Resource
Functional Annex

PURPOSE: This annex to the DC Emergency Healthcare Coalition (DCEHC) EOP provides guidance to HCRT personnel supporting an incident in which resources are requested by or shared among healthcare organizations in the District of Columbia.

Other attachments or annexes to the DCEHC EOP may be utilized in conjunction with this
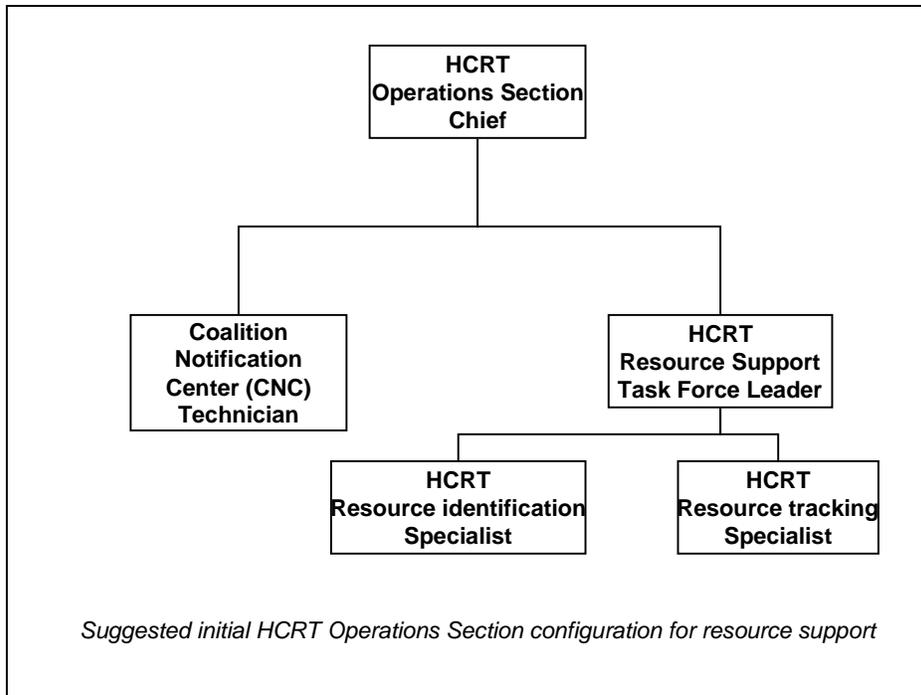
- **Situation and Assumptions**

- In emergencies and disasters, healthcare organizations may require additional resources beyond their usual acquisition methods to maintain important healthcare operations and/or to meet the needs of an unusual surge in patient volume.

- Resources that healthcare organizations could need to supplement, replace or primarily establish during emergencies or disasters are categorized as:

    o Facilities (this category includes patient beds for patient transfer purposes)

    o Personnel

    o Equipment and supplies (this category includes transportation assets)

- The DC EHC Mutual Aid and Cooperative Assistance Memorandum of Understanding memorializes the established relationship between signatory healthcare organizations for sharing resources during emergencies or disasters.

- The HCRT can *facilitate* the resource sharing process by promulgating requests for assistance, identifying potentially available resources needed by a member healthcare organization, and supporting the direct agreement between assisting and supported organizations during response to an emergency or disaster.

- Individual healthcare organizations are expected to utilize their primary vendor suppliers and other regular means of acquiring resources before requesting assistance through the Coalition.

- Special memoranda that individual member healthcare organizations have in place with other organizations are not impacted by their participation in Coalition activities.

- Member healthcare organizations requesting assistance during emergencies (supported organizations) are responsible for:

    o Activating their organization's EOP prior to contacting the Coalition

- o Ensuring the request is approved by their appropriate level administrator with authority prior to submitting the request

- o Directly engaging the organization offering assistance, once identified, to clarify resources offered and formally accept those resources.

- o Reimbursing the assisting organization for assisting expenses as delineated in the MOU and directly agreed upon when offer is accepted.

