

MODEL TRIBAL-PUBLIC HEALTH MUTUAL AID AGREEMENT PLAN



1/18/17

REGION NAME

This _____ Regional Tribal-Public Health Mutual Aid Agreement Plan (“Mutual Aid Plan” or “MAP”) 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 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 Plan, this disclaimer should be removed].

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INTRODUCTION

In (Month, Year), the _____ Health Departments and _____ Tribes executed the _____ Regional Tribal-Public Health Collaboration and Mutual Aid Agreement. All parties to this Agreement recognize that public health emergencies transcend political jurisdictional boundaries and that intergovernmental coordination is essential for the protection of lives and for best use of available assets. The intent of the Mutual Aid Agreement (MAA) 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.

In order to operationalize the MAA, the Parties have developed the _____ Tribal-Public Health Collaboration and Mutual Aid Plan for the _____ Region (MAP) pursuant to the authority set forth in Article I of the MAA. The MAP sets forth standard operating procedures for Mutual Aid in the form of checklists and other resources.

HOW TO USE THIS MUTUAL AID AGREEMENT PLAN

Completion of Checklists. The MAP contains several checklists to be completed by all parties. Part One of the MAP 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** to complete at the time of the public incident or emergency occurs. Part Three provides a checklist for the **Responding Party** to complete upon receipt of the Requesting Party's request for assistance. Using the checklists provided, the Requesting AND Responding Parties must complete the Tribal-Public Health Mutual Aid Request Form to execute the Mutual Aid process.

Amendments to the MAP. The Parties may review and amend this MAP, as deemed necessary. However, changes to the MAP must be consistent with the MAA. Inconsistencies or conflicts between this MAP and the MAA, if any, shall be resolved in favor of the MAA.

Referring to the MAA. The Parties should refer to the MAA for issues not addressed in the MAP. Definitions of terms found within the MAP may also be provided in the MAA.

Regular Exercises and Training. The Parties will incorporate this MAP into their regular exercises and trainings as deemed appropriate.

IMPORTANT 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.

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

1.1	<input type="checkbox"/>	Create an Online Mutual Aid Agreement Access Site. Parties will agree upon an online site location (e.g. Dropbox, site hosted by a state agency, site hosted by one of the MAA parties, etc.) for storing the most recent Mutual Aid Agreement, Mutual Aid Plan, Tribal-Public Health Mutual Aid Request Form, Contacts Lists, Parties' Emergency Operations Plans, and other related documents.
1.2	<input type="checkbox"/>	Update the Online Mutual Aid Agreement Access Site Regularly. Parties will agree upon individuals responsible and procedures for updating the Online Mutual Aid Agreement Access Site on a regular basis.
1.3	<input type="checkbox"/>	Designate MAA 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 will assure this role is reassigned when there is staff or government turnover, and will update their Contacts List on the Online Mutual Aid Agreement Access Site, per agreed procedures.
1.4	<input type="checkbox"/>	<p>Create a Contact List. Each Party will create, post on the Mutual Aid Agreement Access Site, and maintain current a Contacts List of key individuals. This list must be maintained year-round; before, during, and after incidents. Lists will include contact details (e.g., name, title, email address, fax number, phone numbers, etc.) for, at minimum, the following.</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 • 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
1.5	<input type="checkbox"/>	Complete Public Health Emergency Laws and Codes Chart (Appendix B) and Post on Online Mutual Aid Agreement Access Site. In anticipation of and prior to activating this MAP, the Parties will consult with one another as to whether the tribal government has adopted tribal codes related to specific public health emergency responses, and what specific laws, including but not limited to Washington State statutes and regulations, the tribal government may adopt temporarily for the purpose of taking action and responding to an emergency. To facilitate this process, each Party will complete the Public Health Emergency Laws and Codes Chart (Appendix B) and will post it on the Online Mutual Aid Agreement Access Site.
1.6	<input type="checkbox"/>	Draft Template Resolution Granting Temporary Authority and Adoption of Public Health Law(s). Each TRIBE will create a template Resolution Granting Temporary Authority and Adoption of Public Health Law(s). 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.
1.7	<input type="checkbox"/>	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 Access Site. (An example resolution is provided in Appendix D.)
1.8	<input type="checkbox"/>	Determine Procedures for Reporting Personnel Injury/Death Incident. The parties will determine which personnel injury/death incident forms they will utilize and the process for reporting incidents. (NOTE-Discuss this section further during webinars)
1.9	<input type="checkbox"/>	Schedule Annual Mutual Aid Agreement Training and Simulation Exercises. Parties will coordinate and collaborate to provide, at minimum, one annual training opportunity and one exercise to maintain staff competency and understanding of the MAA. Parties will 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.

