# Operational Plan for Moving
# Emergency Medical Services Staff and Resources
# Across the Washington and British Columbia Border

**I. Authority**: This operational plan is developed in accordance with:

- The State of Washington and Province of British Columbia *Memorandum of Understanding With Respect To A Collaborative Approach To Use Of Available Health Service Resources To Prepare For, Respond To And Recover From Public Health Emergencies*[1] *Between the Parties* dated June 20, 2006;

- The *Pacific Northwest Emergency Management Arrangement* (PNEMA) and Annex B dated April 1996; and

- The *PNEMA Operations Manual and Standard Operating Procedures*, dated March 2008

**II. Purpose:** The purpose of this plan is to establish a process for the timely and efficient movement and use of Emergency Medical Services (EMS) staff and resources across the Washington and British Columbia border in the following situations:

- declared emergency following a catastrophic event or
- a localized Mass Casualty Incident (MCI) that overwhelms the EMS capacity of a border jurisdiction.

**III. Activation** Authority to activate this plan is discretionary and lies with different entities depending on the nature of the event.

A. <u>Washington State</u>

- In the event of a declared statewide emergency or disaster, the Washington State Emergency Management Division has authority to activate the Pacific Northwest Emergency Management Agreement (PNEMA). The Washington State emergency operations center (EOC) has the authority, in conjunction with the Washington State Department of Health, to implement the provisions of the PNEMA applicable to the cross border movement of EMS resources. Washington State Department of Health will make a request for assistance through the state EOC. Local jurisdictions in Washington will make

a request for cross border assistance through their local EOC, or its equivalent, to the state EOC.

- In the event of a localized MCI, authority to activate the applicable provisions of this plan rests with the jurisdiction in which the event occurs. Each entity's emergency response plan identifies positions or individuals that have authority to activate the plan.

B. Province of British Columbia

- In the event of a declared provincial emergency, the Provincial Emergency Program (PEP) has the authority to activate the PNEMA. In British Columbia the Chief Operating Officer (COO) of the British Columbia Ambulance Service (BCAS) may request cross border assistance through the PEP Provincial Emergency Coordination Centre (PECC). The COO of BCAS, or designate, will implement the provisions of the PNEMA applicable to the cross border movement of EMS resources.

- In the event of a localized MCI, authority to both activate and implement the applicable provisions of this plan rests with the BCAS Region in which the event occurs.

## IV. Concept of Operations:

A. General: The provisions of this plan, as detailed in Appendices A and B, will be implemented in the following situations requiring the cross border movement of EMS staff and resources:

- activation of the PNEMA in response to a state or provincial emergency declaration (Appendix A) or;
- response to a localized MCI in a border jurisdiction (Appendix B.)

B. Format: Requests may be verbal or written. When initiated under the provisions of the PNEMA, the requesting jurisdiction will confirm verbal requests in writing within 15 calendar days of the verbal request. Written requests will use the PNEMA Interstate/Province Mutual Aid Request Form REQ-A, 2008.

Consistent with PNEMA Operations Manual, requests should include the following information:

1. Description of services needed (mission)
2. Number and type of Emergency Medical Services professionals (using pre-identified resource typing designations whenever practical)
3. Estimated length of time needed
4. Specific time and place for staging area (staging location) and contact person
5. Location of service delivery

6. Specific information must be provided in written form (see Licensure and Credentialing issues sections of this plan)
7. Any language requirements for labels and/or instructions
8. Any medical resource needs

C. Staging and Deployment:

1. Requesting jurisdiction will provide information on staging locations to the jurisdiction providing personnel and/or resources. Personnel will report to the identified staging location(s) for deployment to duty stations (refer to Appendices A and B).
2. Staging areas will be operated by the jurisdiction requesting assistance. Personnel will not be deployed from a staging area until they have been briefed by the requesting jurisdiction on administrative requirements (travel, communications, and length of deployment) and have necessary protective equipment and vaccinations.
3. The requesting jurisdiction will register personnel sent by the responding jurisdiction as emergency workers before they are deployed from the staging area.

D. Field Support: The responding jurisdiction will recruit appropriate personnel and arrange and provide for their travel to staging locations. The requesting jurisdiction will provide support such as food, lodging and transportation, and return travel and travel arrangements for personnel. Once deployed to a duty station, day-to-day support to personnel will be provided by the duty station operation command.