- The HCRT may identify available resources in other DC EHC healthcare organizations, from the jurisdiction, or from other entities through the jurisdictional mechanisms.

- Neither the HCRT nor the Healthcare Coalition Emergency Management Program is responsible for conflict resolution between supported and assisting organizations. Procedures for this are outlined in the DC EHC MOU.

- **System Description**

- The projected activities that the HCRT could conduct in supporting the resource needs of an individual or multiple healthcare organizations includes:

  - o Provide initial and on-going notifications regarding the need for resources

  - o Collect and forward information about available resources at member healthcare organizations

  - o Collect and forward information about available resources through jurisdictional agencies

  - o Collect and forward information about available resources in neighboring Coalitions (through activities conducted in conjunction with DC DOH)

  - o Facilitate communications between requesting ("supported") and donor ("assisting") organizations

  - o Facilitate coordination with jurisdictional response efforts as indicated

  - o Facilitate tracking of resources if requested by involved member organizations

  - o Furnish guidance and documentation forms (e.g. reimbursement forms) to facilitate the mutual aid and cooperative assistance process.

  - o Coordinate/facilitate teleconferencing as required.

  - o Provide other support as requested by DC EHC member organizations.

- HCRT staffing pre-plan for supporting resource needs of member healthcare organizations:

o The staffing of the HCRT positions will be determined by the HCRT Leader at the time of activation. The initial configuration will be based upon known and projected incident parameters and the initial response objectives of the HCRT.

o The HCRT organization chart with potential positions in the Operations Section that may be staffed via this annex is below.

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              ┌──────────────────┐
              │       HCRT       │
              │ Operations Section│
              │      Chief        │
              └──────────────────┘
                       │
          ┌────────────┴─────────────┐
          │                          │
┌──────────────────┐      ┌──────────────────┐
│    Coalition     │      │       HCRT       │
│   Notification   │      │ Resource Support │
│ Center (CNC)     │      │ Task Force Leader│
│   Technician     │      └──────────────────┘
└──────────────────┘          │
                    ┌─────────┴──────────┐
                    │                    │
          ┌──────────────────┐ ┌──────────────────┐
          │       HCRT       │ │       HCRT       │
          │Resource identification│ │ Resource tracking│
          │    Specialist    │ │    Specialist    │
          └──────────────────┘ └──────────────────┘
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Suggested initial HCRT Operations Section configuration for resource support

- The HCRT Resource Support Task Force could address multiple activities depending upon requests to the coalition (see above listed activities). The two most likely activities could be addressed with two specialist positions (or "teams" in a large or complex incident when many more personnel are needed)

  o Resource Identification Specialist: This position facilitates the accurate description of the resource needs at the supported (requesting) organization and the identification of available resources from individual assisting healthcare organizations. The position then facilitates the direct interface between the supported and the assisting organizations.

  o Resource Tracking Specialist: This position supports tracking of assisting resources during the period of deployment to supported organizations.

- The HCRT Leader and Operations Section Chief facilitate the integration with jurisdictional resources as per the EOP Base Plan.

- **Concept of Operations**

<u>Incident recognition</u>

- The threatened or impacted healthcare organization that determines a need for resources conducts the following initial actions:

  o Activate its individual EOP and confirm the current or projected resource insufficiency

  o Attempt to obtain resources through its normal and contingency methods (such as special agreements with other facilities within its parent organization).

  o Notify the appropriate jurisdictional agency that it requires external resources (this is typically DC FEMS, DC DOH, or DC HSEMA).

  o Notify the CNC at 877-323-4262. The CNC will contact the Duty Officer to determine the need to activate the HCRT. Once this is done, notifications will be sent out as per the Base Plan.

  o NOTE: If the resource need is identified during an incident in which the HCRT is activated, the organizational liaison from the healthcare organization may directly contact the HCRT Operations Section.

