt</div>
2.46	Determine Reimbursement Amounts. 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, food and lodging costs for those specific meals are not eligible for reimbursement.		Responding Party <input type="checkbox"/>

Region ___ Tribal-Public Health Mutual Aid [Operations and Deployment](#) Plan

Approved by all parties on _____

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) ~~must~~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 Jurisdiction)
 - d. Meals not otherwise provided by entities of the Requesting Party
 - i. The Requesting and Responding Parties ~~will~~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.

	<p>EXAMPLES OF INELIGIBLE COSTS</p> <ol style="list-style-type: none"> 1. Standby hours (time spent waiting for a deployment) is not considered eligible for reimbursement. 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 <i>actual costs incurred during the response</i>. 3. Costs for alcohol, tobacco, toiletries, or similar items are not eligible for reimbursement. <p><i>ALL costs incurred by an entity that self-deployed without approval from both participating Parties will be ineligible.</i></p>		
2.47	<p>Send Requesting Party Reimbursement Invoices with Required Documentation.</p> <ol style="list-style-type: none"> 1. Responding Party(ies) <u>will</u> 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 <u>shall</u> pay the reimbursement within sixty (60) days of receipt of each invoice. 2. Responding Party(ies) may use their own invoices for billing. 3. Responding Party(ies) <u>will</u> attach the following to invoices: <ol style="list-style-type: none"> a. A copy of the Tribal-Public Health Mutual Aid Request Form with completed sections regarding costs 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 c. Timesheets for backfill employees, if agreed upon between the Requesting and Responding parties d. Work records documenting tasks completed e. Payroll documentation f. Travel expense reports and vouchers g. Payroll documentation h. Travel expense reports and vouchers i. Copies of paychecks j. Receipts or invoices for purchased goods k. Other documents that substantiate an authorized incurred cost 		<p>Responding Party</p> <p><input type="checkbox"/></p>

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 will determine which personnel injury/death incident forms they will utilize and the process for reporting incidents).
4. Responding Party Demobilization Personnel Checklist (Appendix H)

← **Formatted:** Space Before: 0 pt, After: 0 pt

Region ___ Tribal-Public Health Mutual Aid [Operations and Deployment](#) Plan

Approved by all parties on _____

APPENDIX A: MUTUAL AID REQUEST CONTACTS

Each Party must 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 Tribal-Public Health Collaboration and Mutual Aid Agreement, is the person or persons designated by each Party in the Mutual Aid Plan 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.

Formatted: Space After: 0 pt

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 DEPARTMENT 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				

Formatted: Space Before: 6 pt, After: 6 pt

Formatted: Space Before: 6 pt, After: 6 pt

APPENDIX B: PUBLIC HEALTH EMERGENCY LAWS AND CODES

Formatted: Space Before: 0 pt, After: 0 pt

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 Department/Jurisdiction should review codes and laws listed in column 2 (Applicable Code/Law for Local Health Department/Jurisdictions) and add to the list, as appropriate. Once all Party Local Health Department/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 Department/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 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 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 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 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 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 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 WAC 246-291 WAC 246-293	

Formatted: Space After: 0 pt

APPENDIX C: MODEL TRIBAL RESOLUTION

THE _____ TRIBE

RESERVATION

RESOLUTION # XXXX-XX

TEMPORARY GRANT OF AUTHORITY TO _____ COUNTY LOCAL HEALTH OFFICER AND
TEMPORARY ADOPTION OF PUBLIC 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 _____ Region Tribal Public Health Collaboration and 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 will 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**

Region ____ Tribal-Public Health Mutual Aid [Operations and Deployment](#) Plan

Approved by all parties on _____

Formatted: Font: Bold, Italic, Highlight

Formatted: Font: Bold, Italic, Highlight

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.** The Local Health Officer from the _____ [Department/Jurisdiction](#)/District is hereby deputized as the _____ Tribe's Health Officer for the sole purpose of taking action set forth in this resolution. The Tribal
- 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 [Department/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 DEPARTMENT JURISDICTION
RESOLUTION

_____ HEALTH DEPARTMENT JURISDICTION
RESOLUTION NO. _____

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

WHEREAS, the _____ HEALTH DEPARTMENT JURISDICTION has entered into the _____ Regional Tribal-Public Health Collaboration and 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 department jurisdiction or district (HEALTH DEPARTMENT 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 DEPARTMENT 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 DEPARTMENT JURISDICTION, recognizing that exigent circumstances may require prompt action by the Health Department 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 DEPARTMENT 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 Department 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

