



Emergency Management Assistance Compact Quick Tips

This document serves as a brief orientation to the Emergency Management Assistance Compact (EMAC) for states. This document should be used by any entity of State government that wishes to request assistance from another state during a Governor-declared state of emergency.

EMAC is:

- A Congressionally-ratified mutual aid compact in the United States. All 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia have enacted legislation to become members of EMAC.
- To provide for interstate sharing of personnel and assets (e.g., critical medical materiel, food, response vehicles) during a Governor-declared emergency when the existing local assets have been overwhelmed or exhausted.
- Voluntary – affected states can choose whether or not to use EMAC.
- Administratively supported by the National Emergency Management Association (NEMA).

EMAC does not:

- Alter states' authorities over personnel (they can be recalled to their home state if needed).
 - Replace federal resources (EMAC coordinates with but does not replace federal assets).
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Key responsibilities prior to an event:

Learn and understand how EMAC works in your state. Take time to become familiar with EMAC and how it works. All disciplines (e.g., health, transportation, public safety) should develop a relationship with the state emergency management agency and develop standard operating procedures for working the EMAC process within their state. In general, predetermined cost estimates and resource type descriptions are needed to engage quickly. Working on this prior to an event can save valuable time during an event. Information on EMAC can be obtained via www.emacweb.org and <http://www.bt.cdc.gov/planning/emac>.

Consult with legal counsel regarding your state's laws and authorities. EMAC requests are legally binding, and they have important implications for reimbursement, acceptance of licensure, liability coverage, and workers' compensation. EMAC applies to state (publicly-owned) assets only. Some states have agreements for deploying civilian/private sector and local governmental personnel and physical assets through EMAC. Work with your state to determine if and how (e.g., during an influenza pandemic) civilian/ private sector personnel (e.g., physicians) and critical medical materiel (e.g., ventilators) would be shared. EMAC allows for supplementary agreements between states. See <http://www2a.cdc.gov/phlp/>.

Develop a relationship with your state's EMAC Authorized Representative (AR). All EMAC requests and/or offers of assistance must be sent through the state emergency management office and approved

by the AR in both the assisting and receiving state. Health department staff members should also know their EMAC Designated Contact(s).

Educate your relevant state and local constituencies. It is important that private citizens, businesses, nongovernmental organizations, and local governments understand that self-deployment places undue burden on the affected state by taking up space, food and other resources otherwise needed for response purposes. Use your website and media contacts to encourage interested volunteers to register with state and local volunteer registries such as those aligned with the Emergency System for the Advance Registration of Volunteer Health Professionals and Medical Reserve Corps. Provide volunteers with “Go-lists” of what they should pack to be prepared for deployment.

Exercise the standard operating procedures. The EMAC member states regularly conduct exercises. It is better to make mistakes in practice rather than during a real emergency. Health, transportation, and other professionals should regularly exercise with emergency management professionals. Contact your state emergency management agency.

Key responsibilities during an event:

Be specific in requests. The form used by EMAC for requesting and receiving assistance (called the REQ-A) requires exact numbers and types of personnel and reasonable cost estimates. Thus, for example, rather than requesting “nurses,” request “15 surgical nurses and 11 infection control nurses for 7 days.” Cost estimates must be itemized (e.g., as “personnel,” “travel,” or other pertinent budget categories). States should collaborate closely with one another both prior to and during an incident so that resource needs and availability can be identified, and surge capacity acquired, to perform public health and medical missions. All resources shared through EMAC should be requested and obtained through the REQ-A process.

Pre-arrange deployment logistics. Time saved is important. Travel, transportation, and lodging accommodations for deploying personnel should be pre-arranged. Transportation for other assets (e.g., critical medical materiel, trucks, food) should be pre-arranged with your emergency management agency and other response partners.

My EMAC Authorized Representative is:

Phone number:

Email address:

Other agency contacts with which I will frequently work: