

Operational Framework for Mutual Aid Requests:

Health Care Professionals

Section V: Appendices



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To Receive the Mutual Aid Request (MAR) Form
Please send your request or any additional inquiries to

HPOC-COPS@phac-aspc.gc.ca

Developed by:

The Federal, Provincial and Territorial Inter-jurisdiction Health Surge Capacity Task Group under the auspices of the Public Health Infrastructure Steering Committee reporting to the Public Health Network Council.

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Appendix A: Federal/Provincial/Territorial Memorandum of Understanding (MOU) on the Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public

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Preamble

Whereas:

- › The jurisdictions which are signatories to this MOU (the “Jurisdictions”) wish to enter into an understanding regarding mutual assistance in relation to Health Resources during an Emergency.
- › For Québec, the MOU relates to only the mutual aid assistance during an urgency of public health, as defined by the World Health Assembly on May 23 2005 and presented in Annex A to this MOU.
- › The Federal/Provincial/Territorial Deputy Ministers of Health adopted five principles for purposes of addressing and responding to jurisdictional collaboration and assistance in an Emergency, which principles are attached as [Annex B](#) to this MOU (the “Principles”)
- › To give effect to the Principles, the Federal/Provincial/Territorial Deputy Ministers of Health have tasked the Pan-Canadian Public Health Network to work with the Jurisdictions to develop an MOU on mutual aid designed to facilitate the sharing of human and material resources in a coordinated and cooperative manner across Canada.
- › It is recognized that emergencies are managed within the broader emergency management system in each jurisdiction, and that this MOU is complementary, and in some cases supplementary, to other MOU’s and agreements which may be established pursuant to other mandates.
- › The purpose of this MOU is to establish a framework for Jurisdictions to provide and receive human and material Health Resources having regard to the unique and complex health care delivery structures and health professional regulatory environment in each Jurisdiction.
- › This MOU describes the general intentions of the Jurisdictions. It does not create or describe legally binding obligations and does not limit or derogate from the exercise of any statutory power or legislative authority of each Jurisdiction.

1. Definitions

Emergency means an urgent and critical situation, of a temporary nature, regardless of its cause¹, that seriously endangers or threatens the health of the public that in the opinion of the Receiving Jurisdiction, is of such proportions or nature that it exceeds or may exceed the capacity or authority of the Receiving Jurisdiction to deal with.

Expenses include the direct costs of Resources (such as direct costs related to delivery and use of medical and surgical supplies, drugs and costs related to travel and accommodation of personnel), and the indirect costs (any cost not specifically or directly associated with the provision of Resources). For example, Expenses may include, but not be limited to, the salary and benefits of Health Care Personnel for the period of deployment, and the costs incurred in transporting Health Care Personnel to and from the area where they are assigned as well as any out of pocket costs incurred by the Sending Jurisdiction as a result of rendering Mutual Aid.

Health Care Material and Supplies includes any physical asset that could be used to prevent illness (e.g. vaccines or prescription drugs such as anti-viral drugs) or to care for or treat persons who may be ill or injured as a result of an Emergency.

Health Care Personnel means any natural person, whether or not in the employ of a Sending Jurisdiction, who provides health care services including, but not limited to, dentists, emergency medical personnel, emergency medical technicians, drivers of emergency vehicles used for public health purposes, nurses, nurse practitioners, physicians, physician assistants, pharmacists and any other staff needed to respond to an Emergency.

Health Resources mean Health Care Material and Supplies and Health Care Personnel provided by a Sending Jurisdiction to a Receiving Jurisdiction to be used during an Emergency.

Jurisdiction means a government which is a signatory to this MOU.

Mutual Aid means the provision of Health Resources in the event of an Emergency, (including providing for the movement, housing and care of Health Care Personnel transferred out of or across the territories of a Jurisdiction).

Receiving Jurisdiction means the P/T government on whose territory the emergency occurs, or the federal government if the emergency occurs on land and properties under federal responsibility, that requests and is in receipt of any form of Mutual Aid from a Sending Jurisdiction.

Sending Jurisdiction means the jurisdiction which receives a request to provide to a Receiving Jurisdiction Mutual Aid during an Emergency.

¹ including a natural disaster (e.g., flood, earthquake, tornado, infectious disease outbreak etc.) or human-caused disaster, either accidental or malicious (e.g., acts of biological, chemical, radio-nuclear or explosive terrorism), epidemic/pandemic disease outbreak, or a novel/highly fatal infectious agent or biological toxin.

2. Purpose

The purpose of this MOU is to establish a framework for Mutual Aid amongst Canadian Jurisdictions in accordance with the *Principles* set out in [Annex B](#), and in accordance with the following *Understandings*, namely:

Understandings:

- › Each Jurisdiction has full power and authority to enact legislation within its sphere of constitutional competence and this MOU does not aim to commit a Jurisdiction to the exercise of its legislative function.
- › Each Jurisdiction has unique and complex health care delivery systems and structures, including unique and varied employment and health professional arrangements.
- › The regulatory control over most health care professionals in each Jurisdiction is administered by self-regulating bodies pursuant to applicable legislation, regulation and bylaws.
- › The Jurisdictions acknowledge that they have limited authority to commit Health Care Materials and Supplies or to commit or require Health Care Personnel to participate in responding to an Emergency by way of this MOU.
- › Each Jurisdiction may, if considered advisable, enter into further bilateral or multilateral MOU's or agreements with other Jurisdictions for the purpose of describing in greater detail the Mutual Aid arrangements as between or among them.
- › This MOU is an expression of intent by the Jurisdictions to explore, review and undertake the measures set out in this MOU, having regard to the Principles and Understandings, with a view to making appropriate administrative, policy and legislative changes considered advisable by each Jurisdiction to give effect to the intentions expressed in this MOU.

3. Scope

- 3.1** This MOU applies to an Emergency, as determined by the Jurisdiction in which the Emergency occurs, and to the provision of Mutual Aid from a Sending Jurisdiction to a Receiving Jurisdiction.

4. Intra-jurisdictional Co-Ordination and Implementation

- 4.1** It is the intent of the Jurisdictions to each facilitate the implementation of this MOU within their own Jurisdictions by working internally to develop or provide the protocols identified in [Annex C](#).

5. Health Care Personnel

- 5.1** With respect to the provision of Health Care Personnel pursuant to a request for Mutual Aid, it is the intent of the Jurisdictions to develop mechanisms to ensure that:
- › Health Care Personnel will be able to practice lawfully in the Receiving Jurisdiction within their recognized scope of practice and;
 - › Health Care Personnel will not be unreasonably disadvantaged in any way, either directly or indirectly, with respect to matters relating to salary or compensation, health care benefits, disability protection and benefits, death benefits, liability and immunity protections, worker's compensation benefits and coverage, while providing health care services in the Receiving Jurisdiction.

The specific mechanisms to be used in relation to the above intentions will be determined by each Jurisdiction which may include, without limitation, compensation and/or indemnification in lieu of coverage by the Receiving Jurisdiction.

- 5.2** Nothing in this MOU restricts the authority or ability of a Receiving Jurisdiction to expand or limit the scope of practice of an assigned Health Care Personnel for which the individual is licensed in the Sending Jurisdiction provided: 1) where the scope of practice is expanded, the Receiving Jurisdiction arranges for the requisite training, to that individual, and 2) the principles set out in clause 5.1 are met.
- 5.3** It is the intent of the Jurisdictions to consult with the bodies responsible for the regulation of Health Care Personnel in their jurisdiction and with other relevant groups to determine how to handle complaints that arise in relation to health care services provided by Health Care Personnel while on assignment in the Receiving Jurisdiction.
- 5.4** The period of assignment of a Health Care Personnel begins when the Health Care Personnel leaves the Jurisdiction of the Sending Jurisdiction and ends upon return to that Jurisdiction, and includes any period during which a Health Care Personnel receives training from the Receiving Jurisdiction.
- 5.5** During a period of assignment, a Health Care Personnel will be under the command and control of the person assigned by the Receiving Jurisdiction.

6. Requests for and Provision of Mutual Aid

- 6.1** It is the intent of the Jurisdictions to adopt and act in accordance with the principles and protocols identified in [Annex D](#) when either requesting or responding to requests for Mutual Aid.

7. Reimbursement

- 7.1** It is the intent of the Jurisdictions that, upon receipt of a detailed written request from the Sending Jurisdiction, the Receiving Jurisdiction will reimburse the Sending Jurisdiction for all reasonable Expenses incurred in or as a consequence of the provision of Mutual Aid to the Receiving Jurisdiction. For greater certainty, the Receiving Jurisdiction will be responsible for all Expenses incurred as a result of the receipt of Mutual Aid notwithstanding the fact that the:
- › Expenses were incurred by another person, board, authority or agency within the Sending Jurisdiction, and
 - › Sending Jurisdiction has not directly incurred any expense or suffered any cost, loss or damage.
- 7.2** The Jurisdictions may enter into MOU's or other agreements respecting the reimbursement of Expenses arising from the provision of Mutual Aid.

8. Role of the Pan Canadian Public Health Network Council

- 8.1** As the senior and central governance body of the Pan-Canadian Public Health Network, the Pan-Canadian Public Health Network Council (the "Council") will support the implementation of this MOU in achieving the principles set out in [Annex D](#).
- 8.2** The Council will report such findings to the Conference of Deputy Ministers of Health.

9. General

- 9.1 Additional Agreements**—Nothing in this MOU precludes any Jurisdiction from entering into other agreements relating to the provision of Mutual Aid in respect of Emergencies, nor does this MOU affect any other agreements already in force.
- 9.2 Harmonization with Other Agreements**—The Jurisdictions intend to harmonize, where appropriate, with this MOU any other applicable agreements relating to Mutual Aid for Emergencies entered after the coming into effect of this MOU.
- 9.3 Effective upon execution**—This MOU is effective upon being signed by any two Jurisdictions, and is effective in respect of any other Jurisdiction upon its signing by that Jurisdiction.
- 9.4 New Parties**—A Province or a Territory may become a signatory to this MOU at any time.
- 9.5 Withdrawal**—Any Jurisdiction may withdraw from this MOU by providing written notice to all other Jurisdictions. The withdrawal is effective 30 days after written notice is provided.
- 9.6 Amendment**—This MOU may only be modified by the mutual consent of all Jurisdictions. To be effective, all proposed amendments must be in writing and must be accepted in writing by all Jurisdictions within 90 (ninety) days of the initial proposal. If accepted, the amendments will come into force on a date agreed upon by all Jurisdictions.
- 9.7 Mediation**—It is intended that any disputes arising from this MOU will be resolved using mediation. The process to be used for mediation will be determined by agreement of the Jurisdictions to the dispute.
- 9.8 Review**—This MOU will be reviewed by the Public Health Network Council every two years and the PHN Council will recommend any revisions to the Conference of F/P/T Deputy Ministers of Health.