E. Demobilization: Demobilization procedures will be contained in deployment information provided to personnel by the responding jurisdiction. The responding jurisdiction will provide the information in a demobilization packet to personnel. Return travel will be arranged by the requesting jurisdiction.

F. Contact information and Processing Procedures: The Signatories will keep current and exchange contact information for their respective border services agencies. They will share the relevant procedures for processing emergency medical services personnel and resources at the border.

## V. Legal and Administrative

A. Liability Protection: In order to receive personal and professional liability protection, personnel must be registered as emergency workers by the requesting jurisdiction.

B. Workforce Identification and Training:

1. Each of the signatories is responsible for maintaining an inventory of emergency medical service assets deployable under this plan.
2. Personnel identified under an approved resource typing scheme must meet all the licensing requirements for that type of asset.
3. Except as may otherwise be determined to be necessary, the signatories will not form pre-designated teams of personnel; rather, teams will be formed ad hoc at the time a need for a specific type of team is identified, or thought to be imminent. Accordingly, team training prior to an event will not be possible.

C. Personal Protective Equipment (PPE) and Vaccination:
1. The requesting jurisdiction will ensure that personnel have adequate personal protective equipment and vaccination(s) prior to leaving a staging area.
2. The requesting jurisdiction will determine the minimum level of protection required by personnel in terms of PPE and vaccinations.

D. Licensure: When a person who holds an active and unencumbered license to practice as an emergency medical services provider in a responding jurisdiction is deployed to a requesting jurisdiction, that person will be deemed to be licensed to practice as an emergency medical services provider in the requesting jurisdiction, to the extent allowed by the requesting jurisdiction's law. The person is subject to any limitations and conditions imposed by the requesting jurisdiction. Washington law waives licensing requirements in a declared emergency. In a declared emergency in British Columbia, the minister responsible for the Emergency Program Act, RSBC 1996, c. 111, may authorize any person to render assistance of a type the person is qualified to provide.

E. Credentialing: The requesting jurisdiction is responsible for providing a description of the personnel and resources it is requesting. Requests must clearly define the scope of practice and any particular skills needed by personnel in order to fulfill the request. The ultimate responsibility for credential verification resides with the requesting jurisdiction.

F. Reimbursement: Reimbursement of the responding jurisdiction for wages, use of assets, materials and supplies will be according to PNEMA and the policies of the signatories. In the event of a conflict, PNEMA provisions will prevail.

G. Border Crossing (Refer to Appendix C)

1. As part of the Western Hemisphere Travel Initiative (WHTI), beginning January 23, 2007, all persons, including U.S. citizens traveling by air between the United States and Canada, will be required to present a valid passport, Air NEXUS card, or U.S. Coast Guard Merchant Mariner Document.

2. As early as January 1, 2008, all persons including U.S. citizens traveling between the U.S. and Canada by land or sea (including ferries), may be required to present a valid passport or other documents as determined by the United States Department of Homeland Security or Citizenship and Immigration Canada.

3. The Department of Homeland Security has granted the State of Washington permission to develop, as a pilot project, an enhanced driver's license (or personal identification card) that will allow the holder to cross the border without the other documents specified above.

4. Residents of British Columbia may also cross the border with an enhanced driver's license or personal identification card.

Signed in Vancouver, BC, this 27th day of May, 2009

Department of Health
State of Washington

Ministry of Health Services
Province of British Columbia

# Appendix A
# Request for Emergency Medical Services Staff and Resources
# Cross Border
# Emergency and Disaster Process Checklist
### April 28, 2009

| **Emergency and Disaster Process**<br>**(Long term is more than 24hr action)** | **Comments/Date** | **Yes** | **No** |
|---|---|---|---|
| **Disaster Happens** | | | |
| Identified need for cross border assistance | Identify state, province, or territory resources are or will become overwhelmed | | |
| Pre-notification to Authorized Point of Contact at Health Department | State, province, or territory gives advanced notice of situation, e.g. a pandemic influenza or man made or natural disaster and pending needs | | |
| Authority to respond is received by state emergency operations center (EOC) or provincial emergency program (PEP) for disaster*. | Disaster declaration | | |
| Request made to responding state, province, or territory recognized government authority<br>Sent or received verbal request. Confirm in writing within 15 calendar days. | Critical information received<br>• Description of services needed<br>• Numbers of medical personnel requested<br>• Type of medical personnel requested<br>• Estimated duration<br>• Staging locations<br>• Location of service delivery<br>• Incident Commander<br>• Nature of disaster<br>• Number of patients (injured and ill persons either requiring or receiving medical care) involved<br>• Contact information<br>• Specimens, illness, Injuries, organs, etc.<br>• Any language requirements for | | |

