ESF-8 Public Health and Medical Services

ESF Coordinator Snohomish Health District

Supporting Agencies
American Red Cross – Snohomish County Chapter
Emergency Medical Services Providers
Disaster Medical Coordination Center (DMCC)
Long Term Care/Adult Day Home Providers
Snohomish County Mental Health Providers
Snohomish County Hospitals/Clinics/Community Health Centers
Snohomish County Medical Examiner
Snohomish County Department of Emergency Management
Snohomish County Medical Reserve Corps
Washington State Department of Health

I. INTRODUCTION

Purpose

To organize, mobilize, coordinate, and direct public health and medical resources and support in an emergency or disaster.
To provide for the coordination of pre-hospital, hospital, medical community, and fatality management.

To provide for the care of the sick, injured and dead resulting from an emergency or disaster.

To facilitate the coordinated use of medical resources such as personnel, facilities, equipment, and supplies.

To provide for the systems and methods required for surveillance, mitigation, and interventions to reduce the impact(s) from events potentially or actually affecting public health in Snohomish County, including food safety, environmental health, and communicable diseases.

Scope

This annex identifies the key policies, concepts of operation, roles and responsibilities and capabilities associated with ESF-8 Public Health and Medical Services for local and Tribal jurisdictions within Snohomish County. Specific operating procedures and protocols are addressed in documents maintained by the ESF-8 partner organizations.

The annex addresses:

- Health care provider coordination
- Public health

- Emergency Medical Services (EMS)
- Mass fatality management
- Mental health

The ESF-8 representative(s) will partner with:

- ESF-1 Transportation – to coordinate transportation needs.
- ESF-6 Mass Care – to support mass care services (including sheltering) that may be required.
- ESF-11 Agriculture & Natural Resources – to coordinate events involving zoonotic disease outbreaks, and events that cause the death of animals/livestock.
- ESF-15 External Affairs – to coordinate communications.

II. POLICIES

Local Health Officer Authority: RCW 70.05.070

- Take such action as is necessary to maintain health and sanitation supervision.
- Control and prevent the spread of any dangerous, contagious or infections diseases that may occur.
- Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction.
- Prevent, control or abate nuisances which are detrimental to the public health.

Local Health Office Authority: WAC 246-100-036

- The local Health Officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary, plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination.
- Local Health Officer shall, when necessary, conduct investigations and institute disease control and contamination control measures, including medical examination, testing counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, vector control, condemnation of food supplies, and inspection and closure of facilities, or other measures he or she deems necessary based on his or her own professional judgment, current standards of practice, and the best available medical and scientific information.

Medical Examiners jurisdiction over remains: RCW 68.50.010

- The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs under

suspicious circumstances; or where an autopsy or postmortem or inquest is to be held; or where death results from unknown or obscure causes, or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever…; or where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard

Medical Program Director: WAC 246-976-920

- Qualifications - Applicants for certification as a medical program director (MPD) must:
  - Hold and maintain a current and valid license to practice medicine and surgery under chapter 18.71 RCW or osteopathic medicine and surgery under chapter 18.57 RCW; and
  - Be qualified and knowledgeable in the administration and management of emergency medical care and services; and
  - Complete a medical director training course approved by the department; and
  - Be recommended for certification by the local medical community and local emergency medical services and trauma care council.

- MPD certification process. In certifying the MPD, the department will:
  - Work with the local EMSTC council to identify physicians interested in serving as the MPD;
  - Receive a letter of interest and curriculum vitae from the MPD candidate;
  - Perform required background checks identified in RCW 18.130.064;
  - Work with and provide technical assistance to local EMSTC councils on evaluating MPD candidates;
  - Obtain letters of recommendation from the local EMSTC council and local medical community;
  - Make final appointment of the MPD.

- The certified MPD must:
  - Provide medical control and direction of EMS certified personnel in their medical duties. This is done by oral or written communication;
  - Develop and adopt written pre-hospital patient care protocols to direct EMS certified personnel in patient care. These protocols may not conflict with regional patient care procedures. Protocols may not exceed the authorized care of the certified pre-hospital personnel as described in WAC 246-976-182;
  - Establish policies for storing, dispensing, and administering controlled substances. Policies must be in accordance with state and federal regulations and guidelines;
  - Participate with local and regional EMS/TC councils to develop and revise:
    - Regional patient care procedures;
    - County operating procedures when applicable. COPS do not conflict with regional patient care procedures; and

        - Participate with the local and regional EMS/TC councils to develop and revise regional plans;
    - Work within the parameters of the approved regional patient care procedures and the regional plan;
    - Supervise training of all EMS certified personnel;
    - Develop protocols for special training described in WAC 246-976-023(4);
    - Periodically audit the medical care performance of EMS certified personnel;
    - Recommend to the secretary certification, recertification, or denial of certification of EMS personnel;
    - Recommend to the secretary disciplinary action to be taken against EMS personnel, which may include modification, suspension, or revocation of certification; and
    - Recommend to the department individuals applying for recognition as senior EMS instructors.

- In accordance with department policies and procedures, the MPD may:
    - Delegate duties to other physicians, except for duties described in subsection (3)(b), (i), (j), and (k) of this section. The delegation must be in writing;
        - The MPD must notify the department in writing of the names and duties of individuals so delegated, within fourteen days of appointment;
        - The MPD may remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department.
    - Delegate duties relating to training, evaluation, or examination of certified EMS personnel, to qualified non-physicians. The delegation must be in writing;
    - Enter into EMS medical control agreements with other MPDs;
    - Recommend denial of certification to the secretary for any applicant the MPD can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations; and
    - Utilize examinations to determine the knowledge and abilities of certified EMS personnel prior to recommending applicants for certification or recertification.
- The secretary may withdraw the certification of an MPD for failure to comply with the Uniform Disciplinary Act (chapter 18.130 RCW) and other applicable statutes and regulations.

