

Operational Framework for Mutual Aid Requests:

Health Care Professionals



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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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Administrative Authority and Amendments

The *Operational Framework for Mutual Aid Requests: Health Care Professionals* is a collaborative effort among the federal Health Portfolio and provincial and territorial Ministries of Health. The Public Health Agency of Canada (PHAC) Regulatory, Operations and Emergency Management Branch (ROEMB) provides the administrative support for its ongoing maintenance. CER will review proposed changes as required or at a minimum of every three years in consultation with members of the Health Emergency Management Network.

Significant changes to the document will be presented to the Public Health Infrastructure Steering Committee of the Public Health Network Council. All changes will be tracked and noted as amendments in the document.

Effective Date

This plan takes effect on December 18, 2013.

Suggested amendments, comments or inquiries related to this document should be forwarded to HPOC Mobilizations / Mobilisations COPS (PHAC/ASPC) hpc.mobilizations-mobilisations.cops@phac-aspc.gc.ca PHEM Secretariat / GUSP (PHAC/ASPC) phemsecretariat-gusp@phac-aspc.gc.ca attention of:

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Section I. Introduction

Background

In 2005, the federal, provincial and territorial (F/P/T) Ministers of Health and the Conference of F/P/T Deputy Ministers of Health (CDMH) asked the pan-Canadian Public Health Network (PHN) to develop an F/P/T agreement for mutual assistance in the event of emergencies¹ or crises that threaten the health of the public. The PHN developed 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* (referred to hereafter as the *MOU on the Provision of Mutual Aid*, see Appendix A). This document builds on existing emergency management agreements and outlines common principles for providing inter-jurisdictional assistance during emergencies or crises that threaten the health of the public. The F/P/T Ministers of Health received this *MOU* in December 2008 and approved it in 2009.

To support the implementation of the *MOU on the Provision of Mutual Aid*, provinces, territories and the federal government have collaborated to develop this *Operational Framework for Mutual Aid Requests: Health Care Professionals* (known hereafter as the *Operational Framework*). The *Operational Framework* aligns with the *MOU on the Provision of Mutual Aid* and is intended to support the implementation and maintenance of its operational mechanisms and readiness. The *Operational Framework* also respects existing jurisdictional emergency management structures and mechanisms.

Note: The *Operational Framework* currently addresses surge capacity requests for registered nurses and physicians to work in familiar types of clinical settings, but this does not preclude its use to support the mutual aid exchange of other health care professionals (HCPs) during an emergency or crisis. It will be expanded to address additional mutual aid needs as identified under the *MOU on the Provision of Mutual Aid*.

¹ Emergency: As per the *MOU for the Provision of Mutual Aid*, an emergency means an urgent and 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 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.

Principles of Mutual Aid

The guiding principles for this *Operational Framework* have been adapted from the *MOU on the Provision of Mutual Aid*:

- › F/P/T governments have varying degrees of health care response capacity, and collaboration could be beneficial if a jurisdiction's health care capacity is overwhelmed during an emergency or crisis that threatens the health of the public.
- › The sharing of existing capacity and resources is a more efficient and effective way to provide surge capacity that results in little to no duplication of resources and activities.
- › F/P/T governments can support one another, facilitated through the Public Health Network, to assist any jurisdiction(s) dealing with a health emergency or crisis that is beyond its capacity.
- › Each jurisdiction can establish the procedures necessary to provide assistance during emergencies or crises threatening the health of the public, including mechanisms that would enable responders from one jurisdiction to work in other jurisdictions during those events.
- › Each jurisdiction should develop mechanisms to ensure that:
 - HCPs will be able to practise lawfully in the Receiving Jurisdiction within their recognized scope of practice
 - HCPs will not be unreasonably disadvantaged in any way, either directly or indirectly, with respect to matters relating to remuneration or compensation, health care benefits, disability protection and benefits, death benefits, liability and immunity protections, and workers' 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.
- › The provision of assistance will not endanger or severely limit the provision of health care capacity in the jurisdiction providing assistance.

Objectives

This *Operational Framework* is intended to provide a consistent and timely pan-Canadian approach to the request for, offer of and receipt of inter-jurisdictional HCP mutual aid resources during emergencies or crises in which the health of the public is threatened.

Its objective is to enhance the ability of a pan-Canadian response for the inter-jurisdictional provision of HCP in emergencies or crises, by:

- › Facilitating requests for inter-jurisdictional mutual aid for HCPs.
- › Facilitating access to inter-jurisdictional HCP surge capacity in times of emergency or crisis when the health of the public is threatened.
- › Protecting the health and safety of assigned inter-jurisdictional HCPs during a response to a request for surge capacity in times of emergency or crisis.

Scope of the *Operational Framework*

The *Operational Framework* is a non-binding guidance document; jurisdictions can choose to seek aid through different mechanisms. As well, the framework is operational in scope and does not seek to prescribe specific details (e.g. HCP remuneration, travel costs, liability, and workers' compensation) that should be negotiated between jurisdictions when entering into a HCP mutual aid agreement.

Jurisdictions may prepare mutual aid agreements in advance, with the understanding that at the time of mutual aid exchange these agreements may be revisited and/or modified to suit the requirements of both the Receiving and Sending Jurisdiction. (Refer to Appendix F for an example Mutual Aid Agreement.)