Region ___ Tribal-Public Health Mutual Aid Operations and Deployment Plan

Page | 39

Approved by all parties on _____

Chair

APPENDIX E: PRE-DEPLOYMENT BRIEFING 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 **must/should** be completed by both Requesting and Responding Parties. This form **must/should** be completed with copies retained by the Requesting Party, Responding Party and Responding Personnel, prior to the Responding Personnel leaving the staging area. (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	

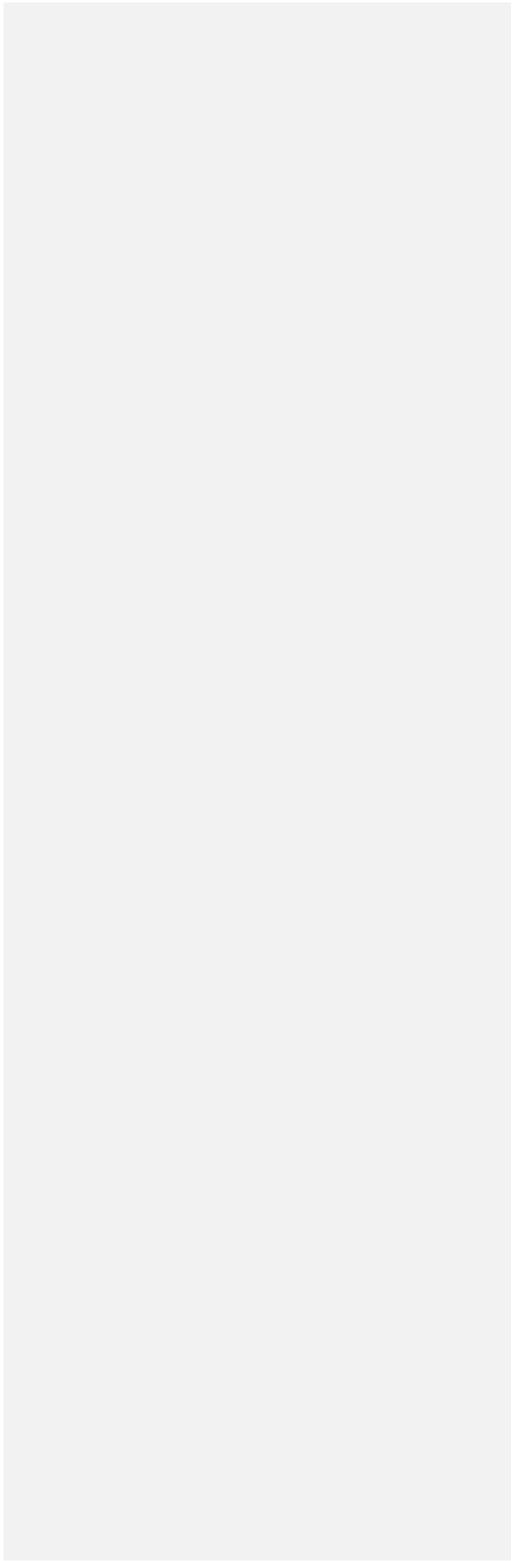
Region __ Tribal-Public Health Mutual Aid [Operations and Deployment](#) Plan

Approved by all parties on _____

	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 will 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.	<input type="checkbox"/>	
11.	<input type="checkbox"/>	
12.	<input type="checkbox"/>	
13.	<input type="checkbox"/>	

Formatted Table

DRAFT



GENERAL PRE-DEPLOYMENT INFORMATION (RESPONDING PARTY)

<p>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.</p>	
14.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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, operational control of Responding Party Personnel transfers to the Requesting Party. (<u>Clinical supervision</u> 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 to the Requesting Party's appropriately licensed medical provider – see #3 below.)
16.	<input type="checkbox"/> All <u>medical</u> 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 <u>will</u>should be documented in writing and provided to Responding Personnel
17..	<input type="checkbox"/> The Requesting and Responding Parties intend to follow the National Incident Management System's "Incident Command System" when such system is activated
18.	<input type="checkbox"/> 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.	<input type="checkbox"/> Responding personnel will be covered by Responding Party's Worker's Compensation coverage, and <u>will</u> should be provided documentation regarding the nature of the coverage, incident report procedures, etc. – provide information on Worker's Compensation coverage
20.	<input type="checkbox"/> Responding personnel should <u>must</u> 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 <u>will</u> should be provided a time-keeping form to use
21.	<input type="checkbox"/> Responding personnel must <u>should</u> keep track of resources they are deployed with, to assure documentation for reimbursement – see ICS Form 219
22.	<input type="checkbox"/> Responding personnel <u>will</u> 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 must <u>should</u> notify Responding Party immediately, prior to deployment. Responding Party may provide Just-In-Time Training or cancel personnel's deployment.

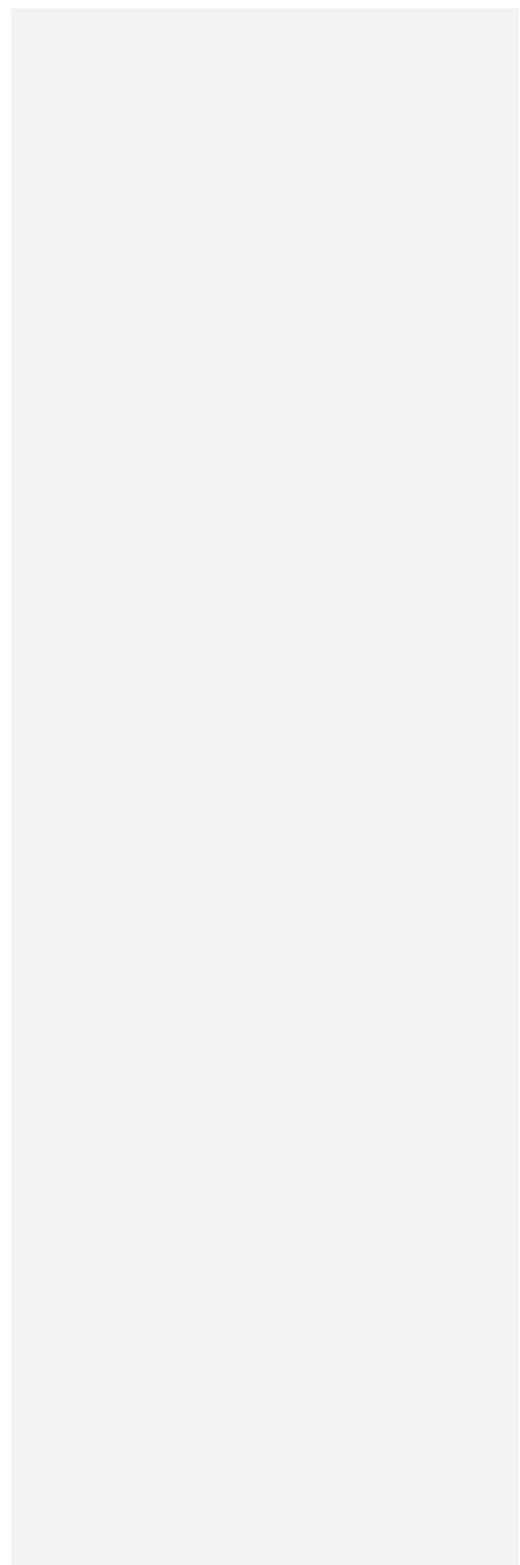
23.	<input type="checkbox"/>	Food. Although it is the responsibility of the Requesting Party to provide food to all personnel, Responding personnel who have specific food restrictions should bring supplies to meet your needs throughout the duration of the assignment. Responding personnel <u>must</u> notify the individual conducting predeployment briefings immediately, to assure appropriate accommodations regarding storage, refrigeration, etc. can be provided by the Requesting Party.
24.	<input type="checkbox"/>	Medications. You should bring sufficient supplies of required medications to cover your assigned deployment. If these require specific storage, refrigeration or other needs, please discuss this with the individual conducting predeployment briefings immediately, to assure appropriate accommodations can be provided by the Requesting Party.
25.	<input type="checkbox"/>	Communications. Cellular phone communications may not be available. (If specific information regarding cell phone service is available, it <u>will</u> be listed below.) Please provide your family the following contact information, if they have an urgent need to communicate with you:
26.	<input type="checkbox"/>	Expenses. Responding Personnel <u>must</u> 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.	<input type="checkbox"/>	
28.	<input type="checkbox"/>	
29..	<input type="checkbox"/>	
30.	<input type="checkbox"/>	