WA State Veterinary Services

- For animal and plant disease and pest response, the State Veterinarian or State Plant Director assumes primary responsibility, respectively.

Assisted Living Facility Licensing Rules: WAC 388-78A-2700

- The assisted living facility must take necessary action to promote the safety of each resident whenever the resident is on the assisted living facility premises or under the supervision of staff persons, consistent with the resident's negotiated service agreement.
- The assisted living facility must:
    - Maintain the premises free of hazards;
    - Maintain any vehicles used for transporting residents in a safe condition;
    - Investigate and document investigative actions and findings for any alleged or suspected neglect or abuse or exploitation, accident or incident jeopardizing or affecting a resident's health or life. The assisted living facility must:
        - Determine the circumstances of the event;
        - When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and
        - Protect other residents during the course of the investigation.
    - Provide appropriate hardware on doors of storage rooms, closets and other rooms to prevent residents from being accidentally locked in;
    - Provide, and tell staff persons of, a means of emergency access to resident-occupied bedrooms, toilet rooms, bathing rooms, and other rooms;
    - Provide emergency lighting or flashlights in all areas of the assisted living facility. For all assisted living facilities first issued a project number by construction review services on or after September 1, 2004 for construction related to this section, the assisted living facility must provide emergency lighting in all areas of the assisted living facility;
    - Make sure first-aid supplies are:
        - Readily available and not locked;
        - Clearly marked;
        - Able to be moved to the location where needed; and
        - Stored in containers that protect them from damage, deterioration, or contamination.
    - Make sure first-aid supplies are appropriate for:
        - The size of the assisted living facility;
        - The services provided;
        - The residents served; and
        - The response time of emergency medical services.
    - Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:
        - On-duty staff persons' responsibilities;
        - Provisions for summoning emergency assistance;
        - Plans for evacuating residents from area or building;
        - Alternative resident accommodations;

- Provisions for essential resident needs, supplies and equipment including water, food, and medications; and
- Emergency communication plan.

Disaster Medical Coordination Center (DMCC)

- Policies currently under development (Oct 2013)

III. SITUATION

Emergency/Disaster Conditions and Hazards

Snohomish County is at risk from many hazards with the potential to cause wide spread illness, injuries or deaths. The number of people in need and the type and duration of health and medical services required will vary greatly depending on the hazard and its severity.

Refer to the Snohomish County Hazard Mitigation Plan for the natural and manmade events that may affect Snohomish County.

The Region 1 Healthcare Coalition conducted a Hazard Vulnerability Analysis in 2012 and found these are the top hazards for the Region as a whole:

- Earthquake
- Severe storm
- Communications failure
- Flood
- Mass casualty – trauma
- High winds

Planning Assumptions

Disasters are likely to increase public health demand for health and medical services and information. Situations with potential threat to health and safety of the community require coordination of public health and medical response. These could include natural disease outbreaks.

There are 4 acute care hospitals in Snohomish County and multiple clinic facilities. Health and medical facilities may be severely damaged, destroyed, or rendered unusable.

Those facilities which survive with little or no structural damage may be rendered unusable or only partially usable because of damage to, or reduction of utilities (power, water, and sewer).

Availability of medical care personnel may be limited due to injury, illness, personal concerns/needs or limited access to work locations.

The event may generate victims/casualties beyond the normal capacities of the local health and medical agencies in the county.

The extent of damage, availability of trained personnel, and other factors may require altered standards of patient care to be implemented.

Disasters may cause medical supplies and resources to become damaged or unavailable. Additionally, a large number of medical service providers, facilities and/or personnel may be affected and unavailable to provide assistance. Some disasters may also impact neighboring counties there by limiting the availability of mutual aid.

Infrastructure (transportation, communications, utilities, etc.) may be damaged and impact the ability of the county's health and medical services to be effective.

Disruption of sanitation services and facilities, loss of power and massing of people in shelters may increase the potential for disease and injury.

The damage and destruction caused by an emergency or disaster will produce urgent needs for mental health crisis counseling and spiritual support for disaster victims and emergency response personnel.

Health and related services will be restored to normal operations during the recovery period as soon as possible and within the limitations and capabilities allowed of affected agencies following the emergency or disaster.

Security may be needed at hospitals, clinics, medication dispensing sites, alternate care facilities, and other medical agencies during a major health and medical event.

Uninjured persons who require daily maintenance medications (e.g. insulin) may have difficulty in obtaining them because of damage or destruction of normal supply locations and general shortages within the disaster area.

An emergency resulting from an explosion, toxic gas, radiation, or biological release could occur that may produce a large concentration of specialized injuries that would overwhelm the local medical system, and/or result in the contamination of medical personnel or medical facilities which could reduce or eliminate the ability of those personnel or facilities to continue providing aid.

The county's behavioral health system may become overwhelmed and produce a critical need for mental health and crisis counseling services for victims, emergency response personnel and the public.

IV. CONCEPT OF OPERATIONS

General

With the potential for, or the occurrence of an event, the Emergency Operations Center (EOC) will notify the Health District Duty Officer. This notification may be by telephone, email, or text. Such notification may be to advise of a potential event, announce an

activation of the EOC, or to pass a request from local jurisdiction officials requesting assistance.

- The Health District will make further notification in accordance with internal plans, procedures, or practices.
- The Health District will notify ESF-8 supporting agencies for their assistance, as needed
- Supporting agency representatives will be consulted as necessary.

ESF-8 response and recovery activities will be coordinated from the EOC when it is activated and has become operational. The EOC will consist of a core staff supplemented by other local government and private organizations, as the situation dictates. During the initial activation the ESF-8 staff will consist of designated staff from the Health District.

All support agencies and organizations will be notified and tasked to provide 24-hour representation, as necessary. Each support agency and organization is responsible for ensuring that sufficient program staffs are available to support the EOC and to carry out the activities tasked to their agency or organization on a continuous basis. Individuals representing agencies and organizations who are staffing the EOC must have extensive knowledge of the resources and capabilities of their respective agencies or organizations, and have access to the appropriate authority for committing such resources during response and recovery operations.