The operating procedures, tools, templates and jurisdictional responsibilities outlined in this document complement existing emergency management systems, including the use of pre-determined "single windows" in the Pan-Canadian Health Emergency Management 24/7 Emergency Contact Network. This network establishes single, jurisdictional points of contact to support the implementation of the various steps identified in the *Operational Framework*. It is intended to facilitate inter-jurisdictional coordination by providing a clear and agreed-upon single source for the purpose of information sharing. The single window concept does not exclude or discourage interactions between jurisdictions, sectors or levels of government.

Note: Special events and mass gatherings at which pre-positioning of surge HCP capacity is anticipated (e.g. the Olympics, G8/G20 events) are not considered within the scope of the *Operational Framework*. It is understood that surge capacity requirements would be of interest in the planning processes for these types of event. However, such events are to be handled outside of the framework mechanisms. Should an emergent event occur during a planned event, then the framework could be accessed to address additional surge needs.

Assumptions

The key planning assumptions for mutual aid identified in the *MOU on the Provision of Mutual Aid* are as follows:

- › The *Operational Framework* is optional. A jurisdiction may or may not choose to request or to offer HCP surge capacity.
- › Resources will not be requested or released before the responsible minister or delegate approvals are obtained.
- › The activities and processes described in the *Operational Framework* will be respectful of jurisdictional emergency management capabilities and mechanisms, including Public Safety Canada and provincial structures.
- › The authority for P/T licensing of HCPs resides within the jurisdiction of employment.
- › The Receiving Jurisdiction may decide to use regulatory authorities, a legal decree or other legal mechanisms to allow HCPs from other jurisdictions to practise legally within their jurisdiction.
- › F/P/T jurisdictions will use their single windows identified in the Pan-Canadian Health Emergency Management 24/7 Emergency Contact Network, i.e. an established, single, jurisdictional point of contact, to support the implementation of the *Operational Framework*.
- › Jurisdictions that choose to enable the *Operational Framework* will have mechanisms to request and respond to requests effectively and efficiently.
- › F/P/T jurisdictions have varying degrees of health care capacity, and inter-jurisdictional collaboration could be beneficial should a jurisdiction require assistance during an emergency or crisis threatening the health of the public.
- › F/P/T jurisdictions may conduct threat/risk assessments as required.
- › Jurisdictions will have protocols and processes to ensure that they can obtain timely ministerial or delegated approval of requests or responses to surge capacity needs in an emergency or crisis threatening the health of the public.

Roles and Responsibilities

In alignment with the *MOU on the Provision of Mutual Aid*, this document will make reference to the following entities, and their roles and responsibilities, involved in the activation of the *Operational Framework*:

Jurisdiction:

- › A government that is a signatory to the *MOU on the Provision of Mutual Aid*.

Potential Receiving Jurisdiction:

- › The P/T government in whose jurisdiction the emergency or crisis occurs, or the federal government if the emergency occurs on land and properties under federal responsibility, that notifies a potential Sending Jurisdiction of the possibility of a forthcoming request for any form of mutual aid.

Receiving Jurisdiction:

- › The P/T government in whose jurisdiction the emergency or crisis 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.

Potential Sending Jurisdiction:

- › The jurisdiction that receives from a Receiving Jurisdiction a request for mutual aid during an emergency or crisis.

Sending Jurisdiction:

- › The jurisdiction that received, from a Receiving Jurisdiction, a request for mutual aid during an emergency and that sends HCPs in response to that request.

The roles and responsibilities for mutual aid are as follows:

1. All Jurisdictions:

- › Establish processes and procedures to request and respond to requests effectively and efficiently.
- › Ensure that timely responsible minister or delegate approval of the request or response to surge capacity needs can be obtained.
- › Where possible, maintain a 24/7 ability to contact health care regulatory authorities or activate legal decree or alternative legal mechanisms to support the legal right to practise of HCPs assigned to respond to an inter-jurisdictional surge capacity request.
- › Maintain back-up plans and procedures to reach regulatory authorities or activate decree or alternative legal mechanisms for licensing should the emergency or crisis disable usual structures.

2. Receiving Jurisdiction:

- › Communicate early if there is a potential for a request for health care surge capacity. This early communication is an alert through the Pan-Canadian Health Emergency Management 24/7 Emergency Contact Network.
- › Clearly identify surge capacity requirements, such as type of HCP (e.g. nurse, physician), skill set and expertise (e.g. communicable disease control, emergency care/triage).
- › Negotiate a mutual aid agreement (refer to Appendix F for an example agreement) with the Sending Jurisdiction to support the provision, receipt and management of the mutual aid.
- › Assume responsibility for incurred costs of assigned HCPs from the moment they leave their residence to go to the assigned location, to the time when they have returned home from their assignment.
- › Ensure that HCPs will be able to practise lawfully in its territory.
- › Either:
 - Confirm that HCPs practise within their jurisdiction's recognized scope of practice; or, should expansion of scope of practice be required,
 - Consider asking for more relevant HCPs/expertise and/or provide the relevant training and protections associated with an expanded scope. NOTE: this measure is to be considered only in rare circumstances and if the Receiving Jurisdiction agrees, in writing, to hold accountability for liability, indemnification and other protections associated with this enhanced risk circumstance.
- › Address the health and safety needs of HCPs according to the standards established and recognized by the jurisdictions involved, and depending on the location and nature of the response.
- › Ensure that assigned HCPs are aware of the conditions and terms of their assignment and have indicated their acceptance of these terms and conditions (e.g. wages, housing, meals, working conditions, health and safety, indemnification, benefits).
- › Provide access to appropriate housing and meals for HCPs within the context of the location and nature of the response.
- › Specify the rotations and rest periods of assigned HCPs in the negotiations between Receiving and Sending Jurisdictions.
- › Consider professional pairing for each responding HCP while on assignment.