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)

PART TWO: **REQUESTING PARTY** - CHECKLIST 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 the Tribal-Public Health Mutual Aid Request Form.

2.1	<input type="checkbox"/>	Make the Determination of Need for Mutual Aid. The Requesting Party shall make a determination of whether the circumstances are sufficient to exceed, or potentially exceed, the capability of its tribal, local or regional public health response.
2.2	<input type="checkbox"/>	Make the Determination of Need to Make a Tribal Emergency Declaration. Under 42 U.S.C. § 5170 (b)(1), a Chief Executive of 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 .
2.3	<input type="checkbox"/>	Request Mutual Aid Verbally or in Writing. Ask for help early. Requests for assistance must be made by an Authorized Representative to the Responding Party’s Authorized Representative. The request may be verbal or written. If verbal, the request shall be confirmed in writing using the Mutual Aid Request Form before the Period of Assistance begins, to the extent it is practical. The Mutual Aid Request Form will be completed as soon as possible, preferably within thirty (30) days after the date of the request.
2.4	<input type="checkbox"/>	Request a Mission Number. The Requesting Party shall request a mission number from the Washington State Emergency Management Division (EMD). To request a mission number, call EMD’s Alert and Warning Center at (800) 258-5990, or send an email to: dutyofficer@mil.wa.gov .
2.5	<input type="checkbox"/>	Determine the Need to Grant Temporary Authority to Public Health Officer and/or Temporary Adoption of Public Health Codes. The Requesting Party shall 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: <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)? 2. Does your jurisdiction have a Public Health Officer? 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 will need to complete Section 2.6. If not, move to Section 2.7.</p>
2.6	<input type="checkbox"/>	Establish Temporary Authority for Public Health Officer and/or Temporary Adoption of Public Health Code (if applicable). <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 shall 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).

		<p>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 will be provided to the Responding Party.</p> <p>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 will take reasonable and customary steps to inform enrolled tribal and community members of the adoption of the resolution, its scope and duration.</p>
2.7	<input type="checkbox"/>	<p>Request and Verify Licensure and Credentialing of Responding Party Personnel. The Requesting Party will communicate licensure and credentialing requirements of personnel requested to the Responding Party, including scope of practice and any particular skills needed on the Tribal-Public Health Mutual Aid Request Form. It is the ultimate responsibility of the Responding Party to assure that its assistance meets the training and licensing requirement requested by the Requesting Party.</p>
2.8	<input type="checkbox"/>	<p>Submit the Completed Tribal-Public Health Mutual Aid Request Form to the Responding Party. The Requesting Party will submit the completed Tribal-Public Health Mutual Aid Request Form to the Responding Party, using the Contact List posted on the Online Mutual Aid Agreement Access Site as soon as possible, preferably within thirty (30) days after the date of the request. The Tribal-Public Health Mutual Aid Request Form can be faxed or e-mailed, or mailed between the parties, with a copy to the Local Mutual Aid Team (LMAT), if activated.</p>
2.9	<input type="checkbox"/>	<p>Review Responding Party's Completed Tribal-Public Health Mutual Aid Request Form. The Requesting Party will review the Part 2 pages of the Tribal-Public Health Mutual Aid Request form completed by the Responding Party.</p>
2.10	<input type="checkbox"/>	<p>Approve the Tribal-Public Health Mutual Aid Request Form. The form is completed 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 page 18 for additional information on cost reimbursement.) NOTE: Certain requests for assistance may require immediate deployment before completion of this form. This form must be completed as soon as practical but preferably no later than thirty (30) days after the request for assistance.</p>
<p>Mobilization</p>		
2.11	<input type="checkbox"/>	<p>Determine the Need for Local Mutual Aid Team.</p> <p>An LMAT serves as a coordination and communications point that manages assistance requests and activities under the MAA across the region during disasters. It is used to improve efficiency and reduce the workload on Requesting Parties and other MAA Parties affected by the incident. (See LMAT roles and responsibilities in Appendix F.)</p> <ol style="list-style-type: none"> 1. Is this a disaster that affects multiple jurisdictions or causes significant impacts that have or may overwhelm the response structure of Requesting Party(ies) and other MAA Parties? 2. If the answer is yes, complete Section 2.12. 3. If the answer is no, move to question 2.13.
2.12	<input type="checkbox"/>	<p>Activate Local Mutual Aid Team (See Section 2.12).</p>

		<ol style="list-style-type: none"> 1. Coordinate with the Responding Party to conduct a conference call with all Parties and the Washington State Department of Health to complete the following: <ol style="list-style-type: none"> a. Assess the nature and scope of the incident and the potential need for mutual aid. Identify current and anticipated resource needs including staffing, equipment, and supplies, and other. b. Identify members from both the Requesting Party and Responding Party to serve on the LMAT and designate roles. c. Activate LMAT under the state mission number in support of the public health response. 2. Establish the LMAT in one or more of the following locations: <ol style="list-style-type: none"> a. <u>Online Meeting Space</u>: If all Parties have access to the internet, Parties may utilize online meeting and file sharing services (GoToWebinar, DropBox etc.) to conduct LMAT activities. b. <u>DOH EOC Building</u>: If the LMAT locates at the DOH EOC, travel costs for LMAT personnel may be covered by DOH as part of the State response. Co-locating at the DOH EOC may facilitate resource management and coordination between Parties and the DOH, depending on the nature of the incident. c. <u>Regional Site</u>: The LMAT may locate at any one of the Parties' locations or another designated location in the region. 3. Carry out LMAT functions consistent with the LMAT roles and responsibilities in Appendix F.
2.13	<input type="checkbox"/>	<p>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.</p>
2.14	<input type="checkbox"/>	<p>Submit Amendments to Resource Request Form as Necessary. As the incident progresses, and/or situational awareness increases, there may be a need to amend resource requests. Amendments to the Resource Request Form shall be made in writing, and agreed between the parties.</p>
<h3 style="color: #0070C0;">Deployment & Coordination</h3>		
2.15	<input type="checkbox"/>	<p>Establish Staging Areas for Resources. The Requesting Party will identify appropriate staging areas to receive and locate human and other resources requested from the Responding Party(ies.) 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.)</p>
2.16	<input type="checkbox"/>	<p>Determine Necessary Personal Protective Equipment (PPE) and Vaccinations. The Requesting Party and Responding Party(ies) will consult with DOH to determine science-based guidelines for PPE and vaccinations needed to protect responders.</p> <ol style="list-style-type: none"> 1. All Parties, DOH, and other resources if needed, will determine in consultation the minimum protection level required for PPE and vaccination. 2. The Requesting Party will communicate with the Responding Party what vaccine, PPE and other protections the Responding Party personnel are expected to have before deploying and what the Requesting Party will provide.

		3. The Requesting Party will assure that the Responding Party personnel will have adequate PPE and vaccinations prior to leaving the staging area.
2.17	<input type="checkbox"/>	Obtain Instructions from Responding Party on Handling Resources Provided. The Requesting Party will check with the Responding Party(ies) for instructions on operating equipment, using and handling supplies, etc., including vaccine storage and administration.
2.18	<input type="checkbox"/>	Verify Responding Party Personnel ID. The Requesting Party will have all Responding Party personnel sign in and show their agency badges and photo IDs, when they present for duty.
2.19	<input type="checkbox"/>	Receive personnel, equipment and supplies from Responding Party. The Requesting Party will receive, handle, store and stage all resources received from the Responding Party, according to instructions provided (See 2.17 above - Obtain Instructions from Responding Party on Handling Resources Provided).
2.20	<input type="checkbox"/>	<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. See MAA, Article XV, p. 12-13.</p> <ol style="list-style-type: none"> 1. <u>Materials and Equipment Inventory.</u> The Requesting Party will create and maintain an inventory of materials and equipment sent from the Responding Party, track use and consumption, and store the materials and equipment appropriately at all times (e.g., vaccines refrigerated). 2. <u>Record of Hours Worked.</u> The Requesting Party and/or the loaned employees will record on a shift-by-shift basis time sheets and/or daily logs showing hours worked. See MAA, Article XV, p. 12. 3. The Requesting Party will provide these records to the Responding Party as necessary. See MAA, Article XV, p. 12.
2.21	<input type="checkbox"/>	Provide Training/Orientation. The Requesting Party will provide overview, orientation, and just-in-time training, as needed, to the Responding Party, prior to deploying responders to assignments.
2.22	<input type="checkbox"/>	Provide Food. The Requesting Party will provide food for all personnel from the time they arrive at the staging area through the end of the Period of Assistance.
2.23	<input type="checkbox"/>	Seek Extension 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 an 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.
2.24	<input type="checkbox"/>	<p>Complete Injury/Death Incident Reports. Any injuries sustained during the course of deployment must be immediately reported to the on-scene supervisor and Requesting Jurisdiction's Designated Contact; all the details must be documented. The Requesting Party will provide injury/death incident reports and physical and/or mental health incident reports related to Responding Party personnel to the Responding Party.</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 MAA, in the same manner and on the same terms as if the injury or death were sustained within its own jurisdiction. See MAA, Article XI, p. 7.</p>