Annex A (to the MOU)

Proposed Criteria to Determine a Public Health Emergency of National or International Concern

NOTE: The test to determine whether a "Public Health Emergency" exists is derived and adapted from Annex 2 of the IHRs as adopted by the 58th World Health Assembly on May 23, 2005.

I

Public Health Emergency:

An extraordinary, unexpected, or unusual health event...

Q. 1) Is the health event extraordinary, or unusual?

The following are examples of extraordinary or unusual events:

- › The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown.
- › Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms.
- › Occurrence of the event itself is unusual for the area, season, or population.

Q. 2) Is the health event unexpected from a public health perspective?

The following is an example of an unexpected event:

- › Event caused by a disease/agent that had already been eradicated from the jurisdiction or not previously reported.

If the answer to either Q1) or Q2) is yes, then the health event should be considered extraordinary, unexpected, or unusual.

II

...determined to i) constitute a Public Health Risk to other jurisdictions and/or internationally through the spread of Disease

Q. 3) Is there a significant risk of spread to other jurisdictions and/or internationally?

Q. 4) Is there evidence of an epidemiological link in other jurisdictions?

Q. 5) Is there any factor that should alert health authorities to the potential for cross border movement of the agent, vehicle, or host?

The following are examples that may predispose to jurisdictional and/or international spread:

- › Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of:
 - Inter-jurisdictional and/or international travel (or time equivalent to the incubation period if the pathogen is known)
 - Participation in an inter-jurisdictional and/or international gathering (pilgrimage, sports event, conference, etc.)
 - Close contact with an inter-jurisdictional and/or international traveller or a highly mobile population
 - Event caused by an environmental contamination that has the potential to spread across inter-jurisdictional and/or international borders.

If the answer to either Q3), Q4) or Q5) is yes, then the health event is determined to constitute a public health risk to other jurisdictions and/or internationally through the spread of Disease

III

...ii) have a serious adverse impact on the health of the population

Q. 6) Is the number of cases and/or number of deaths for this type of health event large for the given place, time, or population?

Q. 7) Has the event the potential to have an adverse impact on public health?

The following are examples of circumstances that contribute to an adverse impact on public health:

- › Event caused by a pathogen with high potential to cause epidemic.
- › Indication of treatment failure.
- › Event represents a significant public health risk even if no or very few human cases have been identified.
- › Cases reported among health care staff.
- › The population at risk is extremely vulnerable (children, elderly, etc.)
- › Event in an area with high population density.
- › Concomitant factors that may hinder or delay the public health response (natural catastrophes, unfavourable weather conditions).

If the answer to either Q6) or Q7) is yes, then the health event is determined to have a serious adverse impact on the health of the population

IV

...potentially require a coordinated response.

Q. 8) Is assistance needed to detect, investigate, respond and control the health event, or prevent new cases?

The following are examples of when assistance may be required:

- › Inadequate human, financial, material or technical resources, in particular:
 - Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources)
 - Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment
 - Existing surveillance is inadequate to detect new cases in a timely manner.

If the answer to Q8 is yes, then potential assistance and/or a coordinated response may be required.

In view of the foregoing:

A “yes” response by a jurisdiction to any one of Parts I—IV would indicate that a Public Health Risk exists.

A “yes” response to any two of Parts I—IV would indicate that: a Public Health Emergency exists.

Annex B (to the MOU)

Principles for Mutual Aid Adopted by the Federal/Provincial/Territorial Deputy Ministers of Health

- › Recognition that F/P/T governments have varying degrees of public health capacity and that collaboration could be beneficial when a Jurisdiction is unable to manage by itself during an emergency or public health crisis.
- › That sharing existing capacity and resources is a more efficient and effective way to provide surge capacity that results in little to no duplication in resources and activities.
- › That F/P/T governments can support one another, facilitated through the Public Health Network, to assist any Jurisdiction(s) dealing with a public health event/crisis that is beyond its capacity.
- › That each Jurisdiction can establish the procedures necessary to provide assistance during public health emergencies, including working towards accommodating mechanisms to enable emergency responders from one Jurisdiction to work in other Jurisdictions during public health emergencies.
- › That the provision of assistance will not endanger or severely limit public health capacity in any Jurisdiction providing assistance.

Annex C (to the MOU)

Checklist of Intra-Jurisdictional Coordination and Implementation

It is the intent of the Jurisdictions to each facilitate the implementation of this MOU internally by working to develop or provide when possible or feasible, the following:

- › Protocols to warn adjacent Jurisdictions of possible Emergencies.
- › An inventory of available Health Resources and protocols for the inter-jurisdictional loan and delivery of those Health Resources.
- › Protocols for hazard identification and risk assessment, continuity of operations and emergency response plans to support local/jurisdictional management of Emergencies. Jurisdictions may have additional plans in place as appropriate.
- › Protocols to: (i) identify levels at which Mutual Aid should be sought; and (ii) seek assistance from the health care sector to respond to a request for Mutual Aid.
- › Protocols to document all requests and offers of assistance for Mutual Aid.
- › Protocols to identify the individual(s) with authority to request or agree to provide Mutual Aid under this MOU and to communicate this information to the other Jurisdictions.
- › Protocols to identify the appropriate contact persons, including position, title, and contact information on a 24/7 basis; and to communicate this information to other Jurisdictions.
- › Public health emergency management systems to expedite planning and decision-making that are comparable or interoperable with other Jurisdictions.

Annex D (to the MOU)

Requests for and Provision of Mutual Aid

A Receiving Jurisdiction may request Mutual Aid from a Sending Jurisdiction. A request may be made verbally or in writing by an authorized individual of a Receiving Jurisdiction to an authorized individual(s) of another Jurisdiction, but if made verbally, the initial request will be confirmed in writing as soon as practical and not later than fifteen (15) calendar days.

A request for Mutual Aid will contain the following information:

- › Description of the Emergency.
- › Nature and type of Health Resources that are needed.
- › Time and date that request was made.
- › Name and position of authorized individual making the request.
- › Other matters relevant to the Emergency.

The Receiving Jurisdiction will:

- › Identify the appropriate persons within the Receiving Jurisdiction, including position, title and contact information and communicate this to any Jurisdiction to whom a request for Mutual Aid has been made.
- › Identify the Health Resources requested with as much detail as possible:
 - Health Care Personnel: including skill sets required (e.g. immunization; critical care respiratory therapists, paramedics, forensic dentist, etc.); approximate numbers required; specific names where appropriate
 - Health Care Material and Supplies: including equipment types (e.g. oxygen- powered ventilator); inter-operability requirements; numbers; and type and volume of supplies.
- › Identify the timeframe for the request, e.g. in 72 hours will need ventilators for an anticipated 30 people.
- › Identify the drop site for the Health Resources and the contact person at the drop site.
- › Identify whether the Health Resources are being requested as loans or otherwise.
- › Provide appropriate accommodations, meals, personal protective equipment and other operational supports as appropriate to any incoming Health Care Personnel and identify a local manager to oversee provision of these operational supports.

The Sending Jurisdiction will:

- › Identify the appropriate contact persons within the Sending Jurisdiction, including position, title and contact information, and communicate this information to the Receiving Jurisdiction.

- › Provide a timeframe within which it will advise the Receiving Jurisdiction of the Health Resources available.
- › Coordinate the provision of available Health Resources within its own Jurisdiction, including those beyond the purview of the government.
- › Monitor the use of Health Resources being offered.

Response—Any Jurisdiction requested to render Mutual Aid undertakes to respond as soon as possible.

Domestic Needs—In rendering Mutual Aid, a Jurisdiction may take into account the Health Resources that it may require to provide protection to its own population.

Recall—Any Sending Jurisdiction may, at any time, recall Health Resources that may be required to provide protection to its own population.

Ending Mutual Aid—The Receiving Jurisdiction is responsible for informing the Sending Jurisdiction when Mutual Aid will no longer be required.

Appendix B: Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity and/or Assets

INSTRUCTIONS:

Purpose: To request assistance identifying personnel and/or assets for surge capacity from the Centre for Emergency Response (CEPR) within the Public Health Agency of Canada (PHAC)

Once complete, please submit this form to

PHAC-ASPC.HPOC-COPS@canada.ca

DETAILED INSTRUCTIONS:

SECTION A: ADMINISTRATION = Requestor to complete Section A

SECTION B: PERSONNEL = To request personnel, complete Section B

SECTION C: ASSETS REQUEST= To request an asset(s), complete Section C

*= mandatory field

Select Type of Request(s)*:

Are Personnel being requested? Yes: No: If YES, please indicate/highlight which of the following is being requested and fill out Section B for personnel*

- > OFMAR REQUEST
- > REQUEST FOR FEDERAL PERSONNEL
- > EITHER OFMAR or FEDERAL PERSONNEL

Are Assets being requested? Yes: No: if YES, please fill out Section C.

SECTION A: Administration*		
Requesting Jurisdiction* : please indicate/highlight your Jurisdiction from the list below		
BC, AB, SK, MB, ON, QE, NB, NFLD & LBR, NS,PEI,NU, NWT, YK, Federal Government, International Partner, Other Government Department, Public Health Agency of Canada, Other:		
Event Name*		Event Number*
Requestor Name*		
Position/Title*		
Telephone 24/7*		
Email Address*		
Email Address for one of the following: 24/7 Watch Office, Operations Centre, Duty Officer, or Alternate Contact (if available)	Type of 24/7 Email address:	Email address:
Date of Request *		
Time of Request *		
Date Response Expected		
Time Response Expected:		
Description of Current Incident and Needs*	<i>This field is intended to reflect information the potential sending jurisdiction would want to know</i>	
Location and Type of Accommodations	<i>E.g., Location: hospital, parking lot, reception center, etc. E.g., Accommodations: hotel, university, base, university gym, etc.</i>	
Other relevant information (not included above)	<i>E.g., The timelines under the 'Date Surge Capacity Needed' may change based on the following factors: if the weather causes the situation to deteriorate and/or more resources are required</i>	

SECTION B: Personnel			
Is this an Official Request or Early Warning?			
Personnel Being Requested *		<i>(E.g. Registered Nurse, Environmental Health Officer, Clergy, etc.)</i>	
Availability of Personnel			
Number of Personnel	Start date	End date	Duration needed
<i>E.g., 18</i>			<i>E.g. 4-6 weeks</i>
Required Certifications			
<i>E.g., Registered Health Information Technician, CPR Training, etc.</i>			
Required Expertise & Experience			
<i>E.g., Personnel must have experience working with underserved populations.</i>			
Work Location Building Type			
<i>E.g., Clinic, Home, Hospital, Reception Center, Shelter, Regional/Program Office, Emergency Operations Centre, Field</i>			
Work Environment			
<i>E.g. CCU, Emergency Department, Health Facility in a First Nations Community, ICU, Maternity Floor, Medical Floor, Paediatric Floor, Psychiatric Unit, Surgical Floor, Walk-In, or Urgent Care Clinic</i>			
Language: (indicate with an X all that apply)			
<input type="checkbox"/>	<i>EN Required</i>	<input type="checkbox"/>	<i>FR Required</i>
<input type="checkbox"/>	<i>EN Beneficial</i>	<input type="checkbox"/>	<i>FR Beneficial</i>
Other Language: E.g., Arabic, Spanish, Mandarin, etc.			