- If assistance is being requested, the initial information regarding the request may be conveyed verbally to the appropriate jurisdictional agency and/or the CNC (as appropriate). This initial request should include (utilize <mark>attachment 1</mark> as appropriate):[1]

  o Incident type and very brief description

  o Type of resource requested. Since no universally accepted resource typing in healthcare is currently available, a simple but detailed description should accompany the initial request

  o Urgency for receiving the requested resources
    - Emergent (minutes)
    - Urgent (hours)
    - Semi-urgent (days)

  o Assistance required for transporting the resource to the supported facility(as appropriate)

  o Location of resource need

  o Other immediate needs

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[1] Incident specific forms are available for evacuation of a facility. Please see the Residential Healthcare Facility Evacuation Incident Specific Annex to the DC EHC EOP.

- o POC for requesting organization

- o NOTE: If resource needs occur across multiple healthcare organizations, the HCRT may elect to conduct a resource teleconference to rapidly collect the above information.

HCRT initial notification/activation

- The on call Duty Officer contacts the Point of Contact at the affected organization for brief situation update after being contacted by the CNC.

- HAN message sent to all Duty Officers regarding immediate planning teleconference (done by on call Duty Officer or requested through CNC).

HCRT incident operations

- Depending on the resources requested, the HCRT can (see <mark>HCRT Operational Checklist – Resource Facilitation, attachment 2</mark>):

  - o Provide an initial notification regarding the resource need at an individual or multiple organizations.
    - Notification over HMARs and HIS to other healthcare organizations in DC
    - Notification to the appropriate jurisdictional agency if they have not already been notified by the requesting organization(s) – typically DC FEMS, DCDOH, or DC HSEMA.
    - Notifications to neighboring Coalitions (in conjunction with DC DOH)
  - o Collect information on available resources from other healthcare organizations. A range of methods can be used to accomplish this – the HCRT Leader determines the appropriate method:
    - Verbally via teleconference (e.g. to determine a single resource availability and for emergent situations)
    - Via HIS
    - Via FAX
    - Via Mobile devices (e.g. Text)
  - o Collect information on available resources from jurisdiction through direct contact with appropriate jurisdictional agency or a neighboring Coalition (note: contact with a neighboring Coalition is coordinated with DC DOH – inform an appropriate DOH representative that assistance is being sought from another jurisdiction and request a representative to participate in the communications).
  - o Collected information on available resources should be posted to HIS or sent directly to the requesting facility(s).
  - o To facilitate contact between assisting and supported organizations, the HCRT may provide contact information at assisting organizations or hold a Resource Teleconference (<mark>template agenda also serves as an attachment to the DC EHC Base Plan, attachment 3</mark>).
  - o Once the supported organization(s) has identified resources that it may utilize from a healthcare organization, DCEHC Mutual Aid Form 2 <mark>(attachment 4</mark>)

should be filled out by appropriate parties (the assisting organization and the supported organization).

- o If requested by the supported organization(s), the HCRT may provide tracking of resources utilizing DCEHC Mutual Aid Form 3 (attachment 5).

HCRT demobilization and transition to recovery

- Ensures that assisting facilities document required information for cost recovery utilizing DCEHC Mutual Aid Form 4 (attachment 6).
- DCEHC does not participate in conflict resolution between supported and assisting organizations post-incident. Instead, the process outlined in the DCEHC MOU should be utilized.

Attachment 1: Initial requests

Supported (Requesting) Facility: Initial information	DCEHC Mutual Aid & Other Assistance Request Form 1 PAGE 1 of 1 (4 7 10)
	Supported Facility
This form is used to document initial and follow on information regarding needs of a supported healthcare organization. Its intended use is by the supported organization but may also be utilized by the HCRT if facilitating the process.	**HCRT Operations Chief**