ESF-8 will maintain coordination with the appropriate local jurisdiction, medical and public health officials, and organizations to obtain current medical and public health assistance requests. It is anticipated that most requests will be made by telephone, radio, or face-to-face, conversations rather than by formally written requests.

The ESF-8 representative will continuously acquire and assess information about the situation. The representative will continue to identify the nature and extent of health and medical problems, and establish appropriate monitoring and surveillance of the situation to obtain valid ongoing information. Information from the disaster area will be furnished by local agencies. Other sources of information may include assessment teams dispatched by the Health District, supporting agencies and organizations, various county officials in the affected area, or broadcast media.

In the early stages of a response, it may not be possible to fully assess the situation and verify the need for the level of assistance that is being requested. In such circumstances, it shall be the responsibility of the ESF-8 representative to decide whether to authorize assistance. Every attempt shall be made to verify the need before providing assistance. However, it may be necessary to proceed with assistance on a limited basis before verifications are obtained. In such a situation, the ESF-8 representative will use common sense, be flexible and responsive to meeting perceived time critical needs.

Because of the potential complexity of the health and medical response issues and situations, conditions may require special advisory groups or experts to be assembled by the ESF-8 representative. They would review health and medical intelligence information, and advice on specific strategies to be employed in order to appropriately manage and response to a specific situation.

Requests for information may be received at the EOC from various sources, such as the media and general public. These requests will be referred to the appropriate agency via the ESF-15 representative. A Joint Information Center may be set up to coordinate information to the media or general public.

The ESF-8 representative(s) will keep a log of all activities while working in the EOC.

The ESF-8 representative(s) will provide information as requested for the EOC Situation Reports.

The ESF-8 representative will utilize available local health and medical resources to the extent possible to meet the needs identified by local agencies. Requests for additional resources will be made through Snohomish DEM EOC Logistics, to WA State Emergency Operations Center (SEOC), to State ESF 8.

Organization

Snohomish Health District responsibilities include:

- Issuing permits and inspecting all businesses selling food to the public.
- Issuing permits for on-site septic systems, small public water systems and solid waste disposal facilities.
- Evaluating and responding to complaints about garbage accumulations, failing septic systems, potential toxins in the environment, contaminated wells, vermin, and other potential public health risks.
- Collecting and analyzing disease reports to detect outbreaks and trends.
- Responding to disease/biological outbreaks with appropriate control measures, including mass immunizations/prophylaxis.
- Providing support during a response to a radiological incident through activation of Community Reception Centers. (WA DOH would be the lead agency in this type of event).
- Providing lead responsibilities for public health information.
- Issuing birth and death certificates.
- Activate the Medical Reserve Corps as needed.

Disaster Medical Coordination Center (DMCC) responsibilities include:

- The Disaster Medical Coordination Center (DMCC) is located at Providence Regional Medical Center in Everett; the alternate DMCC would be Peace Health St Joseph Hospital in Bellingham.
- Provide initial alert notifications utilizing agency/county/regional alerting tool(s).

- Conduct initial and ongoing bed counts in the event of a Mass Casualty Incident (MCI), and work with EMS and hospitals to coordinate placement of multiple patients to appropriate health care facilities.
- Coordinate activities with the Federal Coordination Center (FCC) during National Disaster Medical System (NDMS) activations.
- Coordinate hospital surge resources. (i.e. trailers)

Hospital Systems/Clinics/Community Health Centers responsibilities include:

- The primary responsibility of hospital systems is to perform patient triage and to expedite treatment and care. Other mission essential responsibilities include providing a safe environment which includes: decontamination, safe ingress and egress (facility lockdown), having adequate supplies and resources, coordination of care and resources through other hospital systems, and the protection of staff.
- Hospital administrators will develop policy and procedures for activation of hospital disaster plans to ensure adequate staffing and bed capacity to maintain operations at maximum levels.
- Provide liaisons to the county EOC when requested by ESF-8 representative.
- Conduct an internal damage assessment of facilities and determine the status of patients and personnel, communications capabilities, utilities and other essential resources. This information should be relayed to the ESF-8 representative in the county EOC.
- Request assistance and/or resources through the ESF-8 representative.
- Provide medical care for the ill and injured at local hospitals, and their clinics and temporary treatment facilities when indicated. Direction and control of emergency operations at these facilities will be in accordance with NIMS/ICS.
- Conduct decontamination of patients prior to the delivery of emergency medical care when indicated.

Mental Health provider responsibilities include:

- Coordinate with ESF-8 to provide specialized medical services as requested.
- Conduct an internal damage assessment of facilities and determine the status of patients and personnel, communications capabilities, utilities, and other essential resources. Relay this information to ESF-8.
- Triage mental health needs within the community.

Fire Services / EMS / Medical Transportation responsibilities include:

- In disaster conditions, all Snohomish County fire departments and districts, and private ambulance providers will provide emergency medical services in accordance with the capabilities and authorities.
- Conduct damage assessments and determine operational status of facilities and equipment and relay the information to the ESF-8 representative.

- All Snohomish County EMS agencies will respond to the emergency or disaster to establish field triage areas, direct triage and START procedures as the situation dictates.
- County fire and emergency medical services will request mutual aid when resources indicate.
- Ground ambulance transportation may be supplemented by air ambulance transportation when indicated and as resources allow.
- Field response may include decontamination of patients before treatment and/or transport of disaster victims. Field decontamination may be needed for large numbers of victims.
- Private and public ambulance agencies may provide personnel to perform decontamination operations at local health care facilities if resources allow.
- EMS response personnel will make reasonable attempts to preserve crime-scene evidence.
- EMS personnel will notify the medical examiner of the existence and location of fatalities at the scene and will not move or remove any remains without medical examiner authorization (RCW 68.50.010).
- Community transit or other private bus agencies may supplement the transport of "walking wounded" resulting from mass casualty incidents.