SECTION C: Assets Request					
Is this an Official Request or Early Warning? *					
Enter a comprehensive list of Assets Requested *					
<i>E.g. Cots, blankets, ventilators, flu vaccine, etc.</i>					
Onsite Contact Name*			Onsite Contact Position/Title*		
<i>E.g., John Smith</i>			<i>E.g., Arena Manager, Dean/Principal, Janitor, etc.</i>		
Onsite Contact Telephone*			E-mail Address*		
Address for Delivery of Assets*					
City/ Town*		Province*		Postal Code*	
Comments					
<i>E.g., Call 123-456-7890 to arrange a delivery time.</i>					
<i>E.g., Ring the bell when the delivery arrives.</i>					

Appendix C: Example of an Announcement of a Formal Request for Mutual Aid Surge Capacity

Intent of document:

1. Use existing type of correspondence to convey that the ministerial authority of a jurisdiction approves activities as identified in the letter, without being specific of the outcome, in this case, the content of the agreement.
2. Identify communications that other jurisdictional authorities will seek before they themselves consider authorizing activities to support a potential response.

Government Requesting Mutual Aid: INSERT NAME OF GOVERNMENT

From: The Honourable XX, *INSERT TITLE: Minister, Deputy Minister of XXX, INSERT NAME OF GOVERNMENT.*

The situation XXX requiring an emergency response has developed (*or is considered as likely to occur*) in *INSERT AFFECTED AREA, INSERT AFFECTED GOVERNMENT.* The current situation requires (*or could require*) surge health care resources from other jurisdictions. Under the *Federal/Provincial/Territorial Memorandum of Understanding (MOU) on the Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public*, we *INSERT NAME OF JURISDICTION* are requesting health care surge capacity.

Details outlining our specific needs can be found in the attached (*or soon to be forwarded*) documents. This request can be modified depending on the evolving needs resulting from this event.

Now therefore I, XXX, *INSERT TITLE: Minister, Deputy Minister of XXX, of INSERT NAME OF GOVERNMENT,* do request that you assist us in accessing health care resources in your jurisdiction in support of current and ongoing emergency response efforts to this event. Terms of agreement for your provision of health care surge capacity will be negotiated under the auspices of the *Federal/Provincial/Territorial Memorandum of Understanding (MOU) on the Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public.*

Terms and conditions of the resources we will accept from an offering jurisdiction will need to be approved by *INSERT TITLE AND NAME OF MINISTER OR DELEGATE.*

Dated at _____, this _____ day of _____

Signature

Appendix D: Removed—no longer applicable

(THIS SPACE LEFT INTENTIONALLY BLANK)

(THIS SPACE LEFT INTENTIONALLY BLANK)

Appendix E: Example of Guidance Document for Personal Reflection before Accepting an Assignment

Intent of Document:

1. *Jurisdictions may provide this personal reflection document to HCPs considering an assignment to provide emergency surge capacity. Jurisdictions are to fill-in the blanks with specific details where required.*
2. *HCPs are to consider these questions when formulating their decision on whether or not to accept an assignment.*

You have been identified as a potential candidate to assist in the response to a health care emergency occurring in _____. We have created questions intended to help you decide whether you should accept this potential assignment:

Professional Requirements:

- › Do you have a current valid licence to practise in your health care field?
- › Can you speak, read and write in _____ language(s) (*as per request*)?
- › Do you have _____ years of experience in the _____ (*field specified in request*)?
- › Do you have the required expertise and experience being sought?

Personal Attributes:

- › Are you able to quickly adapt to a changing working and living environment?
- › Can you work effectively in high-stress situations?
- › How do you deal with high levels of stress (e.g. maintain good exercise practices and diet; talk to supportive peers, family members or friends; recognize when you are not dealing well with the situation and seek professional assistance)? Are you prone to:
 - Resort to excessive alcohol consumption
 - Poor anger management

- Depression
- Withdraw from others?
- › Do you have or are you about to undertake major changes or projects in your life that might require more of your physical and mental strength in the coming months?
- › Would your managers assess you as extremely reliable, either as an independent worker or as a team member?
- › Are you in good physical and mental health?
- › Do you have a physical or mental health condition that could be exacerbated by your participating in this assignment?
- › Can you work long shifts if needed?

Personal Considerations:

- › Are you up to date on your vaccines (*list them*)?
- › Can you interrupt your personal life for up to _____ weeks (*TBD, based on requirements*)?
- › Will your family or dependants be able to function if you leave on short notice for an extended period of time?
- › Can you leave your current work at short notice and for up _____ weeks (*TBD, based on requirements*)?
- › Can you be ready to leave with _____ hours' notice (*TBD, based on requirements*)?
- › Will returning to your work after being away for _____ weeks (*TBD, based on requirements*) be an issue?
- › Will you be able to respect any restrictions on your practice imposed upon you by the receiving jurisdiction, should it choose to do so?
- › Would you successfully pass a security check?

Appendix F: Example—Mutual Aid Agreement between the Receiving and Sending jurisdictions

Intent of document:

1. *To provide the Receiving and Sending Jurisdictions an example of a Mutual Aid Agreement that can be used when inter-jurisdictional mutual aid of health care professionals (HCPs) is required during an emergency.*
2. *The Agreement should include, but not be limited to the following:*
 - › *Identification of Parties represented in the agreement.*
 - › *Details about the type of emergency and HCP services required.*
 - › *Type of HCP required.*
 - › *HCP certification and/or training requirements.*
 - › *Mutually agreed upon items such as:*
 - *Licensing and credentialing*
 - *Liability/indemnification*
 - *Insurance*
 - *Remuneration/compensation*
 - *Workers' compensation coverage*
 - *The Party that takes on the temporary role of employer during the health care professional's assignment/secondment*
 - *Travel expense coverage.*
 - › *A form letter to be signed by each HCP demonstrating that he or she has accepted the assignment/secondment.*
3. *Parties may modify these examples to suit their requirements. Jurisdictions may review the language in Appendix A—MOU on the Provision of Mutual Aid for additional elements to consider when negotiating this agreement.*

MUTUAL AID AGREEMENT

Made Effective this _____ day of [INSERT MONTH, YEAR] (the “Agreement”)

BETWEEN: (this section should list the Parties included in this agreement)

HER MAJESTY THE QUEEN IN RIGHT OF [INSERT JURISDICTION]

as represented by the Minister of _____

(referred to as [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER])

and -

[INSERT JURISDICTION] HEALTH SERVICES

a body corporate established pursuant to the Regional Health Authorities Act (referred to as [INSERT IDENTIFIER])

and -

HER MAJESTY THE QUEEN IN RIGHT OF [INSERT JURISDICTION]

as represented by the Minister of _____

(referred to as [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER])

WHEREAS: (this section should include relevant details about the emergency and the type of services required)

- A. Severe [INSERT TYPE OF EMERGENCY] has affected areas of [INSERT GEOGRAPHIC LOCATION/JURISDICTION] requiring [INSERT PROVINCIAL OR TERRITORIAL] intervention to facilitate [INSERT TYPE OF ACTIVITY, E.G. RESPONSE, RECOVERY AND RECONSTRUCTION] for the region;
- B. There is a need to protect the health and safety of the public as [INSERT DETAILS];
- C. As part of the emergency [INSERT TYPE OF ACTIVITY, E.G. RESPONSE, RECOVERY AND RECONSTRUCTION] [INSERT TYPE OF HEALTH CARE PROFESSIONAL REQUIRED] are required to [INSERT DETAILS OF TYPE OF SERVICE REQUIRED];
- D. The extent of the disaster requires [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] to solicit aid from the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER]. The [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] has resources available to facilitate [INSERT TYPE OF SERVICE REQUIRED];

- E. It is the intent of the Parties to ensure that [INSERT TYPE OF HEALTH CARE PROFESSIONAL REQUIRED] will not be unreasonably disadvantaged in any way, either directly or indirectly, with respect to matters relating to salary or compensation, health care benefits, disability protection and benefits, death benefits, liability and immunity protections, and workers' compensation benefits and coverage while providing assistance [INSERT TYPE OF SERVICE] in [INSERT GEOGRAPHIC LOCATION/JURISDICTION];
- F. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] oversees such [INSERT TYPE OF SERVICE] and the appointment of [INSERT EXECUTIVE OFFICERS OR OTHER DESIGNATION] under the [INSERT PUBLIC HEALTH ACT OR OTHER LEGISLATION/ ENACTMENT AS REQUIRED] to carry out these functions; and
- G. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] shall have sole discretion in appointing [INSERT EXECUTIVE OFFICERS OR OTHER DESIGNATION] for the purpose of this Agreement.

THE PARTIES AGREE AS FOLLOWS:

1. ACKNOWLEDGEMENT AND SUPPORT

[INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] acknowledges and agrees to support [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] with the provision of [INSERT TYPE OF HEALTH CARE PROFESSIONAL] for the purposes of being temporarily appointed as [INSERT EXECUTIVE OFFICERS OR OTHER DESIGNATION] to conduct [INSERT TYPE OF SERVICE REQUIRED] as directed by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER]. [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] confirms that the [INSERT TYPE OF HEALTH CARE PROFESSIONAL] Secondee(s) set out in Schedule 1 to this Agreement hold:

- a. A Certificate in [INSERT TYPE OF CERTIFICATE REQUIRED] issued by the [INSERT NAME OF INSTITUTE OR BOARD]; or
- b. [LIST ADDITIONAL CERTIFICATION REQUIREMENTS, IF REQUIRED].

[INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] shall ensure the Secondee(s) complete the form letter of agreement attached as Schedule 2 to this Agreement to confirm their acceptance of the assignment on the terms and conditions set out in this Agreement.

2. TERM

The term of this Agreement shall commence on _____ [INSERT DATE] _____ and, subject to prior termination or extension of this Agreement by mutual consent, shall continue to and expire on _____ [INSERT DATE].

3. SECONDED SERVICES

- a. During their term the Seconded(s) shall remain employees of the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER], as applicable, and shall be assigned to perform duties by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] for the purpose of facilitating the [INSERT TYPE OF ACTIVITY, E.G. RESPONSE, RECOVERY AND RECONSTRUCTION] of the affected region;
- b. During their term, the Seconded(s) will continue to receive their regular rate of pay, including benefits and appropriate premiums, from their employers;
- c. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] shall reimburse [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] for the Seconded's salary and benefits for the Seconded's term. In particular, the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] shall submit an invoice to [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] at the end of the term for 100% of the Seconded's salary and benefits pro-rated for the Seconded's term, in accordance with paragraph 3(b) and inclusive of employer share of benefits;
- d. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] shall be responsible for reasonable relocation expenses in accordance with Schedule 3 to a maximum of [INSERT DOLLAR AMOUNT] per Seconded payable to the Seconded on submission of related invoices to [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER]; and
- e. Each Seconded shall report and be accountable to [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] for the performance of their duties and assigned tasks as directed by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] for the Seconded's term as set out in Schedule 1.
 - i. Seconded(s) will receive an incident briefing by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] prior to deployment and should be debriefed prior to demobilization; and
 - ii. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] will schedule Seconded(s) for performance of their duties and assigned tasks for an eight-hour work day for five days during each week, which may include weekends and holidays. If a Seconded works overtime, such overtime may not be taken as days in lieu and will be paid out by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] upon submission of an invoice by the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] to [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] in accordance with section 3(c).

4. CONFIDENTIALITY

The Seconded(s) shall keep strictly confidential all information concerning [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] and/or third Parties, or any of the business or activities of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] and/or third Parties acquired as a result of participation in this Agreement.

5. TERMINATION

- a. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] or the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] may terminate this Agreement on [INSERT NUMBER OF DAYS] [#] days written notice of intention to terminate;
- b. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] or the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] may terminate this Agreement on less than [INSERT NUMBER OF DAYS] [#] days written notice on terms that are mutually acceptable to [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] and the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER];
- c. In the event of termination of this Agreement under paragraphs 5(a) or (b), [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] and the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] shall pay to each other such amounts as each may be entitled to receive from the other up to the effective date of termination; and
- d. If any individual Secondee needs to be recalled by the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER], [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] will provide [INSERT NUMBER OF HOURS (#)] hours recall notice for its Secondee(s) to [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER], wherever possible, and [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] will make every effort to meet the [insert #] hour notice.

6. COMPLETION OF ASSIGNMENT

- a. Immediately after completion or termination of this Agreement, the Secondee(s) shall return to the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER]; and
- b. No offer of employment shall be made to any Secondee(s) by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] during or upon completion or termination of this Agreement without the written consent of the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER].

7. LICENSING and CREDENTIALING (include this section if required)

- a. Any Secondee holding a licence, certificate or other permit to practise that demonstrates the meeting of qualifications for professional practice, and when such assistance is requested by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER], pursuant to this Agreement will be considered an agent of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] and deemed to be licensed, certified or permitted to practice within their professional scope by the [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] to render aid involving such skill to meet an emergency or disaster, to the extent allowed by law and subject to such limitations and conditions as the [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] prescribes by executive order or otherwise; or

- b. Whenever possible the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] may, through their respective licensing regulatory authority, facilitate the verification of licensure for any Secondee, and the [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] may, through their respective licensing regulatory authority, facilitate the acquisition of a temporary permit to practise for any Secondee holding a licence, certificate or other permit to practice demonstrating the meeting of qualifications for professional practice, and when such assistance is requested by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] pursuant to this Agreement. A temporary permit to practice should be acquired for the duration of the Secondee(s) term.
- c. Expenses for the acquisition of a temporary permit to practice, for Secondee(s) rendering assistance under this Agreement, will be paid by the [INSERT RECEIVING JURISDICTION, SENDING OR SPONSORING JURISDICTION OR OTHER IDENTIFIER, AS AGREED UPON].

8. LIABILITY

- a. Any Secondee rendering aid in [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] pursuant to this Agreement will be considered an agent of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] for all tort liability and immunity purposes; and
- b. Any Secondee rendering aid in [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] pursuant to this Agreement will not be liable on account of any act or omission made in good faith while rendering aid, or on account of the maintenance or use of any equipment or supplies in connection with rendering aid. Good faith in this article does not include willful misconduct, gross negligence or recklessness. In particular, no action for damages may be commenced against any Secondee(s) appointed as [INSERT EXECUTIVE OFFICERS OR OTHER DESIGNATION] for anything done or not done by that person in good faith while carrying out the duties or exercising powers under the [INSERT PUBLIC HEALTH ACT OR OTHER LEGISLATION/ENACTMENT AS REQUIRED] of [INSERT JURISDICTION] pursuant to section [INSERT SECTION #] of the [INSERT PUBLIC HEALTH ACT OR OTHER LEGISLATION/ENACTMENT AS REQUIRED].

9. WORKERS' COMPENSATION

- a. [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] will provide, in accordance with its own laws, for the payment of workers' compensation and death benefits to injured Secondee(s) and to representatives of deceased Secondee(s) if the Secondee(s) sustain injuries or are killed while rendering aid in [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] pursuant to this Agreement, in the same manner and on the same terms as if the injury or death were sustained within the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER];
- b. [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] will ensure that Secondee(s) have adequate insurance coverage for any hospital and/or medical costs during the term; and

- c. [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] will ensure that medical services are provided to Seconded(s) regardless of the nature of the requirement or the type of medical care required.

10. ADDRESSES FOR NOTICES (identify all Parties included in this Agreement)

Any notice made under the Agreement shall be deemed given to the other Parties if in writing and personally delivered, sent by registered mail, or sent by facsimile transmission, addressed as follows:

To: [INSERT RECEIVING JURISDICTION OR OTHER IDENTIFIER AND THEIR ADDRESS]

Attention: _____

Fax: _____

To: [INSERT OTHER PARTIES AND THEIR ADDRESS, AS REQUIRED]

Attention: _____

Fax: _____

To: [INSERT SENDING OR SPONSORING JURISDICTION OR OTHER IDENTIFIER AND THEIR ADDRESS]

Attention: _____

Fax: _____

The address of any party may be changed to any other address by notice in writing to the other Parties. Notice personally served or sent by facsimile transmission shall be deemed received when actually delivered or transmitted. All notices sent by prepaid registered mail shall be deemed to be received on the fourth business day following mailing, except in the case of a postal disruption, and then any notice shall be given by facsimile transmission or personally served.

11. DISPUTE RESOLUTION

The Parties will resolve any dispute that may arise in respect of this Agreement through consultation and negotiation between the representatives indicated in paragraph [INSERT #] subject to any required escalation.

12. INTERPRETATION

It is not the intention of the Parties that this Agreement or the operation thereof shall create a legal relationship between any of them that could be construed as an agency, partnership or joint venture.

13. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the Parties with respect to the subject matter of this Agreement, and there are no representations or warranties, express or implied statutory or otherwise, and no agreements collateral to this Agreement other than as expressly set forth or referred to herein.

14. FURTHER ACTS AND ASSURANCES

Each of the Parties will, at the reasonable request of the other(s), take such steps or provide such further assistance as may be required to enable the due performance of the terms and conditions of this Agreement.

15. APPLICABLE LAW

This Agreement shall be governed by and interpreted in accordance with the laws in force in (insert province), and the Parties irrevocably attorn to the exclusive jurisdiction of courts in (insert province).

(THIS SPACE LEFT INTENTIONALLY BLANK)

16. EXECUTION AND DELIVERY

This Agreement may be executed in any number of counterparts, each of which will be deemed to be an original, and all of which taken together will be deemed to constitute one and the same instrument. Delivery of an executed signature page to this Agreement by any Party by electronic transmission will be as effective as delivery of a manually executed copy thereof by such Party.

HER MAJESTY THE QUEEN IN RIGHT OF [INSERT JURISDICTION], As represented by the [INSERT MINISTER OF HEALTH OR DELEGATED AUTHORITY OF RECEIVING JURISDICTION]

Per: (Signature) _____

[Title]

Date: _____

(Other Authorized Organization of Receiving Jurisdiction, as required)

Signature of Authorized Official Date [Print Name and Title]

HER MAJESTY THE QUEEN IN RIGHT OF [INSERT JURISDICTION OF SENDING OR SPONSORING JURISDICTION],

As represented by the [INSERT MINISTER OF HEALTH OR DELEGATED AUTHORITY OF SENDING OR SPONSORING JURISDICTION]

Per: (Signature) _____

[Title]

Date: _____

B. Scope of services

During the term of the Agreement the above named Secondee(s) will be responsible for the following support, training and ancillary services:

- > [INSERT TYPE OF ACTIVITY OR SERVICES REQUIRED] for [INSERT WHO IT WILL BE PROVIDED TO]

Some core behaviours that a [INSERT TYPE OF HEALTH CARE PROFESSIONAL] should have:

- >
- >
- >

Source: (web link if available)

Recommended education and qualifications:

- >
- >
- >

For the purposes of this Agreement, the named SECONDEE(S) listed under Schedule 1, will not [LIST ACTIVITIES THAT FALL OUTSIDE OF THE SCOPE OF ACTIVITIES EXPECTED OF THE SECONDEE(S)]:

- >
- >
- >

Appendix F: Schedule 2

[DATE]

[SECONDEE NAME]

[SECONDEE ADDRESS/CONTACT INFORMATION]

Dear [SECONDEE],

RE: [INSERT TITLE OF EMERGENCY] Assignment and Secondment

On behalf of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] this letter confirms in writing that you will be appointed as an [INSERT EXECUTIVE OFFICER OR OTHER DESIGNATION] by [INSERT RECEIVING JURISDICTION OR OTHER IDENTIFIER AND THEIR ADDRESS] pursuant to [INSERT SECTION 2 OF THE QUALIFICATIONS OF EXECUTIVE OFFICER REGULATION UNDER THE PUBLIC HEALTH ACT OR OTHER LEGISLATION/ENACTMENT AS REQUIRED].

You agree to provide [INSERT TYPE OF SERVICES] as set out in Schedule 1 of the Mutual Aid Agreement (the "Agreement"), a copy of which is attached to this letter. Furthermore, you agree to perform the scope of work outlined in Schedule 1 to this Agreement as directed by [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] for the term of this Agreement or the recall of the Secondee by the [INSERT SENDING OR SPONSORING JURISDICTION AND/OR OTHER IDENTIFIER] pursuant to Article 5(c), whichever is earlier.

You acknowledge that the [INSERT TYPE OF SERVICES] you have agreed to provide are limited to [INSERT OUT OF SCOPE SERVICES] as outlined in Schedule 1 to this Agreement.

You agree to keep strictly confidential all information concerning [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] and/or third Parties, or any of the business or activities of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] and/or third Parties acquired as a result of participation in this Agreement.

As such you confirm that you hold:

- a. A Certificate in [INSERT TYPE OF CERTIFICATE REQUIRED] issued by the [INSERT NAME OF INSTITUTE OR BOARD]; or
- b. (List additional certification requirements, if required).

As a [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] appointed [INSERT EXECUTIVE OFFICER OR OTHER DESIGNATION AS PER LEGISLATION], you agree to abide by the following [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] governance documents:

> Conflict of Interest Bylaw

Promotes a standard of conduct to preserve and enhance public confidence in the integrity, objectivity and impartiality of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] decision-making processes, and assist persons acting on behalf of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] to avoid, mitigate or manage conflict of interest situations.

