Public Health Emergency Preparedness and Response Capabilities

National Standards for State, Local, Tribal, and Territorial Public Health

Capability 14: Responder Safety and Health

October 2018
Updated January 2019
**Capability 14:** Responder Safety and Health

**Definition:** Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.

**Functions:** This capability consists of the ability to perform the functions listed below.

- **Function 1:** Identify responder safety and health risks
- **Function 2:** Identify and support risk-specific responder safety and health training
- **Function 3:** Monitor responder safety and health during and after incident response

**Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Incorporates the need to securely manage responder data
- Improves responder on-site management, tracking, in-processing, and out-processing
- Reprioritizes hierarchy of control and promotes the alignment of responder safety and health control measures for example, personal protective equipment (PPE), with jurisdictional risk assessment findings

**For the purposes of Capability 14, partners and stakeholders may include the following:**

- agriculture agencies
- emergency management agencies
- emergency responders
- environmental health agencies
- environmental protection agencies
- health care agencies
- immunization programs
- incident safety officers
- mental/behavioral health providers
- occupational health subject matter experts
- occupational safety and health agencies
- public health agencies
- responder representatives
- social services
- state radiation control programs
- state epidemiology and communicable disease programs
- veterinary public health programs
- volunteer organizations
- wildlife agencies

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13 For example, contractors, volunteers, emergency medical services (EMS), law enforcement, fire departments, hospital and medical services personnel
Function 1: Identify responder safety and health risks

Function Definition: Identify and prioritize responder safety and health risks, and determine the protection and control measures, medical services, including the provision of medical countermeasures, and mental/behavioral health support services necessary to protect and support responders.

Tasks

Task 1: Identify and prioritize safety and health risks. In conjunction with partner agencies, identify and prioritize the potential medical, environmental, and mental/behavioral health risks responders may encounter during an incident with public health consequences based on jurisdictional risk assessment findings.

Task 2: Identify, prioritize, and recommend protection and control measures, medical services, and mental/behavioral health support services for responders. Use a hierarchical approach in coordination with partners and stakeholders to identify, prioritize, and recommend protection and control measures, medical countermeasures, such as vaccinations, mental/behavioral health support services, and other resources to protect and support incident responders.

Task 3: Develop or refine incident safety plan. Use identified safety and health recommendations to develop or refine incident safety plan.

Task 4: Support responder eligibility confirmation. Provide recommendations and guidance to support pre-incident screening and verification of responder credentials, training, and health status, such as vaccinations, physical fitness, and mental health, to ensure suitability for deployment role.

Preparedness Resource Elements

P1: (Priority) Safety and health risk scenarios for public health responders, identified in consultation with partners and coordinating agencies. Scenario characteristics to consider before, during, and after an incident or event may include

- Exposure limits or injury risks necessitating a response
- Job-specific worker safety guides to address risks and hazards from radiation, heat, fire, infectious disease vectors and exposures, infrastructure damage resulting in hazardous material release, and other sources
- Potential for medical and mental/behavioral health assessments during and after the event
- Health care facilities
- PPE or other protective actions, behaviors, or activities required to execute potential response assignments

P2: (Priority) Defined public health agency roles and responsibilities for responder safety and health, such as conducting public health assessments, potable water inspections, field interviews, and points of dispensing staffing, related to identified jurisdictional risks established in conjunction with partner agencies.

P3: (Priority) Incident safety plans, such as site safety and control plan and medical plan (ICS 206 and 208) that include clear and concise statements for safety message(s), priorities, and key command emphasis, decisions, and directions. Plans should include mutual aid agreements (or similar agreements)
to access and provide backup equipment for incident response, including intra- and inter-jurisdictional sources of additional equipment and personal protective resources.

(See Capability 3: Emergency Operations Coordination and Capability 9: Medical Materiel Management and Distribution)

P4: (Priority) Procedures in place to determine responder eligibility for deployment based on medical readiness, physical and mental/behavioral health screenings, background checks, and verification of credentials and certifications. Conduct additional screening according to the nature of the work and identified individual risk factors. Factors to consider in screenings and background checks may include:

- Medical health, such as pre-existing conditions, immunization status, and medications
- Physical fitness
- Mental/behavioral health
- Criminal records, such as sexual offender registry

(See Capability 15: Volunteer Management)

P5: (Priority) PPE recommendations for responders, including public health responders, developed in conjunction with partner agencies and risk-specific subject matter experts, such as physicists within radiation control programs.