| **Emergency and Disaster Process**<br>**(Long term is more than 24hr action)** | | **Comments/Date** | **Yes** | **No** |
|---|---|---|---|---|
| | | labels and/or instructions<br>• Any medical resource needs Pile needs<br>• Other | | |
| Disaster information transferred to all agencies per plans | | ***Examples***<br>EOC/PEP alerted<br>Customs (U.S. and Canada) contact list is available.<br><br>The United States Food and Drug Administration (FDA) Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240 | | |
| Available responding EMS providers identified and alerted. Examples include the following EMS providers | Responding Numbers | EMS providers per request and availability. | | |
| Basic Life Support (BLS) | | | | |
| Intermediate Life Support (ILS) | | | | |
| Advance Life Support (ALS) | | | | |
| Resource Definition Type | | When appropriate, use Resource Type for definitions of medical personnel and equipment. Typing information available at:<br>*http://www.fema.gov/pdf/emergency/nims/508-5_health_medical_resources.pdf*<br>*http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf*<br>*http://www.fema.gov/emergency/nims/faq/rm.shtm#0* | | |

| **Emergency and Disaster Process**<br>**(Long term is more than 24hr action)** | **Comments/Date** | **Yes** | **No** |
|---|---|---|---|
| Respond as directed by EOC, Public Health, and/or Hospital Response Plans | Per response local plans and agreements | | |
| Recover/Demobilize | Scale down per the incident command system (ICS), emergency response plans, and/or agreements | | |
| Mitigate | Per ICS, emergency response plans, and/or agreements | | |

* RCW 38.52.010(6)(a) “Emergency or disaster” as used in all sections of this chapter except RCW 38.52.430 shall mean an event or set of circumstances which: (i) Demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences, or (ii) reaches such a dimension or degree of destructiveness as to warrant the governor declaring a state of emergency pursuant to RCW 43.06.010.

## Appendix B
## Request for Emergency Medical Services Staff and Resources Cross Border Mass Casualty Incident (MCI) Process Checklist

- MCI definition in Glossary.

| **MCI Process**<br>**(Short duration is 24 hours or less)** | **Comments/Date** | **Yes** | **No** |
|---|---|---|---|
| MCI Happens | | | |
| Identified as MCI | Multi car, factory explosion, illness, etc. many injured or sick | | |
| Identified need for cross border assistance | Regional/local resources are or will be overwhelmed or out-of reach to respond | | |
| Pre-notification sent to Authorized Point of Contact | On-scene Incident Commander (IC) gives advanced notice of situation, e.g. a pandemic influenza or human caused or natural disaster and pending needs | | |
| Authority to respond received from regional/local authority for MCI per plans and agreements. (each entity must identify positions or individuals that have authority to authorize a response) | Incident commander requests regional/local cross border assistance | | |
| Request for assistance (each entity must identify positions or individuals that have authority to request a response)<br><br>Sent or received verbal request. Written confirmation within 15 calendar days of verbal request. | Critical information received<br>• Description of services needed<br>• Numbers of medical personnel requested<br>• Type of medical personnel requested<br>• Estimated duration<br>• Staging locations<br>• Location of service delivery | | |