> Code of Conduct

The [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER] Code of Conduct outlines the values, principles and standards to guide the behaviour of persons acting on behalf of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER].

By signing this letter you confirm that the information provided in this letter is true and accurate and that you have read, understood and agreed to the terms and conditions set out in the Mutual Aid Agreement, a copy of which is attached for your reference.

In particular you acknowledge and agree to the compensation set out in the Mutual Aid Agreement for the services provided, and agree that you operate at the direction of [INSERT RECEIVING JURISDICTION AND/OR OTHER IDENTIFIER], and that you are otherwise required to meet those obligations assigned to the Secondee.

By signing this letter you also confirm that you are fit for the assignment and that to the best of your knowledge you do not suffer from a physical or mental health condition that could impair your professional competence or be aggravated by the potential stress related to responding to a public health emergency or crisis.

[Print Name of Secondee]

Date

[Print Name of Witness]

Date

Encl: Mutual Aid Agreement

Appendix F: Schedule 3

Amounts payable to Seconded(s) are subject to the Treasury Board of Canada Secretariat, Travel Directive and its Appendix B—Kilometric Rates, and Appendix C—Meal & Incidental Rates, the most recent versions of which can be found at the following website link:

http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/TBM_113/menu-travel-voyage-eng.asp

Appendix G: Example of Information to be Shared with the Public Health Agency of Canada

Intent of document:

1. *Collect information that will support the federal government in the general understanding of process, progress and success/challenges in the provision of health care professional surge capacity so as to provide ongoing support as needed and ongoing enhancement of the Operational Framework.*
2. *Outline information on agreement and overall provision, progress and outcome of health care professional mutual aid.*

In sharing information between involved partners and stakeholders in times of emergency, the primary goal of a common business cycle is to provide a unified information management process to support jurisdictions' response to an incident. As part of a whole-of-government response, the Health Portfolio Operations Centre (HPOC) will facilitate a common business cycle process for jurisdictions, taking into account the reporting needs of the Government Operations Centre (including ADM/DM-level governance committees) and provincial/territorial, regional and international stakeholders. The HPOC business cycle will seek to establish the schedule of briefings/meetings and products required to facilitate planning, coordination and the sharing and analysis of information required throughout the response.

The following is an example of potential information that may be shared in a way that respects these established communication processes.

Agreement:

- › Start date.
- › Duration.

Health Care Professionals:

- › Number requested.
- › Regular updates on how many and type of expertise on site.
- › Type of work being performed by surge capacity (general).
- › Work environment of provided surge capacity.
- › Whether expansion of scope of practice needed/training provided.
- › Whether any further inter-jurisdictional surge capacity is needed.

Logistics:

- › Day-to-day living arrangements.
- › Whether any safety and security issues identified.
- › Any challenges with which PHAC could assist.

Appendix H: Example of Written Permission from Health Care Professional to Share Professional Licence Related Information

Intent of document:

1. *Help ensure that health care professionals supporting a response have a valid licence and are qualified to practise.*
2. *Ensure that there is legal permission from health care professionals to share this personal information with relevant parties to support effective and efficient responses.*

Health care professional

Family Name:	Given Name:
Date of Birth: (YYYY/MM/DD) (to be used as an identifier for responding HCP)	
Full Address:	
Home tel.:	
Work tel.:	
Cell tel.:	
Professional Health Care Professional Licence Number:	

I, _____, swear (or affirm) that I currently have a valid licence to practise as a (registered nurse, nurse practitioner, medical doctor) _____ in (province, territory) _____ and that I currently practise at (name of institution, office) _____ in the department(s) of (e.g. emergency, intensive care) _____.

I confirm that my (licensing, experience) meet the requirements specified in the request.

I consent to have my professional practice information and necessary personal information (e.g. address, phone number) shared between (regulatory authority or decree delegate of Sending Jurisdiction) _____ and (regulatory authority or decree delegate of Receiving Jurisdiction) _____ to support processes that will allow me to legally practise within my current scope of practice in _____ in response to this event.

I understand that the assignment is strictly to assist (support) medical response in _____ (name of Receiving Jurisdiction) during _____ (event). As such, I understand that my ability to practise legally in _____ (name of Receiving Jurisdiction) as a _____ (doctor, nurse) is strictly limited to the duration of the event and will start and end as per directed by the Receiving Jurisdiction.

I confirm that I can practise my profession competently in (SPECIFY LANGUAGES).

I consent to the disclosure of the above information to authorities or delegates within (name of Sending Jurisdiction) and authorities or delegates within (name of Receiving Jurisdiction), all of whom are involved in the coordination, deployment and provision of the permit to practice of health care professionals for (name of event) occurring in (name of Receiving Jurisdiction).

I have read and understand the above information. I declare that my consent, as specified, is given voluntarily. I understand that I may withdraw my consent at any time by informing in writing the (name of office of Sending Jurisdiction) at (mailing and email address for specified office). Unless previously revoked by me, this consent will expire on the day the mutual aid request for health care professional surge capacity is ended for this event (specify name of event and of Receiving Jurisdiction).

Candidate Signature

Candidate Signature

Date

The personal information contained in this form is protected under the Privacy Act. Accordingly, it will be used, retained and disclosed for the purposes mentioned above. Upon request, you may be given access to and request correction of the information about yourself.

Appendix I: Guide in Preparing For and Responding To an Emergency or Event Requiring Inter-Jurisdictional Surge Capacity

Intent of document:

1. *Given the expected rarity of a request for inter-jurisdictional health care professional surge capacity, this appendix is intended to guide F/P/T in preparing for or responding to an emergency or event requiring HCP surge capacity.*
2. *List activities needed to help your jurisdiction achieve readiness and respond to an event requiring inter-jurisdictional surge capacity.*

Activities For Potential Receiving Jurisdiction

Preparing:

- › Where possible, maintain 24/7 actively monitored single window and up-to-date list of appropriate internal contacts to implement necessary actions.
- › Ensure that your jurisdictional single window is known to PHAC.
- › Identify criteria that would trigger your jurisdiction to release an Early Warning for the potential need of inter-jurisdictional HCP surge capacity.
- › Identify who will authorize the release of an Early Warning.
- › Determine what forms you will use to communicate an Early Warning (Appendix B, Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets).

Implementing:

- › Confirm criteria to support the release of an Early Warning.
- › Obtain written approval from appropriate authority to release Early Warning.
- › Create Early Warning, including as much relevant information as possible as it pertains to the provision of inter-jurisdictional HCP surge capacity (Appendix B, Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets).
- › Forward Early Warning through your single window to PHAC's single window for jurisdictional distribution.

Activities for Potential Sending Jurisdiction

Preparing:

- › Where possible, maintain 24/7 actively monitored single window and up-to-date list of appropriate internal contacts to implement necessary actions.
- › Ensure that your jurisdictional single window is known to PHAC.
- › Identify who is the minister (or delegate) within your jurisdiction who has authority to approve or decline the initial internal response to an Early Warning of potential need for inter-jurisdictional HCP surge capacity.
- › Outline contingency plan should communications with minister (or delegate) be disrupted.
- › Outline information to provide your minister (or delegate) with the implications of a response to an Early Warning for you as a potential Sending Jurisdiction.
- › Outline processes on how to:
 - reach qualifying HCPs within your jurisdiction
 - do preliminary assessments of the qualifications of HCPs
 - ensure that logistically HCPs can leave their current work place to respond to the request
 - obtain HCP agreement to have licence and relevant personal information shared with the Receiving Jurisdiction delegate to support HCP selection and the release of temporary permits allowing their legal practice in the Receiving Jurisdiction (Appendix H, Example of Written Permission from Health Care Professional to Share Professional Licence Related Information)
 - share relevant, collected information with the Receiving Jurisdiction in response to its request
 - inform HCPs about what documents they will need to bring with them and provide to the Receiving Jurisdiction
 - inform HCPs about what documents they should read in preparation for the assignment.
- › Develop roles and responsibilities for the MATL or designate in a Sending Jurisdiction (Appendix J: Example Activities for MATL or Other Personnel to Support HCPs Providing Mutual Aid).
- › Train internal staff in the role of MATL or designate.

Implementing:

- › Where possible, maintain 24/7 ability to receive Early Warning.
- › Inform your minister (or delegate) of an Early Warning and its implication to you as a potential Sending Jurisdiction, and obtain approval for preliminary jurisdictional activities that you recommend taking in preparation to a potential formal request (e.g. identify and alert potential HCP candidates).
- › If approved, initiate identified actions.
- › Remain vigilant for further related communications.

Activities for Receiving Jurisdiction/Making a Request

Preparing:

- › Where possible, maintain a 24/7 actively monitored single window and up-to-date list of internal contacts to implement necessary actions.
- › Ensure that your jurisdictional single window is known to PHAC.
- › Ensure that established business cycles and communication protocols are understood and used when informing necessary partners and stakeholders (e.g. PHAC and other P/T) of requests, activities and progress relating to the provision and management of HCP surge capacity.
- › Identify the type of information that will be shared with other governments through this process.
- › Develop roles and responsibilities for the MATL or designate as a Receiving Jurisdiction [Appendix J: Example Activities for Mutual Aid Team Leader (MATL) or Other Personnel to Support HCPs Providing Mutual Aid].
- › Train internal staff in the role of MATL or designate.
- › Identify criteria that would trigger your jurisdiction to make a request for inter- jurisdictional HCP surge capacity.
- › Identify who is the minister (or delegate), within your jurisdiction, who has authority and will approve the release of a formal request for HCP surge capacity.
- › Outline a contingency plan should communications with the minister (or delegate) be disrupted.
- › Outline processes to rapidly obtain approval for the release of a formal request for inter-jurisdictional HCP surge capacity.
- › Draft a ministerial letter that can be adapted as needed to obtain written ministerial (or delegate) approval to formally request HCP surge capacity (Appendix C, Example of an Announcement of a Formal Request for Mutual Aid Capacity).
- › Determine/develop what tool you will use to communicate your HCP surge capacity needs (e.g. RN or doctor, ICU or primary care) to other jurisdictions (Appendix B Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets).
- › Draft an inter-jurisdictional agreement that can be adapted to specific circumstances and needs, which include various elements and principles that are important to your jurisdiction if accepting HCP surge capacity from another jurisdiction (Appendix F, Example—Mutual Aid Agreement).
- › Outline what information and documentation you will require from assigned Sending Jurisdiction HCPs to allow their legal practice in your jurisdiction during an emergency or event.
- › Specify the necessary documents and processes to confirm the validity of licences and qualifications of assigned HCPs to support the release of temporary permits for them to practise legally in your jurisdiction.
- › Determine your shortest timeline in which the necessary steps can be completed to release a temporary permit for HCPs to be able to practise legally in your jurisdiction under these circumstances.