Demobilization		
2.25	<input type="checkbox"/>	Initiate Demobilization Process. The Requesting Party will 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 will occur in accordance with the demobilization protocols of the EOP.
2.26	<input type="checkbox"/>	Provide Demobilization Check-Out Process for Personnel. The Requesting Party will implement an organized demobilization check-out process for all responding personnel. (See Appendix E). The process will be conducted in coordination with Incident Command System (ICS) officers, the LMAT, and the Responding Party.
2.27	<input type="checkbox"/>	Personnel Demobilization Coordination. The Requesting Party will coordinate personnel demobilization with Incident Command System officers, the LMAT, and the Responding Party.
Reimbursement		
<p>A Requesting Party shall reimburse the Responding Party for the costs of assistance pursuant to the MAA, 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.</p> <p>The following checklist provides the process for reimbursement.</p>		
2.28	<input type="checkbox"/>	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.
2.29	<input type="checkbox"/>	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.
2.30	<input type="checkbox"/>	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.
2.31	<input type="checkbox"/>	Coordinate with Responding 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.
2.32	<input type="checkbox"/>	Ensure Requesting Party Personnel Compliance with Reimbursement Policies. The Requesting Party will ensure Requesting Party personnel follow the Requesting Party's policies and use the Requesting Party's internal forms related to agency personnel expense reimbursement.

Forms that apply to this Section include:

1. Tribal-Public Health Mutual Aid Request Form
2. Materials Inventory Form (a draft of this form will be provided in the future)
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).

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PART THREE: **RESPONDING PARTY** - CHECKLIST 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 the Tribal-Public Health Mutual Aid Request Form.		
3.1	<input type="checkbox"/>	Receive Request for Assistance or Collaboration. Requests for assistance must be made by an Authorized Representative to the Responding Party’s Authorized Representative. The request may be verbal or written. If verbal, the request shall be confirmed in writing using the Mutual Aid Request Form before the Period of Assistance begins, to the extent it is practical. The Mutual Aid Request Form will be completed as soon as possible, preferably within thirty (30) days after the date of the request.
3.2	<input type="checkbox"/>	Determine Availability of Resources. The Responding Party will ascertain whether they have sufficient resources and personnel with needed certifications and/or experience to respond to the request from the Requesting Party. 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, they will give reasonable notice in writing to the Requesting Party before withdrawing assistance.
3.3	<input type="checkbox"/>	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.
3.4	<input type="checkbox"/>	Verify Emergency Mission Number. The Responding Party will confirm that the Requesting Party has requested an emergency mission number from the Washington State Emergency Management Division (EMD) through their local Department of Emergency Management (if a HEALTH DEPARTMENT) or directly with EMD by a Party TRIBE. If a mission number has been received from the State Emergency Management Division, make note of mission number.
3.5	<input type="checkbox"/>	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 consult with legal counsel and EMD to ensure the personnel, volunteers as emergency workers, or covered volunteer emergency workers being sent 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.
3.6	<input type="checkbox"/>	Submit Tribal-Public Health Mutual Aid Request Form to Requesting Party via fax, email, or mail. The Responding Party will complete Part 2 of the Tribal-Public Health Mutual Aid Request Form and submit it to the Requesting Party, as soon as practical. The Tribal-Public Health Mutual Aid Request Form can be faxed or e-mailed, or mailed between the parties, with a copy to the Local Mutual Aid Team (LMAT), if activated.
3.7	<input type="checkbox"/>	Confirm Receipt of Requesting Party’s <u>Completed</u> Tribal-Public Health Mutual Aid Request Form. The Responding Party will 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

