

**Emergency Management Assistance Compact (EMAC)**

# **Preparedness Guide & Deployment Tips**

**for State, Local and Tribal Public Health and Medical Personnel**



# Preparing for EMAC

## Interstate Mutual Aid

### **The Emergency Management Assistance Compact (EMAC)...**

...is a national interstate mutual aid agreement that allows states to share resources across state lines during emergencies and disasters. EMAC was created in 1993 and ratified by Congress in 1996 (Public Law 104-321). To join EMAC, a state's legislature must adopt model EMAC legislation and have the bill signed into law by the governor. To date, 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands are signatories to the compact.

The compact addresses the critical issues of liability, workers compensation, reimbursement and licensure in advance of the disaster.

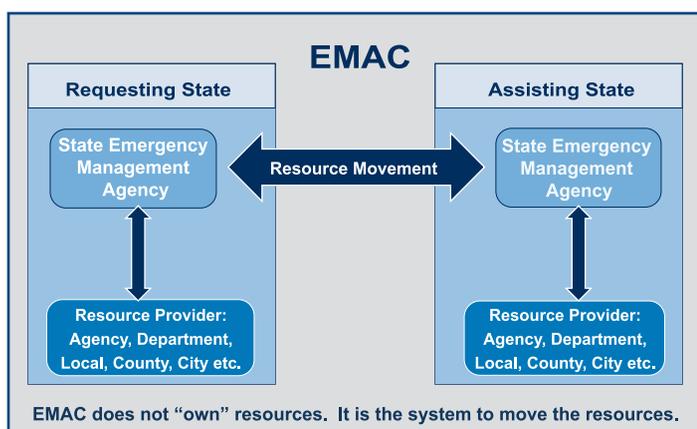
The EMAC Preparedness Guide and Deployment Tips document is intended to provide guidance and recommendations to state, local and tribal public health and medical professionals providing or requesting mutual aid assistance between states during a Governor declared state of emergency or disaster.

The guide is a collaborative effort by the National Emergency Management Association (NEMA), with funding provided through the Centers for Disease Control and Prevention (CDC) and, in cooperation with the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO).

# THE FOLLOWING ACTIONS ARE ESSENTIAL TO INSURE PROPER EMAC IMPLEMENTATION BY THE PUBLIC HEALTH AND MEDICAL COMMUNITIES.

## Understand how EMAC works in your state.

The State Emergency Management Agency (EMA) is the responsible entity for implementing EMAC and can provide protocols, training and other resources to help effectively integrate public health and medical personnel into the state's mutual aid system. It's important to note that the state EMA does not "own" mutual aid resources, but serves as the conduit for requesting mutual aid assistance or providing assistance through EMAC.



## Become familiar with your state's enabling laws and authorities.

The EMAC legislation in force in all member states provides protections for tort liability and immunity, workers' compensation and reimbursement for state personnel, equipment or other resources provided through EMAC. The compact also specifies that licenses, certifications, and qualifications are reciprocal across state lines. This means licensed or certified public health and medical professionals can perform their duties legally in other states when assistance is requested through EMAC.

Many states can also deploy local and tribal personnel, volunteers, and private sector resources as "agents of the state" through EMAC. This may be accomplished through statewide mutual aid agreements, contracts or memorandums of understanding executed during emergencies or disasters temporarily making non-government resources "agents of the state". Other states cannot deploy non-governmental entities for various legal reasons. For example, some states are prohibited from taking on legal or financial liability for any entity that is not employed by state government.

It's critical that public health and medical personnel consult with their local or state EMA to determine if state laws and statutes are in place allowing the use of local, tribal or non-governmental resources in some capacity as "agents of the state." Personnel who self-deploy or arrive spontaneously at disaster sites outside their own state and who were not requested through EMAC, do not have tort liability or workers' compensation coverage and will not be reimbursed for their expenses.

## Plan, Train, and Exercise.

Plans, procedures and operational guidelines should define how to provide and request assistance through EMAC. These plans should be developed in coordination with state and local EMAs and other resource providers. Plans should identify anticipated resource shortfalls for public health and medical facilities that could be addressed through mutual aid and specialized capabilities that could assist other states. EMAC plans, procedures and operational guidelines should include notification, mobilization, deployment and demobilization processes and checklists.

EMAC education and training, provided through your state EMA, is vital for emergency response and recovery personnel. The Emergency Management Institute (EMI) at the National Emergency Training Center (NETC) in Emmitsburg, Maryland provides an EMAC Train-the-Trainer Course. Specific information on that course is listed in the NETC Training Catalog available at <http://training.fema.gov/emiweb>. You must apply for resident courses at EMI through your state EMA training officer. Educational tools appropriate for all emergency response and recovery disciplines are also available through the EMAC Web Site at [www.emacweb.org](http://www.emacweb.org).

EMAC components should be incorporated into state, local and tribal drills and exercises and practiced on a regular basis in coordination with mutual aid partners.

## Develop Registries that can track professional skills, training, and licensure.

Models for online registration systems for public health and medical providers are available at very low or no cost within the state.



Marvin Nauman/FEMA photo

## Medical Response Mission Package Example

BASIC LIFE SUPPORT TRANSPORT PACKAGE		
A.	<b>TASK &amp; PURPOSE:</b> To provide life support response within the state in support of Emergency Management objectives.	B. <b>MISSION:</b> <ul style="list-style-type: none"> <li>• Basic Emergency Medical Care</li> <li>• Medical Unit</li> <li>• Field Hospital Support</li> <li>• Shelter Medical Support</li> <li>• Evacuation Support</li> <li>• Medical Monitoring</li> </ul>
C.	<b>ESFs: 8</b>	D. <b>LIMITATIONS:</b> <ul style="list-style-type: none"> <li>• Integration with local medical response system</li> <li>• Medical protocol issues with local medical control</li> <li>• Supply replacement</li> <li>• Communications</li> </ul>
E.	<b>PERSONNEL: (10)</b>	F. <b>EQUIPMENT: (5 Vehicles)</b> <ul style="list-style-type: none"> <li>• Basic Life Support Ambulances</li> <li>• BLS equipment</li> <li>• GPS units</li> <li>• Cell phones</li> </ul>
G.	<b>REQUIRED SUPPORT:</b> <ul style="list-style-type: none"> <li>• Will require billeting and meal support</li> <li>• Fuel for vehicles</li> <li>• Maps of disaster response area</li> <li>• Medical supplies</li> </ul>	H. <b>WORK WITH:</b> <ul style="list-style-type: none"> <li>• Medical Unit Leader</li> <li>• EMS Providers</li> <li>• Hospitals</li> <li>• Base/Camps</li> <li>• Hazmat/USAR Teams</li> </ul>
I.	<b>N-HOUR SEQUENCE: N+24</b>	J. <b>SPECIAL INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>• Must be intergraded with local system</li> <li>• Must be self-supporting for up to first 72hrs</li> <li>• Equipment costs will vary depending on type of response</li> </ul>
K.	ESTIMATED COST PER DAY: PERSONNEL: \$4,800.00      EQUIPMENT: \$5,160.00      TOTAL: \$9,960.00	

### Develop Mission Packages.

Mission Packages, developed by resource owners to “pre-package” resources by their response capability, expedites mutual aid. The mission package identifies the potential emergency response or recovery mission, resource type (based on the National Incident Management System resource types), limiting factors, time frames, location, equipment, logistical needs and estimated cost. Frequent training and exercises are critical to maintain readiness of the mission package. Sample mission packages for public health and medical capabilities can be found at [www.emacweb.org](http://www.emacweb.org).

### Develop checklists for Go Kits.

- Go Kits can be pre-assembled or assembled quickly (to prevent some supplies from exceeding “shelf-life” dates).
- Go Kits should include all of the materials needed for a particular asset to deploy, including equipment and supplies.

## REQUESTING EMAC ASSISTANCE

During major or catastrophic disasters there will be times when state resources are depleted, overwhelmed, or when there is a need for specialized response assets not available in-state. During these situations, EMAC can facilitate interstate mutual aid assistance through established protocols.