- › Identify how you will ensure that all assigned HCPs have a valid temporary permit to practise legally in your jurisdiction before they are sent to the work site to practise.
- › Ensure that the Sending Jurisdiction has clear instructions and can inform assigned HCPs before leaving for assignment about the documents they are to bring with them for the assignment and any information you want them to know beforehand.
- › Ensure that the Sending Jurisdiction has the information needed to support the proper and safe mobilization of assigned HCP.
- › Accommodations for assigned HCPs:
 - Identify activities and items necessary to set up adequate accommodations for assigned HCP surge capacity, including consideration of safety and security issues
 - Identify roles and responsibilities of designate (e.g. MATL) who will prepare and respond to accommodation needs or issues during inter-jurisdictional HCP assignments.
- › Workplace:
 - Identify activities and elements that will be necessary to support the integration, safety and security of HCPs in their new work environment
 - Identify the roles and responsibilities of designate (e.g. MATL) to establish the appropriateness of assignment, rotations and duration of assignment along with confirmation of hours worked for compensation
 - Identify the roles and responsibilities of designate (e.g. MATL) in ensuring that practice and work environment issues that arise are addressed swiftly, effectively and as per protocols
 - Indicate how disciplinary issues (i.e. inappropriate professional practice or inappropriate personal behaviour) will be addressed while respecting confidentiality issues
 - Outline the processes and tools that will be used to accurately monitor which HCP is on site, when, throughout the response.
- › Determine what tools and processes will be used to modify existing requests for inter- jurisdictional surge capacity.
- › Outline debrief processes that will be applied for all HCPs before their return home.
- › Outline processes to support the prompt return of HCPs who have completed their assignment or are sent home earlier for other reasons.
- › Identify processes to review, approve and reimburse expenses claimed on financial reports submitted by the Sending Jurisdiction.
- › Identify who will ensure that approved payments have been made and sent to the claiming jurisdiction.
- › Outline processes to evaluate the response and inform an after-action review.
- › Develop and conduct exercises to validate processes relevant to your jurisdiction as a Receiving Jurisdiction.
- › Identify the frequency with which you will conduct exercises to validate all or parts of the *Operational Framework* within your jurisdiction.

Implementing:

- › Activate response system or structure supporting established business cycles and relevant protocols.
- › Confirm criteria to support release of request for inter-jurisdictional HCP surge capacity.
- › Adapt your draft ministerial approval letter and obtain written approval from your minister (or delegate) to make an official request for inter-jurisdictional HCP surge capacity (Appendix C, Example of an Announcement of a Formal Request for Mutual Aid Capacity).
- › Activate MATL or designate role to support anticipated communications with potential Sending Jurisdictions.
- › Forward a copy of the signed ministerial approval to PHAC's designated single window for distribution to potential Sending Jurisdictions.
- › Using your selected tool, forward specifications of your request (e.g. types of HCP, expertise required, type of work, work environment) to PHAC's designated single window for distribution to potential Sending Jurisdictions (Appendix B Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets).
- › Identify your jurisdictional lead(s) in agreement negotiations.
- › Adapt your draft agreement to reflect elements and principles that are important to your jurisdiction in order to enter into negotiations with Sending Jurisdiction (Appendix A, MOU on the Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public).
- › Initiate agreement negotiations with Sending Jurisdiction(s).
- › Once there is agreement, obtain approval signature from the responsible minister (or delegate).
- › Select HCPs and verify licence validity.
- › Inform Sending Jurisdiction of documents that assigned HCPs must bring with them to the assignment.
- › Activate processes to produce temporary permits for qualifying HCPs so that they may practise legally in your jurisdiction.
- › Ensure that selected HCPs have valid temporary permits to practise legally in your jurisdiction before they go to the work site and start work.
- › Provide ongoing relevant information to the Sending Jurisdiction, such as information on the impact of the event or emergency, including safety and security issues, as it relates to the HCPs responding to the request.
- › Provide the Sending Jurisdiction with the necessary information that will assist in the logistics of transporting the HCPs to their assignment.
- › Have the MATL or designate work closely with the Sending Jurisdiction MATL or designate to assist the interchange of HCPs on all aspects (e.g. logistics, awareness of HCP response activities and management, problem solving).

- › Accommodations:
 - Receive HCPs and orientate them to living arrangements
 - Address living arrangement issues that may arise.
- › Workplace:
 - Pair up HCPs with a peer from the Receiving Jurisdiction for orientation to workplace
 - Monitor the practice of HCPs
 - Monitor and respond as needed to professional practice-related issues
 - Maintain working schedules and log hours worked for each HCP.
- › If necessary, request further HCP surge capacity by using the original request indicating what your additional needs are and re-processing as the original request (suggestion: Appendix B, Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets); repeat same steps as in original request.
- › Ensure that HCPs have all the necessary documents to return home.
- › Ensure that all HCPs have completed the debriefing process.
- › Confirm receipt of financial report and claims from Sending Jurisdiction.
- › Issue payments against received and validated expense claims from the Sending Jurisdiction.
- › Confirm that payments have been made and received by the Sending Jurisdiction for all received and validated expense claims.
- › Complete evaluation.
- › Complete after-action review.
- › Forward after-action review to appropriate authorities.
- › Forward information relevant to the *Operational Framework* to PHAC.
- › Participate in the F/P/T process for the review of the *Operational Framework*.

Activities for Potential Sending Jurisdiction/Response to Requests

Preparing:

- › Where possible, maintain 24/7 actively monitored single window and up-to-date list of appropriate internal contacts to implement necessary actions.
- › Ensure that your jurisdictional single window is known to PHAC.
- › Identify who is the minister (or delegate) within your jurisdiction who has authority and will either approve or decline to offer HCP surge capacity in response to a formal request from a Receiving Jurisdiction.

- › Outline a contingency plan should communications with the minister (or delegate) be disrupted.
- › Detail processes to rapidly approve or decline to offer HCP surge capacity in response to a formal request from a Receiving Jurisdiction.
- › Should you choose to offer HCP surge capacity, outline the processes on how to:
 - Reach qualifying HCPs within your jurisdiction
 - Do a preliminary assessment of the qualifications of HCPs
 - Establish that HCPs can logistically leave their current work place to respond to the request
 - Ensure that HCPs agree to confirm their qualifications and share this information with the Receiving Jurisdiction delegate to support selection and release of temporary permits allowing them to practise legally in the Receiving Jurisdiction
 - Share relevant collected information with the Receiving Jurisdiction in response to their request
 - Inform HCPs about what documents they will need to take with them and provide to the Receiving Jurisdiction
 - Inform HCPs what documents they should read in preparation for the assignment.
- › Develop roles and responsibilities for the MATL or designate in the Sending Jurisdiction (Appendix J: Example Activities for MATL or Other Personnel to Support HCPs Providing Mutual Aid).
- › Train internal staff in the role of MATL or designate.

Implementing:

- › Where possible, maintain 24/7 ability to receive a request and respond in a timely manner.
- › Obtain written ministerial (or delegate) approval to offer HCP surge capacity in response to a formal request from a Receiving Jurisdiction.
- › Communicate a negative response, if applicable, to PHAC's single window.
- › Should you choose to offer surge capacity, communicate to PHAC's single window your preliminary response, which includes the number of qualified HCPs available who fit the request and when they could start (Appendix B Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets).
- › Activate your MATL role.

Activities for Sending Jurisdiction/Response to Requests

Preparing:

- › Where possible, maintain a 24/7 actively monitored single window and up-to-date list of internal contacts to implement necessary actions.
- › Ensure that your jurisdictional single window is known to PHAC.
- › Ensure that established business cycles and communication protocols are understood and used when informing necessary partners and stakeholders (e.g. PHAC and other P/T) of requests, activities and progress relating to the provision and management of HCP surge capacity.
- › Identify the type of information that will be shared with other P/Ts and PHAC through this process.
- › Develop roles and responsibilities for the MATL or designate as a Sending Jurisdiction (Appendix J: Example Activities for MATL or Other Personnel to Support HCPs Providing Mutual Aid).
- › Train internal staff in the role of MATL or designate.
- › Identify the minister (or delegate) within your jurisdiction who has authority and will approve the provision of HCP surge capacity to a Receiving Jurisdiction in response to a request.
- › Outline a contingency plan should communications with minister (or delegate) be disrupted.
- › Detail processes to rapidly obtain written approval from your minister (or delegate) to provide HCP surge capacity.
- › Draft a ministerial letter (e.g. briefing note) that can be adapted as needed to obtain written ministerial (or delegate) approval to offer HCP surge capacity to the Receiving Jurisdiction.
- › Identify elements and principles that are important to consider for your jurisdiction when drafting an agreement with a Receiving Jurisdiction (Appendix F, Example Mutual Aid Agreement).
- › Outline processes by which you will confirm that each selected HCP:
 - Has confirmed his/her qualifications and agrees to share this information with the Receiving Jurisdiction delegate to support HCP selection and the release of temporary permits for them to practise legally in the Receiving Jurisdiction (Appendix H, Example of Written Permission from Health Care Professional to Share Professional Licence Related Information)
 - Can logistically leave his/her current work place to respond to the request.
- › Outline the process by which you will verify and validate HCP licences.
- › Determine your shortest timeline in which the necessary steps can be completed for licence verification and the results shared with the designate of the Receiving Jurisdiction.
- › Specify communication processes and general messaging to be used to inform HCPs when they are selected and when they are not selected.
- › Draft a document that outlines generic information topics that will need to be addressed when briefing assigned HCPs.

- › Specify the process by which HCPs will be briefed (e.g. over the phone, in person, individually or in groups).
- › Make HCPs aware of what documents they must take with them when assigned to the response.
- › Outline processes to support the expedited transportation of selected HCPs.
- › Detail processes that will allow you to maintain awareness of when and which assigned HCPs are being sent home and have arrived home safely.
- › Develop protocols, processes and questionnaires to debrief returning HCPs upon their return.
- › Develop protocols, processes and questionnaires to debrief HCPs two (2) months after their return home:
 - Include questions that will support the assessment of HCP re-integration into home and work life
 - Indicate who will ensure that each HCP has received the 2-month follow-up assessment.
- › Outline the processes for completing and submitting financial reports and claims to the Requesting Jurisdiction.
- › Specify the processes for securing receipt of reimbursement for claimed expenses.
- › Identify who will be responsible for coordinating clarification and discrepancy discussions that might occur from financial reports and claims.
- › Outline processes to evaluate the response and inform the after-action review.
- › Develop and implement exercises relevant to your jurisdiction as a Sending Jurisdiction.
- › Identify the frequency with which you will exercise all or parts of the *Operational Framework* within your jurisdiction.