		<p>confirm this verbally with the Requesting Party. Provide a copy of this Form to the Requesting Party and LMAT.</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. (See page 18 for additional information on cost reimbursement.)</p> <p>NOTE: Certain requests for assistance may require immediate deployment before completion of this form. This form must be completed as soon as practical but preferably no later than thirty (30) days after the request for assistance.</p>
3.8	<input type="checkbox"/>	<p>Confirm Receipt of Tribal Resolution Designating Authority for Public Health Officer (if applicable). The Requesting Party/TRIBE will provide a certified copy of the Tribal Resolution Designating Authority for Public Health Officer.</p> <p>NOTE: The Health Officer will 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>Mobilization</p>		
3.9	<input type="checkbox"/>	<p>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 operation 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.</p>
3.10	<input type="checkbox"/>	<p>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.</p>
3.11	<input type="checkbox"/>	<p>Initiate Operation of Incident Command System. If the Responding Party has an Incident Command System, the Responding Party should operate within that system.</p>
3.12	<input type="checkbox"/>	<p>Determine the Need for Local Mutual Aid Team.</p> <p>An LMAT serves as a coordination and communications point that manages assistance requests and activities under the MAA across the region during disasters. It is used to improve efficiency and reduce the workload on Requesting Parties and other MAA Parties affected by the incident. (See LMAT roles and responsibilities in Appendix F.)</p> <ol style="list-style-type: none"> 1. Is this a disaster that affects multiple jurisdictions or causes significant impacts that have or may overwhelm the response structure of Requesting Party(ies) and other MAA Parties? 2. If the answer is yes, complete questions 3.13. 3. If the answer is no, move to question 3.14.
3.13	<input type="checkbox"/>	<p>Activate Local Mutual Aid Team (See section 3.12).</p> <ol style="list-style-type: none"> 1. The Responding Party will coordinate with the Requesting Party to conduct a conference call with all Parties and the Washington State Department of Health to complete the following: <ol style="list-style-type: none"> a. Assess the nature and scope of the incident and the potential need for mutual aid. Identify current and anticipated resource needs including staffing, equipment, and supplies, and other.

		<ul style="list-style-type: none"> b. Identify members from both the Requesting Party and Responding Party to serve on the LMAT and designate roles. c. Activate LMAT under the state mission number in support of the public health response. <p>2. Establish the LMAT in one or more of the following locations:</p> <ul style="list-style-type: none"> a. <u>Online Meeting Space</u>: If all Parties have access to the internet, Parties may utilize online meeting and file sharing services (GoToWebinar, DropBox etc.) to conduct LMAT activities. b. <u>DOH EOC Building</u>: If the LMAT locates at the DOH EOC, travel costs for LMAT personnel may be covered by DOH as part of the State response. Co-locating at the DOH EOC may facilitate resource management and coordination between Parties and the DOH depending on the nature of the incident. c. <u>Regional Site</u>: The LMAT may locate at any one of the Parties' locations or another designated location in the Region. <p>3. Carry out LMAT functions consistent with the LMAT roles and responsibilities in Appendix F.</p>
3.14	<input type="checkbox"/>	<p>Submit Amendments to Tribal-Public Health Mutual Aid Request Form as Necessary. Amendments to the Tribal-Public Health Mutual Aid Request Form shall be in writing, and agreed between the parties, prior to the departure of supplemental Assistance, or extension of time for provision of Assistance.</p>