<table>
<tr><th><u>MCI Process</u><br>(Short duration is 24 hours or less)</th><th><u>Comments/Date</u></th><th><u>Yes</u></th><th><u>No</u></th></tr>
<tr><td></td><td>• Incident Commander<br>• Nature of MCI<br>• Number of patients (injured and ill persons either requiring or receiving medical care) involved<br>• Contact information<br>• Specimens, illness, injuries, organs<br>• Other</td><td></td><td></td></tr>
<tr><td>Information Transferred<br>• Cross border and local authorities alerted<br>• Local entities per plans and agreements alerted<br>• Customs (U.S. and Canada) provided information contact list is available.<br>• The FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240</td><td><u>Example</u><br>• Multi-vehicle incident<br>• Illness, injuries, or specimens<br>• Numbers involved<br>• Numbers of and type of medical personnel requested<br>• Estimated duration</td><td></td><td></td></tr>
<tr><td>Available <u>responding</u> EMS providers identified and alerted. Examples include the following EMS providers<br>Basic Life Support (BLS)<br>Intermediate Life Support (ILS)<br>Advance Life Support (ALS)</td><td>Responding Numbers</td><td>EMS providers per request and availability.</td><td></td><td></td></tr>
<tr><td>Resource Definition Type</td><td>When appropriate, use Resource Type for definitions of medical personnel and equipment.</td><td></td><td></td></tr>
</table>

| **MCI Process**<br>**(Short duration is 24 hours or less)** | **Comments/Date** | **Yes** | **No** |
|---|---|---|---|
| | Typing information available at:<br>*http://www.fema.gov/pdf/emergency/nims/508-5_health_medical_resources.pdf*<br>*http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf*<br>*http://www.fema.gov/emergency/nims/faq/rm.shtm#0* | | |
| Recover /Demobilize | Scale down per emergency response plans and agreements | | |
| Mitigate | Per emergency response plans and agreements | | |

# Appendix C
# Emergency Medical Services Staff and Resources
# Cross Border Movement
# Process Checklist

**NOTE: This checklist is designed with the understanding an approval to move was authorized.**

| Process | Comments/Date | Yes | No |
|---|---|---|---|
| Request for assistance was received and approved. | Per designated authority and response plans. | | |
| Responding entities give a preliminary notification to border security point of contact (POC). Via fax to border POCs. (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need) | Washington State EOC 24/7 #1-800-258-5990<br><br>The FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240 | | |
| Account for all responding EMS personnel. | Use Incident Command System (ICS) process and forms when available. | | |
| Secure transportation for EMS providers, equipment, and supplies movement (each entity must identify plans, agreements or individuals that have responsibility and authority to meet this need) | Per defined transport needs. (Resource and Typing Definitions are found in the glossary and the attached web sites.)<br><br>http://www.fema.gov/pdf/emergency/nims/508-5_health_medical_resources.pdf<br><br>http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf | | |

| | | | |
|---|---|---|---|
| Follow Canada Border Services Agency (CBSA) "Procedures for Processing Emergency Support Personnel CBSA - Pacific Region" (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need)<br><br>Following information should be provided:<br>• Nature of emergency and priority of response<br>• Starting point and destination of emergency vehicles and equipment<br>• Nature of the transport process and information regarding the number of vehicles, equipment and personnel to be expected<br><br>Estimated time of arrival at the port of entry<br><br>All personnel are required to carry identification that establishes their identity, citizenship and place of residence. | CBSA<br>• Advance notification should be provided to the port of entry where clearance will take place as this will allow the CBSA representative to provide direction regarding the appropriate place of entry. In some cases this may include the NEXUS lane at certain ports of entry. Personnel must stop at the booth they have been directed to use and must provide identification and be subject to normal inspection requirements.<br>• Drivers of vehicles transporting supplies or equipment and personnel should adhere to the following:<br>  • Carry 2 copies of the supply/equipment list including serial numbers or other uniquely identifiable markings;<br>  • Present the list to CBSA for clearance approval upon entry;<br>  • Report to a CBSA office prior to leaving Canada so that the temporary admission documents can be cancelled if completed on entry | | |
| Follow USCBP instructions for best crossing locations and routes (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need)<br><br>Following information should be provided:<br>• Name | USCBP<br>The processes are essentially the same as above.<br>• Notify the port of entry closest to the emergency as soon as possible with information of persons who will be seeking entry into the U.S. and nature of the emergency and final destination.<br>• Port personnel will be awaiting arrival of the emergency vehicles and will conduct their inspections accordingly.<br>• Proof of identity/citizenship is required as outlined in Western Hemisphere Travel Initiative (WHTI in glossary) to seek entry into the U.S. (waivers of documents are available on a case | | |