Snohomish County Medical Examiner responsibilities include:

- The Snohomish County Medical Examiner is the lead agency in the jurisdiction of human remains/deceased persons who die unattended or as a result of trauma/ injury or unnatural causes or events.
- Transportation and movement of human remains will be at the direction of the Snohomish County Medical Examiner.
- The Medical Examiner's office should conduct an internal damage assessment and determine operational status. This information should be relayed to the Snohomish County Executive's Office, the EOC, and ESF-8 representative.
- The Medical Examiner's office will employ multiple methods to assume jurisdiction on Medical Examiner cases to determine cause and manner of death, establishing positive identification of the deceased as needed including but not limited to visual, dental, Medical/Radiology fingerprints (Washington State Patrol Latent Print Lab), and DNA.
- The Medical Examiner will coordinate necessary operations with the EOC, Snohomish County Health District, Local Law Enforcement, Fire Department, Missing Persons Unit, the DMCC, area funeral directors, Federal Disaster Mortuary Response Team (DMORT), Local Hospitals, the Washington State Dental Association, and other associated agencies and organizations.
- Coordinates with other agencies to notify next of kin and facilitate appropriate disposition.

Long Term Care/Adult Family Home provider responsibilities include:

- Add in responsibility of the agency to have a plan, and have the resources to execute plan.
- Conduct an internal damage assessment of facilities and determine status of patients and personnel, communications capabilities, utilities and other essential resources. Relay this information to ESF-8.
- Coordinate with ESF-8 on resource needs when their agency resources have been exhausted.
- Provide surge capability when appropriate.
- May need to add in how ESF 8 will work with ESF 6 on this section.

Medical Reserve Corps responsibilities include:

- Coordinate available qualified emergency workers to supplement medical capabilities to include physicians, nurses, and other technically medically qualified personnel.
- Coordinate available qualified emergency workers to supplement non-medical staff focused on medical coordination and support.

American Red Cross responsibilities include:

- Establish and operate emergency shelters in accordance with public health standards and regulations.
- Establish procedures whereby names of victims will be obtained for health and welfare communications by appropriate agencies and immediate family.
- Assist disaster victims with replacement of personal medical supplies, glasses, dentures, hearing aids, wheelchairs, prosthesis, etc.

Washington State Department of Health responsibilities include:

- Provide assistance to Snohomish Health District and/or ESF-8 in disease/suspicious substance identification through the State Public Health Laboratory.
- Coordinate response actions with other local health jurisdictions.
- Provide radiological monitoring, analysis, and assessment assistance and expertise.

Procedures

The Snohomish Health District maintains emergency operating procedures and plans for various contingencies. These procedures include:

- Basic plan describing the agency responsibilities
- Public health chain of command
- Public health emergency task checklist
- Public health resource inventory
- Community resource inventory
- Emergency purchasing, reporting and fiscal requirements

- Emergency communications

Mitigation Activities

- Identify and implement mitigation activities to prevent or lessen the impact of future incidents.

Preparedness Activities

- Review the ESF-8 Annex annually and update as needed.
- Continually evaluate the capabilities required to accomplish the ESF-8 mission, identify any gaps, and leverage resources to address them.
- Manage the resolution of ESF-8 after-action issues.
- Develop and/or participate in relevant ESF related planning, training, and exercise activities as the local, regional, state and/or federal level.
- Ensure necessary supplements to the ESF annex are developed and maintained (including emergency contact lists, resource lists, departmental/functional plans, procedures, protocols, and EOC job aids).
- Ensure representatives from the Health District and support agencies are fully trained and prepared to respond to the county EOC.

Response Activities

- Establish and maintain operational awareness of public health and medical services through direct communications links with operational units in the field and/or their appropriate coordinating entities;
- Conduct public health and medical services disaster impact and needs assessments, prioritize ESF-8 operational objectives in alignment with the EOC Incident Action Plan, and coordinate ESF-8 county-wide response activities;
- Collect and analyze information relevant to ESF-8 and report using either the county SharePoint site (or paper forms), and contribute to Action Plans, and Situation reports.
- Receive, manage and track resource requests for ESF-8;
- Ensure full coordination of activities with other groups within the EOC to assist in the development and maintenance of a common operating picture.

Recovery Activities

- Coordinate the ESF-8 support of recovery activities.
- Coordinate the restoration of ESF-8 resources and/or capabilities as needed.
- Ensure ESF-8 representatives provide appropriate records of costs incurred.
- Transition to the Health and Human Services Recovery Support Function
- Conduct an ESF-8 after action review.

V. RESPONSIBILITIES

Primary

Snohomish Health District

- Coordinate health and medical and mental health care delivery services.
- Provide representative(s) to the county EOC when requested.
- Ensure health and safety of Health District staff and clients.
- Provide for disease prevention, control and response.
- Ensure safety of drinking water and food stocks.
- Monitor and advise on the public's health resulting from other environmental exposures such as natural gas leaks and chemical spills.
- Keep the public informed about public health issues and appropriate response.
- Maintain vital statistics.
- Establish and monitor emergency environmental health standards for public shelters and/or congregate care facilities.
- Continue to provide advice and monitoring through the recovery phase of an emergency or disaster.
- Coordinate the identification and treatment of zoonotic disease outbreaks with local veterinarians and Washington State Department of Agriculture or Washington State Department of Fish and Wildlife as deemed necessary.
- Credential, train, and track Medical Reserve Corps volunteers.
- Provide guidance and oversight for the disposal of animal carcasses to ensure public health is not at risk.

Support

Disaster Medical Coordination Center (DMCC)

- Provide initial alert notifications utilizing agency/county/regional alerting tool(s).
- Conduct initial and ongoing bed counts in the event of a Mass Casualty Incident (MCI), and work with EMS and hospitals to coordinate placement of multiple patients to appropriate health care facilities.
- Coordinate activities with the FCC during National Disaster Medical System (NDMS) activations.

Hospital Systems / Clinics / Community Health Centers

- Stand up the hospital EOC when the internal hospital plan is activated, notify the ESF-8 representative when activated and provide contact information for dissemination of information.
- Provide adequate planning for maintaining emergency capabilities under disaster conditions or other episodes of utility service interruption to include but not limited to:
    - Back-up power, sanitation and potable water provisions.
    - In-house capability or emergency service contracts for utility systems repair, damage stabilization and water/debris removal.

- Adequately plan for obtaining emergency medical supplies; pharmaceuticals and linens under disaster conditions to include but not limited to in-house capability by maintaining back up supplies stored onsite; or emergency service contracts with medical supply and pharmaceutical vendors.

Snohomish County Department of Emergency Management

- Provide 24-hour duty officer coverage in support of field response activities and activate the county EOC as indicated.
- Evaluate, prioritize, and coordinate emergency resource requests.
- Assist in training and coordination in support of this plan.

Snohomish County Medical Examiner

- Provide a liaison to the county EOC when requested.
- Coordinate emergency procedures in the management and transportation of deceased/human remains.
- Coordinate temporary morgue locations and operations when indicated.
- Conduct damage assessments and determine resource needs. Relay the information to ESF-8.

Fire Service / EMS

- Coordinate emergency transportation of ill and/or injured with private ambulance companies as appropriate.

VI. REFERENCES

PUBLIC HEALTH MUTUAL AID PLAN
STANDARD OPERATING PROCEDURES

I. AUTHORITY

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

II. PURPOSE

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

III. AUTHORIZED REPRESENTATIVES

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

IV. CONCEPT OF OPERATIONS/INVOKING ASSISTANCE/REQUEST FORMS

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

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

B. Activation of Local Mutual Aid Process

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

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

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

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

i. LMAT will track the status of Mutual Aid Assistance missions and resources and disseminate updates to all Party HD representatives throughout the response.
j. Party HDs and the LMAT may use the Resource Tracking Tool found in Appendix 5, but there is no requirement to do so.

4. Resource Request Form: Request and Response Procedures

a. The Requesting Party HD's Authorized Representative listed in Appendix 3, or his or her designee, may make the initial contact with the Assisting Party HD's Authorized Representative, or his or her designee, either verbally or in writing.
b. The Requesting Party HD's Authorized Representative, or his or her designee, must send a written request for Assistance, using the form in Appendix 4, prior to the departure of personnel, equipment, materials, or supplies, or use of services, facilities or other resources, unless it is electronically or logistically impossible to do so. The form must be fully filled out (parts 1, 2 and 3) and signed before departure of Assistance, if possible.
c. The Request from the Requesting Party HD should include the following information, and be sent to the Assisting Party HD, with a copy to the LMAT, if activated:
    - Date, time and state mission number
    - Contact person, title, and phone, email and fax
    - General Description of the Incident (e.g., type, magnitude, location, number of casualties, illnesses, injuries, if known).
    - Type of Assistance and resources needed (include type of professionals, licensure requirements, if any, and specific skills needed).
    - Specific type of equipment, supplies, and facilities needed and purpose of use.
    - Date and time resources will be needed; estimated length of time needed.
    - Specific time and place for staging area (staging location address) and contact person at staging area.
    - Location of service delivery.
    - Special deployment considerations, if any.
    - Budgetary limitations

d. Response from the Assisting Party HD should include the following information, and be sent to the Requesting Party HD, with a copy to the LMAT, if activated:

    - Date and time of response
    - Contact person, title, and phone, email and fax

- Type of Assistance and resources available (include type of professionals, licensure qualifications, if any requested, and specific skills).
- Specific type of equipment, supplies, and facilities available for purpose stated by Requesting Party HD.
- Date and time resources are available; estimated length of time resources are available.
- Approximate daily cost for labor, equipment and materials. The cost shall be an approximation, subject to a plus or minus adjustment of up to 10%, without further discussion between the parties. If the Assisting Party HD determines that the cost will exceed the estimate by more than 10%, it shall notify the Requesting Party HD, and the parties shall discuss the costs, and either agree to the increased costs, or make changes to their arrangements accordingly.
- Approximate transportation costs (home base to staging area). The cost shall be an approximation, subject to a plus or minus adjustment of up to 10%, without further discussion between the parties. If the Assisting Party HD determines that the cost will exceed the estimate by more than 10%, it shall notify the Requesting Party HD, and the parties shall discuss the costs, and either agree to the increased costs, or make changes to their arrangements accordingly.
- Approximate transportation costs (return to home base). The cost shall be an approximation, subject to a plus or minus adjustment of up to 10%, without further discussion between the parties. If the Assisting Party HD determines that the cost will exceed the estimate by more than 10%, it shall notify the Requesting Party HD, and the parties shall discuss the costs, and either agree to the increased costs, or make changes to their arrangements accordingly.
- Logistical support required from the Requesting Party HD, if any.
- Scheduling and coordination particular to personnel or resources, e.g., personnel available for only three days.

d. Requesting Party HD Approval: The form is completed when the Requesting Party HD's Authorized Representative, or his or her designee, approves the form, and signs it and enters the time and date signed in Part 3.
e. The Resource Request Form may be faxed, emailed, or mailed, between the parties, and to the LMAT, if activated.
f. Amendments to the Resource Request Form shall be in writing, and agreed between the parties, prior to the departure of supplemental Assistance, or extension of time for provision of Assistance.