WHAT TO BRING (RESPONDING PARTY)

<p>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.</p>		
31.	<input type="checkbox"/>	<p>All documentation provided as part of Predeployment briefings, including but not limited to:</p> <ul style="list-style-type: none"> • Completed Responding Party Pre-Deployment Checklist (this form) • Responding Party form for tracking hours worked during deployment (timesheet) • Expense/travel reimbursement form • Inventory of equipment and other resources responsible for hand-delivering, if any (See ICS Form 218)
32.	<input type="checkbox"/>	<p>Identification documents, included but not limited to:</p> <ul style="list-style-type: none"> • Driver's license or state-issued photo ID • Employer/Agency ID (if applicable) • Professional credentials (if applicable)
33.	<input type="checkbox"/>	Sufficient funds and/or personal methods of payment for travel expenses and incidentals for the duration of deployment
34.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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 predeployment briefings immediately, to assure appropriate accommodations regarding storage, refrigeration, etc. can be provided by the Requesting Party.
36.	<input type="checkbox"/>	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.	<input type="checkbox"/>	
38.	<input type="checkbox"/>	
39.	<input type="checkbox"/>	

40.	<input type="checkbox"/>	
41.	<input type="checkbox"/>	
42.	<input type="checkbox"/>	
43.	<input type="checkbox"/>	
44.	<input type="checkbox"/>	
45.	<input type="checkbox"/>	
46.	<input type="checkbox"/>	
47.	<input type="checkbox"/>	
48.	<input type="checkbox"/>	
49.	<input type="checkbox"/>	
50.	<input type="checkbox"/>	

DRAFT



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 will 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 will 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 Briefing conducted before Responding Personnel leave the designated staging area. The form must 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. (NOTE: If this item is selected, the Responding Party Representative conducting the predeployment briefing and the Requesting Party Representative releasing Responding Personnel from the staging area must initial in the adjacent box, leave boxes below blank, and complete the signature boxes below.)
--	--	---

Formatted Table

<u>Check the Party(ies) Responsible for Providing</u>		<u>List and/or Describe Required PPE</u>
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	

Formatted: Font color: Auto

Formatted Table

Formatted: Font: Bold

Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	
Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	

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 Responding 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 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 Responding 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

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

Required Vaccinations and/or Medical Countermeasures (MCMs). Requesting and Responding Parties have jointly determined the following vaccinations and/or medical countermeasures (MCMs) are required for your assignment. This checklist identifies the required vaccinations and/or MCMs and designates whether the Requesting Party or Responding Party will/should provide them. Furthermore, it serves as confirmation that the Responding Party has documentation of any requirement marked as "current". This form will/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 must/should be completed and signed in full before Responding Personnel leave the designated staging area.

<input type="checkbox"/>	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 MEDICAL COUNTERMEASURES for your assignment. (NOTE: If this item is selected, the Responding Party Representative and Requesting Party Representative must initial in the adjacent box, leave boxes below blank, and complete the signature boxes below.)
--------------------------	--	--	--

Formatted: Space Before: 0 pt
Formatted Table
Formatted: Space Before: 0 pt

	<u>Check the Party(ies) Responsible for Providing</u>		<u>List and/or Describe Required Vaccines</u>	
Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or MCM	Details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccination or MCM	Details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccination or MCM	Details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccination or MCM	Details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccination or MCM	Details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccination or MCM	Details
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccination or MCM	Details

Formatted Table

Region ___ Tribal-Public Health Mutual Aid [Operations and Deployment](#) Plan

Approved by all parties on _____

Current <input type="checkbox"/>	Requesting Party <input type="checkbox"/>	Responding Party <input type="checkbox"/>	Vaccination or 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 MCMs is required for my assignment. I acknowledge that I have received all vaccinations and/or 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 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 MCMs is required for my assignment. I acknowledge that I have received all vaccinations and/or 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)

