

On-site Responder In-processing

Purpose

There are three significant, potentially integrated components of on-site responder in-processing. A roster should be used to log everyone who reports to the disaster. Site-specific training (SST) should be performed prior to responders entering a disaster control zone. A variety of PPE may be needed, and for many workers, this equipment will be issued or dispensed to them during their SST training or as they are placed on the response roster.

The On-site Responder Roster: Pre-event, Event, and Post-event Principles

Pre-event Rostering Principles



On-site responder rostering of emergency services personnel

When a roster exists before an event, the following can be accomplished:

- Responders can be rapidly mobilized.
- Workers can be located and contacted after a disaster when adverse health exposure follow-up is indicated.

Event Rostering Principles

Activation...The Incident Command System (ICS) should establish a system to roster all responders.

Location...A single location or limited number of specified locations should be established that arriving and departing response personnel must pass through.

Operation...Demographic information about each worker should be systematically collected into a permanent electronic recordkeeping.

Integration...Rostering information should be collected within the same information system or linked to other information systems to identify adverse health events.

Post-event Rostering Principles

Recordkeeping...A roster can be used as the baseline contact mechanism to create a registry of workers affected by adverse health consequences.

Demobilization...In addition to capturing the start and end dates of service, an exit de-briefing can be provided and an out-processing survey collected.

Security...A post-event disposition plan should be determined for the secure transfer, long-term storage, and future retrieval of the roster records.

SST

SST provides training orientation to hazards and protection measures unique to a site.

- SST can be written, prerecorded, or provided orally as a briefing.
- Toolkits with materials relevant to the disaster should be prepared ahead of time.
- Materials should meet the language and comprehension levels of the response workers.
- Methods not requiring electricity may need to be used in case of power outages.
- SST received by responders should be documented.
- Data for training done before deployment should be collected during rostering process.

Personal protective equipment (PPE) dispensing and documentation

For many workers, their PPE will be issued or dispensed to them during their site-specific training or as they arrive at the response scene and are placed on the response roster. The following should be recorded:

- The amount, type, and condition of the PPE that is issued.
- If the responder has received training and has been fit-tested for the equipment.

Emergency Responder Health Monitoring and Surveillance

The Emergency Responder Health Monitoring and Surveillance (ERHMS) system is a health monitoring and surveillance framework that includes recommendations and tools specific to protect emergency responders during the pre-deployment, deployment, and post-deployment phases of a disaster. The intent of ERHMS is to identify exposures and/or signs and symptoms early in the course of an emergency response in order to prevent or mitigate adverse physical and psychological outcomes and ensure workers maintain their ability to respond effectively and are not harmed in the course of this response work. Data will also help to identify during the post-deployment phase which responders would benefit from medical referral and possible enrollment in a long-term health surveillance program. Please refer to Chapter 5 and section 5T for more information on On-site Responder In-processing.



PPE such as a hardhat, safety glasses, and ear plugs aid in protecting worker health and safety

National Institute for Occupational Safety and Health (NIOSH) ERHMS Contact:

- ▶ CDR Renée Funk, Coordinator, ERHMS at rfunk@cdc.gov or 404-498-1376

For more information on ERHMS, please visit:

erhms.nrt.org & www.cdc.gov/niosh/topics/erhms