3. Potential Sending Jurisdiction:

- › Submit a written response for mutual aid, which should include but not be limited to the following:
 - Type of HCPs available based on the HCP requirements identified by the Receiving Jurisdiction
 - HCP skill set and expertise
 - First availability of HCPs
 - Duration of availability of HCPs
 - Estimated cost for service.
- › Negotiate the mutual aid agreement with the Receiving Jurisdiction to support the provision, receipt and management of the mutual aid.
- › Ensure that assigned HCPs are not 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, or workers' compensation benefits and coverage, while providing health care services in the Receiving Jurisdiction as specified in the *MOU on the Provision of Mutual Aid*.
- › Maintain the continued income of HCPs while on assignment.
- › Monitor expenses and submit billing reports to the Receiving Jurisdiction as negotiated in the agreement.
- › Confirm that the employer (or HCP if there is no employer), and/or the jurisdictional government of the assigned HCP authorizes/approves the assignment of the selected HCP before assistance is offered.
- › Ensure that assigned HCPs are aware of the conditions and terms negotiated in the mutual aid agreement with the Receiving Jurisdiction regarding their wages, housing, meals, working conditions, health and safety.

4. Public Health Agency of Canada (PHAC):

- › Provide administrative support for the ongoing maintenance of the *Operational Framework*.
- › Serve as the federal Health Portfolio single window.
- › Support the implementation of the various steps identified in the *Operational Framework*.
- › Support the coordination and facilitation of communication and exchange of information through the Pan-Canadian 24/7 Health Emergency Management Contact Network.

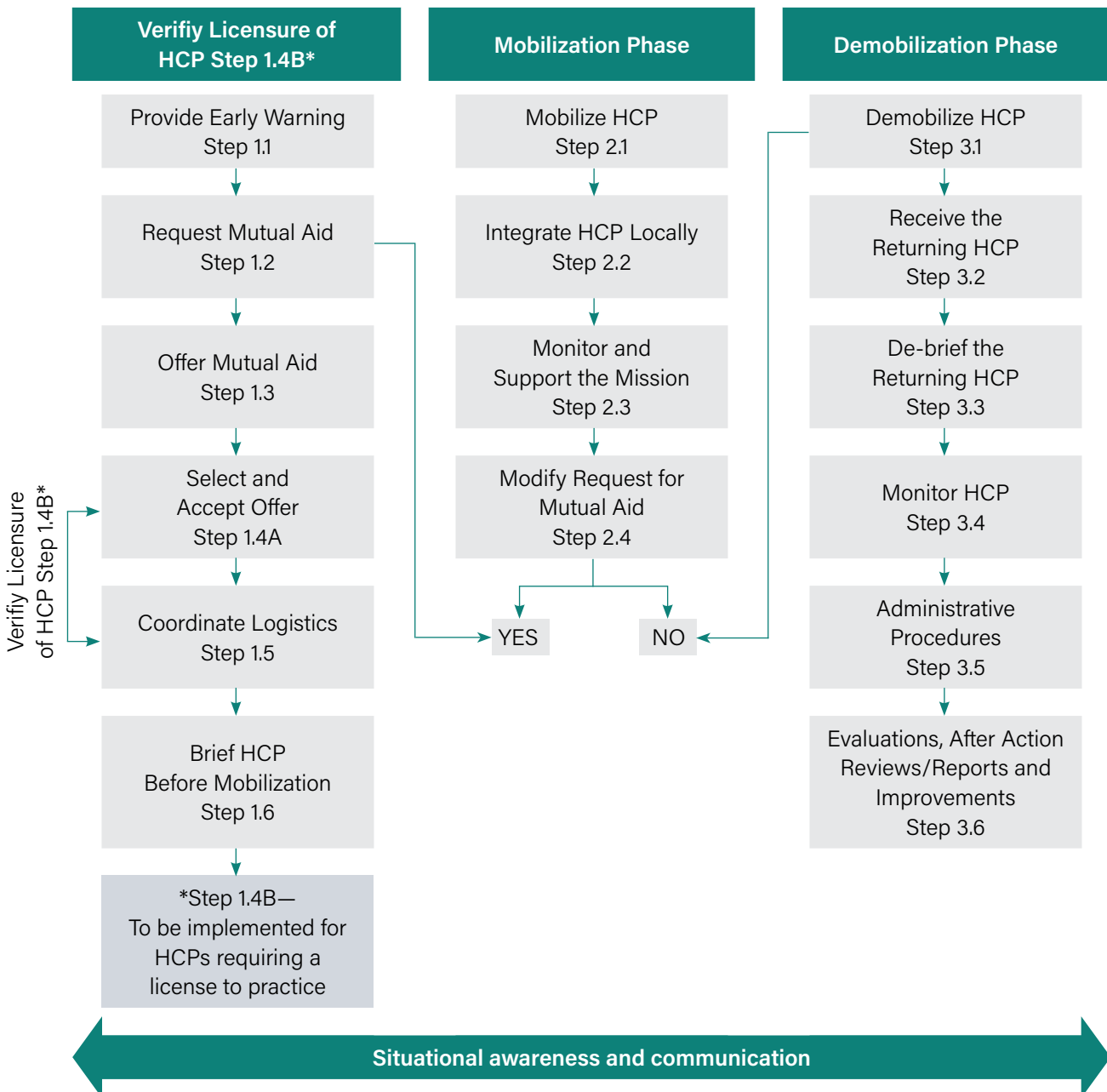
5. Health Care Professionals (HCPs):