**Skills and Training Resource Elements**

S/T1: Public health personnel who fill the role of Incident Safety Officer trained to perform core functions, such as coordination, communications, resource dispatch, and information collection, analysis, and dissemination. Recommended trainings may include:

- National Incident Management System (NIMS) ICS-300 and ICS-400 courses
- NIMS ICS All-Hazards Position Specific Safety Officer (E/L 954)
- FEMA Safety Orientation (I5-35.18)

S/T2: Personnel trained to use various types of PPE and decontamination procedures when responding to chemical, biological, and radiological incidents.

S/T3: Personnel trained on jurisdictional systems for population monitoring to identify risks and recommendations for PPE. Training is recommended for various responder types, including environmental health personnel, preparedness personnel, epidemiologists, and other disciplines, such as HazMat Teams who will participate in planning and identifying responder risks.

**Equipment and Technology Resource Elements**

E/T1: Responder registration system that is scalable, secure, and compliant with NIMS.

E/T2: Information technology and cybersecurity safeguards and practices to prevent unauthorized access to personally identifiable information of responders or unauthorized use of social media.

(See Capability 6: Information Sharing)

E/T3: PPE consistent with the identified risks and associated job functions of public health response personnel. Equipment may include:

- Coveralls
- Gloves
- Boots or shoes that are chemical-resistant with steel toe and shank
• Outer, chemical-resistant (disposable) clothing
• Safety glasses or chemical splash goggles
• Hard hat
• Face shield
• Goggles
• National Institute of Occupational Safety and Health (NIOSH)-approved or FDA-approved filtering facepiece respirators
• FDA-approved surgical masks
• Gowns

**Function 2: Identify and support risk-specific responder safety and health training**

**Function Definition:** Support responder safety and health training that accounts for physical safety, mental/behavioral health, use of hierarchical controls, such as administrative controls, engineering controls, and PPE, and other responder safety and health topics based on identified risks and recommendations.

**Tasks**

**Task 1: Determine responder safety and health training needs.** Conduct a training needs assessment to determine the types and frequency of training(s) required to support responder safety and health, such as physical safety, mental/behavioral health, pre-deployment requirements, such as immunization needs, and hierarchical protection and control measures.

**Task 2: Support safety and health training initiatives.** Support provision of just-in-time, initial, and ongoing emergency response safety and health training in partnership with jurisdictional emergency management, other agencies, and partnering organizations.

**Preparedness Resource Elements**

**P1: (Priority)** Procedures in place to ensure the completion, verification, and documentation of responder safety and health training prior to and during an incident to ensure jurisdictional public health personnel and supporting surge capacity personnel are prepared to respond to emergencies and understand the jurisdictional Incident Command System.

**Skills and Training Resource Elements**

**S/T1: (Priority)** Responder safety and health training topics may include

- Safety awareness
- Self-care or buddy care
- Communications
- Incident Command System
- Site operations
- Hazard communication
- Decontamination
- Respiratory protection
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- PPE
- Hazardous waste operations
- Medical record management
- Responder tracking and use of registries
- Immunization needs
- Relevant information systems, such as immunization information systems and registries

S/T2: (Priority) Personnel qualified to conduct trainings for public health responders.

S/T3: (Priority) Personnel trained, as appropriate for their roles, in level A, B, or C OSHA PPE standards awareness and technical response trainings.

S/T4: (Priority) Personnel trained on safely donning and doffing various types of PPE and safe handling and disposal of infectious or contaminated waste (depending on role).

S/T5: (Priority) Personnel who are required to use N95 or other respirators as part of their job duties, including response roles, enrolled in a respiratory protection program that is established and maintained by their employer. This program would include medical clearance and fit testing for respirator wear.

Equipment and Technology Resource Elements

E/T1: PPE consistent with the identified jurisdictional risks and job functions for public health response personnel.

E/T2: Respirator fit testing kit with a certified fit for public health responders.

E/T3: Immunization information systems (IISs) that include demographic records for all responders prior to an event. Equipment and software to assess immunization status and document immunizations administered before, during, and after incident response.

Function 3: Monitor responder safety and health during and after incident response

Function Definition: Coordinate with the Incident Safety Officer or others to conduct and participate in monitoring or surveillance activities to identify potential adverse health effects on public health responders, communicate identified hazards and control measures, and provide medical support services, as necessary.