Deployment & Coordination

3.15	<input type="checkbox"/>	<p>Perform Deployment Briefing. The Responding Party will perform a briefing prior to deployment for Responding Party personnel that includes the following information:</p> <ul style="list-style-type: none"> 1. Your personnel policies. 2. Responding Party resources and non-medical personnel shall be under the operational control of the Requesting Party's public health leadership. 3. All medical personnel provided by the Responding Party will be under the clinical supervision of the Responding Party's Public Health Officer unless the Responding Party's Public Health Officer delegates such supervision to the Requesting Party's appropriately licensed medical provider. 4. The Requesting and Responding Parties intend to follow the National Incident Management System's "Incident Command System" when such system is activated. 5. 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. 6. What to bring. Give each person a list of the items s/he should take, including equipment and resources that are part of the loan from your Party. If certification or licensure is required, each person should carry those documents to the Requesting Party. <ul style="list-style-type: none"> a. Food. Remind staff that although it is the responsibility of the Requesting Party to provide food to all personnel, if anyone has particular food restrictions, he or she should take food with them since food is likely to be provided in bulk and not take into consideration individual allergies or dietary needs. b. Prescriptions. Remind personnel to take any prescriptions they have been given by their personal physician to maintain their health. 7. Explain the fact that the Responding Party will continue to be the personnel's employer even though the personnel will report to someone at the Requesting Party's location.
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		<p>8. Provide a list of Contact information, including</p> <ol style="list-style-type: none"> a. to whom to report at the Requesting party; b. communications procedures including the address for the staging location and time to report; c. information for personnel to contact Requesting Party representatives; and d. information for family members to contact personnel while deployed. <p>9. Staging Location Address and time to report; length of deployment. Make sure each person understands that timing and conditions for deployment from the staging area back to your Party is up to the Requesting Party. Due to safety concerns, for example, personnel may be asked to stay in the staging area to rest before driving home.</p> <p>10. Provide information on Worker’s Compensation coverage</p> <p>11. Keeping time records/record keeping. Emphasize the need for personnel to keep accurate time records, which will be used to request reimbursement from the Requesting Party once the emergency has been resolved, if reimbursement is applicable. Provide a time-keeping form, if possible.</p> <p>12. Maintaining an inventory of resources. Instruct personnel to track resources they are deployed with to assure documentation for reimbursement. (Insert Appendix reference if inventory form is added).</p> <p>13. Conditions on deploying from staging area.</p> <p>14. PPE and vaccinations required. Provide any vaccinations or other prophylaxis, including personal protective equipment, if that is the agreement with the Requesting Party. If the Requesting Party will supply prophylaxis, explain that to deploying personnel.</p> <p>15. Conditions and process for returning to home prior to end of Period of Assistance.</p>
3.16	<input type="checkbox"/>	<p>Provide Licensure/Certification Documents to Requesting Party. The Responding Party will assure that, if certification or licensure is required, each deployed person will carry the appropriate documents to the Requesting Party.</p>
3.17	<input type="checkbox"/>	<p>Make Travel, Transportation, & Housing Arrangements. The Responding Party will make any travel, transportation, and housing arrangements for their personnel and storage for equipment, if needed. The Responding Party can ask the Requesting Party for recommendations.</p> <ol style="list-style-type: none"> 1. Travel. The Responding Party shall make both departure and return travel arrangements for its own personnel. 2. Ground Transportation. The Parties may decide prior to the departure of personnel which party should make ground transportation arrangements. Additional information may be added to the Tribal-Public Health Mutual Aid Request Form. 3. Housing. The Responding Party is primarily responsible for making housing arrangements for its own personnel. The Parties may decide prior to the departure of personnel which Party should make housing arrangements. Additional information may be added to the Tribal-Public Health Mutual Aid Request Form.
3.18	<input type="checkbox"/>	<p>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>

3.19	<input type="checkbox"/>	Send Written Instructions to Requesting Party for Provided Equipment, Supplies, or Vaccines. The Responding Party will prepare documentation and instructions needed for using equipment, supplies, vaccine storage and administration, or any other resource provided to the Requesting Party. These instructions should be sent with the deployed equipment and/or personnel.
3.20	<input type="checkbox"/>	PPE and Vaccinations. The Responding Party will clarify with the Requesting Party what prophylaxis, including personal protective equipment, vaccination(s), and/or other medications are required. NOTE: The Requesting Party determines the minimum protection level required. The Responding party will agree on whether prophylaxis will be provided by the Responding Party or the Requesting Party. The Requesting Party will assure that the Responding Party personnel will have adequate PPE and vaccinations prior to leaving the staging area.
3.21	<input type="checkbox"/>	Changes to Tribal Grants of Authority. If applicable, the Responding party will notify the Requesting Party when further actions are taken regarding tribal grants of authority, such as rescission or withdrawal.
3.22	<input type="checkbox"/>	Maintenance of Records. The Responding Party is responsible for maintaining documentation regarding reimbursable expenses and shipment tracking materials, supplies, equipment and/or related resources for purposes of state or federal reimbursement. See MAA, Article XV, p. 12.
3.23	<input type="checkbox"/>	Request Extensions of Tribal Grants of Authority if Necessary. Should it appear that the emergency response will exceed the duration of the tribal resolution grant of authority and/or law adoption, the Responding Party will request Party Tribe to execute an extension of the tribal resolution and provide a certified copy of such extension to the Responding Party.

Demobilization

The Authorized Representatives and personnel of the Responding Party shall 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.

For Responding Party Authorized Representatives

3.24	<input type="checkbox"/>	Participate in Demobilization Process. Demobilization by the Requesting Party will occur in accordance with the demobilization protocols of the Emergency Operations Plan of the Requesting Party. If the requesting party does not have established demobilization protocols, the Requesting Party will 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.
3.25	<input type="checkbox"/>	Personnel Demobilization Coordination. Responding personnel must 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 Checklist in Appendix E. Personnel remain under the control of Incident Command System (ICS) until released. If ICS is not activated or has stood down, personnel must coordinate demobilization with the supervisor of the Requesting Party or his/her designee.