- › Any HCP candidate requested to assist in the response to a health care emergency through the inter-jurisdictional sharing of mutual aid, not within their home jurisdiction, has the right to accept or decline any assignment/deployment.
- › Make sure that employment is within the HCP's existing scope of practice. If asked to practice outside the recognized scope of practice, the HCP will acquire the appropriate training, if necessary, and confirm that certification provides for legal compensation coverage for the extended practice.
- › Establish that the employer is aware and approves of the HCP's participation in the response to the request for surge capacity.
- › May be required to sign an assignment/secondment letter to demonstrate acceptance of the terms agreed upon in the mutual aid agreement.

Section II. Phases of the Operational Framework

The *Operational Framework* identifies the phases and related tasks within each phase of a mutual aid request. Section V. Appendices contains a list of tools and templates that support the *Operational Framework* by giving more detail about the requirements, to achieve a robust, streamlined and effective F/P/T HCP mutual aid request and response process.

Figure 1: F/P/T Mutual Aid Operational Framework



The following table identifies some key processes/activities for each step in the Pre-Mobilization, Mobilization and Demobilization phases. Jurisdictions are free to implement some or all of the steps and associated processes/activities as required. This is not an exhaustive or prescriptive list and does not include any additional F/P/T internal processes that may need to be implemented. Refer to Appendix I, Guide in Preparing for and Responding to an Emergency or Event Requiring Inter-jurisdictional Surge Capacity, for a checklist of activities to consider in order to achieve readiness and respond to an event requiring inter-jurisdictional surge capacity.

1. Pre-Mobilization Phase		Related Processes/Activities
Steps	Responsible Jurisdiction	
<p>Step 1:1— Provide Early Warning</p> <p>Purpose:</p> <p>Notify and communicate a potential mutual aid request for health care professional (HCP) surge capacity.</p>	<p>Potential Receiving Jurisdiction (PRJ)</p>	<ol style="list-style-type: none"> 1. Notify of potential need for mutual aid through its single window to PHAC's single window, the Health Portfolio Operations Centre (HPOC) (refer to Appendix B, Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets), Suggested information to include in notification: <ul style="list-style-type: none"> • Type and scale of the emergency or crisis that may require an aid request. • Potential type of surge capacity resources (e.g. nurses, physicians). • Whether another inter-jurisdictional or international agreement has been activated for HCP surge capacity. • Approximate date and time of an update on this potential request. • A contact name/information to support the confirmation and validation of the request.
	<p>PHAC</p>	<ol style="list-style-type: none"> 2. Confirm receipt of notification with PRJ using single windows. 3. Validate the information on the notification with PRJ. 4. Distribute the completed notification to Potential Sending Jurisdictions (PSJ) using single windows. 5. If required, facilitate and coordinate discussions among jurisdictions to support information sharing.
	<p>Potential Sending Jurisdiction (PSJ)</p>	<ol style="list-style-type: none"> 6. Confirm receipt of early warning notification with HPOC using single windows. 7. PSJ may: <ul style="list-style-type: none"> • Confirm functional mechanisms for accessing necessary decision-makers and key leads, including HCPs and regulatory authorities. • Review the resources they have that could meet the needs identified in the notification. • May initiate the identification and notification of resources that could respond to the request.