| | | | |
|---|---|---|---|
| • Date of Birth<br>• Driver's license, Passport # if available<br>• Arrest history if available<br>Contact the FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240 | by case basis).<br>• There is no blanket exemption for these occurrences for exempting the inspection of pilots, crew and passengers on board an air ambulance responding to or from an emergency in a foreign country, and seeking entry into the United Sates. | | |
| Rendezvous with requesting officials at identified locations | Per Incident Commander (IC) request instructions and agreements | | |
| Accounted for EMS personnel at the predetermined location or staging area. | Contact IC and use ICS forms when available. | | |
| Recover /Demobilize | *Scale down* per emergency response plans and agreements | | |
| Assemble all reports and documents | Per ICS, emergency response plans and agreements | | |
| Mitigate | Per emergency response plans and agreements | | |

## Appendix D

### GLOSSARY/ACRONYM OF KEY TERMS

The following terms and definitions apply:

**All Hazards:** Any incident caused by terrorism, natural disasters, or any chemical, biological, radiological, nuclear, or explosive (CBRNE) accident. Such incidents require a multi-jurisdictional and multi-functional response and recovery effort.

**Emergency or Disaster:** "An event or set of circumstances which: (i) Demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences, or (ii) reaches such a dimension or degree of destructiveness as to warrant… declaring a state of emergency…."RCW 38.52.010(6)(a)

**Emergency Medical Services Personnel**

Basic Life Support

- Emergency Medical Technicians
- First responders (an EMS level of care)

Intermediate Life Support

- IV Therapy Technician
- Airway Technician
- IV-Airway Technician
- Intermediate Life Support Technician
- Intermediate Life Support with Airway Technician

Advanced Life Support

- Paramedic (advanced Life support)

**Emergency Operations Center (EOC):**

- The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof.

**Incident Commander (IC):** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

**Incident Command System (ICS)** The nationally-used, standardized on-scene emergency management concept specifically designed to allow users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries.

**Licensure** Licensure includes all levels of credentialing by a regulatory authority. Levels include: registration, certification and licensure.

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|---|---|
| **Mass Casualty Incident (MCI)** | A mass casualty incident is defined as an event which generates more patients (injured and ill persons either requiring or receiving medical care) at one time than locally available resources can manage using routine procedures. It requires exceptional emergency arrangements and additional or extraordinary assistance. Found on (page 35) of http://www.who.int/hac/techguidance/tools/mcm_guidelines_en.pdf |
| **Mitigation:** | The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury. |
| **Mutual Aid Agreements (MAA)** | Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner. (2004 NIMS Guidance Glossary) |
| **Processes:** | Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination. |
| **Provincial Emergency Program (PEP)** | Maintains effective awareness, preparedness, response and recovery programs to reduce the human and financial costs of actual or imminent emergencies and disasters. |
| **Qualification and Certification:** | This subsystem provides recommended qualification and certification standards for emergency responder and incident management personnel. It also allows the development of minimum standards for resources expected to have an interstate application. Standards typically include training, currency, experience, and physical and medical fitness. |
| **Recovery:** | The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents. |
| **Resources:** | Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC. |
| **Resource Typing:** | Resource typing is the categorization of resources that are commonly exchanged through mutual aid during disasters. Resource typing definitions help define |

resource capabilities for ease of ordering and mobilization during a disaster. For additional information please visit http://www.fema.gov/emergency/nims/rm/rt.shtm.

**Resource Typing Standard:** Categorization and description of response resources that are commonly exchanged in disasters through mutual aid agreements. The FEMA/NIMS Integration Center Resource typing definitions provide emergency responders with the information and terminology they need to request and receive the appropriate resources during an emergency or disaster.

**Response:** Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. For additional information please see the NRP, page 72 or the NIMS document, page 136.

**Western Hemisphere Travel Initiative (WHTI)** A DHS and Dept of State have announced that effective 1/31/2008, all US and Canadian citizens 19 years and older who enter the US at land and Sea Ports of Entry from within the Western hemisphere will need to present either a government issue photo ID, along with proof of citizenship, or a valid passport or acceptable document for WHTI. Children ages 18 and under will be able to present a birth certificate. Verbal claims of citizenship alone will no longer be sufficient to establish citizenship for entry into the U.S.