Requests for EMAC assistance must be channeled through the state EMA. If your agency determines that internal resources are exhausted or may soon become exhausted, the appropriate public health or medical entity should immediately contact the state EMA with a request for EMAC assistance.

The state EMA will send the resource request to the potential assisting state EMAs and will receive offers of assistance. If you know a source for the necessary asset in another state, suggest it to your state EMA. States that request EMAC assistance must also be able to receive assistance in an organized and efficient manner. The State EMA should

have plans in place and the capability to establish staging areas or pre-identified locations where EMAC assets are to report. Staging areas also allow for the verification of identification and credentials of mutual aid personnel and the issuance of state specific badges if necessary before entering the disaster area. They also provide a central location where personnel can receive briefings on their mission assignment.

### EMAC Mission Requests

**At a minimum, the resource request should include the following:**

- Mission Assignment: What task or mission will the resource be required to perform?
- Resource Needed: Date & Time when resource is needed in the Requesting State
- Work Location/Facilities:
  - State EOC
  - Local EOC
  - Field – Impacted area
  - Joint Field Office
  - Other
- Working Conditions:
  - Normal
  - Supplies & Equipment Needed
- Living Conditions:
  - Normal - all amenities available
  - Minimal - some hotels/restaurants available
  - Base Camp (or similar) - meals/lodging provided
  - Primitive – self sustaining for all amenities
- Health & Safety Concerns:
  - None
  - Immunizations or vaccinations suggested
  - Personal protective equipment needed
- Safety Concerns/Remarks: Specific comments on health or safety concerns
- Additional Comments: Specify any specific equipment needed, or other concerns such as licensure & certification requirements
- Staging Area: Address where the resource should report upon arrival and check out when demobilized
- Name, Title, Phone, and E-mail of the person who is making the request and most knowledgeable about the type of resource being requested
- Resource Release: Date & Time resource is demobilized to go back home

## UNDERSTANDING THE EMAC REQ-A PROCESS

Public health and medical agencies should have a basic understanding of the EMAC process and why it's important that the required documentation is in place prior to personnel being deployed.

When a public health or medical resource is to be deployed, both the Requesting and Assisting State EMAs will complete the EMAC Request for Assistance (REQ-A) form, which is a legally binding contract between the two states. Assisting states cannot deploy resources through EMAC until completion of the REQ-A. Personnel who deploy prior to completion of the REQ-A are considered a self deployment. They leave themselves vulnerable without tort liability protections, licensure recognition, and the reimbursement requirements that EMAC provides.

After completing the REQ-A, the Assisting State EMA completes an EMAC Mission Order Authorization Form (Mission Order) based on information in the REQ-A, and transmits it to the resource provider. The individual or team leader carries Mission Order on the deployment as their "credential" for NIMS purposes.

## PROVIDING EMAC ASSISTANCE

During emergencies or disasters the state EMA may contact public health and medical agencies to determine whether mutual aid resources may be available to meet the needs of a Requesting State. If so, and the Requesting State accepts the offer of assistance, certain types of information are necessary.

You should provide to the State EMA the time frames for the availability of resources, and other mission package information such as the estimated costs for personnel and equipment, types of licensure and certifications held by public health and medical personnel, and special logistical support. One example of a special consideration may be the need for a law enforcement or security detail to accompany a mobile pharmacy. Other examples include refueling options for mobile hospitals and medical waste disposal at alternate care facilities.

If you volunteer personnel to deploy into disaster areas, it's important to keep in mind any medical conditions or physical limitations they may have that could affect their ability to fulfill the mission. For example, an individual who takes medication that requires refrigeration should not be deployed into an area without electricity. Consider the mission request carefully and match the requirements to the skills, qualifications and abilities of your personnel.