1. ORGANIZATION MAKING REQUEST (SUPPORTED ORGANIZATION):	2. DATE OF REQUEST:	

3. SUPPORTED ORGANIZATION POINT OF CONTACT (POC):	4. POC INFORMATION	
	TELEPHONE	
	CELL PHONE	
	FAX	
	EMAIL	

INITIAL/IMMEDIATE INFORMATION TO CONVEY TO CITY AND COALITION

5. INCIDENT TYPE & BRIEF DESCRIPTION

6. TYPE AND NUMBER OF RESOURCE(S)/SUPPORT BEING REQUESTED (attach additional pages as needed)

7. Response to request for support desired by: _____(date/time)

8. URGENCY OF REQUEST
☐ **EMERGENT (MINUTES)**
☐ **URGENT (HOURS)**
☐ **SEMI-URGENT (DAYS)**

9. ASSISTANCE REQUIRED TRANSPORTING RESOURCE (AS APPROPRIATE)

10. LOCATION OF RESOURCE NEED (map attached: ☐ yes ☐ no)

11. AUTHORIZED REPRESENTATIVE FROM SUPPORTED ORGANIZATION: NAME: POSITION:	SIGNATURE:

DCEHC Mutual Aid 1

GUIDELINES FOR COMPLETING
SUPPORTED (REQUESTING) FACILITY: INITIAL INFORMATION
(DC EHC MUTUAL AID Form 1)

- *Section 1: List the name of the organization making request..*
- *Section 2: List date of the request.*
- *Section 3: Document POC for supported organization. This individual should be capable of receiving calls/information from the jurisdiction, HCRT, or assisting facilities.*
- *Section 4: List methods for contacting the POC of the supported organization.*
- *Section 5: Briefly describe the hazard impact that is necessitating the resource request.*
- *Section 6: List resources being requested and numbers. Utilize plain English to describe the resources. It is understood that initial requests may not be exact.*
- *Section 7: List the date/time by which the supported organization is requesting an answer as to whether support can be provided or not.*
- *Section 8: Check the appropriate box describing the time urgency for the requested resources.*
- *Section 9: Describe any anticipated assistance needed in transporting the resource to the supported organization.*
- *Section 10: List the location where the resource is needed. If possible, be specific about exact locations, including the reporting-in site, within your organization.*
- *Section 11: Document name and position of authorized individual approving the request. Their signature should be provided as well.*

Attachment 2: HCRT Operational Checklist – Resource Facilitation

- o After receiving initial notification, contact facility POC to request clarifying information. Utilize HCRT 201 to document relevant information.
- o Initiate HCRT transitional management meeting by contacting available duty officers through HAN.
- o Utilize transitional management meeting to:
    - o Establish HCRT Leader
    - o Establish HCRT response objectives
    - o Establish need for Resource Identification and Resource Tracking Specialist positions
    - o Document HCRT 207 (post on HIS)
- o If not already done, initiate ALERT over HIS to member organizations providing incident status and directions for documenting available resources
- o Ensure appropriate jurisdictional agencies have been notified of incident (typically DCFEMS, DCDOH, or DCHSEMA)
- o Ensure neighboring Coalitions (as appropriate) have been notified of incident (done in conjunction with DOH)
- o Collect information on offered resources
    - o Member organizations: consider use of resource teleconference if request complex or request relates to resources at organizations without HIS access (e.g. nursing homes)
    - o Jurisdiction: post availability on HIS
    - o Neighboring Coalitions: post availability on HIS
- o Provide appropriate documentation to supported and assisting organizations to complete offers of assistance
- o Assist supported organization(s) with contact with assisting organizations (as necessary)
- o Provide assistance with resource tracking as requested.

Resource Meeting/Teleconference Checklist & Agenda Template[2]

> This tool provides guidance to the DC Emergency Healthcare Coalition personnel for tasks specific to the HCRT. Other attachments to the DCEHC EOP may be utilized in conjunction with this document. As with any component of the DCEHC EOP, this tool is intended to provide guidance only and does not substitute for the experience of the personnel responsible for making decisions at the time of the incident.

Purpose: To guide standardize and efficient Resource meetings and related activities, which provide opportunity for Coalition members to address and resolve resource sharing issues, including mutual aid, cooperative assistance, outside resource allocation.