Implementing:

- › Inform your minister (or delegate) that you have been selected by the Receiving Jurisdiction as a potential Sending Jurisdiction and are entering into negotiations with them.
- › Identify the lead in agreement negotiations.
- › Review and include the elements and principles that are important to your jurisdiction and are to be considered in the negotiations of the agreement with the Receiving Jurisdiction (Appendix F, Example Mutual Aid Agreement).
- › Initiate agreement negotiations with the Receiving Jurisdiction.
- › Once there is agreement, obtain approval signature from your responsible minister (or delegate).
- › Confirm with the Receiving Jurisdiction which HCPs will be assigned.
- › Inform potential HCP candidates if they were not selected.
- › For all selected HCPs:

- Ensure that they agree to confirm their qualifications and share this information with the Receiving Jurisdiction delegate to support HCP selection and the release of temporary permits allowing their legal practice in the Receiving Jurisdiction (Appendix H, Example of Written Permission from Health Care Professional to Share Professional Licence Related Information)
- Verify validity of licence
- Establish that HCPs can logistically leave their current work to respond to the request.
- › Debrief assigned HCPs:
 - Provide assigned HCPs with the necessary information before they leave for the Receiving Jurisdiction
 - Ensure that the information shared with HCPs about the event and its impact reflects the current situation as provided by the Receiving Jurisdiction
 - Inform HCPs of what documents they are required to bring with them to be able to practise legally in the Receiving Jurisdiction
 - Ensure that all HCPs are briefed before their departure
 - Inform HCPs of travel plans
 - Obtain the necessary information from HCPs to make travel arrangements
 - Book or have HCPs book travel arrangements as per the plan.
- › Monitor the movement of HCPs to establish that they arrive in the Receiving Jurisdiction as planned.
- › Have the Sending Jurisdiction MATL or designate work closely with the Receiving Jurisdiction MATL or designate to assist the interchange of HCPs on all aspects (e.g. logistics, awareness of HCP response activities and management, problem solving).
- › If the MATL or designate is to go on site with assigned HCPs, make travel and living arrangements with the Receiving Jurisdiction.
- › Monitor which HCPs are to return home and when, and assist the Receiving Jurisdiction arrange their departure as necessary.
- › Contact all HCPs upon their return according to timelines set within the Sending Jurisdiction's protocols.
- › Ensure that all returning HCPs are debriefed as per set protocols:
 - Address issues identified by the returning HCPs
 - Report the information collected for its consideration in the jurisdictional after- action review process.
- › Ensure that all returning HCPs are contacted again 2 months after their return home:
 - Address issues identified by the returning HCPs
 - Report the information collected for its consideration in the jurisdictional after- action review process.

- › Complete reports and claims and obtain their verification and authority sign-off before submitting them to the Receiving Jurisdiction as per agreement.
- › Confirm that reports are received by the Receiving Jurisdiction.
- › Verify payments against submitted claims.
- › Respond to any queries or clarifications as needed.
- › Deposit reimbursements.
- › Complete evaluation.
- › Complete after-action review.
- › Forward after action-review to appropriate authorities.
- › Forward information relevant to the *Operational Framework* to PHAC.
- › Participate in the F/P/T process for the review of the *Operational Framework*.

Activities for PHAC

Preparing:

- › Where possible, maintain a 24/7 actively monitored single window and up-to-date list of appropriate internal contacts to implement actions.
- › Ensure that all jurisdictions know of PHAC's single window for request for HCP surge capacity.
- › Develop processes that identify internal PHAC contacts who will support coordination for the provision of HCP surge capacity.
- › List all jurisdictional single windows and identify processes to support expedient communications as needed.
- › Identify the roles and options that PHAC can offer in support of coordination between affected jurisdictions.
- › Identify what protocols and frequency of messaging will be provided relevant to HCP surge capacity within established business cycles and communication protocols of the overall response system and structure.
- › Establish processes that will cue the Sending Jurisdiction's designate to do 2-month follow- up of assigned HCPs.
- › Outline processes and protocols to support an internal response evaluation and after-action review.
- › Identify the type of information that will be shared with other governments through this process.
- › Ensure that protocols are in place and followed to share relevant information that will enhance the *Operational Framework* as needed.
- › Develop and implement exercises relevant to both Receiving and Sending Jurisdiction roles.
- › Identify the frequency with which exercises will be conducted to validate all or parts of the *Operational Framework* within PHAC.

Implementing:

- › Maintain the ability to receive Early Warnings.
- › Receive Early Warning from a potential Receiving Jurisdiction.
- › Forward Early Warning received through single window immediately to appropriate contact for review.
- › Forward Early Warning to potential Sending Jurisdictions using pre-identified single windows.
- › Maintain ability to receive and forward formal requests.
- › Forward requests received through single window immediately for review by appropriate contact.
- › Forward request to potential Sending Jurisdictions.
- › Receive signed ministerial approval for request.
- › Forward signed ministerial approval immediately to appropriate contact.
- › Forward signed ministerial approval to potential Sending Jurisdictions.
- › Maintain ability to receive and forward communications and maintain up-to-date lists of appropriate internal contacts to implement actions.
- › Remain available and offer support where applicable and requested to support logistics coordination between affected jurisdictions.
- › Support ongoing emergency response coordination and management through set business cycles and communications.
- › Implement trigger to ensure that the Sending Jurisdiction delegate is notified of the 2- month follow-up of HCPs.
- › Complete evaluation.
- › Complete internal after-action review. Forward after-action review to appropriate authorities.
- › Coordinate the F/P/T process for the review of the *Operational Framework*.

Appendix J: Example of Activities for Mutual Aid Team Leader (MATL) or Other Personnel to Support Health Care Professionals (HCPs) Providing Mutual Aid

Intent of document:

1. *To provide examples of logistical and/or administrative activities that may be performed by a MATL or designate, if this function is assigned, to support jurisdictions and HCPs providing mutual aid.*
2. *Each emergency may vary in scale and scope; this document can be tailored based on the requirements of the event/emergency. For example, if a MATL or designate is assigned, they may be asked to perform some or all of the proposed steps and/or activities identified below.*
3. *The steps and activities are ordered by phases (pre-mobilization, mobilization and demobilization), and the steps are aligned with the Operational Framework.*

Assumptions:

- › If a Potential Sending Jurisdiction (PSJ)-Sending Jurisdiction (SJ) and/or a Potential Receiving Jurisdiction (PRJ)-Receiving Jurisdiction (RJ) chooses to assign a MATL or designate, the function may be performed by one or several individuals, as required. PSJ/SJ and PRJ/RJ may coordinate with one another in the division of the activities.
- › In some jurisdictions, the role and the accompanying activities outlined in this document may be covered by position(s) within an established Incident Management System/Incident Command System, whereas in other jurisdictions a distinct position may be captured under an organizational structure with the title of MATL.

Suggested Competencies:

- › Ability to manage or supervise human resources.
- › Ability to provide liaison support among the RJ, SJ and HCP and to help support the HCP during the pre-mobilization, mobilization and demobilization phases.
- › Knowledge of operational processes, guidance documents, standard operating procedures (SOPs), *Access to Information Act*, *Privacy Act*.
- › Good communication and interpersonal skills.
- › Ability to prioritize tasks, schedule personnel, track assets, collate information from multiple sources in order to track, verify and relay information.
- › Ability to conduct accurate, timely reporting, develop and operate common database software and spreadsheets.

Pre-mobilization phase		
Steps	Activities	Responsible Jurisdiction
Activities to support Step 1.1—Provide Early Warning	Maintain awareness and readiness Following PRJ notification (Appendix B Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets) of a potential need for mutual aid: <ul style="list-style-type: none"> • Maintain awareness of notifications and status reports. • Maintain awareness of the needs as described in Appendix B. • Participate in exchange of information as requested. • Collate and maintain data, documents and templates related to the identification of potential candidates through its own networks and health systems. 	PRJ
Activities to support Step 1.2—Request Mutual Aid	Maintain awareness of status reports and business cycles being communicated by PRJ <ul style="list-style-type: none"> • Maintain awareness of notifications, status reports, templates, email, correspondence. 	PRJ
Activities to support Step 1.3—Offer Mutual Aid Provides support as requested to assist in identifying potential candidates	Serve as administrative support in order to assist the PRJ in monitoring and managing offers from PSJ <ol style="list-style-type: none"> a) Maintain awareness and participate in exchange of information, clarifying details as needed, in the facilitation of an offer of HCP surge capacity. b) Maintain awareness of the details being requested by PRJ as per Appendix B: <ul style="list-style-type: none"> • Type of HCP required. • HCP skill set and expertise. • Anticipated start date, anticipated work assignment location. • Contact potential HCP candidates, survey availability, convey details such as the duration of the assignment and steps required of HCPs should they decide to participate in a response. • Consider sharing reports and documents that may assist HCPs with decision on whether to accept deployment (Appendix E, Example of Guidance Document for Personal Reflection Before Accepting an Assignment). c) Support any communication or tracking of information as requested by regulatory authorities. 	PRJ/PSJ

Pre-mobilization phase		
Steps	Activities	Responsible Jurisdiction
Activities to support Step 1.4A—Select and Accept Offer	Maintain files to support the finalization of details between RJ and SJ <ol style="list-style-type: none"> a) After details between RJ and SJ are finalized, maintain files and awareness of how the deployment will be coordinated between SJ and RJ, for example: <ul style="list-style-type: none"> • Salary. • Benefits. • Indemnification. • Insurance. • Requirements for obtaining valid permits to practise. • Claiming of expenses (as appropriate). • Jurisdictional policies related to compensation, if any, of employer of assigned HCPs. 	RJ/SJ
Activities to support Step 1.4B—Verify Licensure of HCP Verification is obtained prior to arrival in RJ	Provide support to assist with processing documents, relaying information and tracking status as required <ol style="list-style-type: none"> a) Maintain awareness of selected personnel. b) Once the HCP licence has been verified by regulators, assist, as required, with processing of the written permissions from health care professionals to share professional licence related information (Appendix H). 	RJ/SJ
Activities to support Step 1.5—Coordinate Logistics of Deployment	Collaboratively coordinate logistics in preparation for mobilizing and receiving HCPs <ol style="list-style-type: none"> a) Maintain awareness (e.g. review status report updates). b) Provide point of contact between jurisdictions. c) SJ and RJ coordinate who will make the transportation arrangements on behalf of HCPs. d) RJ establishes a schedule based on availability of HCPs. e) RJ coordinates local logistics to prepare for HCP needs during the assignment (such as accommodations, amenities, meals, transportation). 	SJ/RJ