<p>Check In. Responding Personnel will 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)</p>		
1.	<input type="checkbox"/>	<p>Verify Responding Party Personnel ID. The Requesting Party will 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 will cross-check personnel who present for duty with the List of Deployed Personnel provided by the Responding Party.</p>
2.	<input type="checkbox"/>	<p>Provide Responder ID Badges. The Requesting Party will provide ID badges specific to the Mission for all responders, to facilitate easy identification by members of the public and other responders.</p>
3.	<input type="checkbox"/>	<p>Receive equipment and supplies from Responding Party. The Requesting Party will receive, handle, store and stage all resources received from the Responding Party, according to Responding Party's instructions. Requesting Party will cross-check equipment and supplies with the provided by the Responding Party.</p>
4.	<input type="checkbox"/>	<p>Provide Training/Orientation. The Requesting Party will provide overview, orientation, and just-in-time training, as needed, to the Responding Personnel, prior to deploying responders to assignments. Information will include, but not be limited to: details of individual assignments, situational awareness, site maps, etc.</p>
5.	<input type="checkbox"/>	<p>Confirm Arrival of Responding Personnel and Receipt of Resources With Responding Party. Requesting Party will notify Responding Party, as soon as possible, that Responding Personnel and other resources have arrived.</p>
6.	<input type="checkbox"/>	
7.	<input type="checkbox"/>	
8.	<input type="checkbox"/>	
9.	<input type="checkbox"/>	
10.	<input type="checkbox"/>	

11.	<input type="checkbox"/>	
12.	<input type="checkbox"/>	
13.	<input type="checkbox"/>	
14.	<input type="checkbox"/>	
15.	<input type="checkbox"/>	
16.	<input type="checkbox"/>	
17.	<input type="checkbox"/>	
18.	<input type="checkbox"/>	

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 check in information.	
Name of Responding Party Personnel Checking In	
Signature	Date

APPENDIX F: RESPONDING PARTY PERSONNEL DEMOBILIZATION FORM

Demobilization and Check Out. The Requesting Party [will/should](#) implement an organized demobilization check-out process for all responding personnel. The process [will/should](#) be conducted in coordination with Incident Command System (ICS) officers, and the Responding Party. (See [ICS Forms, 214, 219s, 221, 225](#)) Responding Personnel [will/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 [must/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 [must/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.	<input type="checkbox"/>	Notification. The Requesting Party will/should provide notification of the commencement of demobilization to Responding Party Personnel.
2.	<input type="checkbox"/>	Coordination With ICS. Demobilization will/should be coordinated with the Incident Command System officers, with supervisors, and with the Responding Party, regarding the conditions of demobilization.
3.	<input type="checkbox"/>	Prepare Responding Party Resources for Return. The Requesting Party will/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 will/should pack and/or otherwise prepare these resources for safe transport back to the Responding Party.
4.	<input type="checkbox"/>	Completion of Finance, Administrative and Other Documentation. Before leaving, Responding Party Personnel will/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.	<input type="checkbox"/>	Return Requesting Party Equipment and/or Supplies. Responding Party Personnel will/should return equipment and/or supplies that are Requesting Party property.
6.	<input type="checkbox"/>	Hotwash. Responding Party Personnel are expected to participate in a "Hotwash" prior to release.

Region __ Tribal-Public Health Mutual Aid [Operations and Deployment Plan](#)

Approved by all parties on _____

7.	<input type="checkbox"/>	Return Requesting Party Equipment and/or Supplies. Responding Party Personnel will return equipment and/or supplies that are Requesting Party property.
78.	<input type="checkbox"/>	Demobilization Briefing. Responding personnel will 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.
89.	<input type="checkbox"/>	Health and Safety Check. The Requesting Party's EOC Safety Officer will 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.
919.	<input type="checkbox"/>	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 will should assure Responding Party Personnel have received complete travel information, as arranged by the Responding Party, to assure return to home base.
101.	<input type="checkbox"/>	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:
112.	<input type="checkbox"/>	Contact Information to Notify Responding Party of Arrival at Home Base. Responding Party Personnel are expected to notify the Requesting Party when they arrive at their home base, at:
123.	<input type="checkbox"/>	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.

Name of Requesting Party Representative Conducting Demobilization Briefing		
Signature		Date

<p>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.</p>		
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 _____ Regional Collaboration and Mutual Aid Agreement

MAPMAG: Abbreviation referring to this Mutual Aid [Plan Guide](#) adopted pursuant to the MAA

PPE: Personal Protective Equipment

DRAFT