

Mutual Aid Request Form (MAR) for Healthcare Professionals and/or Healthcare Assets

Instructions:

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

Once complete, please submit this form to the Health Portfolio Operations Center single window:

hpoc-cops@phac-aspc.gc.ca

Detailed Instructions:

SECTION A: ADMINISTRATION = Requestor to complete Section A

SECTION B: For HEALTHCARE PROFESSIONALS (HCP) = Requestor to complete Section B

SECTION C: For HEALTHCARE ASSETS (HCA) = Requestor to complete Section C

*= mandatory field

Select Type of Request(s)*:

Healthcare Professionals being requested? Yes: No:

Healthcare Assets being requested? Yes: No:

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

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: Healthcare Professionals			
HCP being requested*		<i>(E.g., Registered Nurse, Environmental Health Officer, Clergy, etc.)</i>	
Availability of HCP			
Number of HCP	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: <i>E.g., Arabic, Spanish, Mandarin, etc.</i>			

If applicable, please complete other types of Healthcare Professionals requirements			
HCP being requested		<i>(E.g., Doctors, Epidemiologists, Biochemists, etc.)</i>	
Availability of the Healthcare Professionals			
Number of HCP	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>			
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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: <i>E.g., Arabic, Spanish, Mandarin, etc.</i>			

SECTION C: Healthcare Assets Request				
Enter a comprehensive list of Healthcare 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>				

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