### Mobilizing EMAC Resources.

When the state EMA notifies your public health or medical agency that the offer of assistance has been accepted by the Requesting State, the person coordinating the mission should immediately obtain an EMAC Mission Order Authorization Form (Mission Order) from your state EMA, notify the personnel being deployed, and conduct a mission briefing prior to deployment. The safety, security and well-being of your agency personnel are of the utmost importance and therefore a pre-deployment briefing is vital to their preparation for working in a disaster area.

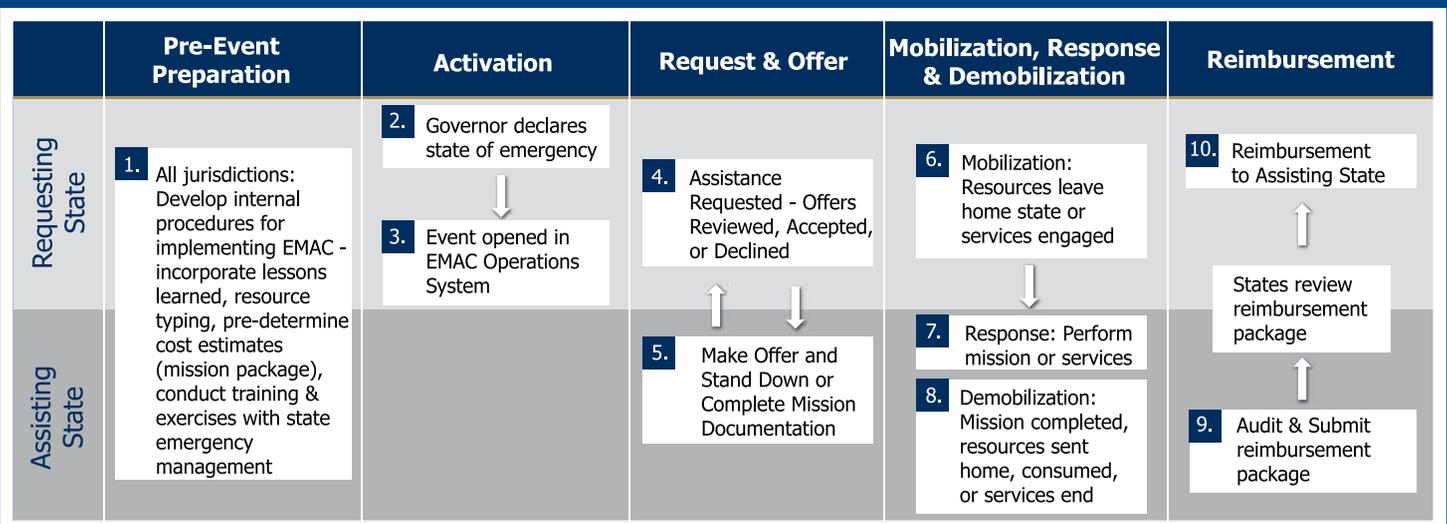
### Public health and medical personnel deployed through EMAC must be mentally and physically prepared to:

- Care for disaster victims who have lost everything they own and are severely traumatized
- Create ways to get the job done when normal systems become inoperable
- Work long hours or extended shifts in highly stressful environments
- Work in non-traditional or makeshift working environments
- Work in facilities without heat or air conditioning
- Work in environments where facilities for showering or laundering clothes are not readily available or are limited

It's extremely important that deployed personnel update their home agency regularly and report problems, needs, or changes in the mission. Any changes in the mission or related costs to their home state agency and the state EMA so that the REQ-A can be revised by both party states. Otherwise, reimbursement challenges may arise if complete and accurate information isn't reflected in the REQ-A.

They should also be encouraged to check in regularly with their families. Communications may be limited in the disaster area. It's recommended that the Assisting State provide deploying personnel with government issued cell phones, satellite phones or pre-paid phone cards.