Steps	Responsible Jurisdiction	Related Tasks
<p>Step 1.2— Request Mutual Aid</p> <p>Purpose: Enable the MOU on the Provision of Mutual Aid.</p>	<p>Potential Receiving Jurisdiction (PRJ)</p> <p>Receiving Jurisdiction (RJ)</p>	<ol style="list-style-type: none"> 8. Monitor the emergency or crisis and its impact, and update or modify its request as needed. 9. Begin Step 1.2, Request Mutual Aid, if the request for HCP surge capacity is deemed to be required. 1. Make a formal announcement of the need for mutual aid surge capacity by obtaining approval from the responsible minister or delegate (refer to Appendix C, Example of an Announcement of a Formal Request for Mutual Aid Surge Capacity), as defined by the <i>MOU on the Provision of Mutual Aid</i> (Appendix A). 2. Make a formal request for mutual aid surge capacity by providing details of the specific HCP surge capacity requirement (refer to Appendix B, Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets). 3. Forward the formal announcement/request for mutual aid surge capacity to HPOC using single windows.
<p>Step 1.3— Offer Mutual Aid</p> <p>Purpose: Enable jurisdictions to formally respond to the needs identified by a RJ,B</p>	<p>PHAC</p> <p>Potential Sending Jurisdiction (PSJ)</p> <p>Potential Sending Jurisdiction (PSJ)</p>	<ol style="list-style-type: none"> 4. Confirm receipt of the formal announcement and/or request for mutual aid surge capacity with RJ using single windows. 5. Verify information with RJ, if required, through single windows. 6. Forward the formal announcement and/or request for mutual aid surge capacity to PSJ through single windows. 7. Confirm receipt of the formal announcement and/or request for mutual aid surge capacity with HPOC using single windows. 1. Implement internal processes to initiate the announcement of a formal request. Example: <ul style="list-style-type: none"> • Inform the network, including responsible minister or delegate, of the announcement of a formal request and that further details are forthcoming. • Responsible ministers and/or delegates will be advised at this time to decide whether the PSJ will: <ul style="list-style-type: none"> – consider offering support – consider offering support at a later date – state that it is unable to offer support.

Steps	Responsible Jurisdiction	Related Tasks
		<ol style="list-style-type: none"> 2. Respond to an official request for mutual aid surge capacity (refer to Appendix B, Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets): <ul style="list-style-type: none"> • Confirm with responsible minister or delegate whether permission is granted to access and mobilize HCP surge capacity within the jurisdiction to respond to the request from the RJ. • To complete the offer, a PSJ may choose to: <ul style="list-style-type: none"> – identify potential candidates through its own networks and health systems, according to the specifications of the RJ, or – if licensed HCPs are requested, obtain the valid licence numbers of the potential candidates in order to facilitate the licence verification and issuance process if the offer is accepted. 3. Forward an official offer to HPOC using single windows (refer to Appendix B). 4. Consider sharing information with the potential selected HCPs to guide them with some personal reflection on their readiness to accept the deployment (refer to Appendix E, Example of Guidance Document for Personal Reflection Before Accepting an Assignment).
	<p>PHAC</p>	<ol style="list-style-type: none"> 5. Confirm receipt of each offer with the PSJ using single windows. 6. Verify the information of each offer, including the comprehensiveness of the details provided, as required. 7. Forward all submitted offers, including nil responses, to the RJ using single windows. 8. If required, facilitate and coordinate teleconferences or other telecommunication processes allowing inter-jurisdictional exchange and clarification of information.
	<p>Receiving Jurisdiction</p>	<ol style="list-style-type: none"> 9. Confirm receipt of offer(s) with HPOC using single windows.

Steps	Responsible Jurisdiction	Related Tasks
<p>Step 1.4A— Select and Accept Offer</p> <p>Purpose: Finalize an agreement between the RJ and the SJ.</p>	<p>(RJ)</p>	<ol style="list-style-type: none"> Contact the potential SJ that it feels best meets the specified need. The RJ may consider a combination of offers from various jurisdictions, depending on the request and the ability and practicality of only one jurisdiction responding to the immediate and proposed long-term aspects of the request. <ul style="list-style-type: none"> Ensure that all parties clearly understand the requirements/terms of the request and offer, and negotiate or propose modifications as needed. When the terms for the inter-jurisdictional sharing of HCPs have been negotiated, it is highly recommended that the minister or delegate responsible formally approve the terms of mutual aid being offered. The RJ and the SJ should sign a mutual aid agreement (refer to Appendix F, Example – Mutual Aid Agreement) confirming the acceptance of all content and terms of the aid being accepted and provided. Each mutual aid offer and acceptance should have separate agreements (for example, in the event of one or more jurisdictions providing mutual aid to the RJ). (OPTIONAL) Provide select information from the agreements to PHAC (refer to Appendix G, Example of Information to be Shared with the Public Health Agency of Canada). Communication relating to the acceptance of the offer occurs according to identified emergency governance structures.
	<p>Sending Jurisdiction (SJ)</p>	<ol style="list-style-type: none"> Collaborate with the RJ when informed that the offer is being considered. <ul style="list-style-type: none"> Ensure that the offer and its components are clearly understood and negotiate/propose modifications as needed. Participate in the agreement negotiations, propose modifications as required.
	<p>PHAC</p>	<ol style="list-style-type: none"> Facilitate and coordinate teleconferences and/or other telecommunication processes allowing inter-jurisdictional exchange and clarification of information, as required.