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

A. The Requesting Party HD will provide information on staging locations to the Assisting Party HD.
B. Assisting Party HD will inform its own personnel of its own personnel policies.
C. The Assisting Party HD will perform a deployment briefing for its personnel that will include at least the following information:
    1. Deployed personnel are operating under the Local Health Officer (LHO) and ICS of the Requesting Party HD
    2. Each individual's safety is paramount, and he or she can refuse an requested action if his or her health or safety are in immediate risk
    3. What to bring
    4. Home jurisdiction continues to be his/her employer
    5. Contact information and communications for staff and family
    6. Staging Location Address and time to report; length of deployment
    7. Worker's Compensation coverage
    8. Keeping time records/record keeping
    9. Conditions on deploying from staging area
    10. PPE and vaccinations required.
    11. Conditions and process for returning to home prior to end of Period of Assistance
D. It is each Party HD's responsibility to assure that it takes all actions necessary to qualify and maintain qualification of its own personnel, employees, and volunteers as emergency workers, or covered emergency workers, as appropriate, pursuant to RCW 38.52 et seq. and WAC 118-04 et seq., and any other applicable statute, regulation or law.
E. Health departments and districts should consult with their legal counsel and the SEOC regarding qualification of their personnel as emergency workers or covered emergency workers and whether their personnel must register to be qualified.
F. Assisting Party HD personnel will report to the identified staging location or other identified service delivery location of the Requesting Party HD jurisdiction for deployment to operational commands.
G. Assisting Party HDs shall send written instructions for any equipment, supplies or vaccines it provides.
H. Staging areas will be hosted by the Requesting Party HD.

VI. CONCEPT OF OPERATIONS/INVOKING ASSISTANCE/FIELD SUPPORT

A. Travel arrangements: Assisting Party HD shall make both departure and return travel arrangements for its own personnel.
B. Ground Transportation: Assisting Party HD is primarily responsible for making ground transportation arrangements for its own personnel. The Assisting Party HD may ask the Requesting Party HD for help. The parties may decide prior to the departure of personnel which party should make ground transportation arrangements. Additional information may be added to the Resource Request Form.

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

VII. CONCEPT OF OPERATIONS/INVOKING ASSISTANCE/DEMOBILIZATION

A. Demobilization by the Requesting Party HD will occur in accordance with the demobilization protocols of the Emergency Operations Plan of the Requesting Party HD.
B. Demobilization begins when either: 1) in the judgment of the Requesting Party HD in the context of its Incident Action Plan, demobilization of the Assistance, or part of the Assistance, is appropriate; or 2) the Assisting Party HD requests the return of its Assistance or part of its Assistance.
C. If the Assisting Party HD requests return of its Assistance or part of its Assistance before the anticipated return date, then the Assisting Party HD's Authorized Representative will make a written request to Incident Command in the Requesting Party HD jurisdiction for the return of its resources.
D. Personnel must coordinate demobilization with the Incident Command System officers and consult with supervisors regarding the conditions of demobilization. Personnel remain under the control of ICS until released.
E. Assisting Party HD personnel shall demobilize in accordance with the demobilization checklist found in Appendix 2D. In extraordinary circumstances, e.g., a personal tragedy or disaster in the Assisting Party HD's jurisdiction, the Assisting Party HD personnel may demobilize without compliance with the demobilization checklist, but should check with his/her supervisor and safety officer in the Requesting Party's ICS before departure.
F. The demobilizing personnel should check with the EOC safety officer before leaving so that the safety officer may assess the physical and mental health of demobilizing personnel, and to receive instructions, if any. If prophylaxis or ongoing treatment is required, the demobilizing personnel should take such treatments with him or her.

G. When released, personnel must return directly to their home or work duty station, as appropriate, and demobilization is not complete until the Assisting Party HD's personnel arrive back at their home or work duty station.
H. Assisting Party personnel will develop after-action briefing points and deliver them to the Incident Commander at the Requesting Party HD, and participate in incident debriefings, as appropriate. Requesting Party HD will make the After Action Report available to all incident participants.
I. The LMAT may demobilize at any time it deems appropriate or necessary with notification to Party HDs and DOH.

VIII. LEGAL AND ADMINISTRATIVE PROTECTION

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

IX. WORKFORCE TYPE IDENTIFICATION AND INVENTORY

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

X. LICENSURE/CREDENTIALING

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

XI. REIMBURSEMENT/RECORD KEEPING

A. Reimbursement will be based on actual costs, except in the case of overhead costs, as described in Article XI, paragraph F. Assisting Party HDs may use their own invoices for billing. Copies of receipts, payment vouchers and sign in sheets shall accompany requests for reimbursement.
B. Requesting Party HD shall pay the reimbursement within sixty (60) days of receipt of each invoice. Assisting Party HD may send invoices for reimbursement no more frequently than every 30 days, or at the end of the Period of Assistance, at its discretion.

C. Requesting and Assisting Party HDs will cooperate to meet all local, state and federal requirements for reimbursement or other funding.
D. Each Party HD's personnel shall follow its own agency's policies and use its own internal forms related to agency personnel expense reimbursement. When eligible for per diem, reimbursement shall be at the Assisting Party HD's per diem rate.
E. Overhead shall be reimbursed using the federal indirect rate.
F. Record keeping: The Requesting Party HD is responsible for any required documentation of use of personnel, materials, supplies, equipment, facilities, services, and/or related resources for state or federal reimbursement, and will provide copies to the Assisting Party HD upon request. Under all circumstances, the Requesting Party HD remains responsible for ensuring that the amount and quality of all documentation is adequate to enable state or federal reimbursement.
G. Requesting Party HD will document damage to its own materials, equipment and supplies, as well as damage to those belonging to the Assisting Party HD, using its own agency's incident report forms and reporting process. Incident reports for lost and damaged items shall be provided to the Assisting Party HDs so that they may be attached to reimbursement claim forms or invoices.
H. Requesting Party HD will provide injury/death incident reports and physical and/or mental health incident reports related to Assisting Party HD personnel to Assisting Party HD.

XII. PLAN REVIEW/AMENDMENT/EXERCISE

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

APPENDIX 1 – DEFINITIONS

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

Assisting Party HD: A Party HD providing Assistance pursuant to the MAA to a Requesting Party HD from another jurisdiction that has requested Assistance to confront a Public Health Incident, Emergency or Disaster.

Assistance: Assistance means personnel, equipment, materials, supplies, facilities, services, and/or related resources.

Authorized Representative: The person or persons, designated by each Party HD in the Plan SOPs Appendix 3, or his or her designee, to request Assistance from or grant Assistance to another Party HD pursuant to the terms of the MAA.

Demobilization: The process of discharging or disbanding personnel or releasing and returning equipment, materials, supplies, facilities, or other Assistance to the Assisting Party HD.

Mutual Aid: A prearranged written Agreement and Plan SOPs whereby Assistance is requested and may be provided between two or more jurisdictions during a Public Health Incident, Emergency or Disaster under the terms of the MAA.

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

Plan SOPs: written Public Health Inter-Jurisdictional Mutual Aid Plan Standard Operating Procedures that meet the requirements set forth in Article VII of the MAA.

Public Health Incident, Emergency, or Disaster: Any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, to which any Party HD may respond pursuant to its authority under chapter 70.05 or 70.46 RCW, or other applicable law, and that, in the judgment of the Requesting Party HD, results or may result in circumstances sufficient to exceed the capabilities of immediate local or regional public health response.

Requesting Party HD: A Party HD that has requested Assistance from a Party HD from another jurisdiction participating in the MAA.

APPENDIX 2A - LMAT RESPONSIBILITIES

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

APPENDIX 2B – REQUESTING PARTY HD MOBILIZATION PROCESS CHECKLIST

- ❑ Determine that your capability has been exceeded or is expected to be exceeded.
- ❑ Activate your agency's emergency operation plan (EOP).
- ❑ Activate Incident Command System (ICS).
- ❑ Request a mission number through local Department of Emergency Management (DEM) and receive from the SEOC.
- ❑ Activate the Public Health Mutual Aid Plan Standard Operating Procedures (SOP).
- ❑ Make initial request for assistance to Assisting Party Health Department (APHD) or to Local Mutual Aid Team (LMAT), either verbally or in writing, including information on the Resource Request Form in Appendix 4.
- ❑ Complete Part 1 of the Resource Request Form. NOTE: The Resource Request Form can be faxed, e-mailed, or mailed between the parties. If it is logistically or electronically impossible for your HD to submit a written version of the Resource Request Form, call the Assisting Party HD's Authorized Representative and give them the request information. The Assisting Party HD will then complete Part 1 of the Resource Request Form and will confirm what is written for accuracy.
- ❑ Determine the minimum protection level required for personal protective equipment (PPE) and vaccination.
- ❑ Communicate PPE/vaccine and other protections you expect APHD personnel to have before deploying and what will be provided by your HD.
- ❑ Communicate licensure and credentialing requirements of personnel requested to the APHD, including scope of practice and any particular skills needed.
- ❑ Receive from the APHD a completed and signed Part 2 of the Resource Request Form, including estimated costs, plus or minus 10% for daily costs of labor, equipment, materials, and transportation.
- ❑ Complete and sign Part 3 of the Resource Request Form. NOTE: If this is electronically or logistically impossible, the APHD will complete Part 3 and confirm with the Requesting Party HD.
- ❑ Send a fully completed and signed Resource Request Form to the APHD prior to departure of personnel, equipment, materials, or supplies, or the use of services,

facilities, or other resources, unless it is electronically or logistically impossible to do so.

- ❑ Check with APHD for instructions on operating equipment, using supplies, including vaccine storage and administration.
- ❑ Receive personnel, equipment and supplies from APHD
- ❑ Have APHD personnel sign in and show their agency badges and photo IDs.
- ❑ Provide overview, orientation, and just-in-time training, as needed, to APHD personnel, in accordance with your EOP.
- ❑ Inventory materials sent from APHD and store appropriately until use (e.g., vaccines refrigerated).
- ❑ Maintain records of personnel assignments, sign-in sheets, and use of equipment and supplies.
- ❑ Provide demobilization check-out process for personnel, according to your EOP.
- ❑ Receive invoices from APHD and pay within 60 days.

APPENDIX 2C – ASSISTING PARTY HD MOBILIZATION PROCESS CHECKLIST

- ❑ Receive notification that the Requesting Party HD needs your HD's assistance because an incident has exceeded the Requesting Party HD's capability or capability will be exceeded soon. Notification can be verbal at first, followed up by a written request that includes information on the Resource Request Form found in Appendix 4.

- ❑ Confirm that the Requesting Party HD's emergency operation plan has been activated, including the Incident Command System.

- ❑ Confirm that the Requesting Party HD has requested an emergency mission number through their local Department of Emergency Management and the number has been received from the State Emergency Management Division.

- ❑ Confirm that the Requesting Party HD has activated the Public Health Mutual Aid Plan Standard Operating Procedures (SOP).

- ❑ Ascertain whether your HD has sufficient resources and personnel with needed certifications and/or experience to respond to the request from the Requesting Party HD.

- ❑ Make sure you have received Part 1 of the Resource Request Form from the Requesting Party HD's Authorized Representative prior to the departure of personnel, equipment, materials, or supplies; and/or, prior to use of services, facilities or other resources. NOTE: The Resource Request Form can be faxed or e-mailed, or mailed between the parties, with a copy to LMAT, if activated. If it is logistically or electronically impossible to receive a written copy, write what you understand the request to be on the Resource Request Form and confirm this with the Requesting Party HD.

- ❑ Complete Part 2 of the Resource Request Form, including estimated costs (plus or minus 10%) for daily cost of labor, equipment, materials, and transportation and have the form signed by the Assisting Party HD's Authorized Representative.

- ❑ Check that the Requesting Party HD has completed and signed Part 3 of the Resource Request Form. If electronically or logistically impossible to receive a written copy of Part 3, complete that section and confirm with the Requesting Party HD.

- ❑ Prepare documentation needed for using equipment, supplies, vaccine storage and administration, or any other resource provided to the Requesting Party HD. These instructions should be sent with the deployed equipment and/or personnel.

- ❑ Clarify with the Requesting Party HD what prophylaxis, including personal protective equipment, vaccination(s), and/or other medications are required. NOTE: The

Requesting Party HD determines the minimum protection level required. Agree on whether prophylaxis will be provided by your department or the Requesting Party HD.