3.26	<input type="checkbox"/>	Written Request for 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 will make a written request to Incident Command in the Requesting Party’s jurisdiction for the return of its resources. If ICS in not activated or has stood down, personnel must send the demobilization request to the supervisor of the Requesting Party or his/her designee.
3.27	<input type="checkbox"/>	Demobilize LMAT (If applicable). The Responding Party will demobilize LMAT at any time the Responding Party deems it appropriate or necessary, with notification to Parties and DOH.
3.28	<input type="checkbox"/>	Personnel Return to Home. When released, personnel must 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.
3.29	<input type="checkbox"/>	Create After-Action Report. Responding Party personnel will develop after-action briefing points and deliver them to the Incident Commander or other supervisor at the Requesting Party, and participate in incident debriefings, as appropriate. Requesting Party will make the After-Action Report available to all incident participants.

Reimbursement

A Requesting Party shall reimburse the Responding Party for the costs of assistance pursuant to the MAA, 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.

3.30	<input type="checkbox"/>	Determine Reimbursement Amounts. Reimbursement will be based on costs of personnel, equipment, materials, supplies, facilities, services, and/or related resources pursuant to the MAA.
3.31	<input type="checkbox"/>	<p>Send Requesting Party Reimbursement Invoices.</p> <ol style="list-style-type: none"> 1. Responding Party(ies) will 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 shall 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) will attach copies of receipts, payment vouchers, and sign-in sheets to invoices.
3.32	<input type="checkbox"/>	Determine Per Diem. When eligible for per diem, reimbursement shall be at the Responding Party’s per diem rate.
3.33	<input type="checkbox"/>	Coordinate with Requesting Party to Meet Reimbursement Requirements. Both Parties will cooperate to meet all local, state, and federal requirements for reimbursement or other funding.
3.34	<input type="checkbox"/>	Ensure Responding Party Personnel Compliance with Reimbursement Policies. The Responding Party will ensure the Responding Party personnel follow the Responding Party’s policies and use the Responding Party’s internal forms related to agency personnel expense reimbursement.

Forms that apply to this Section include:

1. Tribal-Public Health Mutual Aid Request Form
2. Demobilization Checklist (Appendix E)

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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 Article II of The Tribal-Public Health Collaboration and Mutual Aid Agreement, is the person or persons designated by each Party in the Mutual Aid Plan to request assistance from or grant assistance to another Party pursuant to the terms of this Agreement.

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: _____

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 Emergency Response Coordinator				
Regional Emergency Response Coordinator				
Health Care Coalition Lead				

APPENDIX B: PUBLIC HEALTH EMERGENCY LAWS & CODES

TRIBE: _____ LAST UPDATED: _____

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

Step one: Each Local Health Department should review codes and laws listed in column 2 (Applicable Code/Law for Local Health Departments) and add to the list, as appropriate. Once all Party Local Health Departments 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 & Codes

Potential Applicable Emergency Scenario/Legal Purpose	Applicable Code/Law for Local Health Departments	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	

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 all "People on Tribal Lands" as defined in the "Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement" (hereafter the "MAA"); and,

WHEREAS, the _____ Tribe is a signatory) to the 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 Article IX of the MAA "Command and Control", the _____ Tribe approves by resolution:

- A. 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.]

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

- B. The temporary adoption of these laws and regulations shall be followed and enforced within the jurisdiction of the _____ Tribe and shall apply to all tribally-owned trust and fee

lands and all tribal member trust and fee lands, and lands governed by any and all of its Tribal Settlement Agreements(s) located within the boundaries of the _____ Reservation and shall be applied to all "People on Tribal Lands" as defined in the MAA that are under the _____ Tribe's jurisdiction; and

- C. The Local Health Officer is hereby deputized as the _____ Tribe's Health Officer for the sole purpose of taking action set forth in this resolution; and
- D. 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 Article IX of the Mutual Aid Agreement that requires _____ Tribe to provide such notice to the requesting _____ Health Department as is reasonable under the circumstances as they exist at the time.