Incident Resource Meetings
1. Schedule meeting
2. Disseminate meeting time (beginning and end times) and location, or registration and joining meeting information if via teleconference
3. Provide Resource Meeting agenda (see attached template)
4. Designate an Operations Section position to facilitate and a Planning Section position prepared to document meeting findings, using the meeting agenda to organize it.
5. Begin and end meeting on time
6. Introduction (facilitator): "This is the DC Healthcare Coalition Incident Resource Meeting. The meeting will be completed by [time - usually 15-30 min max]. This meeting is designed to facilitate resource requests and assistance, and define action planning to meet the resource needs of responding healthcare organizations. The meeting is facilitated. Please speak only when requested during the meeting briefings. Per the agenda, sections of the meeting are open for discussion and clarification. Summarize meeting rules:
   - Please keep telephones on mute; do not put the conference on "hold" since this could introduce music into the call
   - Important additional information can be submitted to the _____[HCRT position] at _____
7. Brief summary of incident resource requests to date; and summary of active and resolved resource assistance requests – from Meeting Facilitator (designated by HCRT response position)
8. Briefing from primary requesting organizations if relevant
9. Clarification of requests if indicated (using template – attached); any Task Force (TF) representatives
10. Indicated problem-solving discussion
11. Resource Status Summary using resource status report template – Facilitator, Ops or Planning Section Chief
12. Resource TF Action Plan:
    a. Anticipated mutual aid actions (document the requesting and responding organizations for each type of request)

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[2] Adopted from EP &P

      b. Potential further mutual aid assistance for each type of request (document potential needs such as transportation, expert advice, etc) to support the mutual aid actions in (a.); develop & disseminate a request for this assistance

      c. Actions determined if mutual aid assistance is not available (aggregated requests to the jurisdiction, to other coalitions, to outside vendors, SPG Meeting, etc.)

      d. Status of resource requests to jurisdictional or other outside agencies/organizations

      e. Other actions

      f. Next Resource Meeting

13. Resource Meeting Conclusion

Resource Meeting/Teleconference
AGENDA
[Date & Time & Location for meeting]

I. Meeting Purpose: The purpose of the Resource Meeting is to develop and provide a current and balanced resource request and assistance status for participating healthcare organizations, and to develop action plans for ongoing or anticipated resource assistance. To accomplish this goal under incident conditions, the meeting is tightly facilitated and follows an agenda. The meetings start and end on time. Please speak only when requested except during the discussion sessions. If you have additional information or an issue with current information, please address that via email or voice mail to the designated Planning HCRT Section position.

II. Registering for the call: Contact _____and provide your name, others on the call from your end, and the telephone number you are calling from (do not use a restricted or blocked Caller ID telephone). Please be available at this number to answer a return call.

III. Introduction

IV. Initial Incident Resource Summary [complete if known]

V. Resource request briefings: [list if known]

VI. Resource assistance briefings: [list if known]

VII. Clarification & problem-solving

VIII. Development of Current Incident Resource Summary and Action Plans[3]
   a. Anticipated mutual aid actions (document the requesting and responding organizations for each type of request)
   b. Potential further mutual aid assistance for each type of request (document potential needs such as transportation, expert advice, etc) to support the mutual aid actions in (a.); develop & disseminate a request for this assistance
   c. Actions determined if mutual aid assistance is not available (aggregated requests to the jurisdiction, to other coalitions, to outside vendors, SPG Meeting, etc.)
   d. Status of resource requests to jurisdictional or other outside agencies and organizations
   e. Other actions: Reporting requirements or requests (timing, format & report destination)
   f. Next Resource Meeting or resource reporting

IX. Conclusion

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[3] Resource Reporting Template on next page

Attachment 4: Mutual Aid & Other Assistance Offer Form

PART I: TO BE COMPLETED BY THE ASSISTING HEALTHCARE ORGANIZATIONS	DCEHC Mutual Aid & Other Assistance OFFER Form 2 PAGE 1 of 2 (7 13 09)
This form is used to document initial and follow on information regarding offers of assistance to a supported healthcare organization (Part I), and approval from the supported organization (Part II). Its intended use is by the assisting organization facility but may also be utilized by the HCRT if facilitating the process.	**Assisting Organization**
	Supported Organization