Pre-mobilization phase		
Steps	Activities	Responsible Jurisdiction
Activities to support Step 1.6—Brief HCP before Mobilization	<p>Facilitate the provision of information to HCPs prior to assignment. This information may be collated by both the SJ and RJ. It may include items such as the following:</p> <ul style="list-style-type: none"> a) Provide HCPs with situation reports, SOPs, Access to Information Act, Privacy Act, contacts. b) Brief HCPS with up-to-date, relevant information. c) Communicate protocols such as the use of cameras, media communications. d) Provide HCP contact information and the name of the identified RJ individual who will provide local support to HCP. 	SJ with input from RJ
	<p>Maintenance of records of selected HCPs</p> <ul style="list-style-type: none"> a) Act as point of contact on requirements and all information relevant to HCPs selected for assignment. b) Confirm HCP readiness before deployment: <ul style="list-style-type: none"> • Documents have been completed and submitted to RJ. c) Collect and maintain records with necessary information on selected HCPs, including: <ul style="list-style-type: none"> • Name and contact information (address, telephone numbers, email). • Emergency contact information (address, telephone numbers, email). • Skill set and licence information, scheduled assignment period, location, flight (or other transport information). 	SJ
Activities to support Step 2.1—Mobilize HCP	<p>Collaboratively coordinate and implement arrangements for preparations to receive HCPs</p> <ul style="list-style-type: none"> a) Communicate timelines. b) Continue to coordinate arrangements such as accommodations/lodging, amenities and meals (the SJ and the RJ determine the lead in who arranges the various logistics during negotiation of the Mutual Aid Agreement). c) The RJ conducts a check or/registration to record the time of arrival of HCPs and conveys up-to-date information to SJ so that both may track personnel. 	SJ and RJ collaborate where possible, but the lead must be decided upon during mutual aid negotiations

Pre-mobilization phase		
Steps	Activities	Responsible Jurisdiction
Activities to support Step 2.2—Integrate HCP Locally	<p>Facilitate integration of the HCPs into the new workplace</p> <p>The RJ may request a logistics support officer be sent with the group (or delegation), or they may coordinate with the SJ logistics officer to provide support for the deployed HCP for the following:</p> <ol style="list-style-type: none"> If the RJ requests a SJ logistics officer or MATL, it is recommended that the SJ logistics officer is sent ahead of the first group to facilitate the best collaboration and communication. Provide HCPs with an information package to bolster their readiness; this can include: <ul style="list-style-type: none"> RJ contacts. Safety considerations. Draft schedule. Manuals. Maps of the area. Layout of their workplace, etc. Use a reporting tool to: <ul style="list-style-type: none"> Track HCP hours worked, overtime. Change of HCP assignment. Provide orientation to lodging, amenities and meal arrangements. Provide orientation to work environment and ensure that HCPs are properly integrated with assigned team. If available, assign a supervisor to HCPs. If available, institute a buddy system for assigned HCPs in the work environment. Provide the necessary safe transportation while HCPs are in the field. Ensure that aspects of safety and security are identified, respected and addressed. Maintain awareness of personnel scheduling, provide assistance when requested, confirm completed shifts (e.g. review attendance sheet). Ensure that HCPs are monitored or supervised and that a “demobilization template” is completed and provided at the end of the assignment. Monitor expenses; submit billing reports to RJ. 	Either or both RJ/SJ in coordination

Pre-mobilization phase		
Steps	Activities	Responsible Jurisdiction
Activities to support Step 2.3—Monitor and Support the Mission	<ul style="list-style-type: none"> • SJ MATL (or designate) deployed to RJ provides assistance and performs activities to support logistics of deployed HCP, or • SJ MATL (or designate) remaining with SJ maintains awareness, supports HCP needs, continues role as liaison or point of contact with RJ MATL. 	SJ
Activities to support Step 2.4—Modify Request for Mutual Aid	Maintain awareness and support, such as communications and exchange of information, as required to facilitate any modifications to the mutual aid request.	Collaboratively SJ and RJ
Activities to support Step 3.1—Demobilize HCP HCPs return home, follow-up	Establish safe return home of HCPs <ol style="list-style-type: none"> Facilitate the completion of agreed-upon debrief tool (e.g. questionnaire). Support processes to provide access to personal or professional support as identified by HCPs. Review with HCPs any action items to be completed within specified timelines as appropriate, e.g. initiate expense claims, obtain signatures from supervisors while deployed. 	SJ
Activities to support Step 3.1—Demobilization of the HCP	Provide logistics to achieve the efficient return of HCPs Establish transportation arrangements. <ol style="list-style-type: none"> Confirm collection of assigned equipment. Assist with distribution and processing of forms or papers as required (e.g. a “demobilization template”). Ensure that a departing debrief is provided. 	RJ
Activities to support Step 3.2—Receive the Returning HCP	Make available up-to-date knowledge of work schedules and expected HCP return dates Establish immediate follow-up upon return of HCPs and confirm that they returned safely and on schedule.	SJ
Activities to support Step 3.3—Debrief the Returning HCP	Facilitate, if required, the opportunity for HCPs to share their personal and professional experience <ol style="list-style-type: none"> May include a follow-up of completion of agreed-upon debrief tool (see above), depending on deadline to submit and agreed-upon contact for handing in. Support processes to arrange access to personal or professional support, as identified by HCPs. Review (with HCPs) action items to be completed within specified timelines as appropriate, e.g. expense claims. 	SJ

Pre-mobilization phase		
Steps	Activities	Responsible Jurisdiction
Activities to support Step 3.4—Monitor the HCP	<p>Provide support as requested in the 2-month follow up of returned HCPs</p> <ul style="list-style-type: none"> a) Maintain awareness and participate as requested in the demobilization steps of the <i>Operational Framework</i>. b) Ensure that all claims, as appropriate, have been submitted. 	SJ
Activities to support Step 3.5—Administrative Procedures	<p>Maintain communication to achieve the timely coordination and processing of reports and claims</p> <ul style="list-style-type: none"> a) Confirm completion of outstanding issues and closure of HCP “dossier” according to jurisdictional protocols and policies. 	SJ/RJ
Activities to support Step 3.6—Evaluations and After-action Reviews/Reports and Improvements	Participate in after-action reviews as required	SJ/RJ

Appendix K: Example Pre-Mobilization Briefing—Minimum Content

Intent of document:

1. *To establish consistent briefing of basic content for assigned health care professionals (HCPs).*
2. *To outline information topics to be included in the briefing.*

Information to be provided to the Sending Jurisdiction by the Receiving Jurisdiction:

- › Update on event (i.e. drawn from situational reports) and additional particularities relevant to HCPs.
- › Potential risks, related safety and security measures in place.
- › Lodging and related logistics.
- › Workplace assignment information and related logistics.
- › Transportation overall.
- › Confirmation that HCPs will be working within their scope of practice and, if not, what training will be provided.
- › Documents, personal protective equipment, supplies and other personal items to bring.
- › Reporting issues and concerns.
- › Emergency contacts from the Receiving Jurisdiction.

Additional information, to be provided by the Sending Jurisdiction:

- › Information regarding salary, overtime, workers' compensation, liability coverage, benefits, etc.
- › Emergency contact from Sending Jurisdiction.

Appendix L: Definitions and Abbreviations

CDMH	Conference of F/P/T Deputy Ministers of Health.
Certificate of Professional Conduct	Verifies that a doctor is registered and has current standing with the College of Physicians and Surgeons of the province/territory in which he or she practises.
Emergency/crisis	An urgent or critical situation, of a temporary nature, regardless of its cause, that seriously endangers or threatens the health of the public that, in the opinion of the Requesting Jurisdiction is of such proportion or nature that it exceeds or may exceed the capacity or authority of the Requesting Jurisdiction to deal with (<i>Source: MOU</i>).
Expenses	The direct cost of resources (such as direct costs related to delivery and use of medical and surgical supplies, drugs and costs related to travel and accommodations of personnel), and the indirect costs (any cost not specifically or directly associated with the provision of resources). Expenses may include, but are not limited to, the salary and benefits of health care personnel for the period of deployment, and the costs incurred in transporting Health Care Personnel to and from the area where they are assigned as well as any out of pocket costs incurred by the sending jurisdiction as a result of rendering Mutual Aid (<i>Source: MOU</i>).
HCP—health care professional	Licensed nurse(s), nurse practitioner(s) and physician(s) who provide health care services and are needed to respond to an emergency.
Health Portfolio Operations Centre (HPOC)	The HPOC is the emergency operations centre, the health emergency management single window for both the Public Health Agency of Canada and Health Canada.
Inter-jurisdictional	Between jurisdictions, i.e. federal, provincial or territorial.
Jurisdiction	A government which is a signatory to the MOU on the Provision of Mutual Aid (i.e. federal, provincial, or territorial government) (<i>Source: MOU</i>).
Jurisdictional authorities	One or more entities designated by a jurisdiction that is authorized to approve the implementation of the <i>Operational Framework</i> .
Legal decree or other legal mechanisms	A formal and authoritative order; a Ministry's authority; carries the force of the law enacted by the legislature (<i>Source: Merriam-Webster Dictionary</i>).
Licence	A licence to practise medicine within a certain locality.

MATL (Mutual Aid Team Leader)	The person who liaises with his/her jurisdictional operations, planning and coordination, and logistics and acts as a contact person for other jurisdictions to support the process as necessary for the provision of the HCP(s).
MOU on the Provision of Mutual Aid	Federal/Provincial/Territorial Memorandum of Understanding on the Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public. The MOU serves as a framework to facilitate the exchange of mutual aid during public health emergencies. It describes the general intentions of the Jurisdiction. It does not create or describe legally binding obligations and doesn't limit or derogate from the exercise of any statutory power or legislative authority of each Jurisdiction.
Mutual aid	The provision of health resources in the event of an emergency, including providing the movement, housing and care of health care personnel transferred out of/or across the territories of a jurisdiction (<i>Source: MOU</i>).
Mutual Aid Agreement (or 'Agreement')	Contract between <i>two or more parties</i> that includes an offer, the acceptance and the considerations (payment and performance), based on specific terms.
Operating procedures	A formalized structure in performing operational activities.
Operational Framework	<i>Operational Framework for Mutual Aid Requests for Health care Professionals.</i>
PHAC	Public Health Agency of Canada.
Receiving Jurisdiction	The P/T government on whose territory the emergency or crisis occurs, or the federal government if the emergency occurs on land and properties under federal responsibility, that requests or is in receipt of any form of mutual aid from a Sending Jurisdiction (<i>Source: MOU</i>).
Regulatory authorities	Organizations mandated by legislation to regulate and monitor the practice of their profession and help protect the public's right to quality care.
Responsible ministers or delegate	A minister or his/her delegate who has the authority to approve an offer of assistance for one's own jurisdiction, or from one's own jurisdiction to another during an emergency or crisis that threatens the health of the public.
Sending Jurisdiction	The jurisdiction which receives a request to provide, to a Receiving Jurisdiction, mutual aid during an emergency (<i>Source: MOU</i>).

Single window	A designated point of contact such as a dedicated phone line or email address to be used to notify stakeholders and partners during an urgent event/crisis.
Surge capacity	The ability to meet an increased demand and/or to rapidly expand beyond normal services levels in the event of emergency/crises. Surge capacity may include health care professionals, supplies and equipment, structures and systems to provide sufficient care to meet immediate needs.
Verification of licence	Identifies a nurse and/or physician as current and registered with his/her regional nursing authority.