Steps	Responsible Jurisdiction	Related Tasks
<p>Step 1.4B— Verify Licensure of HCP</p> <p>Purpose: Establish a process that verifies the validity of the licence of the assigned HCPs to allow them to practise lawfully in the RJ.</p>	<p>Sending Jurisdiction (SJ) and its regulatory authorities or designate</p>	<ol style="list-style-type: none"> 1. SJ to obtain the following from each HCP assigned under the agreement to provide surge capacity: <ul style="list-style-type: none"> • A copy of a valid permit to practice. • A copy of required specific training certificates, if any. • (OPTIONAL) Obtain documents signed by the assigned HCP giving permission for the release of the results of the HCP professional licence verification to both SJ and RJ regulatory and/or designated jurisdictional authorities (refer to Appendix H, Example of Written Permission from Health Care Professional to Share Professional Licence Related Information). 2. SJ (designated person involved in planning, operations, or coordination and logistics of emergency response structures) to forward Appendix H to regulatory authority and request that the validity of the licence of the assigned HCP be verified. 3. When verification is complete, the regulatory authority forwards all names and results of selected HCPs to the designate of the SJ. 4. SJ forwards the results of the assessment for the licence verification (RNs) or Certificate of Professional Conduct (physicians) to the identified designate of the RJ.
	<p>Receiving Jurisdiction (RJ) and its regulatory authorities or designate</p>	<ol style="list-style-type: none"> 5. (OPTIONAL) May provide a short-term permit to practise or other legal mechanism, valid for 48 hours, for the HCP to practise within the specified environment and scope of practice pending receipt of the HCP licence verification or Certificate of Professional Conduct (as needed). <ul style="list-style-type: none"> • If the regulatory authority of the SJ does not issue the certificate (as needed) within 48 hours after the release of the short-term permit to practise, or if the HCP competence assessment is not successful, the HCP assignment is terminated and the HCP returns home. 6. Issues a longer-term temporary permit to practise or other legal mechanism upon confirmation of licence verification or receipt of Certificate of Professional Conduct, to allow the HCP to practise while responding to the emergency or crisis.

Steps	Responsible Jurisdiction	Related Tasks
<p>Step 1.5— Coordinate Logistics</p> <p>Purpose: Coordinate the activities that enable the arrival and entry of HCP to the RJ.</p>	<p>Receiving Jurisdiction (RJ)/Sending Jurisdiction (SJ) (lead should be specified in the agreement; however, collaboration between both jurisdictions may be required)</p>	<ol style="list-style-type: none"> 1. Complete the activities within pre-determined jurisdictional structures and mechanisms (refer to Appendix I, Guide in Preparing For and Responding to an Emergency or Event Requiring Inter-jurisdictional Surge Capacity). 2. The RJ and SJ may each assign a Mutual Aid Team Leader (MATL) or designate to provide liaison support among the RJ, SJ and HCP and to help support the HCP during the pre-mobilization, mobilization and demobilization phases (refer to Appendix J, Example of Activities for Mutual Aid Team Leader (MATL) or Other Personnel to Support Health Care Professionals Providing Mutual Aid). <ul style="list-style-type: none"> • The MATL or designate acts as the point of contact between the SJ, RJ and HCPs, simplifying communications as HCPs are selected, transported, provide services and return home from their assignments. • The MATL or designate provides local support to the HCPs during assignments and is the contact person for assigned HCPs and their family contacts (e.g. manage housing, assignment, food issues). • The role of the MATL or designate is to reduce logistical management impacts on the RJ; the MATL is solely responsible for establishing integration and support of the HCP while on assignment. 3. Identify how HCPs will be informed of the agreed-upon terms and conditions of their assignment and when and how they will demonstrate their understanding and acceptance of these terms and conditions.
<p>Step 1.6— Brief HCP Before Mobilization</p> <p>Purpose: Inform the assigned HCP about the event and clarify expectations before, during and after the assignment.</p>	<p>Sending Jurisdiction (SJ)</p>	<ol style="list-style-type: none"> 1. Provide the pre-mobilization briefing to all HCPs before their departure (refer to Appendix K, Example of a Pre- Mobilization Briefing: Minimum Content). 2. Inform HCPs about the terms and conditions of their assignment. 3. Obtain confirmation from HCPs that they accept the terms and conditions of their assignment.

2. Mobilization Phase		
Steps	Responsible Jurisdiction	Responsible Jurisdiction
<p>Step 2.1— Mobilize HCP</p> <p>Purpose: Transport the HCPs to their assigned mutual aid location.</p>	<p>Receiving Jurisdiction (RJ)/Sending Jurisdiction (SJ)</p> <p>(lead should be specified in the agreement; however, collaboration between both jurisdictions may be required)</p>	<p>Responsible Jurisdiction</p> <ol style="list-style-type: none"> 1. Collaboratively coordinate and implement operations, logistics and planning to allow the HCPs to be transported from their homes to their assigned locations within set timelines.
<p>Step 2.2— Integrate HCP Locally</p> <p>Purpose: Support the efficient transition of the HCPs into their assigned living and working environments.</p>	<p>Sending Jurisdiction (SJ)</p> <p>Receiving Jurisdiction (RJ)</p>	<ol style="list-style-type: none"> 1. If a MATL or designate is assigned, he or she will travel to the RJ before or with the first group of HCPs assigned to respond. The MATL or designate remains on site to work collaboratively with the MATL or designate of the RJ and provide support to HCPs and/or the receiving MATL or designate, as appropriate. 2. Assume responsibility for the HCPs until they return home. 3. Provide HCPs with an orientation and de-brief to support integration of the surge workforce within set structures and systems. Topics for the de-brief include the following: <ul style="list-style-type: none"> • Work: what they will do, where they will work, partners to assist them in the workplace, transportation to and from work, schedules, scope of practice/expectations, safety and security. • Home: meals, access to communication technology (e.g. phone, computers), expectations on maintenance of the environment, sleeping arrangements, safety and security.