DC Emergency Healthcare Coalition **MUTUAL AID & OTHER ASSISTANCE OFFER FORM** DC EHC Mutual Aid Form 2, July 1 09	ASSISTING ORGANIZATION:
	INCIDENT:

a. Point of Contact: **b**. Telephone ( ) _____ - _____.   **c**. Fax ( ) _____ - _____.

d. Resource Kind and Resource Type Available (**indicate number of each resource available**):

Personnel:

Equipment/Supplies (to include pharmaceuticals and transportation assets):

Facilities:

e. Date & Time of Resource Availability From:	**f**. To:

g. Staging Area Location at assisting facility:

h. Approx. Daily Cost (Labor) $	**i**. Approx. Total Labor Cost (per period) $
j. Approx. Hourly Cost (Equipment) per type $	**k**. Approx. Total Cost Equipment $

l. Estimated Transportation Costs from Home Base to Staging Area and Return: $

m. Temporary loan with no associated costs: Yes/No	**n**. If cost associated, total (labor, equip, transportation, replacement): $

o. Logistics Support Required from Supported Entity (For more space, attach Part III):

	DCEHC Mutual Aid & Other Assistance OFFER Form 2 PAGE 2 of 2 (7 13 09)

p. Additional Stipulations for Resource Sharing Entity (For more space, attach Part III):	
q. Authorized Official's Name:	**r.** Title:
s. Authorized Official's Signature:	**t**. Assisting Organization:
u. Dated: **v.** Time: Hrs:	

PART II: SUPPORTED ORGANIZATION'S APPROVAL

a. Authorized Official's Name Accepting Assistance:	**b.** Title:
c. Electronic or Actual Signature:	**d.** Supported Organization:
e. Dated: / /	**f**. Time:

PART III: EXPANSION OF OFFERS / MISCELLANEOUS ITEMS / OTHER MISSION INFORMATION

DC EHC Mutual Aid Form 2

GUIDELINES FOR COMPLETING
DCEHC MUTUAL AID AND OTHER ASSISTANCE OFFER FORM – DCEHC MUTUAL AID FORM 2

NOTE: One form should be utilized for each type of resource being offered.

Sections to be completed by assisting facility

- *List the name of the assisting organization and the incident name.*
- *Section a: List name of individual who can be contacted at assisting organization for more information regarding offers of assistance.*
- *Section b: List telephone number for this representative from the assisting organization.*
- *Section c: List Fax number for this representative from the assisting organization.*
- *Section d: List resource that is being offered by kind and type.* ***Please use plain English to describe each resource and indicate numbers of each that are available****. Expand form electronically or attach paper as necessary.*
- *Section e: Indicate time resource will be available.*
- *Section f: Indicate time when resource will be required back at assisting facility (as appropriate for resource).*
- *Section g: List staging area at assisting facility where resource may be picked up.*
- *Section h and i: For personnel resources, indicate appropriate labor costs.*
- *Section j and k: For equipment resources, indicate appropriate hourly and total costs.*
- *Section l: List estimated transportation costs for resource if assisting organization will bring to supported organization.*
- *Section m: Check this box only if resource will be loaned with no expectation for reimbursement.*
- *Section n: List total predicted costs for resource indicated on this form.*

- *Section o and p: Indicate whether other logistical requirements or stipulations apply to the offered resource. Use part III to elaborate.*
- *Section q, r, and s: Individual from assisting organization authorized to offer resources prints name, title and signs form.*
- *Section t: List name of assisting organization.*
- *Section u and v: List time and date Part I and III filled out*

Sections to be completed by supported organization when it has been decided to accept offer of the resource.
- *Section a, b, and c. Individual from supported organization authorized to accept offer of resource prints name, title, and signs form.*
- *Section d: List name of supported organization.*
- *Section e and f: List time and date Part II filled out.*

Copies of this form should be kept by both assisting and supported organization on file.