## The EMAC Process





Jocelyn Augustino/FEMA

## EMAC Deployment Briefing

The following information should be provided to deploying personnel:

- Mission to be conducted, equipment and supplies needed, health and working conditions, weather conditions, and the length of deployment
- Staging area location and point of contact information in the Requesting State
- Copies of credentials are needed
- Cost and record keeping requirements, state travel regulations, and reimbursement procedures
- Issuance of necessary agency forms and checklists
- Instructions for regular check-in with their home state agency

## Demobilizing or Redeploying EMAC Resources.

EMAC demobilization or redeployment occurs only when the original tour of duty as stated in the original EMAC Mission Order has been fulfilled, and both the Requesting State and the Assisting State agree to extend or terminate the mission, or when operations within the Requesting State are being down-sized, phased out, or are no longer needed.

**Prior to the end of the tour of duty, team leaders or assigned personnel will prepare a demobilization plan that should include such actions as:**

- Coordinate demobilization details with the team leader, Requesting State counterpart, home state authority (including EMA), and family
- Distribute the plan among the appropriate Requesting and Assisting State authorities
- Turn in any equipment or supplies acquired during the deployment that should be retained by the Requesting State
- Inventory and repackage equipment and supplies to be returned to Assisting State.
- Pack all personal gear in preparation for demobilization
- Check out with Requesting State authority as indicated in Demobilization Plan.
- Return to home duty station
- Check in all equipment and unused supplies used during deployment
- Conduct post-deployment debriefings with appropriate authorities
- Submit reimbursement package to the State EMA
- Identify other follow-up activities, including an after-action review, corrective action planning, and other post-response activities

## EMAC REIMBURSEMENT

To assure efficient EMAC reimbursement, both the Requesting and Assisting States must understand and follow the established procedures.

### Assisting States:

**Upon demobilization, Assisting State personnel should take the following steps:**

1. Deployed personnel should compile, verify and submit travel vouchers, expense receipts, and mission records to the designated person for appropriate action.
2. Expense claims should be reviewed, audited and approved by the appropriate entity within the public health or medical agency.
3. The agency authorized official will obtain and complete an EMAC Reimbursement Form R-2 (available from the State EMA or the EMAC Web site at [www.emacweb.org](http://www.emacweb.org)), insuring that all required documentation is attached.
4. Forward the completed Reimbursement Package to the State EMA for auditing and action.
5. The State EMA will audit and forward the approved Reimbursement Package to the Requesting State. All reimbursement requests must be coordinated through the State EMA.
6. The State EMA will reimburse the resource owner/provider.

It's important to note that incorrect reimbursement packages and those that contain costs for ineligible items may significantly delay the reimbursement process.

### Examples of EMAC Reimbursement Documentation

- Personnel time sheets and payroll records signed by authorized official
- Trip reports or records of work performed by individuals during deployment
- Travel expense reports/vouchers
- Receipts or invoices for authorized purchases made during deployment to support the mission
- Other documents evidencing incurred costs
- Photos to support damaged equipment claims
- Travel and equipment logs

### Requesting States:

The State EMA is responsible for reviewing and approving the EMAC Reimbursement packages submitted by Assisting States. The executed REQ-A is a legally binding contract between the two parties and requires that all eligible costs be reimbursed in a timely manner.



In the 2005 response to Hurricanes Katrina and Rita, more than 2,000 healthcare professionals from 28 states treated more than 160,000 patients - under the most primitive of conditions.

Photo by Ed Edahl/FEMA



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## EMAC SUCCESS

EMAC was created as a way for states to help each other during times of need. Since its inception, EMAC has been activated more than 100 times to provide critical assistance during the nation's most significant disasters and emergencies. The success of EMAC depends on the support of its members and effective coordination with all mutual aid partners. The public health and medical community is integral to meeting the needs of individuals when they are affected by disasters. The future success of EMAC requires a strong partnership between NEMA, ASTHO, NACCHO, and CDC/HHS. NEMA would like to thank our partners for their contributions to this guide.



### **For More Information**

EMAC is administered by NEMA, whose headquarters is located in Lexington, KY. More information on EMAC can be found at the EMAC Web site [www.emacweb.org](http://www.emacweb.org) and the CDC Web site [www.bt.cdc.gov/planning/emac](http://www.bt.cdc.gov/planning/emac).

### **EMERGENCY MANAGEMENT ASSISTANCE COMPACT**

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