Steps	Responsible Jurisdiction	Related Tasks
<p>Step 2.3— Monitor and Support the Mission Purpose:</p> <p>Implement processes to support efficient and effective use of surge capacity resources.</p>	<p>Receiving Jurisdiction (RJ)</p>	<ol style="list-style-type: none"> 1. Ensure that the RJ MATL or designate, if one is assigned, works within jurisdictional structures to support the efficiency and effectiveness of the surge capacity response and supports the HCPs while on assignment. 2. Supervise the assigned HCPs and therefore their professional practice during the mutual aid assignment (professional pairing can be used to support the effective transition of professional practice). 3. Communicate updates and any additional inter-jurisdictional needs to the SJ and PHAC, through the single windows. 4. (OPTIONAL) Provide updates to PHAC; include the number and types of HCPs that are currently on site, their workplace site and the type of work they are assigned.
	<p>Sending Jurisdiction (SJ)</p>	<ol style="list-style-type: none"> 5. The SJ MATL or designate may stay with the assigned HCPs to act as a liaison and support, and provide ongoing monitoring of various events and response activities that could affect their assignments. If the SJ MATL or designate does not stay with HCPs he or she will maintain awareness of the assigned HCP activities through the RJ MATL or designate. 6. Other potential SJs not currently involved in providing HCP surge capacity should continue to monitor the situation for further requests for HCP surge capacity needs.
	<p>PHAC</p>	<ol style="list-style-type: none"> 7. Maintain awareness of activities through established situational reports and communication processes. 8. Where appropriate and requested, PHAC will continue to support coordination of the HCP surge capacity response to the event.

Steps	Responsible Jurisdiction	Related Tasks
<p>Step 2.4 – Modify Request for Mutual Aid</p> <p>Purpose: Allow RJ to request additional or modified health care surge capacity to adapt to the evolving needs related to the response to the emergency.</p>	<p>Receiving Jurisdiction (RJ)</p>	<p>1. If modifications to the request for mutual aid are required, follow Step 1.2 Mutual Aid Request.</p> <p><i>Note:</i></p> <ul style="list-style-type: none"> • All proposed modifications to an existing mutual aid agreement(s) must be presented and accepted in writing by the Receiving and Sending Jurisdictions named in the agreement before it takes effect. The amendment should include a date when the agreed modification takes effect. • If the proposed modifications are not accepted by any jurisdiction named in the agreement, the jurisdiction modifying the request should create a new request and a new agreement should be considered. • If a jurisdiction wishes to end the agreement it should submit a termination request in writing and the agreement will officially terminate within the time frame identified in the termination notice. • Modifications that fall within Appendix G, Example of Information to be Shared with the Public Health Agency of Canada, should be forwarded to the HPOC single window.
	<p>Sending Jurisdiction (SJ)</p>	<p>2. If modifications to the request for mutual aid are required, follow Step 1.2 Mutual Aid Request. <i>See above Note.</i></p>
<p>PHAC</p>		<p>3. If modifications to the request for mutual aid are required, follow Step 1.3 Communicate Request for Mutual Aid Resources.</p>

3. Demobilization Phase		
Steps	Responsible Jurisdiction	Related Tasks
<p>Step 3.1 – Demobilize HCP</p> <p>Purpose: Return assigned HCPs to their home jurisdictions.</p>	Receiving Jurisdiction (RJ)	<ol style="list-style-type: none"> 1. Document the reason for ending the HCP assignment and forward it to the SJ MATL or designate, who collects and forwards documents to the appropriate jurisdictional contact. 2. Collaborate with regulatory authorities to expire licensure when the HCP assignment is terminated. 3. Provide each HCP with a debrief-type questionnaire to complete and return to the RJ MATL or designate before departure. The MATL or designate then collects and forwards the questionnaires to the appropriate jurisdictional contact(s). 4. Provide the HCP with all documents and necessary information needed to return home. 5. Ensure that the HCP has a 24/7 telephone number to contact for help in case an emergency or issue arises on the return home (this may include a contact from both the RJ and the SJ, as one may be in a better position to assist, depending on where the HCP is located when the issue or concern arises).
<p>Step 3.2— Receive the Returning HCP</p> <p>Purpose: Ensure that the HCP returns to home jurisdiction safely.</p>	Sending Jurisdiction (SJ)	<ol style="list-style-type: none"> 1. Maintain up-to-date assignment schedules through the MATL or designate and follow up to ensure that all HCPs have returned home safely.
<p>Step 3.3— De-Brief the Returning HCP</p> <p>Purpose: Provide HCPs the opportunity to share their personal and professional experience.</p>	Sending Jurisdiction (SJ)	<ol style="list-style-type: none"> 1. Organize a follow-up meeting/teleconference with HCPs following their return home. HCP participation in a follow-up meeting is on a voluntary basis. Discussion may include the following: <ul style="list-style-type: none"> • De-brief of their experience with the work assignment. • Discuss workplace reintegration. • Inform the HCPs that they will be contacted in approximately two months to ensure that no issues have resulted since their return to home and work routines.

Steps	Responsible Jurisdiction	Related Tasks
<p>Step 3.4— Monitor the HCP</p> <p>Purpose: Two month follow-up with HCPs after their return home to ensure that their assignment did not result in home and work routines being negatively affected by the event.</p>	<p>PHAC</p> <p>Sending Jurisdiction (SJ)</p>	<ol style="list-style-type: none"> Forward to the SJ, through single windows, a “reminder” message to complete the two-month follow-up with the HCP. Contact each HCP two months after their return from assignment to ask questions such as the following: <ul style="list-style-type: none"> How are they adapting to home and/or work life? Are they experiencing any negative side effects/symptoms (physically and/or mentally) from the event/ assignment? Are they experiencing any issues with employer, union or workers’ compensation? Contact the RJ to handle any identified issues resulting from the assignment that could require compensation or other arrangements, as described in the agreement (anything not included in the agreement is the responsibility of the SJ).
<p>Step 3.5— Administrative Procedures</p> <p>Purpose: Submit claims and reports, and process requests for reimbursement of reasonable expenses as described in the agreement.</p>	<p>Sending Jurisdiction (SJ)</p> <p>Receiving Jurisdiction (RJ)</p>	<ol style="list-style-type: none"> Create and submit detailed written report(s) and/or claim(s) to the RJ for reimbursement for all reasonable expenses incurred in or as a consequence of the provision of mutual aid as described in the signed agreement. Upon receipt of detailed written report(s) and/or claim(s) from the SJ, the RJ reimburses the SJ for all reasonable expenses incurred in or as a consequence of the provision of mutual aid as described in the signed agreement.

Section III.

Accountability Framework

Purpose: Provide a summary table of the lead roles and supporting roles for the activities of the *Operational Framework*.

Legend: L = Lead Role S = Supporting Role N/R = No Role

1. Pre-Mobilization Phase				
Step Number	Name of Step	Jurisdictions Responsible		
		Federal	Receiving	Sending
1.1	Provide Early Warning	S	L	S
1.2	Request Mutual Aid	S	L	N/R
1.3	Offer Mutual Aid	S	S	L
1.4A	Select and Accept Offer	S	L	S
1.4B	Verify Licensure of HCP			
	Verification of licence	N/R	N/R	L
	Licensure	N/R	L	N/R
1.5	Coordinate Logistics			
	Coordinate	S	L	S
	Logistics pre-departure & upon return	N/R	S	L
	Logistics while deployed	N/R	L	S
1.6	Brief HCP Before Mobilization	N/R	S	L
2. Mobilization Phase				
Step Number	Name of Step	Jurisdictions Responsible		
		Federal	Receiving	Sending
2.1	Mobilize HCP	N/R	S	L
2.2	Integrate HCP Locally	N/R	L	S
2.3	Monitor and Support the Mission			
	Monitoring	S	L	L
	Support	S	L	S
2.4	Modify Request for Mutual Aid	S	L	S

3. Demobilization Phase				
Step Number	Name of Step	Jurisdictions Responsible		
		Federal	Receiving	Sending
3.1	Demobilize HCP			
	De-brief	N/R	L	N/R
	Demobilize	N/R	L	N/R
3.2	Receive the Returning HCP	N/R	N/R	L
3.3	De-Brief the Returning HCP	N/R	N/R	L
3.4	Monitor the HCP	S	N/R	L
3.5	Administrative Procedures	N/R	L	L
3.6	Evaluations and After Action Reviews/ Reports and Improvements	S	L	L

Section IV. Training and Exercises

Purpose:

Support the ongoing improvement of efficient and effective implementation of the Operational Framework.

Related Tasks:

A. Training

1. PHAC, provinces and territories:
 - include training in their protocols for the implementation of the Operational Framework to support HCP inter-jurisdictional mutual aid during emergencies

B. Exercise

1. PHAC:
 - offers and facilitates exercises annually, or as required, to allow the review of protocols and to practise the implementation of the Operational Framework
2. Provinces and territories:
 - are asked to participate annually in emergency response exercises to review and practise the implementation of the Operational Framework within their jurisdiction

Section V. Appendices

The following Appendices may be used as example templates and/or guidance documents to support the implementation of the steps and processes in the *Operational Framework*.

Appendix A	Federal/Provincial/Territorial Memorandum of Understanding (<i>MOU</i>) on the Provision of Mutual Aid in Relation to Health Resources During an Emergency Affecting the Health of the Public
Appendix B	Example of a Potential and/or an Official Mutual Aid Requests for Surge Capacity & Assets
Appendix C	Example of an Announcement of a Formal Request for Mutual Aid Surge Capacity
Appendix D	Appendix D removed – no longer applicable
Appendix E	Example of Guidance Document for Personal Reflection Before Accepting an Assignment
Appendix F	Example – Mutual Aid Agreement
Appendix G	Example of Information to be Shared with the Public Health Agency of Canada
Appendix H	Example of Written Permission from Health Care Professional to Share Professional Licence Related Information
Appendix I	Guide in Preparing For and Responding To an Emergency or Event Requiring Inter-Jurisdictional Surge Capacity
Appendix J	Example of Activities for Mutual Aid Team Leader (MATL) or Other Personnel to Support Health Care Professionals Providing Mutual Aid
Appendix K	Example Pre-Mobilization Briefing; Minimum Content
Appendix L	Definitions and Abbreviations