Attachment 5: Resource tracking at supported facility

RESOURCE TRACKING AT SUPPORTED FACILITY	DCEHC Mutual Aid Form 3 Page 1 of 2 REV. 7 13 09
This form is designed to facilitate tracking of donor resources sent to the supported facility to maintain accountability. The HCRT Operations Section, at the request of the assisting facilities, performs this service using this form; alternatively, the supported facility is expected to use the form to conduct this activity.	**HCRT Operations Section**

1. SUPPORTED FACILITY:	2. DATE/TIME ASSISTANCE INITIATED:

3. PERSONNEL DONATED (EXPAND AS NEEDED)				
NAME & TITLE:	REPORTING LOCATION:	FROM ASSISTING FACILITY:	ARRIVAL TIME:	DEPARTURE TIME:

4: EQUIPMENT DONATED (EXPAND AS NEEDED)				
ITEM DESCRIPTION (AND SERIAL # IF APPROPRIATE):	NUMBER:	FROM ASSISTING FACILITY:	ARRIVAL TIME:	TIME RETURNED:

5: FACILITIES DONATED (OTHER THAN PATIENT BEDS)				
FACILITY DONATED	FACILITY LOCATION	ASSISTING FACILITY:	TIME/DATE IN USE:	TIME/DATE RETURNED:

6: HCRT SIGNATURE			
DCEHC Mutual Aid Form 2 A Page 2 of 2 REV. 7 13 09	NAME AND TITLE OF INDIVIDUAL FILLING OUT FORM:	SIGNATURE:	DATE/TIME PREPARED:

GUIDELINES FOR COMPLETING
RESOURCE TRACKING AT SUPPORTED FACILITY (DC EHC Mutual Aid Form 3)

This form is designed to facilitate tracking of donor resources sent to the supported facility. The HCRT Operations Section would usually fill out this form though the supported facility may wish to similarly track donations for accountability.

- *Section 1: Document name of supported facility.*
- *Section 2: Document date of incident.*
- *Section 3: List names of personnel sent to supported facility. Include designated reporting location, facility donated from, arrival time, and ultimately, departure time.*
- *Section 4: List types of equipment and other supplies provided to supported facility. Include number of items, assisting facility, and arrival time. Ultimately, document return time if appropriate.*
- *Section 5: List facilities (other than patient beds) that have been donated to supported facility. Document facility location, associated assisting facility, time in use and ultimately, time returned.*
- *Section 6: HCRT individual preparing form documents name, signs, and provides time and date stamp.*

DC EHC Mutual Aid Form 4

Attachment 6: Reimbursement request for mutual aid

DC Emergency Healthcare Coalition *EMERGENCY MANAGEMENT MUTUAL AID AND OTHER ASSISTANCE REIMBURSEMENT SUMMARY FORM* DC EHC Mutual Aid Form 4, July 1 09 **For the use of this form, see DC EHC Mutual Aid Agreement and Resource Functional Annex**	**DCEHC Mutual Aid Form 4** **Page 1 of 2** **REV. 07/01/09**

Parties to DCEHC mutual aid actions accept that personnel costs begin when the resource assistance is dispatched and are reimbursed to the assisting organization. Expendable equipment and supplies provided through Mutual Aid are reimbursed at the cost to the assisting organization. The receiving organization should have signed Part II of the Mutual Aid Form & Cooperative Assistance Offer Form 1-A.

PART I:

a. INCIDENT DESCRIPTION: | **b.** INCIDENT DATE(S):

c. SUBMITTED TO THE SUPPORTED DCEHC MEMBER ORGANIZATION:

d. SUBMITTED BY THE ASSISTING ORGANIZATION:

e. FOR RESOURCES AS SPECIFIED IN THE DCEHC MUTUAL AID MOU:

f. COPIES OF RECEIPTS AND PAYMENT VOUCHERS FOR EACH CLAIM ARE ATTACHED: ☐YES ☐NO

PART II: PERSONNEL COST SUMMARY

PERSONNEL TYPE	NUMBER OF PERSONNEL	REGULAR TIME	OVER TIME	BENEFITS	TAXES PD	SUBTOTAL
		Rate $ / Total$	Rate $ / Total$	Total $		Total $
		Rate $ / Total$	Rate $ / Total$	Total $		Total $
		Rate $ / Total$	Rate $ / Total$	Total $		Total $
		Rate $ / Total$	Rate $ / Total$	Total $		Total $
		Rate $ / Total$	Rate $ / Total$	Total $		Total $
		Rate $ / Total$	Rate $ / Total$	Total $		Total $
TOTAL PERSONNEL COSTS:						$

