

# Mutual Aid Request Form Standard Operating Procedure

## How to Complete the Mutual Aid Request (MAR) Form

### Legend

**Receiving Jurisdiction (RJ)**—The receiving jurisdiction is the P/T requesting healthcare professionals and/or health assets.

**Sending Jurisdiction (SJ)**—The sending jurisdictions are the P/Ts providing a roster of available healthcare professionals and/or health assets available to deploy to the RJ if accepted.

### Purpose

The purpose of this Standard Operating Procedure (SOP) is to help individuals complete the Mutual Aid Request (MAR) form in the case of an event where healthcare professionals/resources and/or health assets are required.

### Target Audience

This SOP will be used by Health Emergency Management Directors (HEMDs) across Canada.

### Process

The Public Health Agency of Canada, Health Portfolio Operations Center (HPOC) will serve as the federal Health Portfolio single window and will activate the Operational Framework for Mutual Aid Requests (OFMAR) by initiating a call out to all potential Sending Jurisdictions. HPOC will support the coordination and facilitation of communication and exchange of information between the P/Ts.

- › The OFMAR can be activated by the responsible Minister or his delegate, the Health Emergency Management Director. Please refer to section 5.0 *Assumptions* in the Operational Framework.
- › The turnaround for jurisdictions to respond to the OFMAR is 72 hours/3 business days.
- › Please do not use acronyms, take time to spell them out.
- › The HPOC will provide a daily summary to the Receiving Jurisdiction which will summarize the responses received from other Jurisdictions.
- › At the end of the 72 hours/3 business days, HPOC will provide a final summary to the Receiving Jurisdiction.



## Getting Started

Please see the instructions in the sections outlined below to fill out each field on the MAR Form.

- If the request is for healthcare professionals and health assets, please, indicate YES to both questions and complete sections B and C

<b>Select Type of Request(s)*:</b>
Healthcare Professionals being requested? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Healthcare Assets being requested? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

- Indicate/highlight your Jurisdiction from the list below

*E.g.:*

<b>SECTION A: Administration*</b>
<b>Requesting Jurisdiction*:</b> please indicate/highlight your Jurisdiction from the list below
BC, AB, SK, MB, ON, QE, NB, NFLD & LBR, NS, PEI, NU, NWT, YK

### Event Name

- Name the Event if you are the requestor  
*E.g. Ontario Floods*

### Requestor Name

- Provide the requestor's name

### Position

- Provide the requestor's position/title  
*E.g. Health Emergency Management Director (HEMD)*

### Telephone (24/7)

- Provide the requestor's telephone number  
**Note:** Ensure that this is a number where the requestor can easily be reached throughout the Event

### E-mail Address

- Provide the requestor's email address  
**Note:** Ensure that this is an email address where the requestor can easily be reached throughout the Event

### E-mail Address for the RJ's 24/7 Watch Office or Operations Centre

- Provide the email address for the Receiving Jurisdiction's 24/7 Watch Office, Operations Centre, Duty-Officer, or an alternate contact (if available)

**Date and time of Request**

- Indicate the date and time the request will be sent to the HPOC Watch Office

*E.g. 0800h*

**Date and time response expected\***

- Identify a date and time to indicate an ideal date for the healthcare professional(s) and/or health assets to be in the Receiving Jurisdiction

*E.g. 1300h (if known)*

**\*Note:** If you require more than one date/time for the surge capacity to arrive you may list them in a separate field located in Section B

**Description of Current Incident and Needs**

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>

- Provide a brief description of the current incident and needs. Ensure to include the following information (if known):

- The type of Event
- If there is potential for the Event to deteriorate
- A brief description of the type of surge capacity required
- A brief description of why surge capacity is required
- The function/type of services the personnel and/or health assets are required to perform
- The objective(s) you hope to achieve with this surge capacity

**Location and Type of Accommodations**

- Indicate the location and the type of accommodations that will be provided for the personnel (if known)

*E.g. Location: hospital; parking lot; reception center etc.*

*E.g. Accommodations: hotel; military base; university etc.*

**Other relevant information not included above**

- Include any other information related to the request

*E.g. The timeline under '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.*

## SECTION B: Healthcare Professionals

### Healthcare Professionals Being Requested

- Indicate the type of healthcare professionals being requested

**Note:** More than one type of healthcare professional can be requested

**Note:** The list of healthcare professionals can be altered and refined later once more information about the event becomes available

### Number of Personnel Professional

- Indicate the number of healthcare professionals required (if known)

### Start and End date

- Identify a start date to indicate when you anticipate the healthcare professionals will be needed
- Identify an end date to indicate when you anticipate the healthcare professionals will no longer be required

### Duration Needed

- Indicate how long the healthcare professionals will be required (if known)

*E.g. 4-6 weeks*

### Required Certifications

- Indicate all required certifications that must be current for the healthcare professionals (if any)

*E.g. Registered Health Information Technician, CPR training, etc.*

**Note:** PHAC does not coordinate certifications or licensure for healthcare professionals. The authority for P/T licensing of Healthcare Professionals resides within the jurisdiction of employment

### Required Expertise & Experience

- Indicate any required expertise and/or experience the healthcare professionals must currently hold

*E.g. Healthcare professionals must have experience working with underserved populations*

**Note:** You will need to provide a job description and other relevant documents in Word for each requested expertise

### Work Location Building type and Work Environment

- Indicate a work location to indicate where the personnel will be working
- Indicate the work environment where the personnel will be working

### Language

- Identify language requirements for the position

## SECTION C: Healthcare Assets Request

### Enter a Comprehensive List of Healthcare Assets Requested

- Indicate the healthcare assets required for this request

*E.g. Cots, blankets, ventilators, flu vaccine, etc.*

*Ensure to connect with the National Emergency Strategic Stockpile (NESS) first—please connect with us if you have any questions*

### Onsite contact name, position, telephone, and email address

- Provide the name of the onsite contact who will receive the shipment of healthcare assets on the specified date
- Provide the onsite contact's position/title
- Provide the onsite contact's telephone number
- Provide the e-mail address of the onsite contact

### Address for Delivery of Healthcare Assets

- Provide the delivery address for the requested healthcare assets
- Provide the name of the city/town where the healthcare assets are required
- Provide the province where the healthcare assets are required
- Provide the postal code for the delivery address

### Comments

- Provide any other relevant comments

*E.g. Ring the bell when the delivery arrives*

*E.g. Call 123-456-7890 to arrange a delivery time*

## Submitting the MAR Form

- Save the completed MAR Form, and proceed to complete the steps listed below:
  - Ensure the MAR form is fully completed
  - Email the MAR form and other applicable documents, i.e., job descriptions, etc. (WordPerfect version) to the Health Portfolio Operations Center (HPOC) single window for processing: [hpoc-cops@phac-aspc.gc.ca](mailto:hpoc-cops@phac-aspc.gc.ca)
  - **Follow up if you do not** receive an email confirming that the HPOC has received your request