Tasks

Task 1: Conduct responder safety and health monitoring and surveillance. Ensure the appropriate level of safety monitoring and health surveillance for responders based on identified risks, jurisdictional responder roles, and subject matter expert recommendations.

Task 2: Document additional incident-specific safety and health risks. Identify potential responder safety and health risks based on responder monitoring and surveillance findings.

Task 3: Update incident safety plan. Update and revise the incident safety plan, as needed, based on responder monitoring and surveillance findings.
Task 4: Conduct responder in-processing. Ensure appropriate badging and rostering during on-site incident responder in-processing.

Task 5: Conduct exposure assessment activities. Execute or provide guidance on exposure assessment activities to identify evidence and documentation of hazardous exposures.

Task 6: Provide mental/behavioral and medical support services. Coordinate with health care partners to facilitate access to and promote the availability of mental/behavioral and medical support for responders, as necessary.

Task 7: Track responder demobilization and out-processing. Conduct post-deployment responder out-processing and track responder physical and mental/behavioral health status upon demobilization.

Preparedness Resource Elements

P1: (Priority) Documentation of incident-specific responder safety and health risks, threats, and necessary precautions identified by the jurisdictional public health agency in collaboration with partner agencies.

P2: (Priority) Public health responder on-site rostering and badging to facilitate visual identification of responders and ensure access to appropriate resources and facilities based on responder roles. Rostering and badging procedures should address

- Computer or other technological resource access
- Collection of demographic information
- Collection of personal information, including emergency contact information
- Collection of pre-incident health assessment information
- Incident and organization badging
- Job assignment
- PPE dispensing
- Physical location access
- Site-specific training
- Verification of valid, current professional licenses and trade certifications
- Visual identification

P3: Procedures in place to support volunteer needs during the response. Volunteer needs may include

- Housing
- Safe food and potable water
- Medical countermeasures, including vaccinations
- First aid and emergency medical care
- Mental/behavioral health services

(See Capability 1: Community Preparedness and Capability 2: Community Recovery)

P4: (Priority) Procedures in place for monitoring, exposure assessment, and sampling activities to assess levels of environmental exposure and effects on individual responders and procedures in place for surveillance activities to assess actions, practices, and trends that contribute to incident-related physical and behavioral illnesses and injuries.

(See Capability 13: Public Health Surveillance and Epidemiological Investigation)
P5: **(Priority)** Incident safety plans, such as site safety and control plan and medical plan (ICS 206 and 208) updated to reflect monitoring, exposure assessment, sampling, and surveillance findings.


P6: **(Priority)** Communication strategy for disseminating detailed results of responder safety and health monitoring and surveillance to responders, the public, and the media. CDC recommends that communications be cleared, as appropriate, and address

- Known pre-incident risks
- Risks encountered during the response to the incident
- Considerations to manage identified risks and update incident safety plan
- Morbidity and mortality related to the incident

*(See Capability 4: Emergency Public Information and Warning)*

P7: **(Priority)** Procedures in place to ensure responders are properly demobilized after a response. Demobilization procedures may include

- Formal check-out or out-processing activities to document responders’ health status including physical and mental/behavioral health before they leave the worksite
- Documentation of contact information for each responder
- Procedures developed or modified for the incident to identify responders with incident-related delayed or long-term adverse health effects. Indicators for delayed or long-term adverse health effects may include
  - Hazardous work exposures
  - Hazardous work activities
  - Injuries and illness incurred during deployment
  - Concerns, such as political and public, expressed by others
- Collection of after-action information during out-processing to identify lessons learned and support corrective action planning

*(See Capability 3: Emergency Operations Coordination)*

P8: Procedures in place to provide long-term support for responders and conduct periodic assessments of responder safety and health measures. Procedures may include

- Exposure assessments
- Environmental sampling
- Long-term mental health considerations
- Medical examination results
- Medical monitoring and surveillance
- Out-processing interview and data collection
- Pre-deployment baseline assessments and review of activity logs

*(See Capability 2: Community Recovery and Capability 3: Emergency Operations Coordination)*
Equipment and Technology Resource Elements

**E/T1**: Registry or database created in coordination with emergency management entities to document responders exposed to hazards or injured during an incident.

**E/T2**: Equipment and software to collect, analyze, and report responder safety and health data during and after incident response.

*(See Capability 6: Information Sharing)*