- ❑ Ensure that the personnel you are sending meet the licensure and credentialing requirements of the Requesting Party HD. If certification or licensure is required, each person should carry those documents to the Requesting Party HD.

- ❑ Make any travel, transportation, and housing arrangements for your personnel and storage for equipment, if needed. You can ask the Requesting Party HD for recommendations, particularly for housing near the site of the emergency.

- ❑ Brief your personnel prior to deployment, including:

    - o Deployed personnel should operate under the ICS and Health Officer of the Requesting Party HD.
    - o Safety is paramount; Assisting Party HD personnel can refuse a requested action if her/his health or safety is in immediate risk.
    - o Provide a list of contact information, including to whom to report at the Requesting Party HD, and communications procedures including the address for the staging location and time to report.
    - o Explain the fact that the Assisting Party HD will continue to be the personnel's employer even though the personnel will report to someone at the Requesting Party's location.
    - o Provide information on Worker Compensation Coverage and the presumed length of deployment.
    - o Emphasize the need for personnel to keep accurate time records, which will be used to request reimbursement from the Requesting Party HD once the emergency has been resolved.
    - o Provide any vaccinations or other prophylaxis, including personal protective equipment, if that is the agreement with the Requesting Party HD. If the Requesting Party HD will supply prophylaxis, explain that to deploying personnel.
    - o Give each person a list of the items s/he should take, including equipment and resources that are part of the loan from your HD. If certification or licensure is required, each person should carry those documents to the Requesting Party HD.
    - o Make sure each person understands that timing and conditions for deployment from the staging area back to your HD is up to the Requesting Party HD. Due to safety concerns, for example, personnel may be asked to stay in the staging area to rest before driving home.
    - o Remind staff that although it is the responsibility of the Requesting Party HD to provide food to all personnel, if anyone has particular food restrictions, s/he should take food with them since food is likely to be provided in bulk and not take into consideration individual allergies or dietary needs.

- Remind personnel to take any prescriptions they have been given by their personnel physician to maintain their health.

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

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

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

- ❑ Receive from the Requesting Party notification of the commencement of demobilization.

- ❑ Inventory and document the equipment, materials, or supplies you are transporting back to your home jurisdiction, if any. Include assessment and documentation of the condition of the equipment, supplies and materials, noting whether they are used or unused, in good serviceable condition, or damaged.

- ❑ Before leaving, check that the Requesting Party HD EOC Finance and Administrative Chief has a record of your work hours and that their list matches your knowledge of hours worked.

- ❑ Make sure to ask the Requesting Party HD whether you should bring any unused personal protective equipment to the Assisting Party HD, if you brought any with you.

- ❑ Receive from the Requesting Party HD, through their Incident Command System, a demobilization briefing. Expect to hear about your replacement, ongoing missions, completed tasks, and any outstanding issues and what your role is for any of those.

- ❑ Before leaving, check with the EOC Safety Officer who may assess your physical and mental health. NOTE: It is possible that your departure time may be delayed if you show signs that could impact your safety on the drive home. If prophylaxis or ongoing treatment is required, take sufficient medications with you to cover the prescription period.

- ❑ Check with your agency about travel arrangements. The Assisting Party HD makes return travel arrangements for its personnel, which may include lodging and food. Keep all receipts for reimbursement, as appropriate.

- ❑ Once you have returned to your home or work duty station, develop after-action briefing points and deliver them to the Incident Commander at the Requesting Party HD. As appropriate, participate in incident debriefings.

APPENDIX 3 – AUTHORIZED REPRESENTATIVES

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

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

APPENDIX 4 – RESOURCE REQUEST FORM

<table>
<tr><td colspan="4">PUBLIC HEALTH MUTUAL AID PLAN SOPs

RESOURCE REQUEST FORM</td></tr>
<tr><td>PART 1:

COMPLETED BY THE REQUESTING PARTY HD</td><td>Date:</td><td>Time:</td><td>State Mission #:</td></tr>
<tr><td>Requesting Party HD:</td><td colspan="3">Contact Person/Title:</td></tr>
<tr><td>Telephone: ( )

Email:</td><td colspan="3">FAX ( )</td></tr>
<tr><td colspan="4">General Description of the Incident (type, magnitude, location, number of casualties, illnesses, injuries, etc.) and type of response assistance needed:</td></tr>
<tr><td colspan="4">Type of Assistance and Resources Needed (use Part 4 if needed). Include number and type of professionals, including education, licensure, credentials, training, and certification requirements, if any, and specific skills and experience needed:</td></tr>
<tr><td colspan="2">Date and time resources will be needed:

Dates From: To:

Time Needed:</td><td colspan="2">Staging Area Location Address and Contact Person at Staging Area:

Address:

Contact Person:

Phone/Email:

Location of Service Delivery, if known:</td></tr>
<tr><td colspan="2">Authorized Representative:</td><td colspan="2">Authorized Representative's Signature:</td></tr>
<tr><td colspan="2">Title:</td><td colspan="2">Agency:</td></tr>
</table>

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

PART 3: **REQUESTING PARTY HD's APPROVAL**	**Date:**	**Time:**
Authorized Representative:	**Authorized Representative's Signature:**	
Title:	**Agency:**	

PART 4: **ADDITIONAL MISSION INFORMATION AND SPECIAL DEPLOYMENT CONSIDERATIONS:**
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____

_____

_____

_____

_____

Form Instructions

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

PART 1:

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

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

PART 2:

The Assisting Party HD completes PART 2.

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

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

PART 3:

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

Part 4:

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

APPENDIX 5

Public Health Mutual Aid Plan
Standard Operating Procedure

MUTUAL AID RESOURCE TRACKING FORM

INCIDENT NAME_____

Request Number	Requesting LHJ	Resources Needed	Assisting LHJ	Resources Available	Date Available (From - To)	Contact Person; phone; email	Notes - Resource deployed - Tasked to DOH EOC - Request withdrawn
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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