PART III: EQUIPMENT (TO INCLUDE TRANSPORTATION), SUPPLIES (TO INCLUDE PHARMACEUTICALS), AND FACILITIES SUMMARY		
LOANED DURABLE EQUIPMENT & SUPPLIES COSTS Summarized from ____ Forms	Separate documentation is required for each resource type, with quantity, date/time of loaned items, replacement, and/or rehabilitation costs. Photographs and a detailed narrative must accompany requests for reimbursement for costs accrued due to damaged equipment.	$
EXPENDABLE EQUIPMENT & SUPPLIES Summarized from ____ Forms	Separate documentation is required for each resource type, with quantity, location delivered and date/time, and cost of each resource type.	$
FACILITIES (OTHER THAN PATIENT BEDS) LOANED Summarized from ____ Forms	Separate documentation is required for each facility loaned to supported organization to include location, rent based upon square footage per day, rehabilitation costs and other associated costs.	$
OTHER COSTS **(Explain in remarks section)**	Assisting Entity will not charge for incidental expenses that are not directly related to Mutual Aid Assistance, such as staff time to prepare for deployment or to prepare the Request for Reimbursement.	$
TOTAL EQUIPMENT, SUPPLIES & FACILITIES COSTS		$

f. Remarks:

PART IV: TOTAL MUTUAL AID COSTS	
GRAND TOTAL COSTS Each Requesting entity will reimburse each supporting/ assisting entity agency/locality/organization for its deployment-related costs in one lump-sum payment.	**a.** $

b. CERTIFIED AND AUTHORIZED BY (Please Print/Type):	**c**. SIGNATURE:
d . TITLE:	**e**. DATE:

DC EHC Mutual Aid Form 4

GUIDELINES FOR COMPLETING
EMERGENCY MANAGEMENT MUTUAL AID AND OTHER
ASSISTANCE REIMBURSEMENT SUMMARY FORM (DC EHC
MUTUAL AID FORM 4)

This form is designed to permit assisting organizations to document costs associated with the provision of mutual aid and other assistance to other organizations. It should be filled out as completely as possible and included with any necessary documentation (e.g. invoices) when submitted to the supported organization for reimbursement.

Part I
- *Section a: List description of incident related to resource use.*
- *Section b: List dates of incident*
- *Section c: List name of organization receiving this form (i.e. the organization that compensation is being sought from)*
- *Section d: List name of organization seeking compensation.*
- *Section e: List general names of resources involved (e.g. clinical personnel, facilities, etc.)*
- *Section f: Indicate whether appropriate documentation is being included/attached to this form to support invoice claim.*

Part II
- *For each type of personnel, list numbers used, regular and overtime pay, benefits, and subtotal for time utilized. For personnel types with different pay rates, utilize different rows expanding sheet as necessary. Indicate personnel total costs at bottom of Part II.*

Part III
- *List costs associated with durable equipment and supplies to include replacement and rehabilitation costs. For expendables, list*

costs associated with these items. For facilities (other than patient beds) list associated costs for time of use.

- *For each of the above resources, indicate whether attached forms summarize costs and whether appropriate documentation (e.g. bills) are attached.*
- *Other costs not included in the above should be indicated with explanation in the "OTHER COSTS" section.*
- *List total Equipment, supplies, and facilities costs.*

Part IV

- *Section a: List total costs of all resources.*
- *Section b, c, and d: Name of authorized individual from assisting organization submitting invoice lists name, title, and signs form.*
- *Section e: List date form completed.*