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 RESOLUTION

_____ HEALTH DEPARTMENT
RESOLUTION NO. _____

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

WHEREAS, the _____ HEALTH DEPARTMENT has entered into the _____ Regional Tribal-Public Health Collaboration and Mutual Aid Agreement (the “Mutual Aid Agreement”); and

WHEREAS, under Option One of Article IX of the Mutual Aid Agreement, a party tribal government (TRIBE) may wish to grant a party public health department or district (HEALTH DEPARTMENT), 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 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, recognizing that exigent circumstances may require prompt action by the Health Department 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 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 Article VII of the Mutual Aid Agreement, before withdrawing

assistance, the Health Department will give such notice to the requesting TRIBE as is reasonable under the circumstances as they exist at the time.

ADOPTED this _____ day of _____ 20____.

_____ BOARD OF HEALTH

Chair

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APPENDIX E: RESPONDING PARTY DEMOBILIZATION PERSONNEL CHECKLIST

For Responding Party Personnel		
<p>The Responding Party personnel shall demobilize in accordance with the demobilization checklist below. Responding personnel must coordinate demobilization with the Incident Command System officers and consult with supervisors regarding the conditions of demobilization. Personnel remain under the control of Incident Command System (ICS) until released. If ICS is not activated or has stood down, personnel must coordinate demobilization with the supervisor of the Requesting Party or his/her designee.</p> <p>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.</p>		
1.	<input type="checkbox"/>	Receive from the Requesting Party notification of the commencement of demobilization.
2.	<input type="checkbox"/>	Coordinate demobilization with the Incident Command System officers and consult with supervisors regarding the conditions of demobilization.
3.	<input type="checkbox"/>	Inventory and document the equipment, materials, or supplies Responding personnel are transporting back to their home jurisdiction, if any. Include assessment and documentation of the condition of the equipment, supplies and materials, noting whether used or unused, in good serviceable condition, or damaged.
4.	<input type="checkbox"/>	Before leaving, Responding personnel will 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"/>	Responding personnel will ask the Requesting Party whether they should return any unused personal protective equipment (PPE) to the Responding Party.
6.	<input type="checkbox"/>	Responding personnel will 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.
7.	<input type="checkbox"/>	Before leaving, Responding personnel will check with the EOC Safety Officer who may assess their physical and mental health. 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.
8.	<input type="checkbox"/>	Responding personnel should check with the Responding Party about travel arrangements before leaving. 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.
9.	<input type="checkbox"/>	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 personnel should participate in incident debriefings.

APPENDIX F: LMAT ROLES & RESPONSIBILITIES

A Local Mutual Aid Team (LMAT) serves as a coordination and communications point that manages assistance requests and activities under the MAA across the region during disasters. It is used to improve efficiency and reduce the workload on Requesting Parties and other MAA Parties affected by the incident.

The need for an LMAT, and the individuals who serve on it, are determined in consultation between the Requesting Party and the Responding Party(ies). The LMAT can meet in one of several locations: 1) online meeting space, 2) DOH EOC; or (3) a designated regional location.

The LMAT will:

1. Establish communications with the Requesting Party to determine resource needs
2. Schedule and facilitate daily or as required conference calls among Parties to the Agreement and State DOH
3. Resolve any policy and procedural issues that arise related to activation of this MAP
4. Be prepared to deploy one or two individuals to DOH EOC if the LMAT is not initially located at the DOH EOC and it is necessary to make location changes midway through the response
 - a. The LMAT will make travel arrangements if travel is required
5. Assist Requesting Party in identifying or defining needed resources
6. Assist Requesting Party in completing Mutual Aid Request Forms
7. Coordinate requests for Mutual Aid Assistance with Parties across the region via conference calls, email, or other means
 - a. The LMAT will send lists of identified resource needs, stating a specific period of time in which Parties must respond to the LMAT regarding whether they can address identified needs.
8. When the LMAT determines that a Party can meet an identified need (thereby becoming a Responding Party), the LMAT will connect the Responding Party directly with the Requesting Party
 - a. The Parties will then complete the request Mutual Aid Request Form, with copies to LMAT
9. Track the status of Mutual Aid Assistance missions and resources, and disseminate updates to all Party representatives throughout the response
10. Notify Parties and State DOH when resources available through Parties are depleted or likely to be depleted
11. Coordinate with State DOH throughout the LMAT activation
12. Maintain all appropriate documentation of LMAT activities

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

LMAT: Local Mutual Aid Team, as provided for in the MAP

MAA: Abbreviation referring to the _____ Regional Collaboration and Mutual Aid Agreement

MAP: Abbreviation referring to this Mutual Aid Plan adopted pursuant to the MAA

PPE: Personal Protective Equipment

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